

# Data Along the Crisis Continuum: Toolkit

## Why Data?

A successful behavioral health crisis system leverages all available community resources to mitigate gaps in care, increase communication and collaboration amongst stakeholders and providers, and ultimately, secure the best outcomes for community members. Data is critical to knowing where your community is and where your community needs to go.

- Better understand how to serve who you're serving.
  - Strategic planning:
    - Identify who is being served, or could be served, by the crisis system
    - Identify what the population & community's needs are
    - Better allocate resources to prevent and address the actual issues
  - Inform your community and stakeholders to increase community buy-in
  - Build and strengthen partnerships with all systems involved: health, law enforcement, courts, etc.
  - Data tells a story that can be used to apply for grants and technical assistance
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## Getting Started

### 1) Build or utilize a partnership.

- *Establish purpose and structure.* What are your goals with data and how will you meet them?
- *Identify and pool resources.* Funding, available data, IT systems, staff, knowledge of local services, etc.
- *Assign roles.* Who will be responsible for specific tasks? Who will ensure data remains a priority?

### 2) Develop a data manual: *Collecting information in a uniform manner makes data easier to aggregate and analyze and simplifies the referral process, leading to more, and more appropriate, warm hand-offs.*

- Create a standard codebook - as a community, agree upon shared definitions of key metrics. ***There are no right or wrong answers. Focus on what will be useful and feasible.***
  - What is a behavioral health crisis?
    - Some differentiate between “crises” and “emergencies”.
      - Mental health crises: non-life-threatening situations
      - Mental health emergencies: life-threatening situations
    - MCA 53-21-102(7) defines an “emergency situation” for commitment
  - Mental illness?
  - High-utilizer/ super-utilizer/ frequent flyer/ high need, high cost (HNHC)

## individuals?

- Based on treatment presentations:
    - A person with a certain number of stays/visits in a given time period
    - Top 5% of local service utilizers
  - Based on cost:
    - Average annual treatment cost above a certain amount
    - Someone for whom mental health–related services accounted for at least 50% of their total healthcare costs
  - Based on need:
    - Individuals whose complex physical, behavioral and social needs are not well met through the current fragmented healthcare system
  - Recidivism?
  - Homeless/ housing instability?
  - Etc. - *there are many more!*
  - **Identify demographics** for all partners to collect: e.g. gender, race/ethnicity, age, tribal affiliation, veteran or military family status, diagnoses, housing status, highest level of education, etc.
  - **Take stock of the data currently available among partners**. Compile information like:
    - What metrics are collected?
    - Who owns and manages the data?
    - What systems are used to capture, store, and analyze the data?
    - Do analyses or reports occur regularly? If so, what does that look like?
    - What are the restrictions on sharing the data?
- 3) **Develop uniform release of information forms and information sharing agreements.**
- Do research on HIPAA implications: [Point-of-Service Information Sharing Between Criminal Justice and Behavioral Health Partners: Addressing Common Misconceptions](#)
- 4) **Assess** your community's crisis services (behavioral health providers, hospitals, law enforcement, crisis lines, etc.) and **implement** agreed-upon metric definitions, demographics, and forms wherever possible.
- 5) **Analyze** your data regularly to identify strengths and gaps to address in your local continuum of care.
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## The Continuum:

Many conceptions of the “crisis continuum of care” exist, at various levels of specificity. The following continuum of services is a simplification of the models available, including [SAMHSA’s Crisis Best Practices](#) and the [Sequential Intercept Model](#).



COMMUNITY  
SERVICES



DISPATCH



RESPONDERS



FACILITIES

## Community Services

We know that health extends beyond in-crisis vs. not-in-crisis. Physical and behavioral health needs are often complex and intertwined. When designing crisis services and data projects, it is crucial to keep a broad view of health and its many influences in mind.

**Social Determinants of Health (SDOH)** are the “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” These must be addressed in any community intervention. This may take the form of support with housing, food, education, healthcare, childcare, employment, or transportation. SDOH are a reminder that *many* social factors play a role in community health. Identifying and addressing SDOH gaps can allow a community to best serve all of its members.

### Community services play a critical role along the whole continuum of care:

- *Before a crisis*, services can help mitigate the frequency or severity of a crisis. Stress over employment, housing, or another social determinant may trigger or exacerbate a behavioral health crisis.
- *During a crisis*, one’s livelihood and needs don’t go on pause, so neither can these services. In fact, crisis services can be a critical opportunity to connect individuals to local services they may need.
- *After a crisis*, folks may be especially vulnerable when transitioning out of crisis services. Connecting individuals to local supports and following-up on referrals promotes better, long-term outcomes.

Community Services		
Starting Point <i>* Think of this as systems mapping beyond the crisis continuum.</i>	Key Context Questions <i>* Because there are countless data points for any given Social Determinant of Health, use these questions to identify local priorities.</i>	Additional Resources
<p>Ask:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> What services and supports are out there?</li> <li><input type="checkbox"/> How do they interact?</li> <li><input type="checkbox"/> How are they funded?</li> <li><input type="checkbox"/> What data do they collect?</li> <li><input type="checkbox"/> What data, if any, do they report out?</li> </ul> <p>Where to look:</p> <ul style="list-style-type: none"> <li>• Ask partners and community members</li> <li>• Sequential Intercept Maps</li> <li>• <a href="#">Community Health Assessments and Improvement Plans</a></li> <li>• Local directories</li> <li>• Local FUSE Projects</li> <li>• <a href="#">CONNECT</a></li> <li>• <a href="#">211</a></li> </ul>	<p>How does your community stand on the following Social Determinants of Health (SDOH) domains and how do they affect behavioral health locally?</p> <p style="text-align: center;"><i>CDC Domains*</i></p> <ul style="list-style-type: none"> <li>- Economy</li> <li>- Employment</li> <li>- Education</li> <li>- Political</li> <li>- Environmental</li> <li>- Housing</li> <li>- Medical</li> <li>- Governmental</li> <li>- Public Health</li> <li>- Psychosocial</li> <li>- Behavioral</li> <li>- Transport</li> </ul> <p>How well integrated is behavioral health into primary health care in your community?</p> <p>Are there peers available to help individuals navigate community supports?</p>	<ul style="list-style-type: none"> <li>• Centers for Disease Control and Prevention <ul style="list-style-type: none"> <li>◦ <a href="#">SDOH Page</a></li> <li>◦ <a href="#">Data Set Directory of Social Determinants of Health at the Local Level</a></li> </ul> </li> <li>• Prevention Institute: <a href="#">Measuring What Works to Achieve Health Equity: Metrics for the Determinants of Health</a></li> <li>• Healthy People 2020 <ul style="list-style-type: none"> <li>◦ <a href="#">SDOH Resources</a></li> <li>◦ <a href="#">MAP-IT Toolkit</a></li> <li>◦ <a href="#">Potential Partners</a></li> </ul> </li> <li>• Rural Health Information Hub Topic: <a href="#">Social Determinants of Health for Rural People</a></li> <li>• Integrated Behavioral Health <ul style="list-style-type: none"> <li>◦ <a href="#">MT Health Care Foundation</a></li> <li>◦ <a href="#">MT Primary Care Association</a></li> </ul> </li> <li>• <a href="#">Montana Public Health Information System</a></li> <li>• <a href="#">Montana Peer Network</a></li> <li>• American Academy of Family Physicians <a href="#">Guide to Social Needs Screening</a></li> </ul>

## Dispatch

In physical health emergencies, 911 is ready to listen and respond at any hour. Behavioral health emergencies should be no different. Crisis call centers may need to de-escalate situations via phone, refer individuals to resources, and/or coordinate the dispatch of a team of responders. It is critical that any response is immediate and appropriate. Dispatch data can help a community capture where and when crises are occurring, and who is experiencing them.

Dispatch			
Starting Point	Key Context Questions	Data Points	Information and Resources
<p>Identify your local dispatchers for crisis:</p> <ul style="list-style-type: none"> <li>● 911 &amp; non-emergent law enforcement lines</li> <li>● Crisis lines</li> <li>● Hotlines</li> <li>● Warm lines</li> </ul> <p>Where to look:</p> <ul style="list-style-type: none"> <li>● Ask partners and community members, especially: <ul style="list-style-type: none"> <li>○ Local government</li> <li>○ Local mental health centers and hospitals</li> </ul> </li> <li>● <a href="#">Montana Peer Network</a></li> <li>● Sequential Intercept Maps</li> <li>● <a href="#">Community Health Assessments and Improvement Plans</a></li> <li>● Local directories</li> <li>● <a href="#">CONNECT</a></li> <li>● <a href="#">211</a></li> </ul>	<p>Entry points:</p> <ul style="list-style-type: none"> <li>- How do people know to call your crisis line?</li> <li>- What restrictions exist? Are lines limited to organization clients only?</li> </ul> <p>Procedures:</p> <ul style="list-style-type: none"> <li>- Do you flag behavioral health (BH) calls? If yes, <ul style="list-style-type: none"> <li>- What screenings do you use?</li> <li>- How are cases triaged?</li> <li>- What protocols do you use to address these calls?</li> </ul> </li> <li>- What services can be provided on the line? (e.g. screening, referrals, crisis intervention, etc.) <ul style="list-style-type: none"> <li>- Where do you refer to?</li> </ul> </li> <li>- Are follow-ups made?</li> </ul> <p>Staffing</p> <ul style="list-style-type: none"> <li>- How many staff are trained in behavioral health? What training curricula are offered?</li> <li>- What hours are staff available?</li> <li>- Do staff have other duties when serving as dispatchers?</li> </ul> <p>Data</p> <ul style="list-style-type: none"> <li>- What data do you collect already? <ul style="list-style-type: none"> <li>- Do you review this regularly? How is it used?</li> <li>- Is this data reported anywhere?</li> </ul> </li> <li>- What data systems do you use?</li> </ul> <p>Program:</p> <ul style="list-style-type: none"> <li>- Funding sources</li> <li>- Partners and community outreach</li> </ul>	<ul style="list-style-type: none"> <li>● Aggregate calls received <ul style="list-style-type: none"> <li><input type="checkbox"/> Percent of behavioral health calls</li> <li><input type="checkbox"/> Percent of calls from high-utilizers</li> <li><input type="checkbox"/> Average speed of answer/ average delay</li> </ul> </li> <li>● Average call abandonment rate</li> <li>● Call location, date, time, duration</li> <li>● Call type <ul style="list-style-type: none"> <li><input type="checkbox"/> Public disturbance</li> <li><input type="checkbox"/> Suicide threat</li> <li><input type="checkbox"/> Threat to others</li> <li><input type="checkbox"/> Other</li> </ul> </li> <li>● Caller type <ul style="list-style-type: none"> <li><input type="checkbox"/> Self</li> <li><input type="checkbox"/> Family, friends</li> <li><input type="checkbox"/> Bystander</li> <li><input type="checkbox"/> Law enforcement, corrections</li> <li><input type="checkbox"/> Other</li> </ul> </li> <li>● Individual demographics (<i>as determined by community</i>)</li> <li>● Location of call <ul style="list-style-type: none"> <li><input type="checkbox"/> Private residence</li> <li><input type="checkbox"/> Public</li> <li><input type="checkbox"/> Emergency room</li> <li><input type="checkbox"/> Hospital</li> <li><input type="checkbox"/> Social service provider</li> <li><input type="checkbox"/> Other</li> </ul> </li> <li>● Services provided</li> <li>● Dispatch destination <ul style="list-style-type: none"> <li><input type="checkbox"/> Another phone line (i.e. crisis line, warm line)</li> <li><input type="checkbox"/> EMS/ Fire</li> <li><input type="checkbox"/> Law enforcement</li> <li><input type="checkbox"/> Mobile crisis team</li> <li><input type="checkbox"/> Other</li> </ul> </li> <li>● Referrals made (where to)?</li> <li>● Follow-up made?</li> </ul>	<ul style="list-style-type: none"> <li>● Educate the community: <ul style="list-style-type: none"> <li>○ Distribute resources about crisis lines</li> <li>○ Can people request CIT or mobile crisis on the phone?</li> <li>○ What can people expect with mental health calls? Law enforcement contacts?</li> </ul> </li> <li>● National Suicide Prevention Lifeline <a href="#">Best Practices</a></li> <li>● <a href="#">Crisis Phone Contacts in Montana</a></li> <li>● <a href="#">SAMHSA's Guidelines for Behavioral Health Crisis Care</a>: see the section on call center/hub best practices</li> <li>● <a href="#">Police Mental Health Collaboration</a> - especially element 4</li> </ul>

## Responders

When dispatch sends responders to a crisis, it is paramount that they arrive in a timely manner and treat the individual in crisis with respect and dignity. Responders may stabilize individuals on-scene, provide medical services, refer to resources, or transport to a facility for treatment. Data about responders can inform a community on what emergent services are in greatest need.

Responders			
Starting Point	Key Context Questions	Data Points	Additional Resources
<p>Identify your local responders:</p> <ul style="list-style-type: none"> <li>• Law enforcement <ul style="list-style-type: none"> <li>◦ CIT</li> <li>◦ Co-responder</li> </ul> </li> <li>• EMS / Fire</li> <li>• Mobile crisis</li> <li>• Peers</li> </ul> <p>Where to look:</p> <ul style="list-style-type: none"> <li>• Ask partners and community members, especially: <ul style="list-style-type: none"> <li>◦ Government agencies</li> <li>◦ Mental health centers and hospitals</li> <li>◦ <a href="#">Criminal Justice Coordinating Councils</a> (CJCC's)</li> </ul> </li> <li>• <a href="#">Montana Peer Network</a></li> <li>• CIT Montana</li> <li>• Sequential Intercept Maps</li> <li>• <a href="#">Community Health Assessments and Improvement Plans</a></li> <li>• Local directories</li> <li>• <a href="#">CONNECT</a></li> <li>• <a href="#">211</a></li> </ul>	<p>Program</p> <ul style="list-style-type: none"> <li>- Funding sources</li> <li>- Partners and community outreach</li> </ul> <p>Procedures:</p> <ul style="list-style-type: none"> <li>- What protocols are used for behavioral health calls?</li> <li>- What services can be provided on scene? <ul style="list-style-type: none"> <li>- Where do you refer to?</li> </ul> </li> <li>- Are follow-ups made?</li> </ul> <p>Staffing</p> <ul style="list-style-type: none"> <li>- How many staff are trained in behavioral health? What training curricula are offered?</li> <li>- What hours are staff available?</li> </ul> <p>Data</p> <ul style="list-style-type: none"> <li>- What data do you collect already? <ul style="list-style-type: none"> <li>- Do you review this regularly? How is it used?</li> <li>- Is this data reported anywhere?</li> </ul> </li> <li>- What data systems do you use?</li> </ul>	<ul style="list-style-type: none"> <li>• Aggregate number of calls responded to <ul style="list-style-type: none"> <li><input type="checkbox"/> Number and percent of total calls that were identified as behavioral health calls</li> <li><input type="checkbox"/> Number of BH calls</li> </ul> </li> <li>• Response location, date, time, &amp; duration <ul style="list-style-type: none"> <li><input type="checkbox"/> Response time (from dispatch to scene)</li> <li><input type="checkbox"/> Time spent on scene</li> <li><input type="checkbox"/> Time transporting to and waiting for ER, psychiatric care, or jail intake</li> </ul> </li> <li>• Reason for response (primary presenting problem, complaint, etc.)</li> <li>• Cost of response</li> <li>• Individual demographics (as determined by community)</li> <li>• Services provided</li> <li>• Safety <ul style="list-style-type: none"> <li><input type="checkbox"/> Use of force or restraints?</li> <li><input type="checkbox"/> Any injuries incurred?</li> <li><input type="checkbox"/> Weapons present?</li> </ul> </li> <li>• Disposition: <ul style="list-style-type: none"> <li><input type="checkbox"/> Resolved on scene</li> <li><input type="checkbox"/> Voluntary transport (where to?)</li> <li><input type="checkbox"/> Involuntary transport (where to?)</li> <li><input type="checkbox"/> Arrest (what charge?)</li> <li><input type="checkbox"/> Other</li> </ul> </li> <li>• Referrals made (where to)?</li> <li>• Follow-up made?</li> </ul>	<p><i>Healthcare data</i></p> <ul style="list-style-type: none"> <li>• 911/EMS: <a href="#">Biospatial</a> (contact <a href="#">MT's Public Health and Safety Division</a>)</li> <li>• Consider using Electronic Health Records (EHR's)</li> </ul> <p><i>Justice data</i></p> <ul style="list-style-type: none"> <li>• <a href="#">Montana Board of Crime Control</a> - data and funding</li> <li>• Bureau of Justice Assistance: <a href="#">Justice and Health Connect</a></li> <li>• SAMHSA - <a href="#">CIT Data</a></li> <li>• SAMHSA - <a href="#">SIM Data</a></li> <li>• <a href="#">Police Mental Health Collaboration</a> - especially elements 7 and 10</li> <li>• <a href="#">Stepping Up Initiative</a> - especially Questions 3 and 6 &amp; the <a href="#">4 Key Metrics</a></li> </ul> <p><i>Other resources</i></p> <ul style="list-style-type: none"> <li>• <a href="#">SAMHSA's Guidelines for Behavioral Health Crisis Care</a>: see the section on crisis mobile team response</li> </ul>

## Facilities

If a crisis cannot be stabilized on-scene, or individuals need additional support, admission to a facility for further care will be necessary. In the best-case scenario, an individual in crisis will be transferred to a facility designed to stabilize behavioral health crises—either an outpatient crisis facility, allowing for a “stay” up to 23 hour and 59 minutes, or inpatient crisis facility, allowing for multi-day residential treatment. Due to lack of resources and availability, individuals in crisis often end up in an emergency room or a jail—both of which are not prepared to meet behavioral health crisis needs and create burdens on already overburdened systems. Data about facility admissions, services provided, and discharge can show a community what services should be bolstered or developed.

Facilities			
Starting Point	Key Context Questions	Data Points	Additional Resources
<p>Identify your local receiving &amp; stabilization facilities:</p> <ul style="list-style-type: none"> <li>• Crisis stabilization facilities (23 hour and longer-term)</li> <li>• Lower acuity drop-in centers</li> <li>• Behavioral Health Inpatient Units in hospitals</li> <li>• Emergency Rooms</li> <li>• Jails</li> </ul> <p>Where to look:</p> <ul style="list-style-type: none"> <li>• Ask partners and community members, especially mental health centers and hospitals</li> <li>• Sequential Intercept Maps</li> <li>• <a href="#">Community Health Assessments and Improvement Plans</a></li> <li>• Local directories</li> <li>• <a href="#">CONNECT</a></li> <li>• <a href="#">211</a></li> </ul>	<p>Capacity:</p> <ul style="list-style-type: none"> <li>- Services provided</li> <li>- Bed availability</li> <li>- Average occupancy rate</li> <li>- Average length of stay</li> <li>- Average cost of stay</li> <li>- Days and hours staffed</li> <li>- Team credentials: licenses &amp; certifications, onboarding training</li> </ul> <p>Program logistics:</p> <ul style="list-style-type: none"> <li>- Funding sources</li> <li>- Partners and community outreach</li> </ul> <p>Data</p> <ul style="list-style-type: none"> <li>- What data do you collect already? <ul style="list-style-type: none"> <li>- Do you review this regularly? How is it used?</li> <li>- Is this data reported anywhere?</li> </ul> </li> <li>- What data systems do you use?</li> </ul>	<ul style="list-style-type: none"> <li>• Individual demographics (as determined by community)</li> <li>• Services received</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">SAMHSA's Guidelines for Behavioral Health Crisis Care</a>: see the section on receiving and stabilization facilities</li> </ul>

## Facilities Continued

Facilities: Community Mental Health & Emergency Departments		
Additional Context Questions	Data Points	More Resources
<p>Admissions requirements</p> <ul style="list-style-type: none"> <li>- Demographics and insurances accepted</li> <li>- Modes of arrival allowed</li> <li>- Acuity level</li> <li>- Medical clearance</li> </ul> <p>Are follow-ups made?</p>	<ul style="list-style-type: none"> <li>• Aggregate number of individuals presenting (with behavioral health needs)</li> <li>• Aggregate number and percent of individuals admitted (with BH needs)</li> <li>• Mode of arrival:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Self</li> <li><input type="checkbox"/> Family/ friend</li> <li><input type="checkbox"/> Ambulance</li> <li><input type="checkbox"/> Law enforcement</li> <li><input type="checkbox"/> Mobile crisis</li> </ul> </li> <li>• Wait time (from presentation to admission)</li> <li>• Length of stay</li> <li>• Services provided</li> <li>• Discharge outcome:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Community</li> <li><input type="checkbox"/> Commitment (voluntary/ involuntary)</li> <li><input type="checkbox"/> Jail</li> <li><input type="checkbox"/> Other</li> </ul> </li> <li>• # Follow-ups and attempts</li> <li>• Re-admissions</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency Department Data (<i>state-level</i>): contact <a href="#">MT's Public Health and Safety Division</a></li> </ul>
Facilities: Jails		
Additional Context Questions	Jail-Specific Data Points	More Resources
<p>Behavioral Health Screenings</p> <ul style="list-style-type: none"> <li>- Which used?</li> <li>- What is the protocol (e.g. timing? Who screens? What are the steps if someone screens positive?)</li> </ul> <p>Treatment</p> <ul style="list-style-type: none"> <li>- Is there a mental health specific unit? What is its use and capacity?</li> <li>- How are services administered (In-person, tele-health? How often?)</li> <li>- Are there copays for behavioral health services or medications?               <ul style="list-style-type: none"> <li>- If yes, how much are they?</li> </ul> </li> <li>- Are detainees able to receive psychotropic medication?               <ul style="list-style-type: none"> <li>- If yes, how is it administered?</li> <li>- If no, what policy disallows it?</li> </ul> </li> </ul> <p>Procedures</p> <ul style="list-style-type: none"> <li>- What is the suicide watch procedure? How often do watches occur, on average?</li> <li>- What is the procedure for mental health crises? How many calls and/or holds occur, on average?</li> </ul>	<p><i>* Compare general population with individuals with population with identified mental health/ substance use needs:</i></p> <ul style="list-style-type: none"> <li>• Intakes and releases per day</li> <li>• Average daily population</li> <li>• Average demographics (* include pre-trial vs. sentenced)</li> <li>• Recidivism rate</li> <li>• Number and percent of detainees screened for behavioral health at intake               <ul style="list-style-type: none"> <li><input type="checkbox"/> % screened positive</li> <li><input type="checkbox"/> % screened positive that received services</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Bureau of Justice Assistance: <a href="#">Justice and Health Connect</a></li> <li>• <a href="#">Jail Information System's Data Fields Useful for Jail Population Analyses</a></li> <li>• SAMHSA - <a href="#">CIT Data</a></li> <li>• SAMHSA - <a href="#">SIM Data</a></li> <li>• <a href="#">Opportunities for Information Sharing to Enhance Health and Safety Outcomes</a></li> </ul>