Telling the Story: Data, Dashboards, & the Mental Health Crisis Continuum

NASMHPD Annual Meeting

July 2022

Arlington, Virginia

Disclaimer

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Agenda

- Welcome and Introductions: Robert Shaw, MA, Senior Research Associate, NRI
- Review of the Technical Assistance Coalition Paper, *Telling the Story: Data, Dashboards, & the Mental Health Crisis Continuum*:
  - Kristin Neylon, MA, Associate Director of Government Programs, NRI
  - Robert Shaw, MA
- Georgia's Technology Supported Crisis Response System:
  - Dawn Peel, Director, Office of Crisis Coordination, Georgia Department of Behavioral Health and Developmental Disabilities
  - Wendy White Tiegreen, Director, Office of Medicaid Coordination and Health System Innovation, Georgia Department of Behavioral Health and Developmental Disabilities
- Tennessee's Crisis and Hospitalization Data: A Commissioner's Perspective
  - Marie Williams, LCSW, Tennessee Department of Mental Health and Substance Abuse Services
- Question and Answer

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Review of Technical Assistance Coalition Paper: Telling the Story: Data, Dashboards, & the Mental Health Crisis Continuum

Behavioral Health Crisis Services are an Increasing Priority Across the U.S.

- 988, the new three-digit code for the National Suicide Prevention Lifeline is set to go live on July 16, 2022; demand for Lifeline services is anticipated to double as a result.
- New and enhanced resources from the federal government for crisis services:
  - 5% Set Aside in the Mental Health Block Grant for Crisis Services
  - American Rescue Plan funds *(Caution: although these funds are available to enhance crisis services, it is possible that few funds are allocated for this purpose. The influx of funds may appear that systems are flush with resources to enhance crisis services systems, when the reality is that many SBHAs are trying to stabilize a fractured service delivery system.)*
- Societal shift to provide more equitable services and reduce reliance on law enforcement as the primary responder to behavioral health crises

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2022 TAC Report: *Telling the Story – Data, Dashboards, & the Mental Health Crisis Continuum*

- Purpose: Understanding how crisis continuums operate is crucial to ensuring high-quality crisis services and that no one "falls through the cracks." The significant programmatic and funding changes implemented at the federal level make now an opportune time for state behavioral health authorities to implement or enhance their data collection processes for crisis services.

- Goals of the Report:
  1. Identify which data and outcome measures are most important to SBHAs and other stakeholders to ensure the effectiveness and continuity of behavioral health crisis services.
  2. Determine which data and outcome measures are feasible and meaningful for all SBHAs to report to SAMHSA.
  3. Understand how SBHAs analyze and present crisis data in the forms of dashboards and reports to monitor their systems and share important trends with stakeholders.

- Paper currently being reviewed by SAMHSA; will be posted to www.nasmhpd.org and emailed to all participants upon publication.

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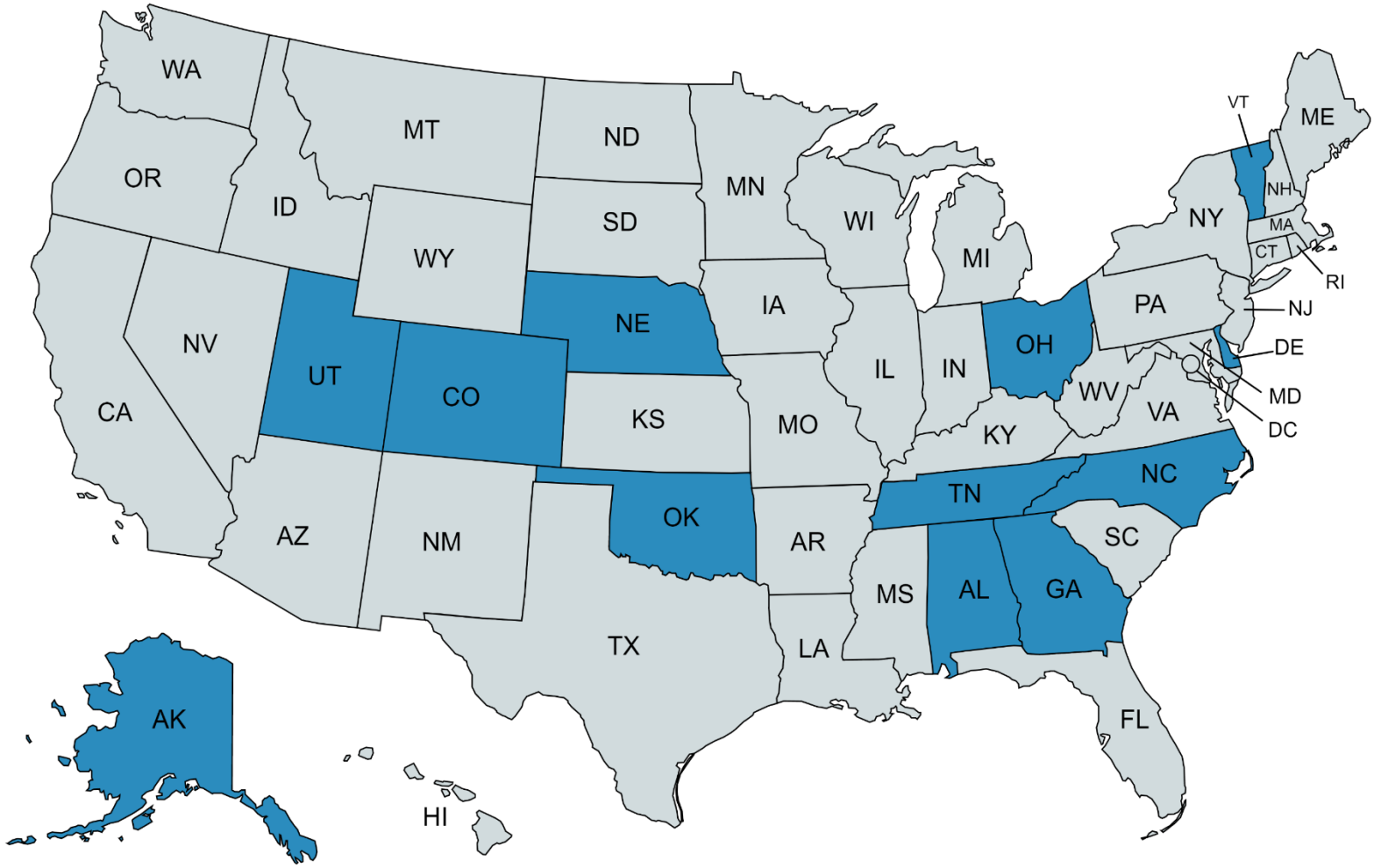
2022 TAC Report - Methodology

- Online literature review to identify best practices in data collection and measures used by similar industries to monitor quality and effectiveness.
- Review of each SBHA's website for the presence of data dashboards and reports for crisis services. Based on this review, NRI staff identified 12 SBHAs to interview for this report.

States Interviewed for the Report



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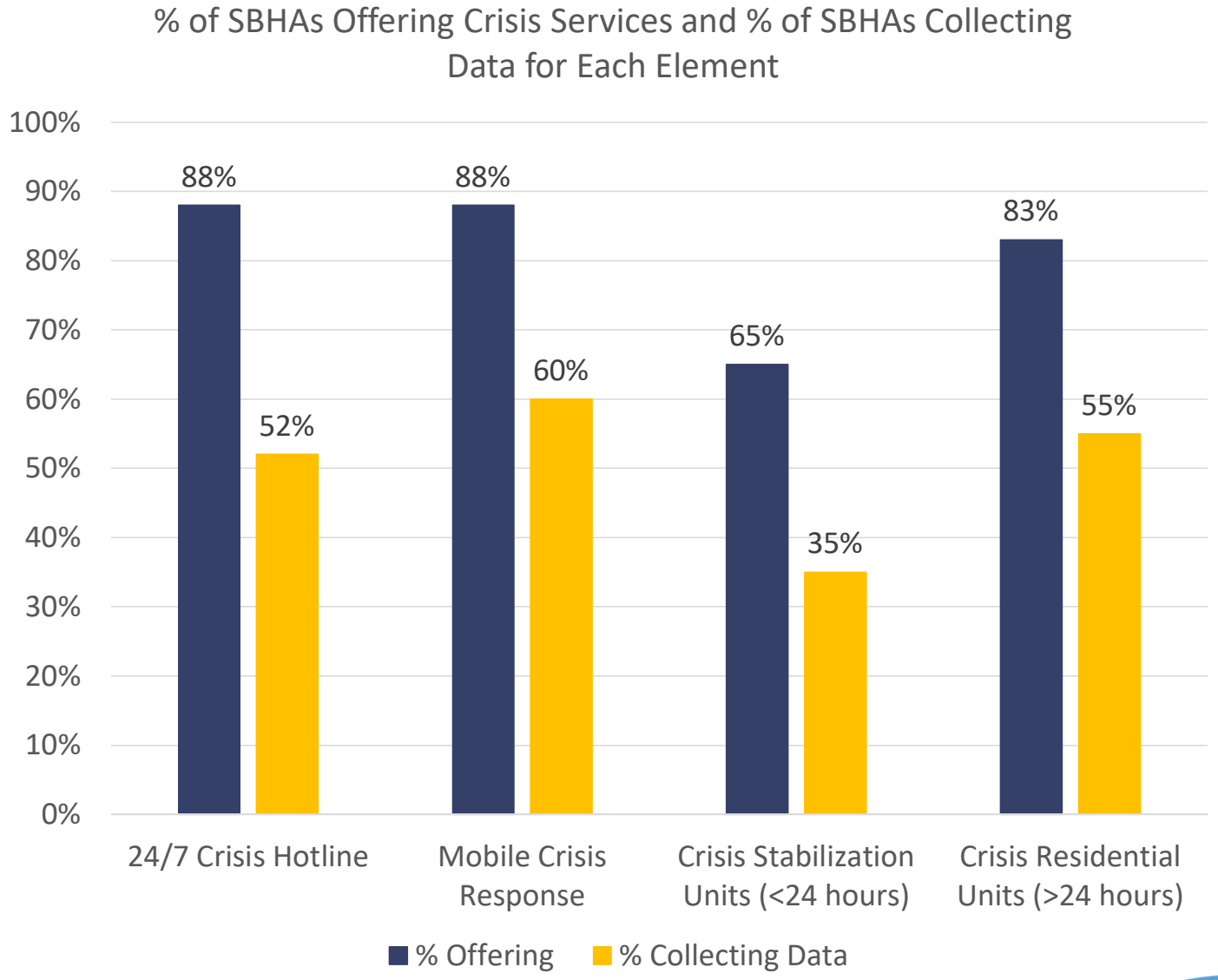
Availability of Crisis Services & Data Collection Activities Across the U.S.

- SAMHSA's National Guidelines identify three essential crisis services:
  - Someone to Call: Crisis Hotlines
  - Someone to Come: Mobile Crisis Response
  - Somewhere to Go: Crisis Stabilization Units (and Crisis Residential Facilities)
- Data monitoring is critical to understanding how individuals move through the system so that no one falls through the cracks.



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Managing Crisis Services

- Managing crisis services is an iterative process that requires the constant collection of data or information that can be used to assess all aspects of a provider's or a sate's crisis service activities.
- Great efforts are expended to collect data that document the activities of providers, often with the goal of demonstrating that funding has been well spent. Those efforts are valuable, but do not necessarily lead to management decisions or data that are useful for managers.

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Nothing is Perfect, but that Shouldn't Stop Us

- States and their providers do not often operate in an environment where they have all the data they could use and that all the data they collect are accurate and timely.
- Even sub-optimal data are valuable and can provide insight, albeit broad, rather than minute.
- When those are all that a provider or state has, management decisions can still be made, and later unmade if subsequent data indicate that a wrong turn has been taken.
- It is the duty of states and providers to attempt to provide services as best as can be given whatever environment they operate in.

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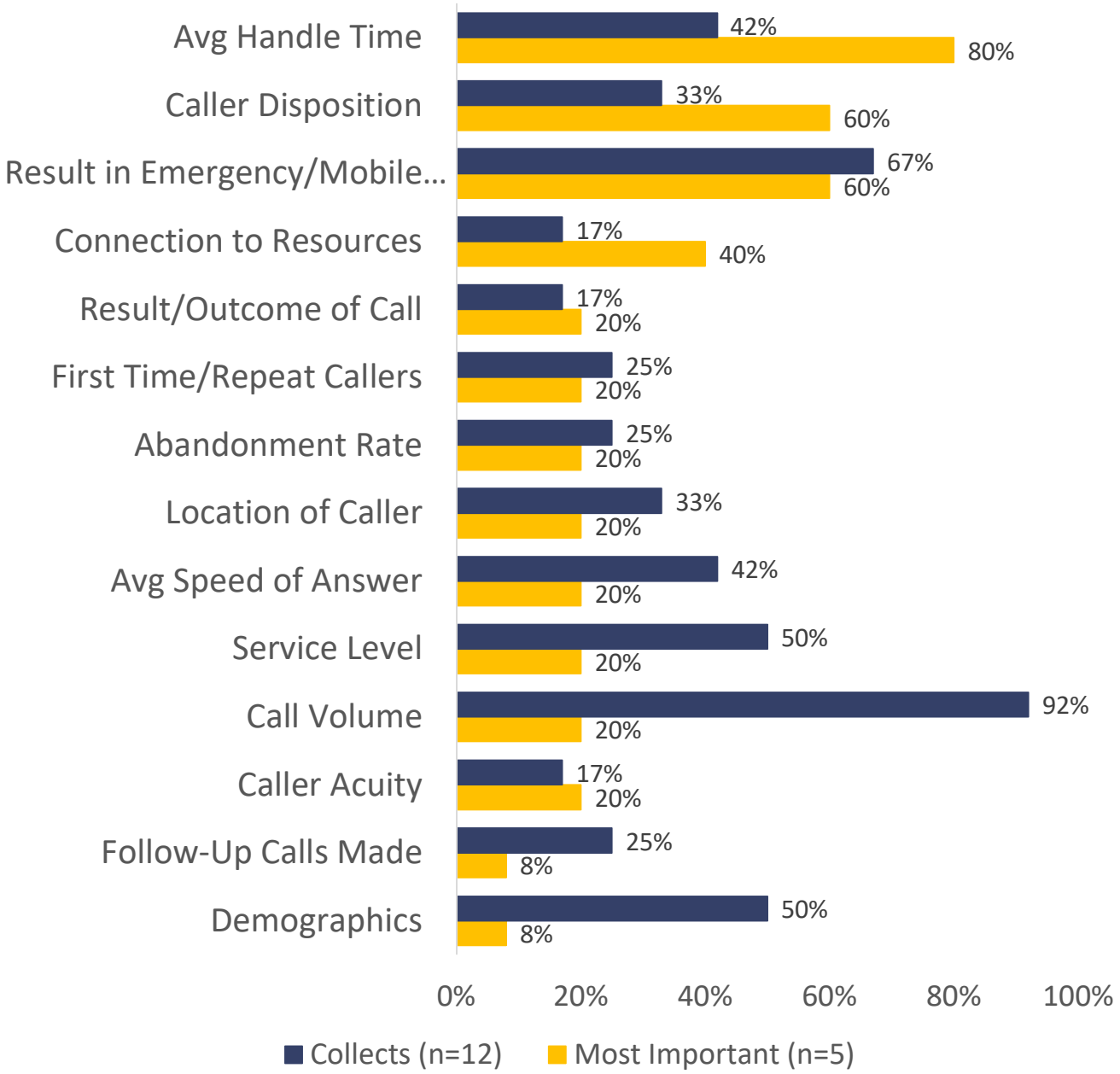

Most Important Metrics for Behavioral Health Crisis Hotlines Identified by SBHAs

Top three measures identified as most important for behavioral health crisis hotlines:

1. Average Handle Time
2. Caller Disposition
3. Calls Resulting in Emergency/Mobile Dispatch and Active Rescue

Note on demographic data:

- Demographic data were identified during calls as important data in that they allow states and providers to tailor services for their communities. However, they are extremely difficult to collect, especially during crisis situations. Only successful in collecting this information about half the time.

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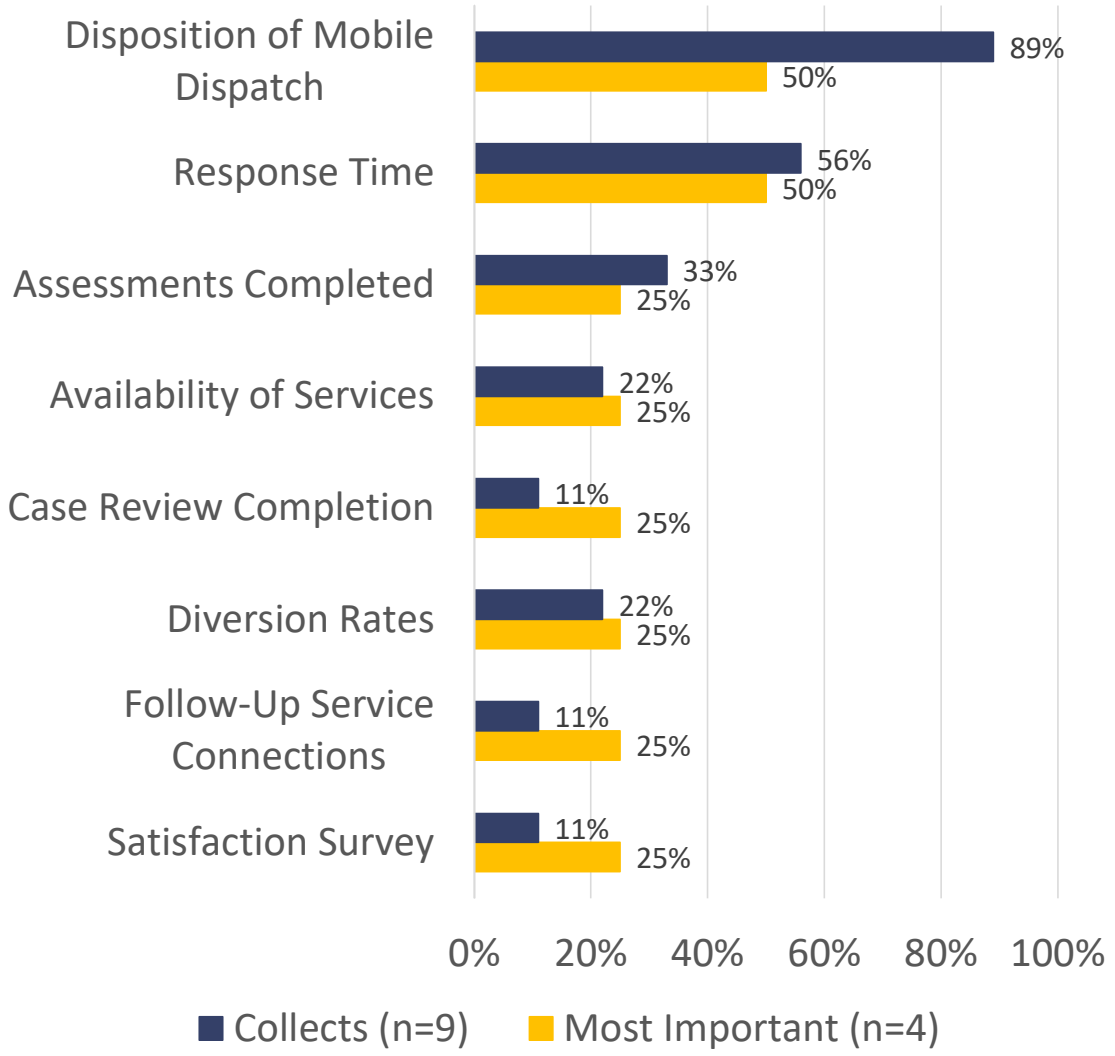

Most Important Metrics for Mobile Crisis Response Identified by SBHAs

Top measures identified as most important for mobile crisis response include:

1. Disposition of Mobile Dispatch
2. Response Time
3. Number of Assessments Completed

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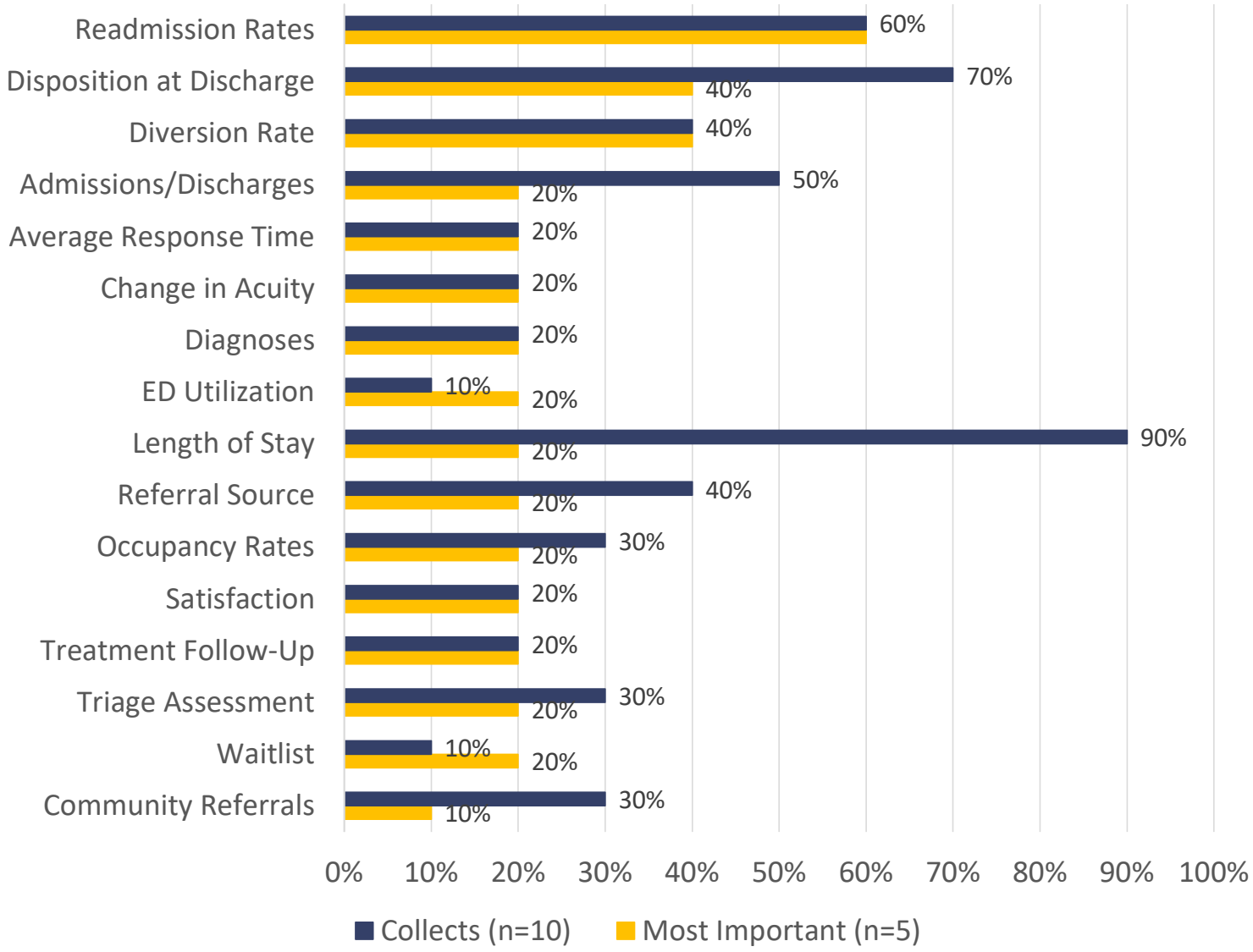

Metrics for Crisis Stabilization Units & Crisis Residential Facilities

Top three measures identified as most important for crisis stabilization and residential services include:

1. Readmission Rates
2. Disposition at Discharge
3. Diversion Rates

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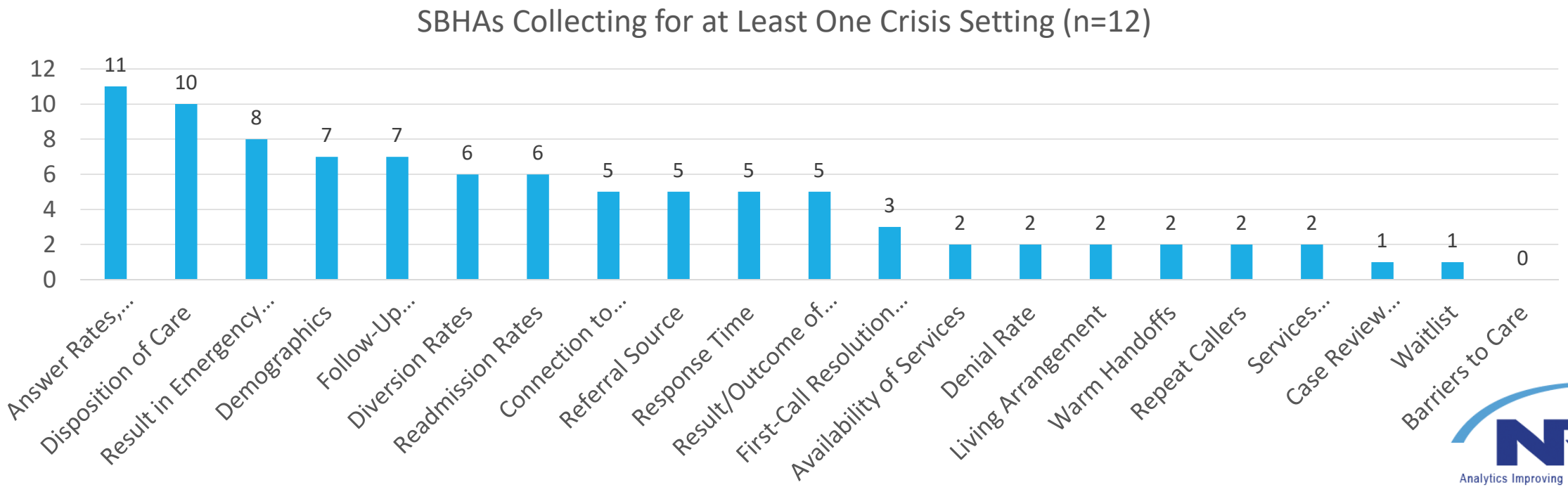
Metrics that Monitor Service Transitions & Diversion

- Many measures are available to help monitor the quality of individual services. To tell the story of how the crisis continuum is working as a whole, SBHAs collect measures that monitor service transitions and diversion to ensure no one "falls through the cracks."



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Georgia's Technology-Supported Crisis Response System

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

July 2022

Dawn Peel, Director
Office of Crisis Coordination

Wendy White Tiegreen, Director
Office for Medicaid Coordination & Health System Innovation

Georgia Department of Behavioral Health & Developmental Disabilities

D·B·H·D·D

Year One of 988

Based on projections from SAMHSA and Vibrant, DBHDD projects demand for behavioral health crisis services will

DOUBLE

in the first year of 9-8-8.

With limited funds to expand capacity, 9-8-8 is anticipated to significantly

IMPACT

the current crisis system.

Projections based on SAMHSA and Vibrant projections provided in April 2021

Someone to Call

564,608
calls texts and chats

projected, including calls to 9-8-8 and GCAL

Georgia will receive approximately

793 Additional

calls, texts, and chats DAILY

Someone to Respond

56,460
mobile crisis dispatches

estimated to be needed

Approximately **100** additional mobile crisis dispatches DAILY

A Safe Place to Go
for Crisis Care

67,137
admissions estimated across CSUs, BHCCs, SCBs, and detoxification facilities

An estimated additional **94** individuals will require admission to crisis facilities DAILY

Background

- In 2006, DBHDD identified the need to have a uniform point of entry for the state-funded crisis system in order to improve efficiency, maximize resources, and provide metrics which are used to inform system improvement.
- Over a period of sixteen (16) years, DBHDD and Behavioral Health Link have partnered to design an electronic system that serves a call center, dispatches mobile crisis teams, and provides real-time information about state-funded crisis bed access.
- The system has been designed to provide real-time data for certain parts of the crisis system. The system also allows historical information to be extracted to monitor a wide variety of metrics.
- DBHDD opened its first Crisis Stabilization Units and initiated its first Mobile Crisis contracts regionally in the 1990s.

Call Center Data Points

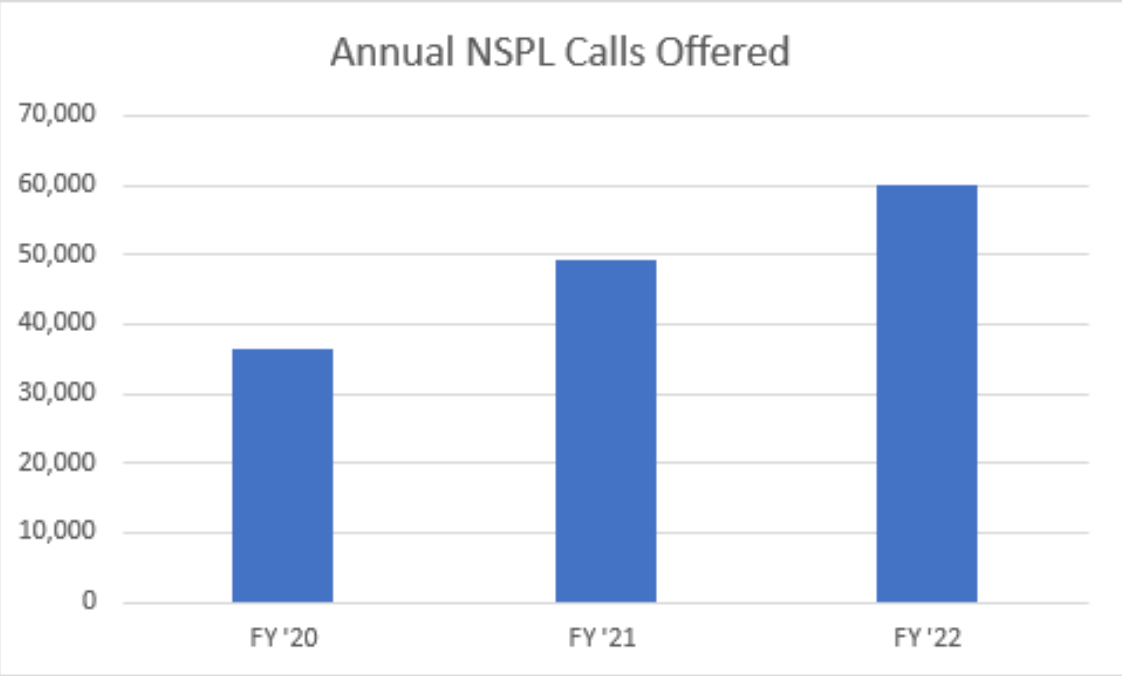
- 9-8-8 Data
- Georgia Crisis and Access Line Data
- Georgia Crisis and Access Line Demographics

Why we use data

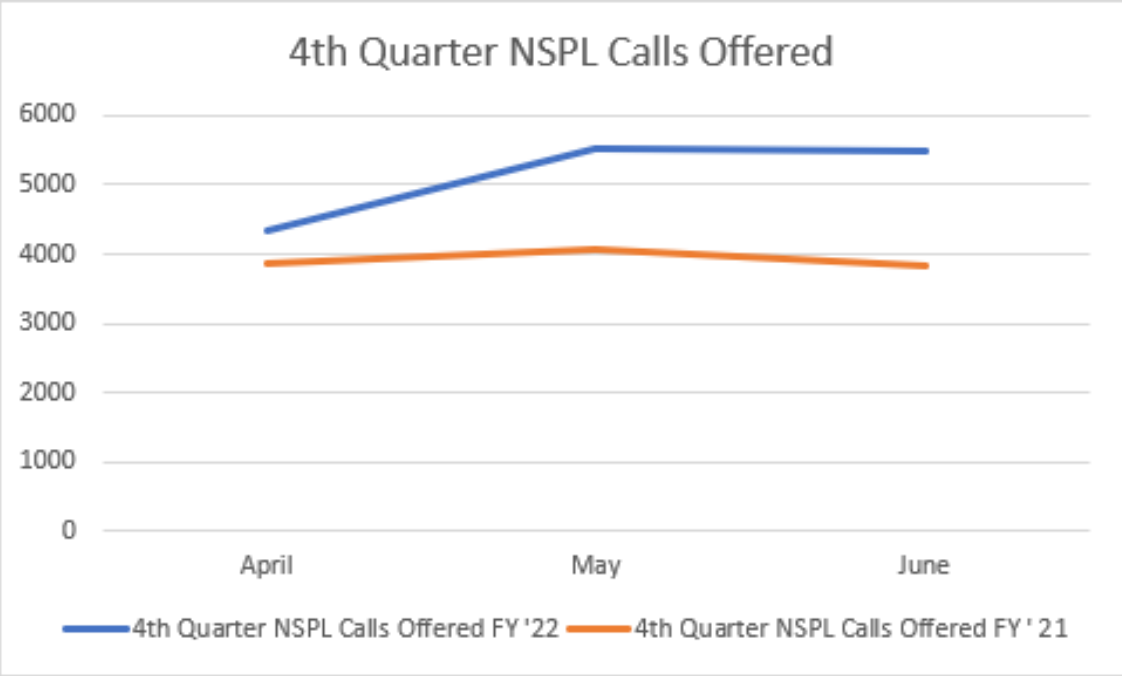
- Monitor System Performance and Capacity:
  - Track trends in volume (days, hours)
  - Track system capacity
- Clinical Presentations (calls resulting in Mobile dispatch, types of call, etc.)
- Measure compliance with Key Performance Indicators for contract and grant management
- Use for strategic planning
- Outcomes

Increases in Call Volume from NSPL

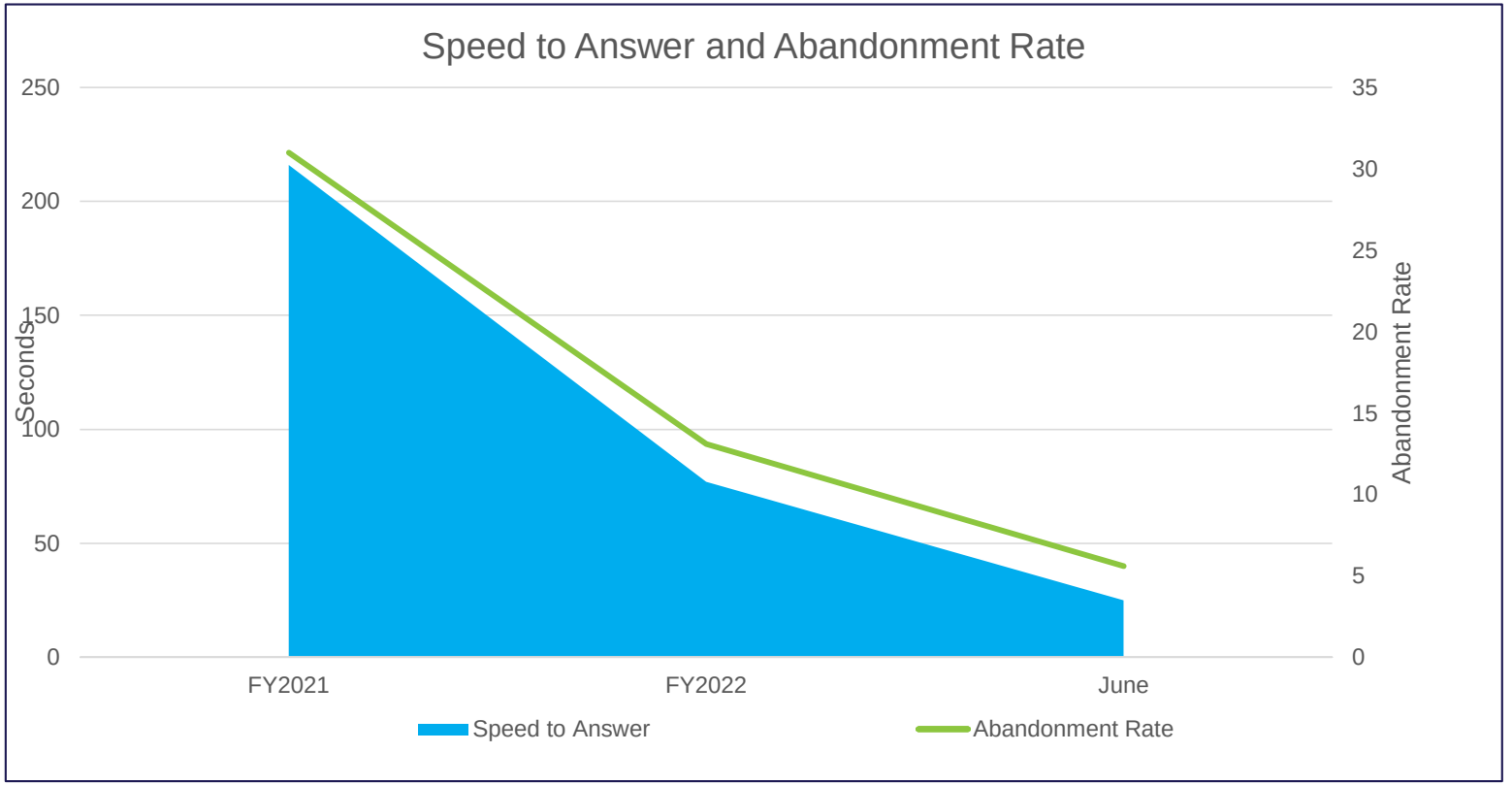
Year Over Year Growth

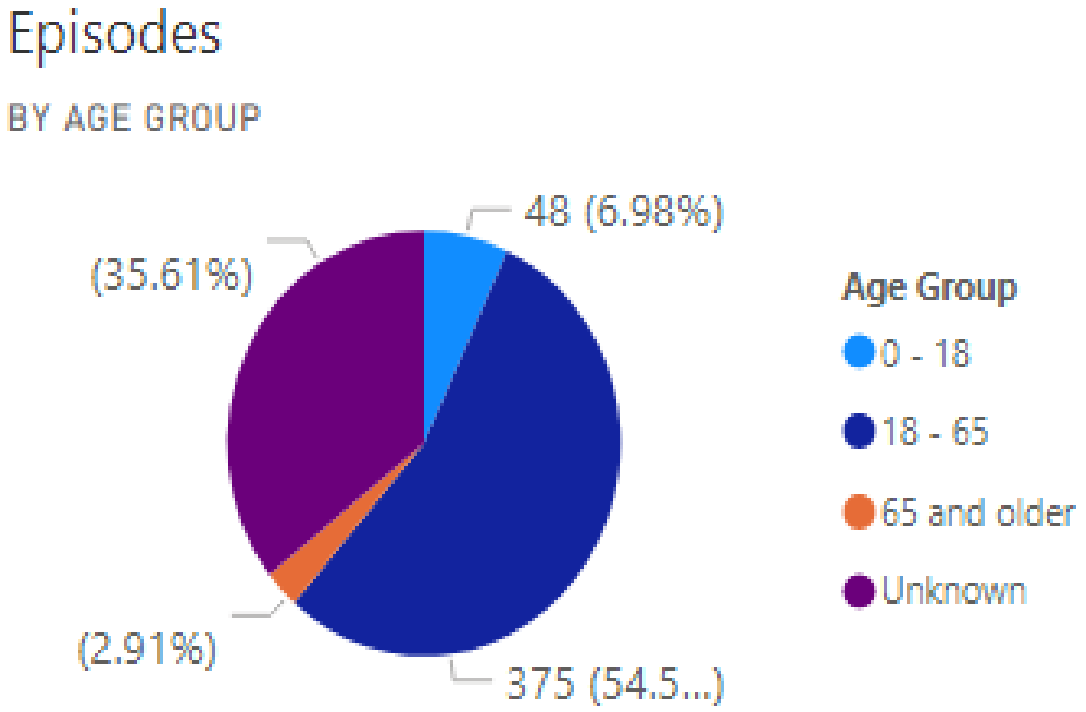


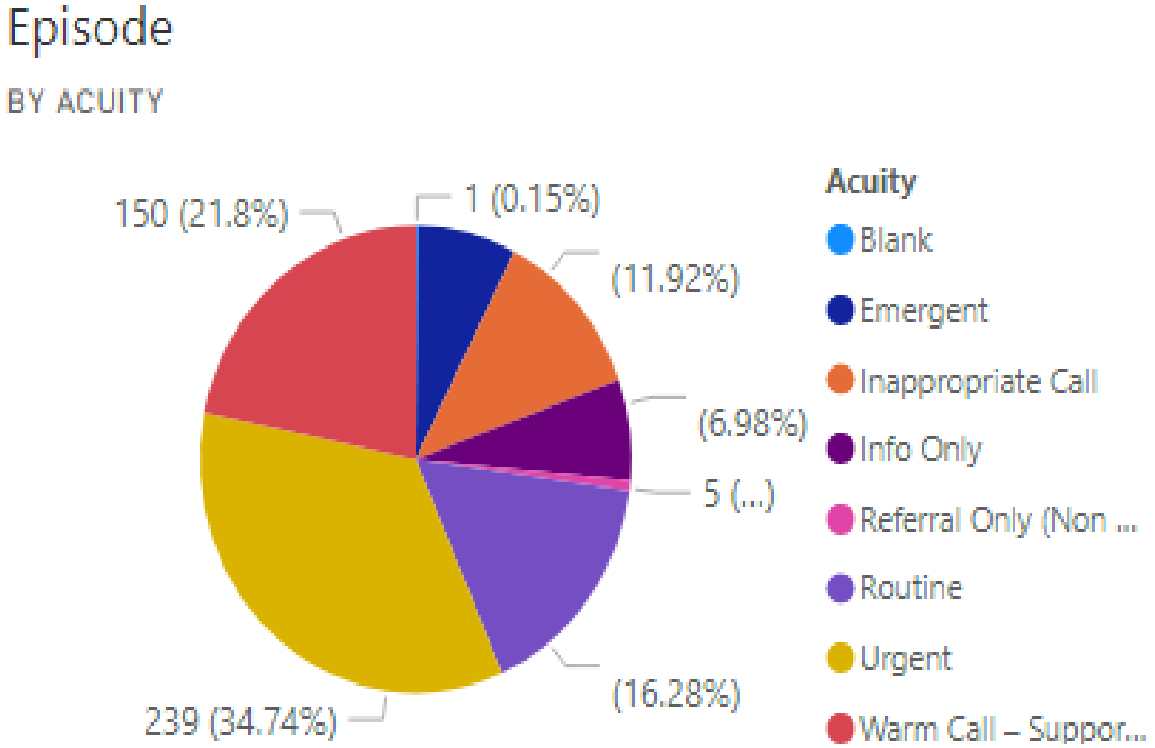
Month Over Month Growth



Keeping Up With Demand

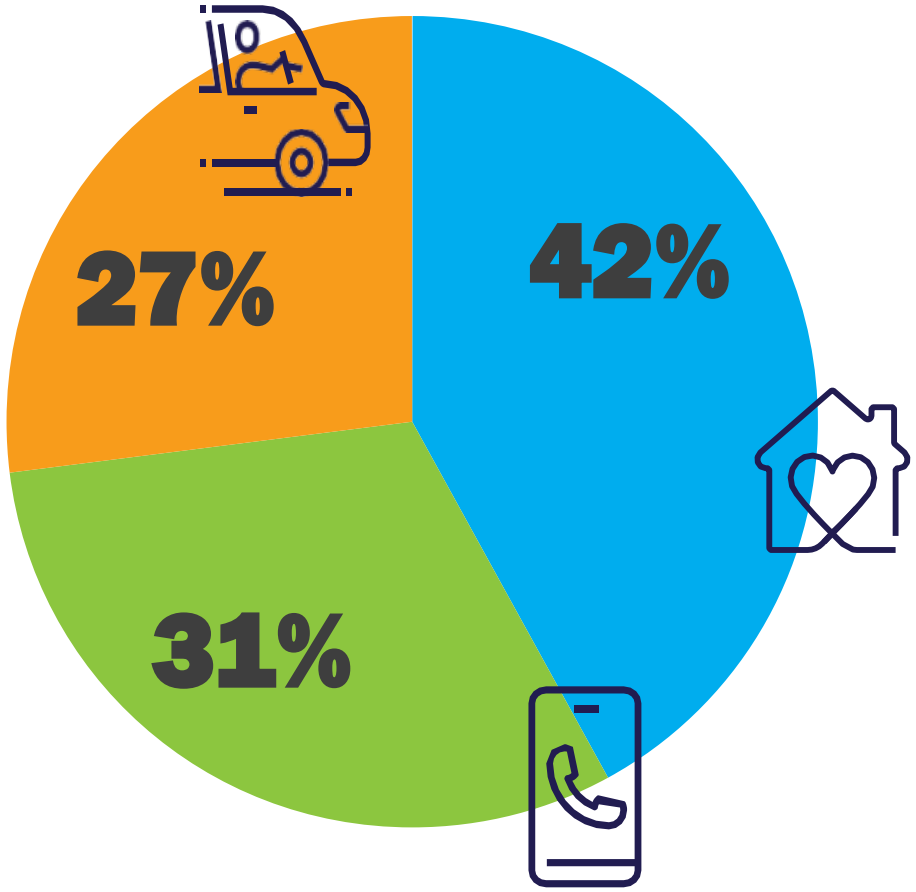






Dashboard Sampling

Crisis Connections (FY22)



- A Safe Place for Help: 42% required short-term observation or inpatient services
- Someone to Talk To: 31% needed someone to talk to or a connection to resources or an outpatient appointment
- Someone to Respond: 27% required a mobile crisis response or active rescue

** Based on reporting by episode*

Mobile Crisis Response Services Dashboards

Call Center to MCT Deployment

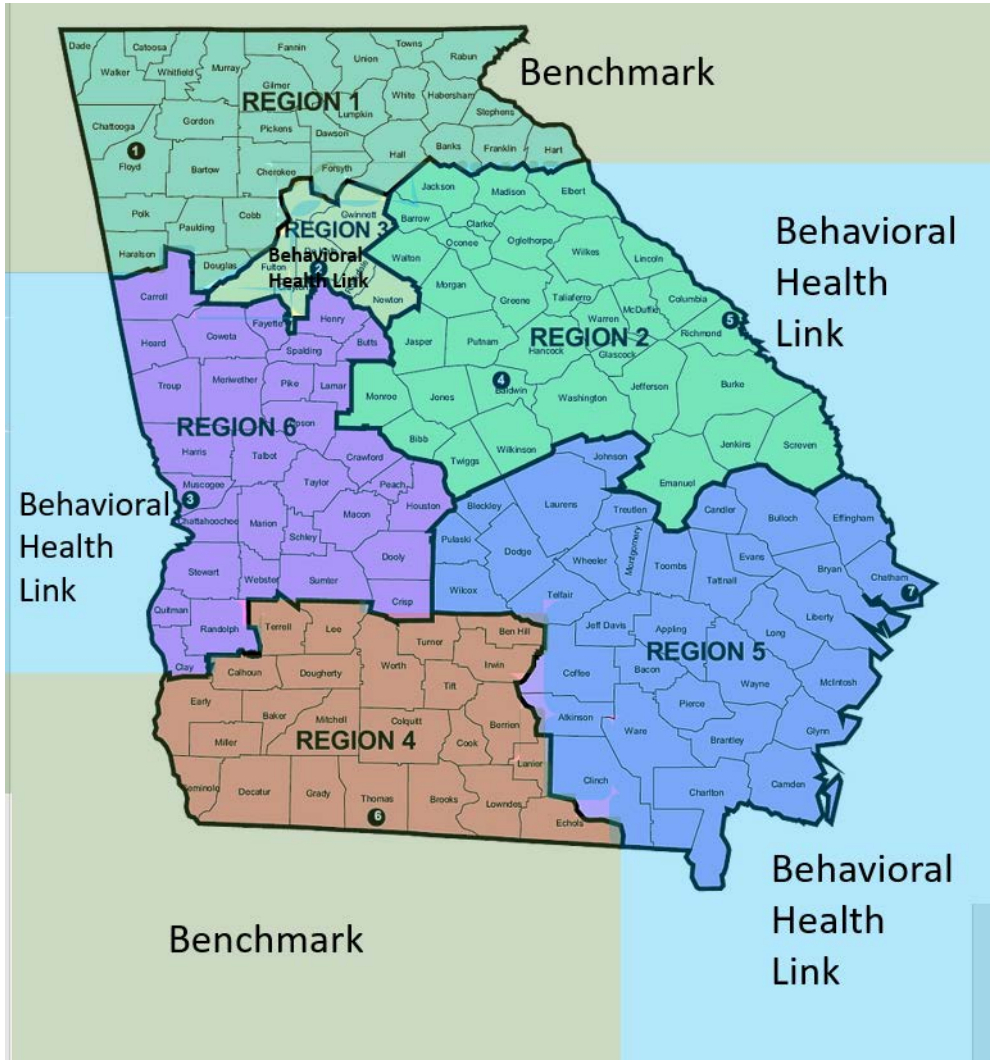
Georgia Crisis & Access Line

Mobile Crisis Response Service

2 Vendors

Behavioral Health Link

Benchmark



Dispatch Technology

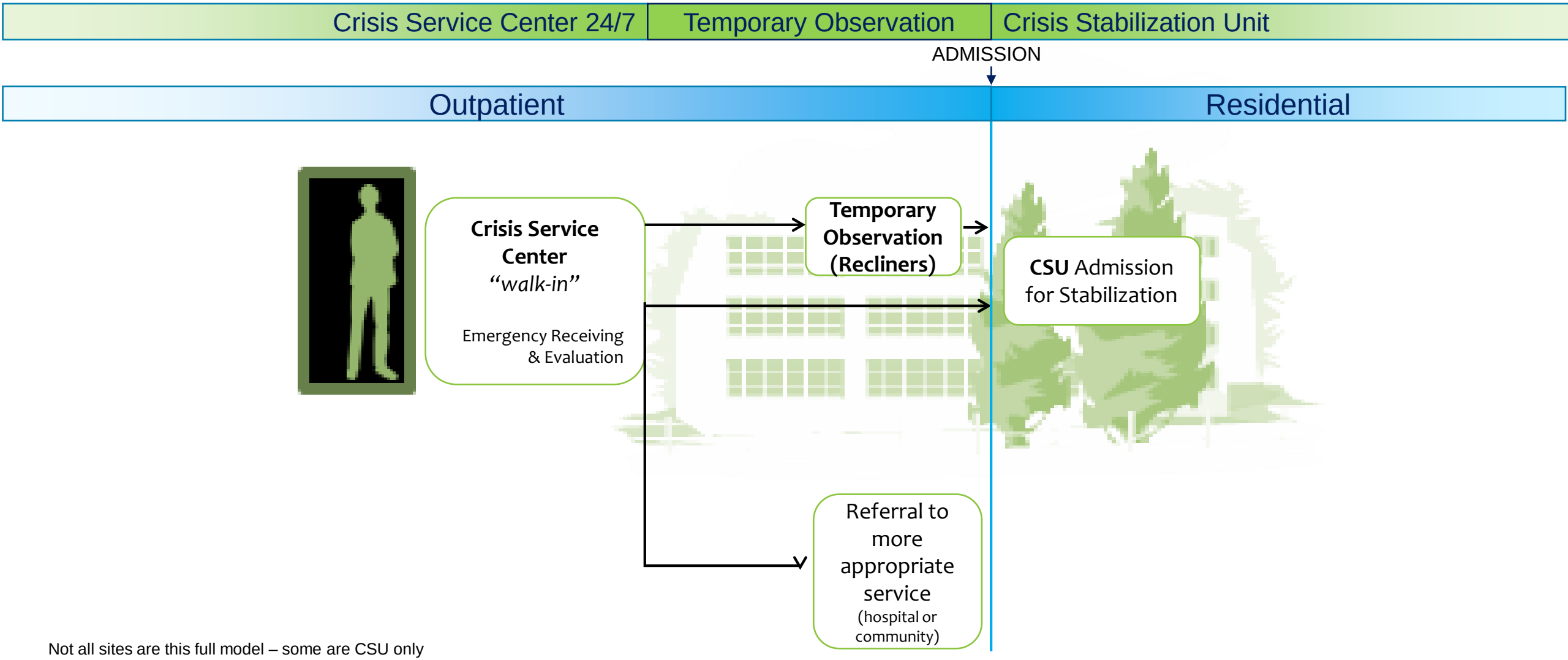
Mobile Crisis Data Functionality

Average Dispatch Time	Average Response Time	Average Assessment Time
Number of Dispatches	Completed Calls	Dispatches by Location
Dispatches by Triage Level	Dispatches Involving Law Enforcement	Dispatches by Outcome/ Linkage

- Drill-up/Drill-down data: Can be viewed statewide or by region
- Data can be measured daily, month to date, or monthly:
  - Monthly data also includes:
    - Percentage of referrals to medical facilities
    - Percentage of referrals to Crisis Stabilization Units
    - Percentage of referrals to State Hospital/State-Contracted Beds

Behavioral Health Crisis Center (BHCC) Data

Behavioral Health Crisis Center (BHCC)



Not all sites are this full model – some are CSU only

Electronic Management of State-Funded Crisis Beds

- GCAL manages telephonic and electronic referrals for individuals who need a state-funded crisis bed
- Referrals can be tracked via the referral status board. Referrals have triage information that is updated daily to reflect updates and changes in referral status.
- Crisis Stabilization Unit and Temporary Observation Unit utilization can be accessed in real time to include specific individuals served or certain data metrics.

NOTE: GCAL system also contains known Medicaid Psychiatric Facilities to promote referral and use of "plan" services for Medicaid beneficiaries

Active Bed Board Referral Data

- Includes:
  - Demographic Information necessary for referral
  - Location of individual
  - Screening and Triage Information
  - Insurance coverage
  - Time awaiting match for a necessary admission
- Benefits
  - Allows real-time communication between referral and crisis treatment facility
  - Expedites referral process
  - Ensures referrals are appropriately triaged

BHCC Data

Crisis Service Center/ Temporary Observation Data Points:

Number of Walk In Referrals	Crisis Service Center Diversion	Temporary Observation Beds Available
Temporary Observation Chair Occupancy	Temporary Observation Length of Care	Temporary Observation Diversion

Crisis Stabilization Unit Data Points:

Bed Status (Available, Occupied, Out of Service)	Number of New Referrals	Number of Individuals Accepted for Admission
Disability Type/ Primary Presentation	Occupancy Rate	Length of Stay

DEVELOPMENTAL GOAL: These data are largely reliant on timely and accurate provider self-report across a broad network of crisis system providers. Opportunities for quality improvement will present as data begins to be reviewed.

Marie Williams, LCSW

- Commissioner
- Tennessee Department of Mental Health & Substance Abuse Services
- Marie.Williams@tn.gov

TN Crisis Services History

Crisis response teams were established in 1991

Contract with 13 providers across the state to deliver mobile crisis services 24/7/365

Statewide hotline number routes caller to nearest provider based on area code and defaults to one provider if does not route due to unknown area code.

TDMHSAS is also proud to participate in the National Suicide Prevention Lifeline with 6 TN providers assisting in answering the calls across the nation

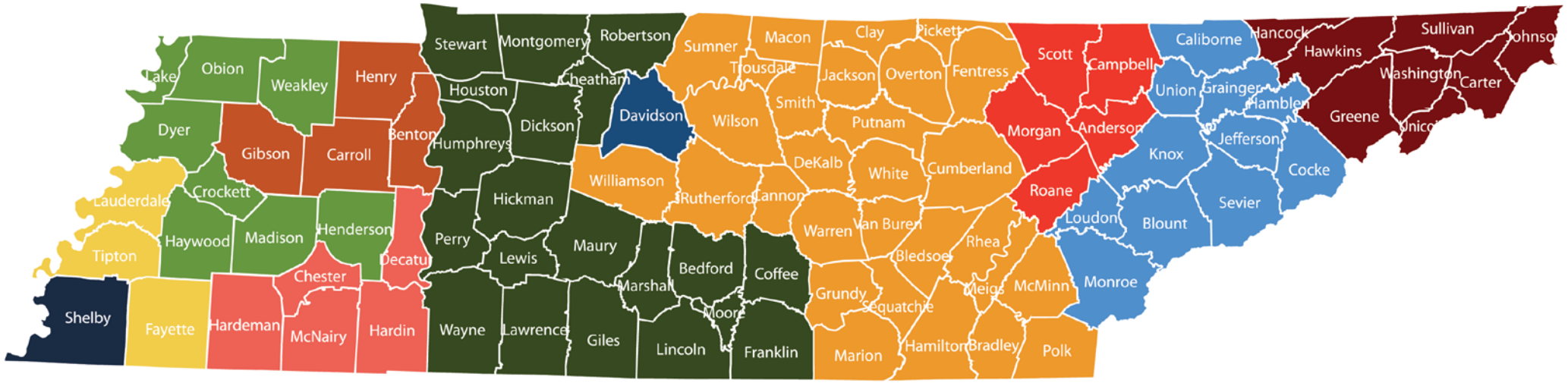
Respite services were established in 1992 to allow a community-based option that offers a temporary reprieve from an environmental stressor

Crisis Stabilization Units and Walk-in Centers were added in 2008

Contract with 7 providers to provide 8 CSUs and Walk-in Centers to operate 24/7/365

Grateful to serve with dedicated and dynamic team: Deputy Commissioner Matt Yancey, Assistant Commissioner Rob Cotterman, Director of Crisis Services and Suicide Prevention Jennifer Armstrong

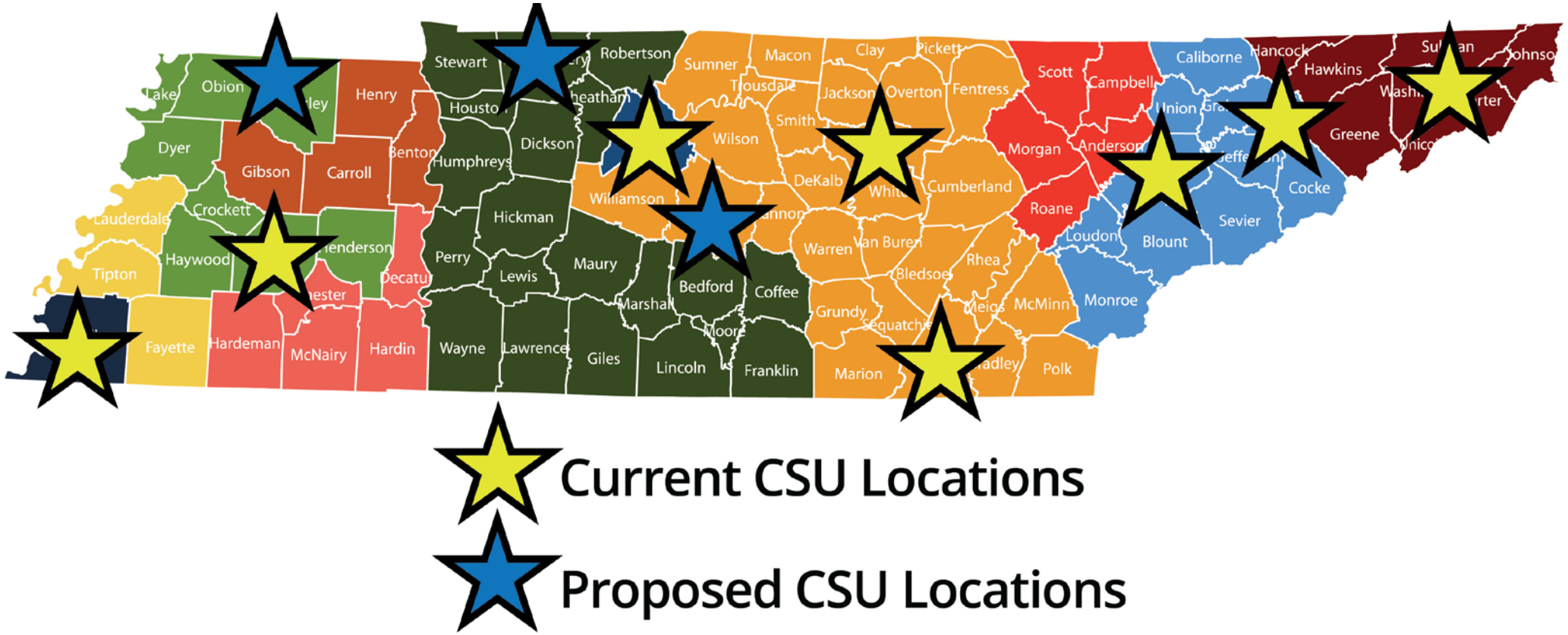
Statewide Mobile Crisis Coverage



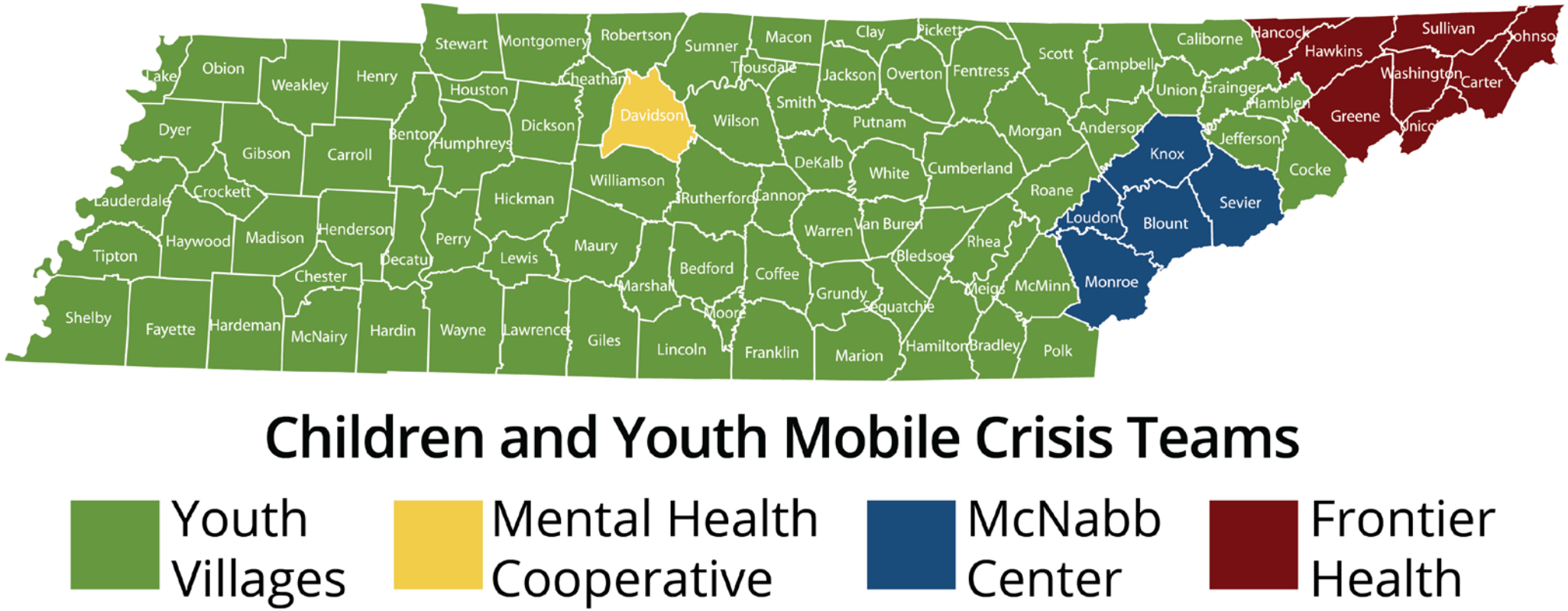
Mobile Crisis Teams

- Alliance Health Services
- Professional Care Services
- Pathways Behavioral Health Services
- Quinco Mental Health
- Carey Counseling Center
- Centerstone
- Mental Health Cooperative
- Volunteer Behavioral Health
- McNabb Center
- Ridgeview Behavioral Health Services
- Frontier Health

8 Crisis Stabilization Units, Adding 3 More



Statewide Mobile Crisis for C&Y



Children and Youth Mobile Crisis Teams

- Youth Villages
- Mental Health Cooperative
- McNabb Center
- Frontier Health

Tennessee's
Mental Health Crisis Services Continuum

Connecting people to the right treatment, in the right place, at the right time.

≈128,000 Calls for help annually

58% Resolved on the phone
41% Referred to mobile crisis
1% Directed to ED for medical concerns

72,000+ crisis assessments completed

63% Diverted from hospitalization

Person in Crisis → Statewide Crisis Line → Face to Face Assessments → Community-Based Resources

TN Department of **Mental Health & Substance Abuse Services**

Data from state fiscal year 2021

For individuals not meeting commitment criteria

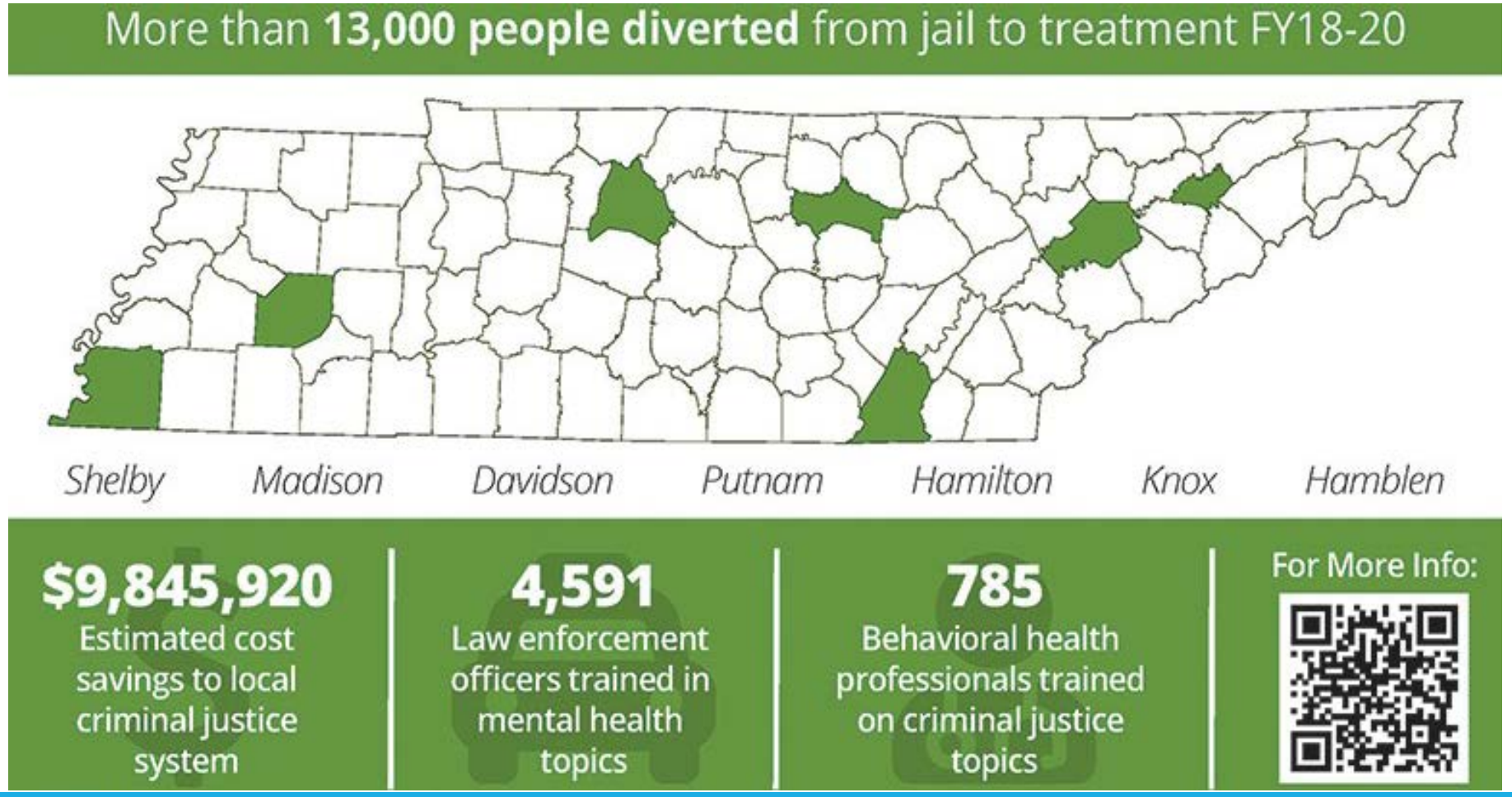
Less Restrictive Environment:
Better Option for Patient and Lower Cost Intervention

Decreased Usage:
Inpatient Hospitalization, Jail, and Emergency Room

Less-Restrictive Alternatives:
- Crisis Respite Services
- Crisis Walk-In Sevrvices
- Crisis Stabilization Units
- Outpatient Community-Based Programs and Services

Pre-Arrest Diversion Infrastructure Program

Data Collected Sept 2017-June 2019



Shared Funding Model

Service	FY22 TDMHSAS Funding	FY20 TennCare Funding *
State Wide Crisis Hotline	$50,000	$0
Mobile Crisis - Blended funding with Medicaid and state dollars. Rates based on a PMPM (per member per month) model as determined by TennCare with state dollars contributing approx. 20% of total. Funded to ensure firehouse model.	$5,397,695	$20,304,565
Respite – State pays at cost not to exceed 1/12 of total maximum liability per month while TennCare (Tennessee Medicaid Waiver) pays a fee for service.	$527,547	$132,367
Crisis Stabilization Unit/Walk-in Center – State pays at cost not to exceed 1/12 of total maximum liability per month while TennCare pays a fee for service.	$15,089,192	$4,534,470
	$21,064,434	*$24,971,402*
Total Crisis Investment	**$46,035,836**	
*In FY23, TDMHSAS received **$34,919,716** in federal American Rescue Plan funds to create three (3) new CSU/Walk-in Centers.*		
*In addition, TDMHSAS received **$17,995,000** in recuring state funds for provider rate increases. These funds will support additional investments in the crisis system.*		
**Most recent year availble data*		

Why are Crisis Data Important?

- Make informed decisions about programmatic changes
- Find solutions to problems
- Identify barriers to accessing needed patient care
- Determine return on investment
- Develop efficiencies for care providers

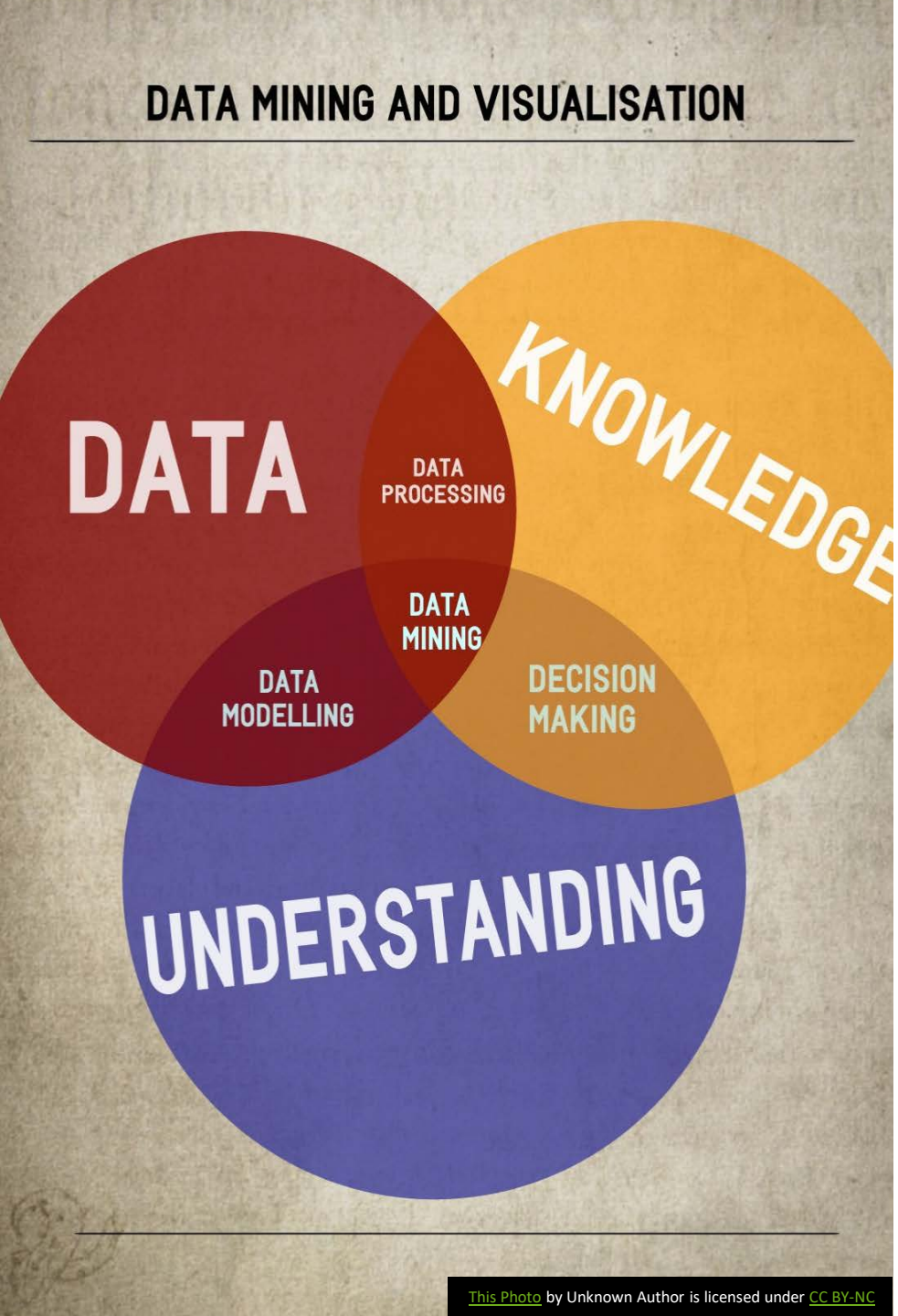
Improving Patient Care Starts with Data

TN Department of Mental Health & Substance Abuse Services

Why Track Crisis Data?

- What problem(s) did the crisis management system solve:
  - Eliminated manual entry in multiple spreadsheets
  - Provided access to client-level information to allow tracking across systems
  - Provided information related to what is working vs. what is not working
  - Provided metrics for monitoring program effectiveness

TN Department of Mental Health & Substance Abuse Services



What Are We Able to Track Now?

The collection of client-level data allows for enhanced data analysis that didn't previously exist. The data can now be cross-walked against the Behavioral Health Safety Net, state hospital admissions, and suicide death data.

Examples of current metrics captured:

- Crisis Response Times
- Volume of Crisis Calls, Mobile Crisis Assessments, 23-Hour Observation Admissions, Respite Admissions, and CSU Admissions
- Length-of-Stay Data
- Primary Presenting Problem
- Hospitalization Rates
- Alternatives Attempted Before Inpatient Referral
- Follow-Up Efforts

TN Department of Mental Health & Substance Abuse Services

CMS Reports

Mobile Crisis Assessment Data

Data includes call and face-to-face assessment volume data, presenting problems, dispositions of assessments, and follow-up efforts.

Crisis Response Time

Mobile Crisis required response time is 2 hours or less. Reports allow providers to see details of longer response times for quality assurance.

Crisis Services Data

CSU, 23 Hour Observation, and Respite data includes admissions and length of stay (in days or hours, depending on the service).

TDMHSAS CRISIS MANAGEMENT SYSTEM

F2F ASSESSMENT STATISTICS

Assessment Date: 7/1/2021 through 12/31/2021

PROVIDER: [Crisis Provider]

	2021 - 07 Jul	2021 - 08 Aug	2021 - 09 Sep	2021 - 10 Oct	2021 - 11 Nov	2021 - 12 Dec	TOTAL Assessments
[Crisis Provider]	552	520	442	491	424	462	2,891
Total	552	520	442	491	424	462	2,891

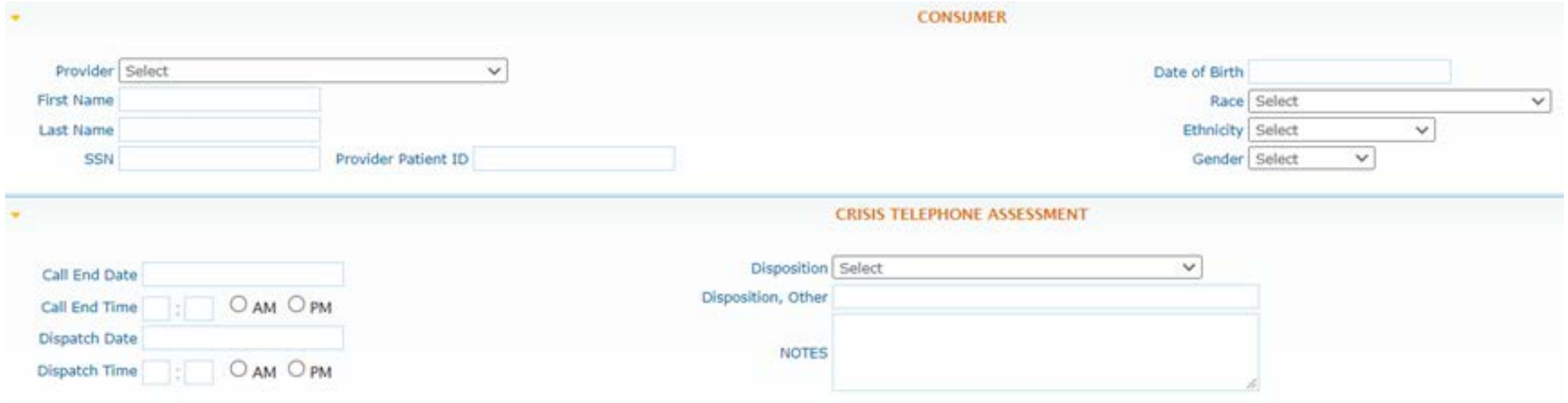
	2021 - 07 Jul	2021 - 08 Aug	2021 - 09 Sep	2021 - 10 Oct	2021 - 11 Nov	2021 - 12 Dec	Total
Not seen w/in 2 hours	2	1	3	0	3	1	10

Average Call End to F2F Arrival (hours): 1.03

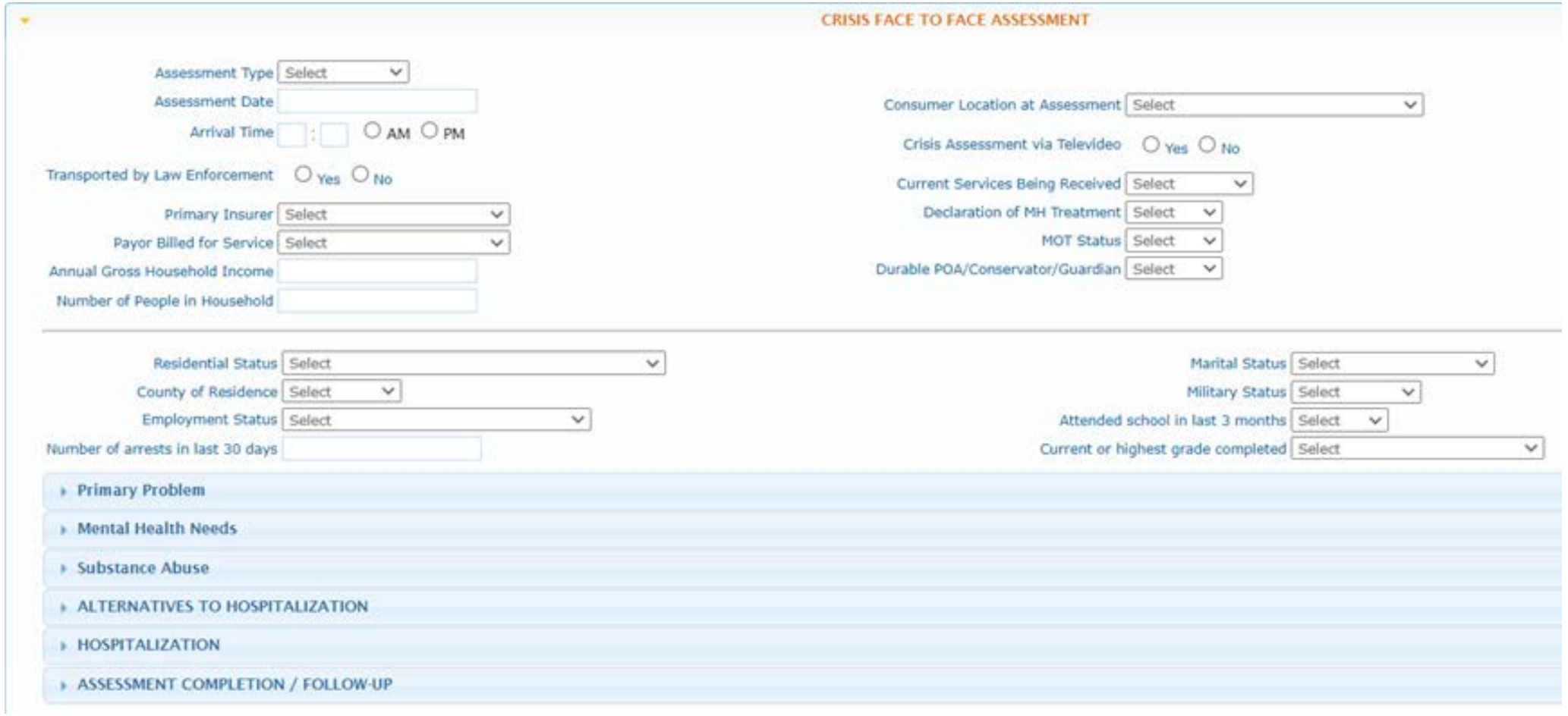
		DAYS / LOS					Totals
		Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	
[CSU]	Days	112	208	206	193	212	931
	Admissions	44	79	79	85	68	355
	Average LOS	2.55	2.63	2.61	2.27	3.12	

Multiple reports (samples above) can be displayed by month or provider for trends analysis. Detailed reports allow providers QA assistance in detecting outliers and data entry errors.

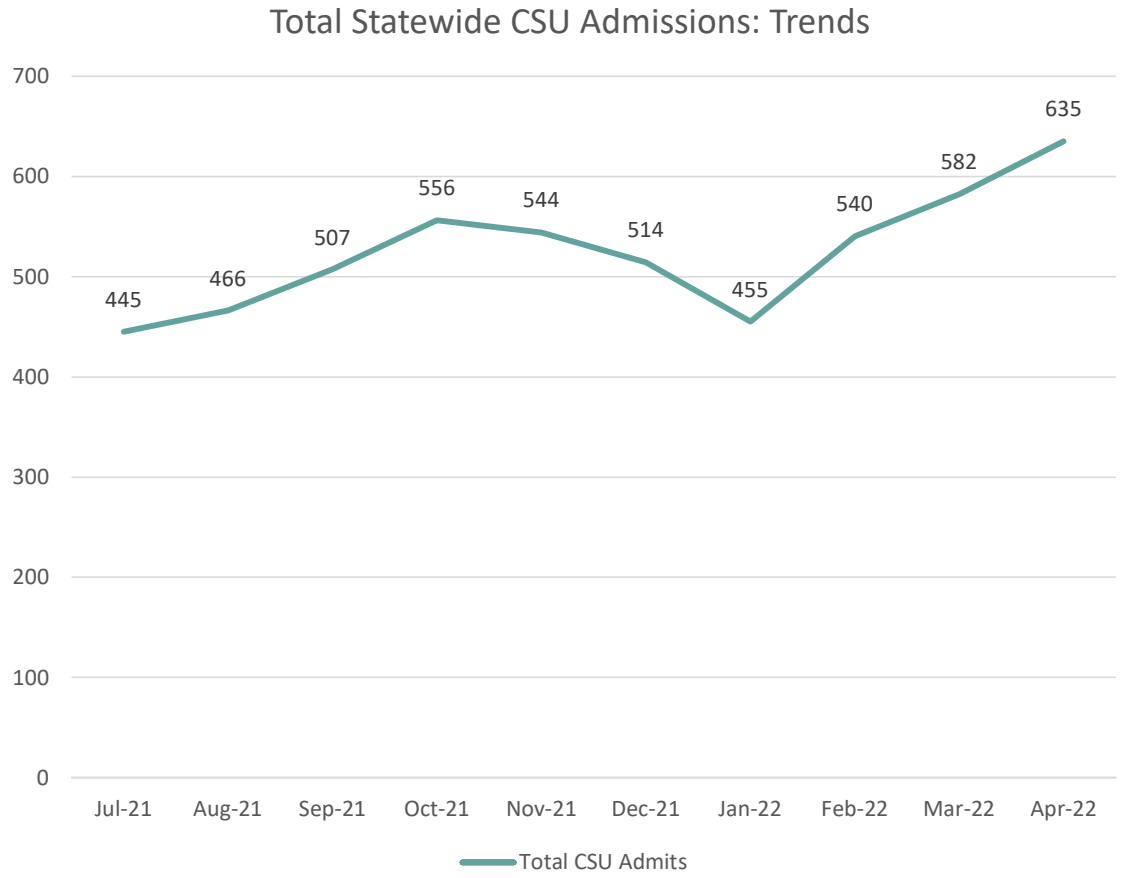
Collecting Meaningful Data
Provider Interface – Phone Assessments

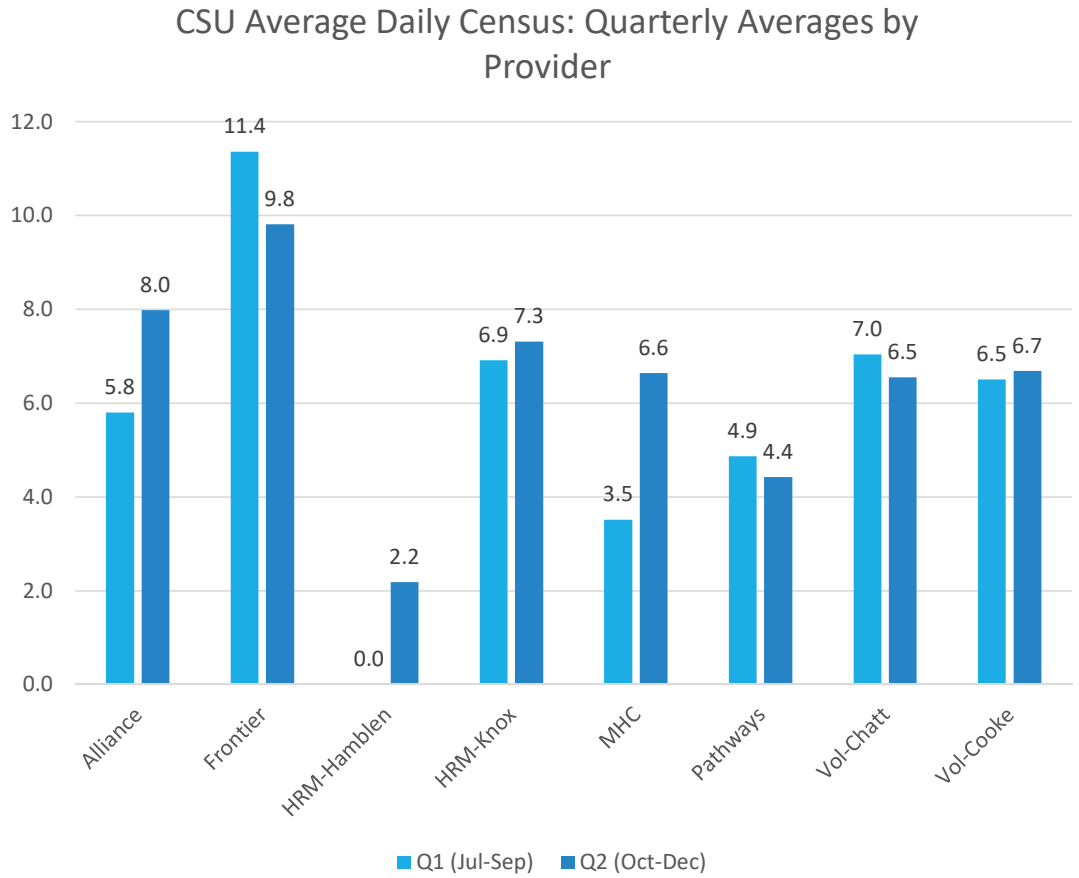


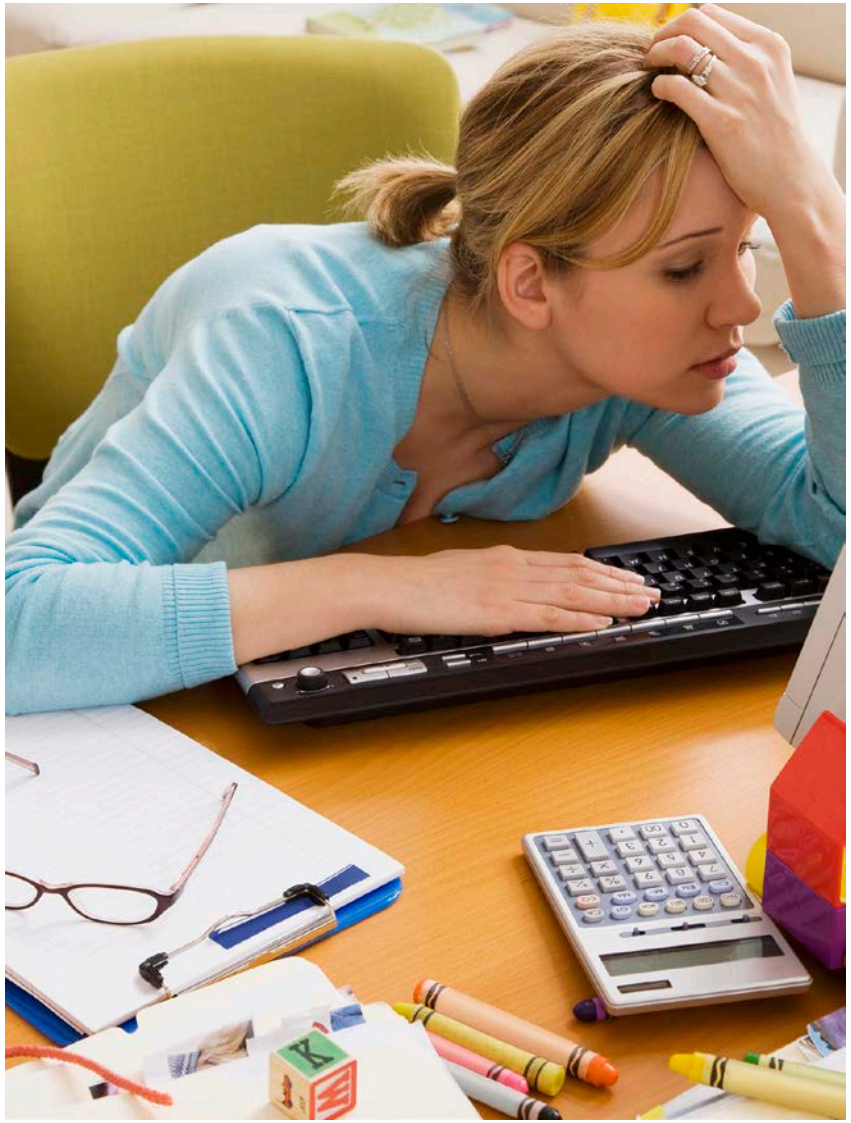
Collecting Meaningful Data
Provider Interface – Face to Face Assessments



Data in Action – Visualizing Trends







Crisis Management System – How Easy Was it to Create?

Took lots of time, collaboration, patience, and grace! Testing, testing, and more testing before official roll out!

Liaison between leadership, TennCare, IT, and Crisis Providers

- Frequent demos/conversations with both leadership and crisis providers to ensure payer source and provider needs are met to the extent possible.

IT Develops a Platform

- Our internal IT team did all coding and developed all needed reports.

TN Department of Mental Health & Substance Abuse Services

How Easy is it to Use the Crisis Management System?

Providers can manually enter or upload assessment or services data into the system. Technical support is provided by TDMHSAS to ensure data accuracy.

Providers add all crisis call and assessment data weekly, while services data are added monthly.

Creates a Centralized Data Collection Process

Although the data validation and training process could feel cumbersome, providers are able to access their reported data real-time for internal QA and analytics.

TN Department of Mental Health & Substance Abuse Services

The Role of Data

Data informs the “Gameplan” of service delivery.

When you have data, you tell the story of the impact of proposed investments.

We used data to advocate for 3 new CSU’s

- Used data to show where inpatient hospitalization rates higher

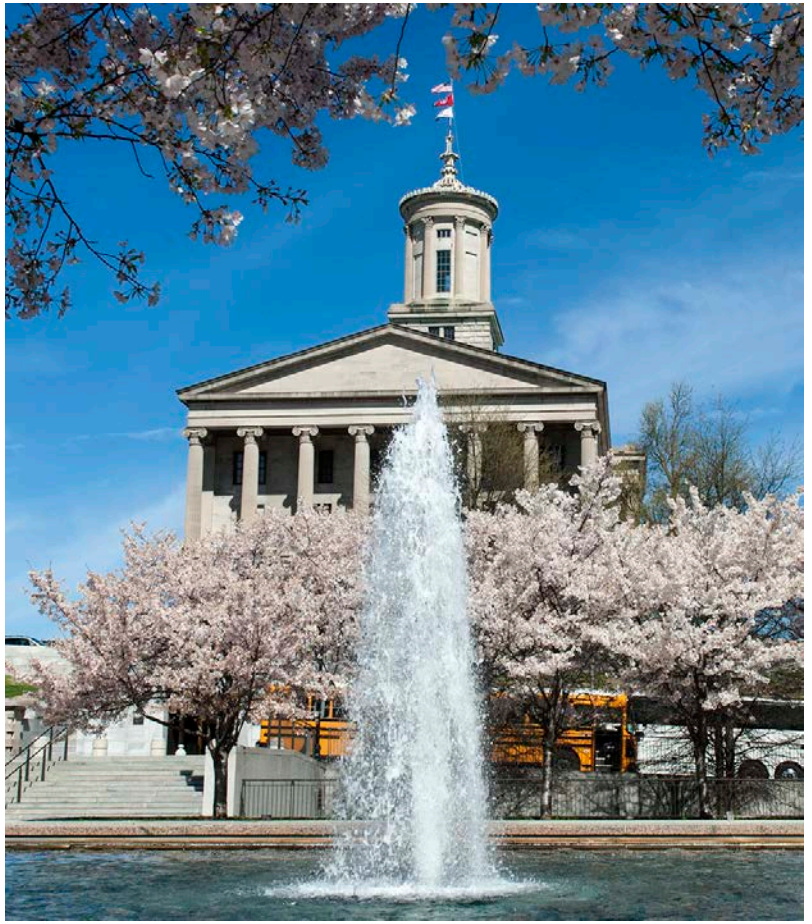
Data is key in planning and preparing for 988.

All About Accountability and Outcomes

Have to show return on investment

Governor, State Legislature, Citizens

Working with Community Providers



Questions?

Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.

- *Margaret Mead*

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Thank You!