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Brief Summary: Based on a review of the literature and a series of interviews with 12 State Behavioral Health Authorities (SBHAs), this paper discusses the critical data elements SBHAs collect to monitor the effectiveness of their crisis services continuum, and which data elements are meaningful and realistic for SBHAs to report to the Substance Abuse and Mental Health Services Administration (SAMHSA). This report also discusses how SBHAs present their crisis services data in the forms of reports and data dashboards, and how these reporting mechanisms can be used to inform key stakeholders about crisis service successes, needs, and trends.

States included in the review were: Alabama, Alaska, Colorado, Delaware, Georgia, Nebraska, North Carolina, Ohio, Oklahoma, Tennessee, Utah, and Vermont.

Report Appendices A-C are excerpted in the pages below to provide an overview of current state metrics across the crisis continuum:

- Appendix A: Crisis hotlines (a place to call)
- Appendix B: Mobile Crisis Response (someone to come)
- Appendix C: Crisis stabilization (a safe place to be)

Appendix A: Table of Key Performance Indicators for Behavioral Health Crisis Hotlines (Alphabetical Order)

Measure	Definition	Notes	SBHAs Collecting (n=12)/Identifying as Most Important (n=5)	
Behavioral Health Crisis Hotline Measures	Adherence to Protocol	Requires telephone monitoring/recording of crisis counselors.	<ul style="list-style-type: none"> Lifeline Quality/Call-Handling Process Measure 	None indicated.
	After-Call Work Time	The amount of time a crisis counselor takes to finish all tasks associated with the call. May include updating database, helpdesk, or customer relationship management; completing paperwork; collaborating with colleagues; sending emails; and updating calendars.	<ul style="list-style-type: none"> Lifeline Efficiency/Contact Handling Measure 	None indicated.
	Answer Rates	Number of calls answered compared to the number of calls received by the hotline. Includes breakdown of in-state answer rates. For Lifeline, calls not answered by the original center are directed to other centers and count against a center's answer rate.	<ul style="list-style-type: none"> The goal for the new 988 Lifeline is 90% in-state answer rate 	<ul style="list-style-type: none"> 9 SBHAs Collect: AK, GA, NC, NE, OH, OK, TN, UT, VT 4 SBHAs Indicate Most Important: AK, NE, OH, TN
	Average Handle Time	Total talk time plus total after-call work time, divided by the total number of calls.	<ul style="list-style-type: none"> Lifeline Efficiency/Contact Handling Measure Tracked by AIRS. 	<ul style="list-style-type: none"> 5 SBHAs Collect: AL, NE, NC, OH, TN 4 SBHAs Indicate Most Important: NE, NC, OH, TN
	Average Speed of Answer	Calculated as total waiting time for answered calls divided by the number of total answered calls.	<ul style="list-style-type: none"> Lifeline Service/Speed Measure Tracked by American Association of Poison Control Centers URAC Goal: average speed of answer by live person within 30 seconds. Tracked by AIRS. Target of <90 seconds. Tracked by NENA. Target, 90% of 911 calls answered within 10 seconds. Crisis Now Goal: Answer within 15 to 30 seconds. 	<ul style="list-style-type: none"> 5 SBHAs Collect: AL, CO, DE, GA, NC 1 SBHA Planning to Collect: AK 1 SBHA Indicates Most Important: NC
	Blockage	% of callers unable to access call center due to an insufficient number of phone lines. Callers receive busy signal. To measure, review ACD reports.	<ul style="list-style-type: none"> Lifeline Service/Accessibility Measure URAC Goal for Monthly Minimum Performance: <5% 	None indicated.
	Call Abandonment Rate	% of calls that disconnect after 30 seconds. If pre-recorded greeting answers, time begins after the greeting has ended. On ACD reports, identified as calls that drop after 30 seconds. For call centers without ACD reports, abandonment rate can be measured as the number of calls that hang up prior to the second ring.	<ul style="list-style-type: none"> Lifeline Service/Accessibility Measure Tracked by AAPCC, excluding short abandons of less than 12 seconds. Also tracks average delay before abandon. URAC Goal for Monthly Minimum Performance: <5% Tracked by AIRS Crisis Now Goal: Abandonment rate between 5% (level 5) and 20% (level 2). 	<ul style="list-style-type: none"> 3 SBHAs Collecting: CO, GA, NC 1 SBHA Indicates Most Important: NC
	Caller Acuity	Assesses severity of individual's crisis.	None	<ul style="list-style-type: none"> 2 SBHAs collect: NE, OH 1 SBHA Indicates Most Important: OH

Measure	Definition	Notes	SBHAs Collecting (n=12)/Identifying as Most Important (n=5)
Behavioral Health Crisis Hotline Measures	Caller Disposition Recommendation for post-crisis intervention. Assists with evaluating diversionary efforts/scopes of triage and intervention services.	None	<ul style="list-style-type: none"> • 4 SBHAs Collect: NE, OH, TN, UT • 3 SBHAs Indicate Most Important: OH, TN, UT
	Calls Diverted from Emergency Room/ Higher Level of Care Count of the number of callers that would have required emergency room or inpatient care had crisis call not occurred. Documented as “imminent risk reduced” in Vermont. Can be a sub-category of the measure Result of Call.	None	<ul style="list-style-type: none"> • 4 SBHAs Collect: NC, TN, UT, VT
	Calls Dropped Number of calls that are inadvertently disconnected by the call center, usually due to technical error.	None	<ul style="list-style-type: none"> • 1 SBHA collects: AL
	Call Source/ Referral Source Source of call referral. May include calls initiated by individuals or family, those initiated by Law Enforcement, referrals from the National Suicide Prevention Lifeline, etc.	None	<ul style="list-style-type: none"> • 3 SBHAs Collect: GA, NE, OH
	Call Volume Number of calls that come into the crisis call center in a given period. Changes in call volume can be used to make the case for adjusting funding levels for services. Can be analyzed hourly, daily, monthly, quarterly, and annually.	<ul style="list-style-type: none"> • Tracked by AIRS 	<ul style="list-style-type: none"> • 11 SBHAs Collecting: AL, AK, CO, DE, GA, NE, NC, OH, OK, TN, UT • 1 SBHA Indicates Most Important: NC
	Connection to Resources An indication of which additional resources were offered as options to the caller. Allows the call center and other stakeholders to determine if all supportive resources were provided to prevent higher levels of care and institutionalization.	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 2 SBHAs Collect: AK, TN • 2 SBHAs Indicate Most Important: AK, TN
	Cost Per Call Used to evaluate how efficiently resources are being used and to gauge return on investment. Cost per call may be calculated as either strictly a labor cost, or a “fully loaded cost” that includes all overhead, including telecom, facilities, and other service costs.	<ul style="list-style-type: none"> • Lifeline Efficiency/Resource Utilization Measure 	None indicated.
	Demographic Information Enables SBHAs to identify need by population groups (e.g., age, race, ethnicity, gender) and focus outreach and services to these groups.	None	<ul style="list-style-type: none"> • 6 SBHAs Collect: AK, CO, GA, NE, OH, TN • 1 SBHA Indicates Most Important: AK
	Error/Rework Rate The % and types of rework that occur. Typically captured by ACD systems. Changes in processes can significantly reduce and/or increase the error and rework rate.	<ul style="list-style-type: none"> • Lifeline Quality/Call-Handling Process Measure 	None indicated.
	First-Call Resolution Rate Definitions vary across call centers whether call is resolved during initial interaction. Goal of 70 to 75% is desirable. Can be a sub-category of the measure Result of Call.	<ul style="list-style-type: none"> • Lifeline Quality/Resolution Measure 	<ul style="list-style-type: none"> • 1 SBHA Collects: TN • 2 SBHAs monitor the number of first-time/unique callers: AK, NE.
First Time and Repeat Callers Allows call centers and SBHAs to understand if there is a relationship between the rate of new callers and other events affecting the community (e.g., pandemic, natural disasters, terrorist attacks, shootings, etc.). For repeat callers, measure allows ABHA to work with other behavioral health organizations to provide coordinated services to high utilizers.	None	<ul style="list-style-type: none"> • 2 SBHAs Collect: AK, NE • 1 SBHA Indicates Most Important: AK 	

Measure	Definition	Notes	SBHAs Collecting (n=12)/Identifying as Most Important (n=5)	
Behavioral Health Crisis Hotline Measures	Follow-Up Calls Made	The number of calls, chats, or texts that crisis operators make following-up with past callers. Typically required within 24-36 hours of initial call.	None	<ul style="list-style-type: none"> 1 SBHA Collects: OH
	Hours of Operation	For SBHAs without centralized 24/7 hotlines, it is important to understand which hours should be fully staffed at local call centers based on demand. Assess number of calls that arrive outside of business hours as well as the number of individuals that call back during business hours and conduct cost-benefit analysis of staffing.	<ul style="list-style-type: none"> Lifeline Service/Accessibility Measure CARF Standard Crisis Now Goal: Services Available 24/7/365 	None indicated.
	Insurance Status	Type of insurance caller has, or does not have.	None	<ul style="list-style-type: none"> 1 SBHA Collects: NE
	Location of Caller	Often collected by caller zip code or area code. Measure is helpful to understand regional utilization, allowing SBHA to conduct targeted outreach and expand capacity to meet community needs.	None	<ul style="list-style-type: none"> 4 SBHAs collect: AK, GA, NE, OK 1 SBHA Indicates Most Important: AK
	Longest Delay in Queue	The longest period of time that a caller in a queue before connecting with a crisis counselor or hanging up.	<ul style="list-style-type: none"> Lifeline Service/Speed Measure 	None indicated.
	Mental Health Diagnosis of Caller	Documentation of the mental health diagnosis of a caller, if provided.	None	<ul style="list-style-type: none"> 1 SBHA Collects: NE
	Number of Calls Resulting in Emergency Dispatch/Mobile Dispatch/Active Rescue	Operationalized as the number of callers expressing suicidal thoughts/at imminent risk of harm to self or others, and the number of active rescues through emergency dispatches (law enforcement) and mobile crisis dispatch. Can be a sub-category of the measure Result of Call.	None	<ul style="list-style-type: none"> 8 SBHAs Collect: AK, DE, GA, NE, NC, TN, UT, VT 3 SBHAs Indicate Most Important: AK, NE, UT
	Number of Referrals Made for Follow-Up	Number of referrals for community-based services made by a crisis call operator.	<ul style="list-style-type: none"> Crisis Now offers a spectrum of goals: minimal goal is to have cold referrals to community resources or better connection of care (level 1), warm handoff to behavioral health crisis providers (level 2), direct connection to facility-based crisis providers (level 3), coordinate access to available crisis beds (level 4), shared bed inventory and connection to available crisis and acute beds through an integrated bed registry (level 5). 	<ul style="list-style-type: none"> 3 SBHAs Collect: TN, UT, VT
	Number and Status of Warm Handoffs	Number of warm handoffs made by the crisis line, including a distinction of those that were declined.	None	<ul style="list-style-type: none"> 1 SBHA Collects: UT
	On-Hold Time	Amount of time callers spend on hold. Used as a gauge for individual counselors and can indicate insufficient knowledge or confidence in handling calls independently.	<ul style="list-style-type: none"> Lifeline Efficiency/Contact Handling Measure 	None indicated.

Measure	Definition	Notes	SBHAs Collecting (n=12)/Identifying as Most Important (n=5)	
Behavioral Health Crisis Hotline Measures	Presenting Concern	Measure documents the reason an individual calls the crisis hotline. It is helpful in understanding the needs of a specific community. It has allowed states to monitor calls related to COVID, suicide, and the opioid crisis. Call centers may also document secondary and tertiary concerns.	None	<ul style="list-style-type: none"> 7 SBHAs Collect: AK, CO, GA, NE, OH, TN, UT
	Result/Outcome of Call	Outcome of call to the call center.	None	<ul style="list-style-type: none"> 2 SBHAs Collect: TN, UT
	Schedule Adherence	How much time a counselor is actively working compared to their paid time. Measured by total time crisis counselor is available and dividing it by the time they are scheduled to work. Takes into account breaks and non-call-related work.	<ul style="list-style-type: none"> Lifeline Efficiency/Resource Utilization Measure 	<ul style="list-style-type: none"> None indicated.
	Schedule Efficiency	Measure of productivity that refers to the amount of overstaffing and understaffing that exists as a result of scheduling design. Most effective measured in intervals over the course of a day. Depending on the size of the call center, acceptable over or understaffing can range from plus/minus 1 or 2 to 5 staff.	<ul style="list-style-type: none"> Lifeline Efficiency/Resource Utilization Measure 	<ul style="list-style-type: none"> None, although 3 SBHAs monitor staffing measures: CO, GA, UT.
	Service Level	% of calls answered within a certain amount of time. Used to calculate Average Speed of Answer. There is no industry standard for ideal service level. Productivity may decline when service levels improve as more staff are available and waiting to quickly answer high volumes of calls.	<ul style="list-style-type: none"> Tracked by AIRS. Target is 80% of calls answered within 90 seconds. 	<ul style="list-style-type: none"> 5 SBHAs Collect: AL, CO, DE, GA, NC 1 SBHA Planning to Collect: AK 1 SBHA Indicates Most Important: NC
	Staff Occupancy	Time crisis counselors spend handling calls compared to waiting for calls. A measure of productivity and resource utilization.	<ul style="list-style-type: none"> Lifeline Efficiency/Resource Utilization Measure Tracked by AIRS. Target between 65% and 80% 	<ul style="list-style-type: none"> None, although 3 SBHAs monitor staffing measures: CO, GA, UT.
	Staff Shrinkage	% of paid time that crisis counselors are unavailable to answer calls. There is no industry standard for staff shrinkage, and percentages can vary significantly day-to-day.	<ul style="list-style-type: none"> Lifeline Efficiency/Resource Utilization Measure 	<ul style="list-style-type: none"> None, although 3 SBHAs monitor staffing measures: CO, GA, UT.
	Type of Service Provided	A count of the types of services provided during crisis calls, including case management, counseling, psychiatric evaluations, well-being checks, etc.	None	<ul style="list-style-type: none"> 2 SBHAs Collect: DE, TN

Appendix B: Table of Key Performance Indicators for Mobile Crisis Response (Alphabetical Order)

Measure	Definition & Notes	Notes	SBHAs Collecting (n=9; no mobile crisis services in AK, data not collected in AL, and OK did not provide data points)/Identifying as Most Important (n=4)	
Mobile Crisis Response Measures	Assessments Completed	Number of community-based assessments completed by the mobile crisis team, including telehealth.	<ul style="list-style-type: none"> Crisis Now Measure 	<ul style="list-style-type: none"> 3 SBHAs Collect: GA, TN, VT 1 SBHA Indicates Most Important: VT
	Availability of Services	Both geographic availability and hours mobile crisis teams are available to respond.	<ul style="list-style-type: none"> Goal is 24/7/365. Crisis Now Goal: minimum goal of availability 8 hours per day in at least part of the region, to 24/7/365 availability with real-time performance outcome dashboards showing location, occupancy, and outcomes. 	<ul style="list-style-type: none"> 2 SBHAs Collect: OH, TN 1 SBHA Indicates Most Important: OH
	Barriers to Care	May include cultural, customs, or religious barriers; language barriers; physical barriers; uncooperative patient; suspected drug or alcohol use; etc. Helps mobile crisis teams and SBHAs understand why services are not rendered, why they may be declined, or why they are not effective.	<ul style="list-style-type: none"> Collected by NEMSIS 	None indicated.
	Case Review Completion Status for Individuals with 3 or More Crisis Contacts in 30 Days	Measure of the number of case reviews that have been completed for individuals who have had three or more contacts with the crisis system (including hotline, mobile crisis, crisis stabilization) within 30 days.	<ul style="list-style-type: none"> Tennessee's goal is 100% 	<ul style="list-style-type: none"> 1 SBHA Collects: TN 1 SBHA Indicates Most Important: TN
	Chief Complaint of Individual (Reason for Mobile Crisis Response/Primary Concern)	Measure documents the reason an individual requires mobile crisis response. It is helpful in understanding the needs of a specific community. It has allowed states to monitor dispatches related to COVID, suicide, and the opioid crisis. Mobile crisis teams may also document secondary and tertiary concerns.	<ul style="list-style-type: none"> Collected by NEMSIS Utah collects primary and secondary concerns and documents if suicidal risk, harm to self, harm to others, substance use, psychosis or grave disability concern, situational stress, informational, other. 	<ul style="list-style-type: none"> 3 SBHAs Collect: GA, TN, UT
	Date and Time of Service	Allows SBHA and providers to identify usage trends to assist with staffing.	None	<ul style="list-style-type: none"> 2 SBHAs Collect: TN, UT

Measure	Definition & Notes	Notes	SBHAs Collecting (n=9; no mobile crisis services in AK, data not collected in AL, and OK did not provide data points)/Identifying as Most Important (n=4)
Mobile Crisis Response Measures	Delays May include dispatch, response, scene, or turnaround delays. Dispatch delays are any time delays that occur from the referring public safety entity to the time the mobile crisis team receives notification to dispatch. Response delays are time delays that occur between when the unit is notified to dispatch to the time the unit arrives on scene; delays may be attributable to poor directions, unable to locate, excessive distance, route obstruction, vehicle failure, weather, etc. Scene delays occur from the time the unit arrives on scene to the time they leave the scene; may be caused by crowds, language barriers, weather, etc. Turnaround delays are the amount of time it takes to resolve one crisis to when the team can return back to service.	<ul style="list-style-type: none"> Collected by NEMSIS 	None indicated.
	Demographic Information	<ul style="list-style-type: none"> Collected by NEMSIS Utah also collects language information. 	<ul style="list-style-type: none"> 5 SBHAs Collect: GA, NE, OH, TN, UT
	Diagnosis	None	<ul style="list-style-type: none"> 2 SBHAs Collect: GA, TN
	Disposition of Mobile Dispatch/ Destination at End of Service.	<ul style="list-style-type: none"> Crisis Now Measure: Documents which services the individual is connected to post intervention. Collected by NEMSIS North Carolina monitors if mobile crisis response is connected to a decrease in ER use through the evaluation of claims data. 	<ul style="list-style-type: none"> 8 SBHAs Collect: CO, GA, NE, NC, OH, TN, UT, VT 2 SBHAs Indicate Most Important: NE, OH
	Diversion Rate	<ul style="list-style-type: none"> Crisis Now Goal: Resolve between 60 and 75% of all mobile crisis interventions Tennessee's goal is that inpatient psychiatric hospitalization remain within 2% of the three previous fiscal years. 	<ul style="list-style-type: none"> 2 SBHAs Collect: TN, VT 1 SBHA Indicates Most Important: TN
	Follow-Up Service Connections	<ul style="list-style-type: none"> Crisis Now Measure Tennessee measures number completed within 24 hours. 	<ul style="list-style-type: none"> 1 SBHA Collects: TN 1 SBHA Indicates Most Important: TN
	Geographic Availability	<ul style="list-style-type: none"> Crisis Now Goal: Available in all regions throughout the state. 	None

Measure	Definition & Notes	Notes	SBHAs Collecting (n=9; no mobile crisis services in AK, data not collected in AL, and OK did not provide data points)/Identifying as Most Important (n=4)
Mobile Crisis Response Measures	Insurance Status The type of insurance/method of payment an individual has, or does not have, to pay for services.	<ul style="list-style-type: none"> Collected by NEMESIS 	<ul style="list-style-type: none"> 2 SBHAs Collect: TN, UT
	Law Enforcement Involvement Notes if law enforcement was involved in episode.	None	<ul style="list-style-type: none"> 2 SBHAs Collect: TN, UT
	Length of Field Assessment/ Duration of Service The amount of time the mobile crisis team is spent working with an individual in the field. Time of arrival to time of departure/resolution.	<ul style="list-style-type: none"> Collected by NEMESIS Georgia’s goal is one hour. 	<ul style="list-style-type: none"> 2 SBHAs Collect: GA, UT
	Level of Acuity Level of acuity of individual receiving services. Monitor both initial acuity and final acuity to determine change in acuity attributable to services.	<ul style="list-style-type: none"> Collected by NEMESIS 	None
	Level of Service A documentation of the level of service an individual receives in mobile crisis response, and which type of professional provides the service (e.g., peers, nurses, social workers, clinicians, etc.).	<ul style="list-style-type: none"> Collected by NEMESIS Crisis Now Goal: All mobile teams include peers. 	None
	Living Arrangement Living situation of individual served. May include homeless/shelter, private residence, jail/correctional facility, institutional setting (nursing home, IMD, psychiatric hospital, etc.).	None	<ul style="list-style-type: none"> 2 SBHAs Collect: TN, UT
	Medication Administered A documentation of which medications are administered during mobile crisis response, including Narcan for suspected opioid overdoses.	<ul style="list-style-type: none"> Collected by NEMESIS 	None indicated.
	Method of Response A count of how the service is provided, either face-to-face or via telehealth services.	None	<ul style="list-style-type: none"> 2 SBHAs Collect: NE, TN
	Number of Follow-Ups Made within a Specific Timeframe Post-intervention, mobile crisis teams make follow-up calls to individuals who received services to ensure they are connected with appropriate community-based supports.	<ul style="list-style-type: none"> North Carolina’s goal is to complete follow-ups within three days of mobile crisis response. 	<ul style="list-style-type: none"> 1 SBHA Collects: NC
	Number of Mobile Crisis Team Dispatches Number of times the mobile crisis team is dispatched.	None	<ul style="list-style-type: none"> 4 SBHAs Collect: GA, NC, TN, VT
	Number Taken to ER for Medical Clearance Some states require that individuals experiencing a behavioral health crisis be taken to the ER for medical clearance before they can be admitted to a crisis stabilization unit or crisis residential facility.	None	<ul style="list-style-type: none"> 2 SBHAs Collect: GA, TN

Measure	Definition & Notes	Notes	SBHAs Collecting (n=9; no mobile crisis services in AK, data not collected in AL, and OK did not provide data points)/Identifying as Most Important (n=4)
Mobile Crisis Response Measures	Perception of Alternative Utah asks individuals who receive mobile crisis services what they think the outcome of their crisis would have been had mobile crisis not intervened.	<ul style="list-style-type: none"> Utah asks, "If this service were not available, what do you think the most likely result would have been?" Potential responses include remain at home, call law enforcement, hospital/ER, detention/jail, emergency shelter/homeless shelter, foster or proctor home, youth run away, other, went to access center/23 hour, went to detox (outside ER), remained in place. 	<ul style="list-style-type: none"> 1 SBHA Collects: UT
	Reason for Choosing Destination Documentation of an individual's reason for choosing a specific destination at end of service, including a residence (back to the community), shelter, crisis stabilization unit, ER, etc.	<ul style="list-style-type: none"> Collected by NEMSIS 	None indicated.
	Referral Source/Initiator of Episode Who refers an individual for mobile crisis response. May be crisis call center, 211, 911, law enforcement, individual, family, provider, etc. Ohio indicates this measure represents the connection to the entire crisis continuum and is critical for understanding linkages between services.	None	<ul style="list-style-type: none"> 4 SBHAs Collect: NE, OH, TN, UT
	Resolution Status Percentage of mental health crises resolved/not resolved during mobile crisis intervention.	<ul style="list-style-type: none"> Crisis Now goal ranges between 60% and greater than 75% for crises to be resolved in the field. 	<ul style="list-style-type: none"> 3 SBHAs Collect: CO, TN, VT
	Response Time The amount of time between dispatch of mobile crisis team and the arrival of mobile crisis team. Crisis Now goals range from response within one hour to two hours. Response times in rural areas will likely be longer than in urban corridors.	<ul style="list-style-type: none"> Crisis Now Measure within 1 to 2 hours. Collected by NEMSIS by monitoring dispatch time, dispatch arrival, and dispatch delays. Colorado's goal is one hour for urban calls, two hours for rural calls. Tennessee's goal is within 2 hours or less 90% of the time; 1 hour or less for youth when assessment location is a school or outpatient provider 	<ul style="list-style-type: none"> 5 SBHAs Collect: CO, GA, OH, TN, UT 2 Indicate Most Important: OH, TN
	Satisfaction Survey Results of satisfaction survey administered by the mobile crisis team.	<ul style="list-style-type: none"> Tennessee administers satisfaction surveys to individuals post-care. Goal is 80% or more indicating services were helpful during follow-up. 	<ul style="list-style-type: none"> 1 SBHA Collects: TN 1 SBHA Indicates Most Important: TN
	Service Level Credentials of Mobile Crisis Team, including nurses, clinicians, social workers, peers, others.	<ul style="list-style-type: none"> Crisis Now Measure: Goal for all mobile crisis teams to include peers. Collected by NEMSIS 	None indicated.
Service Location/Setting May be street, residence, community building (e.g., schools), shelter, or through video conference/telehealth. Measure helps determine hotspots for need to understand staffing and programmatic requirements.	<ul style="list-style-type: none"> Crisis Now Measure Collected by NEMSIS 	<ul style="list-style-type: none"> 5 SBHAs Collect: GA, OH, TN, UT, VT 	

Measure		Definition & Notes	Notes	SBHAs Collecting (n=9; no mobile crisis services in AK, data not collected in AL, and OK did not provide data points)/Identifying as Most Important (n=4)
Mobile Crisis Response Measures	Services Declined	Count of the services declined by individual experiencing crisis. Also track reason for decline. Helps SBHAs understand why services are refused (e.g., cultural objection or issue with quality of service).	<ul style="list-style-type: none"> Collected by NEMESIS 	None indicated.
	Services Offered	Count of services offered. When compared with services provided and services declined provides clearer picture of service demand and community need.	<ul style="list-style-type: none"> Collected by NEMESIS 	None indicated.
	Service Outcome	Outcome of service, may include diversion rate from hospitals, ER, law enforcement; also the number involuntarily held; number of safety plans made.	None	<ul style="list-style-type: none"> 2 SBHAs Collect: TN, VT
	Services Provided	Count of services provided. When compared with services offered and services declined provides clearer picture of service demand and community need.	None	None indicated.
	Staffing Levels and Vacancies	Number of staff available for mobile crisis response and how many mobile crisis positions need to be filled.	None	<ul style="list-style-type: none"> 1 SBHA Collects: VT

Appendix C: Table of Metrics for Crisis Stabilization Units & Crisis Residential Facilities (Alphabetical Order)

Measure	Definition & Notes	Notes	SBHAs Collecting (n=10)/Identifying as Most Important (n=5)	
Crisis Stabilization/Crisis Residential Measures	Admissions/Discharges	Number of individuals admitted for services.	None	<ul style="list-style-type: none"> • 5 SBHAs Collect: AL, CO, GA, OH, TN • 1 SBHA Indicates Most Important: OH
	Assessments	Number of crisis assessments made	None	<ul style="list-style-type: none"> • 1 SBHA Collects: AL
	Average Response Time (<24 hour services)	Response time is the amount of time that occurs between when an individual presents in a crisis stabilization unit to when they receive the crisis assessment.	<ul style="list-style-type: none"> • In Tennessee, the crisis assessment must occur within one hour of arrival 90% of the time. 	<ul style="list-style-type: none"> • 2 SBHAs Collect: NC, TN • 1 SBHA Indicates Most Important: TN
	Change in Acuity with Treatment	Helps providers determine if the individual is better off than when they arrived, and if there was a reduction in distress/suicidality.	<ul style="list-style-type: none"> • Vermont administers a survey that asks individuals to self-report if they feel they are better off compared to when they arrived. 	<ul style="list-style-type: none"> • 2 SBHAs Collect: OH, VT • 1 SBHA Indicates Most Important: OH
	Community Connections Made/Community Referrals	Number of individuals who connect with community providers upon discharge.	<ul style="list-style-type: none"> • Oklahoma is able to follow-up with individuals post discharge to ensure they receive outpatient services in the community. This is done through data matching. Integration with Medicaid is extremely helpful to make this happen. 	<ul style="list-style-type: none"> • 3 SBHAs Collect: AL, OH, OK • 1 SBHA Indicates Most Important: OH
	Completion Status	Whether services are successful or unsuccessful.	None	<ul style="list-style-type: none"> • 1 SBHA Collects: OH
	Date and Time of Service	Allows SBHA and providers to identify usage trends to assist with staffing. Time begins with arrival.	None	<ul style="list-style-type: none"> • 3 SBHAs Collect: NC, TN, UT
	Demographics	Include age/date of birth, gender, race, ethnicity, county of residence, and language spoken.	<ul style="list-style-type: none"> • Utah and Nebraska collect information about preferred language. 	<ul style="list-style-type: none"> • 5 SBHAs Collect: CO, NE, NC, TN, UT
	Denial Rate	Percentage of individuals turned away from crisis stabilization/residential services.	<ul style="list-style-type: none"> • In Georgia, fewer than 10% of denials are allowed per year. 	<ul style="list-style-type: none"> • 2 SBHAs Collect: AL, GA
	Diagnosis	Diagnosis of individual receiving services.	None	<ul style="list-style-type: none"> • 2 SBHAs Collect: AL, NE • 1 SBHA Indicates Most Important: NE
	Disposition at Discharge	Location where client is being discharged to.	None	<ul style="list-style-type: none"> • 7 SBHAs Collect: AL, GA, NE, NC, OH, TN, UT • 2 SBHAs Indicate Most Important: NE, OH
Diversion Rate	Number of individuals diverted from a higher level of care, including hospital, ER, and law enforcement.	<ul style="list-style-type: none"> • Tennessee’s goal is for the percentage of individuals who are admitted for 23-hour observation and who are referred for inpatient psychiatric hospitalization to not exceed 30%. • Tennessee’s goal is for the percentage of individuals who are admitted for >24-hour care and who are referred for inpatient psychiatric hospitalization to not exceed 7.5% of admissions. • Georgia’s goal is 50% diversion for individuals admitted to 23-hour stabilization. 	<ul style="list-style-type: none"> • 4 SBHAs Collect: AL, GA, TN, VT • 2 SBHAs Indicate Most Important: OH, TN 	

Measure		Definition & Notes	Notes	SBHAs Collecting (n=10)/Identifying as Most Important (n=5)
Crisis Stabilization/Crisis Residential Measures	Emergency Department Utilization	Number of individuals that need to be seen at the emergency department.	None	<ul style="list-style-type: none"> • 1 SBHA Collects: OH • 1 SBHA Indicates Most Important: OH
	Event Duration/Length of Stay	Length of time an individual receives services at the crisis stabilization/residential unit.	None	<ul style="list-style-type: none"> • 9 SBHAs Collect: AL, CO, GA, NE, NC, OH, OK, TN, UT • 1 SBHA Indicates Most Important: OH
	Functional Impairments	Whether an individual has reduced functioning.	None	<ul style="list-style-type: none"> • 1 SBHA Collects: NE (>24-hour)
	Initiator of Episode/Referral Source	Person who made the initial call for service or who brought client to the receiving center. May be parent, individual, other family member or friend, physician or medical facility, social or community agency, educational system, law enforcement, courts or corrections, private psychiatric/mental health program, public psychiatric/mental health program, clergy, private practice mental health professional, stabilization worker, crisis hotline, dispatch/911, other.	None	<ul style="list-style-type: none"> • 4 SBHAs Collect: NE, OH, TN, UT • 1 SBHA Indicates Most Important: NE
	Insurance/Payer Status	The type of insurance/method of payment an individual has, or does not have, to pay for services.	None	<ul style="list-style-type: none"> • 3 SBHAs Collect: NE, TN, UT
	Involuntary/Voluntary Commitment Status	A measure of the number of individuals who are involuntarily committed.	None	<ul style="list-style-type: none"> • 2 SBHAs Collect: NE, NC
	Law Enforcement Involvement	Count of the number of individuals presenting at facility with law enforcement involvement in admission.	None	<ul style="list-style-type: none"> • 2 SBHAs Collect: NE, OH
	Living Arrangement	Living situation of individual served. May include homeless/shelter, private residence, jail/correctional facility, institutional setting (nursing home, IMD, psychiatric hospital, etc.).	None	<ul style="list-style-type: none"> • 2 SBHAs Collect: NE, UT
	Location of Service	Location of crisis stabilization or crisis residential facility. Often categorized by county.	<ul style="list-style-type: none"> • Helps inform the legislature where services are provided and where greatest needs are in the state. 	<ul style="list-style-type: none"> • 2 SBHAs Collect: OH, TN
	Mode of Arrival	How an individual transported to the facility (e.g., walked in, EMS, law enforcement, etc.)	None	<ul style="list-style-type: none"> • 5 SBHAs Collect: AL, CO, GA, NC, TN
	Occupancy Rates	Percentage of beds filled. Helps determine bed availability and utilization rates.	None	<ul style="list-style-type: none"> • 3 SBHAs Collect: GA, TN, VT • 1 SBHA Indicates Most Important: VT

	Measure	Definition & Notes	Notes	SBHAs Collecting (n=10)/Identifying as Most Important (n=5)
Crisis Stabilization/Crisis Residential Measures	Perception of Alternative	Utah asks individuals who receive crisis stabilization services what they think the outcome of their crisis would have been had the service not been provided.	<ul style="list-style-type: none"> Utah asks, "If this service were not available, what do you think the most likely result would have been?" Potential responses include remain at home, call law enforcement, hospital/ER, detention/jail, emergency shelter/homeless shelter, foster or proctor home, youth run away, other, went to access center/23 hour, went to detox (outside ER), remained in place. 	<ul style="list-style-type: none"> 1 SBHA Collects: UT
	Presenting Concern	Reason individual presents to crisis stabilization/residential unit. May include primary and secondary concerns. It is helpful in understanding the needs of a specific community. It has allowed states to monitor needs related to COVID, suicide, and the opioid crisis.	None	<ul style="list-style-type: none"> 1 SBHA Collects: UT
	Readmission Rates (Unscheduled)	The number of individuals readmitted within 30 calendar days.	<ul style="list-style-type: none"> In Tennessee, the goal is that this figure not be greater than 2% above the statewide average of readmissions completed during the last completed fiscal year. 	<ul style="list-style-type: none"> 6 SBHAs Collect: AL, CO, GA, NC, OH, TN 3 SBHAs Indicate Most Important: NC, OH, TN (all for >24 hour services)
	Satisfaction Survey	Self-report of individuals who report services are useful during follow-up.	<ul style="list-style-type: none"> Tennessee's goal is for 80% or more of survey respondents to indicate services were helpful. Used in both <24 hour, and >24 hour services. Ohio distributes survey every six months to gauge satisfaction and collect other data. 	<ul style="list-style-type: none"> 2 SBHAs Collect: OH, TN 1 SBHA Indicates Most Important: TN
	Service Outcome	At the end of the event, was the case resolved, or were further actions expected?	None	<ul style="list-style-type: none"> 3 SBHAs Collect: OH, TN, UT
	Services Received	Count of services an individual receives.	None	<ul style="list-style-type: none"> 1 SBHA Collects: OH
	Substance Use	Individual's use of substances, including tobacco products.	None	<ul style="list-style-type: none"> 1 SBHA Collects: NE (>24-hour)
	Trauma History	If an individual has history of trauma, and if trauma occurred when they were youth or adults, and the type of trauma experienced	None	<ul style="list-style-type: none"> 1 SBHA Collects: NE (>24-hour)
	Treatment Follow-up	Number of follow-ups with discharged individuals completed by staff.	None	<ul style="list-style-type: none"> 2 SBHAs Collect: AL, OH 1 SBHA Indicates Most Important: OH
	Triage Assessment/Type of Crisis	Assessment of crisis severity and individual need, including 911 emergency, emergent crisis, urgent response, routine response, stabilization only, information only.	None	<ul style="list-style-type: none"> 3 SBHAs Collect: NC, OH, UT 1 SBHA Indicates Most Important: OH
Waitlist	Number of individuals waiting for beds/chairs to become available.	None	<ul style="list-style-type: none"> 1 SBHA Collects: NE 1 SBHA Indicates Most Important: NE 	

References

- ¹ 988 Appropriations Report. Rockville, MD, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2021. <https://www.samhsa.gov/sites/default/files/988-appropriations-report.pdf>
- ² Hepburn S: Georgia's Crisis System Transformation and Lessons Learned in Anticipation of 988. #CrisisTalk. March 2021. <https://talk.crisisnow.com/georgias-crisis-system-transformation-and-lessons-learned-in-anticipation-of-988/>
- ³ Everett E: Groundbreaking developments in suicide prevention and mental health crisis service provision. Rockville, MD, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2021. <https://www.samhsa.gov/blog/groundbreaking-developments-suicide-prevention-mental-health-crisis-service-provision#:~:text=Mental%20Health%20Block%20Grant%20Crisis%20Set-Aside%20A%20FY,set-aside%20within%20its%20Mental%20Health%20Block%20Grant%20program>
- ⁴ FY 2021 SAMHSA American Rescue Plan (ARP) funded grants. Rockville, MD, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2021. <https://www.samhsa.gov/sites/default/files/fy21-american-rescue-plan.pdf>
- ⁵ National guidelines for behavioral health crisis care. Rockville, MD, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, February 2020. <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>
- ⁶ NRI Profiles Data. Falls Church, VA, National Association of State Mental Health Program Directors Research Institute, 2021.
- ⁷ Hepburn S: Washington State's 988 Legislation Includes a 988 Tribal Crisis Line. #CrisisTalk. August 2021. <https://talk.crisisnow.com/washington-states-988-legislation-includes-a-988-tribal-crisis-line/#:~:text=The%20hub%20and%20988%2C%20points%20out%20Lowe%2C%20are,connecting%20people%20to%20the%20new%20tribal%20crisis%20line.>
- ⁸ Fact sheet: 988 and suicide prevention hotline. Washington, DC, Federal Communications Commission, 2021. <https://www.fcc.gov/sites/default/files/988-fact-sheet.pdf>
- ⁹ Ibid.
- ¹⁰ National guidelines for behavioral health crisis care. Rockville, MD, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, February 2020. <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>
- ¹¹ Crisis call center metrics – part 1: service and efficiency. Rockville, MD, Substance Abuse and Mental Health Services Administration, Vibrant Emotional Health, 2019. https://suicidepreventionlifeline.org/wp-content/uploads/2019/02/CallCenterMetrics_final.pdf
- ¹² Ibid.
- ¹³ Ibid.
- ¹⁴ Ibid.
- ¹⁵ Ibid.
- ¹⁶ How does your crisis system rate? Alexandria, VA, Crisis Now, 2020. <https://i0.wp.com/crisisnow.com/wp-content/uploads/2020/02/CrisisNow-HowYourSystemRate.jpg?fit=1024%2C768&ssl=1>
- ¹⁷ Crisis Now scoring tool. Alexandria, VA, Crisis Now, 2020. <https://crisisnow.com/wp-content/uploads/2020/02/Crisis-Now-Assessment-Tool.pdf>
- ¹⁸ Ibid.
- ¹⁹ National Emergency Number Association – About. Alexandria, VA, National Emergency Number Association, 2022. <https://www.nena.org/default.aspx>
- ²⁰ American Association of Poison Control Centers – About. Alexandria, VA, American Association of Poison Control Centers, 2021. <https://aapcc.org>
- ²¹ Utilization Review Accreditation Commission. Washington, D.C., Utilization Review Accreditation Commission, 2022. <http://www.urac.org/>
- ²² Alliance of Information and Referral Systems. Fairfax, VA, Alliance of Information and Referral Systems, 2021. <http://www.airs.org/>

²³ Commission on Accreditation of Rehabilitation Facilities. Tucson, AZ, Commission on Accreditation of Rehabilitation Facilities, 2021. <http://www.carf.org/>

²⁴ Fact sheet: 988 and suicide prevention hotline. Washington, DC, Federal Communications Commission, 2021. <https://www.fcc.gov/sites/default/files/988-fact-sheet.pdf>

²⁵ Crisis call center metrics – part 1: service and efficiency. Rockville, MD, Substance Abuse and Mental Health Services Administration, Vibrant Emotional Health, 2019. https://suicidpreventionlifeline.org/wp-content/uploads/2019/02/CallCenterMetrics_final.pdf

²⁶ How does your crisis system rate? Alexandria, VA, Crisis Now, 2020. <https://i0.wp.com/crisisnow.com/wp-content/uploads/2020/02/CrisisNow-HowYourSystemRate.jpg?fit=1024%2C768&ssl=1>

²⁷ National guidelines for behavioral health crisis care. Rockville, MD, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, February 2020. <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

²⁸ Crisis Now scoring tool. Alexandria, VA, Crisis Now, 2020. <https://crisisnow.com/wp-content/uploads/2020/02/Crisis-Now-Assessment-Tool.pdf>

²⁹ Ibid.

³⁰ National Emergency Medical Services (EMS) Advisory Council. Washington, D.C., National Emergency Medical Services (EMS) Advisory Council, 2022. <https://www.ems.gov/NEMSAC.html>

³¹ National EMS Information System. Salt Lake City, UT, National EMS Information System, 2022. <https://nemsis.org/>

³² NEMSIS Data Dictionary – NHTSA v.3.5.0 EMS Data Standard – National elements only. Salt Lake City, UT, National EMS Information System, 2021. https://nemsis.org/media/nemsis_v3/release-3.5.0/DataDictionary/PDFHTML/EMSDEMSTATE_National/NEMSISDataDictionary.pdf

³³ How does your crisis system rate? Alexandria, VA, Crisis Now, 2020. <https://i0.wp.com/crisisnow.com/wp-content/uploads/2020/02/CrisisNow-HowYourSystemRate.jpg?fit=1024%2C768&ssl=1>

³⁴ National guidelines for behavioral health crisis care. Rockville, MD, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, February 2020. <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

³⁵ Crisis Now scoring tool. Alexandria, VA, Crisis Now, 2020. <https://crisisnow.com/wp-content/uploads/2020/02/Crisis-Now-Assessment-Tool.pdf>

³⁶ Ibid.

³⁷ Pinals, D. A. (2022). *Lending Hands: Improving Partnerships and Coordinated Practices between Behavioral Health, Police, and other First Responders*. Technical Assistance Collaborative Paper No. 10. Alexandria, VA: National Association of State Mental Health Program Directors.

³⁸ Pietras S, Wilson A: Crisis services and the behavioral health workforce issue brief. Washington, DC, Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 2021. <https://aspe.hhs.gov/reports/crisis-services-behavioral-health-workforce-issue-brief>

³⁹ Hladni M: What is a data dashboard? Definition, benefits, and examples. Boston, MA, Databox, 2022.

<https://databox.com/what-is-a-dashboard#:~:text=The%20Types%20of%20Data%20Dashboards%20Strategic,3%20Operational%20Dashboards.%20...%20Informational%20Dashboards.%20>