

UNLOCKING THE POWER

OF DATA FOR CRISIS SYSTEMS

AFFILIATED SANTE GROUP

The Affiliated Santé Group (Santé) is the largest provider of crisis services in Maryland. It is part of a group of companies called “The Santé Group”, a family of affiliated companies dedicated to providing treatment and support to individuals and families in Maryland, Pennsylvania, and North Carolina.

Sante’s Crisis Programs

Our Crisis Response systems provide immediate support to anyone experiencing emotional distress in the communities we serve. Services can be over the phone, telehealth, or in person in the community. Crisis support is only a phone call away and include:

- Operation Dispatch and Triage Centers
- Call Centers, Hotline/Warmline (Certified 988 Crisis Hotline provider)
- Mobile Crisis Response Teams
- Mobile Response and Stabilization Services for Children and Adolescents
- In-Home Intervention Teams
- Crisis Stabilization Services
- School Intervention Services
- Urgent Care Scheduling and Services
- Critical Incident Stress Management



SANTÉ

The logo for Santé, featuring the word "SANTÉ" in a blue, serif font. Above the letter "É" is a stylized graphic element consisting of several parallel lines in shades of blue and yellow, suggesting a sunburst or a stylized 'E'.



Michelle Grigsby-Hackett, LCPC

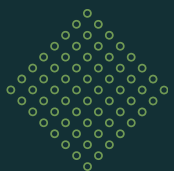
Michelle Grigsby-Hackett, CEO. Michelle is a Licensed Clinical Professional Counselor (LCPC) and a Certified Psychiatric Rehabilitation Practitioner (CPRP) with over 22 years of experience in the behavioral health industry. Michelle completed her Bachelor of Arts Degree in Psychology from Arizona State University and her Master of Arts Degree in Professional Counseling from Argosy University. She has devoted her career to assisting adults, children, and families experiencing challenges with mental health, substance use, and behavioral health crises.

Michelle has served several roles during her 20 years with Affiliated Santé Group, including Director of Psychiatric Recovery Services, Outpatient Behavioral Health Director, and Vice President of Crisis Response Services. Michelle is dedicated to understanding the needs of our communities, as well as developing partnerships with state and community stakeholders to meet the growing needs of individuals living with behavioral health conditions, as well as those experiencing crises. In her role as Chief Executive Officer, Michelle is responsible for the strategic direction of the organization, as well as leading the operational responsibilities for Santé. As a service provider and organizational manager for five entities, Michelle's role is to effectively manage all service and business operations. Michelle is the first African American and woman to hold this role in the organization.



Libby Jones, Data Systems Administrator

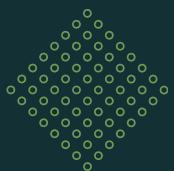
Libby has been working with Affiliated Santé Group for over 15 years. She has a wealth of crisis system support experience including program design, project management, proposal development, and data and reporting. She has worked with database design and reporting since 1999. She is currently the Data Systems Administrator for Santé. She is responsible for configuring, supporting, and training three separate data systems. She specializes particularly in crisis metrics and has participated in both local and State Crisis Metric workgroups and advisory sessions.



Objectives

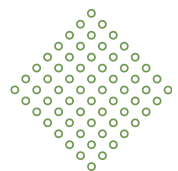


- 1) Identify the foundational principals and **three guiding questions of data and reporting** utilizing Results Based Accountability methodology.
- 2) Recognize the **significance of data** gathering and reporting for crisis systems
- 3) Determine **key metrics for crisis systems focusing on definitions** and program significance
- 4) **Identify the four information interception points** and identify how to use those points to ensure the highest level of data integrity and reporting success
- 5) **Determine common challenges** encountered in data collection and reporting and discuss **strategies for address these challenges**

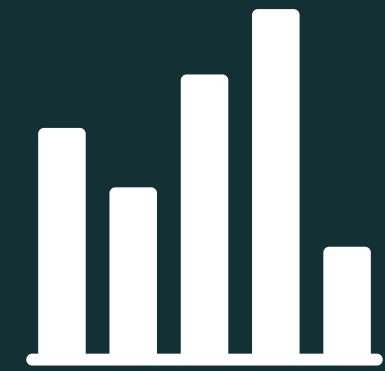


1

Foundational principals and three guiding questions of data



How much did we do?
(Volume)



Who did we do it for?
(Demographics)



How well did we do it?
(Performance)



How Much Did We Do?

AFFILIATED SANTE GROUP

CRISIS SERVICES FY23

**BIG NUMBERS
IMPRESS**

14,766

Total Crisis
Cases

72,214

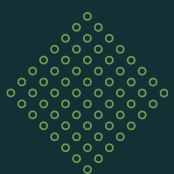
Total Calls
Handled

6,413

Mobile Crisis
Dispatches

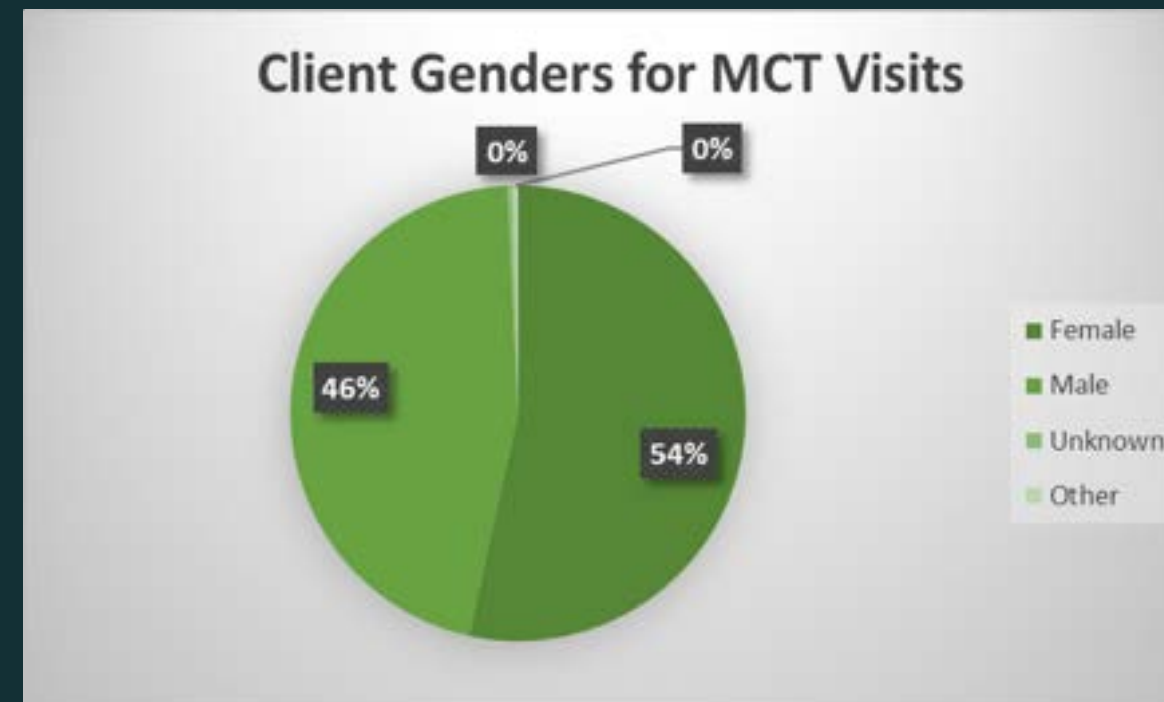
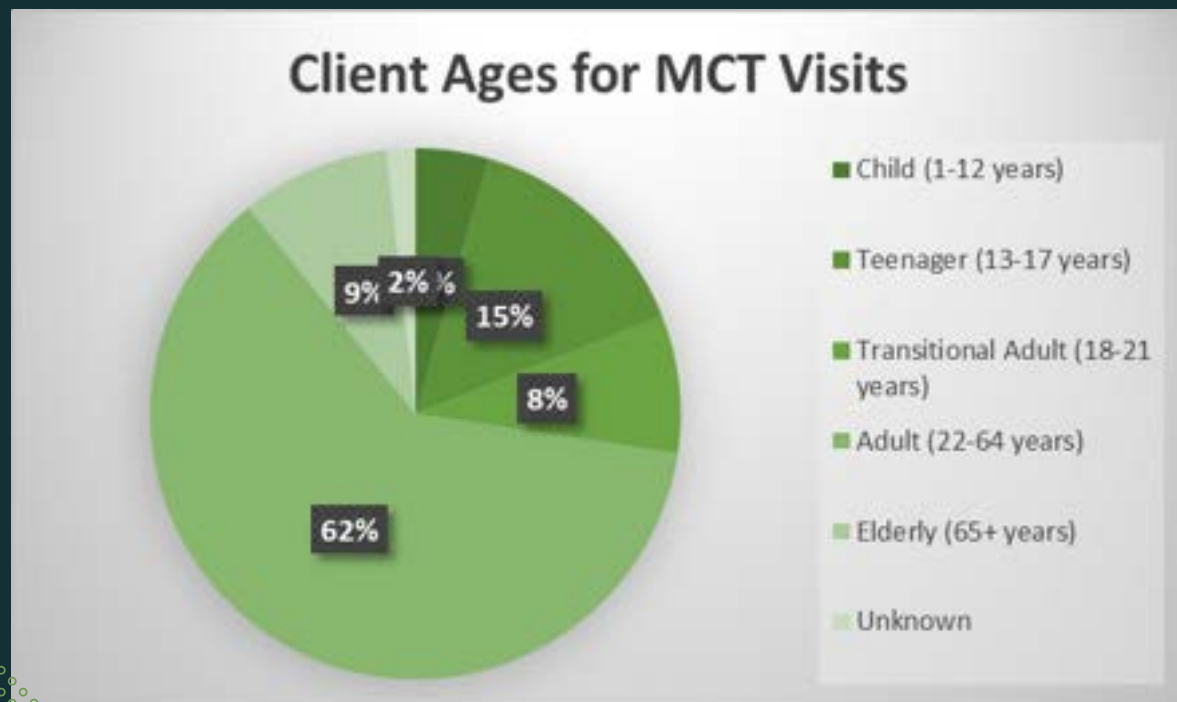
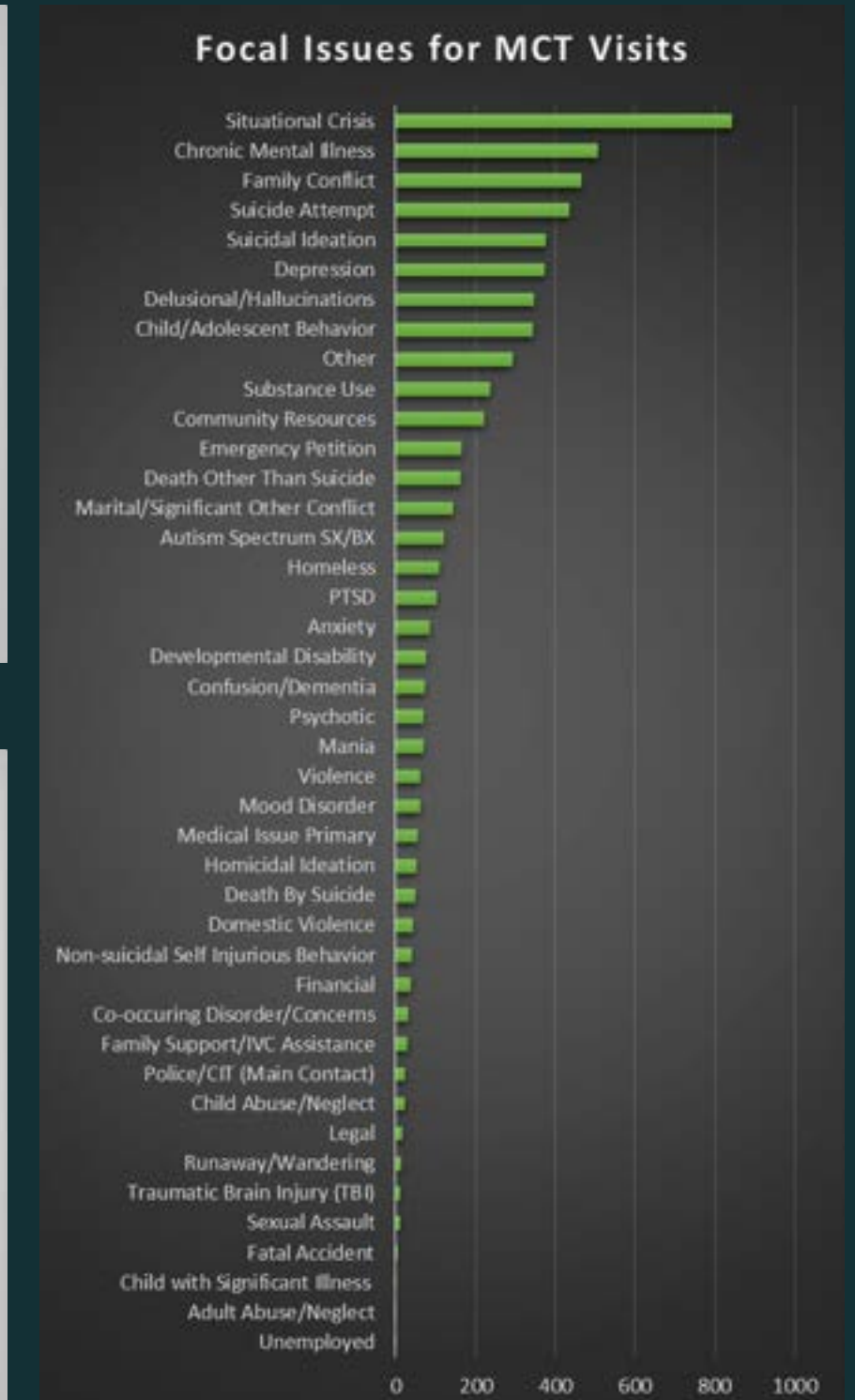
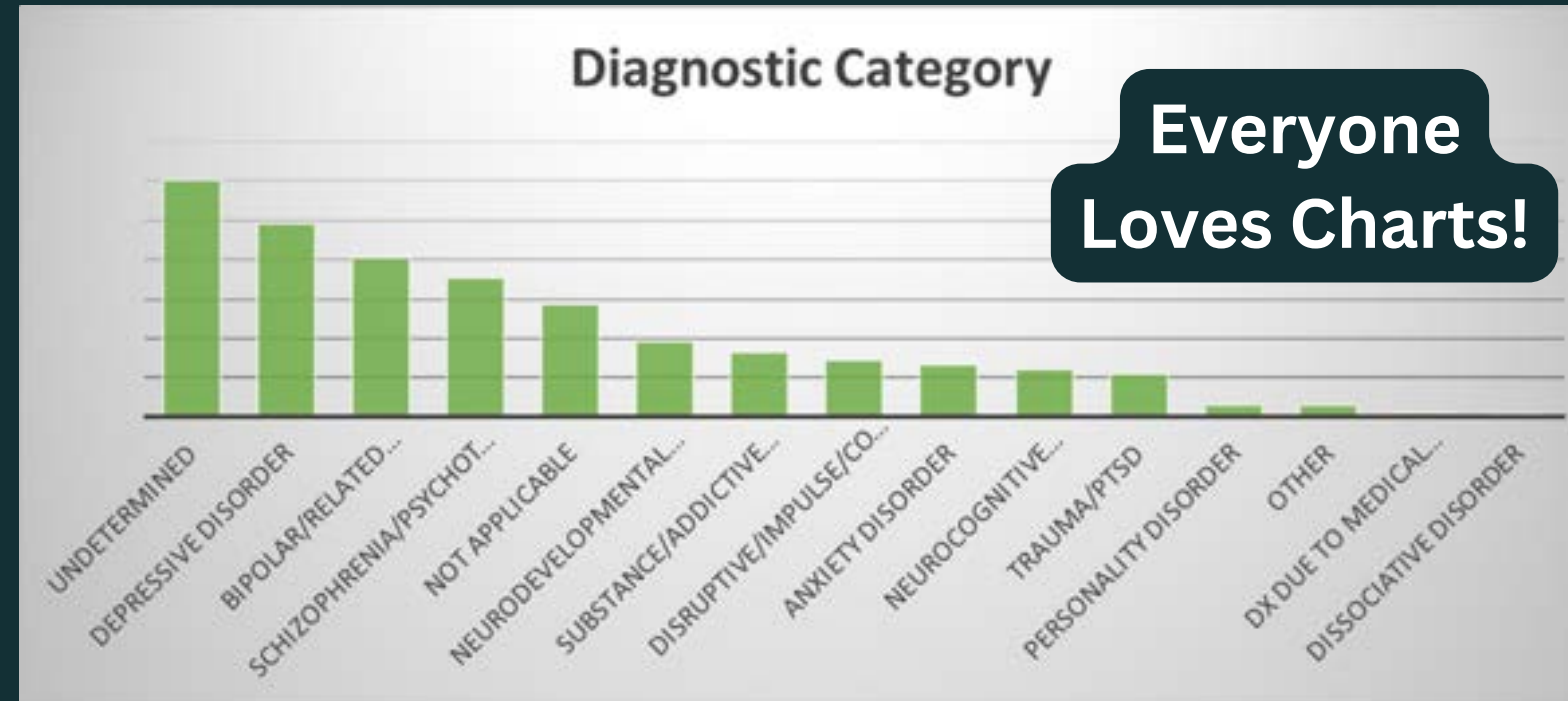
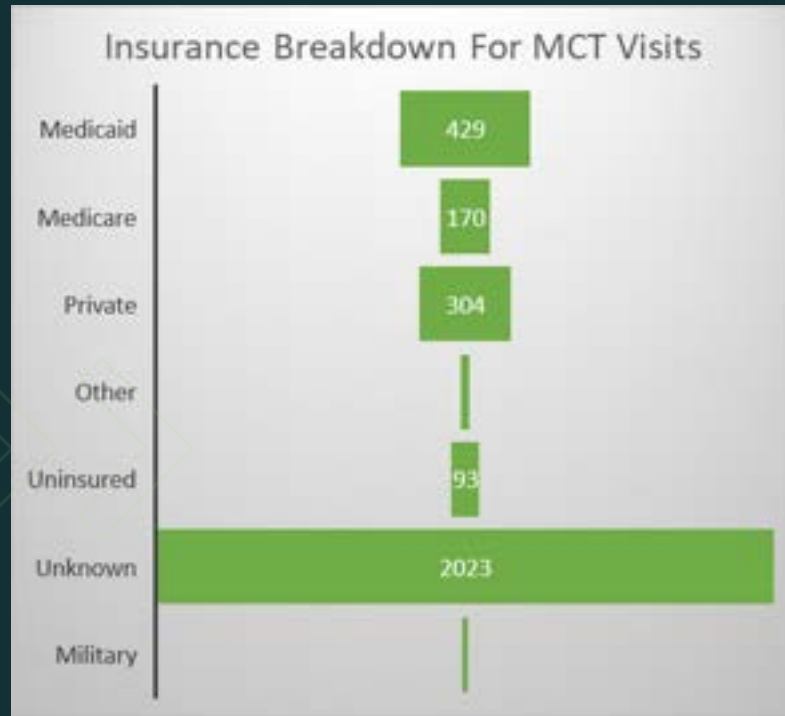
1,440

Emergency Room
Diversions



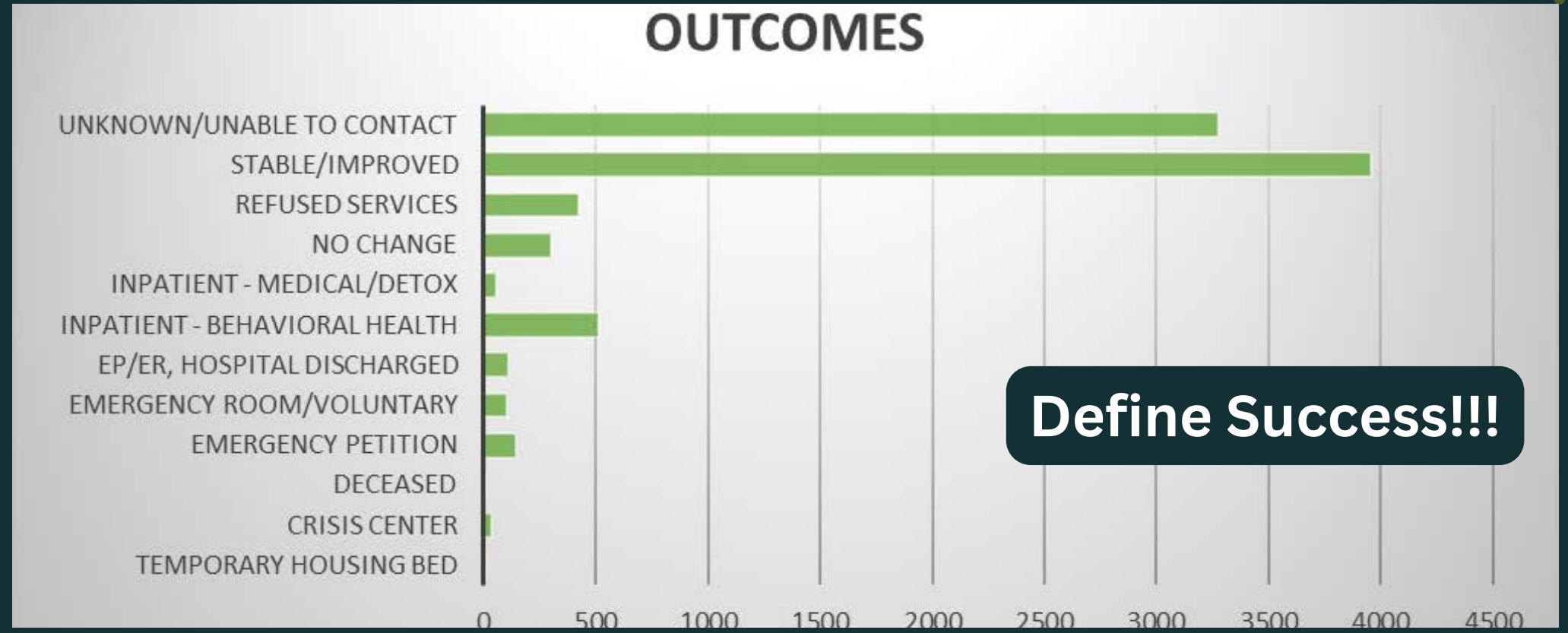
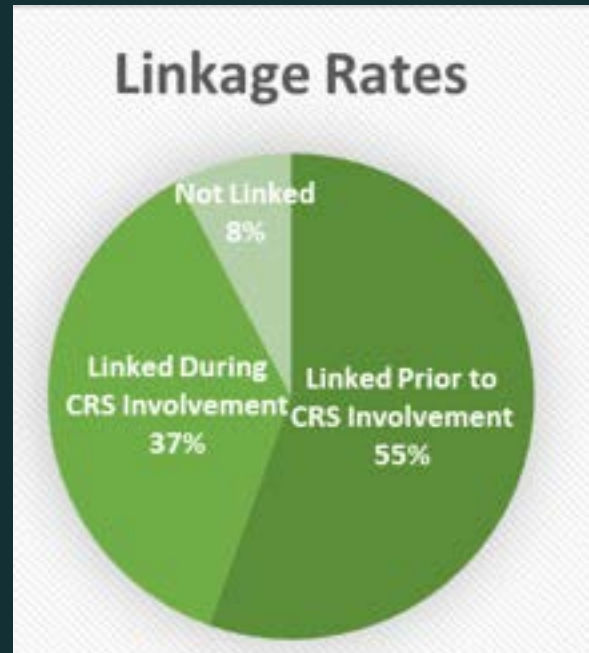
While important, they don't tell the whole story

Who Did We Do It For?

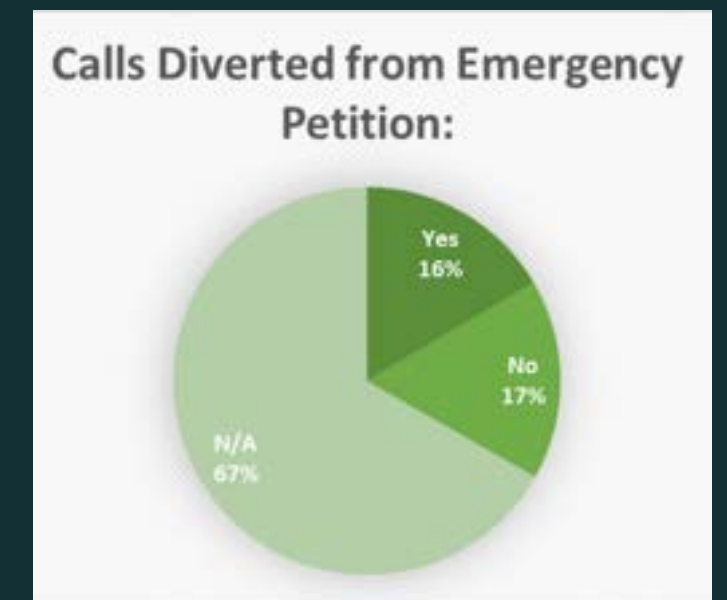
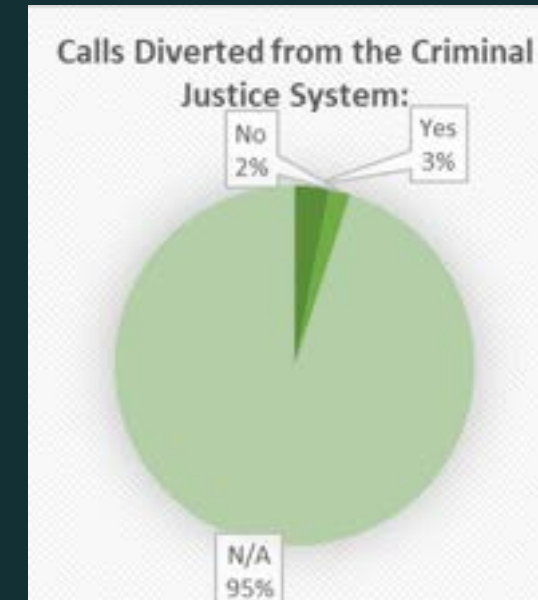


Track trends of who is being served and if it changes over time?

How Well Did We Do?



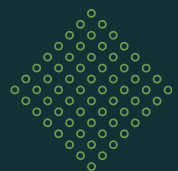
Define Success!!!



What are our goals and are we able to meet them? What story does this tell?

2

Recognize the significance of data gathering and reporting for crisis systems

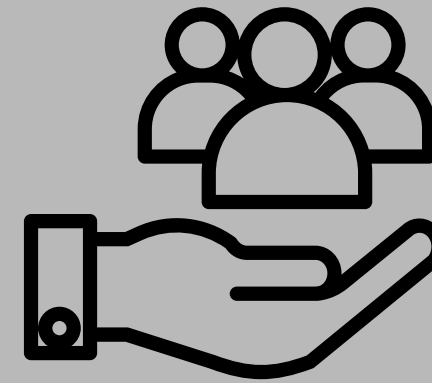


WHY IS DATA
SO
IMPORTANT?

The Power of Data



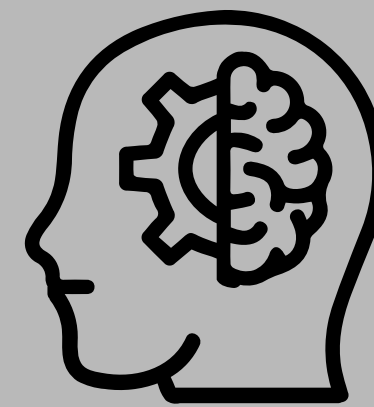
**Drives Funding
and
Development
Activities**



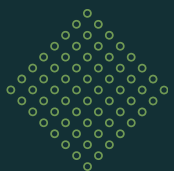
**Informs
Services and
Offerings**



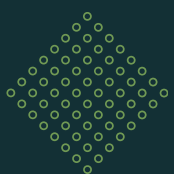
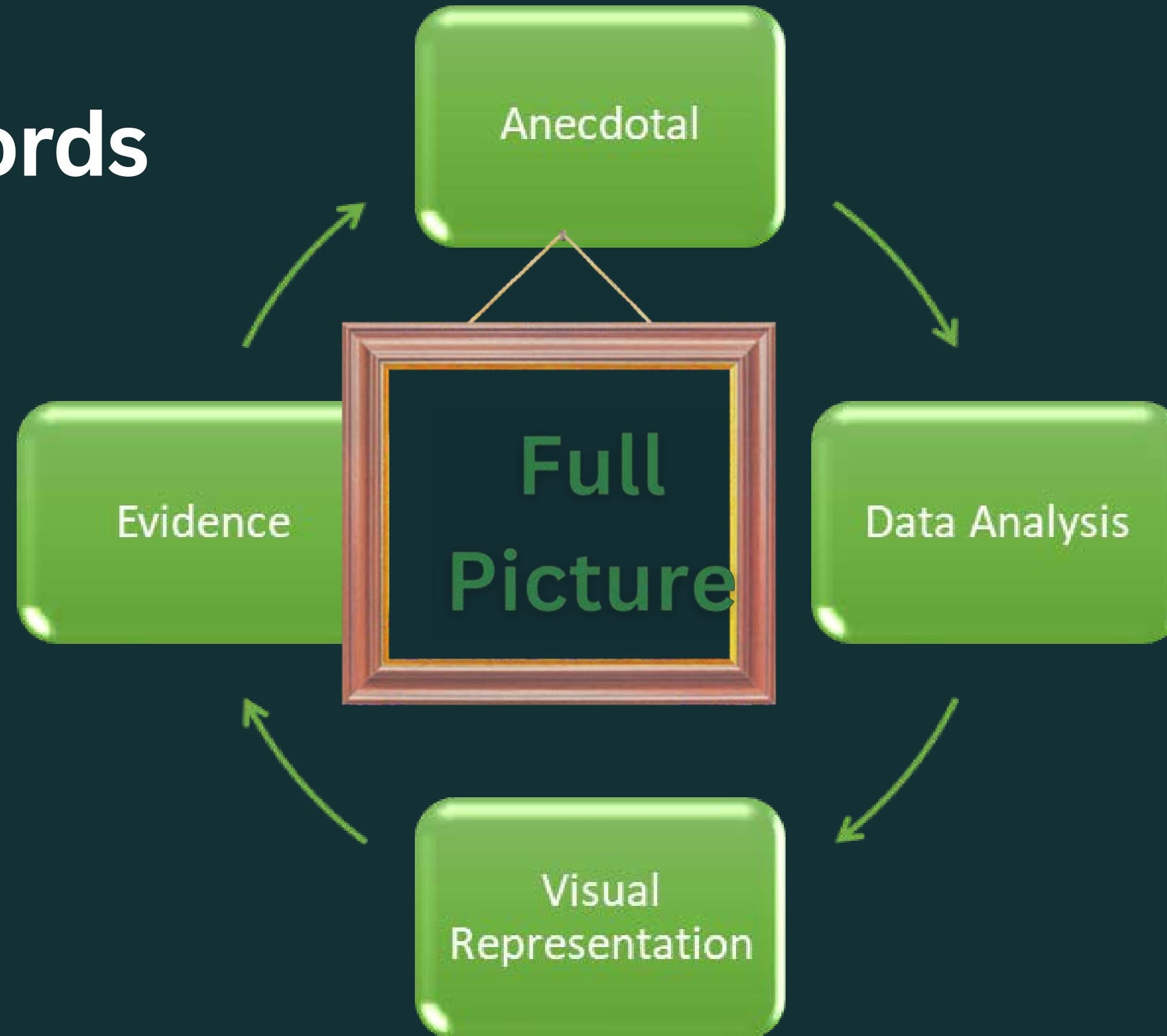
**Impacts
Strategic
Planning**



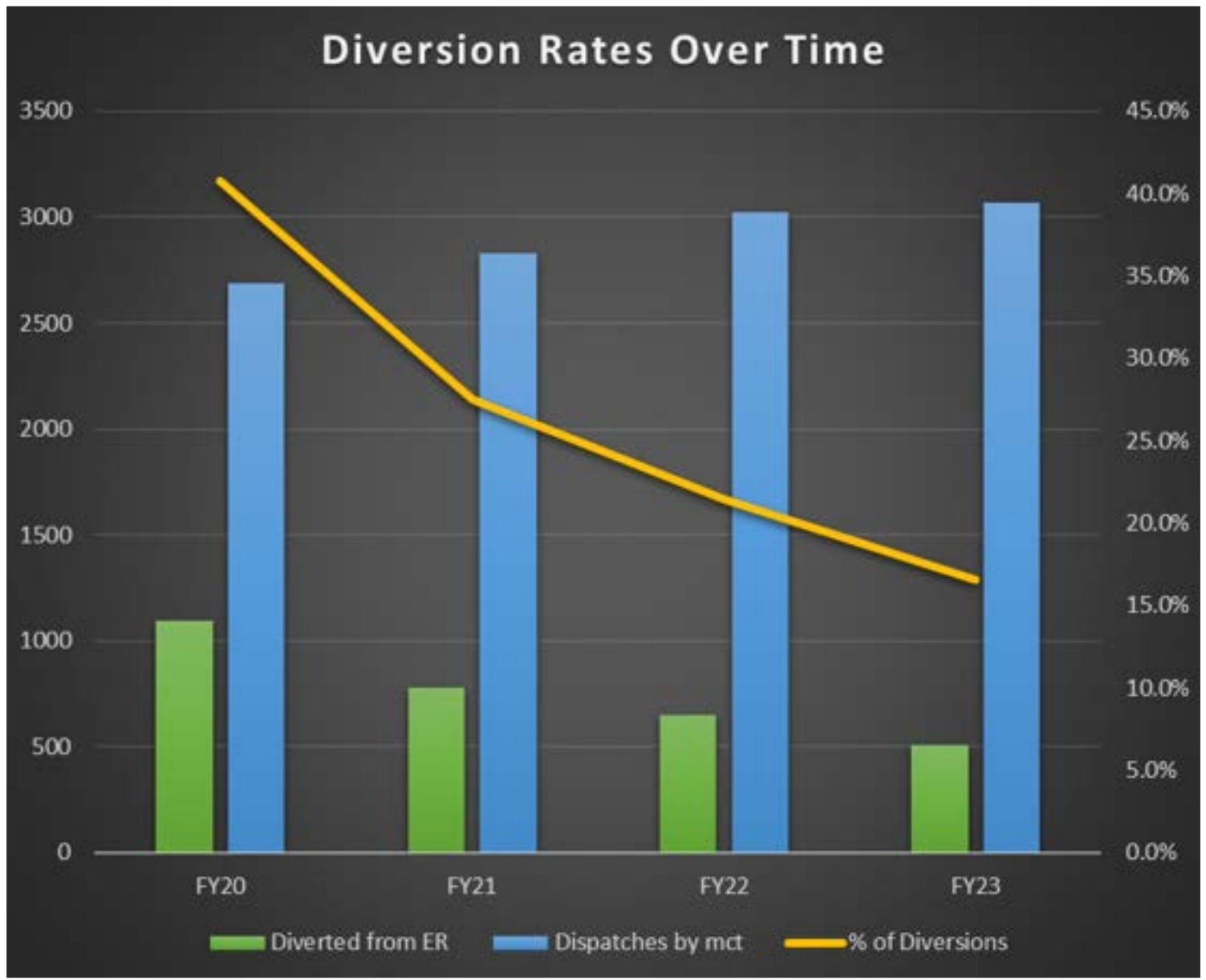
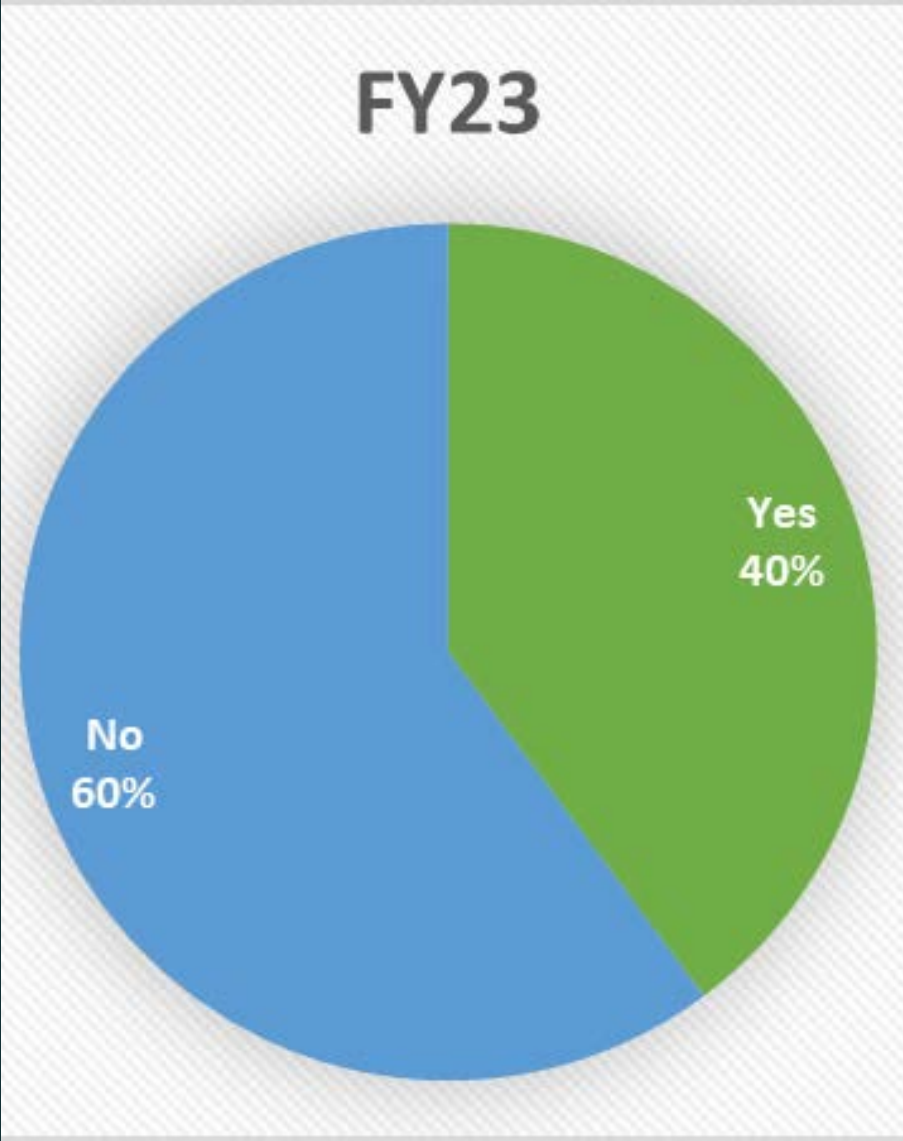
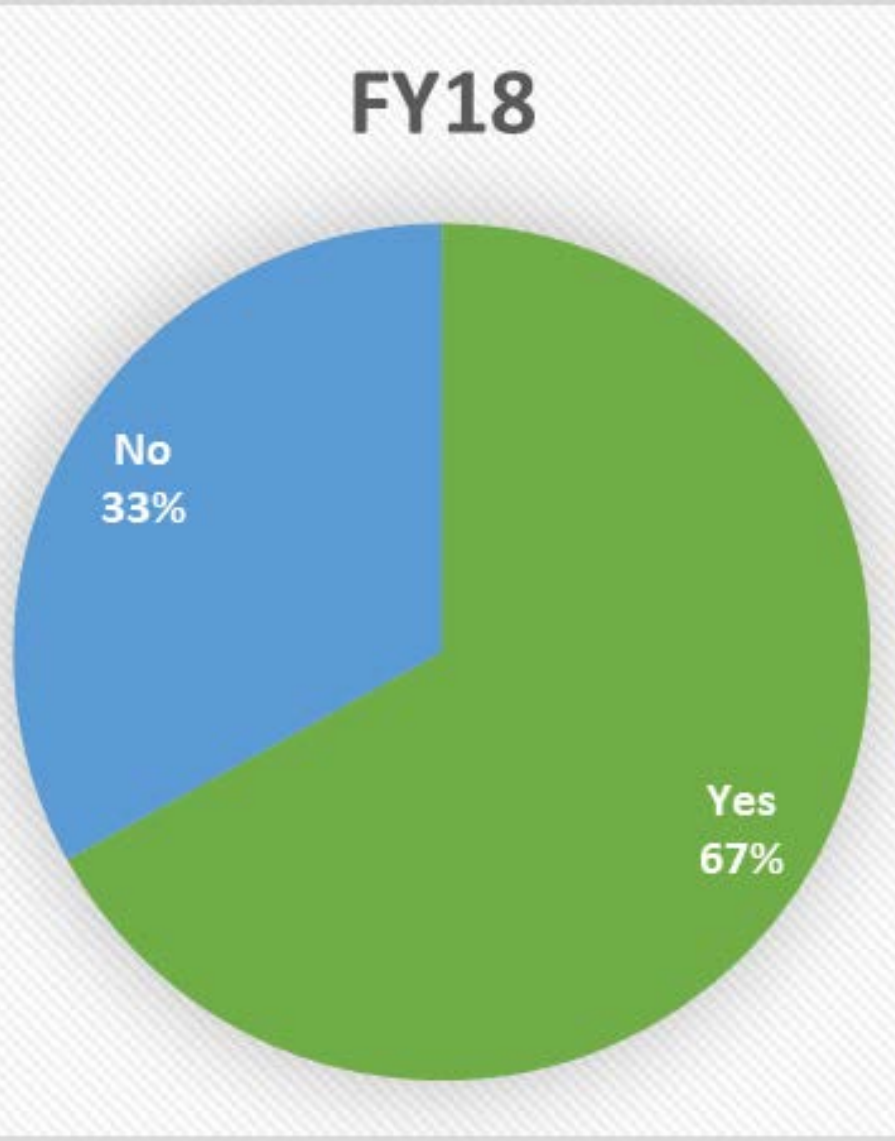
**Guides Training
and Professional
Development**



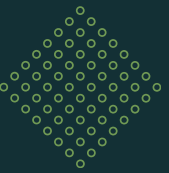
A Picture is Worth 1,000 Words



Example of Anecdotal to Full Picture Process

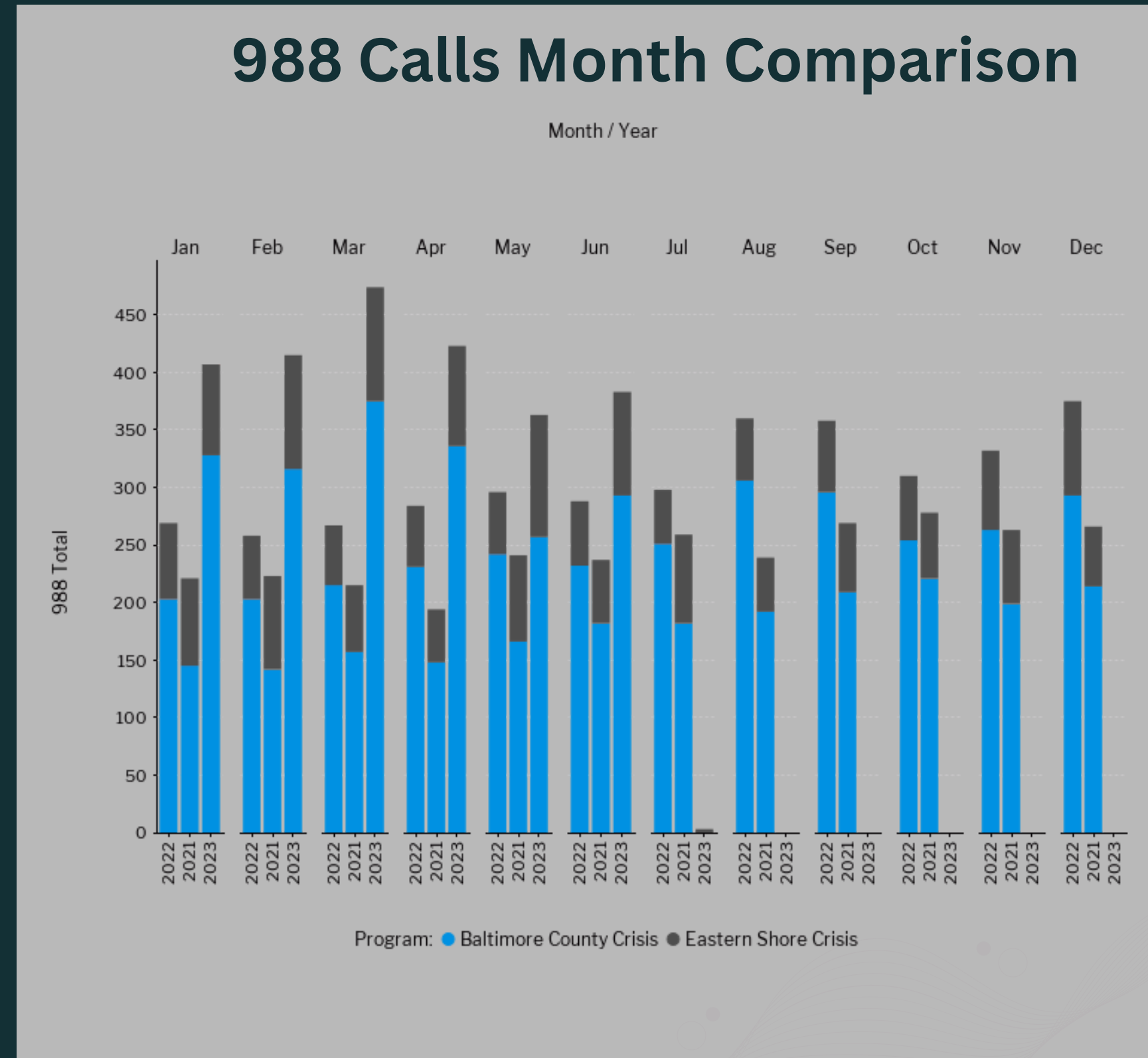
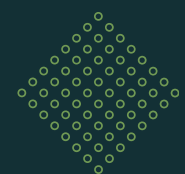


- Staff reported higher acuity cases
- A review of data showed a significant decrease in ER Diversions
- Visual representation shows increase in request for services and a decrease in diversions
- No only is it less individuals able to be diverted but it is a significantly less percentage given the increase in service demand



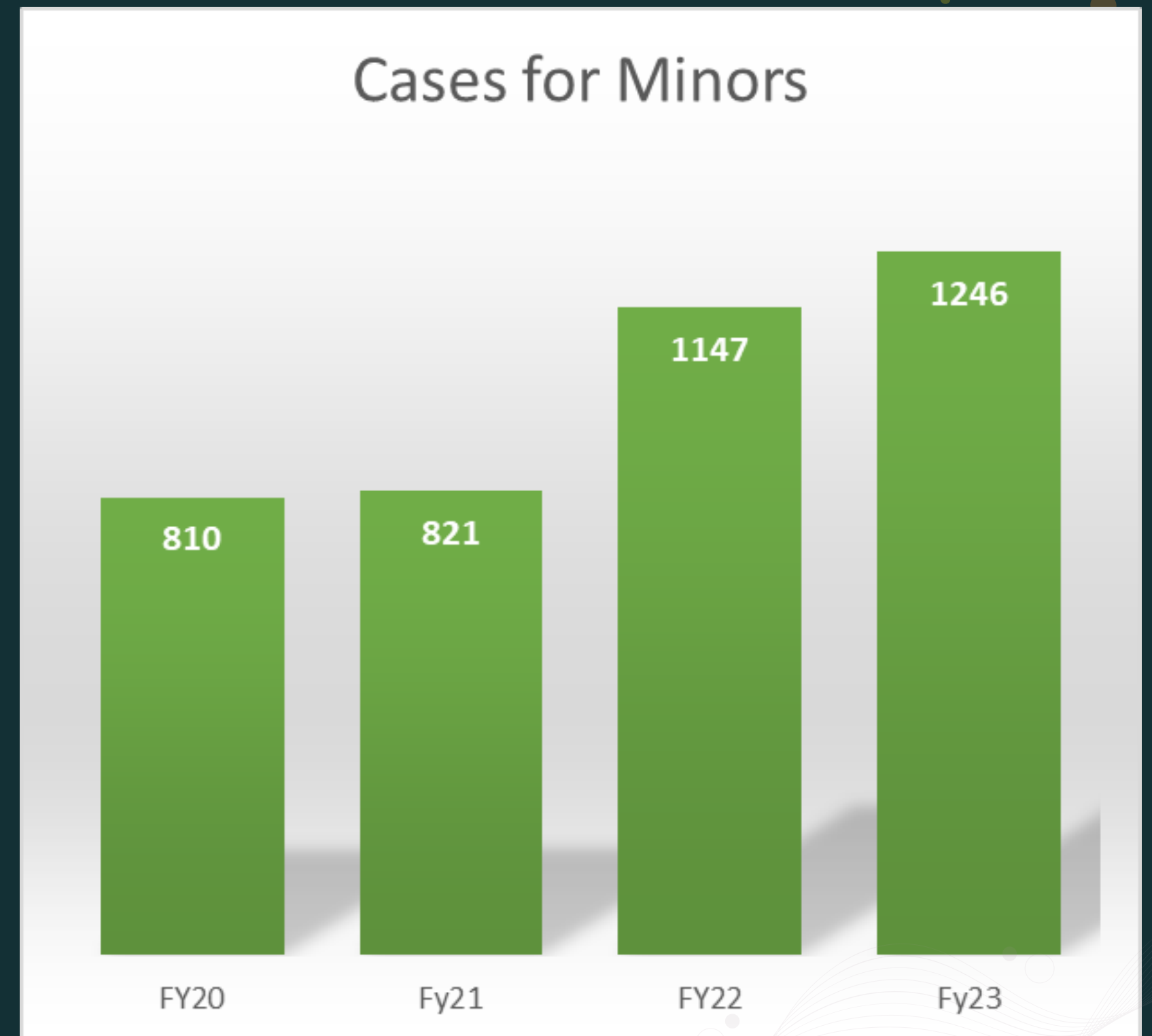
Trends In Service Data Informs Organizational Needs

Sante compared 3 years of 988 call in data side by side by month. FY23 saw a huge spike in 988 Calls and another spike in March. But with level funding for our call center staff, the call volume became too challenging for just those folks. With this data we were able to secure funding for more call takers.



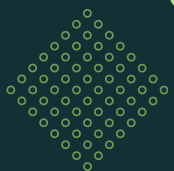
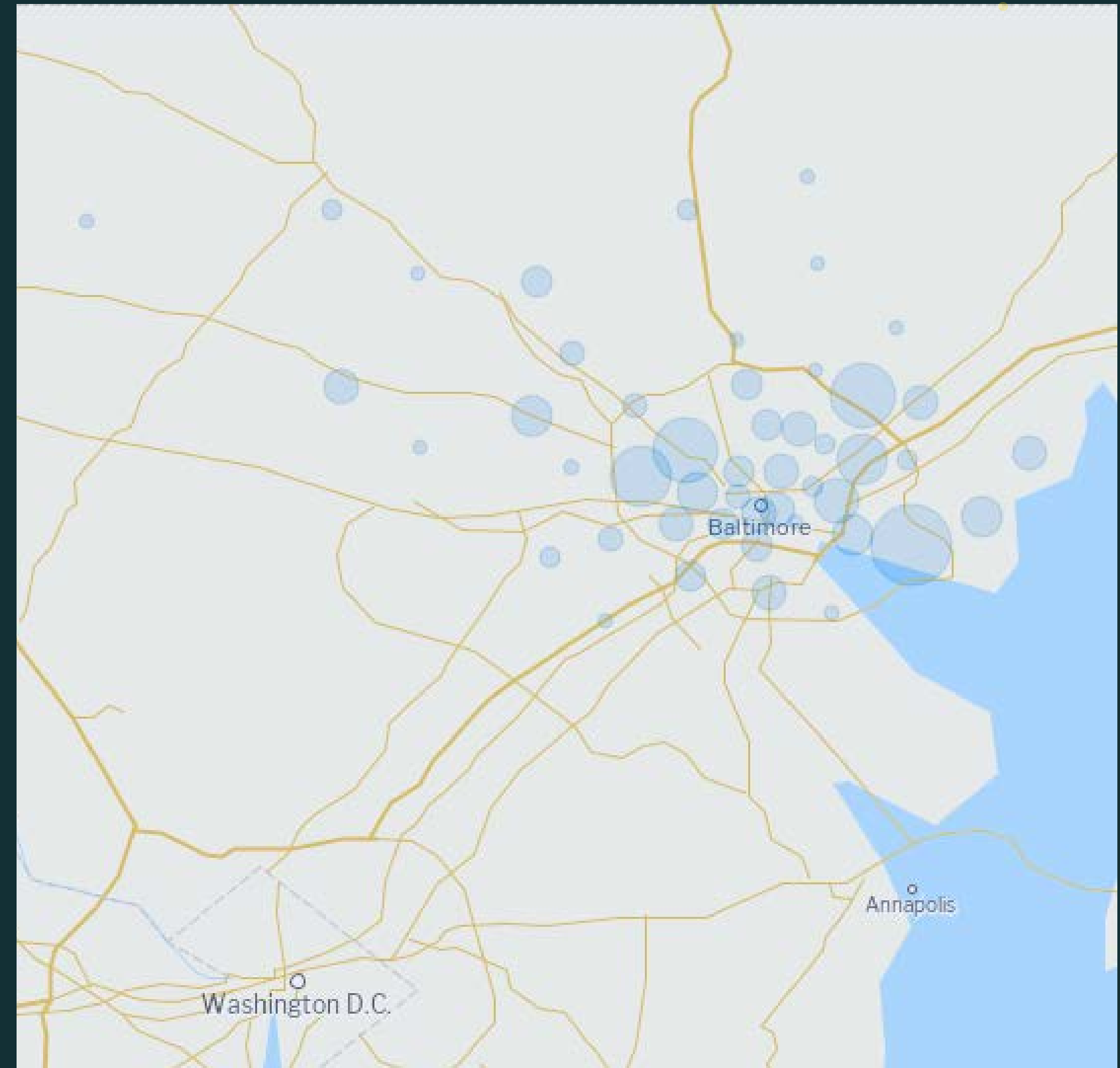
Trends In Service Data Lets Us Know Where We May Want to Grow

Since FY20, Sante has seen a significant rise in children and adolescents in a state of crisis and needing behavioral health care. In a system that served mostly adults in past years, this shift drove a focus on child and adolescent behavioral health professional development and crisis interactions.



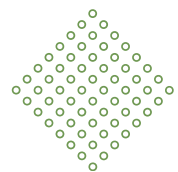
Data Should be used to Drive the Company's Strategic Plan

This map shows where Sante's Central Maryland MCT responded during FY23. While this program serves 3 different counties, most of the dispatches are coming from one area. In planning for the next fiscal year, we are exploring the possibility of a new location to assist a faster response time for these calls. And the potential for an additional clinic with crisis walk in capability.



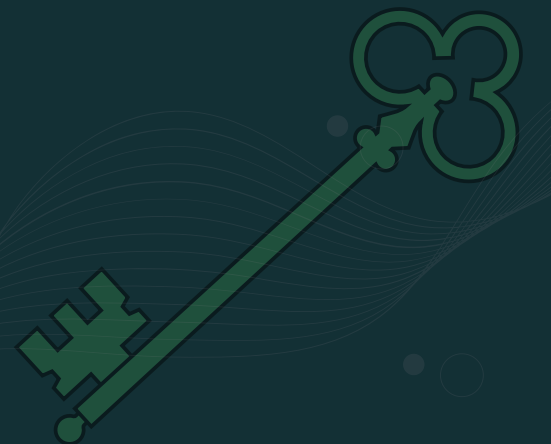
3

Determine key metrics for crisis systems focusing on definitions and program significance



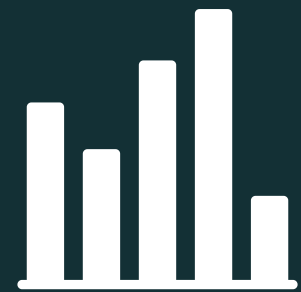
Not all systems will track the same metrics

- What is important to your consumers, stakeholders, community?
- What is the problem(s) you are trying to address?
- What activities are you doing that you believe will “turn the curve”



Back to the THREE questions

How much did we do?
(Volume)



The activities that you are doing that you believe will turn the curve (examples: Dispatches, Care Coordination Calls, Peer Sessions, Skills Building, etc)

Who did we do it for?
(Demographics)

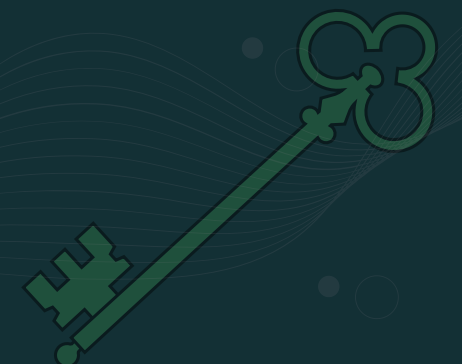
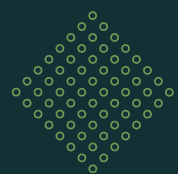


What is important to your consumers, stakeholders, community? Who needs this help?

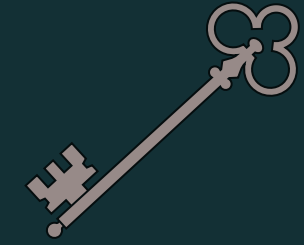
How well did we do it?
(Performance)



What is the problem you are trying to address? Are the services working?



Examples of Sante's Key Crisis Metrics



Volume

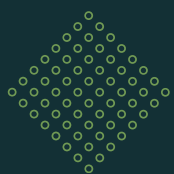
- Total New/Repeat Consumers
- Total New Cases
- Number of Dispatches
- Number of Incoming Calls
- Number of Outgoing Calls

Demographics

- Insurance
- Age
- Gender
- Sex
- Veteran Status
- Race
- Ethnicity
- Zip Code

Performance

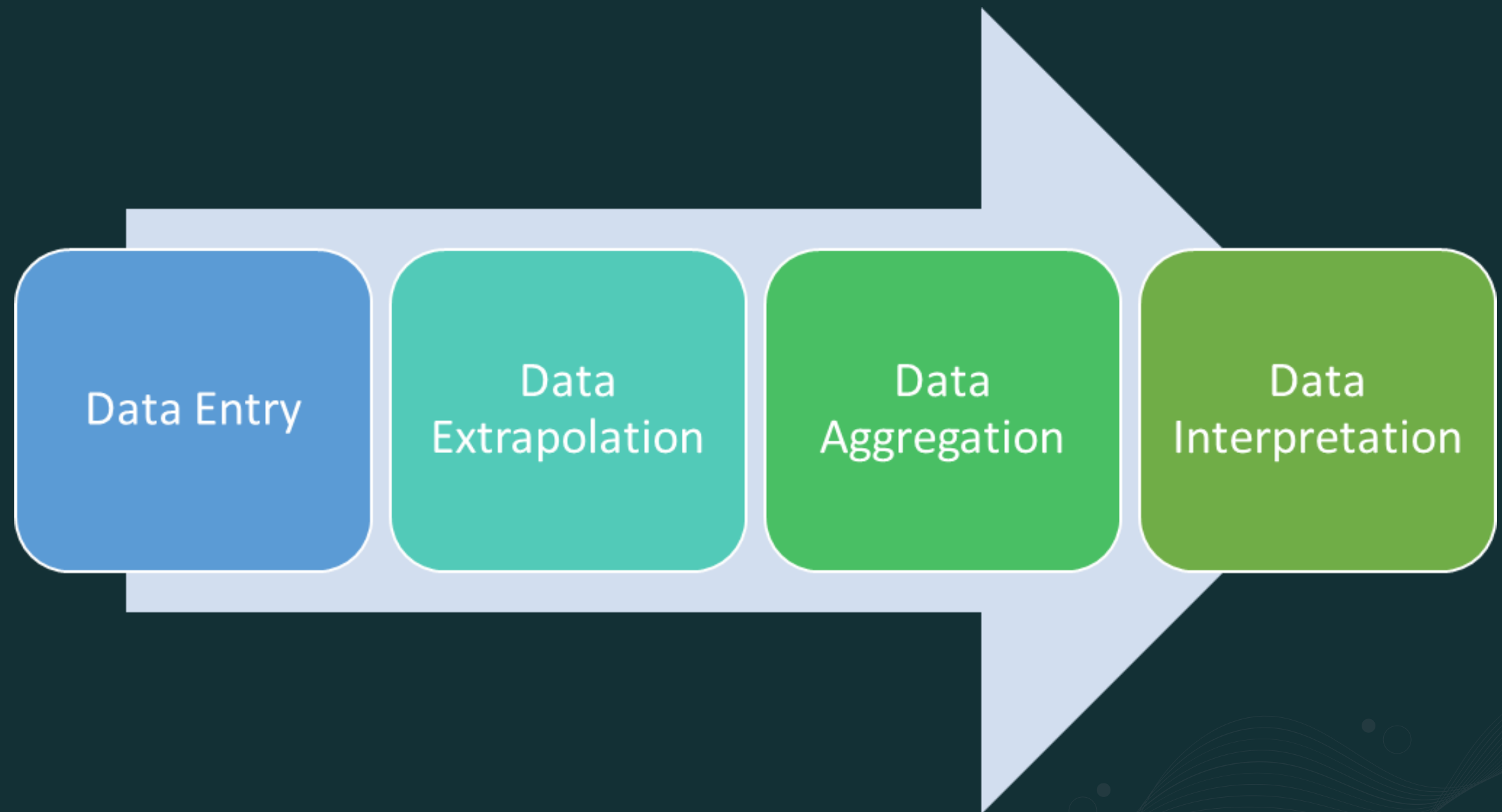
- Outcomes
- ER Diversion
- EP Diversion
- CJ Diversion
- Linkage Rate
- Consumer Sat Survey
- Police Sat Survey



4

Identify the four information interception points and how to use those points to ensure data integrity

Four Interception Points



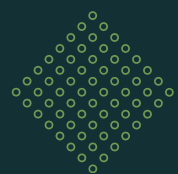


Data Interception Points

<u>Data Entry.</u>	<u>Data Extrapolation</u>	<u>Data Aggregation</u>	<u>Data Interpretation</u>
What is the field type (text, select, multi-select, narrative, etc)	What forms, forms/fields/tables are being used?	Does each line item/metric have an official definition?	What can you or others determine from the data?
Who is entering the data, what team and at what point in treatment	How are you pulling the data - data export into excel or analysis software or Power BI	Consider the data set levels: <ul style="list-style-type: none">• Consumer• Case• Contact	Are the metrics labeled in a way that is easily interpreted by others?
Has the data been checked for integrity?	What is the relationship between the data and how are tables tied together?	Should specific metrics match or add up to a total?	Can you/staff/supervisors easily explain each metric on the report?

5

Identify strategies
for addressing
common
challenges with
data collection,
gathering, and
reporting



- **Data integrity**
- **Conflicting data requests**
- **Differing data definitions**
- **Dual documentation**



Making Data Entry Easier and more Accurate

Consider the form design

Field
Title

The field title wording can affect the interpretation of the question

Text or
Pick List

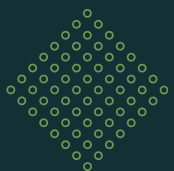
Pick lists are easier to extroplate data but not always easier for data entry

Single or
Multi
Select

Single select may be best for data but in some cases, multi-select is necessary for accurate documenting. What does multi-select data look like?

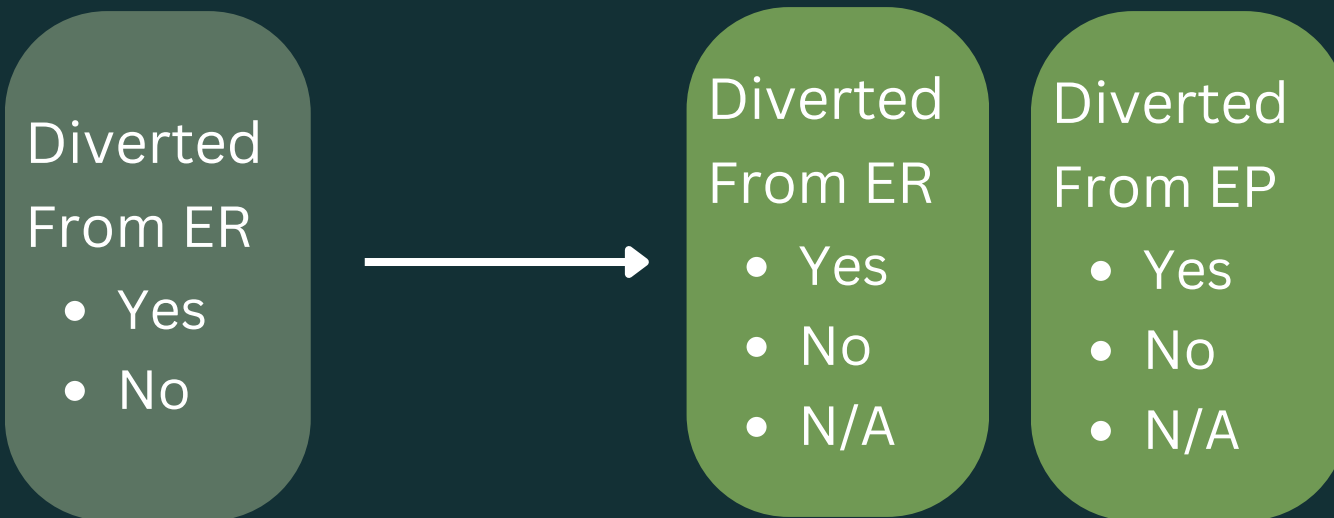
Helpers

Helpers are text that appear for staff when they are completing the form that helps them knowhow to complete the form and often includes examples



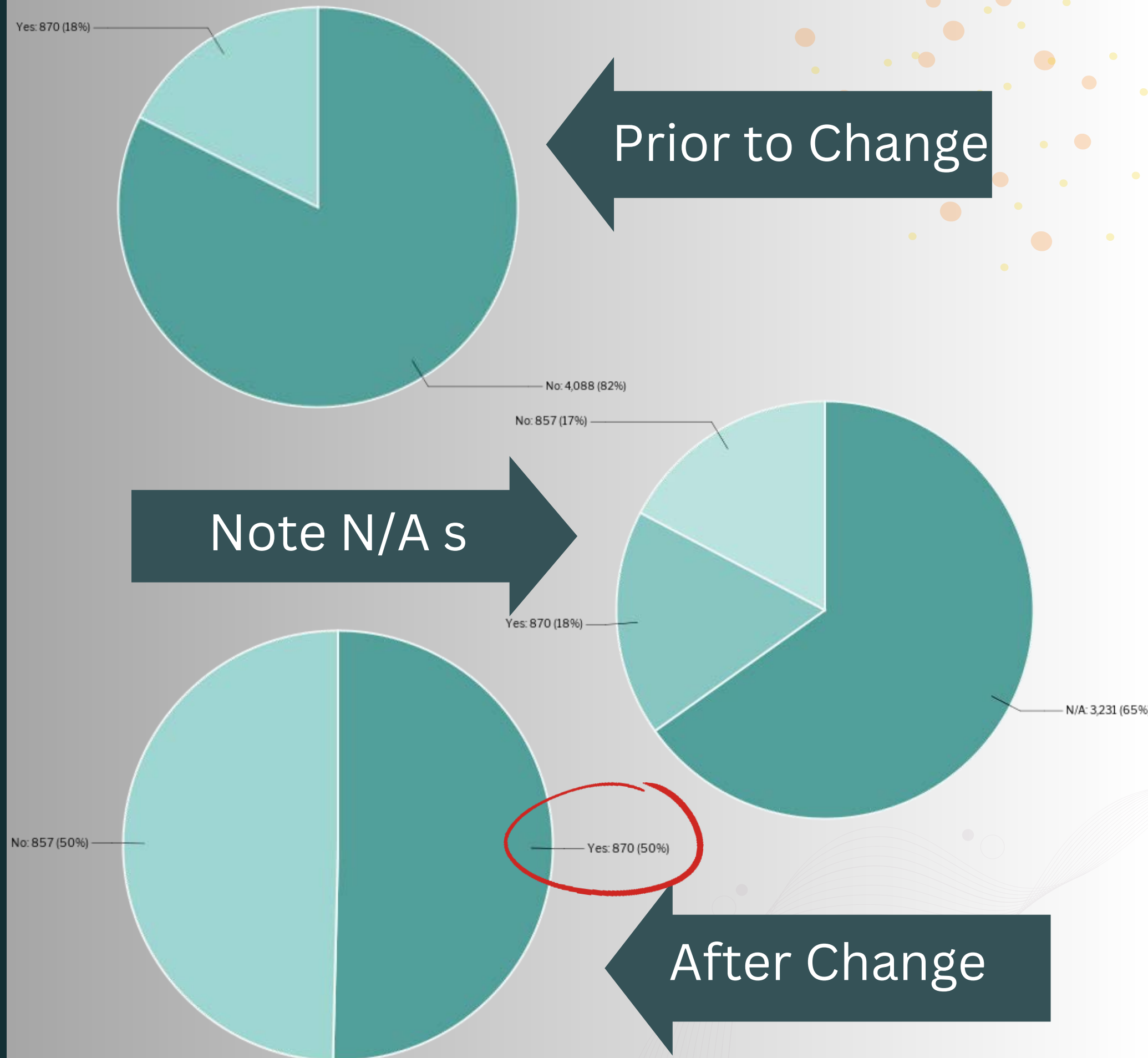
Example: Diversion Statistics

Almost 10 years ago, we realized that our diversion statistics weren't illustrating the full picture of diversion



- Not all consumers would have gone to the ER or EP regardless of MCT interaction
- Sometimes we are able to divert from involuntary but get them to agree to voluntary which is less restrictive and less costly (a major goal for crisis programs)
- After this adjustment. Diversion rate shows more accurate - from 18% to 50%

More Accurate Diversion Rate



Making Data Entry Easier and more Accurate

Regular Technical Data Audits

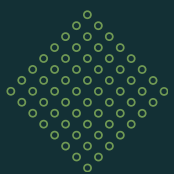


Tech Audits are regular standardized data checks using formulas and are often automated

Santé has 9 automated Tech Audits that get broadcasted from the data system to supervisors daily/weekly/monthly

Examples of Automated Santé Tech Audits:

- **Consumers with SI where no dispatch or 911 or safty plan occurred**
- **Data doesn't match such as - 3rd party caller but collateral caller type says "consumer"**
- **Blanks - Did not dispatch MCT but "Why not" text field is left blank**



Sante Examples of Tech Audit Reports

Maryland Crisis Systems - TECH AUDITS

Filters
Program
🔖
🔄
Reset
Apply

Tech Audit - 3rd Party Caller, Caller Type Blank

Program	Date	Client ID	Visit ID	Caller Type	Collateral Caller Type
Baltimore County Crisis	08/18/2023	83915	972988	Collateral Contact (e.g. family, friend, neighbor, co-worker, etc)	Collateral Contact

Tech Audit - Age is 0 Received Svs last month OLD

Client ID	age	first_svc_date
86704	0.00	08/18/2023

Tech Audit - Blank Language Received Svs last month

Program	Client ID	Primary Language
BCCRS	39208	
BCCRS	39476	
BCCRS	39559	
BCCRS	39595	
BCCRS	39660	
BCCRS	39676	
BCCRS	39715	
BCCRS	39730	

Tech Audit - Ethnicity is Blank Received Svs last month

1 - 100 / 105

Programs	Client ID	Last Service Date	Ethnicity
ESCRS	34112	10/01/2023	
ESCRS	34117	09/28/2023	
ESCRS	36116	10/04/2023	
ESCRS	38891	10/03/2023	
ESCRS	40449	10/13/2023	
ESCRS	44002	09/25/2023	

Tech Audit - 988 in Intake, Not in Profile

Program	Date	Client ID	Intake 988	Profile 988	Emp Name
Baltimore County Crisis	08/03/2023	39595	Yes	No	T S
Baltimore County Crisis	08/13/2023	83701	Yes	No	C T
Baltimore County Crisis	08/18/2023	83907	Yes	No	M S
Baltimore County Crisis	09/27/2023	42120	Yes	No	M S
Baltimore County Crisis	10/03/2023	51837	Yes	No	S C

Tech Audit - MH Call, Wrong Intake Type

1 - 100 / 102

Program	Date	Client ID	Visit ID	Dept	PP - Mental Health	Intake Type	Emp Name
Baltimore County Crisis	06/28/2023	63341	955017	OPS	Mental Health	Non-Behavioral Health Call (Call Center Only)	Tabassum Prema
Baltimore County Crisis	06/30/2023	81615	953189	OPS	Mental Health	Non-Behavioral Health Call (Call Center Only)	Tabassum Prema
Baltimore County Crisis	07/02/2023	40407	952689	OPS	Mental Health	Non-Behavioral Health Call (Call Center Only)	Tabassum Prema
Baltimore County Crisis	07/02/2023	82194	952681	OPS	Mental Health	Non-Behavioral Health Call (Call Center Only)	Tabassum Prema

Tech Audit - Blank Military Status Received Svs last month

Client ID	Military Status
38762	

Tech Audit - 988 in Intake, Not in Profile

Program	Date	Client ID	Intake 988	Profile 988	Emp Name
Baltimore County Crisis	08/03/2023	39595	Yes	No	T S
Baltimore County Crisis	08/13/2023	83701	Yes	No	C T
Baltimore County Crisis	08/18/2023	83907	Yes	No	M S
Baltimore County Crisis	09/27/2023	42120	Yes	No	M S
Baltimore County Crisis	10/03/2023	51837	Yes	No	S C

Tech Audit - MH Call, Wrong Intake Type

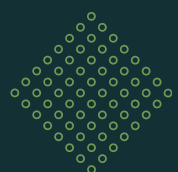
Program	Date	Client ID	Visit ID	Dept	PP - Mental Health	Intake Type	Emp Name
Baltimore County Crisis	06/28/2023	63341	955017	OPS	Mental Health	Non-Behavioral Health Call (Call Center Only)	Tabassum Prema
Baltimore County Crisis	06/30/2023	81615	953189	OPS	Mental Health	Non-Behavioral Health Call (Call Center Only)	Tabassum Prema
Baltimore County Crisis	07/02/2023	40407	952689	OPS	Mental Health	Non-Behavioral Health Call (Call Center Only)	Tabassum Prema
Baltimore County Crisis	07/02/2023	82194	952681	OPS	Mental Health	Non-Behavioral Health Call (Call Center Only)	Tabassum Prema

Tech Audit - Blank Insurance Received Svs last month

Client ID	Insurance Type
38762	

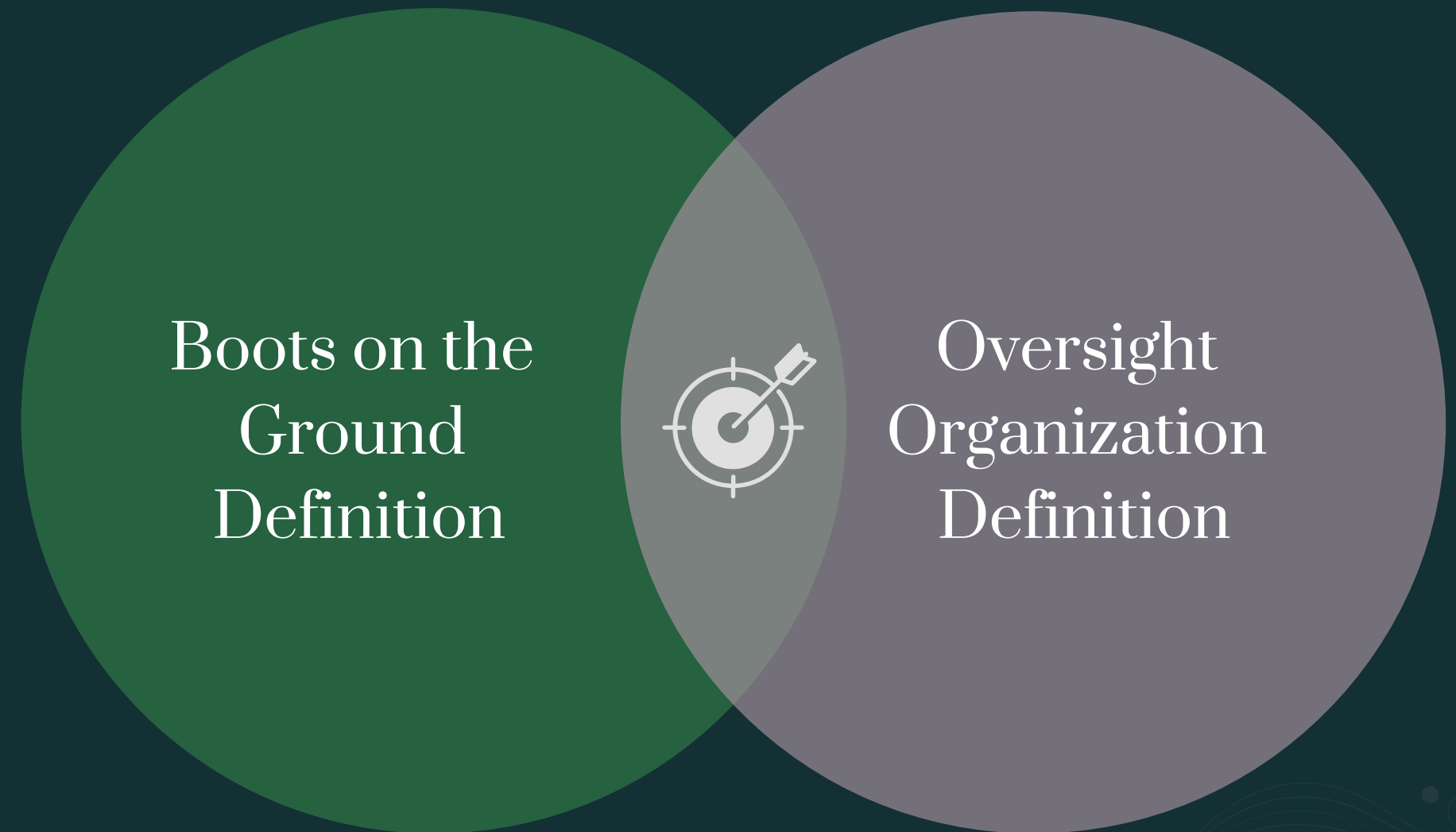
Conflicting Data Requests

- **Conversations are Key!**
- **Use your data! - Data drives decisions!**
- **Find out what the real question is and what is behind the request**
- **Share documentation procedures**



Differing Data Definitions

- Determine the differences in definition and root causes.
- Decide what the real question is and why it is important.
- Find out what are other organizations doing, industry standard.



Dual Documentation

DATA/FIELD MAPPING

Make the data system do the work for you. Map fields not only from forms to the profile, but also to other forms. What information follows the consumer throughout treatment?

CONSIDER TECHNOLOGY

Are you doing documentation in the field? Is a tablet or a laptop easier? What is safe to take on site? Consider connectivity and PHI safety. Consider the hardware capability such as dictation and touch screen

MOST EFFECTIVE FORM/FIELD TYPE

Is it easier and still accurate for staff to use check boxes or toggles rather than typing. Consider that typing takes two hands. Are you still getting a full picture with check boxes and toggles?

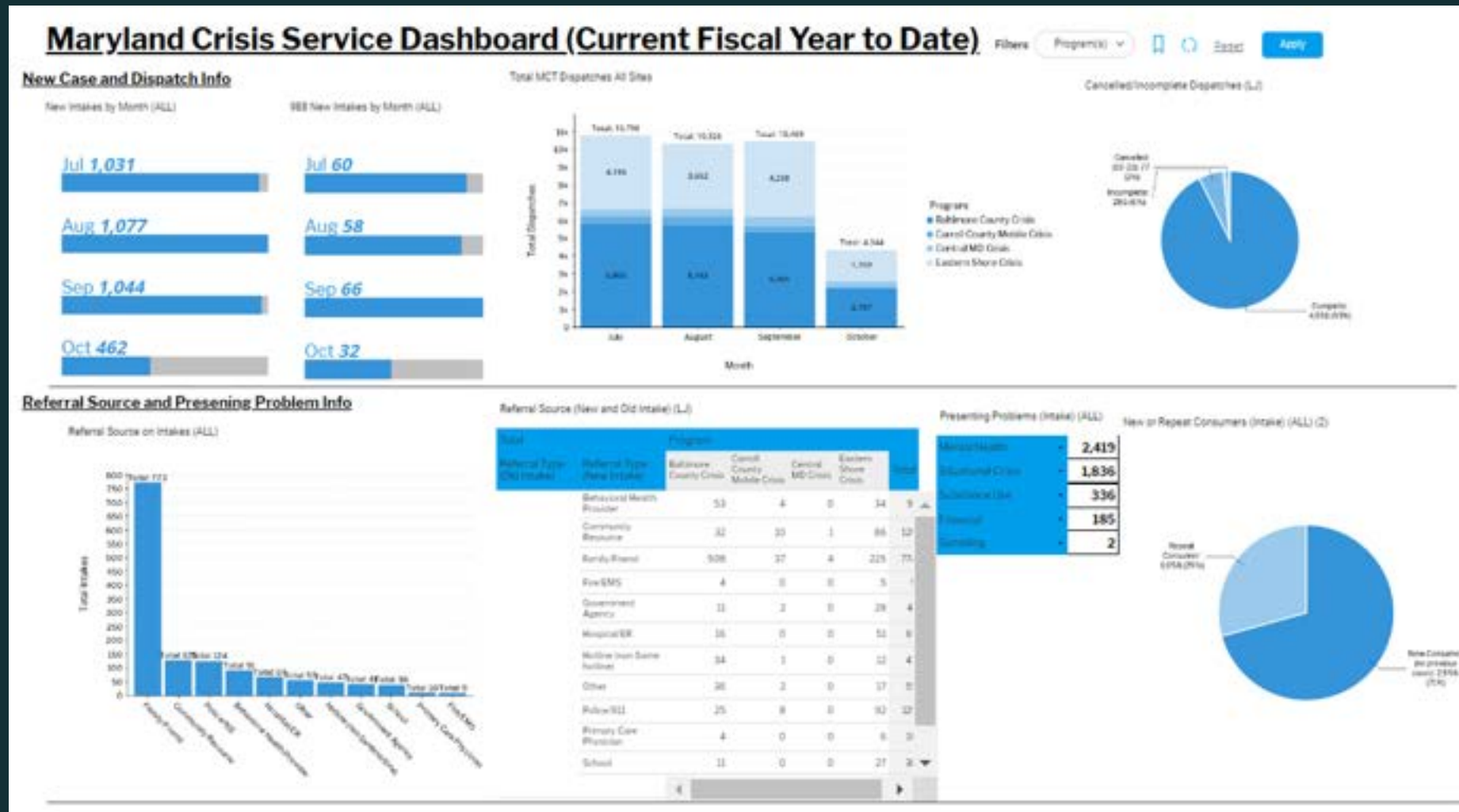
You can even use provider portals, web services, and **FIHR technology to port data from one data system to another.**



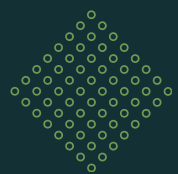
Santé Volume of Service Data

	JUNE											TOTAL										
	↓ or ↑	BCCRS - FY22	BCCRS - FY23	ESCRS - FY22	ESCRS - FY23	CCCRS - FY22	CCCRS - FY23	CriSys - FY22	CriSys - FY23	Monthly Total - FY22	Monthly Total - 23	↓ or ↑	BCCRS - FY22	BCCRS - FY23	ESCRS - FY22	ESCRS - FY23	CCCRS - FY22	CCCRS - FY23	CriSys - FY22	CriSys - FY23	Yearly Total - FY22	Yearly Total - 23
Cases Opened																						
Total Number of Cases Opened	632	746	280	289	45	53	103	71	1060	1159	↑	7131	9159	3615	3837	864	687	1686	1045	13361	14728	↑
1. Opened by OPS	451	535	280	289		5			731	829	↑	5031	7045	3592	3837		409		0	8940	11291	↑
2. Opened by MCT	181	211	0		23	48	103		307	259	↓	2100	2114	0	0	512	278	1686	0	4209	2392	↓
Police/Community Education	1	12	37	11	22	0	3	0	63	23	↓	18	27	424	358	312	23	29	22	779	430	↓
Total cases for minors	86	95	54	23	7	6	10	10	157	134	↓	1147	1246	687	490	201	166	375	222	2486	2124	↓
Insurance:																						
Medicaid	90	114	53	62	7	13	23	17	173	206	↑	1010	1275	862	792	283	223	527	306	2703	2596	↓
Medicare	32	50	16	8	0	10	11	2	59	70	↑	483	576	166	155	45	86	109	63	815	880	↑
Private Insurance	70	50	14	14	21	14	27	7	132	85	↓	813	882	208	170	245	145	349	234	1609	1431	↓
Other	4	15	2	16	5	0	12	4	23	35	↓	107	292	29	75	59	42	143	61	331	470	↑
Uninsured	23	23	5	2	0	1	22	6	50	32	↓	283	338	102	77	95	36	377	183	809	634	↓
Unknown	411	489	189	44	6	15	5	34	611	582	↓	4439	5810	1704	2003	142	146	159	186	6531	8145	↑
Veteran's Med Assistance	2	5	1	0	4	0	3	1	10	6	↓	38	57	6	8	24	9	22	9	86	83	↓
Total Cases Closed this month																						
Cases closed	658	721	220	279	38	57	108	71	1024	1128	↑	7046	8931	2689	3055	841	684	1543	977	12082	13647	↑
Calls																						
Incoming Calls	1355	1517	355	0	101	85			1811	1602	↓	15864	18761	8321	4756	1260	1066			26206	24583	↓
Outgoing Calls	2123	1824	1857	0	77	92			4057	1916	↓	26915	23342	21649	17117	1544	1382			52566	41841	↓
Total IN & OUT calls	3478	3341	2212	0	178	177	358	268	6226	3786	↓	42779	42373	29660	21869	2804	2448	6554	4140	85016	70830	↓
MCT VISITS:																						
Total # of Calls for Service	271	285	137	1830	101		103	71	612	2186	↑	3024	3069	1510	10824	834	170	1687	1045	7006	15108	↑
New (face-to-face)	224	232	92	2373	77	29	100	70	493	2704	↑	2416	2251	975	12755	720	299	1577	1005	5645	16310	↑
Follow Up (face-to-face)	47	53	45	0	178	5	3	1	273	59	↓	504	622	535	431	553	145	109	40	1738	1238	↓
Diverted from Jail	6	16	10	77	0	0	1	0	17	93	↑	90	96	155	601	27	16	8	8	290	721	↑
Diverted from ER	62	48	30	51	20	3	17	37	129	139	↑	649	507	483	613	199	104	582	394	1895	1618	↓
Diverted from EP	69	46	24	26	13	1	8	0	114	73	↓	728	507	276	511	122	82	173	80	1305	1180	↓
Total Telehealth MCT Visits	0	0	4	2	5		0	0	9	2	↓	0	6	155	35	59	5	22	2	231	48	↓
*Total # Telehealth Visits New	0	0	4	20	0	0	0	0	4	20	↑	0	6	91	142	4	18	21	2	120	168	↑
*Total # Telehealth Visits F/U	0	0	0	14	0	2	0	0	0	16	↑	0	0	64	85	0	10	9	0	75	95	↑
Interventions Used																						
Assist with EP	3	6	0	1	1	1			4	8	↑	58	66	34	27	12	26			114	119	↑
EP by MCT	34	29	0	0	0	0	0		34	29	↓	489	403	12	7	21	0	14		533	410	↓
Client Refused	16	8	4	0	1	0			21	8	↓	143	150	52	51	8	25			227	226	↓
BH Referral	66	45	18	42	16	6			100	93	↓	564	756	223	329	209	189			1057	1274	↑
Non BH Referral	29	26	6	1	2	4			37	31	↓	169	311	141	147	31	30			406	488	↑

Santé Real Time Crisis Dashboard



This dashboard shows key metrics for all of our crisis programs but with a shared filter to see only one program at a time and in some cases are broken down by month





WE WANT TO SAY

THANK YOU

FOR YOUR ATTENTION



Email us at: mgrigsby@santegroup.org and ejones@santegroup.org