

DATA AND PERFORMANCE METRICS WORKGROUP

WORKGROUP PARTICIPANTS & AFFILIATION

Name	Affiliation
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WORKGROUP REPORT

This workgroup met five times on the following dates:

- 1/21/2022
- 1/31/2022
- 2/14/2022
- 3/1/2022
- 3/15/2022

The following **recommendations** are offered by the group in response to the charges provided to them. **These recommendations are pending DHHS approval.**

1. *Identify Lifeline Service Level performance metrics data expectations*

Recommendation 1.1: Lifeline Service Level data expectations are outlined in Attachment A.

2. *Make recommendations regarding additional performance metrics to be collected by Nebraska's 988 call center and associated crisis system services (e.g., mobile crisis response).*

Recommendation 2.1: Nebraska's 988 call centers will collect performance metrics outlined in Attachment A.

Recommendation 2.2: Additional metrics to be collected on mobile crisis response teams are outlined in Attachment B.

3. *Make recommendations regarding service quality metrics to be collected by Nebraska's 988 call center and associated crisis system services (e.g., mobile crisis response).*

Recommendation 3.1: Service quality indicators and associated metrics are outlined in Attachment C.

4. *Identify initial and ongoing costs associated with the adoption of recommended solutions.*

Recommendation 4.1: No additional costs are currently projected for these recommendations. However, if changes are required to CDS, then supplementary costs may be incurred.

No additional considerations were discussed outside of the scope of the current workgroup charges.

Reviews

1. Implementation Group (date/recommendations)

a. Meeting on 4/5/2022

i. Charge 4

1. **Recommendation 4.1**

a. **Discussion:** This recommendation should be reworded to take into account changes that may occur in the states client data system (CDS).

2. Stakeholder Advisory Group (date/recommendations)

a. Meeting on 3/28/2022

i. Attachment A

1. **Recommendation Attachment A.10:** Include "Behavioral Health Region" as a data point under "Youth System Involvement."

Attachment A

Identified Data and Performance Metrics for Nebraska 988

1. Call Volume
 - a. # of calls answered/handled
 - b. # of calls abandoned (>10 second short abandon)
 - c. Answer Rate
2. Average speed of answer
3. Average length of call
 - a. Inbound
 - b. Outbound
4. Average Handle Time (AHT)
5. Percentage of calls resolved by phone
6. Number of Mobile Crisis Team Activations by Region for Children/Youth and Adult Teams
7. Number of Callers referred to Crisis Stabilization Unit (once system access is in place)
8. Callers referred to hospital
9. Who's calling:
 - a. Adult
 - b. Youth
 - c. Third Party
 - i. Parent
 - ii. Guardian
 - iii. Step-parent
 - iv. Relative
 - v. Friend
 - vi. Professional
 1. School personnel
 2. CFS staff
 3. Justice System (Probation/Parole)
 4. Treatment Provider
 5. Medical
 6. Law Enforcement
 7. Other
10. Youth System Involvement
 - a. Children and Family Services/Child Protective Services
 - b. Developmental Disabilities
 - c. Juvenile Justice/Probation/Diversion
11. MCR Referral Response Location
 - a. Phone
 - b. Community

- c. Facility
 - d. Telehealth
12. Referrals
13. Follow Up Accepted (Qualified Callers – Individuals who rise to a certain level of risk on the lethality assessment)
- a. Yes
 - b. No
 - c. Not Offered
14. Follow Up Screen
- a. Since last call, do you feel:
 - i. Worse
 - ii. Better
 - iii. The same
15. If a referral was offered, was the consumer able to access the service?
- a. Yes
 - b. No
16. Have you utilized crisis services since our last call?
- a. No
 - b. Yes
 - i. ER
 - ii. 911/Law Enforcement
 - iii. Other crisis lines
 - iv. Community crisis services

Attachment B: Recommended Mobile Crisis Response Data Points

Data Point	IN CDS	Currently Required	Recommend Add and/or Require	Notes & Recommendations
Name	Yes	Yes	Yes	
Address	Yes	No	Yes	
City/State/Zip	Yes	Yes	Yes	
County of Residence	Yes	No	Yes	
County of Admission	Yes	No	Yes	
Phone	Yes	No	No	Fillable
Phone Type	Yes	No	No	Drop down Land Line, No Phone, Pay by Minute Cell Phone, Unlimited Subscription Cell Phone, Unknown
Email Address	Yes	no	No	Fillable
SSN	Yes	No		Fillable
DOB	Yes	Yes	Yes	DBH has instructed individuals to approximate age and then enter a DOB if age/DOB is unknown (Per region 1)
Race	Yes	No	Yes	Select All that apply
Ethnicity	Yes	No	No	Dropdown
Gender	Yes	Unknown	Yes	drop down: male/ female/ unknown -- DBH has instructed "use unknown" if gender is "unknown" -- Gender is not inclusive of non-binary or transgender
Marital Status	Yes	No	no	drop down Cohabiting, Divorced, Married, Never Married, Separated, Widowed, Unknown
Employment Status	Yes	no	No	Drop down: Active / Armed forces (<35 hrs.), Active / Armed forces (35+ hrs.), Disabled, Employed Full Time (35+ hrs.), Employed Part time (<35 hrs.), Homemaker, Resident of Intuition, Retired, Shelter Workshop, Student, Unemployed – laid off / looking, Unemployed Not seeking, Volunteer, Unknown
Living Arrangements	Yes	No	No	Drop Down assisted living, Child living w Parent / relative, Child residential treatment, crisis residential care, foster home, homeless – shelter, jail / correction facility, other 24 hr. residential care, other instructional setting, private residence receiving support, private residence w/ housing assistance, private residence w/o support, regional center, residential treatment, youth living independently, other, unknown.
Service Provider	Yes			appears auto-generated
Funding Region	Yes			appears auto-generated
Services to be Provided	Yes			appears auto-generated

Type of Assessment	Yes	No	Yes	drop down Face to Face, Telehealth, Phone (TASC calls this type of contact)
Admission Date	Yes	Unknown	Yes	Admission Date & Time is included -- Equivalent to Date of Services
Crisis Location	Yes	No	Yes	Current options: Residence, hospital, Jail, other , unknown -- Recommendation: Add: Youth Shelter, Community, Business
Crisis Situation	Yes	Unknown	Yes	Current options: action of a sexual nature, disorderly, intoxication, neglect of self-care, other, suicide attempt or threat, theft or property crime, threats of violence, unknown -- Recommendation: Add: Relationship (domestic/IPV and parent/child), employment, eviction, trespass, loitering Recommendation: Change crisis situation to “initial call out reason” and add “primary Presenting issue on scene” - same options as above
Crisis Dangerousness	Yes	no	No	Check all that apply: unpredictable, impulsive, violent, history of violent or impulsive behavior, ambivalent suicidal / homicidal ideas or gestures, suicidal / homicidal ideation with control, unable to meet needs in manner threatening to self, no violent or impulsive ideation or behavior
Referral Source	Yes	No	Yes	Long List on pg 225 of 2022 CDS Manual - no definitions or process on when to select what Recommendation: Clarify definitions
Substance use history • Substance Used [1,2,3] drop down • Age of first use [1,2,3] • Frequency of Use (Admission) [1,2,3] • Volume of Use [1,2,3] • Route of Use [1,2,3]	Yes	No	No	
Officer Name	Yes	No	No	Fillable
Badge Number	Yes	No	No	Fillable -- Recommend: Replace badge # with or add LE Agency (require if changed to LE Agency)
Current Medications	Yes	No	no	Fillable
Is “med compliant”	Yes	no	no	check box
Psychiatric History	Yes	No	no	Fillable
Criminal History	Yes	No	no	Fillable

Support System Types	Yes	No	no	check boxes Family, friends or other support available, Family, friends or other support questionable, some support but difficult to mobilize, some support but effectiveness is limited, no family, friends, agency or other support
Ability to Cooperate	Yes	No	no	check boxes Willing and able to cooperate, wants help but is ambivalent or unmotivated, passively accepts help, little interest or comprehension, unable or unwilling to cooperate.
Currently receiving BH services	Yes	no	no	Dropdown: Y/N/Unk
Services Receiving			no	Fillable
Crisis Disposition	Yes	No	Yes	drop down box- EPC; CPC; Voluntary hospitalization; medical hospitalization; No EPC, Agreed to Post-Crisis Services; No EPC, Declined Post-Crisis Services; Arrest / Jail; No further action / refused; unknown *** SHOULD ABSOLUTELY BE REQUIRED
System of Care involved youth	Yes	No	no	Checkbox
Is CFS involved	Yes	No	no	Checkbox
Auto Generated fields				
Age (Adult/Youth)	Yes	auto generated		Is this auto-generated based on DOB?
Client Case (Client ID number)	Yes	auto generated		
Additional Recommended Fields				
Start time	Unk		Yes	These specific fields are not available fields - Recommend adding and requiring
Stop time	Unk		Yes	These specific fields are not available fields - Recommend adding and requiring
Face time	Unk		Yes	These specific fields are not available fields - Recommend adding and requiring
Travel time	Unk		Yes	These specific fields are not available fields - Recommend adding and requiring
Trauma History			Yes	Not sure why this isn't included in Crisis Response Window as it is measured for all other services

Additional Data Points for Addition to CDS				
Does the individual present a substantial risk of serious harm to himself/herself or a substantial risk of serious harm to another person within the near future?			Yes	
Field: MCR diverted from hospital/jail/EPC			Yes	Necessary for outcome measure
Field: LE Requested Resources			Yes	Necessary for outcome measure
Youth Placement at Crisis Disposition			Yes	Drop down: Remained in Home, Placed Informally Out of the Home (Friend/Family), Formally Placed Out of Home, Admitted to Inpatient Psychiatric Unit, Jail, Lives on Own, Medical Hospitalization, Unknown

Other Recommendations

- Allow provider to go back into the encounter in CDS to enter information about the follow-up that was provided.
- Remove CR-SUD, everything is CR-MH
- Consider adding additional data points when the MCR responds to the jail or corrections that include:
 - o Remain on suicide watch
 - o Removed from suicide watch
 - o See a MH professional

Attachment C: Recommended MCR Performance Metrics

Performance Measures

Data Fields Needed

<p><u>Indicator:</u> Consumers' Behavioral Health crises will be resolved within the community <u>Measure:</u> % of consumers who are placed in EPC while receiving MCR % of consumers who are arrested by LE while receiving MCR</p>	<p>Crisis Disposition (not required) Crisis Disposition (not required)</p>
<p><u>Indicator:</u> Consumers will maintain their mental health with reduced utilization of MCR <u>Measure:</u> % of consumers who experience repeat utilization of MCR within the PUR</p>	
<p><u>Indicator:</u> Consumers will experience continuity of care through entry into ongoing services <u>Measure:</u> % of consumers who enter ongoing services as a result of engagement with MCR</p>	<p>Narrow down to specific services? ECS; MHR; Acute; Emergency Psychiatric Observation;</p>

Other:

<p>% of MCR calls where LE are requesting resources for consumer</p>	<p>Field: LE Requested Resources</p>
<p>% of Crisis Disposition at discharge for MCR calls (for each disposition category)</p>	

Stepping Up Data Points:

<p># of MCR calls by month by activation source (LE, shelters, BH Helpline)</p>	<p>Referral Source (not required)</p>
<p>MCR diverted from hospital/jail/EPC each month, per officer report</p>	<p>Field: MCR diverted from hospital/jail/EPC</p>