



# Using Data to Manage State and Local-Level Mental Health Crisis Services

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# Managing versus Operating

**Collecting data does not necessarily mean that data are used to manage crisis services.**

- Managing is the collection and use of data to make decisions about how, when, and where crisis services are provided.
- Operating is the rote provision of services based more on past activities than reactive to experience.

# Questions asked

- Describe your crisis service continuum.
- How are data used to inform the following?
  - a. Call Centers
  - b. Mobile Crisis Teams
  - c. Less Than 24 Hour Crisis Receiving/Stabilization Centers
  - d. Greater than 24 Hour Crisis Residential Facilities
  - e. Other Crisis Service Programs
  - f. Crisis Service Workforce

# Collecting Data via Crisis Service Registries

Data collected by states are about:

- Making services easier to access;
- Making services more available;
- Improving outcomes for people accessing services; and
- Improving the operation of the registry and service provision system.

# Managing Crisis Services and Sisyphus

Managing crisis services is an iterative, Sisyphean, process that requires the constant collection of data or knowledge that can be used to assess all aspects of a provider's or a state'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 is useful for managers.

# 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 or timely.

Even suboptimal 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.

# Thanks

I appreciate all the work done by states and local providers, and would like to thank the states and local providers who made my paper possible, and especially my co-presenters from Colorado.

## **States**

- Colorado
- Delaware
- Georgia
- Utah
- Washington

## **Local Programs**

Signal Behavioral Health

Southwest and East Central Regions

Thurston-Mason Behavioral Health Services