

## TABLE 6: REPORT CARD

### Introduction and Purpose of the Report Card

This instrument is designed to provide a process to assist communities working on enhancing their crisis system to assess their current status on each of the elements of an “ideal crisis system,” and to help prioritize next steps.

### Scoring the Report Card

All items are scored on a 1 – 5 scale. The scale reflects a complete continuum ranging from non-existent/not started in our community through fully implemented and functioning well.

### Anchors

These may be useful in assigning a score on individual items:

1. Not started and/or not on our radar and/or If interest does exist in moving on this, barriers seen as too overwhelming to make it worthwhile to put any energy into moving forward.
2. At least some awareness of this as a desirable goal within our system, and/or initial efforts to explore implementation, but no actual movement or specific plans yet.
3. Active steps that are beginning the process toward implementation; early stages of implementation.
4. Active steps being taken toward full implementation, but still incomplete, with intent to implement further.
5. Implemented in our system in a manner that is functioning well.

### Tips on Scoring and Using This Report Card

Keep in mind this is not an exact science; Not all items will fit neatly with the specific anchors suggested above. In general, **if you find yourself between two scores (which will happen commonly) choose the lower score.** This may prompt you to set the higher score as a short or intermediate term goal.

Also remember that there is neither a “perfect score” for the instrument as a whole or a “right answer” for individual items. The goal is to ensure that stakeholders are aware of each of the specific aspects or ingredients of an ideal crisis system and have a common language and a process by which to discuss and assess where their community is at with regard to each of these. Hopefully, this can be used to assist in goal setting (short-, medium- and long-term) and prioritization.

## COMMUNITY BEHAVIORAL HEALTH CRISIS SYSTEM REPORT CARD

For scoring, reference indicators in “Ideal Behavioral Health Crisis System.”  
Completed means that all indicators are met and are matched to population need.

Community/Region:	
Size of Population:	
Adult/Child/Both:	
Date Completed:	

Item No.	Item Measured/Implementation Indicator	Score (1-5)	Comments
<b>SECTION I: ACCOUNTABILITY AND FINANCE</b>			
<b>1A</b>	Accountable entity identified and established.		
<b>1.</b>	Behavioral health crisis system coordinator identified.		
<b>1C</b>	Community behavioral health crisis system collaborative meets.		
<b>1D</b>	All services are accountable for system values.		
<b>1E</b>	Multiple payers contribute to financing services and capacity in the continuum.		
<b>1F</b>	Accountable entity coordinates financing.		
<b>1.</b>	Financing is adequate for population need.		
<b>1H</b>	Everyone is eligible, regardless of insurance.		
<b>1I</b>	The crisis continuum meets standards for capacity and geographic access for the population.		
<b>1J</b>	Quality metrics are established and measured for each service and the crisis continuum as a whole.		
<b>1K</b>	Data is collected and used collaboratively for customer oriented continuous improvement.		
<b>1L</b>	Provider contracts include incentives for performance in line with values and metrics.		
<b>1M</b>	System metrics include attention to how clients flow through the continuum timely/successfully.		
<b>1N</b>	The crisis system has data and capability to keep track of client progress through the continuum.		
<b>1O</b>	Satisfaction of primary customers (clients/families) and secondary customers (first responders/referents) measured/improved.		
<b>1P</b>	Consistent level of care determination and utilization management criteria throughout the system.		
<b>1Q</b>	All services in the crisis system function as safety-net support partners for behavioral health system programs.		
<b>1R</b>	Standards define how the crisis systems works collaboratively with other community systems (e.g., criminal justice, housing, intellectual and developmental disabilities (I/DD), child protection).		
<b>1S</b>	Standards define how community systems work collaboratively with the behavioral health crisis system.		
<b>Section I Total:</b>		/ 95 (total points possible)	

1 = just getting started | 2 = making initial progress | 3 = about halfway there  
4 = substantial progress | 5 = nearly completed or completed

## COMMUNITY BEHAVIORAL HEALTH CRISIS SYSTEM REPORT CARD

For scoring, reference indicators in “Ideal Behavioral Health Crisis System.”  
Completed means that all indicators are met and are matched to population need.

Community/Region:	
Size of Population:	
Adult/Child/Both:	
Date Completed:	

Item No.	Item Measured/Implementation Indicator	Score (1-5)	Comments
<b>SECTION II: CRISIS CONTINUUM: BASIC ARRAY OF CAPACITY AND SERVICES</b>			
<b>2A</b>	Safe, welcoming, values-based services throughout the continuum.		
<b>2B</b>	Services address the continuum of crisis experience from pre-crisis to post-crisis.		
<b>2C</b>	Spaces and security practices are safe, warm, welcoming, therapeutic.		
<b>2D</b>	Families and collaterals are partners/customers.		
<b>2E</b>	First responders are priority customers		
<b>2F</b>	The service continuum responds to all ages		
<b>2G</b>	Continuum of capacity for people with co-occurring needs: mental health/substance use disorder (MH/SUD), behavioral health/intellectual and developmental disabilities (BH/IDD), behavioral health/physical health (BH/PH), domestic violence (DV), homeless, criminal justice (CJ).		
<b>2H</b>	Cultural/linguistic/immigrant capacity.		
<b>2I</b>	Continuum of services described operationally.		
<b>2J</b>	Capacity for seamless flow and continuity of care.		
<b>2K</b>	Client information sharing thru the continuum.		
<b>2L</b>	Clients are kept track of through the continuum.		
<b>2M</b>	Family/collateral outreach and engagement.		
<b>2N</b>	Outreach/consultation with community providers.		
<b>2O</b>	Telehealth utilized effectively throughout the continuum.		
<b>2P</b>	Crisis hub secure access and urgent care center(s).		
<b>2Q</b>	Crisis call/text/chat center (911/non-911).		
<b>2R</b>	Crisis-trained first responders deployed.		
<b>2S</b>	Available, low barrier, medical screening/triage.		
<b>2T</b>	Mobile crisis for all ages, to homes, schools, etc.		
<b>2U</b>	23-hour observation.		
<b>2V</b>	Residential crisis services: high and low medical.		
<b>2W</b>	Peer respite/Living Rooms.		

<b>2X</b>	Detox and sobering support center capacities.		
<b>2Y</b>	Psychiatrically capable emergency room services.		
<b>2Z</b>	Psychiatric inpatient capacity: all ages, both general units and specialized units.		
<b>2AA</b>	Continuity of crisis intervention: home and office.		
<b>2BB</b>	Emergency and non-emergency transport.		
<b>2CC</b>	Adequately staffed multidisciplinary teams in all settings.		
<b>2DD</b>	Clinical, nursing, medical leadership.		
<b>2EE</b>	Access to specialty consultation.		
<b>2FF</b>	Peer support throughout the continuum.		
<b>Section II Total:</b>		/ 160 (total points possible)	

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4 = substantial progress | 5 = nearly completed or completed

## COMMUNITY BEHAVIORAL HEALTH CRISIS SYSTEM REPORT CARD

For scoring, reference indicators in “Ideal Behavioral Health Crisis System.”  
Completed means that all indicators are met and are matched to population need.

Community/Region:

Size of Population:

Adult/Child/Both:

Date Completed:

Item No.	Item Measured/Implementation Indicator	Score (1-5)	Comments
<b>SECTION III: BASIC CLINICAL PRACTICE</b>			
<b>3A</b>	Crisis system framework for practice improvement and competency development.		
<b>3B</b>	Universal competencies: welcoming, hopeful, safe, trauma-informed, culturally affirming.		
<b>3C</b>	Engaging families and other natural supports.		
<b>3D</b>	Competency in information sharing.		
<b>3E</b>	Using crisis plans and advance directives.		
<b>3F</b>	Basic core competencies for call center staff and first responders.		
<b>3G</b>	Basic core competencies for behavioral health crisis staff.		
<b>3H</b>	No force first: maximizing trust and minimizing restraint.		
<b>3I</b>	Suicide risk screening and intervention.		
<b>3J</b>	Violence risk screening/threat assessment.		
<b>3K</b>	Medical triage and screening.		
<b>3L</b>	Substance use disorder triage and screening.		
<b>3M</b>	Application of civil commitment (inpatient/output).		
<b>3N</b>	Practice guidelines: multidisciplinary crisis teamwork, including role of peers.		
<b>3O</b>	Practice guidelines: non-medical crisis intervention.		
<b>3P</b>	Practice guidelines: crisis psychopharmacology.		
<b>3Q</b>	Practice guidelines: co-occurring substance use disorder/medication-assisted treatment startup.		
<b>3R</b>	Practice guidelines: co-occurring medical illness.		
<b>3S</b>	Practice guidelines for youth/families/guardians.		
<b>3T</b>	Practice guidelines for older adults/caregivers.		
<b>3U</b>	Practice guidelines for cognitive disabilities.		
<b>3V</b>	Workflows within the crisis continuum.		
<b>3W</b>	Post-crisis continuity, critical time intervention.		
<b>3X</b>	Pre-/post-crisis planning with community providers.		
<b>3Y</b>	Coordination of Care with Community Systems		
<b>Section III Total:</b>			

/ 125 (total points possible)