



CHP Bright Spot

Improving Care for Individuals with Serious Mental Illness: A Systems & Data Mapping Approach

The AcademyHealth Community Health Peer Learning (CHP) Program aims to advance progress toward population health improvements through the expanded capture, sharing, and use of electronic health data from diverse sectors. Engaging ten Participant Communities and five Subject Matter Expert (SME) communities in a peer learning collaborative, the CHP Program builds community capacity and supports the identification of data solutions, acceleration of local progress, and dissemination of best practices and lessons learned. This Bright Spot profile highlights a key community activity or achievement that is grounded in practical experiences, notes key lessons, and shares useful insights relevant to those working as part of local initiatives to improve population health. Bright spots are intended to tell the story of a discrete project component, and offer inspiration for others.

Background & Context

Leveraging the power of health information technology (HIT) to improve outcomes for individuals with serious mental illness (SMI) or serious and persistent mental illness (SPMI), the Louisiana Public Health Institute (LPHI) started with the data. Specifically, they convened a unique group of stakeholders to map the process through which individuals and their data flow through the behavioral health crisis system in New Orleans. The exercise involved mapping key touchpoints in the health care and criminal justice systems, reaching a common understanding of how data are currently accessed and used to support decision-making at each point of the system, and identifying gaps in available data needed to effectively provide and coordinate care. This “Bright Spot” highlights the process undertaken by the Crescent City Participant Community to facilitate the collaborative mapping exercise, and illustrates its value to a community-driven planning process.

Challenge Issue

As evidenced by the fact that a consistent group of individuals with SMI/SPMI regularly cycle through the health care and criminal justice systems, it is clear that the current behavioral health crisis system is not sufficiently meeting the health and social needs of New Orleans’ most vulnerable residents. Service providers who interact with these individuals commonly cite the lack of data and cross-sector communication as major obstacles to improving care and outcomes for these individuals. Prior to this effort, however, there was no clear understanding of the common pathways through which individuals in crisis flow through the system - nor of the data already available to service providers throughout the system to inform care.

In response to frequent requests for “more data,” LPHI brought together stakeholders from multiple sectors, and facilitated a collaborative mapping exercise to assess the current state of the system. The mapping process incorporated not only the flow of patients through the crisis system, but also the collection and transmission of data at each step. The goals of the process were to: 1) understand the data and communication systems currently in place, 2) identify gaps in data and communication that – if addressed – could improve care, and 3) pinpoint specific opportunities to leverage HIT and data sharing to improve care for high utilizers with SMI/SPMI.

By overlaying data processes and human processes, the resulting map enables the identification of data-driven strategies that can meaningfully impact specific points of care delivery. Similarly, it allows the group to avoid chasing data elements that are of interest but not necessarily actionable.

Approach to Resolution

On a June afternoon in 2016, LPHI convened representatives from emergency medical services, the safety net hospital's emergency department, the police department, the city health department, community-based behavioral health provider organizations, the regional health information exchange, and more. The two-hour, in-person meeting involved dynamic development of a visual diagram for ongoing validation of the group's inputs (see pg. 3). At the time of the mapping exercise, the group was particularly focused on improving care coordination for a small group of individuals with SPMI enrolled in Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT)¹ programs. For this reason, the group narrowed the scope of the system map to reflect common pathways of ACT/FACT enrollees.

To develop and facilitate this exercise, LPHI drew from the sequential intercept mapping (SIM) model developed by the Substance Abuse and Mental Health Services Administration's National GAINS Center and the Ohio Criminal Justice Coordinating Center of Excellence. The SIM model is intended to outline the sequential points in the criminal justice system at which a person with a behavioral health condition can be "intercepted" and diverted from further criminal justice involvement.²

The group adapted the SIM model in several important ways to tailor the activity to the community's needs and objectives. First, to reflect the goals of both jail and hospital diversion, they incorporated health care system processes into the map alongside the criminal justice processes. Second, they focused more narrowly on the first intercept of the SIM model, which focused on the challenges specific to rapid crisis intervention and access to

services. Third, they layered the system map with supplemental information about service provider documentation, data sharing, and data access to reflect the current state of data functionality and activities across the system. This approach engaged partners in a collaborative process to share localized knowledge and insight to better understand larger systems, processes, and data assets — all key intersecting areas that influence the development of community solutions.

Conclusion

The mapping exercise produced several powerful outcomes. First, it helped to achieve consensus among key decision makers across multiple organizations about how the crisis system currently functions (i.e., it produced a common baseline understanding for all). Second, it established a set of priority challenges that service providers face in attempting to coordinate care for their patients or clients that contribute to poor outcomes. Lastly, it led to a community action plan that proposes several short and long-term data-driven solutions aimed at tackling the priority challenges identified by the group.

The system mapping exercise provided a strong foundation for a multi-sector collaborative to develop actionable goals and make strategic changes to improve outcomes and experiences for individuals with SMI/SPMI.

Endnotes

1. ACT: teams provide in-home treatment to clients with mental illness or developmental delays
FACT: offers the same services as ACT for clients involved in the criminal justice system
2. Northeast Ohio Medical University: Criminal Justice Coordinating Center of Excellence. (2017). Jail Diversion Research: The Sequential Intercept Model. Retrieved from <http://neomed-www1.external.enfoldsystems.net/academics/criminal-justice-coordinating-center-of-excellence/sequential-intercept-mapping>.

The Louisiana Public Health Institute is a 501c(3) nonprofit public health institute that translates evidence into strategy to optimize health ecosystems. Our work focuses on uncovering complementary connections across sectors to combine the social, economic, and human capital needed to align action for health. We champion health for people, within systems, and throughout communities because we envision a world where everyone has the opportunity to be healthy. [Read the LPHI community profile](#)

This Bright Spot was produced as a part of the Community Health Peer Learning (CHP) Program. In 2015, the Office of the National Coordinator for Health Information Technology (ONC) awarded AcademyHealth \$2.2 million to cooperatively lead 15 communities in the CHP Program. Through this two-year program, AcademyHealth is working to establish a national peer learning collaborative addressing community-level population health management challenges through expanded collection, sharing, and use of electronic data. Learn more at www.academyhealth.org/CHPhealthIT.

