**Data Inventory Checklist for Community-Driven Crisis Response Programs**

Once a community-driven crisis response program is operating, team members must routinely collect data regarding the program’s daily functions and activities to evaluate performance and success. Collecting and evaluating this data illustrates what aspects of the program are working, what elements need to be changed, and if program goals are being met.

Although chosen data collection metrics will vary from program to program, there are a number of data categories and metrics that are routinely measured. Below is a list of these commonly tracked metrics to use as a starting point for your project. Additionally, the designated time period for gathering the data should be specified. For reference, note the following:

Call = the actual call received by the crisis line

Response = the dispatch team was dispatched to the scene, or the crisis was responded to by phone

Encounter = engagement with a client/patient

Referral = the client/patient was given information to access a service

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| **Data Metric** | **Currently tracked?** | **Where is this data located?** | **Who has access to this data?** | **Who enters this data?** | **Who can prepare this data for analysis and reporting?** |
| **Call and Response Data Metrics[[1]](#footnote-1)** |  | | | | |
| # of total incoming **calls for service** |  |  |  |  |  |
| # of incoming **calls identified for community response team** **dispatch** |  |  |  |  |  |
| # of **calls for service** responded to |  |  |  |  |  |
| # of **unique individuals[[2]](#footnote-2) served** |  |  |  |  |  |
| # of **repeat calls for unique individual** |  |  |  |  |  |
| **Outcome Statistics[[3]](#footnote-3)** |  |  |  |  |  |
| # of unique individuals **given a referral** |  |  |  |  |  |
| # of unique individuals who **declined referrals** |  |  |  |  |  |
| # of unique individuals **transported to a diversion drop-off center or CSU** |  |  |  |  |  |
| # of times **police backup was required** |  |  |  |  |  |
| # of unique individuals **needing additional emergency services** (i.e., medical needs) |  |  |  |  |  |
| # of encounters **diverted away from emergency services** |  |  |  |  |  |
| # of encounters **resulting in diversion away from hospitals/EDs** |  |  |  |  |  |
| # of encounters **resulting in diversion away from jails** |  |  |  |  |  |
| # of encounters **resolved at the scene** |  |  |  |  |  |
| # of encounters that **received follow-up** |  |  |  |  |  |
| *For all unique individuals served, demographics (age, race, gender) should be tracked. Active programs frequently track not only how many crises/incidents they respond to, but also the type (e.g., mental health, substance use, public disturbance, public indecency, homelessness, etc.). Further, these programs also independently track the types of services that are provided (mental health assessment, wellness check, resource provision, medical care provision, referrals, transportation, etc.).* | | | | | |

1. Determines whether services successfully meet the needs of the community, ability of community responders to respond to calls they receive, and how frequently individuals are using the program. [↑](#footnote-ref-1)
2. Count each individual person once. [↑](#footnote-ref-2)
3. Measures whether the program is meeting its stated goals. By analyzing whether individuals are accepting treatment or are being diverted away from emergency services, program staff can determine which elements of the program work and which are lacking. [↑](#footnote-ref-3)