BHC Data Work Group

November 20, 2023 @ 2pm

Agenda – 11/20/23 Data Subgroup Meeting

- Relevant Actions from 10/16 – 11/20

- HRSA RHNDP-Planning Grant Overview

- BHAC Data Report – Therapeutic Drug Court Data

- Updated Data Post 11/9 BHC Meeting

- Discussion: What data do we continue collecting now?

- Next Meeting: ??

Update Since 10/16/23 Data Meeting

What do you see as the purpose for the Jefferson County's BHC Data collection?

+

Evaluating system interventions to assess impact.

Add comment

Providing evidence for grants

Add comment

Teaching / feedback to teams on effectiveness of their work.

Add comment

- Identify specific **population level questions** for the Data Workgroup to address; determine process for the BHC to define the questions and who is needed at the table to pursue.

- Define questions and where the data is to **incorporate Therapeutic Court Data** into the BHC Data Efforts. (ex: track Drug Court entry/graduation/recidivism within 5 years from nationwide booking tool)

- Address **sustainability** challenges of **Law Enforcement data collection** and **explore training** needed to support true insight generation

- Explore generating a summary report as a hi-level tool to mark this data collection milestone.

Action Taken 10/16-11/20

- 10/16/23 Data Workgroup Meeting Video, Meeting Packet and Padlet

- 10/27/2023 Follow-on Mtg w/ JHC Rep to discussion approach to defining population level questions Discussion Notes

- **11/10 Mtg** with JHC Population Health Advocacy and County Medical Program Director to explore **what formal and informal leadership could best serve the BHC's collective data effort** and next step definition.

- **11/15 Mtg** w/ County/JHC/DBH/MPD to explore teaming partners for RHNDP-P Grant.

- **11/17 Mtg** Confirmed JHC/DBH/JCPH and will present partner request at EMS Council on 12/5.

Sustainability: Pursue Grant Opportunity?

Recommendation:

Identify and apply for a ~$200k Planning Grant opportunity for that will support resources to successfully gather appropriate players to participate in Strengths, Weaknesses, Opportunities, Threats (SWOT) assessment, prioritize the resulting needs identified, develop a Strategic Plan to address those needs, and to ultimately work collaboratively to address those needs from a collective platform.

See the BHC Sustainability Work Group's Complete Recommendations

Quick Stats:

The Rural Health Network Development Planning Program

Award is $100k for 1 year (30 will be awarded)

RFP was Last Updated: October 25, 2023

Application Due Date: Jan 26, 2024

Award Date: July 2024

Project Start Date: | Jul 01, 2024 - June 30, 2025

The purpose the Rural Health Network Development Planning Program ("Network Planning Program") is to plan and develop integrated health care networks that collaborate to address the following legislative aims: (i) achieve efficiencies; (ii) expand access to and improve the quality of basic health care services and health outcomes; and (iii) strengthen the rural health care system. This program supports one year of planning and brings together members of the health care delivery system, particularly those entities that may not have collaborated in the past, to establish and/or improve local capacity in order to strengthen rural community health interventions and enhance care coordination. The Network Planning program uses the concept of developing networks as a strategy toward linking rural health care network members together to address local challenges, and help rural stakeholders achieve greater collective capacity to overcome challenges related to limited economies of scale for individual hospitals, clinics, or other key rural health care stakeholders. For more details, see Program Requirements and Expectations.

Link to RFP Overview   Link to full RFP

Potential Approach to RHNDP-P Grant

Quick Overview

The Rural Health Network Development Planning Program

Potential Network: JHC, DBH, JCPH, and EMS Council

Preliminary Focus Potential:

Develop a plan from a population health perspective to improve quality of care for Multi-Visit Patients (MVPs) including patients with dementia, those on Medicaid, etc.

Potential Start Date for Planning Effort:

Jul 01, 2024 - June 30, 2025

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BHAC Data

- [BHAC 2023 Data Report](#)

- [2023 BHAC Data Dashboard Links](#)
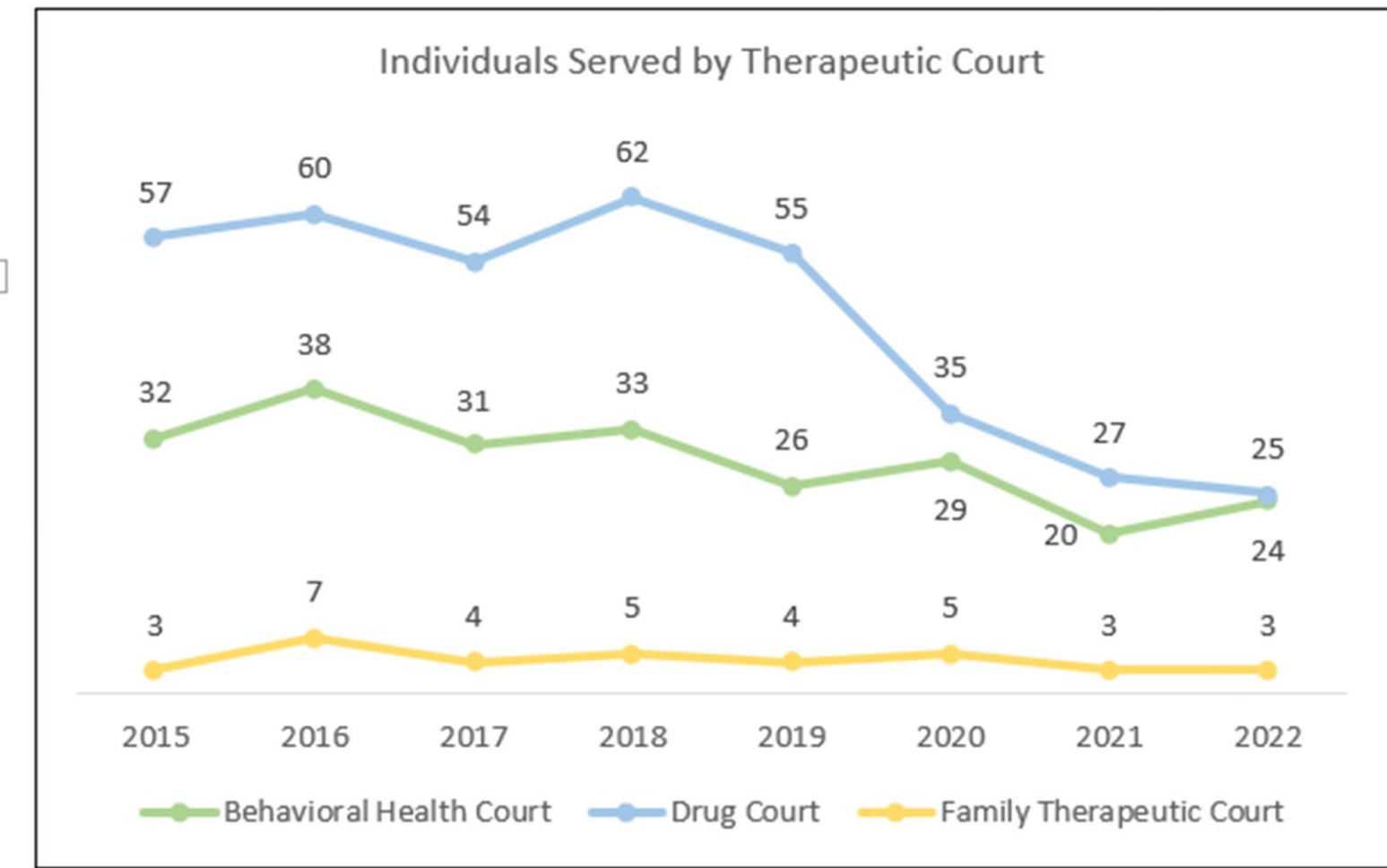
- [2022-2023 SBHC Final Data Report](#)

2022 Annual Report: Therapeutic Courts: Behavioral Health Court, Drug Court, and Family Therapeutic Court

Program Description: The therapeutic courts serve the population who are involved with the criminal justice system and would likely be incarcerated. The therapeutic courts provide an opportunity for participants to work on their underlying issues, therefore reducing the jail population and is an essential element of restorative justice.

Behavioral Health Court	2015	2016	2017	2018	2019	2020	2021	2022
Individuals served	32	38	31	33	26	29	20	24
Graduates	2	5	6	10	1	6	1	6
Discharges	5	2	12	5	4	6	2	1

Drug Court	2015	2016	2017	2018	2019	2020	2021	2022
Individuals served	57	60	54	52	55	35	27	25
Graduates	12	16	12	6	14	15	8	3
Discharges	11	13	24	5	17	3	6	8

Family Therapeutic Court	2015	2016	2017	2018	2019	2020	2021	2022
Individuals served	3	7	4	5	4	5	3	3
Graduates	1	2	0	1	2	5	3	0
Children reunited	2	3	0	0	0	2	3	0
Discharges	0	1	0	1	0	0	0	1

Individuals Served by Therapeutic Court

Drug Court: 57, 60, 54, 62, 55, 35, 27, 25
Behavioral Health Court: 32, 38, 31, 33, 26, 29, 20, 24
Family Therapeutic Court: 3, 7, 4, 5, 4, 5, 3, 3

(2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022)

— Behavioral Health Court — Drug Court — Family Therapeutic Court

Go to Page 8 of BHAC's 2023 Data Report to Enlarge

Link to review other relevant resources at the BHC's Data Workgroup Resource page

Discussion

- ## What data shall we continue to collect?

  [See current data list](#) – slides 12-15

  ### Updates: Jefferson County's Behavioral Health-Related Data

  - Law Enforcement - Data Integrity Restoration Process – Brett Anglin
  - Hospital - Data-Centered Evolutions – Adam York
  - EMS – WEMSIS' Data-Centered Evolutions – Lori/Dr. Carlbom
  - Therapeutic Court – Data Possibilities – Brainstorm w/ Rebecca Marriot
  - Outreach Teams – Integrate Current Data Centered Efforts - Discuss
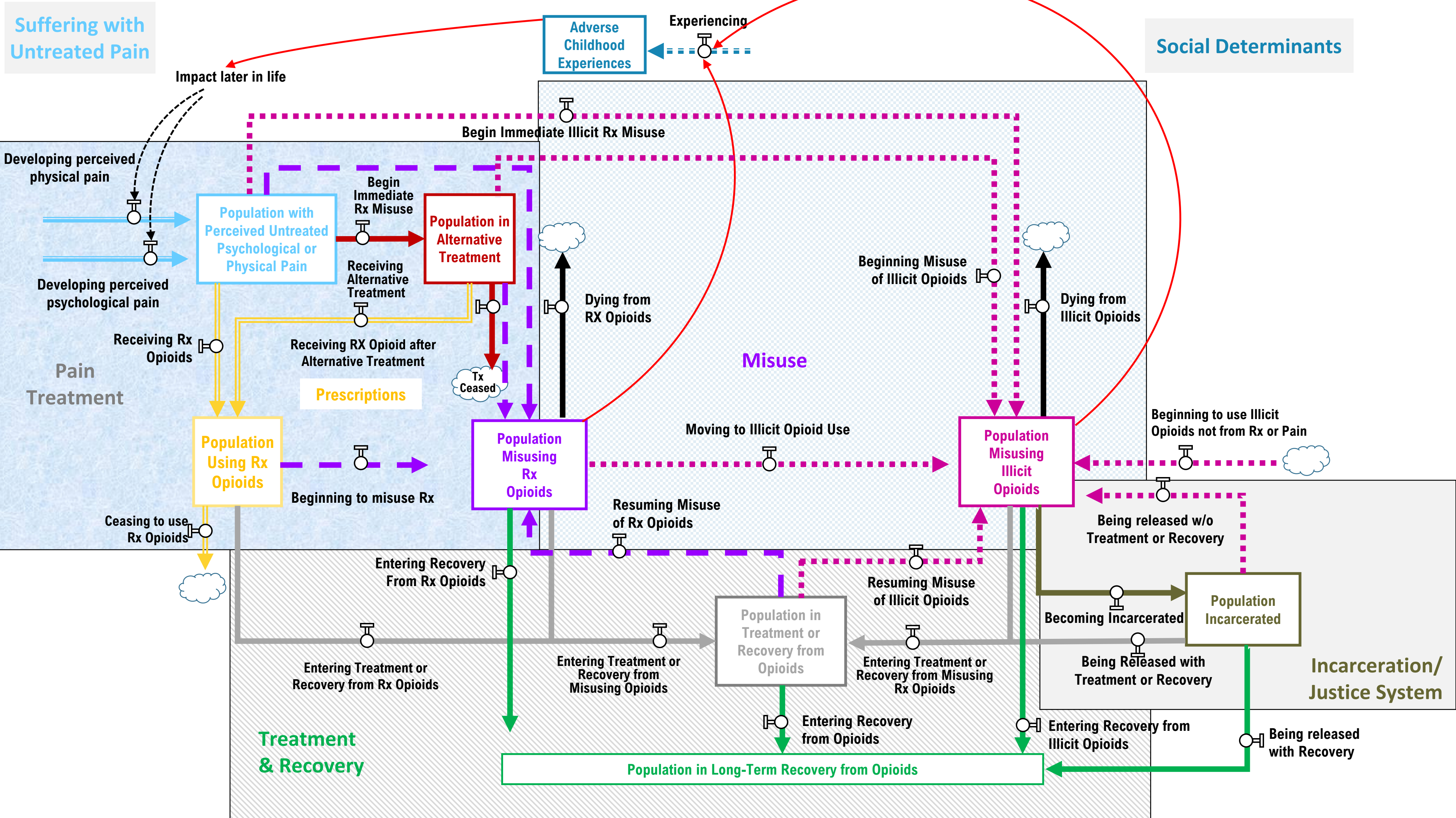 - Relevant Funding Agencies – SBH-ASO, OAC, OCH, etc. – Jolene Kron

Next Steps

- Immediate Actions?

- Mid Term Actions?

- Long term Actions?

- Schedule Next Meeting

Opioid Systems Map

Suffering with Untreated Pain

Social Determinants

Adverse Childhood Experiences — Experiencing

Impact later in life

Begin Immediate Illicit Rx Misuse

Developing perceived physical pain

Developing perceived psychological pain

Pain Treatment

Population with Perceived Untreated Psychological or Physical Pain

Begin Immediate Rx Misuse

Population in Alternative Treatment

Receiving Alternative Treatment

Receiving Rx Opioids

Receiving RX Opioid after Alternative Treatment

Prescriptions

Tx Ceased

Misuse

Dying from RX Opioids

Beginning Misuse of Illicit Opioids

Dying from Illicit Opioids

Moving to Illicit Opioid Use

Population Misusing Rx Opioids

Population Misusing Illicit Opioids

Beginning to use Illicit Opioids not from Rx or Pain

Population Using Rx Opioids

Beginning to misuse Rx

Resuming Misuse of Rx Opioids

Being released w/o Treatment or Recovery

Ceasing to use Rx Opioids

Entering Recovery From Rx Opioids

Resuming Misuse of Illicit Opioids

Becoming Incarcerated

Population Incarcerated

Entering Treatment or Recovery from Rx Opioids

Entering Treatment or Recovery from Misusing Opioids

Population in Treatment or Recovery from Opioids

Entering Treatment or Recovery from Misusing Rx Opioids

Being Released with Treatment or Recovery

Incarceration/ Justice System

Treatment & Recovery

Entering Recovery from Opioids

Entering Recovery from Illicit Opioids

Being released with Recovery

Population in Long-Term Recovery from Opioids

from Georgia Health Policy Center and Pontifex Consulting

Behavioral Health Consortium (BHC) Data Workgroup – November 20, 2023

Overview: JeffCo's Opioid Response Strategy through 2023

Stakeholders Collaboratively Build and Maintain

a Prevention, Treatment, and Recovery System, including:

- Prevention and Early Intervention

- Harm Reduction

- Substance Use Disorder Treatment

- Recovery Ready System and Services

- Criminal Justice and Public Safety

- Collective Data Collection, Analysis, and Insight Generation

- Addressing Available Drug Supply through Prescribing Practices, Community Drug Take Back events, and Law Enforcement

- Definition of Specific Goals and Performance Measurement

One Data Collection Point: WEMSIS Overview

- A State EMS Data Repository: ambulance aid services data, including transports, cancelled calls, etc.

- Note 70% of WA's 467 licensed ambulance and aid services submit data that follows the National NEMSIS standard.

- WEMSIS is working to improve data request response efficiency from 5-8 weeks to 1-2 weeks to support
  - Local EMS data needs for system and program planning;
  - Surveillance that supports EMS response mapping/hotspots, Naloxone distribution, service linkages, repeat overdose patients; Resource allocation, etc.

- Met on 10/10/2023 to gather input on Opioid dataset variable discussion

- Discussed need to integrate response team follow-up data that isn't reported into WEMSIS to support understanding diversion and CARES programs impact on these patients before, during, and after encounter(s).

Washington State Department of
Health

WEMSIS OPIOID ANALYTIC
DATASET FOR LHJ, TRIBAL
HEALTH AND COUNTY HEALTH
DEPARTMENTS

WEMSIS Program, Office of Community Health Systems

WEMSIS Data Overview per 10/10/2023 Data Meeting

Proposed Variables	Additional Variables?	Purpose
Incident Date	History of individual repeat o/d pt.	
Incident Location Type	Hospital, jail, home, group home, street, y92 ICD10	
Incident Location County		
Incident Location ZIP	Location data (deeper?) GIS?	
EMS Service Name	Census tract data	
Response time to scene		
Transported to a medical facility		
Destination Facility Name	ICD10 code for multi-substance incident	
Opioid Impression	Poly substance use, new variable	*need to include information on how to use new variables for other ePCR vendors/county
Improved Naloxone Response	Naloxone administered by *bystander* prior	
Possible Overdose	Canceled calls with dispatch code regarding opioid	
Naloxone administered prior to EMS arrival	Homelessness, other variables to indicate	*Created field information should be included in follow-up doc
Naloxone left at scene		
Death before or during response		
Age		
Gender		
Race (45% complete)	Dispatch reason, cancelled calls	Reportable at the county level need to fill gaps
Patient Residence County		Child death team