

ATTENDEES

David Fortino, County Jail Superintendent, Adam York, JHC Data, Dunia Faulx, JHC Pop Health, Cherish Cronmiller / Henry Bennett, OlyCAP, Mel Melmud, OCH, Fire Chief Bret Black / Pete Brummel, EJFR, Brian Richardson / Heather Friend, Recovery Café/Dove House, Jolene Kron, SBH-ASO, Ford Kessler, Safe Harbor, Peggy Webster, Affordable Housing, John Nowak / Lori Fleming – Jefferson County CHIP/BHC.

Not Present: Sheriff Joe Nole, Jefferson County,

MEETING OVERVIEW

- Continue working on data standardization?
- How to generate an understanding and collection of discharge, disposition, and referral data
- Establish Baseline Metrics for RCORP-I Grant and BHC Priorities
- Define/Focus How We Use Data beyond what HRSA requires (including the housing aspect that CHIP may take on in Working Age-Band Group)
- How to streamline data collection approach
- Next Steps

Data Standardization: Between the various agencies there are different approaches to how encounter data is coded/reported, due in large part to the inherent limitations of getting data from an individual in crisis out in the field. EJFR codes their encounter data with whatever the top-of-the-line issue/focus is at the time of the encounter based on input options in a dropdown menu of their software. PTPD and Sheriff's office adds flags for different categories as they are closing calls, not at the initiation of the encounter. – but there is not a standard approach between the agencies that the teams are using. Dave Fortino outlined there are challenges around self-admission data and data from observation, which can vary from one observer to another and is not a clinical diagnosis based on consistent information gathering. This array of observation lens and coding approaches leads to inconsistent data that can be an unwieldy foundation for discerning useful insights.

Chief McKern noted the Falls Prevention Program as an example of a checklist – and noted to do anything similar for the Behavioral Health Assessment will require a collaboration with the hospital.

Data Standardization - Priorities/Next Steps:

- Attendees agreed it is worthwhile to pursue a path to better standardize the approach to coding.
- Chief Black noted it will be useful to identify someone fluent with EMS billing in this discussion to avoid a decision that involves creating duplication with auxiliary codes. Lori to track down.
- Adam York noted it would be worth having the various agencies give their definitions of the data points they code to (ex: Mental Health, substance use, etc.), then rate them on a scale of one to five on how closely these definitions align. This could help us collectively code more uniformly.

Discharge/Disposition/Referral Data: EJFR's Pete Brummel outlined that Often EJFR is called back out into the field to assist the same encounter-individual within hours of having taken them to the ED. It would be useful to understand what the matrix of services are available within the ED and where does the patient go from there? We want to gather information that will allow us to better understand the referral/referral fulfillment and to identify needs and gaps:

- Where people are *discharged* to, AND where are people *referred* to beyond their "discharged to" information. Then identify the barriers to them getting to the services to which they've been referred? (example: how many are sent home from ED to connect with outpatient health or social services, and where does that connection work/not work and why. What is needed to be successful?)
- To understand our prescriber/provider integration needs/successes on the behavioral health front we will need to know how many people are referred between MAT and appropriate therapeutic SUD counseling, and how many actually go to counseling services after being referred.

Cherish and Ford noted addressing the challenge with the health information-related exchange (CFR 42 Part Two) is foundational to providers successfully moving patients into services they need, at the time they need them, and to mitigate patients falling into the cracks between service providers.

- Mel Melmed noted at in Clallam NOHN and Port Angeles Fire Dept have started an "old school" care connection program that uses agreements between service providers to address health information exchange. This effort is also looking at adding Peninsula Behavioral Health and Rediscovery, social workers hired by police, to the program. Mel is happy to bring more on that to the BHC.

Discharge/Disposition/Referral - Data Priorities - Next Steps:

- Fire Dept. and JHC players to meet to identify best approach to procure discharge/disposition/referral data. *(Post meeting email from Dunia Faulx asked if it would be better for the group to begin exploring Disposition/Discharge/Referral data with the EMS Medical Director, Dr. Dave Carlbom, rather than with JHC. Lori/John will open discussion on that question with Dr. Carlbom.)*
- Work with OlyCAP to identify what information they have; outline what information the BHC/Working Age Group needs and determine how/when to efficiently collect that data through OlyCAP. - Peggy Webster/Cherish Cronmiller and Housing-focused team members.
- Explore health information exchange (CFR 42 Part Two) and some related content on a program Dunia sent to John/Lori last Fall to see what can be gleaned. – Lori Fleming/John Nowak

Establish Baseline Metrics for RCORP-I Grant and BHC Priorities: Foundational questions on topic: Does this group think it is valuable to use a survey to create a baseline for anything outside the HRSA grant required data, that we would update at regular intervals? If so, what are the key factors worth tracking? What resources (surveys?) are already out there we can tap into to ensure we're being efficient with people's time?

We know baseline metrics are necessary to track progress on [RCORP-I Grant's Work Plan \(Updated 12/31/20\)](#) in the areas of prevention, treatment and recovery. The discussion centered on if it was worthwhile to do a survey or focus groups, etc. to create a baseline on things like what first responders (and other stakeholders) perceive the main issues to be? How comfortable are people referring to services? What is the perceived availability of services? etc. – Our list included both subjective and objective input for use as a baseline now, then measure going forward.

In the same vein, we want to be respectful of each other's time, and leverage any data or surveys that is already collected toward our collective goals including the syringe exchange survey, Recovery Café's survey done with folks who participate in their program.

Discussion covered who would be the focus of taking a survey, but that is just one slice of the pie...

Establish Baseline Metrics for RCORP-I Grant and BHC Priorities - Next Steps:

- Create an inventory list of relevant data being collected through various surveys – crosswalked with information we want to track to establish where gaps are and where efficiencies can be realized. – Grant Team/BHC Members.
- Put together a proposed plan for setting a baseline/on what topics – and have this group give feedback to. Lori/Lisa/John

Define/Focus How We Use Data beyond what HRSA requires (includes Housing): Peggy Webster from the Affordable Housing Taskforce shared how that effort will benefit from deeper conversations with Cherish/OlyCAP around specific data that articulates our Housing challenge more clearly in state and federal grant applications. Data such as how many of this population are veterans/ How many are disabled? What age? Are they domestic violence survivors? Are they employed? Income band? What percentage of income is spent in housing? Etc. These data points will help support what our need is and give us a better chance at bringing in funding.

Data for Housing Funding Efforts – Next Steps:

- Peggy, Cherish and appropriate designees will connect on the data needed on the housing and how to efficiently collect and convey the data to the those working to fund housing-related projects.
- Explore with Adam what similar data is available from ED visitors (those on Medicaid, disability, etc) and how to convey the data to the those working to fund housing-related projects. – Lori Fleming/John Nowak