ATTENDEES

Brett Anglin, JCSO; Sheriff Nole, JSCO; David Fortino, Jail Superintendent; Jolene Kron, SBH-ASO; Jim Novelli, DBH; Steven Eckles, DBH/JSCO Navigator; Dunia Faulx, JHC; Adam York, JHC; David Carlbom, Medical Program Director for JeffCo EMS; Lisa Grundl, HFPD; Aimee Dubbs, HFPD; Lori Fleming, CHIP/BHC.

Links: Meeting Video. Please note meeting materials for all the BHC's Data Subgroup can be accessed from the Behealthyjefferson.com >> BHC> BHC Data Subgroup page. Check there for updated document links if you encounter broken links in any of these meeting materials.

DISCUSSION NOTES AND NEXT STEPS

Various systems used to house data

- **JSCO, Jail, PTPD**: Uses Tyler Products for Road and Detective and Corrections data (?CAD?). Newell system (sp?) is where the Jail stores its records, but it doesn't include medical records, just the medical questionnaire. Jail information related to grant work (RSAT, MAT services, etc.) is hand tabulated and submitted separately to the granting agency.
- **JeffCo EMS**: Uses ESO; Emergency Reporting; potential access to the WA DOH's system, WA Emergency Medical Services Information System (WEMSIS)
- **SBH-ASO:** Could possibly provide access to the state's Behavioral Health Data System (BHDS) data that would give us comparison data for Jefferson County vs. the three-county region. Also, as the REAL Program comes on line there will be related data that Jim/DBH will figure out the best way to make it available.
- **JHC/ED:** Uses EPIC.
- **DBH:** Uses Care Logic
- **JSCO/DBH Navigator:** Uses WASPC's Galata (sp?) – the system used for to report data for the WASPC grant that supports the Navigator role at JSCO. (This system might have information that isn't in the JSCO systems, but some of that Galata data might end up in DBH's Care Logic system.

Review Law Enforcement data sans traffic stop info?

Context: This question was raised when the current data showed Behavioral Health-related (BH) calls were quite a low percentage of total Law Enforcement (LE) calls. Traffic stop

encounters are likely less resource intensive than a BH call. We are interested in how resource intensive the BH calls are, versus simply the numbers of BH calls.

Action: Brett can pull all the encounter information, including the Call Type, so traffic stops can be parsed out. Also noted he can do that easily for both JSCO and PTPD data – presuming PTPD is ok with JSCO pulling the data for both agencies

Group discussed getting numbers around "time spent" on an encounter, which led to David Fortino and Bret considering looking at incidences and clearance codes related to an incident. It was noted the Patrol can code a BH call based on their perception, but the jail codes reflect self-reported assessment.

Action: Brett and David will get together and make a query code that can be used every month. This may help us with duplication.

Develop Guidelines for EMS Call coding?

Group explored EMS call coding: Dr. Carlbom noted we have undercounted/ incomplete data when only looking at primary codes, without analyzing the information in the secondary coding fields. For example, at one agency there were 368 calls with a primary code of BH, and 128 calls with secondary code of BH. Perhaps we could create some guidance around how our field teams to use the primary/secondary coding options, and support them to help us get consistent coding and accurate data.

RE: Aggregated vs. de-aggregated data: Aimee noted HFPD can work with either type of data. Using Date/Time as the unique identifier will be sufficient. Or a random number could be generated for each row.

The group explored the challenge of EMS staff being able to categorize every single overdose and suicide in the field. There is opportunity to work on this in the training side.

Explored Possibility for JHC Referral Data

Sheriff Nole was interested to understand if we are capturing the data that would reveal the extent of the BH crisis if there is relevant traffic that isn't tracked because it is outside of first responder data.

Dunia explained any suicidal conversation happening when a patient is receiving care at JHC and reaches an acuity level around suicidal ideation, or other behavioral health needs, is always navigated to the appropriate research. Adam explained he can't promise referral data at this time. Aimee also noted that getting that type of data out of EPIC is really hard because it is sporadically collected, and not consistent. (Or as Dunia aptly quantified, "messy and weird".)

Action: Dr. Carlbom will send the list of available code options in the system for HFPD to provide guidance on which codes, in what priority, would be most useful for our data effort.

Action: HFPD will review that list and identify the top priorities of the available codes for Dr. Carlbom to use in the next requested reports.

R.E.A.L. Data Integration

A quick check on where we're at with REAL data: Data points have been dictated by the Health Care Authority. SBH_ASO is developing processes to collect the data in an Excel type of environment; and there are parameters in the contract of what data can be shared.

Action: Lori, Jolene and DBH will keep their finger on the pulse, so as REAL data becomes available, it gets integrated into the BHC's data collection effort. The goal is to discern how and where the new REAL program impacts Jefferson County's Behavioral Health system and residents' access to BH services, etc.

Jail Data: Bookings vs. RSAT Programs

HFPD explored how the various realms of Jail data are held. David Fortino explained:

- RSAT data: Is collected quarterly and submitted via a WORD doc to the State. That document is a tally. **Action:** David Fortino to share data with HFPD to assess what makes sense to track.

Understanding more about JHC's ED Data

Lisa asked/Adam explained how he determines the percentage of ED visits that are BH. Is it a diagnosis of SUD or mental health.

Understanding more Housing in Relation to Behavioral Health

The group explored how stable/unstable housing is a critical risk factor in behavioral health.

For the hospital, Adam explained that it isn't documented directly, but derived from inferred factors in registration notes, etc. It is difficult to track because self-reporting isn't always done.

Sheriff Nole noted he isn't sure how, but JSCO is open to ideas on how to track that.
Action: Sheriff Nole will explore this with Brett – possibly using "stable/unstable" housing as an indicator.

DBH noted the REAL team data will note be in DBH's Care Logic program – so that data will be hand-collected/tracked in an excel spread sheet. Jolene noted the REAL data won't go in HMIS or any other system at this time.

Action: Dr. Carlbom will look at EMS and see if there is a way to start tracking stable/unstable housing

Next Meeting: Wednesday, March 2, 2022 @ 3pm.

Action: Lori sent out evites with zoom link to hold the spot in our calendars.