LAKE COUNTY MENTAL HEALTH COALITION MEETING

Current Data and Data Sharing Assessment

- North Highland
- July 17, 2017

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AGENDA

- **Lake County Mental Health Coalition Charter** - Review and discussion
- **Data Sharing Project** – Status Update
    - What's been accomplished – Current State Data Sharing Assessment
    - What we're doing next – Developing a Vision of Data Sharing in Lake County
- **Lake County - Current Data Sharing Assessment**
    - What we did
    - What we learned
    - How this can help inform the development of a future Vision of Data Sharing in Lake County
- **Next Steps**

LAKE COUNTY MENTAL HEALTH COALITION CHARTER

SOME HIGHLIGHTS

- **Coalition Overview –**
  - o Community based initiative made up of a diverse group of stakeholders representing….. who focus on data-sharing and evidenced-based practices to address gaps in Mental, Emotional, and Behavioral (MEB) health services, and development of a connected sustainable continuum of care for this vulnerable population.

- Vision
  - o Mirror's the State of Illinois vision for 2013-2018 Illinois Mental Health Strategic Plan

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LAKE COUNTY MENTAL HEALTH COALITION CHARTER

SOME HIGHLIGHTS

- **Coalition Purpose –**
  - Advance sustainable community-level change through collaborative efforts, such as system wide data sharing, coordination and collaboration, in order to better leverage limited resources, and maximize the impact.

  - Additionally, the LCMHC will work collaboratively to develop a positive public awareness campaign to decrease stigma and increase an awareness of available resources

  - Studies show greater chance for success when different groups work together

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LAKE COUNTY MENTAL HEALTH COALITION CHARTER
SOME HIGHLIGHTS

- **Objectives**
  - Ultimate objective … is to prevent and reduce mental, emotional and behavioral health illness… *through data sharing and research based practices* designed specifically for Lake County to form strong prevention, build capacity, address gaps and enhance services.

  - To accomplish this, the Coalition will:

    - Actively **collect, share and review the various data** sets

    - Build connections through **improved data-sharing** among fragmented and siloed services in order to …

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LAKE COUNTY MENTAL HEALTH COALITION CHARTER

SOME HIGHLIGHTS

- **Outcomes**
  - o Collect and share data and analysis on local MEB health, including current services and demand need for service;
  - o Develop a framework and systems to consistently share data across communities and use the data to inform and create more efficient services;
  - o Use data to identify needs and gaps in service and then align and prioritize that list;
  - o Recommend policy and practices necessary to build capacity, address gaps, and enhance services;
  - o …..

SHARE WITH YOUR NEIGHBOR…..

- What stands out the most from the highlighted excerpts we just reviewed from the Charter?

- Given the Coalition's resolve is to focus on **data sharing** for the purpose of improving access and care for individuals with behavioral health needs,

  o *what potential benefits could be realized (for you, your organization or the community) through data sharing*?

COALITION GOALS

THE PURPOSE OF THE LAKE COUNTY MENTAL HEALTH COALITION IS TO **ADVANCE SUSTAINABLE COMMUNITY-LEVEL CHANGE THROUGH COLLABORATIVE EFFORTS, SUCH AS ENHANCED SYSTEM-WIDE DATA SHARING, COORDINATION, AND COLLABORATION**, IN ORDER TO BETTER LEVERAGE EXISTING LIMITED RESOURCES AND MAXIMIZE THE IMPACT.

The development of a systematic, coordinated network that promotes care, recovery, and social inclusion through timely access to prevention, treatment, and recovery support can yield the following benefits:

RESULTS OF DATA SHARING:

IMPROVED ACCESSIBILITY
Communities with provider shortages gain access to in-demand specialists.

JAIL DIVERSION
A coordinated system can align individuals with their needs earlier and avoid legal and criminal events

DECREASED COST
Early intervention and less acute cases from consistent coordinated care

CARE COORDINATION
Systematic tracking and case management of patients can support improved mental health outcomes

IMPROVED PATIENT EXPERIENCE
Improve patient satisfaction by reducing wait times. Reduce attrition in the system

HIGHER QUALITY DATA
Coordinated systems surface data to make decisions on behalf of individuals with mental health needs

CLINICIAN SATISFACTION
Automation reduces time spent on tasks (i.e. phone calls versus timely ADT messaging)
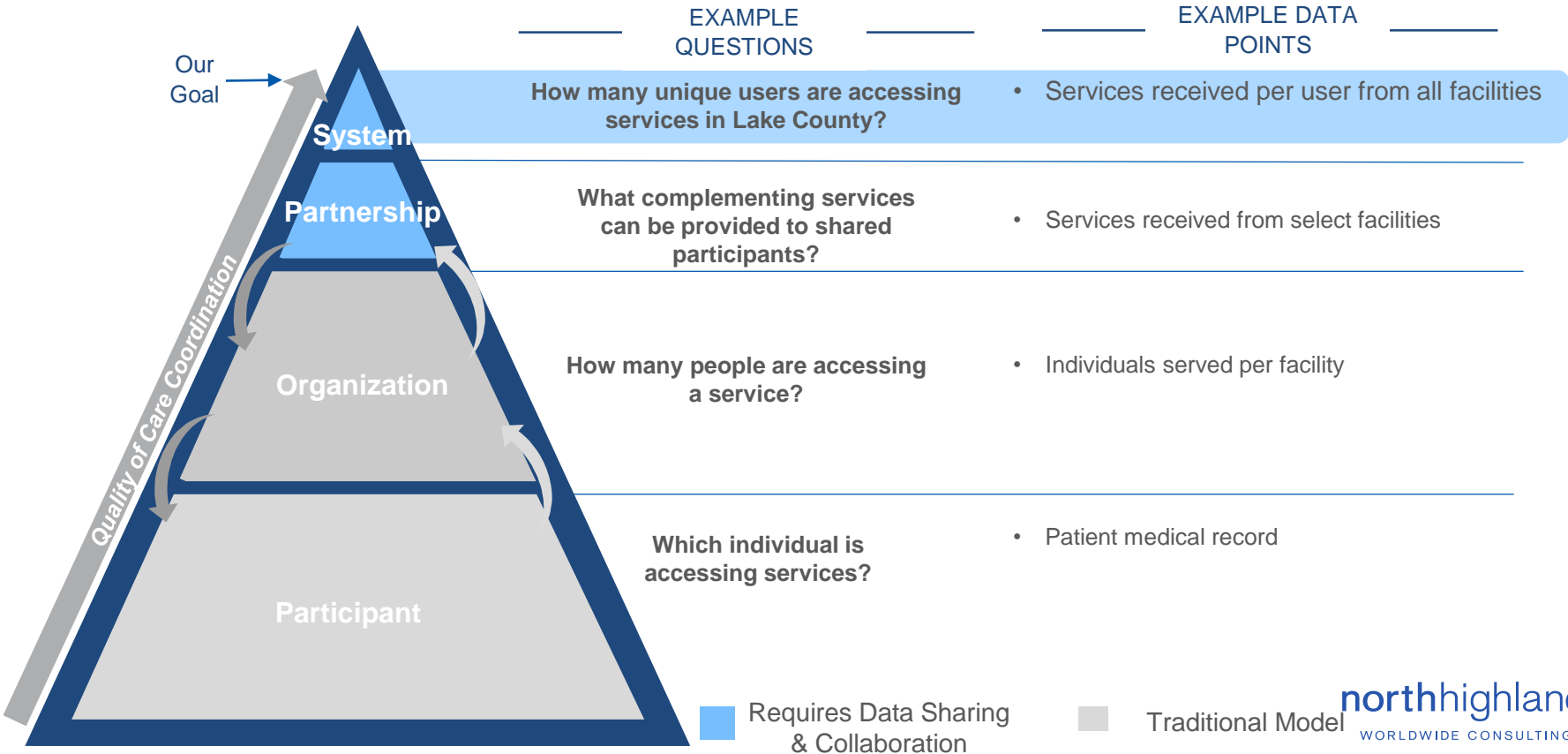
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Data Sharing Project Update

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DATA SHARING & ITS IMPORTANCE

Data can exist across the county in four primary levels. Higher-quality, aggregate level data is the result of information moving up the hierarchy, although select data points can be derived from consolidated data.
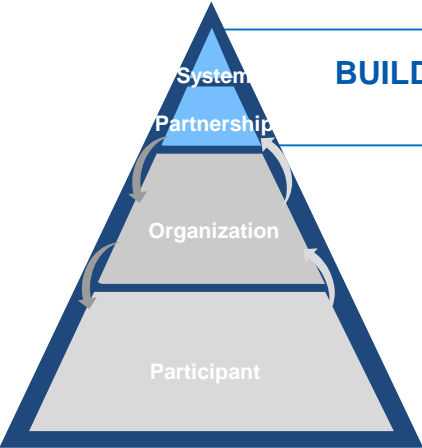
As data is shared at a partnership or system level, the participant experience of care and the care coordination network improves. When organizations are coordinated, data is available at the system level to answer key questions.

The purpose of this project is to evaluate what data within each level can be shared so the organizations in Lake County can begin or enhance their operations as a systematic, coordinated care network.

	EXAMPLE QUESTIONS	EXAMPLE DATA POINTS
System	**How many unique users are accessing services in Lake County?**	• Services received per user from all facilities
Partnership	**What complementing services can be provided to shared participants?**	• Services received from select facilities
Organization	**How many people are accessing a service?**	• Individuals served per facility
Participant	**Which individual is accessing services?**	• Patient medical record

Our Goal

Quality of Care Coordination

Requires Data Sharing & Collaboration

Traditional Model

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PROGRESS AND DIRECTION OVERVIEW

BUILDING A NEW ENTITY REQUIRES IDENTIFYING THE APPROPRIATE STRUCTURE AND SUPPORT:

System

Partnership

Organization

Participant

August- September

Subsequent Steps

- Facilitate a workshop to discuss models and the respective values and drawbacks
- Rank the models
- Create Data Governance for the top choice with analysis of:
  - Privacy requirements
  - Implementation barriers
  - Mitigation strategies
  - Key next steps

July

Current Steps

- Conduct a gap analysis of data currently shared by the various sectors
- Find comparable health information exchange models
- Understand the various values and drawbacks of each model

June

Preceding Steps

- Identified:
  - Data that already exists
  - Data sharing mediums and practices
  - Organizations involved in behavioral health in Lake County
  - Data privacy requirements

We are Here

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Current Data and Data Sharing Assessment

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APPROACH FOR DATA SHARING ASSESSMENT

North Highland conducted interviews across Lake County to understand how different organizations were documenting information related to the participants under their care and to better understand what data points were received, collected, and shared within and between organizations and how that information was shared.

INTERVIEW APPROACH

Interview discussion topics focused on processes and services, data sharing, technical specifics, barriers to sharing data, and benefits of improved data sharing practices. The research provided and answers collected informed a **"SWOB" Analysis: Strengths, "What's in it for me," Opportunities, and Barriers to data sharing.**

Example Interview Questions

Functional

- What is the process for a participant going through your system?
- How do you determine the need for services?
- How and what information is sent to and from partner organizations?

- What operational, technical, or legal barriers permit or allow you to share data?

Technical

- If data is sent electronically, what message format is that information in?
- What data points do you collect?
- What reporting capabilities does your organization have?
- How is data aggregated?

QUICK STATISTICS

65 Interviewees

20+ organizations

SECTORS

HEALTHCARE

Health and Behavioral Health Centers

Hospital

JUSTICE

Police

Courts, Probation

Sherriff Jail

COMMUNITY

Community Organizations

Homelessness Groups

PARTNER TITLES

Psychologist Worker President Officer Manager CEO Psychiatry CIO Affairs Probation Nurse ED Vice Corrections External Sheriff Assistant **Director** Doctor Chief Social Systems Volunteer Program Information Operations

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PROGRESS

- Lake County has taken several steps along the long road towards a systemic care coordination network on behalf of individuals with mental, emotional, or behavior health needs.

- Some of its strengths include:
    - The coalition's existence
    - A very passionate community
    - Several progressive initiatives and efforts to begin or enhance data sharing

        - Some examples include:
            - Mental Health First Aid
            - CIT training for officers
            - Use of trauma-informed approaches
            - A Way Out program
            - Live Well Lake County
            - Mental Health Collaborative
            - High Utilizer focused initiatives
            - Data Driven Justice Workshop
            - Alliance for Human Services

KEY INSIGHTS

Sectors:

- All stakeholders are testing and implementing varying intervention and operational strategies in efforts to improve care for individuals with behavioral health needs.
- Consistently saw sincere passion and exceptional professionalism for addressing the needs of individuals with behavioral health needs.

Data Availability

- Capturing the types and amount of mental health data varies across stakeholder types and healthcare providers who deliver behavioral healthcare.
- Behavioral health data is limited and often stored in non-electronic formats
- Data is used within some organizations to plan for and monitor care.
- Behavioral health data is not measured consistently at the aggregate level across organizations.
- In several cases, the data that is aggregated can not be done so easily or without quality concerns.

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KEY INSIGHTS

Data Sharing:

- There are pockets where data is shared, but the information is not shared widely.
- There were only a few examples of data being used at a partnership level to make service prioritization and system oversight decisions.
- Although most stakeholders have some form of an electronic system for recording service, the majority of sharing of information at the service level was via fax and telephone calls.

Barriers:

- Barriers exist at a systemic and organizational level
- The sensitive nature of behavioral health data and the requirement of consent releases can and does limit data sharing, even within an organization
- Varying interpretation of laws across organizations

Progress:

- As with all change initiatives, there was a natural nervousness, and enthusiasm in many cases, coupled with data sharing discussions.
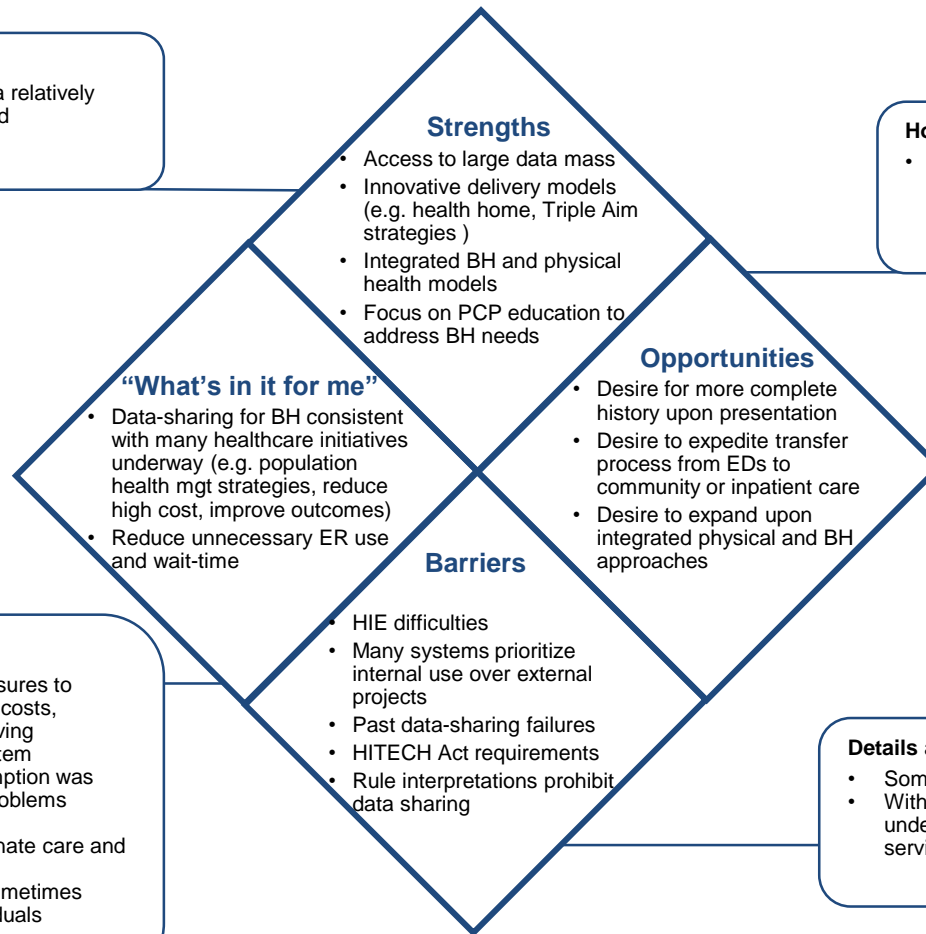
HEALTHCARE ORGANIZATION ASSESSMENT

1

Enablers:
- Health care organizations have a relatively long history of data collection and management

Strengths
- Access to large data mass
- Innovative delivery models (e.g. health home, Triple Aim strategies)
- Integrated BH and physical health models
- Focus on PCP education to address BH needs

2

How to Capitalize:
- Healthcare providers see value of integrating physical health and BH services as well as analysis of co-morbid data for achieving Triple Aim vision

"What's in it for me"
- Data-sharing for BH consistent with many healthcare initiatives underway (e.g. population health mgt strategies, reduce high cost, improve outcomes)
- Reduce unnecessary ER use and wait-time

Opportunities
- Desire for more complete history upon presentation
- Desire to expedite transfer process from EDs to community or inpatient care
- Desire to expand upon integrated physical and BH approaches

4

Why this messaging resonates:
- Healthcare system feeling pressures to adopt new models for reducing costs, improving outcomes and improving experience of care delivery system
- Excessive ED resource consumption was among one of the most cited problems reported during interviews
- Reduce time required to coordinate care and reliance on ED resources
- Emergency departments are sometimes used as starting point for individuals experiencing BH distress

Barriers
- HIE difficulties
- Many systems prioritize internal use over external projects
- Past data-sharing failures
- HITECH Act requirements
- Rule interpretations prohibit data sharing
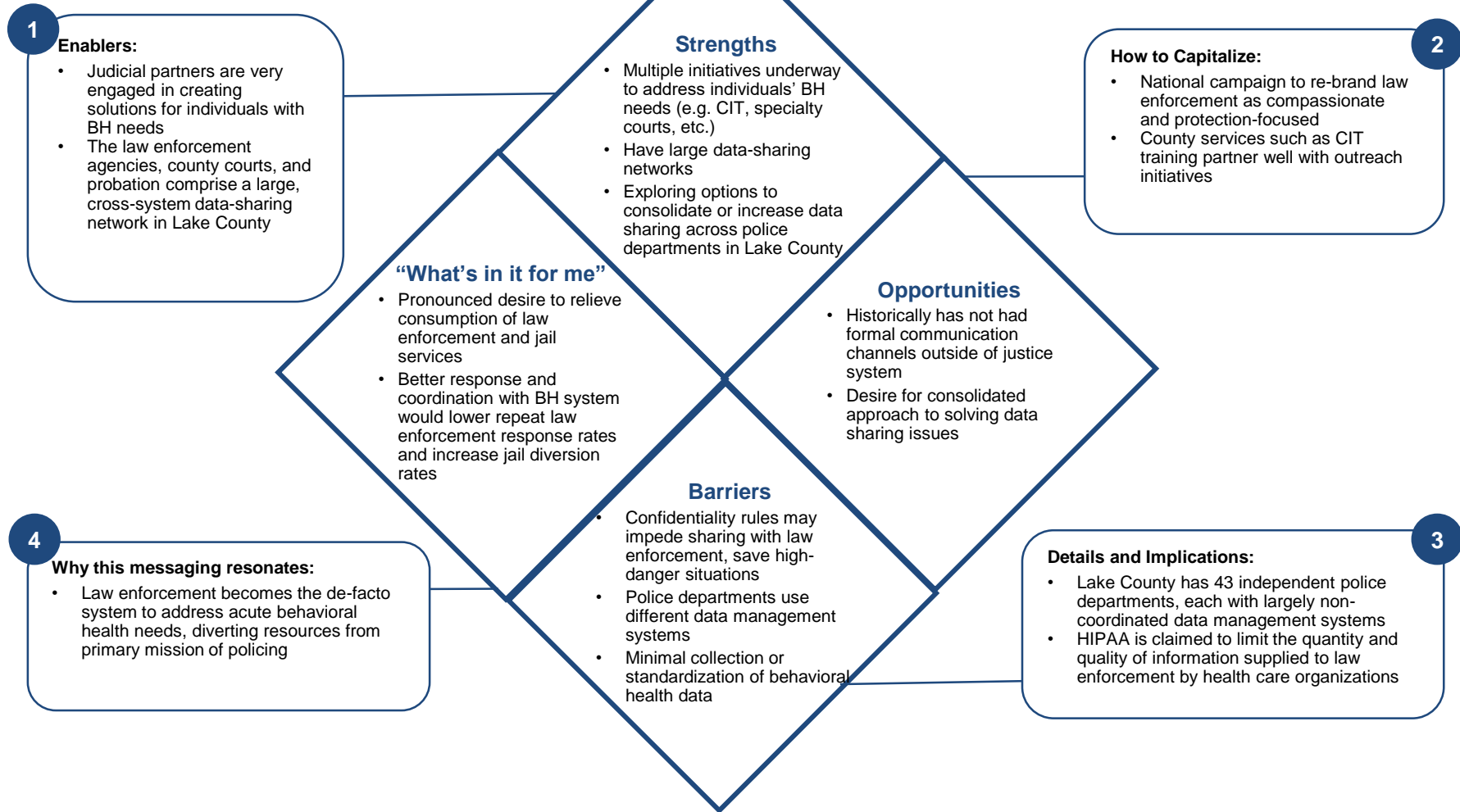
3

Details and Implications:
- Some barriers are significant to overcome
- Without aggregate data, it is difficult to understand true community needs for BH services

Important Takeaways:
- **Physical and BH data at the practice level is shared inconsistently and often through telephone and fax**
- **There is minimal focus, collection, or analysis of individuals' behavioral health data**
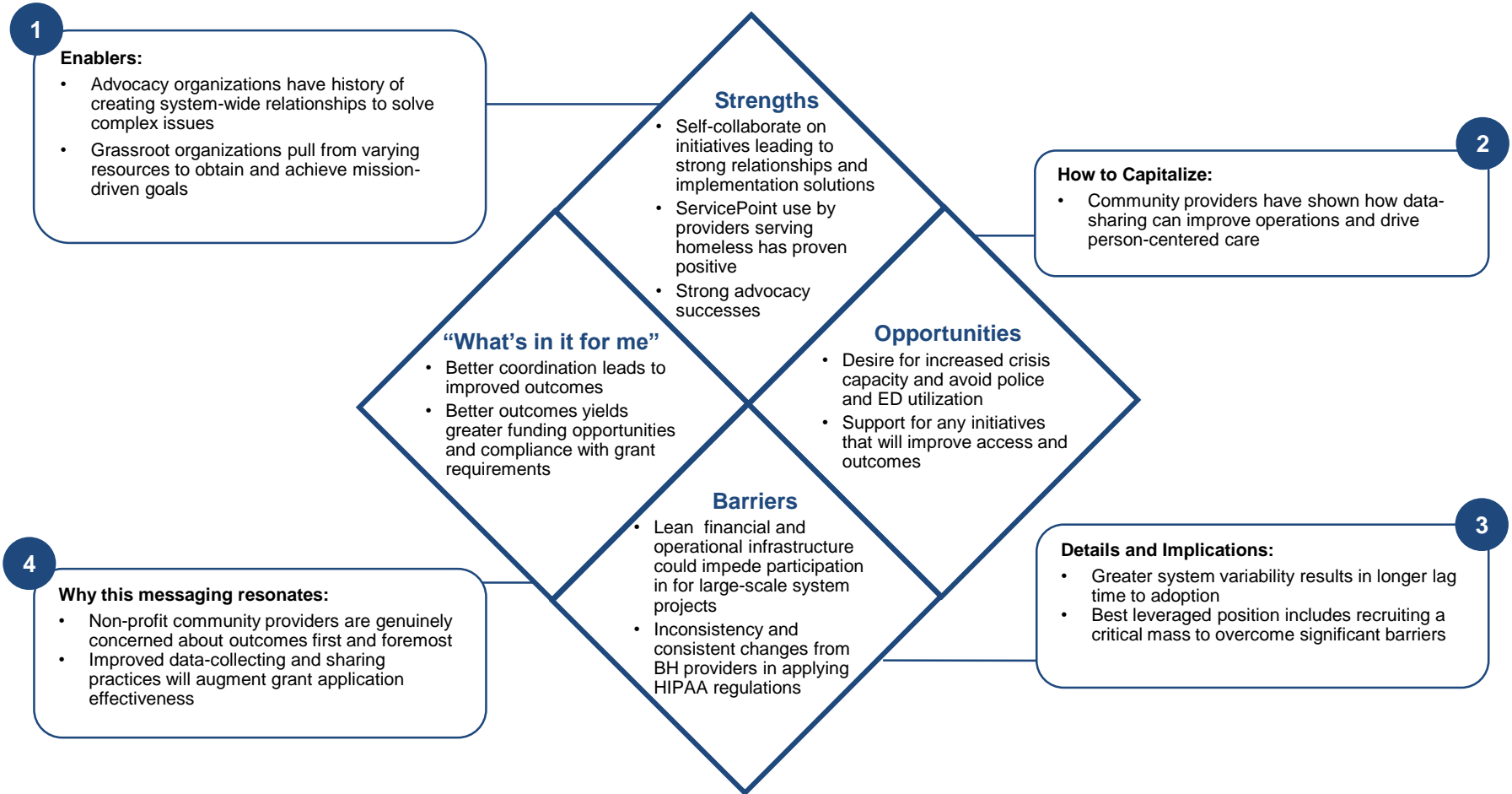
JUSTICE SYSTEM SECTOR ASSESSMENT

1

Enablers:
- Judicial partners are very engaged in creating solutions for individuals with BH needs
- The law enforcement agencies, county courts, and probation comprise a large, cross-system data-sharing network in Lake County

Strengths
- Multiple initiatives underway to address individuals' BH needs (e.g. CIT, specialty courts, etc.)
- Have large data-sharing networks
- Exploring options to consolidate or increase data sharing across police departments in Lake County

2

How to Capitalize:
- National campaign to re-brand law enforcement as compassionate and protection-focused
- County services such as CIT training partner well with outreach initiatives

"What's in it for me"
- Pronounced desire to relieve consumption of law enforcement and jail services
- Better response and coordination with BH system would lower repeat law enforcement response rates and increase jail diversion rates

Opportunities
- Historically has not had formal communication channels outside of justice system
- Desire for consolidated approach to solving data sharing issues

Barriers
- Confidentiality rules may impede sharing with law enforcement, save high-danger situations
- Police departments use different data management systems
- Minimal collection or standardization of behavioral health data

4

Why this messaging resonates:
- Law enforcement becomes the de-facto system to address acute behavioral health needs, diverting resources from primary mission of policing

3

Details and Implications:
- Lake County has 43 independent police departments, each with largely non-coordinated data management systems
- HIPAA is claimed to limit the quantity and quality of information supplied to law enforcement by health care organizations

Important Takeaway:
- **Even given relatively large data sharing systems within judicial partners, there is minimal data collected regarding behavioral health**

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COMMUNITY ORGANIZATION ASSESSMENT

1

Enablers:
- Advocacy organizations have history of creating system-wide relationships to solve complex issues
- Grassroot organizations pull from varying resources to obtain and achieve mission-driven goals

Strengths
- Self-collaborate on initiatives leading to strong relationships and implementation solutions
- ServicePoint use by providers serving homeless has proven positive
- Strong advocacy successes

2

How to Capitalize:
- Community providers have shown how data-sharing can improve operations and drive person-centered care

"What's in it for me"
- Better coordination leads to improved outcomes
- Better outcomes yields greater funding opportunities and compliance with grant requirements

Opportunities
- Desire for increased crisis capacity and avoid police and ED utilization
- Support for any initiatives that will improve access and outcomes

Barriers
- Lean financial and operational infrastructure could impede participation in for large-scale system projects
- Inconsistency and consistent changes from BH providers in applying HIPAA regulations

3

Details and Implications:
- Greater system variability results in longer lag time to adoption
- Best leveraged position includes recruiting a critical mass to overcome significant barriers

4

Why this messaging resonates:
- Non-profit community providers are genuinely concerned about outcomes first and foremost
- Improved data-collecting and sharing practices will augment grant application effectiveness

Important Takeaways
- **Community providers have overcome scarce resources by forming non-competitive alliances to leverage their respective strengths**
- **Smaller infrastructures allow for quicker adaptations to changes and under-serviced needs in the community**
- **A general lack of liquid capital prohibits large-scale investment in more robust data-management platforms**

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DATA AVAILABILITY
AGGREGATED DATA AVAILABILITY TO ADDRESS SYSTEMIC QUESTIONS

Health Measures and Level of Care Needs	Individual Level	Data Shared within the Organization	Data Shared Between Organizations	System Wide Data Sharing
Health status /condition Health Assessment Social Determination of Health - Risk Factors - Protective factors Standardized approach to assessing level of BH care need Standard health metrics – HEDIS	Data is collected and shared / Data is occasionally collected and shared	Data is collected and shared / Data is occasionally collected and shared	Data is occasionally collected and shared / Data does not exist or is not shared	Data does not exist or is not shared

Behavioral Health System Process Measures	Individual Level	Data Shared within the Organization	Data Shared Between Organizations	System Wide Data Sharing
Urgent Services Crisis line – Average Speed of Answer Mobile response time to the community Mobile response time to police Crisis Stabilization – **Low to Moderate Crisis** Crisis Stabilization – **Acute Crisis** Crisis – Urgent Care drop off timeliness for police Timeliness of access to inpatient care – length of time waiting in ED *Routine Services* Appointment Standards % within a designated timeframe - Psychiatric care – medication assessment - Counseling Services - Support Services	Data is collected and shared / Data does not exist or is not shared (mixed)	Data is collected and shared / Data does not exist or is not shared (mixed)	Data does not exist or is not shared	Data does not exist or is not shared
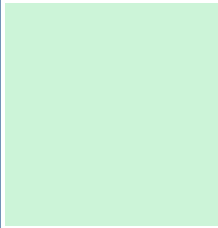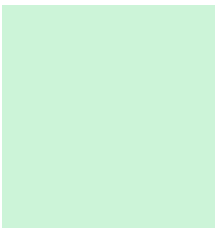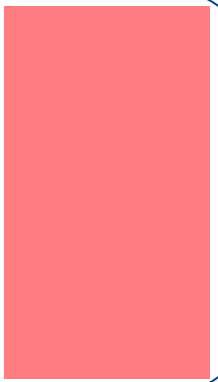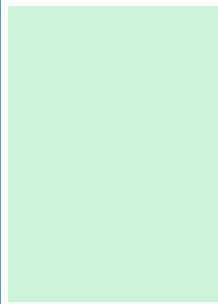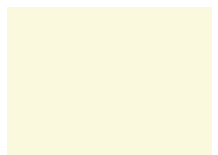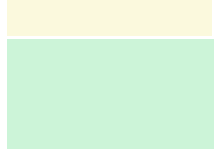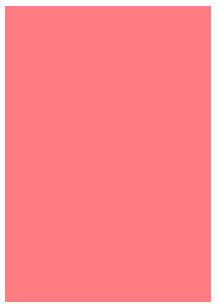
LEGEND:

- ▢ Data is occasionally collected and shared
- ▢ Data is collected and shared
- ▢ Data does not exist or is not shared

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DATA AVAILABILITY
AGGREGATED DATA AVAILABILITY TO ADDRESS SYSTEMIC QUESTIONS

	Individual Level	Data Shared within the Organization	Data Shared Between Organizations	System Wide Data Sharing
Demand Data – Proxy Measures from System Partners Police dispatched – BH Need identified Jail – Prevalence of BH conditions Use of high level services - Emergency Department for BH Use of high level services - Repeat utilization – Emergency Department Use of high level services - Inpatient Psychiatric Prevalence of BH condition in Emergency Department	Occasionally collected/shared (top), Collected and shared (bottom)	Occasionally collected/shared (top), Collected and shared (bottom)	Data does not exist or is not shared	Data does not exist or is not shared
Social Outcome Measures #/ % with past drug/alcohol use history, now no use #/% Are not homeless %#/ Are employed #/% Attend school #/% No recent criminal justice system involvement % successful completion of Specialty MH Court program % successful completion of probation – referred for BH services	Data is collected and shared	Occasionally collected/shared (top), Collected and shared (bottom)	Data does not exist or is not shared	Data does not exist or is not shared
Homelessness Measures Need for housing services Standardized approach to measuring needs	Data is collected and shared	Data is collected and shared	Data is collected and shared	Data is collected and shared

LEGEND:

- Data is occasionally collected and shared
- Data is collected and shared
- Data does not exist or is not shared

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BARRIERS

- **CONSISTENT BARRIERS WITHIN ORGANIZATIONS:**
  - Difficulty of report generation
  - Concerns around sustainability and data governance

- **LAWS MOST FREQUENTLY CITED AS RESTRICTING DATA SHARING:**
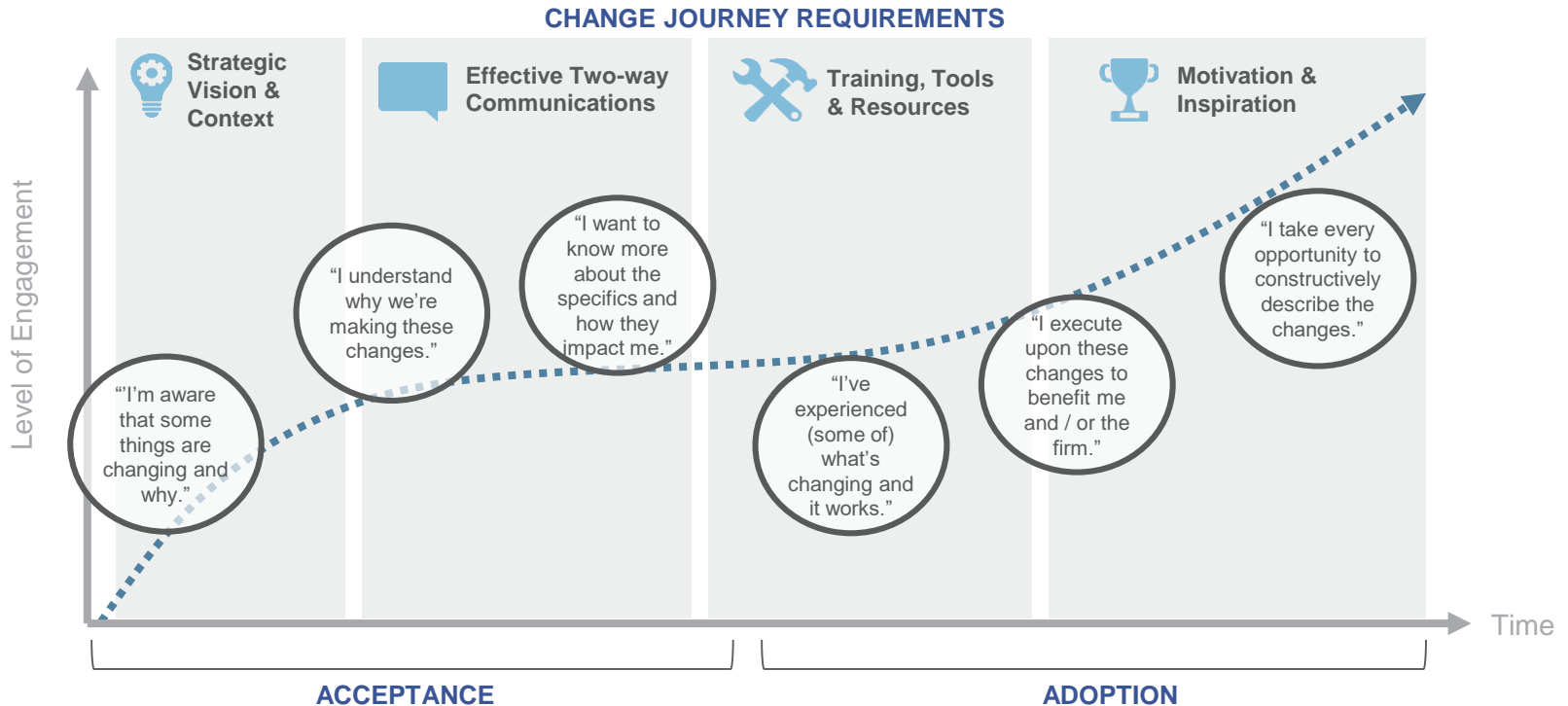 - IL 740
  - HIPAA
  - 42 CFR

  - Rules that were put in place to promote data sharing are seen as restrictive. (HIPAA)
  - For some, there may not always be a work around (42 CFR)

- **SYSTEM WIDE BARRIERS:**
  - Conflicting Priorities - internal projects prioritized over external projects, including changes required to adapt to state regulations
  - Cost (including operational cost) especially in the wake of the Medicaid funding in Illinois

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PROGRESS

As individuals and organizations move along the change management curve, sponsors and managers of the change will experience varying resistance. Today the resistance is in alignment with a transition through the awareness, desire, and knowledge phases of the curve.

**CHANGE JOURNEY REQUIREMENTS**

Strategic Vision & Context

Effective Two-way Communications

Training, Tools & Resources

Motivation & Inspiration

Level of Engagement

"I want to know more about the specifics and how they impact me."

"I understand why we're making these changes."

"'I'm aware that some things are changing and why."

"I've experienced (some of) what's changing and it works."

"I execute upon these changes to benefit me and / or the firm."

"I take every opportunity to constructively describe the changes."

Time

ACCEPTANCE

ADOPTION

NEXT STEPS

Behavioral health data usage: **Sharing and Future Governance Model**

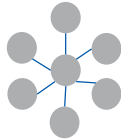|		**Current Understanding**	**Future Investigation**
Data Sharing	**Transfer Practices**	Seamless transfers occur rarely-limited to intra-system or between closely tethered organizations	Surface various data sharing models
	Specific Data Fields	There is great variation on the data collected and shared in and between organizations	Define and prioritize specific data points and aggregate data needs
	Players Directly Involved	Providers, Courts, and Law Enforcement	Identify and outline how the proposed model will impact and benefit organizations and the county more specifically
Governance Model	**Players Directly Involved**	No overarching system currently exists for Lake County	Develop requirements and controls for new county-level system
	Surface various data sharing models	Various types of models exist today but the medium of sharing is a hindrance	Recommend a sustainable data governance model

Sample Models:

SILOS
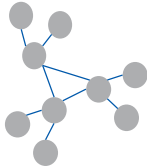
STRATEGIC PARTNERSHIPS
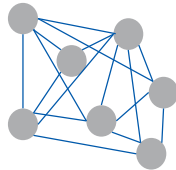
SELECT SHARING AGREEMENTS

CENTRAL REPOSITORY

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