

Lake County Illinois

*Lake County Health Department
3010 Grand Avenue, Grand Room, 1st FL
Waukegan, Illinois 60085*



Meeting Minutes - Draft

Monday, May 21, 2018

1:30 PM

Grand Room (First Floor)

Pilot Data Sharing Sub-Committee -
Mental Health Coalition

1. Call to Order

Members:

Mark Pfister Co-Lead

Bruce Johnson, Co-Lead

Susan Shimon

William Kinville

Steve Fabbri

Seth Kidder

Ernest Vasseur

Maureen Murphy

Peter Corcoran

Kim Elliot

Others Present:

Suzanne Rabideau, Rabideau Consulting

The members of the Mental Health Coalition Data Governance Sub-Committee met separately in the room.

2. Welcome and Introductions

Co-Leads, Pfister and Johnson welcomed all.

3. Public Comment

There was no public comment.

4. Co-Leads and Staff Remarks

Co-Lead Pfister suggested their purpose was to answer the question of what the behavioral health user population looks like in Lake County. He reported that the jail shares aggregate and deidentified inmate data with the Health Department. He further reported over the past several weeks there has been interest in collecting data to inform on the development of a crisis care drop off center.

There was discussion on the type of data needed to develop a proforma on a crisis care drop off center.

Member Corcoran, Rosalind Franklin joined the meeting and introduced himself.

The discussion included data to request from hospitals on persons with mental health issues brought to the emergency rooms, hospitalizations, and ICDT-10 or CPT codes for services billed.

Co-Lead Pfister reported he is meeting with the Jail medical provider to access inmate behavioral health raw data and that the Health Department can provide demographics data, medical codes and other data.

5. Old Business

There was no old business.

6. New Business

There was no new business.

7. Project Work Plan

Co-Lead Pfister suggested they develop an excel spreadsheet with a standardized format for sharing data. A discussion ensued on adding additional members from other hospitals and additional community services to be a part of the pilot. Co-Lead Pfister reported he is meeting with the leadership of Advocate Condell, Highland Park, US HealthVest in June. Suzanne Rabideau provided a brief overview of a draft work plan. Co-Lead Pfister suggested adding the milestone of developing a visual spreadsheet and recommended the members review the draft plan and continue their discussion to the June meeting.

8. Discussion on Data Sharing

There was general discussion on the types of data each member agency collects and could share.

The following potential data fields were discussed:

Core demographics to include: age, sex, race, ethnicity, home zip code, insurance status.

Special population data, such as: LGBTQ, domestic violence, injection drug use, housing and employment status.

Wait time for services to understand the gap.

There was a discussion on outreach with pharmacies, drug manufacturers, PMP for prescription drug use data, and managed care organizations. Co-Lead Pfister reported the Health Department is now receiving managed care data for risk stratification. Suzanne Rabideau requested the Health Department share with this group a copy of its risk stratification report.

Member Corcoran suggested their focus is being what does the population need, how do you get the service need to the client (insurance status), and what is the infrastructure (what services are available). In addition, he suggested mapping the infrastructure that is present. Member Elliot agreed.

9. Discussion on Next Steps and Tasks

A discussion ensued on the strategy of developing a spreadsheet with a set number of data fields that all participating agencies provide, and additional data sets identified that are requested at the same time recognizing that not all organizations can provide the additional requested information. Member Elliot suggested they first map out visually the requested data fields and how they fit into the model, including access, demographics, governance. Co-Lead Pfister agreed and recommended to also answer who is the data steward and data analytics. Member Corcoran, as an epidemiologist, reported he has experience in building profiles and that Rosalind Franklin University is interested, and has the capability to assist the Pilot Data project.

Co-Lead Pfister reported a Director of Health Informatics was hired and will be joining the Health Department in a couple weeks. In addition, he suggested he would meet with Member Corcoran, map out the spreadsheet of requested data and share it with the other

members. Then they can discuss the cost of analysis of the data.

The members agreed to meet on the 3rd Monday each month from June-August, share their work through a SharePoint site and review the draft work plan.

Co-Lead Johnson inquired if EMS data should also be collected. There was a discussion on collecting this data as a future next step. Member Corcoran advised the A Way Out program is implementing standardized data.

10. Members' Remarks

Member Kidder reported he was unsure if hospitals collect information on the mode of transit (police, ambulance, or walk-in) to the hospital. Suzanne Rabideau recalled Northwestern Medicine Hospital captures the mode of transit arrival to the hospital and reason the person came to the hospital. The data could be under-reported; however, it was captured. Member Kidder reported that the procedure and diagnosis codes (ICD-9) are standardized and captured. Suzanne Rabideau reported the ICD-9 codes are available online and this group could select the relevant mental health codes from the list. The discussion included breaking the data down by zip codes. The members described their available agency data.

Jail

Member Kinville reported the jail could readily provide the number of persons who self-report homelessness and or mental health needs.

Adult Probation and Psychological Services

Member Fabbri reported Probation does a comprehensive intake on all persons placed on probation. Much of the information is self-disclosed, however they verify the information. He further advised that Probation refers out the person for treatment, which can provide secondary information. Member Fabbri reported Probation's information system captures what agency receives the referral, type of discharge, and success of referral. However, they have legal limitations to share data. It was noted that consents for sharing information could be signed by clients.

Member Fabbri reported that Psychological Services conducts testing and assessments. He advised last month they started screening all persons for Specialty Courts with the SAMHSA Brief Mental Health Screening Tool and the Texas Christian University (TCU) - 5 (substance abuse screen) which indicates a disorder may be present and the person needs a full assessment. The data from the screens is stored in excel spreadsheets. Ultimately, the information will be stored in their new case information system. For referrals, the client signs a release and the referral form shared with the provider includes legal and social information. Probation is discussing in the future, with addition staff, to use these screens on all bond investigations.

It was noted that the data point of what service a person was referred to could be beneficial.

Nicasa

Co-Lead Johnson reported Nicasa provides residential (BridgeHouse) and outpatient services and they can break down their data by zip code, demographics, gaming/substance abuse/behavioral health, adolescent, adult, and family services. Nicasa receives court referrals, police officers, family members, emergency room referrals and walk ins. Nicasa is switching to a new electronic health record (not EPIC). Nicasa also receives referral from the A Way Out program. He reported that a previous data sharing pilot Nicasa participated in with the Health Department, PADS and the jail revealed 61 of the top 100 jail utilizers were Nicasa's clients and an additional 22 were no show referrals.

Thresholds

Member Shimon reported Thresholds provides community-based services, has an ACT team, and a moderate level CST team. Primarily the referrals are from the Williams Consent decree process, hospitals, therapists, coordinated entry, and family. Thresholds is starting to take community referrals. Thresholds would like to receive information when a client has contact with Probation and the Jail.

Catholic Charities

Member Murphy reported Catholic Charities conducts assessments and receives mental health information from their coordinated entry process. She added that Catholic Charities behavioral health program can provide demographics and billing codes; on their homeless group they can share data that is on Service Point. Assessments are completed on all, and mental health information is stored on internally developed data base, service point, and vibe (substance abuse/HIV).

Suzanne Rabideau advised the data sharing process could start with a quick thumbnail of data, build trust, and progress to data sharing for care coordination.

Rosalind Franklin University

Member Corcoran reported the clinics are primarily medical/general medicine use a digital medical care system and are separate from the University. Member Elliot suggested that the timing of access to services should be collected to determine that the population is receiving the care that is necessary.

Member Vasseur suggested the HealthCare Foundation would be interested in funding an opportunity that measures improved access such as wait time for service.

Suzanne Rabideau noted that the member organizations could also share existing data reports.

11. Adjournment

The meeting adjourned at approximately 3:00 p.m.

Next Meeting:

June 18, 2018 at 1:30 p.m.

Meeting minutes prepared by Donna Jo Maki.

Respectfully submitted,

Co-Lead

Co-Lead