



# DATA AND EVALUATION TASK FORCE

Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery

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*Task Force Chairs: Joseph Ebert and Marty Boldin*

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**In Person:** Lt. Joe Ebert, Jonathan Stewart, Rachel Kohn, JoAnne Miles-Holms, Nick Mecuri, Abby Shockley, Chip Cooper, Allison Parent, Chris Keating, Tyler Brennen, Joe Ebert, Andrew Chalsma, Kevin Irwin, Ben Chan and Adelaide Murray

**On phone:** Deirdre Boulter, Abbott Willard

## Overview and Agenda

Thank you for your contributions to the Data Work Group. This effort is vital to the Data Task Force of the Governor's Commission on Alcohol and Substance Abuse Prevention, Treatment and Recovery.

### Our efforts are serving three High Level Aims:

- To inform the Governor's Commission Annual Report
- To build data infrastructure for the Comprehensive Strategic Plan
- To establish Data Dashboard for tracking progress and impact of programs/investments

### We are working within one single infrastructure to meet these inter-related Objectives:

- Describe/Characterize "The Problem"
- Describe what has been done (policy and program efforts/investments)
- Describe the Impact of efforts/investments
- Determine the next steps

At our last meeting we "went around the table" and received initial descriptions of the types of relevant data that are/may be available from different departments including DHHS, DOS, DOC, DOE, DOI, and DOJ. The embedded Table is a rough categorical organization of the various data sources that were discussed.

Our Agenda for this meeting is essentially to continue to build out this table guided by these:

- What specific data (those listed or additional) does your department have that would help to meet our Objectives?
- In what format are these data available?
- What is needed to report these data (agreements, etc.)?

WHAT DO WE WANT TO KNOW?	CURRENT REPORT DATA	ADDITIONAL DATA IDENTIFIED
Substance Use/Misuse Trends	<ul style="list-style-type: none"> <li>• YRBS (NOMS)</li> <li>• PDMP – dissemination under review by the Pharmacy Board</li> <li>• Medicaid data</li> </ul>	<ul style="list-style-type: none"> <li>• Adult - BRFSS (Behavioral Risk Factor Surveillance System)</li> <li>• State Police Hot Spots Data</li> <li>• Lab Testing (limited)</li> <li>• Arrest Data</li> <li>• FUSION Comparative Analysis</li> <li>• DOC Sentencing Data</li> <li>• DOC Electronic Health Record (early)</li> <li>• Payment level data by payor (DOI)</li> <li>• Claims data for prescription trends</li> </ul>
Substance Misuse Consequences	<ul style="list-style-type: none"> <li>• Criminal Convictions</li> <li>• Incarceration</li> <li>• Drug Court Participation</li> <li>• Juvenile Diversion</li> <li>• Child Abuse/Neglect Risk factor</li> </ul>	<ul style="list-style-type: none"> <li>• Other DCYF Data?</li> <li>• ACEs?</li> <li>• SIDS data with drug involvement (J. Miles)</li> </ul>
<b>Programs &amp; Interventions Impact (Direct and Indirect)</b> <ul style="list-style-type: none"> <li>• Prevention</li> <li>• Treatment</li> <li>• Recovery</li> </ul>	<ul style="list-style-type: none"> <li>• # in state-funded P-T-R programs</li> <li>• Availability and Accessibility of Treatment (snapshot)</li> <li>• State contracted Treatment Outcomes (limited)</li> </ul>	<ul style="list-style-type: none"> <li>• DSRIP Performance Goals <ul style="list-style-type: none"> <li>○ Screening</li> <li>○ F/U visits after ED</li> <li>○ Initiation/Engagement w/ TX</li> <li>○ High dose opioid Rx</li> </ul> </li> <li>• Medicaid <ul style="list-style-type: none"> <li>○ Encounters</li> <li>○ Claims</li> </ul> </li> <li>• WITS <ul style="list-style-type: none"> <li>○ Services tracking- individual &amp; program level</li> <li>○ (MMT) separate counseling and Rx data</li> </ul> </li> <li>• AHEDD initiative (hospital snapshot data)</li> <li>• Probation/Parole Outcomes</li> <li>• Insurance Dept. <ul style="list-style-type: none"> <li>○ Comprehensive Claims</li> <li>○ New Network Adequacy Data</li> </ul> </li> <li>• Risk and Protective factor analysis (storyboards) (Rachel)</li> <li>• Treatment Outcomes – Include Medicaid Expansion</li> <li>• Crisis Line</li> <li>• Recovery Orgs</li> <li>• PDMP</li> </ul>
Opioid Specific	SUD Data Dashboard <ul style="list-style-type: none"> <li>• OD Incidence (EMS)</li> <li>• ED Opioid</li> <li>• OD Fatalities-By drug</li> </ul>	

## Minutes:

### 1. Overview of the history of this group (J. Stewart; also see attached document outlining the SEOW purpose and objectives)

- The Department of Health and Human Services (DHHS) is required by SAMHSA to maintain a State Epidemiological Outcomes Workgroup (SEOW).
- Last year, the Legislature revised the Governor's Commission statute to include required reporting on a 'dashboard' of indicators on a semi-annual basis (also see attached document excerpted from NH RSA 12-J: <http://www.gencourt.state.nh.us/rsa/html/i/12-J/12-J-mrg.htm> )
  - A decision was made to connect the existing SEOW to the Governor's Commission by establishing it as the standing Data and Evaluation Task Force of the Commission
  - A focus of the SEOW/Data Task Force was to gather the information that was asked for by the Legislature (see data section of attached mid-year report from the Commission)
  - Our work is broader than the report that is due twice a year – tracking back to the original purpose of the SEOW.
- Abby shared the deliverables of the SEOW as they regard federal funding:
  - Use data to inform decisions, with a particular focus on prevention programming, and promote positive behavioral health over the lifespan to inform prevention decision making.
    - This is also ties specifically to the Partnership for Success (PFS) grant

### 2. Purpose of today's meeting (K. Irwin)

- Where are the opportunities to combine data from different sources
- There is need for data to 'tell the story'; there is a deep curiosity right now, particularly on the question of where is the impact of the investments that have been made in substance use prevention, treatment, and recovery.
  - What can all of the data tell us? What can't the data tell us?
- Let us pull all of our partners together to see what a complete picture we can tell with the data that we have.
- What's our current situation?
  - Some trends are improving some are not.
  - Some data gets a lot of attention, but doesn't tell the whole story.
- What's the problem, what data do we have to characterize the problem, how has it changed over time, what kind of impact have we had with the efforts that have been made across the initiatives in prevention, treatment, and recovery.
- The timeframe for producing a new report will be the end of the year. The parallel objective is to establish a dashboard that can be updated regularly.
  - How does this work with the DMI?
    - It works in conjunction with the DMI; potentially can add to the DMI and make it a consumer project?
    - There are potentially other data points that we can incorporate into the DMI that can be informed by additional data.
- It is currently unclear how these additional efforts will work with the timeline of the next report that needs to go to the Governor and Legislature.
- Currently, the next Governor's Commission report is due on October 1, although there is a possibility of a time extension.
  - This process usually starts with the DMI and then incorporates other additional data sources that the DMI doesn't include.
  - Are we looking at all State funding for substance misuse prevention, treatment and recovery or just Governor's Commission funding?

- There is a focus on Governor's Commission funds, but it is not always possible to segregate out these funds (e.g. treatment slots are supported by a mix of public funds; are not specifically identifiable as Governor's Commission treatment slots; nor would such a narrow focus adequately 'tell the story')

At this juncture, there are several potential tracks we can take:

- Are there things that should be added to the DMI to enhance it?
  - We should keep the DMI close to where it is currently (lengthwise) so it can continue to be a readable, informative document.
- How do we leverage all the information being collected to respond to the Legislative Mandate and identify places where we have weaknesses to tell the story? (e.g. treatment capacity improvements from a waitlist perspective)

If the report is going to be due in October, the report will look like it has previously looked and this group will focus on how it should look going forward.

### 3. Discussion of data sources:

- There needs to be one place for all of the state's data
  - Can WISDOM serve as the data repository?
    - The process for getting things into WISDOM is too long; it is difficult to get up to date information into WISDOM in a timely manner. That is why the DMI has been so helpful to get up to date, quick information from a surveillance perspective.
  - Could the Governor's Commission report be the place where everything comes together? Is it a report and a website?

There is interest in telling a bigger story, a fuller picture that we don't get out of the Governor's Commission report.

- What's the nature of the problem? Define the larger scope
  - Drugs are a symptom of the problem.
- What have we done? What's the impact?
- And what does it tell us about where we're going?

J. Ebert emphasized that it is important to leave the meeting today with at least one specific, actionable item that will either be an enhancement to the next Commission report and / or the DMI report.

R. Kohn shared information about the work being done to storyboard the risk and protective factors with events and milestones going around the state. How might those overlay with the data we currently have?

J. Miles has hired an Opioid Surveillance Coordinator (Sean Marden) to help coordinate the data process. The federal grant Joanne manages is intended to do the following:

- Include data from the violent death information system (opioid death and undetermined death information). Detailed information from many sources – goes beyond the demographics.
- Quarterly upload Opioid-Related visits, EMS ambulance runs to Opioid Overdose situations.
- Data dissemination – DMI already fulfills the quarterly requirement, so now they will make an annual level report.
- Current grant is until 2019, very good chance of another 5 years.

OD Fatality Review Committee - has not put out any official data products, but hopes to do so soon. They are not currently looking at case reviews or doing case studies.

- What does this group think would be helpful from that group – Joe can bring it back as a recommendation to the group.

C. Cooper suggested that it could be a useful exercise to develop a mind map of the issues and data sources and there was general interest in that idea.

- For example, tying data sources together to identify the inter-connections. Take a social determinants perspective and identify where we have data sources to describe the issues. Another example, map where the drugs are going and where the problems are.
- What are the ultimate outcomes we want to measure and how to we get the data to do that? Brainstorm? Perhaps we should not focus so much on the report to the exclusion of getting more creative.
- Come up with the questions first.

C. Keating noted that the Court system data really functions as a case management tool and not a data reporting tool. These data are not of great utility at a population level, but they do try to meet the needs of people requesting data as best they can. The purpose of those data systems are different, to efficiently process cases put before the court.

#### 4. Next Steps:

- Kevin wants to meet with those at the table independently to do a ‘deep dive’ about what each agency is reporting, what is missing, what is duplicative, and pull all that information together before we meet again to discuss.
- Do a cross walk across DMI, Governor’s Commissions, WISDOM, SEOW
- Is there one stream that we can work on to pull together and feed into the commission report?
  - PDMP data is under review for dissemination
  - Has NHID done anything on behavioral health integration yet? Probably not in time
  - The claims data from Tyler and Andrew isn’t too old and could be used (3-4 months behind)
- J. Ebert reiterated that we should have at least one specific, actionable item. A. Chalsma suggested that it would be a missed opportunity not to include information describing the impact of Medicaid expansion on SUD treatment access in the next report and it was agreed that we will work on incorporating that information.
- Sandra will send out the minutes with the documents that were displayed on the screen today and the RSA number of the Governor’s Commission legislation (see item #1 on page 3)

**Next Meeting: TBD**