





Service Tracking and Data Integration

Advanced Track

Tirza Holden | April 8, 2024





Indigenous Land Acknowledgement

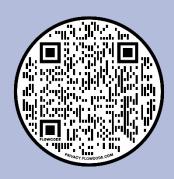
- We respectfully acknowledge that we live and work in territories where indigenous nations and tribal groups are traditional stewards of the land. Our California office resides in Tongva territory.
- Please join us in supporting efforts to affirm tribal sovereignty across what is now known as California and in displaying respect, honor, and gratitude for all indigenous people.

Whose land are you on?

Option 1: Text your ZIP code to 1-907-312-5085

Option 2: Enter your location at Native Land CA

Option 3: Access Native Land website via QR Code



Community Agreements

- Be present and be an active listener.
- One mic, one voice.
- Practice inclusivity.
- Honor pronouns and gender identity.
- Show respect (this may look different for each person).
- Allow conflicting perspectives to exist.
- Assume best intentions.
- Take space, make space.
- Share what you are comfortable sharing.
- Protect individual privacy.
- Practice self-care.
- Encourage growth of self and for others.
- Support resource sharing.



April Two-Track Event Details (4/8/24)

Service Tracking and Data Integration		
Category	Foundational Track	Advanced Track
Learning Goals	 Know the difference between qualitative and quantitative data collection and how to manage both. Understand how service tracking data can be streamlined toward future funding such as billing Medi-Cal. Have a grasp on best practices for ethical data collection. Be familiar with different data management tools (data variables they use in their Recovery Data Platform (RDP)). 	 Understand how service tracking data can be streamlined toward future funding such as billing Medi-Cal. Be able to consider how to combine data with partnering organizations to advocate for systems change. Understand best practices on protecting clients' information, such as who is analyzing the data and how the data is used to tell a story (respecting intersectionality of experience; people are more than their experiences/diagnosis). Be familiar with different data management tools (data variables they use in their RDP).
Target Audience	Staff who are new to service tracking and data management tools and techniques.	Staff who have an established database system and several years of experience in data management.



Tirza Holden

Tirza Holden is the Business Intelligence Architect for Faces & Voices of Recovery. Passionate about data and improved outcomes in health care, she focused her education and work efforts on accomplishing the following:

- Earned an M.B.A. in management information systems/business intelligence in healthcare.
- Managed the System Sufficiency and Evaluation Department in a Regional Behavioral Health Authority.
- Co-chaired the Best Practices Implementation Committee for Pima County, Arizona, and conducted research to evaluate overall impact to system of care.
- Led the System Sufficiency Committee and contributed to clinical operations planning, bringing relevant data to decision-makers while acting as liaison/trainer between clinical team, upper management, and information systems.

William Pollard's belief that "Learning and innovation go hand in hand. The arrogance of success is to think that what you did yesterday will be sufficient for tomorrow" has guided Tirza's pursuit of new experiences and opportunities to learn, whether it be with new organizations, assigned duties, computer programs, or recipes for the Instant Pot.



Learning Objectives

By the end of this session, participants will be able to:

- Integrate service tracking practices, procedures, and considerations.
- Gain a basic understanding of analytics.
- Understand how data can improve advocacy efforts and services for their community.
- Enhance their ability to evaluate and implement new software and systems.





Data and You



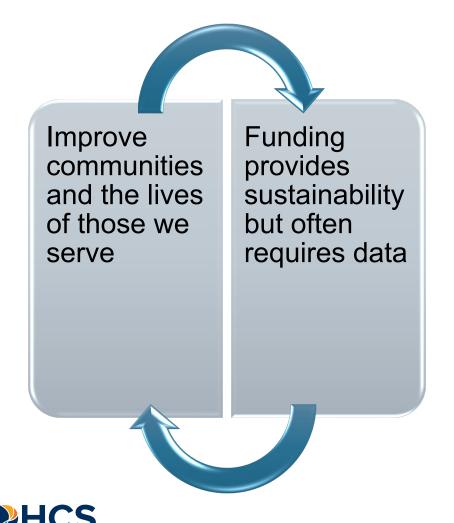
There is a story in your data. But your tools don't know what that story is. That's where it takes you—the analyst or communicator of the information—to bring that story visually and contextually to life.

Cole Knaflic

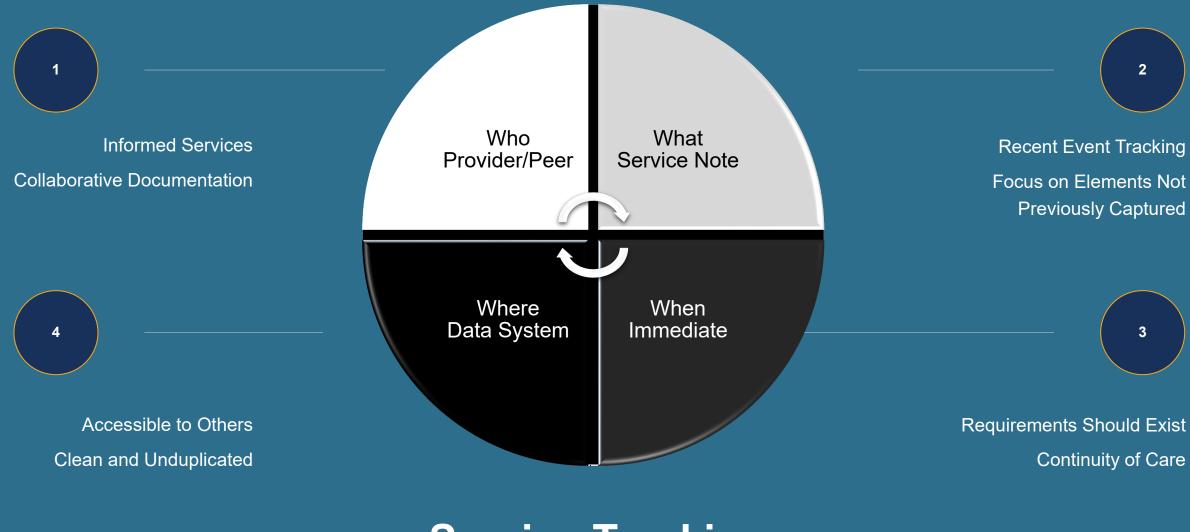




Why Track Services?



- Internal use for providers and peers
 - Continuity of care
 - Informed service
 - Outcomes tracking
- Internal use for organization
 - Program evaluation
 - Environmental scan and resource development
 - Future staffing needs
- External use
 - Advocacy
 - Partnerships
 - Additional funding



Service Tracking



Service Tracking Requirements

Insurance Billing (State and Private)

- Basic identifying information
- · Date and length (billable units)
- What type of service (codes are specific to state)
- Limited code sets across states for peer support
- Written documentation providing supporting information of service provided
- Diagnosis codes (provided by clinician)
- Insurance information

Federal/State Grants

- Building Communities of Recovery (BCOR)
- State Opioid Response (SOR)

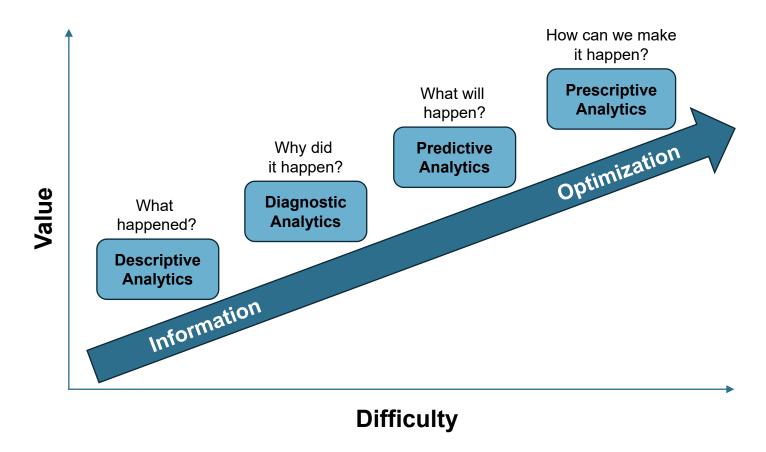
Private Grants/Funding

- Varies significantly
- Varies by service (call center vs. job training)





What Story Will You Share?

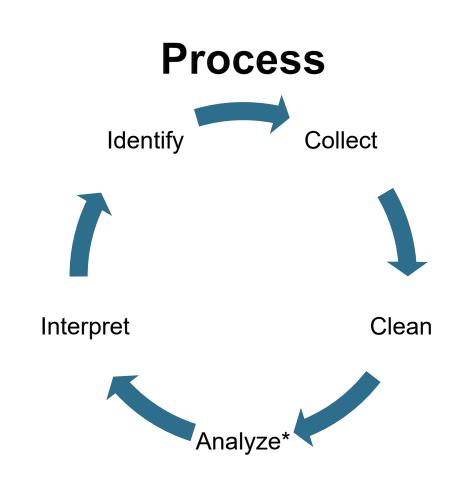




Data Analytics

Procedure

- Identify need
 - Make informed decisions
 - Evaluate outcomes
 - Improve services
 - Identify trends
 - Communicate effectively
 - Further advocacy and partnerships
- Considerations
 - Quantitative/qualitative data
 - Population demographics
 - Community resources
 - Intended audience





When Using Data, Consider:

- Expert Determination method
- Safe Harbor method
- HIPAA compliance
- Protected health information
- 42 CFR Part 2

Sharing Protections

- Business associate agreements
- Release of information

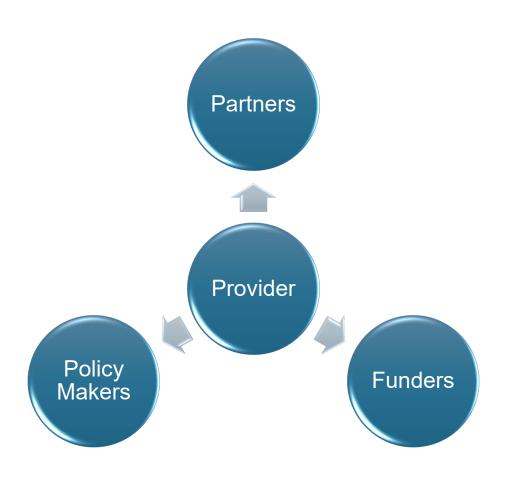




Who Might Use Your Data and Why?

Process Improvement

- Accessibility
- Development
- Efficiency
- Advocacy
 - Informed Support
 - Increased Funding
 - Policy Change
- Research
 - Population Health Metrics
 - Best Practices
 - Predictive Analytics







Where We Store Our Data



Data Management Tools



Electronic Health Records

- Share across providers
- Tend to integrate with other systems
- Customization can be expensive and slow



Electronic Medical Records

- Single provider access
- May have addons for integration
- Customization may be easy or non-existent



Custom-Built Tools

- Security varies
- Customization has no limits except
 - Imagination
 - Money
- Support could be lacking



Selection Process

Cost

- Depends on # of licenses, sites, or records
- Remember, add-ons and customization can add up
- Know training has a hidden cost
- Hidden cost can show up as dissatisfaction which could lead to morale issues

Requirements

- Know they can change quickly; consider the future
- Ensure standardization
- Consider flows and prompts that can assist the work

Buy-In

- Seek it early
- Research Change management principles
- Identify champions and support





Other Considerations

Integrations

- Scheduling
- API connections
- Import/export
- Query/search
- Clearing house/audit
- Analytic tools

Timelines

- Onboarding timeframe
- Support availability
- Lead time on customization
- Report building
- Assessment deploy
- Evaluation tools



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Q&A





References and Resources

<u>Confidentiality of Substance Use Disorder Patient Records – 42 CFR Part 2.</u>

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