Establishing Consortium-Wide Metrics as a Foundation for Collaborative Data Collection

As we move into the second phase of data planning for the Behavioral Health Consortium (BHC), it has become clear that establishing a set of consortium-wide metrics is essential to support our vision of a unified, equitable behavioral health system. This approach will serve as a "north star" for aligning each member's contributions and ensuring that data collection efforts are directly connected to our overarching goals.

The Purpose of Consortium-Wide Metrics

The intent behind defining consortium-wide metrics before pinpointing specific data contributions for each member organization is to create a shared framework. These metrics represent our collective priorities—measuring the accessibility, effectiveness, equity, and coordination of behavioral health services throughout Jefferson County. By identifying key indicators at the consortium level, we can facilitate a cohesive, data-driven approach that allows each organization to see how their efforts contribute to the larger mission of the BHC.

A Collaborative Beginning

This document serves as a trampoline for our data discussions, providing a structured starting point for conversations about what is realistically collectable and impactful within each member organization. It is intended to spark dialogue and collaboration, helping us refine these metrics together based on the unique capacities and data insights each organization can bring to the table. Through this collaborative process, we can tailor the final set of metrics to meet both the consortium's strategic needs and the operational realities of each participating entity.

Phase Two of Our Consortium Data Strategy

In this second phase, we invite all consortium members to engage in refining and prioritizing these metrics. Together, we can determine:

- Which metrics best reflect our shared goals,

- What data is realistically feasible for each organization to track, and

- How we can support one another in creating a seamless, effective data collection process that serves the entire community.

Our goal is to build on these initial metrics, establishing a **baseline for ongoing, meaningful data collection** that will guide our decisions, enhance service coordination, and improve outcomes for all residents. This collaborative foundation will not only inform data collection for current BHC initiatives but also provide a roadmap for expanding and evolving our metrics as community needs and resources change.

CONSORTIUM-WIDE KEY METRIC DEVELOPMENT – POTENTIALS TO CONSIDER

Access to Services

- **Service Utilization**: Track the number of individuals accessing behavioral health services, segmented by service type (e.g., crisis intervention, outpatient therapy, substance use treatment, CARES, LEAD, REAL Team services).

- **Wait Times**: Monitor average wait times for access to behavioral health services, particularly for urgent services like crisis intervention, housing support, and specialized programs (CARES, LEAD, REAL Team).

- **Geographic and Demographic Access**: Breakdown service utilization by geographic location (e.g., rural vs. urban) and demographics (age, gender, ethnicity) to assess equity in access across all BHC programs.

Outcomes and Recovery Rates

- **Treatment Success Rates**: Percentage of individuals achieving positive outcomes, such as reduced symptoms or sustained recovery, following program completion.

- **Recidivism and Re-engagement**: Track rates of readmission or re-engagement in services, especially in programs like CARES, LEAD, and REAL Team, to measure impact on preventing further crisis or legal involvement.

- **Quality of Life Indicators**: Assess self-reported improvements in quality of life post-treatment, including housing stability, employment status, and social connections, to capture the broader impact of BHC programs.

Crisis Response and Intervention

- **Crisis Response Volume**: Record the number of behavioral health-related crisis calls and emergency interventions, broken down by responder type (e.g., EMS, law enforcement, REAL Team).

- **Response Times**: Track average response times for behavioral health crises and overdose responses, including follow-up times for community stabilization and specialized interventions.

- **Diversion Success Rates**: Measure the success rates of diversion programs (e.g., therapeutic courts, mental health diversion, LEAD) in reducing incarceration and supporting recovery outcomes.

Justice and Rehabilitation

- **Court-Linked Behavioral Health Outcomes**: Track behavioral health cases and outcomes for individuals participating in therapeutic court programs.

- **Program Participation and Compliance**: Monitor participation and compliance rates in therapeutic programs and diversion efforts, focusing on factors that support sustained recovery and rehabilitation.

- **Recidivism Reduction**: Measure reductions in re-offense rates among therapeutic court participants, evaluating the effectiveness of rehabilitation-focused justice interventions.

- **Barriers to Service Access for Justice-Involved Individuals**: Track access to behavioral health, housing, and support services for individuals transitioning out of the justice system to identify and address barriers.

Prevention and Community Outreach

- **Prevention Program Reach**: Track participation in preventive programs, such as mental health awareness workshops and school-based programs, aimed at reducing substance use and promoting mental well-being.

- **Community Awareness Levels**: Gather data on community awareness of behavioral health resources, using surveys to assess stigma reduction, mental health literacy, and awareness of programs like CARES, LEAD, and REAL Team.

- **Follow-Up and Retention in Prevention Services**: Monitor follow-up engagement for individuals initially involved in prevention programs to assess sustained involvement and retention.

Equity and Service Gaps

- **Service Coverage and Gaps**: Identify underrepresented service areas (e.g., housing support, outpatient mental health) and track efforts to address these gaps within programs like CARES and REAL Team.

- **Unmet Needs**: Conduct regular needs assessments, especially among vulnerable populations (e.g., youth, elderly, justice-involved individuals), to identify and address emerging behavioral health challenges.

- **Barrier Tracking**: Record common barriers to accessing behavioral health services, such as transportation or affordability, as reported by clients in each program.

Collaboration and Coordination

- **Referral Pathways**: Monitor the number and success rate of referrals between consortium partners, including continuity of care across service types (e.g., from LEAD or REAL Team to outpatient services).

- **Cross-Agency Training and Protocols**: Track participation in BHC-led training programs (e.g., crisis intervention, trauma-informed care), especially within CARES, LEAD, and REAL Team to support shared approaches.

- **Outcome of Collaborative Initiatives**: Evaluate the impact of joint initiatives, such as crisis response teams and co-located services, on cross-sector outcomes.

NEXT STEPS

Select Core Metrics

- From these updated metrics, identify core metrics that are achievable and directly aligned with the BHC's strategic priorities, including the new **Justice and Rehabilitation** category.

- This focus on core metrics will help clarify expectations for each member and provide a strong foundation for consistent data collection and tracking.

Prioritize Realistic Contributions by Member

- Law Enforcement and EMS:

  - Focus on Crisis Response and Intervention metrics, including response volume and times, and contribute to the Justice and Rehabilitation metrics where law enforcement data on diversion and crisis response overlap.

- Public Health and Healthcare Providers:

  - Emphasize *Access to Services* and *Outcomes and Recovery Rates*, particularly around tracking treatment success, service access, and demographic data to support equity goals.

- Community Organizations (e.g., Recovery Café/Dove House, OWL 360):

  - Focus on *Prevention and Community Outreach* metrics, tracking prevention program reach and community awareness. They can also contribute to **Equity and Service Gaps** by identifying barriers their clients face.

- Specialized Programs (CARES, LEAD, REAL Team):

  - Take the lead on metrics within the **Specialized Programs** category, and contribute to both *Crisis Response and Intervention* and **Justice and Rehabilitation** metrics, particularly for diversion success rates and post-crisis stabilization.

- Therapeutic Courts and Justice Partners (Prosecutor, Public Defender's Office, Gateway to Freedom/Jail):

  - Primary responsibility for **Justice and Rehabilitation** metrics, including tracking recidivism reduction, therapeutic court compliance, and rehabilitation outcomes for justice-involved individuals.

Establish Benchmarks and Targets

Purpose: To ensure progress is measurable and creates shared benchmarks for success.

Process:

- For each metric, set initial benchmarks based on historical data or projected improvement targets. Examples include:

  - *Treatment Success Rates*: Establish a baseline success rate across behavioral health interventions and set incremental improvement targets.

  - *Recidivism Reduction*: Set a target reduction percentage for re-offense rates within therapeutic court and LEAD programs.

  - *Community Awareness*: Use initial survey results as a baseline for tracking improvements in public awareness of behavioral health resources over time.

- Regularly revisit these benchmarks to adjust targets based on emerging trends and community needs.

Data Collection Structure and Reporting

- **Frequency**: Define reporting frequencies for each metric type (e.g., monthly for crisis response, quarterly for community outreach).

- **Standardization**: Develop a unified reporting template for consistency across member data contributions, ensuring that each metric is reported in a comparable format.

- **Data Sharing and Privacy**: Address any confidentiality considerations, especially around justice-involved data, to ensure that data-sharing practices comply with privacy standards.

Engagement and Continuous Improvement

- **Support Member Engagement**: Emphasize how these metrics benefit each organization, fostering a sense of shared responsibility for collective outcomes.

- **Iterative Adjustments**: Treat this approach as a living framework, revisiting metrics, benchmarks, and reporting practices regularly to ensure they align with BHC's evolving mission and the needs of the community.