

# Data Sharing / Data Integration Learning Community

*Jamie Taylor, The Cloudburst Group*

*Barbara Ritter, Data Warehouse SME*

*Jo Moncher, New Hampshire State  
Bureau Chief - Military Programs*

# Participants

	<b>Name</b>	<b>State</b>	<b>Data-Sharing Priority/Question</b>
<b>1</b>	<b>Margaret Plattner</b>	<b>KY</b>	Gathering statistical data on services Vets receiving, data analysis across state needs / issues; Info from Private Insurers?
<b>2</b>	<b>Marlane Youngblood</b>	<b>KY</b>	Identify critical data points that need to be included in all Veteran tracking systems
<b>3</b>	<b>Wei Li Fang</b>	<b>NC</b>	Id Children in military families
<b>4</b>	<b>Shauna Donahue</b>	<b>MD</b>	Other state tracking Vet data – health data, use of data
<b>5</b>	<b>Kim Bachelder</b>	<b>MI</b>	
<b>6</b>	<b>Meghan Sifuentes Vanderstelt</b>	<b>MI</b>	Health Information Exchange updates from other states
<b>7</b>	<b>Dan M. Aune</b>	<b>MT</b>	How to find Veterans to collect data, especially Vets NOT accessing services at VA. Specifically Native Americans use of services
<b>8</b>	<b>Phillip Goldsmith</b>	<b>SC</b>	Location of services across state, knowledge, exchange info across state lines
<b>9</b>	<b>Barbara Logan</b>	<b>WA</b>	Location of services across state, esp. private entities, contacts with Federal VA for demographic data
<b>10</b>	<b>Matthew Wade</b>	<b>VA</b>	Sharing data across multiple agencies, VA and state agencies
<b>11</b>	<b>James Thur</b>	<b>VA</b>	Integration of data from DoD, Guard, VA (North Carolina ODEM institute - CSSP data project) ; Interested in infographics
<b>12</b>	<b>Acquanetta Knight</b>	<b>AL</b>	
<b>13</b>	<b>Richard Patton</b>	<b>AL</b>	How to collect data from multiple locations, on multiple issues to get a true assessment of SMVF needs
<b>14</b>	<b>Michael Gomila</b>	<b>LA</b>	
	<b>Luana Ritch</b>	<b>NV</b>	Tracking Veterans Suicide data – Create Health Surveillance System – Health and substance abuse indicators



# Wednesdays 1:00 p.m.–3:00p.m.(EST)

- **February 27:** Identifying existing Veteran data elements and systems / Sharing system-level frameworks
- **March 6:** Establishing cross-system data sharing structures / State-to-State sharing of successful tools, partnership approaches, cross-agency agreements
- **March 13:** Using data to “make the case” for Veteran’s needs / gaps in services

# Data-Sharing TA goals

- Assist States in refining data priorities to improve processes of care for Service Members, Veterans & Families
- Identifying national/state-level veteran's data
- Supporting the process of establishing cross-system data sharing structures
- Focusing resources with state-based data visualization maps/tools to engage stakeholders, establish partnerships, build system capacities
- Sharing state-level data-sharing best practices / policies / processes / procedures

# National SMVF Data Sources:

52941 VETERAN STATUS  
2006-2010 American Community Survey 5-Year Estimates

Table View

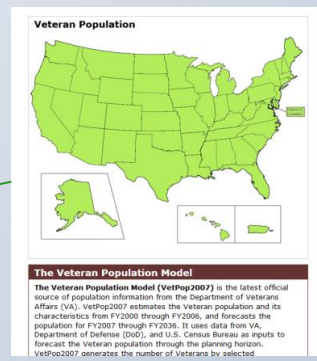
Actions: [Modify Table](#) | [Bookmark](#) | [Print](#) | [Download](#) | [No](#) | [Create a Map](#)

[View Geography Notes](#) | [View Table Notes](#)

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates for 2010, the 2010 Census provides the official count of the population and housing units for the nation, states, counties, cities and towns. For 2009 to 2006, the Population Estimates Program provides comparable estimates of the population for the nation, states and counties.

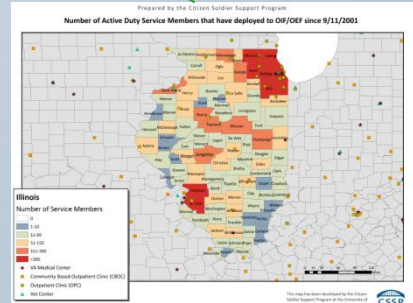
Subject	Total		Veterans		Nonveterans	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
U.S. population 18 years and over	4,275,381	+/- 1,342	764,688	+/- 1,128	3,510,693	+/- 4,314
PERIOD OF SERVICE						
Served from 1960 to later veterans	(0)	(0)	7.1%	+/-0.2	(0)	(0)
Served from 1960 to 1969 veterans	(0)	(0)	12.5%	+/-0.2	(0)	(0)
Veterans not veterans	(0)	(0)	55.5%	+/-0.2	(0)	(0)
Veterans from veterans	(0)	(0)	13.2%	+/-0.2	(0)	(0)
Served from 1960 to later veterans	(0)	(0)	13.1%	+/-0.2	(0)	(0)
SEX						
Male	45.3%	+/-0.1	34.4%	+/-0.2	44.1%	+/-0.1
Female	54.7%	+/-0.1	65.6%	+/-0.2	55.9%	+/-0.1
AGE						
18 to 24 years	31.2%	+/-0.1	7.7%	+/-0.2	35.4%	+/-0.1
25 to 34 years	37.9%	+/-0.1	23.6%	+/-0.3	39.2%	+/-0.1
35 to 44 years	14.8%	+/-0.1	28.1%	+/-0.3	13.6%	+/-0.1
45 to 54 years	8.5%	+/-0.1	13.1%	+/-0.2	7.5%	+/-0.1
55 years and over	7.8%	+/-0.1	23.8%	+/-0.2	8.6%	+/-0.1
RACE AND HISPANIC OR LATINO ORIGIN						
One race	99.3%	+/-0.1	99.2%	+/-0.1	99.3%	+/-0.1
White	74.3%	+/-0.1	82.6%	+/-0.2	73.2%	+/-0.1

Veteran Population Model



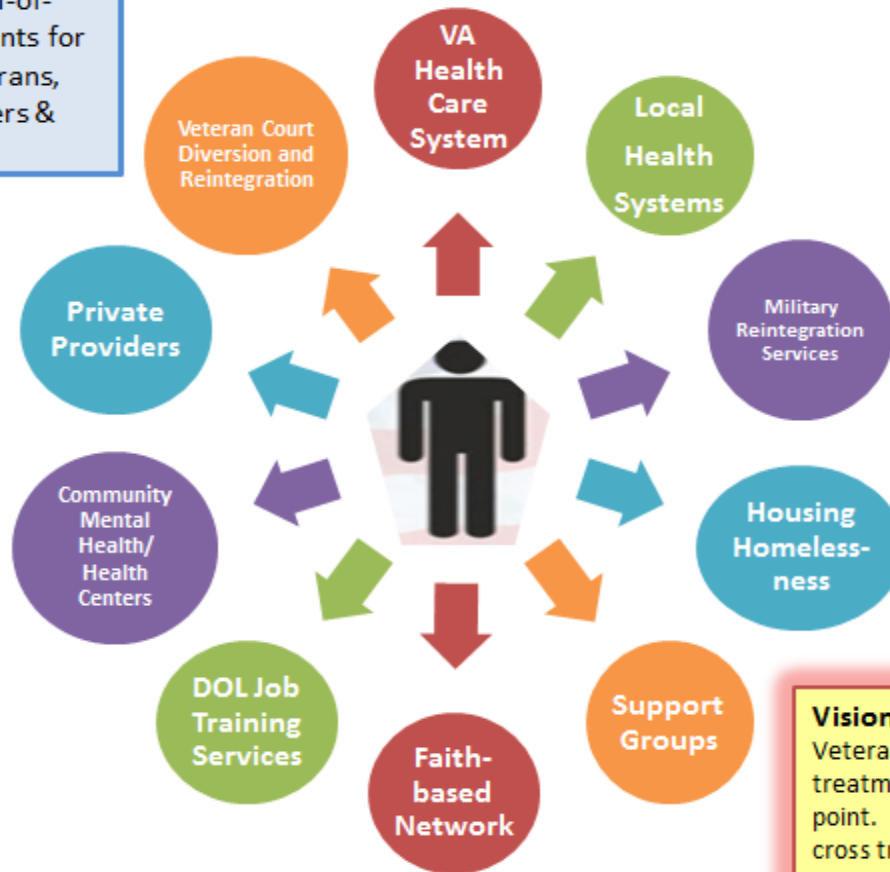
American Community Survey  
[http://factfinder2.census.gov/faces/nav/jsf/pages/selectresults.xhtml?\\_af=1](http://factfinder2.census.gov/faces/nav/jsf/pages/selectresults.xhtml?_af=1)

Citizen Soldier Support Program



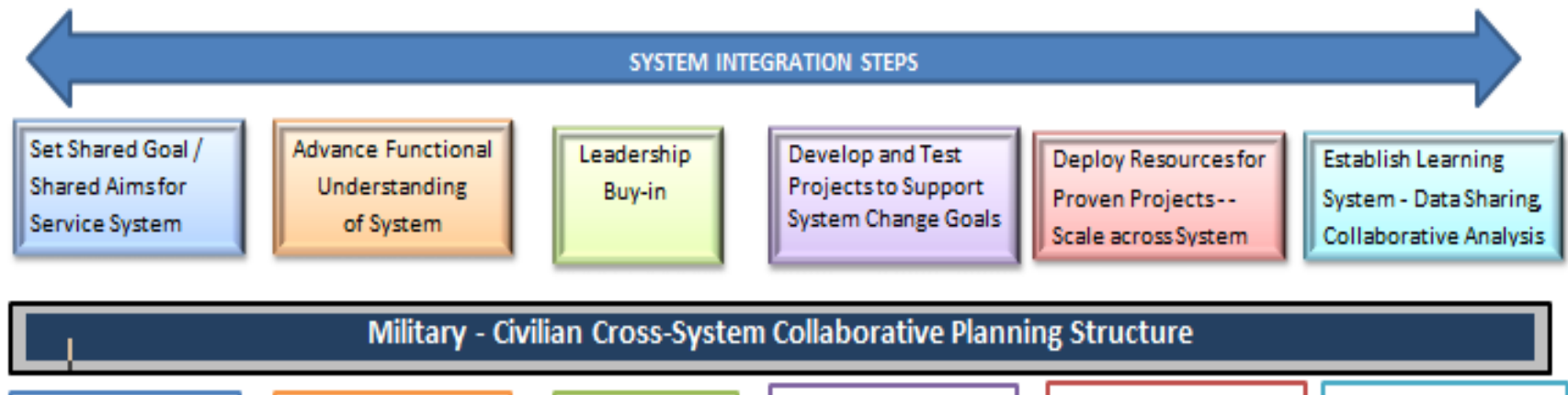
# Where do Service Members/ Veterans connect with services?

**Current** System-of-Care access points for Individual Veterans, Service Members & Families



**Vision:** Every Service Member/Veteran is presented array of treatment choices at any entry point. All leaders signed MOU, cross trained staff, monthly CQI

# Military–Civilian System Integration



- Improvement in SMVF systems of care is a long-term, multi-component process
- Achieving collective impact requires alignment across military/civilian sectors, stakeholders committed to common aims, common understanding of systems of care, leadership, commitment to innovation, system re-design and accountability
- System improvement requires shared insight and data analysis to drive innovation and improvement, supporting cross-sector strategies for success



# Data Sharing Key Decision Grid

Data Sharing Key Decision Grid <a href="#">Data Sharing Key Decision Grid - Final 2-26-13.docx</a>	
<b>Getting Ready</b>	
<ol style="list-style-type: none"> <li>1. Clearly define your information needs. Be as specific as possible. Can the information need be met with a limited point in time analysis or is ongoing data necessary? Don't go fishing..</li> <li>2. Map potential data sources, including existing publications.</li> <li>3. Identify critical partners.</li> <li>4. Ensure that planning and governance leads technology.</li> <li>5. Define your budget.</li> <li>6. Determine what to do with the results, even aggregated data/ findings come with sharing considerations. Discuss what will happen when data does not support the story.</li> </ol>	
<b>Decision Grid</b>	
<b>How do you plan to use the data?</b> <ul style="list-style-type: none"> <li>• Community Education / Advocacy</li> <li>• Planning Public Policy</li> <li>• Evaluation</li> <li>• Case Management</li> <li>• Research</li> <li>• The 4 or 5 key measures for a "Dashboard"</li> <li>• Project Management / Measures that are sensitive to change.</li> </ul>	<b>Evaluate Data Sources?</b> <ul style="list-style-type: none"> <li>• Do they have a Veterans marker and how is that marker defined?</li> <li>• Do they routinely entertain data requests and what are the rules?</li> <li>• What are the privacy rules?</li> <li>• Is there a potential for warehousing?</li> <li>• Can you answer your question without sharing data with outside sources?</li> <li>• Can the question be answered by polling SMVF?</li> </ul>
<b>Sharing – Identified Data</b> Data Uses: (Where returning soldier engagement is needed) <ul style="list-style-type: none"> <li>• Case management</li> <li>• Research where client input is required</li> <li>• Evaluation involving client input</li> <li>• The role of the Trusted Party</li> </ul>	<b>Sharing – De-Identified Data</b> Data Uses: (looking at trending and performance data) <ul style="list-style-type: none"> <li>• How Many and Where-- Prevalence Studies</li> <li>• Who -- Population descriptions relationships between variables.</li> <li>• Evaluation against performance indicators.</li> <li>• Many research studies</li> <li>• The role of the Trusted Party</li> </ul>

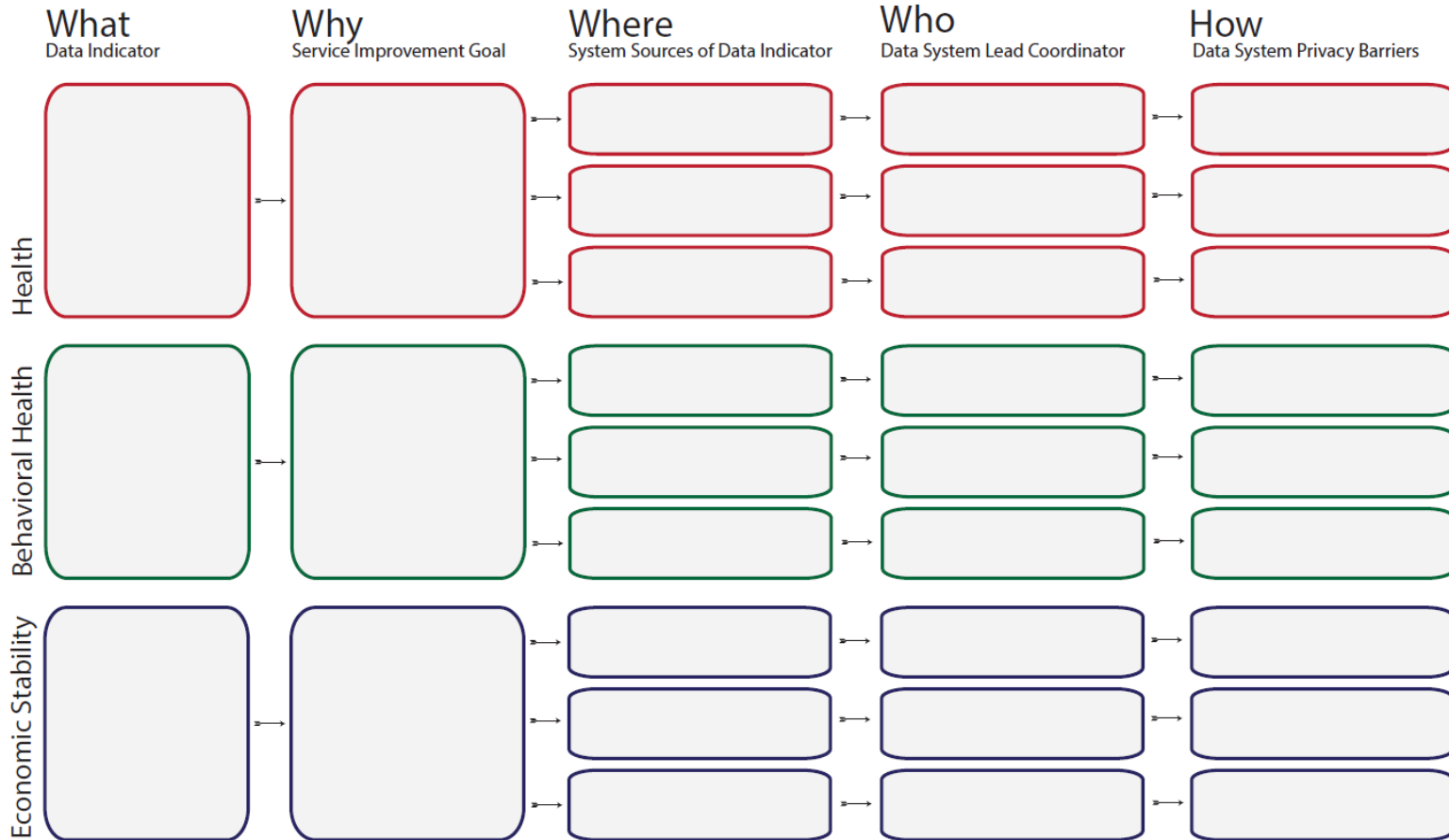


# Data Sharing Quadrant Analysis

ANALYSIS of State Level Data / Data Partnerships			
<b>State-level Data Sources:</b> <div> <div>Behavioral Health Care Systems</div> <div>Department of Labor</div> <div>Homeless Management Info Systems</div> <div>Not-For-Profit Service System Network (e.g. Volunteers of America)</div> </div> <div> <div>Private Health Care Systems (eg. Tri Care)</div> <div>Department of Corrections</div> <div>Existing Data Warehouses</div> </div> <div> <div>Veterans Health Care Systems</div> <div>Veteran Courts</div> <div>Statewide / Local Support Organizations</div> <div><b>OTHERS</b></div> </div>			
<b>Quadrant 1:</b> Existing data systems that identify Veterans as a service population		<b>Quadrant 2:</b> Existing data sharing linkages of Veteran data sources across agencies / systems	
<b>Quadrant 3:</b> Desired data sharing across agencies / systems that have existing natural and political alignment (low barrier partnerships)		<b>Quadrant 4:</b> Desired data sharing across agencies/systems that have legislative, programmatic, political barriers (high barrier partnerships)	

# Sample Data Planning Chart

## Data Flow Chart



# Homework Week 1

1. Establish one short-term, feasible data coordination goal
2. Use Data Planning Chart to define 2 to 3 data indicators linked to goal
3. Complete Data Planning Chart with at least one other cross-sector stakeholder

**Come prepared to present homework next week!!**

# Louisiana Data Indicator

## Data Planning Tool

What Data Indicator	Why Service Improvement Goal	Where System Sources of Data Indicator	Who Data System Lead Coordinator	How Data System Privacy Barriers
Number of service members and families living within each geographic region of the state.	To identify capacity needs for SMVF and determine if current BH service capacity is adequate.	Vet Pop Model	NA	NA
		American Community Survey	NA	NA
		Magellan Behavioral Health	Joseph Chutzes	NA
Identify the provider network and services available to service member for each region of the state	In order to establish if current service array matches the needs of service members living in different areas of the state	Magellan Behavioral Health	Joseph Chutzes	NA
		Department of Hospitals/Health standards	Dora Kane	NA (public record)
		Department of Veterans Affairs	David LaCerte	NA (public record)

# Louisiana Data Indicator:

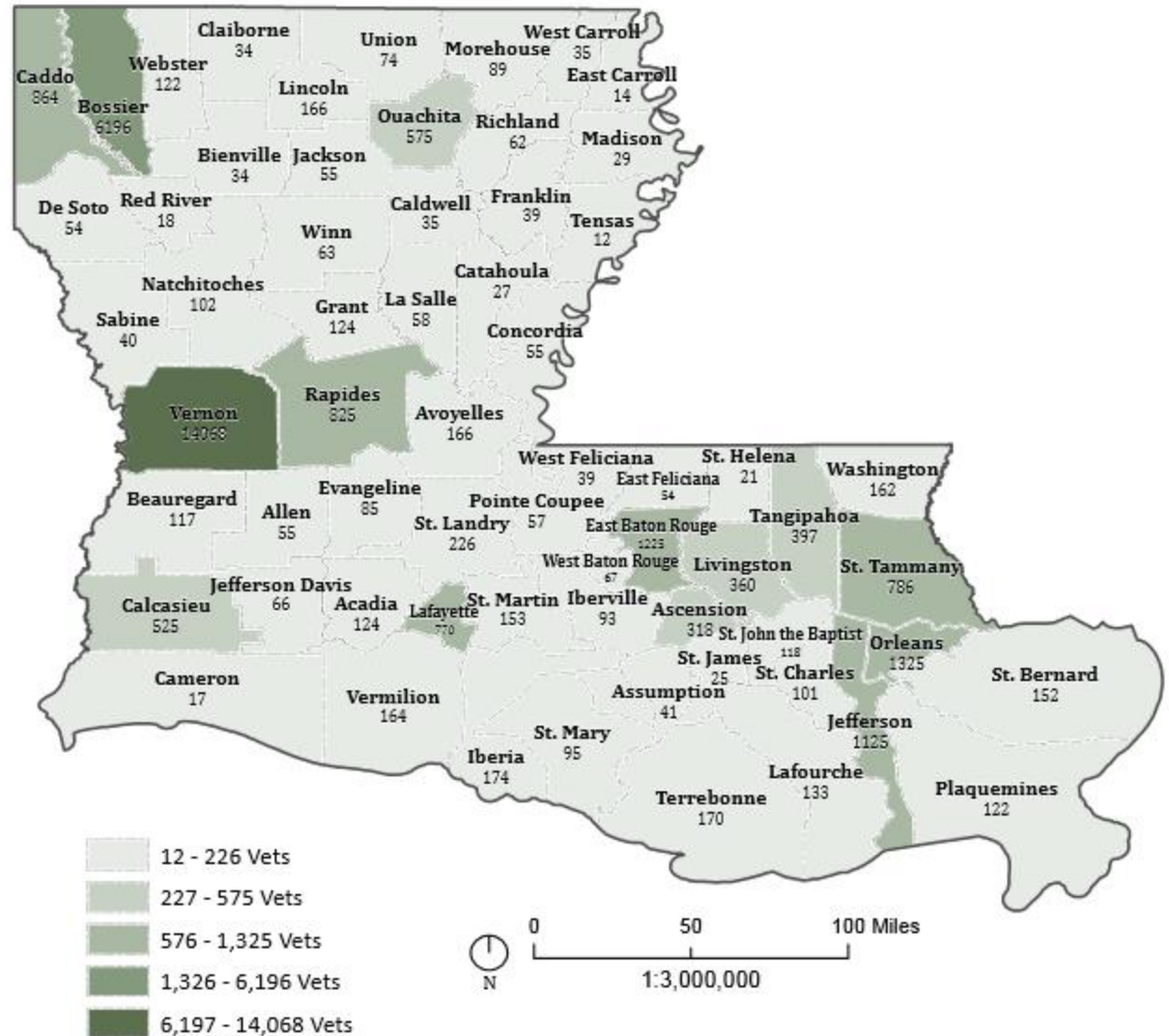
## Distribution of SMVF and BH Services across state

- Short-term goals for data? Long-term goals for data?
  - How have other states accessed or illuminated this data?
- To map services - GIS Mapping Partner?  
<http://new.dhh.louisiana.gov/index.cfm/page/896>
    - Magellan BH services Partnership? Veterans marker?
    - American Community Survey (AOS, CSSP, Vet Pop Model)
    - <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>  
Analysis of access to VA services - GIS buffers 20 miles / 30 miles..
  - Use Multiple Data sources - Data for Local Solutions: County Health Rankings  
[http://www.countyhealthrankings.org/sites/default/files/states/CHR2012\\_LA.pdf](http://www.countyhealthrankings.org/sites/default/files/states/CHR2012_LA.pdf)
  - Survey data – NH BH Survey [NH Access to BH Services Survey Tool.pdf](#)
  - To motivate stakeholder discussion: Side by side view of ACS map of Veterans / State GIS maps / County Health Rankings Map / Map of VA Services

To estimate #  
Veterans/County

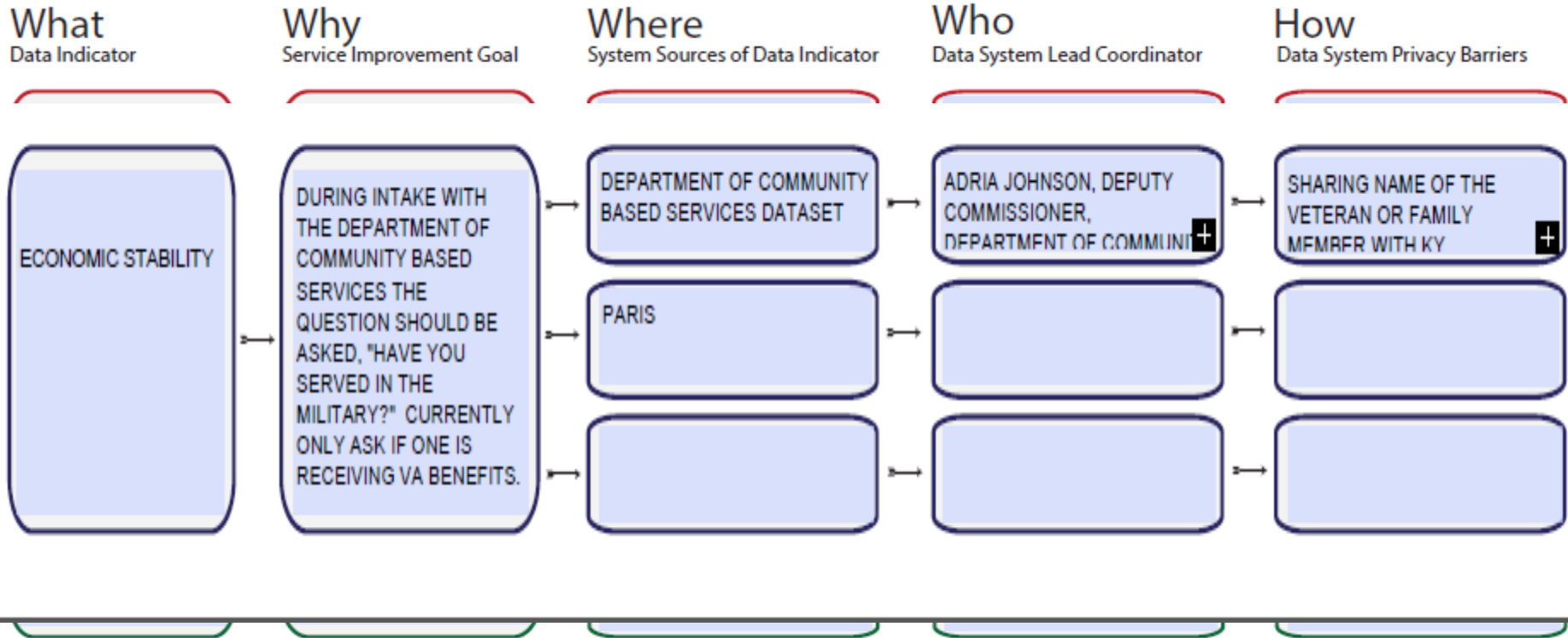
Louisiana  
Army  
OneSource  
Maps  
or  
American  
Community  
Survey Data  
Maps

What are data  
limitations?



# Kentucky Data Indicator

## Data Planning Tool





# Kentucky Data Indicator:

## Veteran Marker in Community Based Services Dept.

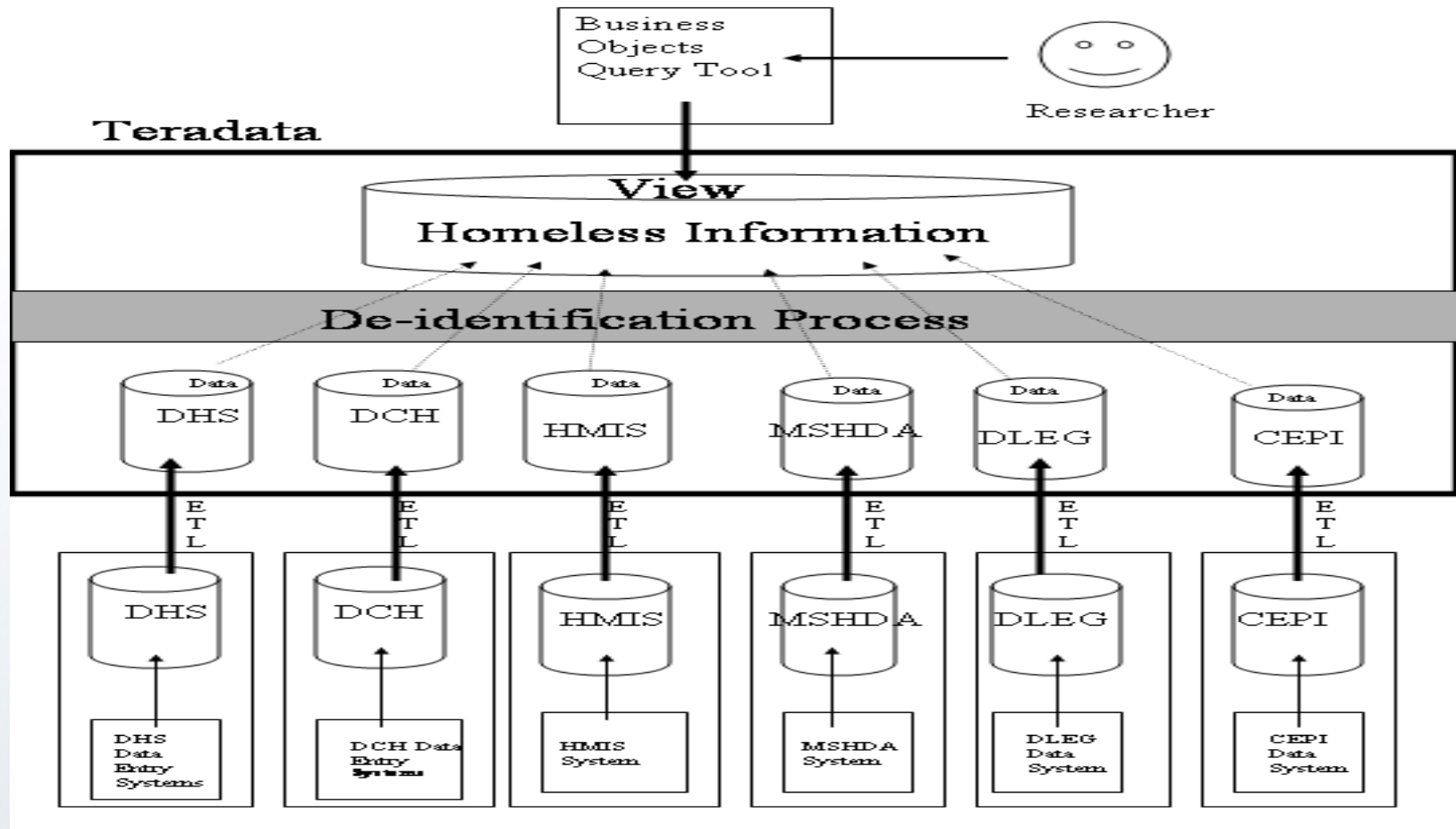
### *Have you ever served in the Military?*

- Short-term goals for data? Long-term goals for data?
- How have other states accessed or illuminated this data?
- Illustrates critical points about using local data sources.
  - How the Veteran's question is asked and in what environment is important.
    - Veterans often do not report that they have access to VA resources because they are afraid that that will make them ineligible for local resources. NH recommends that you ask instead if they have "ever served in the military."
    - Veterans will respond to the question if the resource in question is perceived as not linking to the VA. For example the Veteran's marker in the Homeless System provides access to VASH housing vouchers. Homeless Vets in MI are strong.
- Primary goal is to identify SMVF in State Record Systems. Were you planning to use the PARIS data set to update other data sets –create a type of data warehouse within the States Databases.
  - PARIS (Public Assistance Reporting System) does have a Veterans Marker however there are limitations. You will only capture those that have applied to public assistance primarily Medicaid. Be sure to check with the Program people at the State to identify the strengths and weaknesses.
  - If no data merge is planned, then any change in the State system will require quite a bit of planning from the client interview to the technical issues. Sharing identified data will not be possible without compliance to HIPAA basically informed consent. If you adding to the state System you will need to include a Release Form to the Interview specifications. Consider what you can do with de-identified data and other ways to access SMVF for case management purposes.

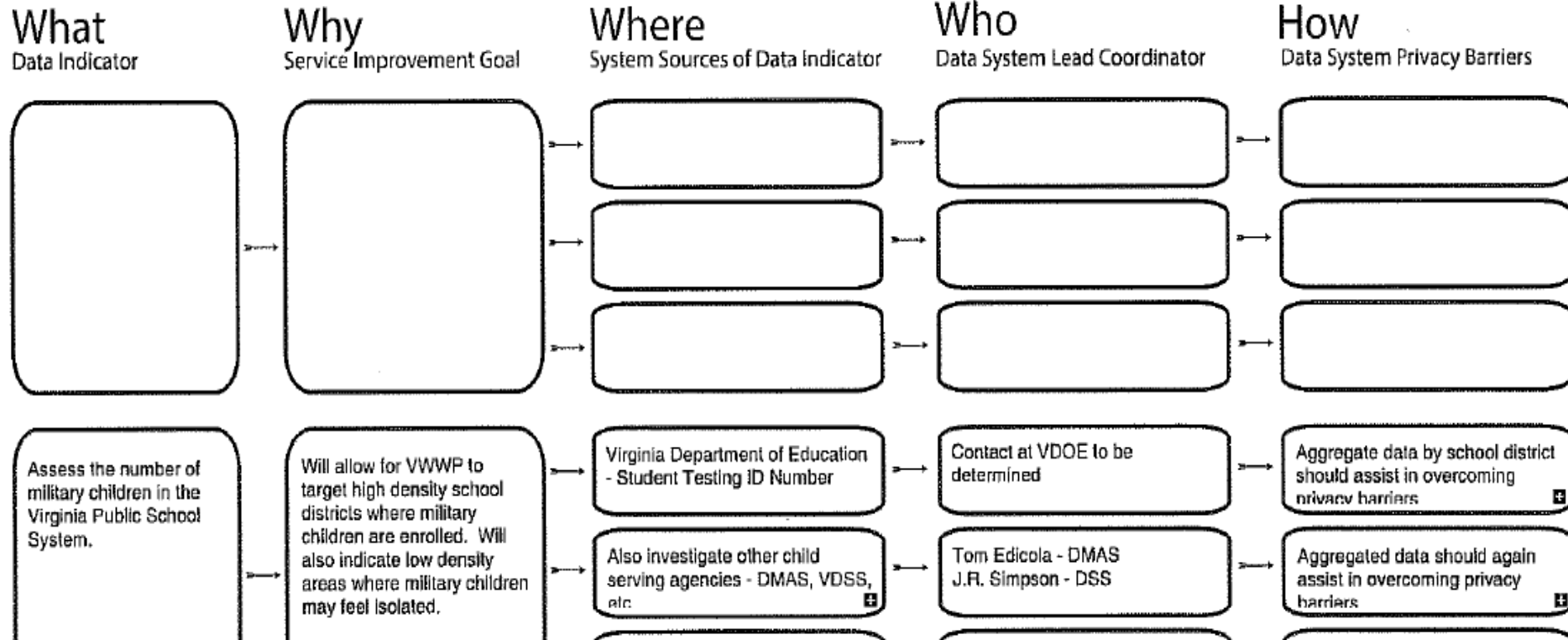
Kentucky has significant strengths in their policy team in that they have the Commissioner as well as other leadership (National Guard, VA, CMH Data Warehouse, Tri Care linkages).



# Michigan Example of a Data Warehouse



# Virginia Data Indicator



# Virginia Data Indicator:

## Assess # of military children in VA public schools

- Short-term goals for data? Long-term goals for data?
- How have other states accessed or illuminated this data?

The use of educational data systems to provide timely access to SMVF that are experiencing difficulties is a great idea. The schools are frequently the first place that families go to when they are in trouble. The primary limitation is that it won't reveal much for active military and veterans that are living as singles.

- FERPA (the Education Privacy Law) has recently been modified.
- What is the data marker in the education data set and what are the caveats with data quality?
- Are there other data sources that maybe available as well as the Student Record such as the Hot Lunch FDA data set that includes current income data (military or veteran's pensions/benefits). It also includes a homeless marker to identify the families in free fall.

What is the policy goal of this activity. If the target is children are you planning interventions for families in trouble. If so, it makes sense to build partnerships with high population schools including informed consent to allow the schools to call you and work with your intervention staff.

# Maryland Data Indicator

What Data Indicator	Why Service Improvement Goal	Where System Sources of Data Indicator	Who Data System Lead Coordinator	How Data System Privacy Barriers
Health: Estimated number of disabled veterans receiving health care from the MDVAHCS or Public System	Increase health care access for disabled veterans in Maryland	MD VA Health Care System	VISN 5 Liaison	HIPAA Laws, No release of information
		MD Department of Health and Mental Hygiene	Maryland's Commitment to Veterans	Data Systems that do not speak to one another
Behavioral Health: Estimated number of disabled veterans actively receiving behavioral health services from the MDVAHCS, ADAA or MHA	Increase availability of behavioral health services to disabled veterans in Maryland either through the USVA, MHA or ADAA	MD VA Health Care System	VISN 5 Liaison	HIPAA Laws, No release of information
		MD Department of Health and Mental Hygiene	Maryland's Commitment to Veterans	Data Systems that do not speak to one another
Economic Stability: Estimated number of disabled veterans falling below the poverty line in Maryland	Increase availability of entitlements to disabled veterans in the form of SSDI, VADC, or other public assistance	Social Security Administration	UK	Same
		MD Department of Rehabilitative Services	Lead for Veteran Services (is there one?)	
		MD Department of Labor, Licensing and Regulation	Lead for Veteran Services	

# Maryland Data Indicator:

Est # Disabled Vets, Disabled Vets in Poverty, BH Services

- Short-term goals for data? Long-term goals for data?
- How have other states accessed or illuminated this data?

Targeting Disabled Veterans leads to Cost Effective Outcomes!!

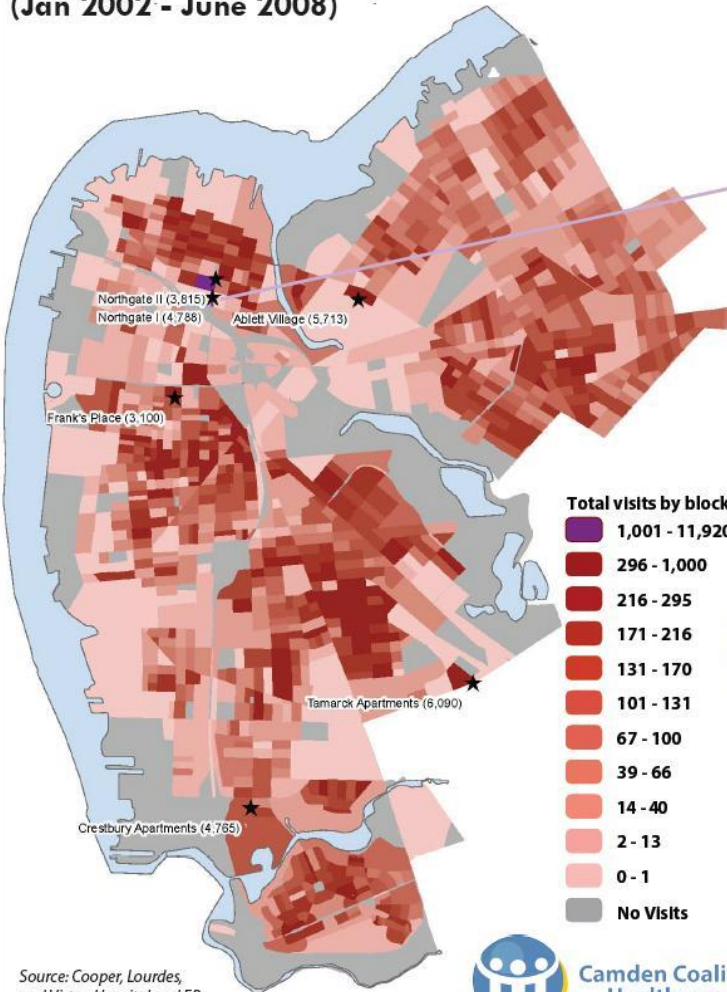
Use research to “Ground Truth” [Disabled Veterans Data\THE USE OF VA DISABILITY BENEFITS AND SSDI 2013.pdf](#)

- Data driven planning for local solutions, use ACS County estimates
- Intervention plans for disabled Veterans?
  - Care coordination teams?
  - SOAR SSI linkage?
- Use de-identified data for stakeholder buy-in, quantify issue
- Use identified data for system intervention outreach
  - How to negotiate sharing agreements for identified data?  
i.e. HMIS data to identify homeless, disabled Veterans



# De-identified Data to Quantify Issue, Engage Stakeholders – i.e. “Hotspotting”

Inpatient and Emergency Room Visits in Camden, NJ  
(Jan 2002 - June 2008)



	Visits	Patients	Charges	Receipts	Collected
Cooper	3,172	749	\$42,144,097	\$4,994,658	12%
Lourdes	811	337	\$7,848,809	\$1,028,611	13%
Virtua	805	331	\$1,742,467	\$345,092	20%
2005	838	370	\$10,834,420	\$1,269,373	12%
2006	738	355	\$6,867,995	\$881,549	13%
2007	790	369	\$7,979,262	\$901,181	11%
ED	3882	978	\$6,150,592	\$864,019	14%
Inpatient	906	408	\$45,584,781	\$5,504,342	12%
<b>Total</b>	<b>4,788</b>	<b>1,070</b>	<b>\$51,735,374</b>	<b>\$6,368,361</b>	<b>12%</b>

Primary Diagnosis		
Rank	ED	Inpatient
1	abdominal pain (789.0)	live birth (V3X.0)
2	acute URI NOS (465.9)	chest pain (786.5)
3	chest pain (786.5)	congestive heart failure NOS (428.0)

Source: Cooper, Lourdes, and Virtua Hospital and ER billing data Jan 2002-June 2008



Camden Coalition of  
Healthcare Providers  
[www.camdenhealth.org](http://www.camdenhealth.org)

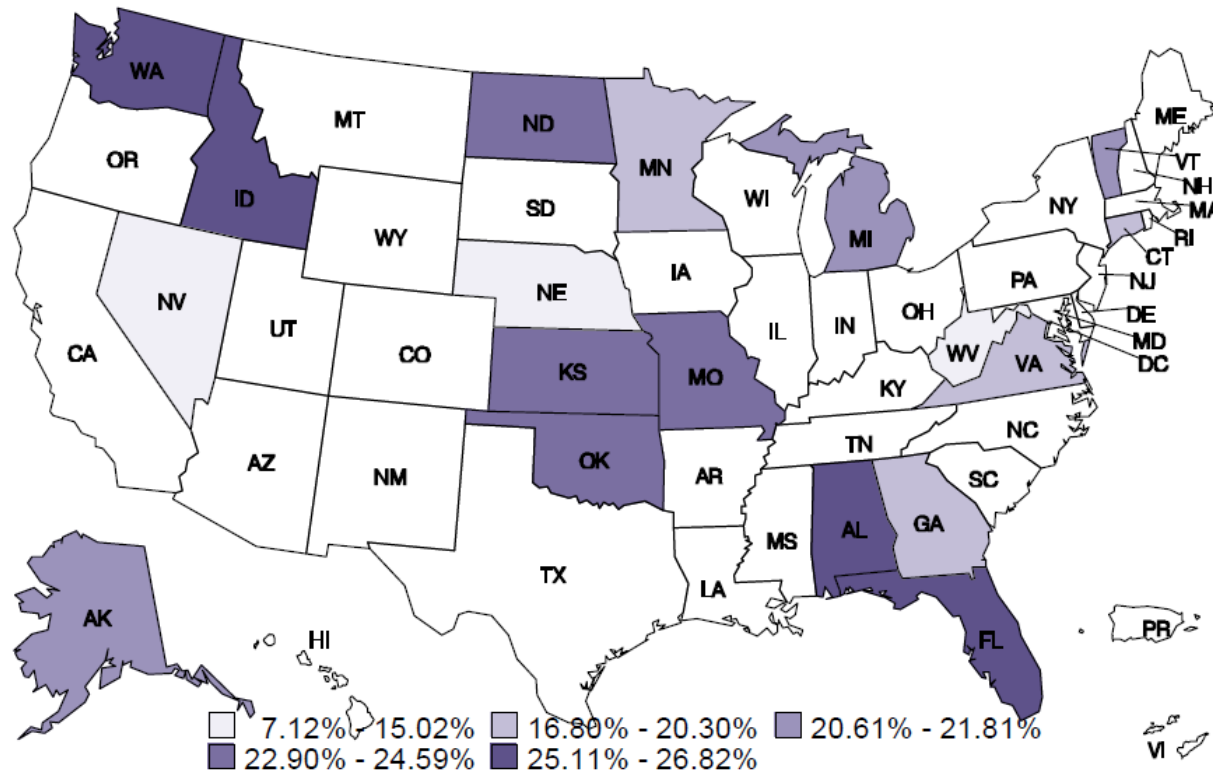


CamConnect.org



# VA Suicide Data Report 2012

Figure 6: Percentage of Suicides Identified as Veteran by State\*  
Percent of Veteran Suicide Deaths by State



# Quantify Issue, then use Identified Data to Target Intervention

- Camden Coalition for Healthcare Providers
  - Quantified issues with local de-identified hospital claims data
  - Challenge = how to engage hospitals, access claims data
  - Focus on improved care and cost savings for hospital, decrease high utilization rates
  - Business MOU's
  - IRB agreements
- Veterans Suicide Prevention Project [Suicide Prevention Data Project\PrevalenceSuicideIdeation\\_AttemptsAmongMilitary\\_Veterans\\_2012.xps](#)
  - Hospital Claims data for Veteran suicide attempts / suicide risk
  - Planned Interventions:  
SAFE VET  
ASIST Trainings
  - Increased Care Coordination, social support, treatment link
  - Veteran marker?? Asked at intake?
  - Data driven referrals, data driven continuous quality improvement

Systems approach: Data visualization, top leadership commitment, measurement, reporting and robust performance improvement

# SAFE VET Intervention

- Suicide Assessment and Follow-up Engagement: Veteran Emergency Treatment (SAFE VET) intervention based on Safety Planning, brief intervention designed for use in ED.
- SAFE VET engages suicidal patient and mental health care provider in developing individualized safety plan on four evidence-based risk reduction strategies:
  - (1) means restriction;
  - (2) problem-solving and coping skills (including ways the patient can distract him- or herself from suicidal thoughts
  - (3) using social support / mental health /crisis services;
  - (4) seeking additional mental health treatment.
- Telephone follow-up, service coordination involves family
- [Suicide Prevention Data Project\Knox Safe-Vet ER Intervention 2012.pdf](#)

# ASIST Training Intervention

- Arizona Suicide Deterrent Initiative has changed the mindset about suicide prevention. , By providing knowledge, skills, tools and management support, suicide intervention is now a core responsibility of all behavioral health staff.
  - Behavioral health workers' now have skills and confidence to intervene (Applied Suicide Intervention Skills Training – ASIST)
  - Creating support groups for those contemplating suicide (attempt survivor support groups, family engagement, community integration)
  - Risk identification and stratification (clinical care and intervention).
- *“Applied Suicide Intervention Skills Training provides a structured approach to intervention that can be used at any level in the military. The program addresses the problem of suicide in a unique way: by not allowing the difficult topic of taking one’s life to be stigmatized.”* [Suicide Prevention Data Project\Arizona Suicide Deterrent Project ASIST.pdf](#)

# Data Sharing Key Decision Grid

Data Sharing Key Decision Grid	
<b>Getting Ready</b>	
<ol style="list-style-type: none"> <li>1. Clearly define your information needs. Be as specific as possible. Can the information need be met with a limited point in time analysis or is ongoing data necessary? Don't go fishing..</li> <li>2. Map potential data sources, including existing publications.</li> <li>3. Identify critical partners.</li> <li>4. Ensure that planning and governance leads technology.</li> <li>5. Determine what to do with the results, even aggregated data/ findings come with sharing considerations. Discuss what will happen when data does not support the story.</li> </ol>	
<b>Decision Grid</b>	
<b>How do you plan to use the data?</b> <ul style="list-style-type: none"> <li>• Community Education / Advocacy</li> <li>• Planning Public Policy</li> <li>• Evaluation</li> <li>• Case Management</li> <li>• Research</li> </ul>	<b>Evaluate Data Sources?</b> <ul style="list-style-type: none"> <li>• Do they have a Veterans marker and how is that marker defined?</li> <li>• Do they routinely entertain data requests and what are the rules?</li> <li>• What are the privacy rules?</li> <li>• Can you answer your question without sharing data with outside sources?</li> </ul>
<b>Sharing – Identified Data</b> Data Uses: (Where returning soldier engagement is needed) <ul style="list-style-type: none"> <li>• Case management</li> <li>• Research where client input is required</li> <li>• Evaluation involving client input</li> </ul>	<b>Sharing – De-Identified Data</b> Data Uses: (looking at trending and performance data) <ul style="list-style-type: none"> <li>• How Many-- Prevalence Studies</li> <li>• Who -- Population descriptions relationships between variables.</li> <li>• Evaluation against performance indicators.</li> <li>• Many research studies</li> </ul>

# Homework Week 2

- Identify key data you would want to display to engage stakeholders around the data coordination goal chosen in Week 1
- What data measures would you put on your state's data dashboard



# Data-driven performance management – Datastat Meetings

## Evolution of DataSTAT meetings

- 1990's NYPD COMPSTAT
- 1999 – Baltimore CitiStat
- 2010 - HUDStat, Secretary Donovan leads data driven quarterly meetings with 20 – 50 staff; evaluation of HUD's performance on priority goals.
  - Seven weeks before HUDStat meeting, staff review data with program staff/field offices, assess strong and weak cities/regions. Site visits and additional data collected to seek viable solutions, discussed with HUD leadership, key program leads and stakeholders





# Data-driven performance management process

- Identifies system bottlenecks  
<http://goals.performance.gov/hudstat>
- Empowers stakeholders
- Prioritizes and directs resources
- Increases collaboration on all levels of military and civilian /public and private sectors
- Decreases system silos
- Improves outcomes



# Building a Data Subgroup

Need both program and technical individuals from each data source:

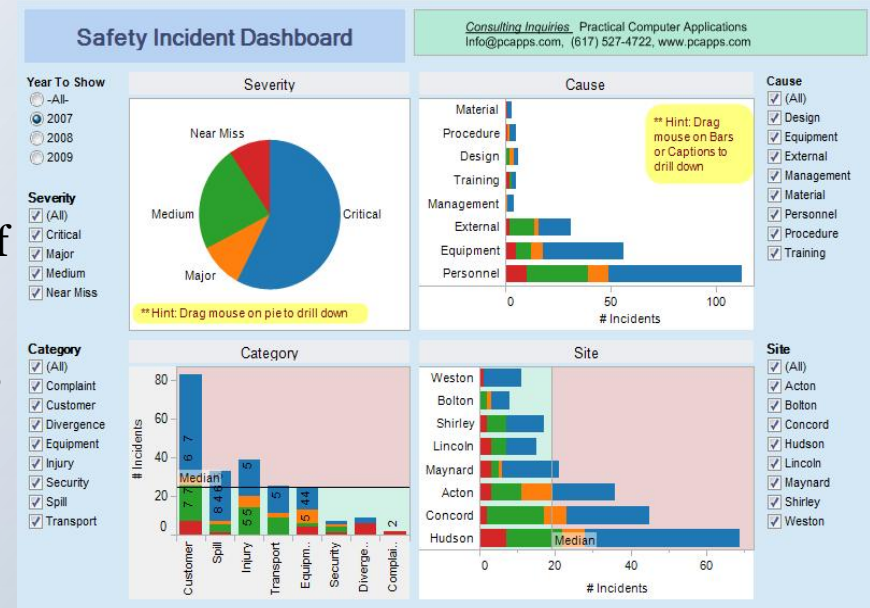
- VA Data
- National Guard Data
- Behavioral Health Data
- Medicaid Data
- State agency Data

## Additional Reps:

- Researchers
- GIS mappers/analysts
- Homeless Management Information System Rep
- Active Service Member and Veteran Rep

# Data dashboards - Prioritize performance measures

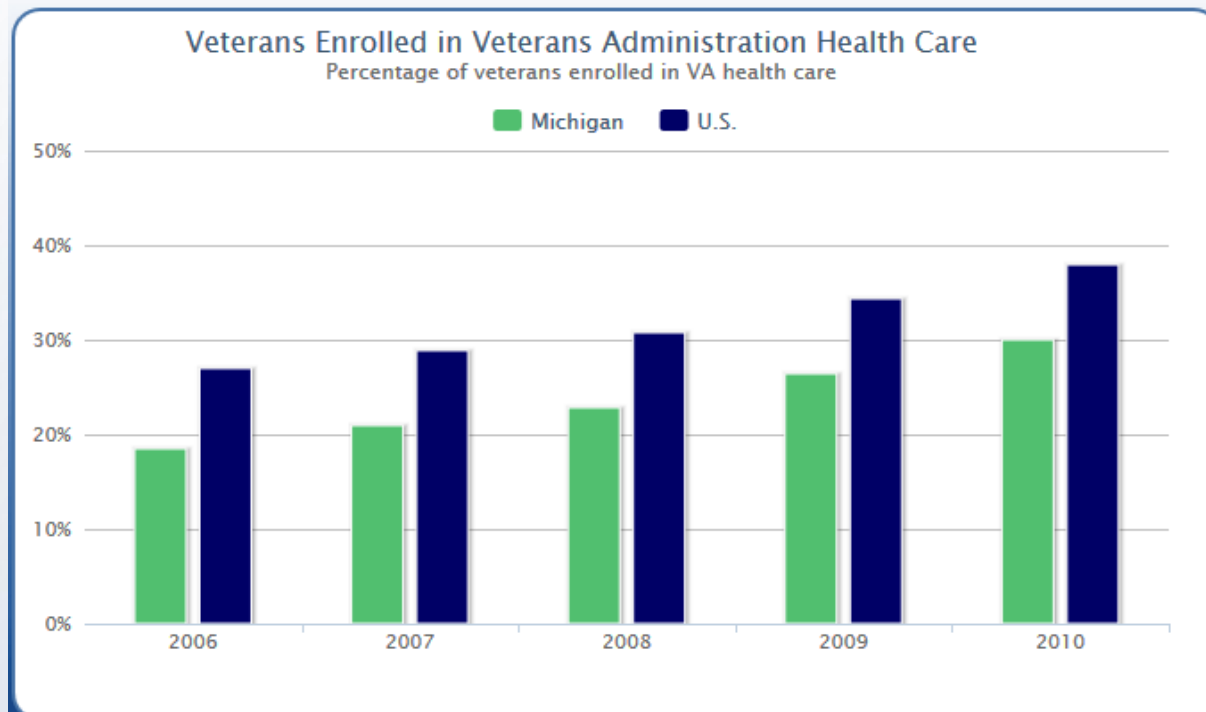
- Dashboards clarify shared priorities; what is important is collaboratively measured by all stakeholders
- Dashboards educate stakeholders on goals, expectations and planned actions
- Connect leadership with quarterly review of performance measures
- Point to progress, problems, issues, success
- Common interface for analyzing impact, neutral evidence
- Data source must be transparent, easily acquired from trusted source
- Key = easily understood measures linked to state goals/aims



# Dashboard Indicator- Match Goals

## Veterans Enrolled in Veterans Administration Health Care

**Why it Matters:** Michigan veterans need and deserve access to high-quality, low-cost health care. This is especially important because some veterans return home with a number of complicated health issues. Ensuring that Michigan veterans apply for enrollment in the VA health care system will give them access to excellent medical professionals who understand their specific needs while lessening the financial burden that medical care places on our veterans' families.

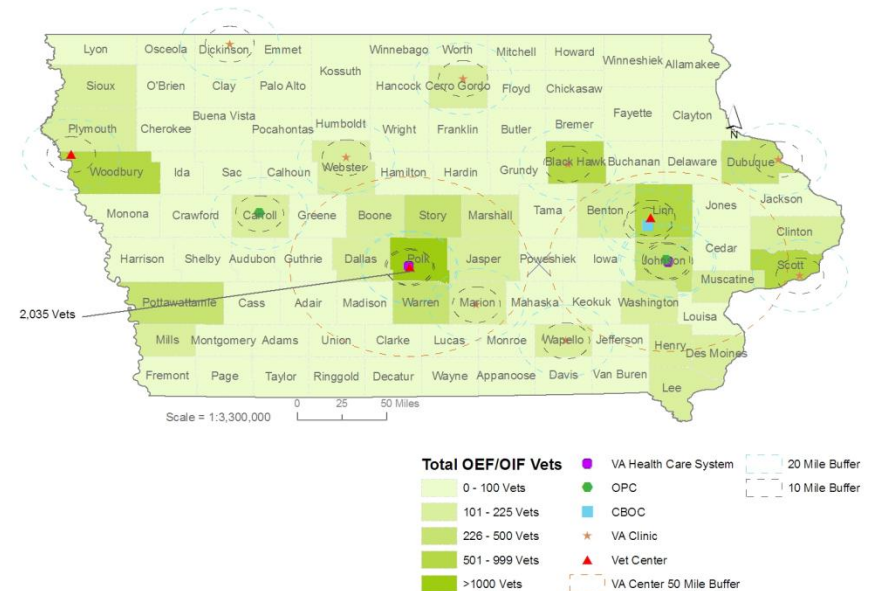
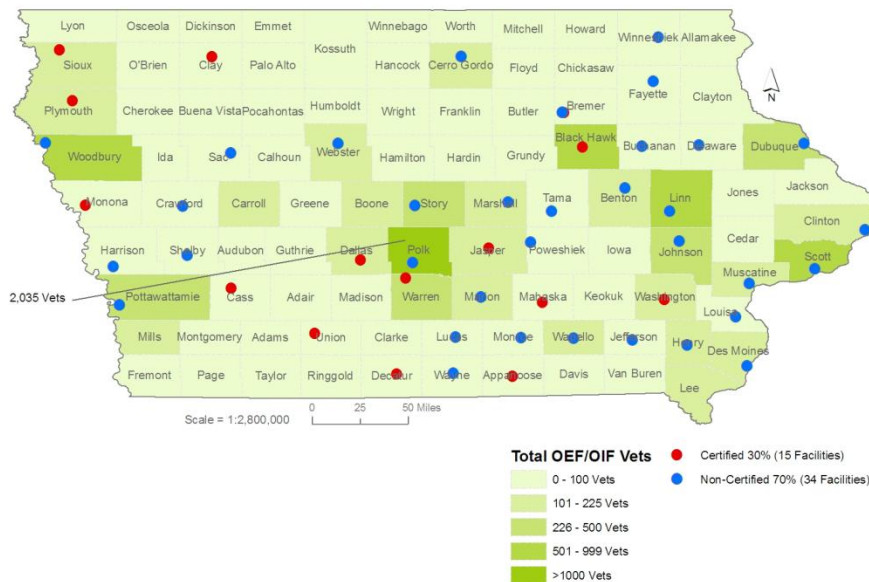


Source: US Department of Veterans Affairs  
Updated annually

# Work Plan Strategies – Increase Military Culture Training / Access

Certify all Iowa CMHC's in Military Culture

Increase access to clinical services for all veterans

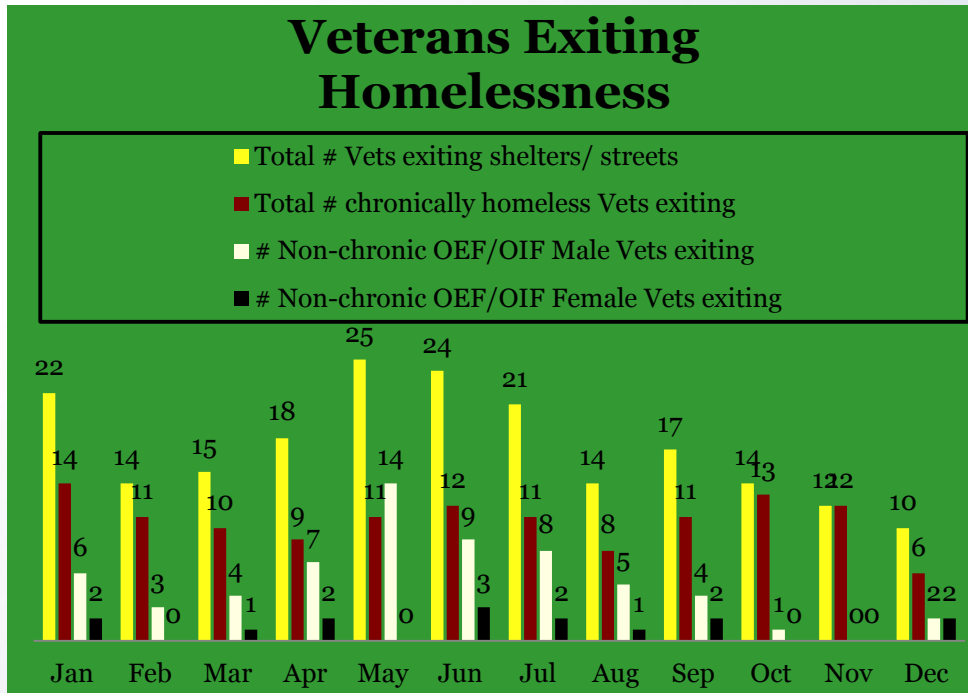




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# More powerful to present context



YEAR	Total # Vets exiting shelters/streets	Total # chronically homeless Vets exiting	# Non-chronic OEF/OIF Male Vets exiting	# Non-chronic OEF/OIF Female Vets exiting
Jan	22	14	6	2
Feb	14	11	3	0
Mar	15	10	4	1
Apr	18	9	7	2
May	25	11	14	0
Jun	24	12	9	3
Jul	21	11	8	2
Aug	14	8	5	1
Sep	17	11	4	2
Oct	14	13	1	0
Nov	12	12	0	0
Dec	10	6	2	2

Dashboard goal: to motivate understanding and actionability. Displaying multiple factors is key to help make visible what might be causing bad outcome.

*Further analysis revealed that young Veterans less likely to exit homelessness. Veterans under age 30 were the least likely to exit into housing. **Interventions?***

# Kentucky Goal for Dashboard Indicator = Data Presentations

Interagency collaboration is key to the future success of the KY SMVF Behavioral Health Initiative. The goal to streamline services for this population includes accumulation of accurate data and the purpose of this dashboard is to show a record of visits to partner agencies who are charged with data input for the Commonwealth of KY. One question which should be incorporated as a standard practice, is the following: "Have you ever served in the military?"

Presenting Topic	Metric	Segments				
		All Presentations	Community-Based	Medicaid	VA	Other
<b>Veterans in KY Data</b>	# Presentations	8	4	2	1	
	# Attendees	32	12	33	32	
	# follow-up meetings/calls	2	1	0	1	
<b>Behavioral Hlth Data</b>	# Presentations	4	1	0	1	
	# Attendees	100	44	0	44	
	# follow-up meetings	1	0	0	1	
<b>Family - Community Integration Data</b>	# Presentations	2	1	0	1	
	# Attendees	15	23	0	22	
	# follow-up meetings	1	0	0	1	

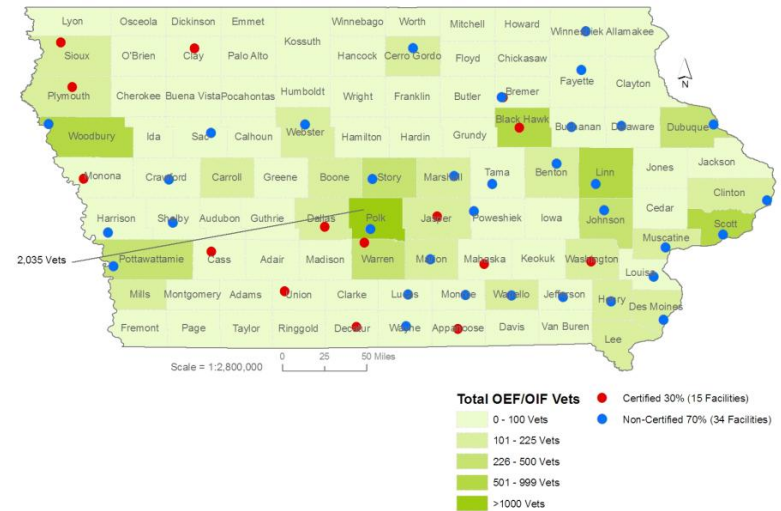
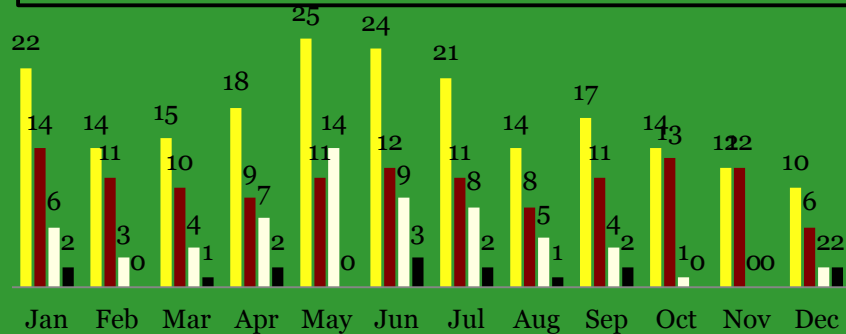
# Data Dashboard “Rules”

## Source: Five Rules for High Impact Web Analytics Dashboards

1. Identify most critical, impactful metrics (4 to 6 dashboard items). Ensure metrics will drive action.
2. Create context, instead of single metric, use comparison's i.e., compare impact with benchmark goals, prior performance (trend lines), other geographies, subpopulations
3. Include a section on top of dashboard that shares insights, *what were causes of underlying shifts...*
4. Motivate questions. *What should we do next, how do we reverse the decline*
5. “If your dashboard does not fit on one page, you have a report, not a dashboard. Dashboards, like humans, should constantly evolve!”

# Veterans Exiting Homelessness

- Total # Vets exiting shelters/ streets
- Total # chronically homeless Vets exiting
- # Non-chronic OEF/OIF Male Vets exiting
- # Non-chronic OEF/OIF Female Vets exiting



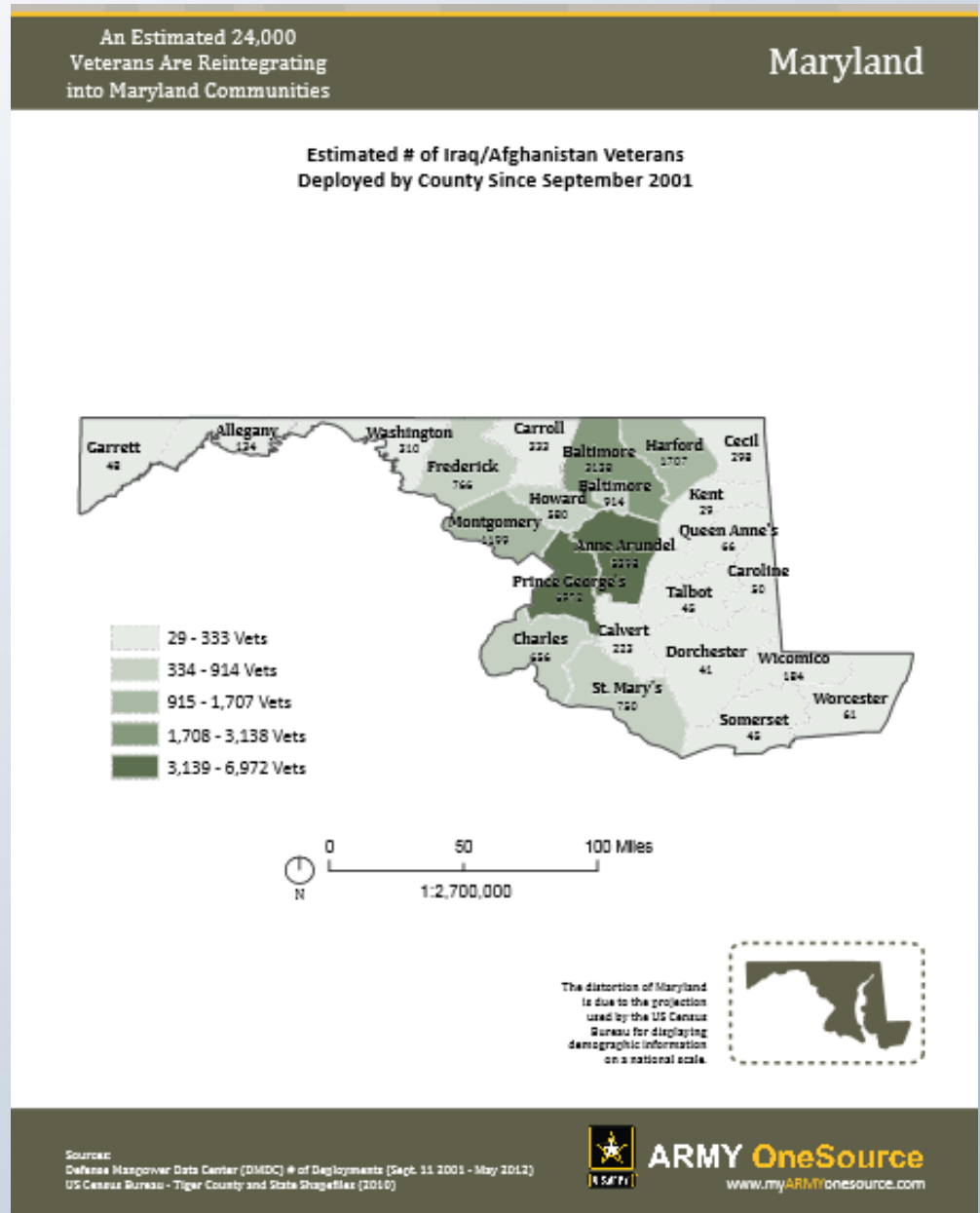
## Highlights

- Younger Veterans have longer time in homelessness
- More than 50% of CMHC's have been trained in Military Culture
- 12 Presentations / 210 attendees in past quarter

Presenting Topic	Metric	Segments			
		All Presentations	Community -Based	Medicaid	VA
Veterans in KY Data	# Presentations	8	4	2	2
	# Attendees	67	12	33	32
	# follow-up meetings/calls	2	1	0	1
Behavioral Hlth Data	# Presentations	2	1	0	1
	# Attendees	88	44	0	44
	# follow-up meetings/calls	1	0	0	1
Family - Community Integration Data	# Presentations	2	1	0	1
	# Attendees	55	23	0	22
	# follow-up meetings/calls	1	0	0	1

# Data Visualization Project

- Army OneSource mapping tools allows state leaders to visualize their own veterans; engage discussion, **ask key questions** to help define system needs, constraints, opportunities





# Veterans and Community Reintegration



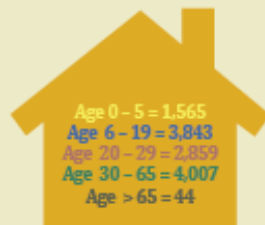
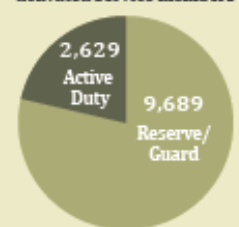
ARMY OneSource

www.myARMOneSource.com

## New Hampshire - Dependent Data

12,318

Total # of dependents for all activated Service members<sup>1</sup>



# of New Hampshire dependents by age group



96% of Veterans already in VA system expressed interest in services to help with readjustment to civilian life<sup>5</sup>



At least one-third reported divorce, dangerous driving, increased substance use, and increased anger control problems since deployment<sup>6</sup>



142,000

Approximately 142,000 members of the U.S. Armed Forces (Active, Guard, and Reserve) are single parents of minor children.<sup>4</sup>

## Service members deployed since 9/11<sup>1</sup>

United States

2,385,278



New Hampshire

4,149



## Spouse Abuse<sup>2</sup>

Total Incidents Report



Data does not estimate total amount of domestic abuse in military families. Incidents reflect data reported to DoD's FAP.

## Child Abuse<sup>2</sup>

Incidents per 1000 children



## Unemployment Rate<sup>4</sup>



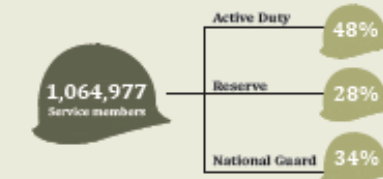
## PTSD Rate<sup>7</sup>

13% - 20%

An estimated 13 to 20 percent of the 2.6 million U.S. Service members who have fought in Iraq or Afghanistan since 2001 may have PTSD.

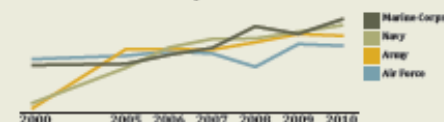
## Multiple Deployments

U.S. OIF/OEF Service members who have served multiple deployments since 9/11 (44% of total)<sup>1</sup>

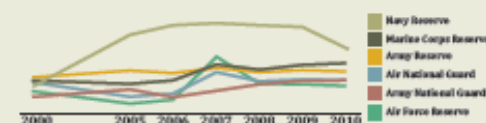


## Divorce Rate<sup>3</sup>

Divorces by Service Branch Trends



Divorces by Reserve Component Trends



The Vision: "There will be No Wrong Door to which ANY Service member, Veteran or Family member can come for the right help."

Harold Kudler, MD

<sup>1</sup>Source: U.S. Department of Defense, Department of Manpower Data Center. (Dependent Data as of August 2012) (Deployment Data as of May 2012)

<sup>2</sup>Source: U.S. Department of Defense, Family Advocacy Program FY 2010 Report. (2011)

<sup>3</sup>Source: U.S. Department of Defense, 2010 Demographics Report: Profile of the Military Community. (2011)

<sup>4</sup>Source: United States Department of Labor, Bureau of Labor Statistics Household Data. (August 2012)

<sup>5</sup>Source: Psychiatric Services: Reintegration Problems and Treatment Interventions Among Iraq and Afghanistan Combat Veterans Receiving VA Medical Care. (June 2010)

<sup>6</sup>Source: Benchmark Institute: Guide to Veterans' Legal Issues. (2011)

<sup>7</sup>Institute of Medicine Report: Treatment for PTSD in Military and Veteran Populations: Initial Assessment. (7/13/2012)



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# Maryland data focus -Young Disabled Veterans in Poverty

Build your own Infographic:  
Step 1: Gather current, reliable data

- 3/13/13!! **Committee on Veterans' Affairs** Hearings to examine Veterans' Affairs (VA) claims process, focusing on review of VA transformation efforts.
- Research articles – Graphs
- Use ACS data for infographic, with simple graphics and images
- Google Infographic images by topic area, Check out RWJF, Pew, Kaiser, Gates Foundations Infographics for ideas on ways to present data
- Work with a small data gathering team
- Keep it simple, easy to digest
- Include solutions
- ALWAYS cite research findings
- Use graphic designer to create final layout

<..\..\..\Army\Infographics\Veterans InfographicsFINAL .jpeg.jpg>

# State Data Aims – Target

State	Data Aim (proposed)	Impact Goal	Engagement Marketing Tools	Data Dashboard Measures
KY	Data sharing with the Department Community – Based Services - Veteran data marker in client intake.	Inclusion of Community Based Service points of care for Veterans, create a comprehensive Veteran tracking system, id. gaps	Multiple tools.....	Aligned with goals.....
NC / VA	Identify children in military families			
MD / MI	Veteran health data / Young Disabled Veterans in Poverty			
MT	How to find Veterans NOT accessing services at VA. Native Americans			
LA/ WA/ SC	Location of services across state, especially private entities - Federal VA data			
AL/ VA	Sharing data across multiple agencies, VA and state agencies, DoD, Guard,			
NV	Tracking Veterans Suicide data — Health and substance abuse indicators			
All States	Ending Veterans Homelessness			

# Cloudburst TA Team

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