Just Public Health and Safety Data Sharing in Georgia

Introduction [00:00:01] RTI International's justice practice area presents Just Science. Welcome to Just Science, a podcast for justice professionals and anyone interested in learning more about public health, innovative technology, current research, and actionable strategies to improve the criminal justice system. In the final episode of our Community Based solutions for Substance Use Challenges season Just Science sits down, Kristen Lee, substance use program coordinator at the Georgia Criminal Justice Coordinating Council. Lizann Roberts, executive director of the Coastal Georgia Indicators Coalition. And Tara Jennings, strategic planning administrator for Chatham County government, to discuss their COSSUP funded Community Data platform, which helps connect health and justice data for an individual so that first responders can best meet their needs. For individuals who frequently cycle through jails, homeless shelters, and emergency departments, there is a need to increase access to community resources, to break the cycle of justice involvement and reduce the burden on first responders. In Chatham County, Georgia, the Community Data Sharing Program provides real time data across public health and safety services, helping first responders gain a holistic view of an individual's justice involvement and refer clients to the appropriate community resources. Listen long as Kristen, Lizann and Tara discuss why they decided to use data sharing as a tool to better serve clients with a substance use disorder, how they address barriers such as data sharing and privacy concerns, and how the program has not only impacted participating clients, but also local first responders and policymakers. This Just Science season is supported in part by RTI Award number 15PNIJ-21-GK-02192-MUMU, awarded by the National Institute of Justice and by award number 15PBJA-23-GK-02250-COAP. Awarded by the Bureau of Justice Assistance. Both are agencies within the Office of Justice Programs, U.S. Department of Justice. Here's your host, Doctor Lawrence Mullen.

Lawrence Mullen [00:02:08] Hello and welcome to Just Science. I'm your host, Doctor Lawrence Mullen, with the Forensic Technology Center of Excellence, a program of the National Institute of Justice in order to reduce overdose deaths, promote public safety, and support access to services. This season is in collaboration with the Comprehensive Opioid Stimulant and Substance Use Program funding to respond to illicit substance use and misuse. Here to help us with the discussion from the state of Georgia is Kristen Lee, Lizann Roberts and Tara Jennings.

Lizann Roberts [00:02:36] Thank you Lawrence.

Tara Jennings [00:02:38] Thank you.

Kristen Lee [00:02:39] Yes. Thank you Lawrence.

Lawrence Mullen [00:02:41] All right, Kristen, we'll start with you. Can you tell the listeners about your background and what led you to your current involvement in the COSSUP program?

Kristen Lee [00:02:50] Hi, I'm Kristen Lee, the substance use program coordinator for the Criminal Justice Coordinating Council, also known as CJCC. Before joining CJCC, I worked in the child Welfare and Victim Services agencies, which prepared me for my current role as the Program Coordinator for the COSSUP Grant programs. Through my oversight role, I connected with these amazing ladies on the podcast with me today from Chatham County. As a state administering agency for Georgia our mission is to advocate for and secure resources that drive positive change in our local communities.

Lawrence Mullen [00:03:22] Awesome. And same question to Lizann.

Lizann Roberts [00:03:25] Hi, I'm Lizann Roberts. I'm the executive director of Coastal Georgia Indicators Coalition. I've had the opportunity to work with the Criminal Justice Coordinating Council on several projects, including the development of the Behavioral Health Unit here in Savannah and Chatham County. And I've had the opportunity to work with Kristen over several years, and my background is very diverse. Started out in post-secondary education and then landed here in Savannah 29 years ago as the employee health director for the city. But at the base of what I do is really working in public health and and community engagement. So most of the work that I do is around systems change and how we can look at changing systems that create the outcomes that we're seeking in our community.

Lawrence Mullen [00:04:21] All right. Thank you for that. Tara, would you mind sharing your journey for us, please?

Tara Jennings [00:04:26] So I am Tara Jennings, the Chatham County Strategic Planning administrator. I do the other things that most other county staff do not do, which is to work across different units of government and departments, along with external partners such as the Indicators Coalition and other direct service providers to improve outcomes for citizens and guests of Chatham County. A lot of my work, comes in the community engagement and community improvement space. We use qualitative and quantitative data to inform the strategies of the board. And then my job is once the board has set priorities around community issues to execute on those and report back on those. And so unfortunately, overdose deaths is a problem in our community and Lizann brought a strategy to our attention along with connecting us to CJCC and Kristen. And so we've been able to implement a program that we hope helps the most vulnerable populations in our community.

Lawrence Mullen [00:05:23] Such fascinating journeys. And again, we really appreciate the work that you all are doing. As previously mentioned, you all were awarded a COSSUP grant in 2020 that specifically help to support individuals who have a substance use disorder and are seeking treatment after release from detention. Tara, can you tell us what a data sharing platform is and how it helps individuals who are reentering the community after release from detention?

Tara Jennings [00:05:49] So there's a couple of things that a community data platform or a community information exchange will do. We look at impact outcomes and outputs. So if you start with outputs, we want a record of referrals to organizations, supports and treatments that the individual might need. The outcomes of that allow us to change the domain specific to the whole person, care, and look at a bigger picture of the individual. The impact of that is improvement and health indicators and improve quality of life. So what the data platform allows us to do is to take the holistic person and support them in an array of different things. One our first responders have access to their patient client information. They also can see information around their medical history. Some might be primary health. It could be mental and behavioral health. Then we have a connection to the homeless service provider system so we can see if individuals are homeless or if they're using services in that space. We also have connectivity to our emergency paramedics and community paramedics, so that when our first responders go or arrive on a scene of an incident, they can better determine the need of an individual and connect them to appropriate resources. The same is true as an individual is exiting from a

detention center. We know that they are more likely an individual who has overdosed is more likely to actually overdose again within the first two weeks of dismissal from the jail. And so we want to connect them to the right resources and support to reduce the recidivism rate of not only from offending a crime, but also potentially of re overdosing.

Lawrence Mullen [00:07:20] Thank you for that. Kristen, would you have anything to add or Lizann?

Lizann Roberts [00:07:24] I think Tara did gave a great overview as usual. And I think the other place that we're working in this space is really looking at individuals that may not have been in detention yet. And so we really want to really think about how we intercept. If you think about the intercept model early on in the process, that we can actually prevent folks from going into detention.

Lawrence Mullen [00:07:50] Thank you for that. Kristen. How did you identify the need for this type of programing in the state of Georgia?

Kristen Lee [00:07:56] So a big push here in the state of Georgia is our co responder program. And the entities that go along with ensuring a successful program. Whenever we were looking at different projects to fund throughout the state, we were approached by Lizann and Tara with Chatham County. And they had already implemented their co responder program. And we really felt like this would be a great asset and tool for them to be able to use and implement within that program that they have with the BHU. And so what we wanted to do is we really wanted to support them and their needs. And we knew that with their dedication to the project and the strategic planning that they had already had in place, this really aligned with the goals of our agency, CJCC as well as them. And so we really wanted it to be a pilot program so that other communities and other counties in the state of Georgia would be able to see the impact that it's had. And so that's why we partnered with Lizann and Tara in order to really achieve this project and the goals and creating this, data dashboard for them.

Lawrence Mullen [00:08:58] Lizann would you be able to provide any insight for the way that you identified the need for Community Data platform in Chatham County?

Lizann Roberts [00:09:06] So in 2018 was when we received our first funding from CJCC through BJA to create the Co Responder unit. During that time, we started collecting data, right. We started looking at how we collect data over multiple data points, and we literally were putting it into a spreadsheet to collect the data to figure out what kind of impact the co responder unit was having. And so as we went down this path and we started looking at how we might create a system that would be able to house the co responder data in it so that we could more accurately report the data, have access to the data, and have multiple partners who are interfacing with the behavioral health unit be a part of that platform. So that's really the genesis of how we got there. So more funding came through BJA and to the state and the the state was going to apply for that funding. And so we partnered again with CJCC to to help us get the funding to, to create the platform.

Lawrence Mullen [00:10:20] Awesome. What are goals of this program. And this could be open for either Lizann or Kristen or Tara anyone.

Kristen Lee [00:10:27] So the goal of a community data platform is to connect individuals to needed services and resources to reduce the burden and limited opportunities that we have of first responders. Chatham County chose this project in an effort to improve

outcomes for those individuals, as we references familiar faces, which are persons who frequently cycle through jail, homeless center, homeless shelters, emergency departments, and other crisis services. The purpose is to reduce incarceration rates and recidivism rates for vulnerable high need residents. Empower data shared between mental health and justice systems so that we can identify the individuals, connect them to the appropriate resources. Reduce the overuse of our limited resources within the circle called breaking the cycle of justice involved individuals.

Lawrence Mullen [00:11:14] Did anyone else have anything else to add to that?

Kristen Lee [00:11:16] We're really, really thinking about this from a community wide perspective, not limiting it only to the law enforcement side, but also the fire departments, community paramedics and program that allows us to really help individuals from hitting the emergency room so that that can be treated in place. We're thinking about it from a very broad perspective, thinking about how we connect with our partners who are interfacing with first responders in the community, and how we can help connect individuals to the resources that they need. So while our framing is pretty close on what the outcomes that we want to have that Tara articulated. We're also wanting to think very broadly about the partners that could be interfacing with the first responders and the community data platform, so they're able to, for instance, create links that they can give a partner. So a partner who might be a social service agency or a substance abuse disorder clinic can make a referral back to the first responding units so they could go out and check on someone, for instance. So our outcome part of that is we want to reduce recidivism. We want to reduce where those individuals touch both emergency room and other law enforcement going back to jail, for instance. But we also want to think very broadly about connecting people to the services that they need.

Lawrence Mullen [00:12:53] Now, you both mentioned the reduction of recidivism. So can you provide a little bit more insight on how the community data platform will help to reduce recidivism?

Lizann Roberts [00:13:03] So it's a way for us to collect data. All right. So for instance, since the inception of the behavioral health unit on Savannah PD side, I want to say that since that happened, since we had the the genesis of the Savannah Police Department's Behavioral Health unit, Chatham County also has a behavioral health unit now. And we now have a community paramedicine program. But going back to your data question, when we look at the numbers, there's only 7% of those clients that Savannah Police Department has interfaced with who have landed back in jail. That's very significant in terms of numbers of people that they've interfaced with, which is over 1000 since the inception in 2018-19 time period that only 7% have landed back in jail. So the data platform really helps us capture that real time information and be able to share it across a platform. So if, for instance, of Savannah officer sees someone in one place they can also a Chatham officer could see that that person has also been seen by another provider or another jurisdiction.

Lawrence Mullen [00:14:23] That's awesome. But it's doing that much. Tara, did you have anything that you wanted to add?

Tara Jennings [00:14:27] Yeah, I think Lizann did a great job. I think just from a return on investment idea about the recidivism piece locally, it cost us about $78 a day to house someone at the detention center. And so if we can reduce the number of days that an individual is detained, not only does it save taxpayer dollars, but it instills that that

individual has a more likelihood of being successful back in their community, and it connects them not only to provider resources, but to their natural support systems that can help them be successful.

Lawrence Mullen [00:14:58] We kind of talked a little bit there about partnerships. Like in your previous response, can you talk about how partnerships and community buy in impacted your program, and could you give a little bit more insight about the types of partnerships that exist within the community and as well as within the program?

Tara Jennings [00:15:15] We did an initial convening of an array of partners. We had over 20 when we first got the grant that we all invited together direct service providers, first responders, judicial system, etc. we looked at all of the various software systems that they use and who had interest in being a part of it, but then we went back and realized we only had a limited amount of money, limited amount of time. And so we decided to focus in on those that had the biggest impact for what we're trying to do. And we decided our initial, if you will, a ripple, if you, you know, kind of think about a ripple dropping a rock into a lake, we decided to go with the first round of providers first, and that included Savannah Police Department, the Behavioral Health Unit, a gateway community service board, our mental health provider and Chatham emergency services were the initial three partners that we brought to the table to begin the work. Since that time, we have expanded it to include Chatham County Police Department. It includes our federally qualified health centers. We have two of those. We are just now bringing on the homeless Management information system that will be happening later this week. And we continue to work with our other health care providers through a system called Electronic Medical Records and the Health Information Exchange. And I think we'll get into it a little bit later. But we also have goals and intent to bring on United Way, which is our call resource and referral center. So as our first responders are engaging with this population, these individuals, if they determine that an individual needs a bag of food or maybe they have a workforce challenge, then they could be connected to the appropriate community based service organization to help them in that space.

Lawrence Mullen [00:16:53] Thank you for that insight. Lizann. Did you have anything to add?

Lizann Roberts [00:16:56] Yes. One always occurs to me is that it's amazing what can happen when you get a lot of smart people in a room together who have an interest in having better outcomes in the community. So the organization I serve is an organization who does that. Its Coastal Georgia Indicators Coalition, where the Family Connection Partnership and in Chatham County. And there's one of those in every single county in the state of Georgia. We're a nonprofit agency, and our job is to gather people together. So I think the piece that might be unique, somewhat unique in our community is that we already have an infrastructure of bringing people together to work on projects together and to break down barriers that we may have in the community so that we're headed towards a set of goals and strategies. We house a blueprint document for our community that includes a coresponder unit and reducing recidivism. It's a blueprint document. And so when we're thinking about the work that we're doing in our community, our community has started to embrace, we're still in that place of bringing our new partners always. But our partners are, moreover, used to working together. You know, as leadership changes, we're always bringing new people on. And then there's a part that we do every week. So every single week we have a standing call with our partners who are working with the behavioral health unit, the behavioral health unit from both jurisdictions, and also our community paramedicine and folks are on there, and our substance abuse and mental health provider,

the key partners, meet every week just to touch base with each other and work out kinks that are happening in the community in real time when they need help serving a client. And so thinking about how we utilize the platform in that same way of being able to really look at the data that we're entering, making sure that the data is meaningful and takes persistence, and it takes the organizations working together to make it really the best that it can be. And I think that what I can say, moreover, for our partners in our community, that that's their really big interest is making things work more efficiently and and really making sure that everyone stays informed on the progress.

Lawrence Mullen [00:19:34] So it looks like the buying in for partners is basically just that common goal of trying to make sure that we're propelling the community forward in that particular program.

Lizann Roberts [00:19:43] Yes, and it's in the best interest of everyone, right. Because we want to make sure that we're getting people the resources that they need so that they don't keep touching the systems over and over again unless they need to. Right. So part of it's like really helping work across these systems that are connected to each other. Right? They're connected through phone calls, but they're not necessarily connected through, a data resource.

Lawrence Mullen [00:20:12] All right. So now we're going to look at some of the barriers that you all may have kind of embraced or encountered in setting up this platform. What have been some of the barriers in building this platform from either the local or state perspective.

Tara Jennings [00:20:25] To speak from a local perspective I think, well, a state perspective as well. One of the challenges that we have experienced is that there's no centralized place where all this information sits. So depending on your funding stream usually dictates what type of client tracking platform you're using. Furthermore, depending on what service you provide, dictates who has access to that data. So for example, we have a health information exchange. And if you are a health care provider then you might be part of that. So even if you're part of the hospital, if you're part of the ambulatory services, if you have orthopedic doctor, they're all connected through health information exchange. However, that information is protected from a first responder, such as a law enforcement or even from your judicial team. Likewise, what a first responder might have information to a judicial person may have information and access to health care people do not have access to that. So we first of all, I would say one of the biggest hurdles we had to do was have data sharing agreements in place that were HIPPA compliant. I will say this continues to be a challenge because there are some who are fearful. For example, if the law enforcement know that someone's homeless, are they going to target them or are they going to treat them differently, etc., etc. and so we've had to be very intentional about who has access to this data and how the data is used. And we have to continuously bring ourselves back to the intent of what we were here to do. It is not to make things more difficult for the individual, but it is to help them find the appropriate resources. So first thing I would say has been data sharing. Second of all, I think what we've identified is a glossary. Because we all think about the color red and we see something different. We all talk about, you know, recidivism. Some people count recidivism within 24 hours. They re-offend and they're back. So people are counting it every year. Some people are counting it over a three year time period. So it took us a while to identify a glossary. And that has been something we're continuing to do, especially when you have different departments with varying standards of procedures. And so we've had to work through some of that because Savannah Police Department has one way of entering the data. Chatham County

has a different. So we're in the process right now of trying to simplify that and sync it a little bit better. And then I think the other thing that we've experienced is we can talk about APIs and connectivity. But you really have to get down to how that works, because one software system we tried to connect to, they were just providing us with PDF screenshots well you can't query a PDF, so you have to be able to have live active data, and it needs to be entered on a regular basis. And there needs to be an organization who's agreeable that that data is going to be kept active not once a month are we gonna enter everything. They have to enter it as it goes, as it's live. And so I think those are a few things I would say that we've worked through, but we have not completely overcome those. They continue to be challenges, especially as we onboard new organizations. Lizann?

Lizann Roberts [00:23:23] Tara, you really nailed it. You know, part of it is working through all the different systems, because not every data system, you know, is the same. And so our provider has been extraordinarily persistent with looking at what's the best way for us to make that connectivity happen. From my perspective, it's taken way longer than we thought it would. So I think that's the other lesson learned for other communities who are looking at doing this, is to set your bar high with some level of realistic understanding that you may have to shift or find new sources of funding, because it may take longer than you think it will. So while that has been somewhat of a barrier, we've adjusted and we've had great help from CJCC in helping us extend our time frame on the project and then also looking at new funding streams as we go forward after our grant period is over with, and how we sustain this over time. And then I think as much as we work together in our community, this is new territory for us. And anytime you've got new territory, there's a learning curve. And so really helping partners understand that and go back and, you know, make sure that the partners who are on that it's working properly and that we're really reporting out the data on a regular basis so that we know that it's working properly. All of those touch points are not necessarily barriers. They're just parts that we know that we have to make certain that it's working the way that we intend it to work, so that we get the outcomes that we're seeking.

Lawrence Mullen [00:25:14] And, Kristen, would you happen to have, you know, some recollection or some examples of barriers at the state level for managing this program?

Kristen Lee [00:25:22] I think, as Lizann and Tara have both emphasized, is having that community buy in, of course, is definitely a barrier for other state agencies and also other counties throughout the state, as well as the funding associated with the costs that it takes in order to implement a community data platform. What I will say is that, by being on this project and just observing how Lizann and how Tara have implemented the Community data dashboard, I have learned a lot from them, and I was able to observe a large meeting with all the community partners there. After they narrowed it down to their three community partners that they were really going to focus in on and had the greatest impact. What they did was they had each of those partners come in at different periods of the day. They were able to meet with Lizann and Tara and just go through what does it look like for their agency? What reporting process do they already have in place? They were really able to have these open table discussions and really listen and hear what their community partners were telling them, what their needs were with their barriers might be, and then they were able to all come up with what are the expectations of this project and how are we going to successfully implement this? So I think that what I have learned from Lizann and Tara, I can definitely share with other counties and other agencies on a statewide level and just ensuring that they know the funding, that is something that we can overcome. But the community buy in and and partnership and having a navigation or a plan of action on how to really combat those barriers with other community partners is

definitely something that's doable as well. And something that we at CJCC can support them and help navigate them and guide them.

Lawrence Mullen [00:27:09] Thank you all for such thoughtful responses. Have you been able to see any positive impact of the program so far?

Lizann Roberts [00:27:16] Yes. I mentioned before, you know, the recidivism rate that we have, I think from a data perspective, we really are able to pull information very, very quickly and be able to share that with policymakers. I mean, when we think about the work that's being done, especially in the law enforcement and first responder area, there's a lot of stress. There's stress related to staffing levels. Our first responders, you know, are having wall time in emergency rooms. There different kinds of things that have happened really, Covid and post-Covid that creates organizational or community stress because of the behavioral health units in the community paramedicine program or initiative, we've been able to collect the data that we need to be able to go back to our organizations and the community and be able to share information on what's happening, how many clients have been served. The numbers of those are increasing steadily every year. For instance, just in 2024, there have been 260 clients that have been served by the Savannah Behavioral Health Unit. That compares to 328 in the previous year. In mid-year, we had 260 who have been served. So we're going to exceed with the same number of officers. We're going to exceed the number of clients served by the end of this year, most likely. And so when we think about helping to divert people from emergency room utilization, prevent an overdose, help people who are coming out of detention or helping people avoid being arrested again. That's significant when you're thinking about the numbers increasing every year with the same, essentially the same number of officers. So we know that this is also helping us tell a story for the community that can then help us serve more people, because the more that we can tell a story about the work that is being done, the more referrals we're going to be able to actually get from people who are walking around every day, which happens, who hear about the behavioral health unit are able to send a message to 911 and say, this is happening. We would really like a behavioral health unit to come to the scene. So I think for for me, for when I look at the broad scope of the work, having the information available to us in real time and being able to pull reports pretty quickly is a very important part of our work.

Tara Jennings [00:29:59] Lawrence, if I could add through the co responder model. So you've got, you know, specially trained law enforcement, a licensed clinician, mental health clinician, and you have a community paramedic staff member on the scene. We started out with a project called triage, treat and then transport. So it's your ET3 project by being able to triage and treat at the incident at the scene. It has reduced 89% of those individuals having to be transported to an emergency room or to the detention center. We've been able to get them the resources they need. And just from a community again, return on investment, first responders, the amount of time for an ambulatory service to sit there, transportation to a hospital, all of those things are impactful to the work that we're talking about doing, the work that we are doing.

Lawrence Mullen [00:30:45] Thank you for that. Are there any success stories that anyone would like to share as it relates to the project or the program?

Tara Jennings [00:30:52] There have been a few incidences where the data has been very helpful. I'm not going to say the outcomes always necessarily been the best, but I think that we've gotten the individual, the services that they need, and it's not just the data platform that allows us to do that. It's the meetings that Lizann mentioned. It's the

relationships that are so critical in this space. Just a case study. For example, there was a female who continued to call 911. So when we talk about familiar faces, I'll go back to that term for a moment. And we pulled the data. She had called 911 more than ten times in the last 30 days. And if you know much about a first responder situation, we have no choice but to go to the home to see what's going on. And when they would get there, they would find that she really had no emergency. She was just really lonely and she wanted someone to talk to. So by connecting her to a community paramedic to really sit down and understand her need, and then from there connect her to a place that she could go on a daily basis through public transportation, so that she had engagement with other people who were living a life like she's living, and find natural support has been able to reduce the amount of times that she's called 911. So that's a simple story, but it is a realistic story sometimes how complex yet how simple this work can be.

Lawrence Mullen [00:32:07] Thank you for that. Are there any other examples of, you know, success stories?

Lizann Roberts [00:32:11] I think for me, just thinking, talking about it from a very broad perspective is that the beauty of the community data platform is being able to see when where someone is connected. So if you can imagine a first responder or a behavioral health unit officers going directly to a call, they can pull up the data platform to see where that individual is connected. So let's say there's someone who they're responding to and that person is being has been seen recently by one of their fairly qualified health clinics. If they know that going in, they could connect that person back to the fully qualified health clinic where they can get the consistent help that they need. So we've had that happen multiple times with different agencies where an officer responds and they find out. We were on a call earlier today. It was a mother and a child who are now homeless and their substance abuse disorder as part of that, getting them connected into the most appropriate services and then being able to capture that data and know that we can go back and look, because we know working with substance abuse disorder is not a one and done thing. It's going to be multiple touches with someone that someone could make to build a relationship. So there's trust involved. And when trust involved, there's a higher likelihood that that person might go into some form of treatment or help. And so I think that that's another part of the beauty of the work that we're doing locally, so that we can see all those touch points and know that we can connect people into the services that they need at the most right time.

Lawrence Mullen [00:34:02] What advice would you give to other agencies who want to implement a data sharing platform like this one?

Tara Jennings [00:34:07] Relationships. You've got to have trusting relationships, and you need to have a collaborative intent that you all want to work together. If anyone feels forced to do it, it's not going to work.

Lizann Roberts [00:34:17] Be very intentional about the request for proposal for the platform provider, and making sure that the specs that you're writing for that RFP are really going to give you the outputs that you need. We landed with a great provider. And so I think throughout that early process of really looking at all the different systems that are available and then being able to narrow that down with someone who is willing to build the system that you're needing, that's going to produce the outcomes that you want, and being able to be malleable enough to change things and or to adapt them, or to add new fields on that. As you get into and you learn more about what you really want to do. That's, I think, vitally important. And then be willing to change directions a bit, though the outcome

that we know the outcomes the same, but the road that we may take to get there might be slightly different than the one we imagined when we first started.

Lawrence Mullen [00:35:28] Kristen, did you have anything that you wanted to add?

Kristen Lee [00:35:31] I think Lizann and Tara really highlighted those key barriers and everything. And I just want to say, as far as, you know, securing funding or any questions or anything that someone might come up against as they're considering a data platform is just to do your research. Reach out to other community partners, other statewide partners, see what other states are doing as well. Find you an advocate. Lizann and Tara, I cannot say enough great things about them as they have really spearheaded this project and have not given up. So just finding that champion that's there in your local community to navigate and build those relationships and sustain those relationships and everything, and using that data to really create that picture and having those individualized conversations with each of those partners that you want on board. I think that Lizann and Tara did an amazing job, and I know that they would be more than happy to share their successes with anybody else. So again, just using those individuals throughout the whole United States who have already used the platform and what their experience was and everything, because I know these ladies, they did a lot of research and everything as well. So I would say that that's just definitely something that helped them full throttle, move forward and have a successful implementation of their dashboard in their community.

Lawrence Mullen [00:36:55] Perfect. Thank you all for such thoughtful responses. Just as a wrap up question, what's next for the program?

Kristen Lee [00:37:02] Sustainability. I think that's that's always you know, we have a grant funded project. You need to go into it with the idea of how am I going to keep this going when the grant ends? And so thankfully, we've been able to identify, you know, the opioid settlement, opioid abatement funds to help with this being very intentional about the populations of individuals that we're working with. And I would just echo that, you know, relationships take time. Software connectivity takes time. And so while we probably didn't use the word patience and persistence, those are two things that you also have to be mindful of in this process. And so, you know, what's what's next for us is just, you know, making sure we can sustain what we've started. And then to Lizann's point using that data, prove to other funders to prove to ourselves that the idea, you know, a vision of an idea is one thing. But when you actually implement it and you begin to see the outcomes, that's that's the proof in the pudding.

Lawrence Mullen [00:37:56] Did anyone else have anything they wanted to add for next steps?

Lizann Roberts [00:37:59] I think for me it's thinking about what's the next iteration. Once we get the providers that we are targeted on, what's the next step to think about who's missing? Whom else might we add in to the platform that really touches the pot, especially the population that we're focused on? Are those individuals with substance abuse or are co-occurring with mental illness? So I'm thinking about that part of it and having that propel our work forward, because we'll get to a point where we've been intentional about all the partners that we're getting on, then knowing what the next steps are or discerning what those next steps are, and maintaining those strong partnerships as leadership changes, because we'll have to be mindful of that. We are thinking about the, you know, how we would might onboard new individuals who step into new roles and helping them understand the value of partnership and the value of standing the space of sharing the

information that we do need to share to serve individuals in our community who are at the highest risk.

Lawrence Mullen [00:39:12] Thank you for that. Are there any final thoughts that you would like to share before we conclude today?

Tara Jennings [00:39:18] So I just want to recognize that while Lizann and I have done the boots on the ground work, as Kristen has referenced, we wouldn't be able to do it without state support and state funding and even the technical assistance that she's provided, because there have been times that we're like, we're not sure where to turn. And she'll say, well, so-and-so is trying this or so-and-so is trying that. And so connecting us to other resources inside the state and outside the state have been very helpful to us. So monetary is one part of it, but just the technical support and motivation that the team has brought to us to make sure that we're successful has been, you know, another piece to the puzzle that I think we can't overlook.

Lawrence Mullen [00:39:56] Awesome. Well, I have thoroughly enjoyed this discussion today. So again, I'd like to thank our guest today for sitting down with Just Science to discuss the COSSUP funded Community Data Platform program in Chatham County, Georgia. Thank you, Kristen, Lizann and Tara.

Kristen Lee [00:40:10] Thank you.

Lizann Roberts [00:40:10] Thank you.

Tara Jennings [00:40:11] Thank you.

Lawrence Mullen [00:40:13] If you've enjoyed today's conversation, be sure to like and follow Just Science on your podcast platform of choice. For more information on today's topic and resources in the forensic field, visit forensicCOE.org to request training and technical assistance or learn about additional resources from COSSUP TTA collaborative visit COSSUP.org. I'm Doctor Lawrence Mullen and this has been another episode of Just Science.

Introduction [00:40:38] This episode concludes our community based solutions for substance use challenges season. Tune in for upcoming special release episodes and a season on strategies for survivor economic empowerment. Opinions are points of views expressed in this podcast, represent a consensus of the authors, and do not necessarily represent the official position or policies of its funding.