

December 2022

Issue 28

# MOPHIMS NEWSLETTER

Stay up to date with the Missouri Public Health Information Management System



## WHAT'S IN THIS MONTH'S ISSUE:

- New MOPHIMS Updates
- 988 Suicide & Crisis Lifeline
- BHCADD on the Road
- Data & Training Updates

## HAPPY HOLIDAYS, MOPHIMS USERS!

As 2022 is coming to an end, we wanted to send one last newsletter before the start of the New Year. In this issue of the MOPHIMS Newsletter, you will find information about the 988 Suicide & Crisis Lifeline. This section shows how users can utilize the MOPHIMS Community Data Profiles and Data MICAs to access mental health and substance use data. We also included a section to showcase some presentation highlights and conferences our BHCADD members attended across the state and country. We round out this issue with data and training updates as well as information on how to sign up for our next issue of the MOPHIMS Newsletter.

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Check out the new MOPHIMS updates!

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Read about the 988 Suicide & Crisis Lifeline and how MOPHIMS can be used to access related health data

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From New Mexico to Montana, check out all the conferences and trainings BHCADD staff has attended this year

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Head to page 10 to see which years of data can be accessed using the Data MICAs

# What's New with MOPHIMS?



The Missouri Public Health Information Management System (MOPHIMS) provides a common means for users to access public health related data to assist in defining the health status and needs of Missourians.



## Community Data Profiles

Community Data Profiles are available on various subject areas and provide data on 15-30 indicators for each geography selected.

- Maternal, Infant and Child Health Profiles
- Chronic Disease Profiles
- Injury Profiles
- Death Profile
- Hospital and Emergency Room Visit Profiles
- Special Demographic Profiles
- County-Level Study Profiles



## Data MICAs

The Missouri Information for Community Assessment (MICA) allows users to summarize data, calculate rates, and prepare information in a graphic format.

- Maternal, Infant and Child Health MICAs
- Chronic Disease MICAs
- Injury MICA
- Death MICA
- Hospital and Emergency Room Visit MICAs
- Population MICA
- Medicaid/TANF MICAs



## Environmental Tracking

The Missouri Environment Public Health Tracking (EPHT) program was developed to assist the public, communities, policymakers, and scientists, answer fundamental questions about the relationships between environmental exposures and health effects. Data on this site also include hazard and disease surveillance.

- Health Data
  - Blood Lead Levels
  - Asthma
  - Birth Defects
  - Myocardial Infarction
  - Carbon Monoxide Poisoning
- Environmental Data
  - Agriculture
  - Air Quality
  - Water Quality
- Community Data
- National Data

If you have used MOPHIMS recently, you may have noticed a few updates on the homepage. The Community Data Profiles, Data MICAS, and Environmental Public Health Tracking Program (EPHT) all have new updated icons. In the near future, you will see different icons next to each specific MICA and Profile as well. The new MOPHIMS logo and icons match the color scheme and style of the recently adopted DHSS logo launched in early September.

We are excited to share this new MOPHIMS look with users! The icon symbol for each data system retains a similar color as before. The Community Data Profiles icon is orange, the Data MICAs remain blue, and EPHT is green. The topics and accessibility of these data systems will also remain the same. If you need help accessing MOPHIMS or using its features, please reach out to the MOPHIMS User Group at [MOPHIMSUserGroup@health.mo.gov](mailto:MOPHIMSUserGroup@health.mo.gov).

# 988 Suicide & Crisis Lifeline

## 988 Suicide & Crisis Lifeline

Crisis centers provide life-saving support and resources to community members in need. Formally known as the National Suicide Prevention Lifeline, the 988 Suicide & Crisis Lifeline is a national network of crisis centers that is now active across the United States. Those experiencing mental health related distress can call, chat, or text 988 to be connected to trained specialists who provide free and confidential support 24/7. Although the original 1-800 Lifeline number will always be available, hopes are the transition to the three-digit nationwide phone number will make it easier for individuals in crisis to access services and resources. Anyone in need of support for a suicidal, mental health, and/or substance use crisis for themselves or a loved one should call 988.

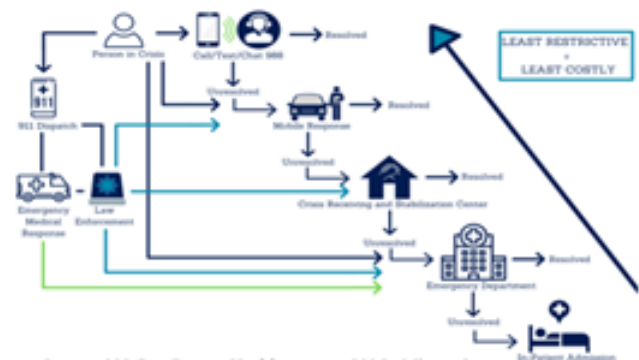
With 988 becoming a major piece of Missouri's crisis care system, we expect to see a decrease in:

- Emergency Medical Services
- Law Enforcement Dispatch & Intervention
- Containment & Arrests
- Hospitalizations



## 988 in Missouri

In September 2022, a 988 task force was created to help implement Missouri's 7 Lifeline centers. 988 will divert individuals in crisis away from law enforcement, emergency, and hospital resources, reducing the burden on these systems.<sup>1</sup> The chart below demonstrates Missouri's Crisis Services plan of action based upon crisis needs.



## Accessing Data Using MOPHIMS

Not only do we want to provide new updates about The Lifeline and its accessibility, but also we want to demonstrate how MOPHIMS can be used to find and access mental health and substance abuse related data. MOPHIMS Data Profiles provide users with tables, graphics, and downloadable data on various subject areas. The Alcohol and Substance Use Disorder profile will direct users to a page maintained by the Department of Mental Health, which contains substance use and mental health annual status reports.

<sup>1</sup> 988 One Pager - Health.mo.gov. 988 In Missouri. Available at: <https://health.mo.gov/living/families/schoolhealth/pdf/988-one-pager.pdf>

From the Alcohol and Substance Use Disorder Profile, users can find state and county-specific reports. The report below shows the demographics and number of individuals admitted to Division of Behavioral Health substance use disorder treatment programs in Missouri from 2019-2021.

### MISSOURI

#### TREATMENT ADMISSIONS FOR SUBSTANCE USE DISORDERS AND COMPULSIVE GAMBLING -- DIVISION OF BEHAVIORAL HEALTH

Some individuals were admitted to more than one category of substance use treatment and are counted once in each category they accessed during the fiscal year.

TREATMENT CATEGORY	FY2021	FY2020	FY2019
Detoxification	3,040	3,917	4,504
CSTAR Adolescent	1,005	1,332	1,606
CSTAR Women and Children	3,030	3,487	3,864
CSTAR General Adult	13,616	14,667	17,864
CSTAR Opioid	950	491	517
Primary Recovery Treatment	539	684	1,103
Clinical SATOP (CIP, YCIP, SRDP)	3,060	3,045	3,683
Other Substance Disorder Treatment	0	0	0

SUBSTANCE AWARENESS TRAFFIC OFFENDER PROGRAM (SATOP)	FY2021	FY2020	FY2019
Offender Management Unit	14,990	14,665	16,644
- Adolescent Diversion Education Progra	24	52	109
- Offender Education Program	5,121	5,419	6,178
- Weekend Intervention Program	2,668	2,891	3,414
(See also Clinical SATOP at left)			
<b>OTHER SERVICES PROVIDED</b>			
Co-Dependency	181	226	305
Compulsive Gambling	33	42	69
Recovery Supports	2,218	2,393	2,593
Early Intervention	111	194	552

The profiles below summarize individuals admitted to Division of Behavioral Health substance use disorder treatment programs. Individuals are counted only once, regardless of their number of program admissions within the fiscal year. Individuals admitted only to SATOP and other services listed in the upper-right box are not included below. An asterisk (\*) in a data cell indicates the number of individuals was fewer than 5.

NUMBER ADMITTED	FY2021	FY2020	FY2019
Total Individuals	26,164	27,821	33,581
<b>AGE</b>			
Under 18	1,123	1,367	1,733
18 to 24	2,249	2,630	3,583
25 to 29	4,077	4,544	5,901
30 to 34	4,836	4,947	6,015
35 to 39	4,273	4,465	5,153
40 to 44	3,251	3,201	3,500
45 to 54	3,823	4,144	4,796
55 and Over	2,532	2,523	2,910
<b>GENDER</b>			
Male	15,873	17,003	20,732
Female	10,270	10,804	12,832
<b>RACE / ETHNICITY</b>			
Caucasian	20,127	21,400	26,100
African American	4,503	4,840	5,734
Native American / Alaskan	76	60	90
Asian / Pacific Islander	62	70	93

PRIMARY DRUG PROBLEM	FY2021	FY2020	FY2019
Alcohol	7,540	7,600	9,132
Marijuana / Hashish	3,634	4,224	5,000
Cocaine (total)	626	810	957
- Crack	373	527	603
Stimulant (total)	7,624	7,740	8,690
- Methamphetamine	6,862	7,572	8,306
Heroin	3,359	3,866	5,342
Analgesic except Heroin	3,580	3,090	3,109
- Non-Prescription Methadone	9	11	15
PCP, LSD, other Hallucinogen	162	101	211
Tranquilizer	157	163	192
Inhalant	13	10	17
Sedative	17	8	25
Other Medication or Illicit Drug	42	55	90
Average Age at First Use of Drug	20.0	19.7	19.4
<b>INJECTION DRUG USE</b>			
Any Injection Use at Admission	5,603	6,400	7,565
Daily Injection Use	2,812	2,302	2,703

The mental health treatment data for 2019-2021 is shown below. This report shows the demographics of individuals who received psychiatric services and their diagnosis.

### MISSOURI

#### MENTAL ILLNESS TREATMENT SERVICES -- DIVISION OF BEHAVIORAL HEALTH



PLANNING REGION All Regions  
 PSYCHIATRIC SERVICE AREA All Service Areas  
 CENSUS 2020 6,988,927  
 2020 POPULATION ESTIMATE 6,151,548

Individuals who received psychiatric services had the following types of disorders. The total number of diagnoses is larger than the number served because some individuals had more than one type of disorder.

DIAGNOSIS CATEGORY	FY2021	FY2020	FY2019
Anxiety and Fear Disorders	29,841	27,375	20,073
Bipolar Mood Disorders	18,410	18,876	17,525
Depressive Mood Disorders	42,579	41,415	36,016
Developmental and Age Related Disorders	14,935	14,900	12,707
Impulse Control and Conduct Disorders	8,796	8,754	7,249
Personality Disorders	7,619	7,635	6,672
Schizophrenia and Psychotic Disorders	16,661	16,862	15,005
Sexual Disorders	412	414	362
Trauma and Stress Related Disorders	26,939	25,634	19,183
Other Disorders	2,396	2,614	2,864
Diagnosis Unknown	1,400	1,587	4,834
<b>Total Disorders Diagnosed</b>	<b>169,596</b>	<b>166,066</b>	<b>142,578</b>

The profiles below summarize individuals who received clinical services from the Division of Behavioral Health psychiatric programs. Individuals are counted only once based on their first treatment episode of the fiscal year. Information that was not reported is listed as unknown. An asterisk (\*) in a data cell indicates the count was fewer than five (5) and suppressed to avoid disclosing identifying information.

NUMBER SERVED	FY2021	FY2020	FY2019
Total Individuals Served	84,882	84,038	83,264
<b>AGE</b>			
Under 5	889	825	864
6 to 9	4,996	4,996	5,002
10 to 13	7,792	7,585	7,484
14 to 17	7,564	7,063	7,119
18 to 24	7,211	7,031	6,875
25 to 29	6,515	6,389	6,221
30 to 34	7,012	6,881	6,592

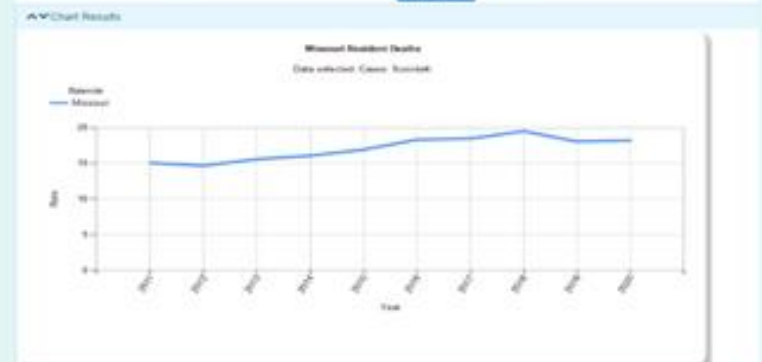
EDUCATION	FY2021	FY2020	FY2019
Less than High School Diploma	32,863	32,305	32,064
High School Grad or G.E.D.	25,664	25,400	25,273
Associate Degree or Some College	10,807	10,769	10,793
Bachelor or Advanced Degree	3,277	2,886	2,615
Education Level Unknown	12,271	12,676	12,299
<b>EMPLOYMENT</b>			
Employed	4,457	4,681	4,522
Unemployed	5,918	5,312	5,111
Not in Labor Force	12,219	13,127	12,890

MOPHIMS also houses the Data MICAs. The Data MICAs provide users the ability to generate data tables and create charts and maps in a customizable format. The Death MICA contains information regarding causes of deaths. Suicide ranked as the 11th leading cause of death in Missouri in 2020 and as the 3rd leading cause of death among adolescents and young adults. The Death MICA can be used to obtain data to show the impact of suicide in Missouri.

This example will help users generate a trend line graph to show suicide rates over a ten-year period. First, users will navigate to *Choose Your Data*. This portion is where MOPHIMS users can customize the year, geography, age, sex, race, ethnicity, and cause. For the trend line example, changes will be made to 'Year' by selecting years 2011-2020 and under 'Cause' select suicide as the cause of death.

Next, users will scroll to the *Build Your Results* section. Here, users will click the 'Create a Chart' tab. The Type of Chart will be 'Trend Line', the Variable Axis will be 'Year', and the Value Axis will be 'Geography'. Once these changes have been made, click the blue 'Create Chart' button to generate the trend line to the right.

The trend line shows suicide rates increased each year from 2012 to 2018. There has been a significant rate increase from 2011 to 2020. In the future, we hope to see suicide rates steadily decline as a result of programs like the 988 Suicide & Crisis Lifeline.

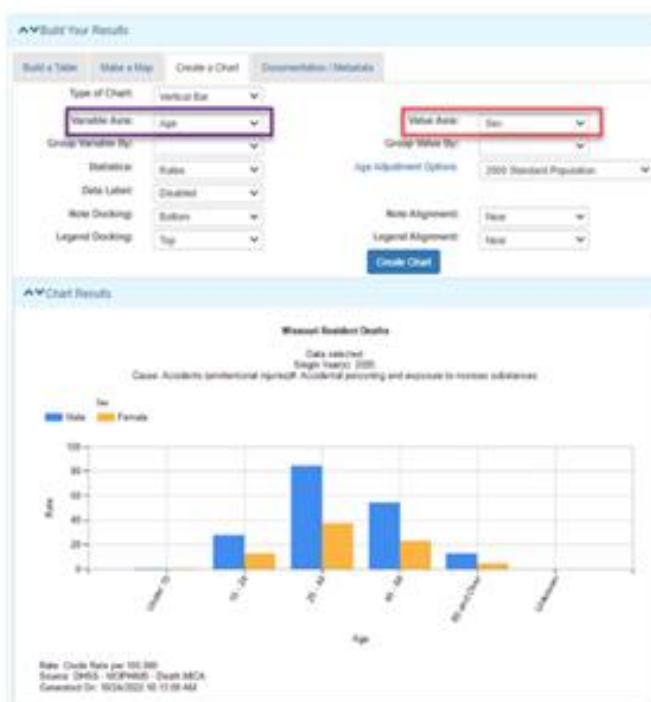


The Death MICA also provides data where accidental poisonings and exposure to noxious substances is the underlying cause of death. This includes deaths due to unintentional overdoses including, but not limited to, opioids and other drugs. The following example will guide users to create a chart showing the disparities of accidental poisonings and exposure to noxious substances in 2020 among men and women of different age groups.

First, users will again navigate to the Death MICA homepage. For the *Choose Your Data* portion, select 2020 for 'Year' and leave all indicators regarding the demographics the same. As for the Cause, users will deselect 'Select All Major Items'. Using the scroll bar, locate the cause of death titled 'Accidents (unintentional injuries)' and click the plus sign to show all subcategories. 'Accidental poisoning and exposure to noxious substances' will be the cause of death selected for this example.



Under *Build Your Results* click the 'Create a Chart' tab. The Variable Axis will be 'Age' and the Value Axis will be changed to 'Sex'. Once changes are made, click the 'Create Chart' button to create the vertical bar chart shown below.



In 2020, the chart shows Missouri adults age 25-44 have the highest rates of accidental poisoning and exposure to noxious substances deaths. The chart also shows male death rates are significantly higher than female death rates in almost all age groups. Overall, the male death rate is more than double the female death rate.

# BHCADD on the Road

2022 was a big year of travel for the Bureau of Health Care Analysis and Data Dissemination (BHCADD). Conferences and trainings that have been virtual the last few years were once again held in person. BHCADD staff were able to give presentations and gain public health knowledge in new and exciting places, from Albuquerque, New Mexico all the way to Bozeman, Montana. See some of the highlights below!

## **·NAPHSIS Vital Records 101 Training in Louisville, Kentucky**

Evan Mobley, Andrea Tray, and Sunil Patel attended the Vital Records 101 training which was cohosted by the National Association for Public Health Statistics and Information Systems (NAPHSIS) and the Division of Vital Statistics (DVS) within the National Center for Health Statistics (NCHS). This training was for staff new to vital records and health statistics.

## **·CSTE Annual Conference in Louisville, Kentucky**

Several staff members from the Department, including Andy Hunter, LeighAnna Bennett, and Austin Galbraith from BHCADD, were able to attend the Annual Council of State and Territorial Epidemiologists (CSTE) Conference held in Louisville, Kentucky this year.

This conference connects public health workers from across the country and allows them to share their expertise in surveillance and epidemiology as well as best practices in many health related areas.



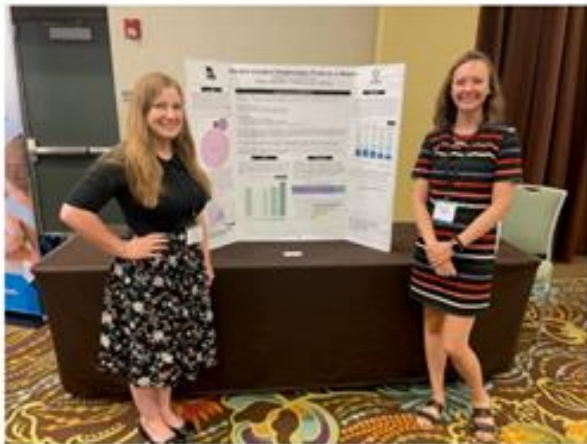
## **·RX and Illicit Drug Summit in Atlanta, Georgia**

Tanner Turley and LeighAnna Bennett were able to attend the annual RX and Illicit Drug Summit which is always held in Atlanta, Georgia. They joined a global community of stakeholders focused on the opioid epidemic and learned about the latest strategies for prevention, treatment, and recovery.

## **·Southwest Missouri Behavioral Health Conference in Springfield**

Chelsea Fife and Alicia Lensing were able to attend the annual Southwest Missouri Behavioral Health Conference held in Springfield. This conference

brought together those interested in improving behavioral health outcomes in Southwest Missouri, primarily focused on drug abuse and addiction. Chelsea and Alicia had a poster presentation on the Department's new Drug Overdose Dashboard.



#### ·NAPHSIS Annual Meeting in Omaha, Nebraska

Evan Mobley and Tanner Turley attended the NAPHSIS Annual Meeting in Omaha, Nebraska along with several other staff from the Department. This meeting is a great educational and networking opportunity for professionals in vital records and public health statistics from across the nation.

#### ·MCH Epidemiology Training in Albuquerque, New Mexico

Tanner Turley was chosen to attend the Training Course in Maternal Child Health (MCH) Epidemiology this year which was held in Albuquerque, New Mexico. This training was part of an ongoing effort to enhance the analytic capacity of state and local health agencies when it comes to maternal and child health.



#### ·NAPHSIS Systems and Data Quality Workshop in Bozeman, Montana

Evan Mobley and Erin Henry attended the Systems and Data Quality Workshop in Bozeman, Montana. This event was a collaboration between NAPHSIS and the DVS within NCHS. Evan and Erin are some of our staff involved in systems, data quality, and modernization efforts. Evan was able to give a presentation on data quality for vital records.



#### ·Missouri Rural Health Conference at the Lake of the Ozarks

Chelsea Fife and LeighAnna Bennett attended the annual Missouri Rural Health Conference which was held at the Lake of the Ozarks. They ran into the Department's Harm Reduction Coordinator, Neann Wedgeworth while there. This conference focused on improving health for those in Missouri's rural communities. Chelsea and LeighAnna gave a demonstration



presentation on MOPHIMS focusing on rural areas across the state.

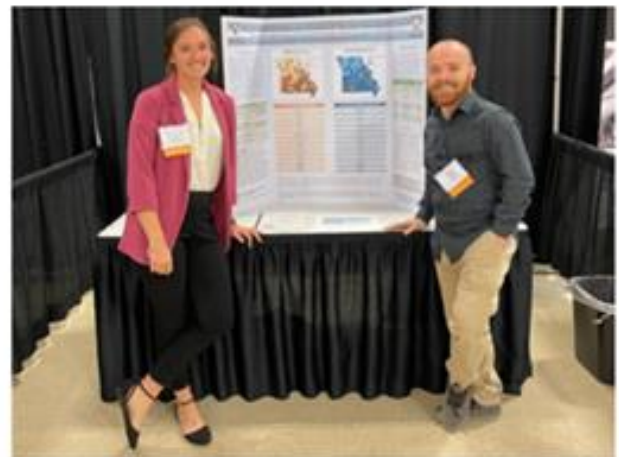


#### ·Vulnerability Assessment Meetings

BHCADD staff was able to travel across the state of Missouri to participate in meetings with public health stakeholders on the Department's Vulnerability Assessment. The Vulnerability Assessment looks at counties in Missouri that are particularly vulnerable to drug overdoses and blood borne infections. There were meetings held in the Kansas City area, Springfield, Columbia, the St. Louis area, and Cape Girardeau. This was a great opportunity for staff to interact with the public and get feedback on the assessment.

#### ·MPHA Annual Conference in Columbia

Many members of BHCADD attended the Missouri Public Health Association (MPHA) Annual Conference in Columbia. LeighAnna Bennett and Tanner Turley had a poster on the Department's Vulnerability Assessment. Chelsea Fife, Alicia Sparer, and Andrea Tray had a poster on MOPHIMS.



# Data & Training Updates



## Maternal, Infant and Child Health MICAs

- Birth 2020
- Fertility and Pregnancy Rate 2020
- Pregnancy 2020
- WIC Child 2020
- WIC Infant 2020
- WIC Prenatal 2020
- WIC Postpartum 2020
- WIC Linked Prenatal-Postpartum 2020



## Injury MICA

- Injury 2015



## Hospital and Emergency Room Visit MICAs

- Emergency Room 2015
- Inpatient Hospitalizations 2015
- Preventable Hospitalizations 2015
- Procedures 2015



## Chronic Disease MICAs

- Cancer Incidence 2019
- Chronic Disease Death 2019
- Chronic Disease Emergency Room 2015
- Chronic Disease Inpatient Hospitalization 2015



## Death MICA

- Death 2020



## Population MICA

- Population 2020

## Data

The 2020 Death MICA data has been uploaded for users to access. 2020 data is also available for all Maternal, Infant and Child Health MICAs. The graphic to the left shows the years of data that can be accessed in MOPHIMS for each MICA.

Hospital-based datasets are not being updated online yet, but we do have data through 2020 available upon request. The same is true of 2020 BRFSS survey data.

If you need more current data than what is available on MOPHIMS, please reach out and we will do our best to complete your request.

## Training

We hope to begin offering in-person classroom trainings again in 2023! In the meantime, if you would like an overview of the MOPHIMS system, Profiles, MICAs, and information on how to become a registered user, you can watch the training on the department website located here:

<https://health.mo.gov/data/>

Please let us know if you have training needs!

# Additional Information About the MOPHIMS User Newsletter Group

## About the Newsletter

The MOPHIMS User Group Newsletter was created in response to user requests for communication on updates to the MOPHIMS system, descriptions of new features, additional practice exercises, announcements of training opportunities, and any new information about data that might help users perform their jobs more efficiently.

Newsletters will be published on a semi-annual basis. If you have ideas for content, please send them to [Andrew.Hunter@health.mo.gov](mailto:Andrew.Hunter@health.mo.gov) or [Chelsea.Fife@health.mo.gov](mailto:Chelsea.Fife@health.mo.gov).

We would like to feature stories describing your success at completing projects or obtaining grants using the MICA tools, as well as interviews with public health professionals about your duties and how you use MICA to accomplish them.

Past issues are available at <http://health.mo.gov/data/mica/MICA/newsletters.html>.

Contributors: Chelsea Fife, Erin Henry, and Kadarena Matthews

## How to Sign Up or Opt Out

If you have enjoyed this newsletter, please feel free to share it with your colleagues and community partners.

We encourage everyone to sign up for the User Group by sending an email to [MOPHIMSUserGroup@health.mo.gov](mailto:MOPHIMSUserGroup@health.mo.gov) with the subject line **MOPHIMS User Group**. Include your name, position title, organization, and email address. By signing up, users will be sent newsletters directly.

Occasionally we may distribute time-sensitive information on training opportunities or other topics if the newsletter is not scheduled for publication prior to a registration deadline. The MOPHIMS User Group list also helps us track the types of organizations using the tools, which is one of our performance measures.

If you would like to opt out of the MOPHIMS User Group, send an e-mail with **Unsubscribe** in the subject line to [MOPHIMSUserGroup@health.mo.gov](mailto:MOPHIMSUserGroup@health.mo.gov).

**PLEASE NOTE:** Depending on your position title, you may still receive other types of e-mails from us. For example, we are requested to send training information to all LPHA Administrators, even if they have unsubscribed from the MOPHIMS User Group.