Data Integration Workgroup
October 27, 2021 (9:00 am – 10:00 am)
Facilitators: Tim Marshall & Jeff Vanderploeg

1. **Welcome and Introductions (:02)**
   Jeff Vanderploeg opened the workgroup meeting. Vanderploeg reminded the group that they are very close to reaching the goals for the workgroup.

2. **Overview of Meeting Agenda and Objectives (:03)**
   Tim Marshall let the group know that they are close to the end of the workgroup timeline and asked them to think about how they want to use the November meeting. The lead take away for this workgroup is long-term solutions. This group wants to support and put weight behind OPM's P20 WIN project.

3. **Draft Framework for Report (:50)**
   Vanderploeg shared the PowerPoint that reviewed a broad structure for the workgroup report. It identified the process the workgroup had engaged in over the course of their meetings. In the introduction we may include some additional context around the systems especially in light of there being a lot of activity by the legislative and executive branches looking at children's behavioral health. The report will include the workgroup recommendations including the group's recommendation supporting the P20 WIN project and directing behavioral health data requests to be sent to P20 WIN. Other data integration examples were reviewed in past meetings by the group including the 500 Familiar Faces project.

   The report will also include the recommendations for system indicators. Vanderploeg reminded the workgroup that the data elements reflect points in our system that can be monitored to show where we are making progress. For example, the number of children presenting to the ED with Behavioral health needs. We know that surges in the fall and spring, so it's something we can monitor over time to show how the system is doing to address the needs of the youth.

   Vanderploeg reviewed the data indicators that had been recommended by the group during prior conversations. The indicators were grouped by the following framework: (1) need, prevalence, and identification; (2) access; (3) service workforce, quality and cost; and (4) outcomes. A participant asked if it would be helpful to provide procedure codes for those indicators where that can be done. Vanderploeg answered yes. Additionally a point was made to include commercial insurance through the all payer claims database. A participant asked about including the SBIRT data being collected in primary care now. It is unclear if this is being collected anywhere where it can be easily reported out. However, DCF programs enter SBIRT screenings in PIE. The SBIRT Medicaid codes were added to the chat box (99408, 99409). Participants offered additional ideas for indicators. It was noted that CT Children's collects suicide screening on all kids that enter into the system, but not all hospitals do this type of screening. Number of EMS runs (transports for ED) calls made specifically for BH could possibly be captured. A participant asked within the chat if the ACEs screening could fit anywhere.

   Marshall discussed that this list is also expected to be expanded over time. For example under suicide screening, we may be able to expand its use in schools to support better triaging of students' BH needs. Also consider capturing first episode psychosis. A participant asked if there was any value to looking at school level referrals to EMS through school social workers; possibly examine kids that have behavioral health issues being referred appropriately vs. being referred to law enforcement (look at racial equity etc.). Vanderploeg stated that could include the school arrest data from CSSD, the number of referrals in juvenile court from schools; lots of ways to break out referrals to mobile crisis from school departments. The report will emphasize that whenever possible the data indicators will be disaggregated by race, equity and other factors to better understand disparity.

The group began discussing the subsequent categories of indicators. A participant noted that under referrals to care there are further measures: connect-to care, readmission rates and quality indicators. A participant raised the potential of bed tracking. There was discussion that this is done for some children already (Medicaid) but not universally.

Quality and Access indicators may be related to metrics considered in an alternative payment model. A participant asked if a workforce quality indicator could be considered – want to expand the workforce but not compromise quality. Do we have the right workforce and competencies? We need linguistic diversity, staff that are representative of the communities that are being served, etc. Also need to track the number of prescribers. We need staff who can prescribe meds at multiple levels of care. It was recommended that Mobile Crisis indicators, including mobility, median response time, and number of follow ups be added to the list.

Vanderploeg reviewed the outcomes indicators, and reminded the group that these are system-level outcomes; how we will know the system is working. A participant commented that the group needs to ensure there is family input on outcomes as there is a lot to be gained by learning from families with lived experience (e.g., wat is the reason for readmission?). When you look at this from the system level it may be different when looking at it from the family/community point of view. Some of the readmissions reasons are lack of available supports for the family once the child is discharged. We need to do more to support the families. A participant suggested in the chat that member experience be added to the indicators. Vanderploeg noted that there is current work being done with families to make sure they have the results from data analyses.

4. **Wrap Up and Next Steps (:05)**
   The group agreed they would keep the next meeting on November 17th as their final meeting. A final draft report will be created and distributed to the group prior to the meeting. It was encouraged for the group to review the document and bring edits and suggestions to the final meeting.

5. **Adjourn**
   Meeting was adjourned at 9:57am.

6. **Chat Box:**
   All comments from the chat box have been captured within the minutes above.

Next meeting Date
November 17, 2021