

Data Integration Workgroup
March 1, 2023 (1:00 pm – 2:00 pm)
Facilitators: Scott Gaul, Manisha Srivastava, and Beresford Wilson

Workgroup Goals:

1. Finalize onboarding of state agencies to P20 WIN and develop a data integration framework that uses P20 WIN to identify service utilization patterns among children with multi-system involvement and identify opportunities to improve the behavioral health system.
2. Finalize a children's behavioral health data dashboard and implementation plan that supports ongoing system improvement and reduction of health disparities.

Workgroup Meeting Cadence:

Quarterly (March 1st meeting scheduled out of cadence per decision to continue January 25th agenda items)

Materials:

1. PowerPoint presentation

Meeting Objectives:

1. Provide feedback on dashboard key questions
2. Identify and define children's behavioral health data sources
 - a. Inform which sources are available for inclusion in P20 WIN project

Agenda:

1. Welcome and Introductions (:02)

Beresford Wilson welcomed the workgroup to the meeting and led introductions.

2. Overview of Meeting Agenda and Objectives (:03)

Beresford Wilson reviewed the agenda for the meeting, and reminded the workgroup that this meeting was scheduled outside of the normal cadence per a request to continue to the discussion started at the January workgroup meeting.

3. System Dashboard (:30)

Aleece Kelly offered a recap of the January 25th workgroup meeting; there was a discussion regarding the request to the All-Payer Claims Database, but a need to continue the agenda items on the System Dashboard and the Cross-Agency Data Landscape.

Kelly opened the PowerPoint, and reminded the group of the previously agreed-upon system framework, guiding questions and specific indicators. OPM has uploaded the YRBS longitudinal data into the CT Open Data portal. In regard to prevalence data, we are also looking at Birth to Three and SDE data in regard to prevalence. Kelly reviewed the workforce data that is currently included, as well as indicators that would be beneficial to start tracking publicly on a regular basis (e.g., vacancy rates, diversity of licensed staff, etc.).

Kelly reviewed the indicators and key questions regarding disparities and equity. It's already been discussed that indicators across the framework be disaggregated to assess disparities in each of the components of the framework, but would the workgroup want to consider

additional options for assessing health equity? This could include indicators of social determinants of health (e.g., poverty, access to insurance, ability to pay rent or mortgage), and access to various services (e.g., race and ethnicity, geography, children with developmental disabilities), as well as disaggregated outcomes. We've previously documented which data elements can be disaggregated and by which variables.

Kelly continued with a discussion on defining "access" and "throughput" across the system/levels of care, and proposed the following options: geographic distribution of services, ratio of services to child population, racial and ethnic equity in access and utilization, and timeliness of services. Mobile Crisis charts were used as an example for the high-level indicators that could be reviewed at a system level across services to assess access and throughput.

Kelly brought up key questions for the workgroup's consideration, and held a discussion on the direction of the dashboard. Participants raised questions regarding the types of service data that could be included and the timeliness of the data needed for informing the dashboard. Wilson also raised the importance of offering data that informs families as to the accessibility of services. Additional discussion was held regarding a potential longer-term vision for the dashboard; one for families to utilize to view access to specific levels of care and providers. The group raised the question, "Is this dashboard intended in the long-term for real-time consumer utilization?"

Tim Marshall referenced other past work conducted under the Children's Behavioral Health Plan Implementation Advisory Board, including the fiscal mapping. These efforts could be mapped further as an inventory of services, and developed further as an iterative process. Additional groundwork will need to be done. Kelly agreed that this longer-term vision for the dashboard that is inclusive of real-time data is ideal, and approach to the dashboard as an iterative process supports this work in the long-term.

There was discussion regarding a participant chat comment regarding trauma and attachment disruption among children who are seen in the ED for behavioral health needs and have a history of being adopted, and whether this can be tracked within the data. Kelly responded that when an assessment of the current indicators and available variables for disaggregation was completed, the data regarding how the family was formed as not available across any of the indicators. However, this could be reflected as a desired element within any data development agenda that is recommended by the workgroup.

4. Behavioral Health Cross-Agency Data Landscape (:20)

Ashley Dhaim presented information on a proposed OPM project on the children's behavioral health data landscape. This work is intended to look at what data is available; to create a landscape of children's behavioral health data to use as a tool or guide to support work within this area. This will include *who* has the data, what information is included, how the data is formatted, the accuracy, and the gaps. Dhaim discussed the types of considerations that would need to be made as this workgroup and others in the field utilize available data.

Dhaim thanked the workgroup members who had discussed the work to date with her, and shared some preliminary work as an indication of the direction of the project using an example from State Department of Education/school-based services data and how it could be utilized within the field. Dhaim offered to answer questions from the workgroup. Participants shared

that this could help us both identify what data resources are available, and also identify gaps within the system, and also acknowledged that this work is complex, but very beneficial to the system.

Kelly referenced bringing both this item and the dashboard back to the next meeting. The dashboard will be presented to address both what is currently available as well as a vision for what is possible in the future.

5. Wrap Up and Next Steps (:05)

Scott Gaul recapped the meeting and reiterated next steps.

6. Adjourn

Beresford Wilson thanked the workgroup members and adjourned the meeting.

Next meeting Date: TBD