Data Integration Workgroup Meeting Minutes
August 25, 2021 (9:00 am – 10:00 am)
Facilitators: Tim Marshall & Jeff Vanderploeg

Agenda & Minutes

1. **Welcome and Introductions (:02)**

   Jeff Vanderploeg (CHDI) introduced himself and Tim Marshall (DCF) and notified participants that the meeting was being recorded, and that the recording and meeting minutes will be available on the www.plan4 children.org website.

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

   Tim Marshall reviewed workgroup goals and reported that today's discussion would focus on identifying system-level metrics for assessing performance of the children's behavioral health system.

3. **Data Elements for Monitoring Behavioral Health System Performance (:50)**

   Jeff Vanderploeg screen shared the Excel spreadsheet that included metrics and measures collected across various initiatives, grouped into categories. Vanderploeg noted that the spreadsheet was intended to be a starting point for discussion and was likely to include some superfluous measures and to be missing others. Vanderploeg asked participants to consider the data we would need to collect to know whether the system is working, and what would be ideal to have rather than what was readily available. He also reminded participants that discussion of the metrics themselves was more important for today's meeting than focusing on the logistics of collecting these measures.

A participant noted that it may be helpful to begin with a clear framework, such as the Triple Aim, that could help the workgroup identify metrics that fit within the domains of that framework. A starting framework of "access, quality, outcomes, and costs" was suggested. Marshall proposed for the next meeting to have the spreadsheet re-organized according to the framework the group lands on. Marshall further suggested that the group look at the metrics in the first category and determine if any should be eliminated, noting that there might be some metrics that would be nice to know, but are not necessary at the system level. Another participant noted some duplicate measures that could be eliminated.

A participant commented that ED visits and inpatient hospital admission and readmission rates are very common system outcome measures. Others reinforced this idea, noting that emergency department misuse and ambulance "runs" (deployment to respond to a children's behavioral health need) may be helpful. School utilization of behavioral health services was also identified as an important system-level indicator to consider. A participant highlighted the importance of population level ratings of suicidality, which could be collected using the student health risk survey. A participant asked whether the "students feel safe" item listed was accompanied by a question about access to services, and others reported being unsure. Participants noted that some of this information is collected as part of the CT Kids Score Card using a population sampling method. Vanderploeg noted that the list of items was weak on access measures. The group discussed whether wait lists for various levels of care could approximate access, but several members indicated that this was fraught with challenges. For example, the group noted that it takes a long time to gather wait list information and that families often sign up for multiple services--within and across providers—so that they can take the first service that becomes available, which contributes to the wait list on others.

Another participant noted the importance of including measures of protective factors and resilience, not just problem behaviors and service utilization. Marshall suggested that the group look into the PACE Project for good

strength-based and resiliency measures. The importance of assessing need/demand for services was discussed, with some noting that pinpointing need was difficult without some kind of universal screening. Another participant asked whether data collected about mobile crisis referrals could help to approximate need/demand. Vanderploeg indicated that this data was readily available to the state and suggested that need/demand be added as a framework category and explored further. Another participant noted that reference to health equity was missing in the spreadsheet. On the topic of indicators of physical health, the group identified that some physical health conditions (e.g., obesity) tend to be highly comorbid with behavioral health concerns.

The group flagged ED utilization rate, inpatient utilization rate, and outpatient utilization rate as good metrics. Some participants noted that it would be good to know how many individuals completed treatment and to track no-show rates. Tracking some data on access barriers (e.g., transportation) was also raised as an important consideration. A participant noted that the list of measures did not include items collected as part of DCF's Provider Information Exchange (PIE) system, but that this data source should be considered. Data on screening rates across system participants (e.g., schools, primary care providers) was raised as an important part of a well-functioning system. Marshall also suggested that the total number, competencies, and diversity of the workforce was another important domain/category of data collection for assessing system performance. Vanderploeg added that an organization's participation in the CLAS standards and health equity plans could be another helpful workforce data element. One participant noted that collecting data on social determinants of health by zip code was an important adjustment factor for determining system performance.

SBIRT data for substance use screening rates and indicators on the components of the early childhood system were also identified as being very important. The group seemed to agree that the existing list was short on indicators of cost and/or cost savings. Some noted that SAMHSA collects an annual behavioral health survey that might be helpful for assessing cost along with other system-level measures. Vanderploeg and Marshall encouraged the group to notify them if they thought of other measures or data sources that the group should consider in its efforts.

4. **Wrap Up and Next Steps (:05)**

Vanderploeg and Marshall thanked participants and adjourned the meeting at 10:00 a.m.

5. **Chat Box:**

Julianne from CJR to Everyone: Could you please send the website for me again - sorry...

From Jeff Vanderploeg to Everyone: 09:06 AM. Website is: www.plan4children.org

From Manisha Srivastava to Everyone: 09:27 AM. What about canceled appointments / kids that never end up showing up for appointments?

From Scott Gaul / CT to Everyone: 09:28 AM. Some of the questions on school safety may be from the School Health Survey, administered by DPH: https://portal.ct.gov/dph/Health-Information-Systems--Reporting/Hisrhome/Connecticut-School-Health-Survey (it's an anonymous population survey)

From Eva Kaufman to Everyone: 09:28 AM. At PCRC, we've been told by MDFT programs that they won't put families on a waitlist if the estimated wait is longer than one month.

From Jennifer Jencks, TCCOH to Everyone: 09:39 AM. Screening we discussed?