

Data Integration Workgroup Phase II
March 30, 2022 (9:00 am – 10:00 am)
Facilitators: Beresford Wilson (FAVOR) and Scott Gaul (Office of Policy and Management)

Meeting Minutes:

1. Welcome and Introductions (:02)

Jeff Vanderploeg welcomed everyone and reminded the group that this is a kickoff of “Phase II” of the Data Integration Workgroup. Phase I occurred from June to December 2021. Vanderploeg set some parameters for the meeting, stating that they are seeking the workgroup’s thoughts on how to implement recommendations that came out of Phase I. He encouraged the group to participate in discussion.

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

Beresford Wilson introduced himself and outlined the proposed goals for the workgroup and the agenda for the meeting.

3. Review of Phase I Recap and Recommendations (:05)

Slides were shared and Scott Gaul offered a summary of what was accomplished by the workgroup during Phase I (review of data integration efforts in the state, including P20 WIN, and selection of system-level indicators to assess the strengths and gaps in the children’s behavioral health system). He also reviewed the recommendations that were included in the final report. The recommendations were provided to the Children’s Behavioral Health Implementation Advisory Board (CBHIAB). Gaul also shared that Vanderploeg had presented to the P20 WIN Executive Board. [the presentation can be accessed [here](#)].

4. Phase II Workgroup Goals (:10)

Manisha Srivastava from the Office of Policy and Management reviewed the proposed goals for Phase II of the workgroup:

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.
2. Finalize a children’s behavioral health data dashboard and implementation plan that supports ongoing system improvement and reduction of health disparities.

5. Data Integration Project (:15)

Vanderploeg checked in with the group regarding the goals and direction for Phase II and asked for questions or comments. A participant asked how the Advisory Board responded to the recommendations. Vanderploeg and Gaul responded that the presentations to both the CBHIAB and the P20 WIN Executive Board were well-received. They noted that the Data Integration Phase I recommendations were presented as a package with the recommendations from all other 2021 workgroups. Carl Schiessl (one of the CBHIAB tri-chairs) added that the recommendations across the workgroups were released at the same time as the engagement of legislators and the governor’s office heightened, and that workgroup recommendations in part informed the proposed legislation. Both Schiessl and Vanderploeg referenced the ongoing discussions and proposed legislation related to the governance structure for children’s behavioral health, and Vanderploeg

noted that this workgroup could inform how that structure could be supported using data. The P20 WIN Executive Board was engaged in the presentation, and were interested in how children's behavioral health could be linked to other long-term goals of P20 WIN, including educational and workforce participation outcomes.

A participant asked if the facilitators could clarify whether the implementation plan would include *how the data would be used* (e.g., to improve service delivery and equity) and Vanderploeg agreed that the point of this work should not just be data collection or research, but to improve systems, service delivery, and outcomes for children.

Vanderploeg shared a slide with a proposed P20 WIN project to look at children involved in multiple systems. He clarified that the slide offered examples only – the project is completely open to input from the workgroup. The group engaged in a discussion regarding a potential P20 WIN data integration project. Comments included:

- Include information on single-parent households.
- The short-term questions should address plans for identifying disparities.
- Include children eligible for DDS.
- It may be helpful to have filters such as urban and rural; for provider-level data these types of filters would be helpful to avoid comparing apples to oranges.
- Consider what SDE indicators could be included (in addition to chronic absenteeism); for example, low academic performance which is often observed among youth involved in juvenile justice, and/or exclusionary discipline.
 - For those children who are chronically underserved through the education system (disproportionately Black and Latinx boys), and have a behavioral health need, it is likely that wraparound supports will be beneficial.
- Include the short-term question of assessing behavioral health *needs*, determine the difference between those needs and the services provided, and disaggregate by demographics.
- Consider if pediatricians, day care centers, and other providers can offer useful data (e.g., ACEs screening that can identify early risk or needs).
- Consider including ASQ data through Help Me Grow.
- Identify data sources for ACEs. One participant suggested coordination with the PACEs Data to Action project.
- Identify indicators that can be included related to social determinants of health.
- Include indicators on adoption status.

Gaul offered that there is a data dictionary for all P20 WIN participating agencies that could be reviewed to assess the definition of indicators, the frequency of collection, etc.

6. Review of Dashboard and Other Phase I Recommendations (:05)

Vanderploeg introduced the proposed system dashboard. He reminded the group that Phase I efforts had identified a longer list of indicators that would assess whether the system was functioning properly, and where there were gaps and potential pain points. He recapped that some of the goals of the dashboard are to offer accountability to the public, track bed availability, identify barriers to throughput, and assess population needs and system-level outcomes. Vanderploeg went on review the framework adopted during Phase I (need, prevalence and identification, access,

workforce, quality, cost, and outcomes). Added to this framework was an overarching framework of equity, and identifying where disparities exist across the framework. Vanderploeg reviewed some key questions to consider in assessing the framework components.

A participant recommended disaggregating by geographic area (where children live) since a key part of the system is ensuring that there is access to needed services within a reasonable distance of where individuals live.

Vanderploeg then reviewed the proposed set of dashboard indicators which was a narrowed list from the longer list identified during Phase I. He raised some questions for consideration in planning implementation; for example, who will be responsible for collecting these indicators across disparate data sources, who is the audience, and what is the frequency of collecting/reporting data.

The subsequent discussion included the following comments:

- Consider how local entities and municipalities can access and use local-level data related to these indicators.
- Ensure there is input from families with lived experience in developing the dashboard.
 - There was additional conversation regarding the critical nature of involving the “subjects” of the data. Ensuring there is representation from those with lived experience is necessary to produce an effective dashboard. Efforts will be made to further expand the involvement of families in the workgroup and the process.
 - It was suggested that system of care parent leaders/chairs be included in the workgroup.
- The cost indicators could be collected through the all-payer database.

7. Wrap Up and Next Steps (:05)

Wilson wrapped up the meeting by discussing the great experience (lived and professional) and expertise engaged in this workgroup. He referenced the excitement of having representation of so many agencies, and also reiterated the need to further expand the role of those with lived experience in our planning for collection and reporting of data.

Wilson recapped the next steps and the consideration around the frequency of the meetings. One option would be to transition the group to an advisory function and meet quarterly, in order to provide enough time to progress on work tasks. Group facilitators and leaders will discuss what can realistically be achieved within the timeframe.

8. Adjourn

Wilson reiterated the collective commitment to the work and adjourned the meeting.

Note that comments recorded in the chat have been included in the minutes.