<p style="text-align:center">Data Integration Workgroup
June 29, 2022 (10:00 am – 11:00 am)
Facilitators: Scott Gaul, Manisha Srivastava, and Beresford Wilson</p>

<u>Workgroup Goals:</u>
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.

<u>Workgroup Meeting Cadence</u>
Quarterly; up to 5 meetings

<u>Materials:</u>
1. PowerPoint presentation

<u>Meeting Objectives:</u>
1. Review dashboard plans
2. Provide Feedback on P20 WIN Project

<u>Agenda & Minutes</u>

1. **Welcome and Introductions (:02)**
   Jeff Vanderploeg welcomed participants.

2. **Overview of Meeting Agenda and Objectives (:03)**
   Beresford Wilson, executive director at FAVOR, reviewed the above workgroup goals and objectives.

3. **Phase II Workgroup Updated Goals (:05)**
   Scott Gaul reviewed the goals of the Data Integration Phase II workgroup. The second one was slightly revised [see language in bold] based upon feedback provided at the last workgroup meeting. Gaul reiterated that this group is focusing on the use of data to improve the behavioral health system in the state of CT. Not looking at just one piece of the data but connecting all of the different pieces together.

4. **Dashboard Next Steps (:15)**
   Aleece Kelly gave an update on progress toward a behavioral health dashboard. During Phase I of the workgroup, a framework for the dashboard was developed and a list of potential indicators. At the Phase II meeting in March, the workgroup agreed upon a narrowed list of indicators. One important objective is to use the dashboard to drive improvement towards health equity. The next steps are to begin to develop an implementation plan for the system dashboard.

   Our intent today is to share planned next steps and receive workgroup input on those ideas. The hope is to disseminate an Excel spreadsheet in advance of the next scheduled meeting for all participants to be able to review and provide feedback. The Excel sheet will be population with information on each of the indicators (i.e., definitions, instrument, frequency of collection and reporting, accessibility of the data, longitudinal availability, and variables for disaggregation including race, ethnicity, age, gender, sexual identify, insurance, SES, geography, and school district).

   A participant asked if the data sources a combination of self-reported and gathered information and asked about the participation of families. The presenters responded that yes, it is based on what this workgroup

discussed during phase 1. This group identified what were the best indicators and sources of that data in terms of what is available and accessible. As this group fills in the gaps, there may be indicators that need additional sources or a need for identifying a different indicator to assess that component of system health. We want to have families involved at each step of planning and execution. These are indicators that have existing data sources; it would be helpful to note to what extent communities and families are involved in the data collection and sourcing. Tim Marshall reassured the group that all of the data protections for families are in place for this information, and that data will be shared in a respected way.

A participant commented that it is really great that the workgroup will get a copy of the whole spreadsheet and to know that data is being collected in a respectable manner and asked if there was an anticipated timeline for sharing the materials. Aleece responded that it would be at least 3 weeks before the September meeting.

5. **Behavioral Health Cross-Agency Data Integration Project Design (:15)**
   Manisha Srivastava walked the group through the design and framework of the proposed data integration project referencing the PowerPoint slides. The project is intended to assess how well CT's Behavioral Health System performs in connecting children to services and to demonstrate that integrating data informs our understanding of the system in a way that a single agency's data cannot. The project proposed looking at data of teens who are covered by Medicaid and may be facing adverse outcomes. Indicators of adverse outcomes may include need for substance use treatment, expulsion from school, etc. The project would then use data from earlier in their childhood to see if/where/when did they touch the system previously (e.g., early childhood services, DCF services, etc.) and whether or not they received behavioral health services at that time. The intent is to assess if there are opportunities to improve communication across systems and identify earlier opportunities for intervention. Srivastava noted a few caveats to this project:
   - Limited to currently participating P20 WIN agencies and available indicators.
   - Limited to children and youth with consistent Medicaid coverage.
   - No data on referrals; only utilization.

   The group then discussed the following two questions:
   1. What additional questions should be asked during the analysis to inform our understanding of how to improve system coordination?
   2. How could data on multi-system involvement be used to improve outcomes for children?

   A participant raised the idea of starting prior to teen – that middle school age children encounter a lot of challenges as well. The adverse outcomes identified in the proposed project does trend up toward upper middle school and high school aged populations while DCF involvement tends to occur at younger ages. The project could potentially start with a slightly wider age range.

   Some of the challenges in choosing these data points revolved around what agencies already participate in sharing data through P20 WIN. The outcome would hopefully be able to tell us how well CT's behavioral health system performs in connecting system involvement.

   A participant raised concerns with only having information from participating P20 WIN agencies; sharing that many important services will be missed in the dataset. The presenters agreed that was a limitation. They noted that this project could spur the state to encourage more wide use of the P20 WIN system, and also noted that a key component to this is Medicaid, and many services from community-based agencies have claims data to Medicaid; that data would be included. It was also noted that potentially in the future the **all-payers claim** database could be used which would capture data from the privately insured as well.

   A participant asked if there are unique identifiers to connect the datasets. Srivastava responded that they don't use the Medicaid numbers. P20 WIN uses a probability match by first name last name, DOB or other

demographics. It won't be perfect because there isn't a single identifier across systems, but it will be pretty close depending on systems involved.

Marshall asked if there were any objections to the information provided. There were none. Next, he asked if there were any suggestions for where to improve. The group did not have further suggestions.

Vanderploeg asked the group how they would envision this data being used to improve outcomes for kids?

A participant asked if the data is showing that children that have the most adverse outcomes are ones that have been touched by a few systems, could there be a trigger point after 3 or 4 system touches does a more active case manager get involved. It was agreed that would be helpful for the project to identify.

A participant suggested that it would be important to highlight and identify the services that work and are "right fit" services. The presenters agreed and offered that it would be helpful down the line to be able to make decision to enhance or expand services. Having open and transparent data practices shows the taxpayers how money is being spent.

A participant raised that over time maybe we could expand to look at housing; how stably housed was a child. The group agreed that this type of data would be of interest, thinking about indicators of risk from the standpoint of social determents of health.

6. **Wrap Up and Next Steps (:05)**
    Wilson wrapped up the meeting by reiterated the importance of social determinants, such as moving frequently as a child, and that data forces us to ask questions, consider answers, and those causes you to ask more questions. Wilson thanked everyone for being here and being committed.

    Kelly stated she would follow up on the dashboard planning grid to get it out to the group in advance of the September meeting. She also noted that there were multiple recommendations that came out Phase 1 – some of which were referenced during today's meeting. While we have prioritized the dashboard and the P20 WIN project, there are plans to return to the other recommendations as well.

    Marshall referenced a data integration effort by the state of Oregon. OR started giving a unique identifier at birth. The data is well protected and can now be used to make policy decisions. OR offers an example of the utility of these types of efforts. The related OR reports and dashboards can be accessed here.

7. **Adjourn**
    Beresford Wilson adjourned at 11am.

    Next meeting Date: September 28, 2022