CHILDREN'S BEHAVIORAL HEALTH SYSTEM OF CARE

DATA + EVALUATION TEAM

AGENDA

- 3:00 – 3:15: Introductions - What was your interest in joining this team? What do you hope to impact?

- 3:15 – 3:40: Overall System of Care Goals and Scope of the Data + Evaluation Workgroup

- 3:40 – 3:50: Ecosystem and APCD Overview

- 3:50 – 4:25: Laying the foundation for this group:

  - What does success look like for the children's system of care?

  - Brainstorm: How will we measure success? [Early measure identification]

- 4:25 – 4:30: Closing Remarks + Next Steps

Children's Behavioral Health System of Care: Goals and Activities
"Support our work to strengthen RI's system of care for children experiencing behavioral health (BH) crises"

Population: Children up to age 21 in or at risk of behavioral health crisis including serious emotional disturbance (SED), first episode psychosis (FEP) or substance use disorder (SUD).
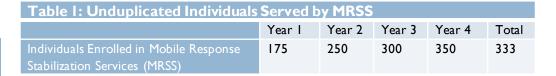
Geography: Statewide, with initial emphasis on Providence and Woonsocket

Major Activities:

1. Improve state governance to streamline operations and ensure a stronger system-wide response for children's BH care.

2. Single point of access for families to get connected to appropriate crisis care

3. Mobile Response and Stabilization Services (MRSS): 24/7 emergency services through a statewide mobile response + 30-day stabilization service.

4. Community Referral Platform (CRP): ensure that families have the full range of SDOH services through participation in the implementation of a statewide technology

If the RISCOC is successful, we will see:

1. Governance: New cross-agency workflows and points of accountability; Pub/pvt SteerCo

2. SPoA: fewer calls for emergency dispatch; Growing, appropriate, and high satisfaction use of the SPoA

3. MRSS: Fewer hospitalizations and res. treatment stays; Lower waiting lists

4. CRP: High and growing use; growing # of providers

Table 1: Unduplicated Individuals Served by MRSS					
	Year 1	Year 2	Year 3	Year 4	Total
Individuals Enrolled in Mobile Response Stabilization Services (MRSS)	175	250	300	350	333

EXECUTIVE OFFICE OF HEALTH & HUMAN SERVICES STATE OF RHODE ISLAND

data ecosystem state of rhode island

SCOPE OF THIS TEAM

Outcome Goals

- Support ongoing process evaluation:
  - Organize data collection from vendors supporting the Single Point of Access, Mobile Response + Stabilization Services, and the Community Referral Platform
    - Ensure data sources contain necessary information and can integrate – where relevant – to the Ecosystem or will otherwise be sent regularly to our team
  - Report baseline and ongoing data updates for highly restrictive care and child BH crisis trends
    - Define measurable process and outcome goals
    - Define data sources, calculations, and metrics
    - Define populations and population splits
    - Define evaluation approach

Data + Evaluation Team Logistics

- Who else needs to be here?

- How often and for how long should we meet?

- Where else should we be?

- Team home page: All documents on Teams (to be set up by next workgroup meeting)

ECOSYSTEM AND APCD OVERVIEW

ECOSYSTEM OVERVIEW

What is the Ecosystem?

An integrated data system that brings together data from multiple state agencies and matches it at the person level to drive holistic improvements in human well-being. Originally established as an internal state resource, the Ecosystem has matured into a vital asset for the entire state.

Our "Why?"

People are not slices of data. The people we serve are whole human beings, living in connected families, and rooted in communities. Our data must reflect this connectedness and complexity so we can serve our recipients and steward resources thoughtfully.

Ecosystem's race-explicit orientation

All study and focus areas will have race-explicit orientations

Race explicit — speaking about race or racism without vagueness, implication, or ambiguity. One example of this is to talk about how racial profiling can escalate into police brutality.

Race neutral — an attempt to create policies, remedies, or options without giving special advantage to individuals based on race and racial affiliation.

Race silent — a conscious or unconscious suppression of racial discussion in public discourse in an attempt to create a "color-blind" society in which race is neither recognized nor discussed.

We will center all our efforts in race equity: how institutional, societal, and interpersonal racism has worsened the health, well-being, and economic opportunity outcomes for Black, Indigenous, and People of Color (BIPoC).

A race-explicit framework and a race equity lens includes:

- Study planning explicitly seeks to understand the role racism plays in the outcome(s)

- Study planning includes a representative group of BIPoC stakeholders who can **co-design solutions** and guide the analytic questions, data use, interpretation, and impact from start to finish.

- Study intent explicitly seeks to support, not punish or further harm, BIPoC populations or populations who have historically been subject to racism

DATA IN THE ECOSYSTEM

What data are currently in the Ecosystem?

I. The following agencies contribute data that are matched at the person-level:

- Department of Health (RIDOH) - birth and death records; COVID data; child screenings, immunizations, and outreach
- Department of Human Services (DHS) - eligibility in state programs (food stamps, cash assistance, childcare assistance, etc.)
- Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH) - developmental disabilities case management
- Department of Children, Youth, and Families (DCYF) - foster care case management
- Medicaid, housed at the Executive Office of Health and Human Services (EOHHS) - medical and pharmacy claims
- Department of Labor and Training (DLT) - wages, unemployment assistance, temporary disability insurance, job training programs
- RI Coalition to End Homelessness (RICEH)- housing insecurity and homelessness data

II. The Ecosystem also houses the All-Payer Claims Database (APCD) that includes claims data from nine commercial payers (Aetna, BCBS, Neighborhood Health…), Medicare, and Medicaid

- The APCD is the only source of cross-payer claims data that links members over time
- By law, the APCD data cannot be linked with any other data

GOALS OF THIS CSOC – HOW WILL WE MEASURE SUCCESS?

WHAT DO WE INTEND TO AFFECT WITH THIS SYSTEM OF CARE? WHAT ARE OUR EXPECTED DATA SOURCES?

If the RISCOC is successful, we will see:

1. **Governance:** New cross-agency workflows and points of accountability; Pub/pvt SteerCo

2. **SPoA:** fewer calls for emergency dispatch; Growing, appropriate, and high satisfaction use of the SPoA

3. **MRSS:** Fewer hospitalizations and res. treatment stays; Lower waiting lists

4. **CPR:** High and growing use; growing # of providers

Expected Data Sources

- **Claims:** All Payer Claims Database (APCD) + Medicaid claims data

- **Ecosystem:** Linked administrative data, including
  - Medicaid claims data
  - DCYF foster care case management data
  - Department of Labor and Training wage or income assistance data
  - Homeless Management Information System data
  - Department of Human Services benefit eligibility and enrollment data
  - Department of Health birth and deaths; child screening, immunization and outreach data

- **SPoA vendor:** call volume with caller demographics and need type; trainings
  - Department of Health and/or E911: calls for youth in BH crisis

- **MRSS vendor:** call volume from the SPoA; GPRA perceptions of care; Family Workgroup focus group and satisfaction survey

- **CRP vendor:** linked community services, trainings, completed referrals, provider use of the platform

How will we measure success? Metrics below from Grant App

Single Point of Access (SPoA)

- # calls to the SPoA
- # trainings for SPoA
- Family Satisfaction on accessing care
- # calls to SPoA → emergency dispatch
- # calls to 911 for kids in BH crisis

Mobile Response + Stabilization (MRSS)

- # calls to the SPoA → MRSS
- Rate of restrictive use of care (IP, residential) for BH needs, including repeat visits
- Rate of ED visits for BH needs, including repeat visits
- Family Satisfaction surveys
- Waiting list size (community providers)

Community Referral Platform (CRP)

- # Community services in the CRP
- # of providers who use the platform
- # referrals
- # completed referrals

WHAT DO WE INTEND TO AFFECT WITH THIS SYSTEM OF CARE?

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Discussion

1. What are some of the symptoms of fractured oversight and service for crisis; lack of crisis intervention options; lack of community / SDoH coordination?

2. How do these symptoms differentially affect those in the BIPoC Community? Why? What history affects these divergent outcomes?

3. If the CSOC is effective, what specifically will change?

4. What might be some unintended consequences of success?

FINAL THOUGHTS BEFORE WE LEAVE…

Final Thoughts

- What other funding sources are available if we do not receive the full grant amount?

- Community co-chair(s): responsibilities and expectations

- Focus for next meeting

- Confirm cadence

APPENDIX: DETAIL ON PROPOSED DATA COLLECTION

DETAIL FROM GRANT APPLICATION NARRATIVE TABLE 4

Proposed Data Collection:
Key Informant Interviews and Focus Groups

Why do we propose to collect these data?
- To measure effectiveness of governance and cross-agency collaboration
- To measure family satisfaction

How do we propose to collect these data?
- The Ecosystem team or a subcontractor will recruit racially and ethnically diverse stakeholders to interview, capturing qualitative data.

Proposed frequency of refreshed data
- On an annual basis; Q4 of each grant year.

PROPOSED DATA COLLECTION:
EMERGENCY DEPARTMENT CLAIMS DATA

Why do we propose to collect these data?

- Establish a baseline for children's Emergency Department use for behavioral health crises.
- The same ED metrics will be monitored throughout the RICSOC implementation to assess the effectiveness of the work.

How do we propose to collect these data?

- We propose to use the most recent 12-month period (currently September 2010 to August 2020) in the All-Payer Claims Database to study baseline metrics.

Proposed frequency of refreshed data

- Baseline metrics to be established in the short term, with ongoing monthly monitoring against baseline as the work progresses.

Proposed Data Collection: Utilization Data Tracking for the Single Point of Access + Mobile Response and Stabilization Service

Why do we propose to collect these data?

- These data will allow us to track ongoing implementation and appropriate use of the (1) Single Point of Access and (2) the Mobile Response and Stabilization Services

How do we propose to collect these data?

- Data will be collected from vendors.
- Vendors are aware of identifiers requires to link to broader Ecosystem data.

Proposed frequency of refreshed data

- Ongoing daily, with data being sent to the Ecosystem on a monthly basis.

Why do we propose to collect these data?
- Access to these data will allow us to understand the crisis assessment of each child's presenting problem.

How do we propose to collect these data?
- Data will be collected from vendors.
- Vendors are aware of identifiers requires to link to broader Ecosystem data.

Proposed frequency of refreshed data
- Ongoing daily, with data being sent to the Ecosystem on a monthly basis.

PROPOSED DATA COLLECTION: CLIENT OUTCOME SURVEY

Why do we propose to collect these data?
- Determine short and long-term outcomes of patients enrolled in Mobile Response and Stabilization Services.
- Survey to be conducted after they enter stabilization services. Trauma at entry into mobile treatment argues against immediate surveying.

How do we propose to collect these data?
- Surveys administered to children and families that utilize Mobile Response and Stabilization Services. Method of administration TBD.

Proposed frequency of refreshed data
- Children and families to complete a baseline survey within 7 days of program enrollment; follow up every 6 months and at discharge.

Proposed Data Collection:
Utilization Data Tracking of the Community Referral Program

Why do we propose to collect these data?
- These data will allow us to assess the performance of the Community Referral Program. Metrics include # linked community services; # trainings for providers; # providers engaging in the platform; # completed closed loop referrals.

How do we propose to collect these data?
- Data will be collected from a vendor.
- The vendor will be aware of identifiers requires to link to broader Ecosystem data.

Proposed frequency of refreshed data
- Ongoing daily, with data being sent to the Ecosystem on a monthly basis.