CHILDREN'S BEHAVIORAL HEALTH SYSTEM OF CARE

DATA + EVALUATION TEAM | JUNE 14, 2021

EXECUTIVE OFFICE OF HEALTH & HUMAN SERVICES STATE OF RHODE ISLAND

data ecosystem state of rhode island

AGENDA

- 3:00 – 3:10: Introductions + Meeting purpose
  - Add to the chat: Name / Org / Role /
- 3:10 – 3:30 Review key points from 5/10 Kickoff meeting
  - Recall and review: What does success look like and how would we measure it?
- 3:30 – 3:50: Overview of data: new and to be created
- 3:50 – 4:25: How will we ensure this effort centers itself in racial justice and is co-designed with the community? [JamBoard activity]
- 4:25 – 4:30: Housekeeping + next steps

REVIEW KEY POINTS FROM 5/10 KICKOFF MEETING

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

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

KEY POINTS FROM 5/10

- What protective factors, strengths, or resilience measures exist to help keep kids in an appropriate level of care?
- Equity in behavioral health needs to be a key focus – especially for those whose primary language is not English
- Continuity of care – what happens after the ED and among milestones on the patient journey
- Interest in understanding what services – especially prevention and community-based care – exist in the state.

KEY POINTS FROM 5/10

- Schools are a key stakeholder here – faculty, staff, counselors, clinicians, and parents of students – and haven't necessarily been well-connected to the rest of the system
- Low provider rates may limit providers' ability to fully coordinate care as needed
- How do we make sure we adhere to data use and consent considerations?

HOW WILL WE MEASURE SUCCESS? METRICS IN BLUE ADDED 5/10

Single Point of Access (SPoA)

- # calls to the SPoA
- # screenings
- # 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
- Youth suicide attempts
- Family and provider satisfaction surveys
- Waiting list size (community providers)
- Consistent school attendance

Community Referral Platform (CRP)

- # Community services in the CRP
- # of providers who use the platform
- # referrals
- # completed referrals
- # of screenings aligned to referrals
- [school-based staff log ins]

OVERVIEW OF DATA: NEW AND TO BE CREATED

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.

PROPOSED DATA COLLECTION: CRISIS ASSESSMENT DATA INCLUDING MENTAL STATUS, BRIEF BIO-PSYCHOSOCIAL, SDOH SCREENING, AND ACES SCREENING

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.

HOW WILL WE ENSURE THIS EFFORT CENTERS ITSELF IN RACIAL JUSTICE AND IS CO-DESIGNED WITH THE COMMUNITY?

JAMBOARD

DATA ECOSYSTEM: WHAT DOES "RACE-EXPLICIT" MEAN?

All study and focus areas will have race-explicit* orientations

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:

Community Advisor Group

- Study planning explicitly seeks to understand the role racism plays in the outcome(s)
  - Example (Overdose): Ensure that our data respond to how criminalization, systemic racism and institutional bias have dramatically worsened outcomes and closed off pathways to healing and recovery for many people of color.
- 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.
  - Where possible, the Ecosystem team *goes to* existing forums, as well as invites folks into standalone forums
- Study intent explicitly seeks to support, not punish or further harm, BIPoC populations or populations who have historically been subject to racism
- All analyses show results by race, ethnicity and other key demographics (age, gender, SOGI, location) where possible – and identify means for completing data where not possible
- Acknowledge the role the state may have in perpetuating these harms and seek healing, community-led, anti-racists paths forward as part of the study's findings and recommendations.

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.

WHAT DOES 'CENTERING RACIAL JUSTICE IN INTEGRATED DATA' MEAN TO US?

Racism is a public health crisis. How can our data and language promote equity in actions, decisions, and understanding?

Co-Design with Community

1) **Shared historical context** on structural racism, data collection on race and ethnicity, relationship with state

2) Collect only what we **need**

3) Respectful and accurate collection

4) Make high quality race and ethnicity data **available** to all projects and **require** its use

5) **Project Planning**: What is needed? How can data reduce disparities?

6) **Products that inspire action**

Language: Role of racism as root of disparities

Format: User-guided

Select principles

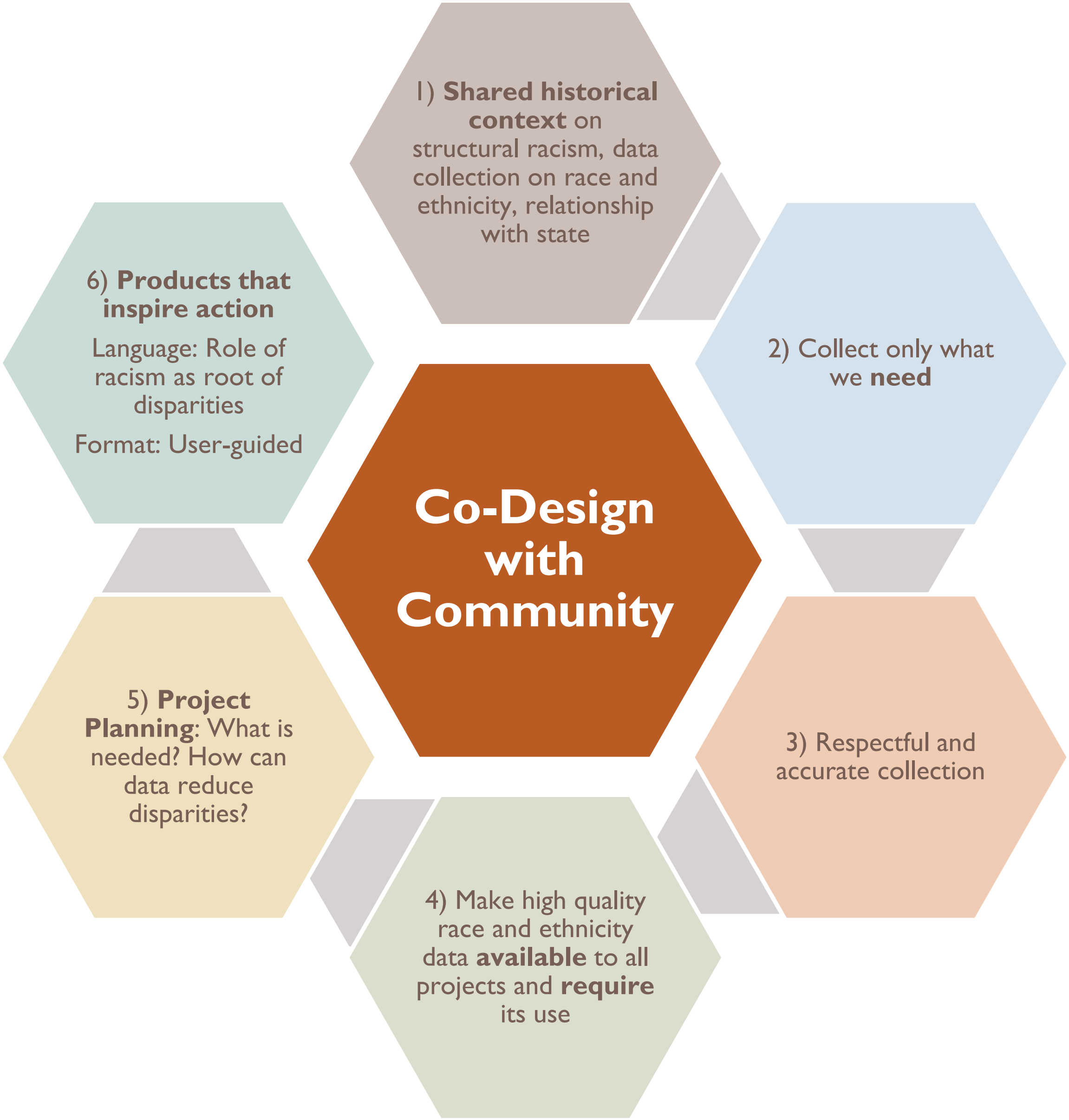
Shared understanding of the role structural racism has played in this topic, the disparate outcomes we see and why we may see them

Organize a community advisory group (this team, with expanding membership) to guide the questions we ask, the data we use, and how we interpret findings

Ensure the data we collect is the minimum necessary; conforms to national standards; is voluntarily collected and participants consent to use of the data for eval + program improvement

Format of the products: what works for who needs to interact with the information?

What else? Click here or see link in the chat to join the Jamboard



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WRAP-UP AND HOUSEKEEPING

Wrap-up

- Discuss meeting take-aways and next steps

Housekeeping

- Meeting notes for this Data and Evaluation workgroup and all other workgroups will be available on the EOHHS site: https://eohhs.ri.gov/initiatives/childrens-behavioral-health-system-care
- We continue to seek co-chairs to share ownership of meeting agenda development and to help execute the work ahead

APPENDIX

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

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	222222

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WHO ELSE NEEDS TO BE HERE?

- Rhode Island Student Assistance Services (RISAS)
- Parents
- Child outreach screeners
- Rhode Island Training School leadership
- Intensive service practitioners (inpatient and / or residential child psychiatric services
- Outpatient clinical providers
- Home-based service providers
- Health Equity Zones (HEZ) focused on child mental health

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

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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:

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- 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