

Time, date, location: 1pm, 7.26.21, Zoom

Meeting leaders: Kim Paull, Annice CorreiaGabel

Participants: Ruth Tureckova (Olean Center), Rik Ganguly (Ecosystem), H Sachs, Suellen Rizzo, Tanya Bernstein (RI EOHHS Ecosystem), Larome Myrick, Maayan Rosenfield (EOHHS), Russ Cooney (NHPRI), Alexandra Hunt (Tides Family Services), Susan Lindberg (DCYF), Annice Correia Gabel (EOHHS), Brandon Joslin, Don Laliberte (Bradley Hospital), Blythe Berger (RIDOH), Lisa Conlan, Ben Weiner (FSRI), Pat Flanagan (Pediatrician, PCMH-Kids), Brandon Joslin, Elizabeth Koonce (Ecosystem), Colleen Caron, Kim Paull (EOHHS), Kathleen Donise, Lisa Conlan (Parent Support Network), Naiommy Baret (Parent support Network of RI)

Intro	Kim Paull	<ul style="list-style-type: none"> <li>• Going to discuss data from allpayer data base, consider what's been happening the last few years in terms of BH trends, in the next few weeks will get updates. Looking to this group to confirm or interpret some of the trends we've found</li> <li>• Going to review some key findings from 6.14 meeting. Talked about suicidality, cultural competency, racial disparities, SDoH, ACES, positive childhood experiences, importance of voices from school community</li> <li>• Questions to answer: What does it mean to succeed both process and outcome-wise? What are metrics, what are they intended to do? How do we prioritize?</li> <li>• *Orients us in the problem (lack of alignment, hard for parents to navigate, disorganized). And then slide of all the pieces of SOC* (see slides)</li> <li>• Now that we see intention of the system, let's talk about what's meant to change</li> </ul>
Outcome metrics	Kim Paull	<ul style="list-style-type: none"> <li>• Let's look at outcome metrics – given the goals of this system, do you think these metrics capture how well the system is working? Thinking about kids and families you serve, does this miss anything? And then we're going to prioritize about which of these metrics need to get the most resources and attention? If we're doing what we say we want to do, these should change.</li> <li>• *reviews the metrics on the outcomes slide – see slide for details.*</li> <li>• Dr. Flanagan: misses earliest metrics of BH challenges – like early childhood developmental screenings, postpartum depression in moms, Kindergarten readiness</li> <li>• Colleen Caron: All of the indicators must be looked at by race and ethnicity like you said, but maybe should write that down somewhere. For foster care entrance rates for BH how is BH defined?</li> <li>• Susan Lindberg: I think only way we could do that is through level of need</li> <li>• Kathleen Donise: Calls to KidsLink</li> <li>• Kim: Would you guess that would go up or down?</li> </ul>

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Process metrics	Kim Paull	<ul style="list-style-type: none"> <li>• Kim: now let's shift gears to process metrics</li> </ul>

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Miro – voting on priority	Kim Paull	<ul style="list-style-type: none"> <li>• Kim: look at Miro – decide on highest priority</li> <li>• Natalie: another idea - mapping what process should look like and then track if we're meeting it with fidelity (eg. Phone call at ___ time, did it happen)</li> <li>• Lisa Conlan: we use family empowerment metrics - best outcomes for child if families are empowered to lead and navigate that process. Greater trajectory of child's needs is how empowered you are as family to lead and guide that process</li> <li>• Kim: have to ask ppl, can't create in data – maybe one of the questions could be did you receive connection to care, call, etc everything they were supposed to receive</li> <li>• Kim: will post the results of this Miro with the notes</li> </ul>
Allpayer data	Kim Paull and Annice CorreiaGabel	<ul style="list-style-type: none"> <li>• Kim: returning to data side: overview of what seeing in allpayer database, looking at spike in suicidality esp among adolescent girls, seen 74% increase nationally in depression from 2004-2019 –even prepandemic has been trend of increasing, visits have increased in the pandemic. Big jump in suicidality and BH hospitalizations. Hasbro provided some data among most common BH visits – self harm ideations, conflict, neglect, depression, suicide ideation, gender identity disorder.</li> <li>• Kathleen: this is what their team sees in ED, but this is a limited data set because some kids (like eating disordered kids) will be admitted medically and be seen by floor consult team – so disordered eating is main one missing here</li> <li>• Patricia Flanagan: this tracks with what we've seen, would suicide attempts with medical needs be seen</li> <li>• Kathleen: depends, sometimes</li> </ul>

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Chat		<p>Lisa Conlan to Everyone (12:23 PM)  Parent &amp; Child relationship  Natalie Fleming to Everyone (12:23 PM)  RI Child Outreach Screenin  Chris Strnad to Everyone (12:26 PM)  What about looking at improvements in functional assessment tools such as the CANS?  Lisa Conlan to Everyone (12:49 PM)  Top 3 Red- family satisfaction with SPOA, Family and Provider satisfaction surveys, Behavioral health ED visits  Top 3 Blue- BH related IP admissions  Top 3 blue- calls rate of BH related ED visits  School attendance  Megan Ranney to Everyone (12:58 PM)  I unfortunately have to run at 1pm; looking forward to hearing about the data discussion!!  hsachs to Everyone (12:59 PM)  I also have to sign off at 1 PM also. Thanks  Lisa Conlan to Everyone (1:00 PM)  Sorry I need to leave early. I have a 1 pm meeting.  Naiommy Baret to Everyone (1:01 PM)  i apologize, I have to head out as well  Patricia Flanagan to Everyone (1:19 PM)  I believe YRBS has shown a greater distress among females vs males for a few years</p>