

Building Interagency MIS in Children's Services

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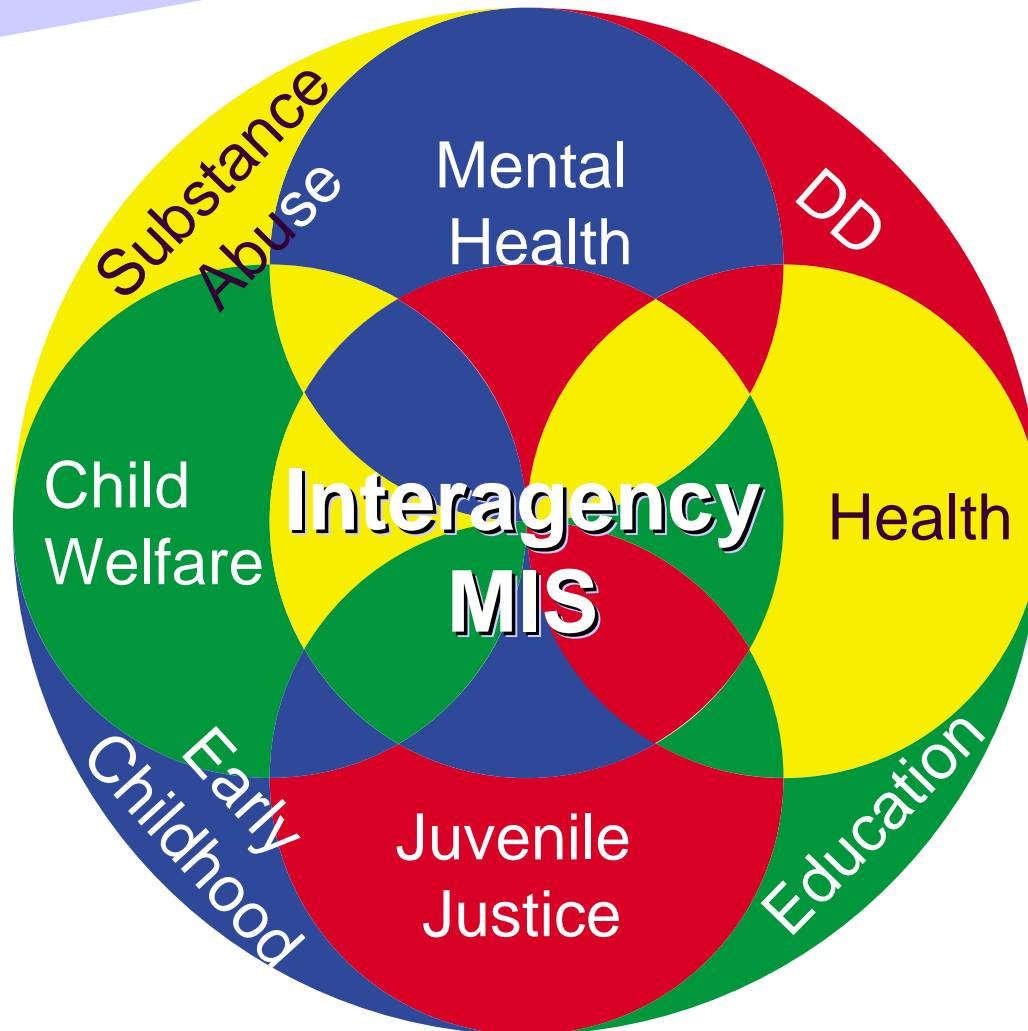
Public Health Foundation

Session Outline



- **Introductions**
- **Interagency MIS Project** (Larke)
- **Launching a Statewide Initiative** (Steve D.)
- **Use of Confidential Data** (Steve B. and John)
- **Analytical Consequences** (Penny)
- **Building Capacity** (Ron)

System of Care Data Connection



Interagency MIS: Why?

- Shared responsibility and accountability of agencies (e.g., Mental Health, Child Welfare, Juvenile Justice, Health, Education) for services and support for children and families
- Support for joint clinical decision making and integrated service plans
- Clarity of expenditures and cost savings/cost shifting
- Determination of service access/utilization
- System improvements and sustainability
- Research purposes

Connecting Data: So What?

- Silos of services, policies, and information do not lead to sustained systems of care
- Technological advances provide capacity to integrate, synthesize and use information
- Change questions to collective, interactive, higher-order effects
- Share common language and collective mission

Problems/Barriers: But?

- Inadequate technical knowledge impacts time/costs of implementation
- Turf issues and divergent missions, expectations, practices, policies, regulations, and uses of data across agencies (esp. confidentiality)
- Lack of support, funding, and personnel
- Lack of leadership to champion children's MIS
- Lack of policy regarding aggregate data use
- State/federal structures hinder development of innovative system architecture



Possible Solutions: Maybe?

- Articulation of need and shared vision
- Process to share knowledge (technology, resources, funding, etc.)
- Specifications of data sharing/storage/access/security mechanisms
- Process to build capacity and commitment
- Creative and innovative approaches to data analysis and reporting

Oklahoma: Sharing Resources



- Purpose
 - Information and Referral services
 - Online client data available to children's service delivery systems across state
 - Planning, research, outcome evaluation, and service coordination data
- Partners
 - OK Commission for Children and Youth (lead)
 - OK Department of Commerce
 - Department of Human Services
 - Department of Health
 - Department of Education
 - Department of Mental Health and Substance Abuse Services
 - Office of Juvenile Affairs
 - Office of State Finance
 - Department of Rehabilitation Services
 - OK Health Care Authority

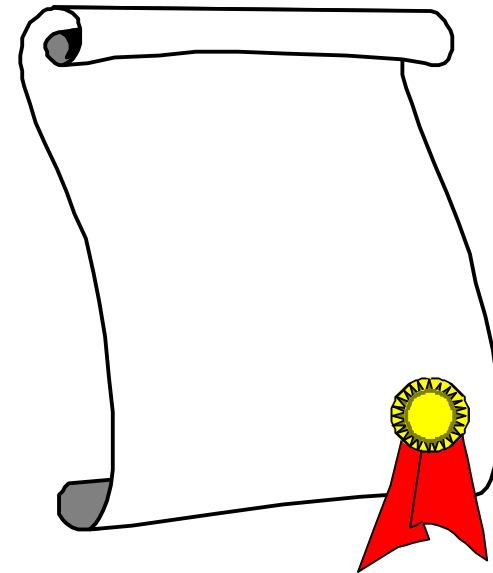


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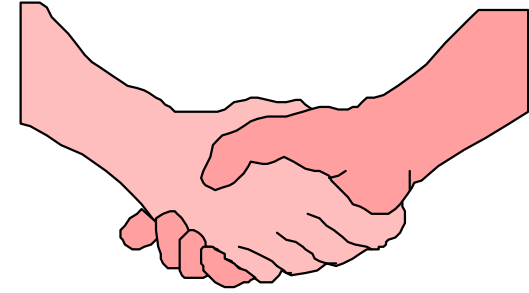
Steve Davis, Oklahoma Department of Mental Health and Substance Abuse, at the 2001 National Conference on Mental Health Statistics, Washington DC, June 1, 2001

Interagency Agreements

- Purpose
- Effective Dates
- Confidentiality
- Transfer of Data
- Modification or Amendment
- Signatures
- Acknowledgment

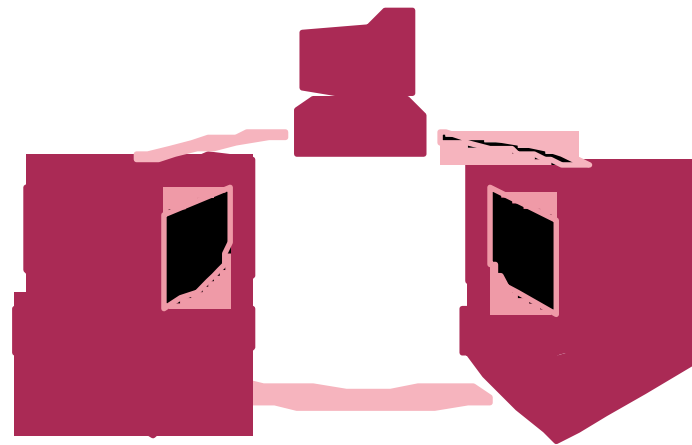


Developing Agreements



- Legislation
- Interagency pilot project
- Quid pro quo
- External challenges
- Personal relationships
- Piggy-back projects

Virtual MIS



Presented by:

Steve Banks & John Pandiani, The Bristol Observatory, at the 2001 National Conference on Mental Health Statistics, Washington DC, June 1, 2001

Colorado

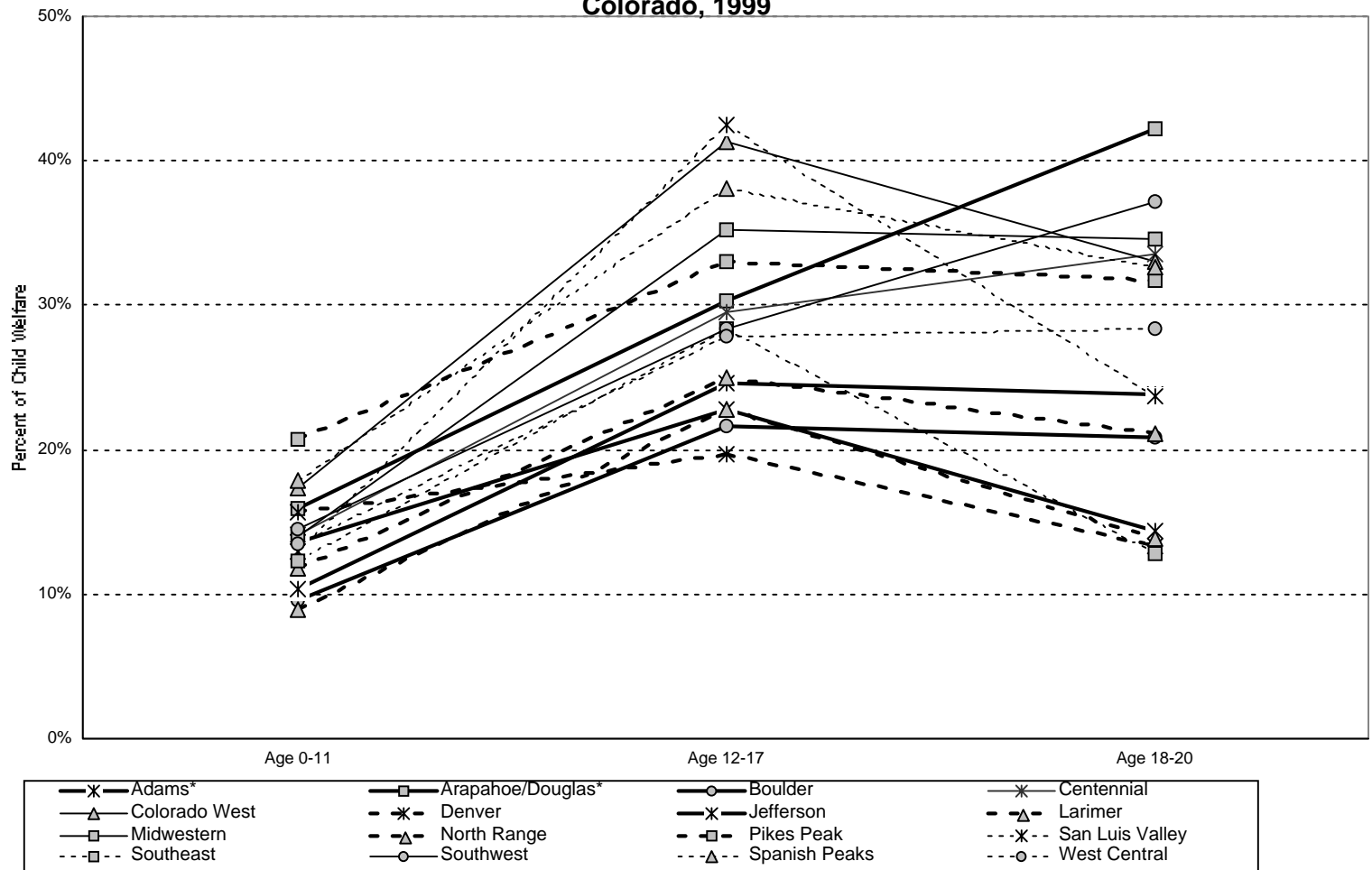
Table 1
Caseload Overlap
Between Mental Health and Child Welfare Programs
For Children and Adolescents Less Than 21 Years of Age
Colorado, 1999

	Number Served		Caseload Overlap	
	Child Welfare	Mental Health	Number	% of CW
Adams*	4,675 (4541-4809)	2,635 (2534-2736)	792 (737-847)	17% (15% - 18%)
Arapahoe/Douglas*	5,992 (5840-6143)	4,344 (4214-4473)	1,410 (1336-1483)	24% (22% - 25%)
Boulder	2,814 (2710-2918)	1,132 (1066-1198)	397 (358-436)	14% (13% - 15%)
Centennial	1,786 (1704-1869)	913 (854-973)	368 (331-406)	21% (19% - 22%)
Colorado West	3,013 (2906-3121)	2,408 (2311-2504)	842 (785-899)	28% (26% - 30%)
Jefferson	4,822 (4686-4959)	2,281 (2187-2374)	796 (741-852)	17% (15% - 18%)
Larimer	2,377 (2281-2472)	1,440 (1366-1514)	425 (385-466)	18% (16% - 19%)
Denver	8,930 (8745-9115)	4,164 (4037-4290)	1,506 (1430-1582)	17% (16% - 18%)
Midwestern	1,178 (1111-1246)	646 (596-696)	278 (245-311)	24% (22% - 25%)
North Range	2,335 (2240-2429)	956 (895-1017)	330 (295-366)	14% (13% - 15%)
Pikes Peak	6,667 (6507-6827)	3,432 (3318-3547)	1,707 (1626-1788)	26% (24% - 27%)
San Luis Valley	949 (889-1009)	672 (621-723)	233 (203-263)	25% (23% - 26%)
Southeast	1,017 (955-1080)	636 (586-685)	186 (159-213)	18% (17% - 20%)
Southwest	1,149 (1083-1216)	657 (606-707)	237 (207-267)	21% (19% - 22%)
Spanish Peaks	2,646 (2545-2747)	1,871 (1786-1956)	708 (655-760)	27% (25% - 28%)
West Central	1,167 (1100-1234)	695 (644-747)	232 (202-262)	20% (18% - 21%)

* Region includes parts of the Aurora CMHC.

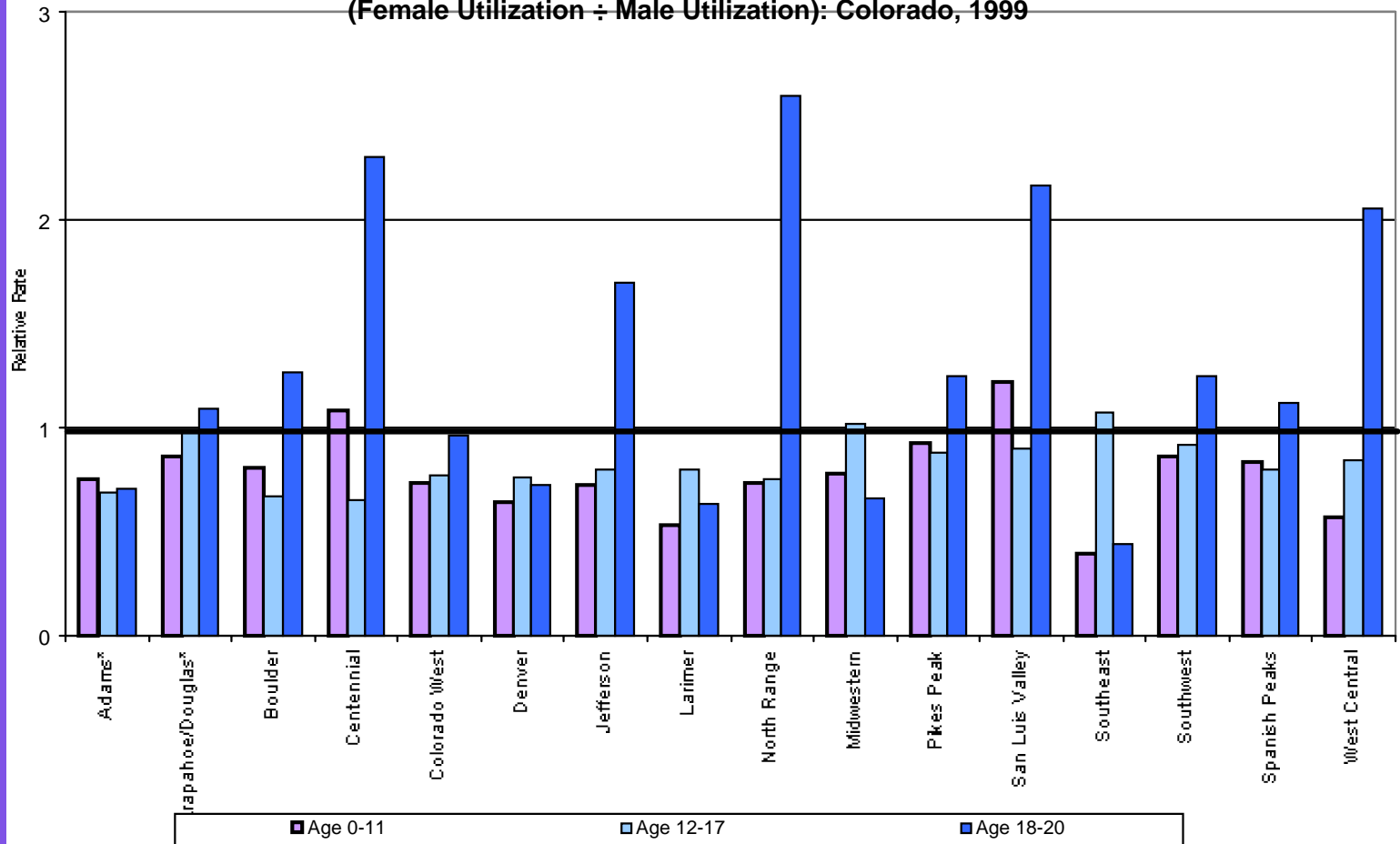
Analysis by Age

Figure 2
Caseload Overlap Between Mental Health and Child Welfare Programs
Colorado, 1999



Analysis by Age and Gender

Figure 3
Caseload Overlap Between Mental Health and Child Welfare Programs
For Children and Adolescents Less Than 21 Years of Age
(Female Utilization ÷ Male Utilization): Colorado, 1999

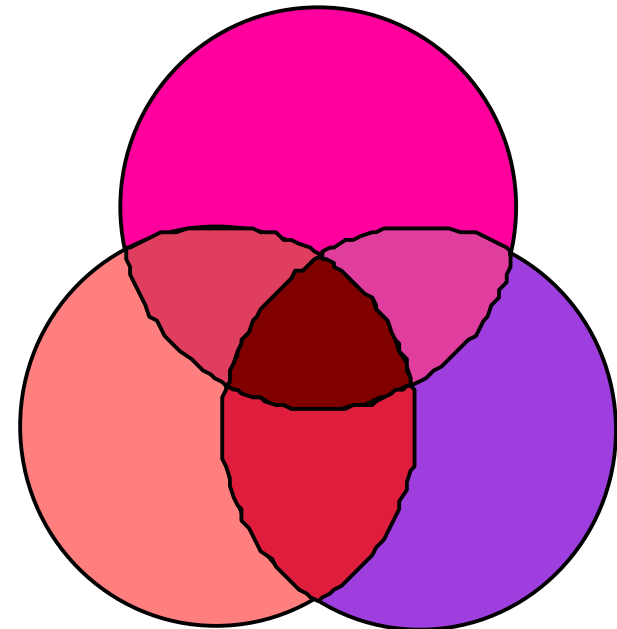


Probabilistic Population Estimation



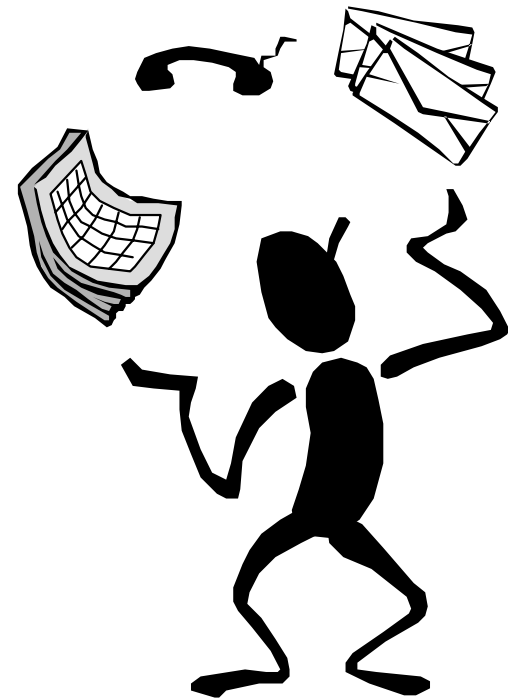
Unduplicated Counts

- Of service recipients
- Of caseload overlap



Cost Effective

- Long Term Outcomes
- Confidentiality



Data Integration: A Cautionary Note

- Data anomalies
- Location of service populations
- Definitional inconsistency
- Vague service content
- Misinterpretations about service quantity
- Varying service delivery conditions

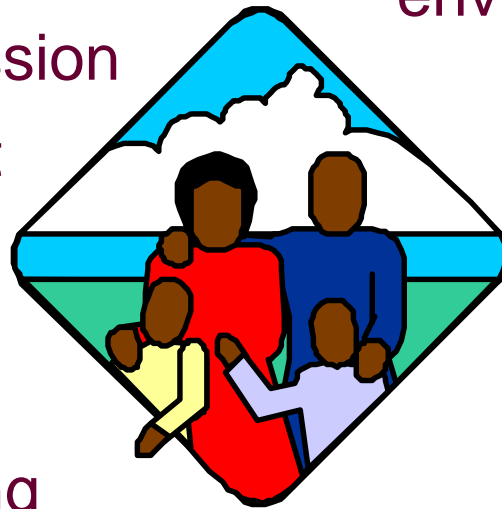


Presented by:

Penelope L. Maza, U.S. Children's Bureau, Department of Health and Human Services
at the 2001 National Conference on Mental Health Statistics, Washington DC, June 1, 2001

Public Health Scenario

eating disorder cardiovascular disease
pre-natal care sexually transmitted diseases
substance abuse environmental hazards
clinical depression
sexual assault chronic diseases
nutrition breast cancer
suicide domestic violence
family planning unintended injuries
infertility HIV/AIDS cervical cancer
communicable diseases post-partum depression
TB



Presented by:
Ron Bialek, Public Health Foundation, at the 2001 National Conference on Mental Health
Statistics, Washington DC, June 1, 2001

Profiling County Health:

www.communityhealth.hrsa.gov



- Population characteristics
- Vulnerable populations
- Overall health
- Leading causes of death
- Important measures of birth and death
- Environmental health
- Preventive services use
- Risk factors
- Access to care

Your County's Health Status Compared to Peer Counties

		Unfavorable	Favorable
Your County's Health Status Compared to US Counties	Unfavorable	✂ Coronary Heart Disease, Stroke, Infant Mortality, Lack of Prenatal Care, Low Birth Weight, Unintentional Injury	Lung Cancer, Teen Mothers, Very Low Birth Weight, Premature Birth, Homicide
	Favorable	Cesarean Deliveries, Breast cancer, Older Mothers	✓ Motor Vehicle Injuries, Suicide, Colon Cancer