- Is there a statewide data system tracking mental health service use by service type?
- If not, could current data tracking systems be merged or should creating a statewide database tracking system be included in the priorities identified?
- Are there specific definitions for desired outcomes of programs and standardized methods for collection of these data so they are comparable across systems?

The following is a list of data that I would find helpful in prioritizing programming. It is not a comprehensive list. For each, I'm trying to determine the proportion of people who would be affected by different types of programming. Please add other ideas if it would be helpful in our discussions about programming gaps and existing services.

1. Comprehensive statewide crisis system
Number and percentage of also demographic data, if available):
- ED visits related to mental health issues (primary and secondary presentation)
    - Patients with MD diagnosis or suspected diagnosis
        - Repeat ED visits within 1 year for same issue
    - Patients with private insurance, Medicare/Medicaid, uninsured
    - Patients referred to mental health services
        - Patients initiating mental health services post-ED
        - Time elapsed from referral to service initiation
        - Duration of referred services
        - Repeat ED visits within 1 year for same issue
- Arrests related to mental health issues
    - Arrests involving CIT police staff
- 911 calls or police wellness checks related to mental health issues
    - Arrests made
    - Arrest by CIT police staff
    - Related to minor, related to adult
- Delays in trials due to inaccessibility of mental health evaluations by State Hospital
- Prisoners receiving mental health treatment (more than crisis support)
- Prisoners with unmet mental health needs.
    - Type of unmet needs (diagnoses, therapy, medication management)

2. Clinically appropriate state-run health care settings:
Number and percentage of also demographic data, if available):
- Individuals using these services annually and past 10 years by year (to identify changes)
    - Types of patients (e.g., referrals from justice system, ages, diagnosis types, homeless, insured/Medicaid/Medicare)
- Individuals referred to services who initiate care with them
    - Time elapsed from referral to service initiation
    - Average duration of treatment

3. Capacity of adult behavioral health service delivery system
Number and percentage of (also demographic data, if available):
- Individuals with SMI by county

- Individuals with MD diagnosis by county
- Crisis services available by type of service
- Type of mental health services available by county (therapists, ED, mental health center, SUD treatment center/outpatient clinic, peer support groups, therapist in food bank or HRDC facility, PCP, etc.)
  - Individuals using services of each type
  - Psychiatrists by county
    - Individuals using services by psychiatrist
- PCP patients receiving mental health treatment by PCP
  - PCP type (NP, RN, PA, MD, DO)
  - Patients on medication for mental health issue
- Individuals receiving mental health services via telecare
  - Individuals unable to receive telecare due to internet access issues
- Regional mental health centers
  - Individuals using these services annually and past 10 years by year (to identify changes)
  - Types of patients (e.g., referrals from justice system, ages, diagnosis types, homeless, insured/Medicaid/Medicare)
  - Patients referred to state hospital
  - Patients using telecare
- Health care facilities using IBH or CoCM to treat mental health issues
- Beds for inpatient mental health care
- Case management options
  - Which patient type has access and how is access found?
  - What is patient usage of CM services?
  - What is the average duration of CM services?
  - Individuals using different types of CM services
- CHNA data for each county related to mental health concerns
- Individuals using Brite app to find mental healthcare by county
- Individuals using 211 to find mental healthcare by county
- Workplace wellness programs that include mental health

4. Capacity of children's behavioral health service delivery system
Number and percentage of (also demographic data, if available):
Same as for adults plus:
- Schools with CSCT services
  - Students using CSCT mental health services
    - Medicaid and private insurance breakdowns
  - Time elapsed from referral to service initiation
  - Duration of referred services
- Schools with school mental health services
- Schools with counselors providing mental health guidance
- Schools with associate health center
- Schools implementing evidence-based mental health programming
  - Primary prevention (e.g., YAM, GBG, SEL curricula)
  - Selective interventions (e.g., therapy for depression, problem and coping skill development)
  - Indicated interventions (e.g., DBT for suicidality)

- Children in foster system or removed from parental custody receiving mental health services
    - Duration of referred services
- Types of family mental health resources available by county
- Parent training by county
- Availability of pediatricians at EDs
- Availability of child and adolescent psychiatrists for consults at EDs
- Availability of child and adolescent psychiatrists for consults within healthcare systems using IBH or CoCM
- Distribution of child and adolescent psychiatrists across state
    - Offer telecare
    - Time elapsed from referral to service initiation
- Distribution of clinical psychologists
    - Offer telecare
    - Time elapsed from referral to service initiation
- For children needing diagnostic evaluation by a clinical psychologist, what is the average wait time for evaluations?
- Distribution and number of beds by age range in group homes
- Children in justice system with mental health issues
    - Receive care
    - Time elapsed from referral to service initiation
    - Receive case management services and type

5. Capacity of DD service delivery system
   Number and percentage of (also demographic data, if available):
- Children using DD services by type of service (e.g., Which is used most commonly?)
    - Distribution of service use by county
    - Children receiving DD services in school settings
- Families receiving case management services
- Families receiving transitional services as children near 18 years of age
- Adults using DD services by type of service
    - Distribution of service use by county

6. Capacity of service delivery system for co-occurring populations
   Number and percentage of (also demographic data, if available):
- Children needing MH and DD services
    - Service type
    - Distribution of available services across state
- Adults needing MH and DD services
    - Service type
    - Distribution of available services across state
- Current workforce trained in both by position type

7. Family and caretake supports (BH & DD)
   Number and percentage of (also demographic data, if available):
- Programs available for families of children with MH issues
    - Distribution and type of programs available
- Programs available for families of adults with MH issues

- - Distribution and type of programs available
  - Programs to support mental health of workforce
    - Types and distribution
    - N and % offered by employers
  - Caregivers with mental health issues
    - Using mental health services
    - Type of services used

People to invite:
1. Ross Lohr (Accelerate the Future Foundation) – innovative solutions to address workforce shortages
2. Angela Kimball (Inseparable) – school-based mental health programs
3. Steve