



# DATA COMMITTEE MEETING

## Meeting Minutes

**Date:** February 6, 2026, 1:30 – 3:00 PM. Virtual Zoom and Anchor Site DPH

**Name of note taker:** Caitlin Loyd

**Facilitators:** Lindsay Ashkenase, Alethea Miller

**Attendees:** Meena Ramakrishnan, Alethea Miller, Lindsay Ashkenase, Bridget Buckaloo, Dana Holz, Erin Nescott, Marci Eads, Caitlin Loyd, Naa Dede Hesse, Priscilla Mpsi, Garrett Colmorgen

**Guests:** Lisa Johnson, Anna Lisa Johnson, Zakariah R., Tavanya Lockett

Agenda Item	Notes
<b>DHMIC Data Committee</b>	
Welcome	Welcome back, Dr. Miller!  Dr. Ashkenase welcomed committee members and thanked members for joining the call.
Approval of the Minutes from the December Meeting	The Committee's co-chairs asked for a motion to approve the minutes from the December Meeting. Dr. Mpsi noted a correction needed for the spelling of Dr. Naa Dede Hesse's name. Meena made a motion to approve minutes; Erin Nescott seconded. Minutes were approved. <b>Action Items:</b> • Caitlin: Update spelling of Dr. Naa Dede Hesse in December meeting minutes
Brief Update on Q1 Progress, Gantt Chart	Due to time constraints (agenda reordered to accommodate guest presenter), this item was deferred. Materials to be shared via email for review. <b>Action Items:</b> • Caitlin: Share Q1 Progress/Gantt Chart via email and request feedback
Perinatal Care Data Matrix Review and Approval	Due to time constraints, this item was deferred. Committee members were asked to review the prenatal matrix independently and submit feedback. <b>Action Items:</b> • Caitlin: Share Perinatal Care Data Matrix via email and request feedback • Committee Members: Review the matrix and reach out with any questions, concerns, comments, or submit feedback.
Discuss 2026 Meeting Dates	Due to time constraints, this item was deferred. The committee is moving to quarterly meetings for 2026. Proposed dates will be shared for group feedback. <b>Action Items:</b> • Caitlin: Send out proposed 2026 quarterly meeting dates for group feedback
DTRN360 Presentation (Lisa Johnson)	Lisa Johnson and Anna Lisa Johnson joined the call as guest presenters (agenda reordered to accommodate their schedule). They shared the history and demonstration of DTRN360, Delaware's first-in-the-nation Care Coordination Platform focused on behavioral health.



	<p><b>Platform Overview:</b></p> <ul style="list-style-type: none"> <li>• Platform: Bamboo</li> <li>• Development began in 2018 with clinical referral capabilities (DTRN e-referral/Open Beds)</li> <li>• Ambassadors (super users) rolled out May 2025, included representatives from all health systems</li> <li>• Required new legal agreements with all providers due to HIPAA and CFR 42; signed September 2025</li> <li>• Provider rollout began November 2025</li> </ul> <p><b>Key Features:</b></p> <ul style="list-style-type: none"> <li>• Real-time access to consolidated patient data across organizations</li> <li>• PDMP integration with single sign-in for prescribers</li> <li>• Hospital events, crisis events, and justice-involved alerts displayed</li> <li>• Special population tracking (pregnant, veterans, LGBTQ, geriatric)</li> <li>• Social determinants referrals through FindHelp partnership</li> <li>• Rideshare coordination for non-emergency medical transportation</li> <li>• Phase approach to population health reporting – displayed on Tableau</li> </ul> <p><b>Pregnant Population Data (2025):</b></p> <ul style="list-style-type: none"> <li>• Pregnant women represented 2% of all behavioral health referrals</li> <li>• Data available on referral types, care destinations, decline rates, and organizations treating pregnant women</li> </ul> <p><b>Dashboard/Data Recommendations from Lisa:</b></p> <ul style="list-style-type: none"> <li>• Focus on getting data "green" – clean, accurate, and frequently updated</li> <li>• DTRN360 could be one data source for the dashboard</li> <li>• Prioritize replicable data that can be automatically updated</li> <li>• If dashboard is built right, new data points can be added and displayed within a month</li> </ul> <p><b>Potential for Pregnant Client Report:</b></p> <p>Meena proposed creating a standardized de-identified report for pregnant clients tracking referrals, social determinant needs, and rideshare support at population level on monthly/quarterly basis. Lisa confirmed this is possible with appropriate MOUs and data sharing agreements and offered guidance on governance process.</p> <p><b>Future Access:</b></p> <ul style="list-style-type: none"> <li>• Non-behavioral health clinicians and public health professionals will gain viewer-only access to de-identified population health data by late August 2026</li> <li>• Requires data sharing agreements and compliance approval</li> </ul>
<p>Dashboard Platform Research Findings</p>	<p>Erin Nescott presented findings from discussions with dashboard vendors.</p> <p><b>Investigating Options: Green River, Tyler Technologies (formerly Socrata)</b>  <i>Green River (formerly My Healthy Community):</i></p>



- Supported Delaware during COVID with timely, low-geography data updates
- Emphasized importance of automation of data updates
- Offered back-of-house access for granular views not available to public
- Created customized maps (not Esri-powered) that the state owned
- Key question: What is the main intention for the dashboard?

*Tyler Technologies:*

- Asking more specific questions about current software, decision timeline, and budget
- Erin tried to push for numbers, but vendors said they need more information

**Kids Count Dashboard as Interim Option:**

- Erin proposed using Kids Count dashboard as an interim step
- Could trial run a few indicators from the matrix
- Kids Count offered to serve as liaison for vendor or create Power BI/Tableau dashboard

**Virginia PQC & State of North Carolina's Maternal Health Team Online Data Dashboards (Shared by Vik via email prior to meeting)**

- Last week, North Carolina's team got back to me and they used Tableau; per their team: We created our Maternal & Infant Health Data dashboard internally using Tableau Desktop & the public site is hosted by NCDHHS. We used a "Tableau Story" format for each indicator. The data sources utilized included birth certificate, death certificate, linked Medicaid/birth certificate data, birth defects, hospital discharge & population estimates from the Census Bureau. The underlying data used in the dashboard was pre-aggregated in SAS & incorporated all suppression rules – so no record level or identifying data were loaded to Tableau. Indicators were selected for inclusion based on program needs as well as the feasibility of meaningful disaggregation by region, county, race/ethnicity, age, educational status, etc

**Budget Discussion:**

Meena inquired if there is a line item in the HRSA grant for the creation of a dashboard.

Dede confirmed that it does not, but that she will revisit the budget to see if any funds can be moved around but needs a ballpark figure first in order to do so.

Garrett shared that he suspects there will not be any wiggle room to accommodate the development of an expensive dashboard feature.

Meena suggested we could develop something simpler through Google Sheets with filters. Could create infographic on quarterly basis with key indicators and post on DE Thrives. Need to ground ourselves in budgetary reality.

Dana Holz noted that infographics are deceptively complicated. When thinking about budgets, the development of an infographic can take a lot of time and \$ compared to a simple table.



	<p>Alethea recommended we identify what do we need vs. what we want and what is within budgetary constraints. She offered to take our findings back to leadership to see if something can be done. If we could get an idea at the lowest scale, such as adding data to DE Thrives and maintaining it, that would be helpful.</p> <p>Lindsay suggested that we clarify what is required for MHTF vs. for the Data Committee.</p> <p><b>Action Items:</b></p> <ul style="list-style-type: none"> <li>• Erin: Summarize notes from dashboard vendor investigations and consider how to create a low-cost or no-cost dashboard project; share summary with group</li> <li>• Alethea: Take dashboard cost and options discussion back to leadership to explore lowest-scale options (e.g., adding data to DE Thrives) and report back on potential costs and maintainability</li> <li>• Dede: Review the budget to see if any funds can be reallocated for dashboard development and report back with a ballpark figure for potential costs</li> </ul>
<p>Next Steps and Closing Remarks</p>	<p>Data Committee portion of meeting ended at approximately 2:30 PM to transition to Maternal Health Task Force meeting.</p>
<p><b>Maternal Health Task Force</b></p>	
<p>Welcome and Introductions, Meena</p>	<p>Meena welcomed attendees and provided updates. Vik unable to attend.</p>
<p>KPI Dashboard Update</p>	<p>Title V measures added to the KPI planning document:</p> <ul style="list-style-type: none"> <li>• Vik expanded KPI document to include Title V measures focused on child health and children with special healthcare needs</li> <li>• Outcome measures include fetal, infant, and maternal mortality rates; inter-birth spacing; and preterm birth proportions</li> <li>• Pregnancy-related mortality ratio updated: Delaware's rate (2020-2024) was on par with national rate of 18.7 per published paper in Delaware Journal of Public Health</li> <li>• The dashboard can be accessed here: <a href="#">MHTF_KPI_Dashboard</a></li> </ul>
<p>Research Updates on New Measures</p>	<p><b>Perinatal Discrimination Measurement:</b></p> <p>Vik completed preliminary analysis of the 2023 PRAMS data, which newly includes perinatal care discrimination questions.</p> <ul style="list-style-type: none"> <li>• Overall percentages of women reporting discrimination were relatively low</li> <li>• Among Black non-Hispanic respondents: 6.2% reported feeling hassled or made to feel inferior due to race (statistically higher than average)</li> <li>• Hispanic population showed higher rates for language-based and insurance type discrimination</li> <li>• Other categories measured: weight, income, sexual orientation</li> <li>• Note: PRAMS data runs a few years behind current day</li> </ul>



**CAHPS Discrimination Question Details:**

Not presented/Pending

**Substance-Exposed Infant Data:**

Meena reported on discussions with Treenee Parker at DFS regarding Plans of Safe Care (POSC) data.

- Three years ago, DFS stopped taking referrals for marijuana-only exposure, resulting in over 50% drop in POSCs
- POSC numbers declined.

#SEI reported to DFS by year:

2022 - 671 infants

2023 - 311 infants

2024 - 260 infants

2025 - 205 infants

- Vik has access to HealthySoft hospital delivery data with ICD-10 codes for prenatal substance exposure for comparison

Dede: The grant is very specific on focusing on maternal health, not children. Focus on maternal outcomes. If we are able to help mothers, that will translate to the children. Encourages us to keep that in mind.

Bridget Buckaloo: In looking at the DFS data and absolute numbers of POSCs, would like to see that married over the declining rates of SUD. Overall, we are seeing decreased numbers of NOWS newborns. Are the numbers of POSCs also going down? Are they correlated?

Meena: Vik has access to HealthySoft with all ICD-10 codes. Can get those numbers and match them year to year with number of DFS POSCs to compare trends. Mostly overlap in all likelihood, but populations don't completely align – mothers on MOUD may show ICD-10 codes but don't need POSC.

**Peer Support Doula Evaluation:**

Meena: Have had discussions about parenting outcomes. Impact Life has internal survey on parenting strengths and stressors. Starting with what Impact Life has been doing. Focuses on mothers as parents – hopefully we'll see some impact and effectiveness of peer support doulas on positive parenting scores. Would have built-in comparison group among Impact Life clients who don't have a peer support doula.

Alethea: Have any peer support doulas initiated a POSC?

Bridget Buckaloo: Just had their training before the new year. Expect to get update at MHTF meeting later in the week. Will ask if they had involvement/how much in POSCs developed or if they've developed any on their own.

**Action Items:**



	<ul style="list-style-type: none"><li>• Meena: Continue to explore DFS Plans of Safe Care data with Trenny Parker (and her data person), including breakdowns by substance, county, race/ethnicity, and outcomes</li><li>• Vik: Follow up with Alethea next week about Medicaid data</li><li>• Dede: Provide feedback at next meeting on experience running queries in the Medicaid data</li><li>• Meena: Keep Medicaid data query feedback as an agenda item for the next meeting</li></ul>
Adjournment of both Data Committee Meeting & Maternal Health Taskforce Meeting	<p>Caitlin noted follow-up items: meeting minutes to be shared, December minutes to be corrected for Dede's name spelling, and 2026 quarterly meeting dates to be proposed. Erin offered to summarize her notes and think about how to create a useful dashboard with no/limited funding.</p> <p>Meeting adjourned at 2:48PM ET.</p>

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