

Integrity Partners
FOR BEHAVIORAL HEALTH

Behavioral Health Data Analytics Collaborative (BHDAC)

Leveraging Data & Academic Partnerships to
Improve Outcomes & Reduce Costs

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Presentation Overview

- The BHDAC Team & Benefits of University Collaboration
- Behavioral Health Data Analytics Collaborative (BHDAC)
 - Membership
 - Goals
 - Data Security
 - Products
- Use Cases
 - Addressing Treatment Gaps: Adolescent SUD
 - Assessing Telehealth's Impact on Accessibility
- BHDAC Growth Goals

Integrity Partners for Behavioral Health IPA Team



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University at Buffalo Research Team



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Translational Science Institute (CTSI)
Director, UB Office of Clinical Trial
Development & Implementation

Benefits of Collaborating with the University at Buffalo

- Access to MH & SUD research expertise
- Access to sophisticated data analytics capabilities
- Increased credibility and dissemination
 - Research/practice briefs
 - Peer reviewed research articles
 - National & international presentations
- Driving change in behavioral health sector
 - Improve client outcomes
 - Reduce total cost of care
- Expense-based contract with UB
- UB is as invested as Integrity Partners!

Behavioral Health Data Analytics Collaborative (BHDAC)

Behavioral Health
Data Analytics Collaborative
BHDAC



A community asset resulting from
a unique strategic partnership in **New York State**

BHDAC Membership

Open to Rural BH Providers

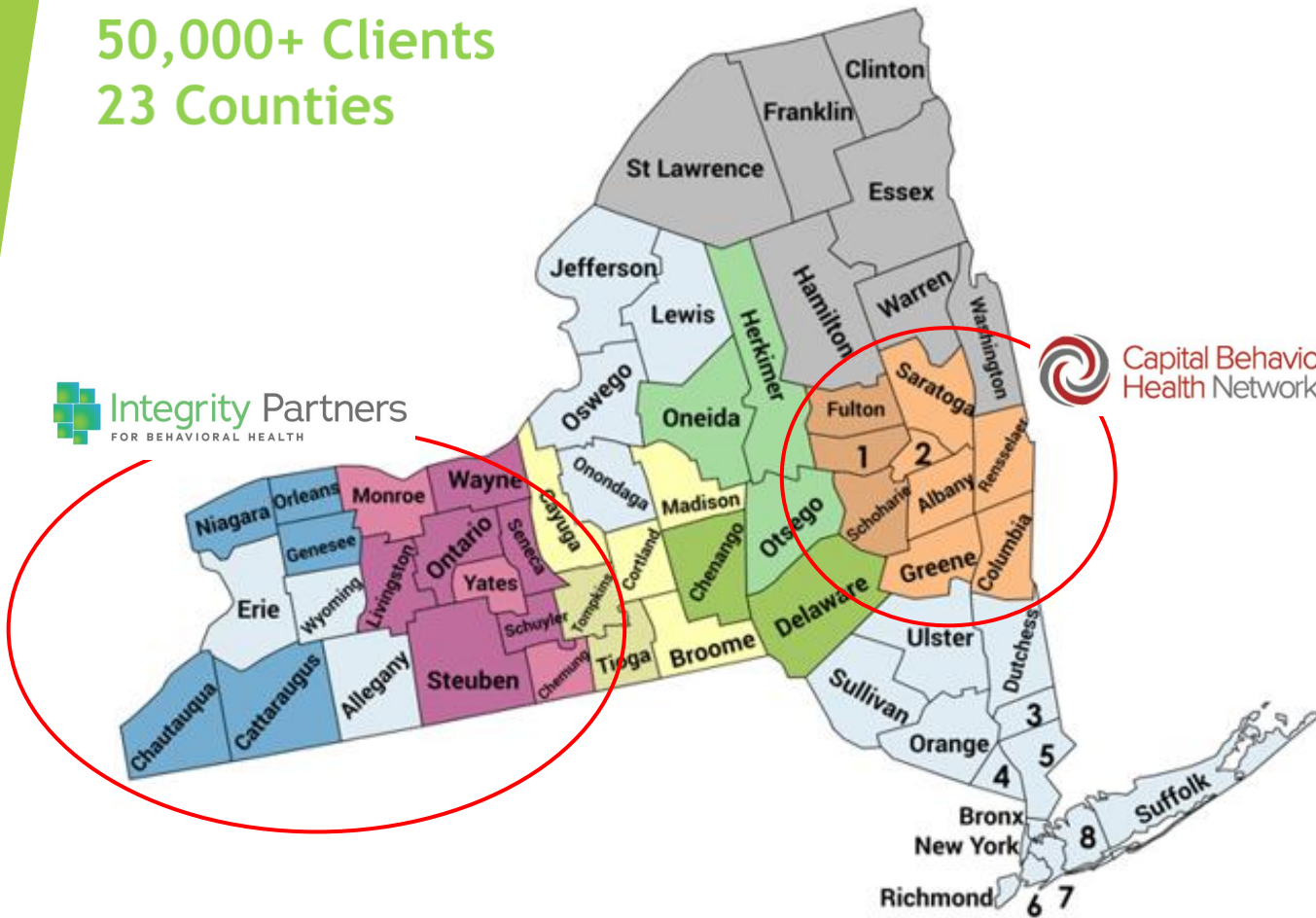
27+ Rural BH Providers

50,000+ Clients

23 Counties



Capital Behavioral
Health Network



Goals of the BHDAC

Goals of the BHDAC

- Develop personalized medicine by building client predictors and treatment profiles
- Better understand MH/SUD services and health behaviors
- Evaluate treatment effectiveness and service utilization
- Identify high-performing providers to facilitate clinical integration
- Incorporate sources of PH data (ie. RHIO/QEs), SCN data, and other centralized sources of data
- Disseminate findings and advocate for policy change
- Increase access and enhance Provider grant applications and reporting

Data Security Measures

Data Security & Compliance

- Secured IRB Approval from UB (OMH IRB approved)
- Use limited data sets (approved for full PHI)
- Multi-layered validation & encryption
- Strict access controls, security protocols, and breach insurance
- Conduct independent security audits

Transmission Process

- HIPAA-compliant platforms (OneDrive, UB secure link)
- Secure, encrypted upload system (AES-256)
- Validation and de-identification process

Products of Behavioral Health Data Analytics Collaborative (BHDAC) Products

BHDAC Products

Generate 3 levels of CQI reports with actionable data

1. Partner Level CQI Report (Quarterly)
2. Network Level CQI Report (Semi-Annual)
3. State Level CQI Report (Semi-Annual)



BHDAC Research

Create Research-based documents

1. Practice Briefs
2. Research Briefs
3. Peer-Reviewed Research Articles
4. White Papers

All can be found on www.integritypartnersbh.org

Addressing Treatment Gaps

Identified Treatment Gap

Data indicated that adolescents with SUD were the least likely to successfully complete their treatment programs.

Treatment Strategy, Clinical Integration, and Assessment

1. A literature review revealed that Family Behavior Therapy (FBT) was an effective approach for adolescents with SUD.
2. Integrity Partners received grant funding to train clinicians and clinically integrate the FBT model
3. Evidence-based research indicated that FBT has a 78% success rate versus 9% success rate of supportive counseling
4. Potential NYS savings could equal **tens-of-millions if not hundreds-of-millions of dollars**

Research Question: Is telehealth a successful modality to increase access post NY Pause/COVID?

1) OMH requested a presentation



Behavioral Health Data Analytics Collaborative (BHDAC) Data-Directed Practice Briefs

Mental Health and Substance Use Disorder Facilities, September 2024

Linn, B. K., Shi, T., Dulmus, C. N., Warnstadt, K. H., Barczykowski, A., Amen, Z., Yu, J., Wilding, G. E., Diebold, J., Harvey, S. J., & Rodriguez, N. (Under review). Increased telehealth usage associated with increased no-show rates in substance use and mental health clinics serving a rural population. *Administration and Policy in Mental Health and Mental Health Services Research*.

Introduction

- This analysis looked at the relationship of telehealth usage to no-show rates in partner agencies
- More than 30,000 clients with 500,000 appointment records were part of the data
- Data were drawn from 2020-2022

Results

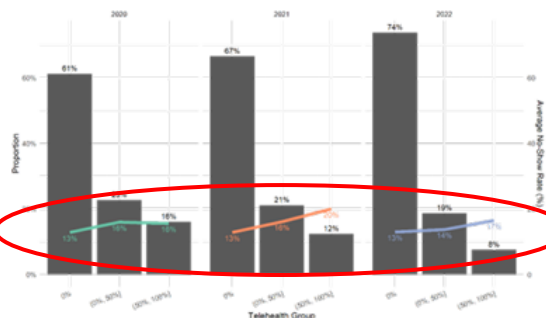
- Clients who used more telehealth had more no-shows after accounting for the effects of COVID
- The results remained even after conducting a *sensitivity analysis*, suggesting a robust finding

Definitions

- Sensitivity analysis: A statistical method used to perform a more fine-grained analysis; results that are the same after a sensitivity analysis is performed are considered strong results

Implications for practice

- Clients and clinicians should prioritize in-person services
- Telehealth visits should be reserved for special circumstances and occasional visits to ensure continuity of care



2) OMH asked for a demographic analysis



Who's Missing & Why: A Comparative Analysis of No-Show Rates Among Telehealth and Non-Telehealth Clients

An In-Depth Review of Attendance Patterns by Age, Gender, Insurance, Mental Health Diagnoses, Substance Use, and Veteran Status

This report presents a comparative analysis of patient no-show rates between two cohorts: individuals with five or more telehealth visits and those with no telehealth visits. Understanding how telehealth utilization impacts patient engagement is critical in optimizing care delivery, reducing appointment gaps, and informing strategic investments in virtual services. By examining demographic, insurance, behavioral health, and veteran status subcategories, this analysis aims to uncover patterns and disparities in appointment adherence. The findings offer valuable insights for healthcare providers, administrators, and policymakers seeking to balance accessibility with accountability in an evolving care landscape.

Executive Summary

The analysis reveals that **telehealth usage is associated with a higher overall no-show rate (14.57%)** compared to those who had **no telehealth visits (10.38%)**. Subgroup analysis across demographics, insurance status, behavioral health diagnoses, and substance use disorders indicates that **telehealth patients exhibit greater variability in attendance**, with particularly elevated no-show rates among males and those with substance use disorders.

Key highlights:

- Males with telehealth** have an **81% higher no-show rate** than males without telehealth.
- Females without telehealth** show slightly higher no-show rates than their telehealth counterparts.
- Medicaid and Medicare patients with telehealth** miss more appointments than those without.
- Telehealth patients with substance use disorders** show **consistently higher no-show rates** across all substance categories.

Behavioral Health Data Analytics Collaborative (BHDAC)

Current Growth Goals

- ✓ Expand our comprehensive data warehouse for scientific analysis
- ✓ Help partners adopt a standardized intake, treatment, and discharge data-gathering process
- ✓ Continue to grow the number of Providers in the BHDAC
- ✓ Leverage and grow the success stories and the reputation of the program

**Thank
You!**

**Thank
You!**

***To join/learn more about
the BHDAC & Integrity Partners:***

www.integritypartnersbh.org