

Approved on 02/25/2010

**INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING NOTES**

COMMITTEE: ISH/Quality Data Committee

RECORDER: Elissa Provance (for Peter Guerrero) **DATE:** November 18, 2009

COMMITTEE MEMBERS

PRESENT: Arleen Downing, Chair, Linda Landry, Susan Graham, Lois Pastore. Tammy DeHesa, Theresa Rossini, Fran Chasen

ABSENT:

GUESTS:

LIAISONS: Michael Miguelgorry

NOTES

Arleen opened the meeting with a discussion about the topics under Data Collection. February 19, 2009 meeting notes reflected the following:

Discussion included that an issue under data collection would be how to measure causes of increased caseloads, i.e., is it autism since autism is not an eligible condition so diagnosis is not typically given until 3 or older. Data collection needs to be retrospective. The flip side is premature diagnosis.

Group 4 identified the following issues they would recommend be part of the ICC's discussion about Data Collection:

Mission:

- Collection of Early Start data by both DDS and CDE in order to report required data to the feds and collect, analyze, and report data for state use to monitor services/outcomes and improve the Early Start system
- Establish data system for early intervention throughout the state and private program services

Outcomes:

- Ensure all needs of each Early Start child are evaluated
- Ensure all needs are addressed and specific reporting plans (health, education, family support)
- Coordinate Early Start-related departments, i.e., general agreement, specific data processes

Methods:

- Unique identifier
- Data sharing, i.e., agreements across agencies, departments, programs

- Periodic meetings of progress for representatives to compare and improve and unify data systems

Data:

- Health status
- Personnel involved
- DME
- MED
- Service provided
- Transition data

The Committee reviewed proposed tasks/activities:

- *Identify a tool to collect data required under Indicator #3.* Indicator #3 (Outcomes) in the State Performance Plan was discussed. There is no consistent process for measuring outcomes. A standard tool is needed throughout the State. The Committee needs to know exactly what Indicator 3 is and what points fall under the topic in order to assist DDS. As a beginning step, review what exists with DDS and CDE.
- *Strategies for measuring quality and effectiveness of the Prevention Program.* Is our focus Early Start or prevention? Is the Prevention Program accomplishing its mission? If not, the ICC should voice its concern to DDS. That's a reason to stay involved in the Prevention Program. This could also be viewed as a Policy Topics issue. Should one measure be approached as opposed to the whole system? Request data from the Prevention Program to see how children have been moving in and out of the program. We can measure referrals to generic services, reassessments, etc. This needs to be communicated to the Prevention Program now. Should we be looking at the effectiveness of the Prevention Program or how it impacts Early Start?
- *Consider using tool for the Prevention Program to track Early Start and Prevention Program children and families through transition to Part B to compare outcomes and cost effectiveness of each approach.* This is a huge issue. Part of the Committee's responsibility would be to get the number of children who came in and then those who went straight to Part B. Is it our job to define a tool or to examine the data we're requesting. Arleen requested a copy of the Early Start report that is being revised for the next meeting.
- *Provide training to those responsible for data collection to ensure clean data.* The ICC does not provide training. Should it be "Ensure training is provided to ensure clean data." Jim said to invite CDE and RCs to discuss their processes.

Approved on 02/25/2010

- *Proactive use of data in identifying trends.* Could be a possible activity once data is reviewed. There is still data from monitoring reviews.
- *Strategies for interagency data sharing.* It is not just DDS and CDE—it is also DSS (CAPTA) and DHCS. Is CAPTA assisting in identifying kids? Where are the CAPTA kids going? There is a semi-annual report with DSS to the legislature but it doesn't carve out birth-3. There needs to be some way of identifying how birth-3 are being served by all agencies.
- *Supervision and Monitoring data.* Supervision is Indicator #9. Once we identify a finding at a RC, they have a year to correct. Committee might want to review monitoring data to identify trends. CDE has a self-review and a verification review process. DDS reached consensus on state definitions and recalibrated to state regulations.

Major points:

- The Committee is requesting data from the Prevention Program by the February meeting.
- Interested in data collection plan as listed in the Prevention Program guidelines
- How do we bridge with the Prevention Program?
- Review tools used to determine child progress (revise #1) that profile development levels, functional age level in children. Invite those that utilize the top three tools to showcase the tools.
- Rick to recruit a RC psychologist to attend ICC meetings.

Rick joined the meeting at 2:30 p.m. He said the Prevention Program is not Part C but it has been given to Early Start (not a separate department). We all want to make sure the PP does what it was intended to do. What are all the data questions and tools that we'd want to have on hand to answer those questions? Some points might be when are they leaving the program, age at entry? Once universal data on child progress begins showing, some RCs may find they are using instruments that underestimate or measure well how children have been improved and can be persuaded to use a different tool. The Committee may be able to showcase some of the instruments that are rising to the top.

Next Steps:

- Bring together DDS and CDE (Special Ed and Child Development) to present data collection activities for birth-3. For CDE, write a letter to Mary Hudler. Indicator #3 for DDS, different number for CDE. DDS will present how data is collected, how it is matched with CDE so solely low incidence and dually served are captured, and transition data. Emphasize Indicator #3 data and functional age. 45-60 minutes each.
- Create a relationship with Prevention Program. How will we communicate our comments about data collection efforts to ARCA? Update about

Approved on 02/25/2010

Prevention Program and referrals to Early Start and budget issues re cost per child. What were the allocations to RC and the projected number of children for the Prevention Program? Looking for ramifications of Early Start, not to evaluate Prevention Program. \$27 million from 10.1.09-6.30.10. Use or lose or rollover?

Linda can send info about prevention from the December 1 prevention meeting.