

Spark NH

Early Childhood Data System Committee Meeting Summary

10/25/11

Participants: Patricia Tilley (Chair, MCH), Becky Berk (Home Visiting), Carolyn Stiles (ESS), Liz Collins (Title V), Pam Durkee (Child Dev. Bureau – Payment System), Stacey Marsland (CDB), Katie Brissette (Spark NH Staff), Debra Nelson (Head Start Collaboration Office), Ellen Fineberg (CANH), Jeannine Lesser (Family Assistance / Eligibility), Elissa Margolin (consultant), Peter Antal, JoAnn Cobb (Child and Family Services), Shannon Wood (HV), Lori Harris (NAEYC, DH Child Care Center), Laura Milliken (Spark NH Staff)

Unable to Attend:

I. Introductions and Purpose of EC Data System Committee

Introductions were made, with participants indicating why they elected to join the Data Committee. Create an integrated data system for NH that allows data sharing across early childhood programs and services and develop recommendations for an early childhood data system for NH and implement if possible

II. Overview

- Each committee and task force to make decisions by consensus
 - Everyone has opportunity to participate, decisions are not necessarily unanimous (can support) or question goes to the Executive Committee
- Right to Know Law applies to this group
 - We cannot meet in a way that is inaccessible to the public
 - Clarity issues can be resolved in email
- Note on budget allocation to the data committee - much of the financial resources is attributed to this group
- Structure
 - Committee (standing, ongoing work)
 - Task Force (short-term, specific focus)
 - Workgroup (subgroups of committees)

Anyone missing?

- Family Organization or Member
- Special Education (Trish to contact Santina and Patty Ewen), Also ask Patty Ewen to hold discussion with commissioner re: special education data (will this topic be addressed in her presentation?)
- Business Community: what would be compelling data?
 - One of the charges of the funding and development committee
 - Note that United Way collects substantive data – they might participate
 - Patrick Tufts (Granite United Way – good representation of geography), Seacoast is fairly advanced, Lakes Region may be fairly interested

- Egon Jenson (mental health)
- Wayne Emerson (DCYF)
- Rich Regan (DHHS) – managing analyst – Rapid Insight software
- Question raised as to how to engage some representatives– request that they join standing committee or invite as needed/reach out regarding specific tasks?. Need to determine what's appropriate.
- Medicaid representative

How often to meet?

- Monthly – however, special groups may be assigned to take on tasks throughout. Revisit meeting frequency after six months or so.

Questions Raised

- How to figure out what "integration of data systems" means?
 - This needs to be explored and defined
- Is there a requirement concerning what the data system contains?
 - No, up to states to determine
- Is there already an inventory started?
 - Some as part of the grant application (some listed by MCH and added)
 - See Tricia's excel document for examples
- Do we have the authority to link all the information together?
 - Not addressed in the grant
- Is it feasible to hire a data contractor in time?
 - Yes, if one is identified by December, though there is much to be done still. Date is not fixed in stone.
- Can we hire someone now to do certain work and later pay for system design?
 - E.g., data translator vs. data works – note importance of speaking the same language
 - Recommendation to split the contract into specific tasks
 - In pursuing this route, we have to be clear about the questions we want them to address.
- Can we get beyond the initial recommendations within 2 years?>
 - Hope is to have a data system started within 2 years
- Which of the data fields do we need not just for the states but also for federal reporting mandates?
 - This would be a good next area to pursue
- When you have a data system, who is going to pay for reworking the fields to a new system?
 - Note that similar reporting components may have substantively different data fields
 - Would be a perfect use of grant money; group needs to have further discussion
- How is the everyday person represented in this data process? How does this become valuable to the people we work with? Particularly for non-specialized groups?
 - Note that focus is on all children; additionally there is a focus on child effectiveness and outcomes and a longitudinal vision

- In defining the questions, the voice of the everyday family will help make our work relevant at a program level.
- Do people have a sense of how the work of this group fits within their own work?
 - Tricia: ok for where we are right now; don't know exactly where it fits
 - Stacey: very much a new experience
 - Looking to determine how they fit in, how can it be broaden, how can they access data that they need
- What “data bucket” lists are there?
 - Carolyn:
 - NH LEADS for ESS data, children entered into NHESEIS (special education),
 - Special Ed has their unique identifier
 - Liz:
 - BDS: Autism Data Registry – all ages, Access Database
 - SMS Database: internal data set, all ages
 - Partners in Health Database – all ages (some linkages built in to newborn birth conditions)
 - Welligent system access
 - Pam: Child Development Bureau: payment (provider, demographics) and eligibility system (who children are, age, dob, child care scholarship; DCYF – child care, foster care)
 - Shannon: Home Visiting: new database starting – also separate database tracking information
 - Debra: Head Start national database (Program Information Report, or PIR) – Head Start has over 2,000 performance standards. Data are available on many. Nationally, HS is trying to strengthen child outcomes data; programs can access individual data, administrator can only access state level.
 - Lori Harris: Dartmouth – much of the data they use is integrated. However, individual programs have family data, information on providers (re: child care programming and Association for Education of Young Children)
 - Interest in figuring out how to use the data that's already out there
 - Janine Lesser: individual program specifics (characteristics of people in the program at state and individual level), operations data (# of apps, income levels, types of programs (public assistance), walk ins, New Heights data system, Bridges (payment system in DCYF)
 - Liz noted list of programs that had already been created from a separate meeting
 - Peter: access to information on publicly available data on mental health services, general population data
 - JoAnne: Database started as part of a grant – incidence of fetal alcohol

What does an integrated data system mean to us?

- What does it mean:
 - Enables sharing
 - Allows anyone in the state to ask a critical question and to get an answer
 - Need to determine how the data should be configured to answer the questions
 - Would be helpful to get some feedback from Vermont
- Review work of Needs Assessment group that has started with the Early Childhood Data Collaborative policy questions and expanded them
- Ask each of the other groups what data they need to do their work
- Data group needs to collaborate with Needs Assessment to define the questions

Brief Review of Public Health Data Fields

- Tricia introduced an overview of each data file provided in the excel worksheets
- Is race/ethnicity collected? No
- Is town of residence available? Sometimes available from linked data sets (have town at time of birth)
- Perinatal client data form – comes from community centers, uploaded into web based system
- Are ID's random generated? Varies – some specific to where received perinatal care

Evaluating the Meeting

- Were people's voices heard?
 - It would be helpful to offer specific opportunities for people to chime in during future meetings
- Was it worth participant time?
 - General agreement among participants that it was worthwhile
- What didn't work well?
 - If open to the public and there are no chairs, would be hard to accommodate. Laura requested that people RSVP in advance so that she can make sure appropriate space is available
- What worked well
 - We have a lot of people
 - People's willingness to participate and enthusiasm
 - Diversity of the group
 - If everyone has a chance to participate and learn something then it's valuable

ACTION ITEMS:

Laura

- Laura to recommend standard day options for monthly meetings
- Laura to send out ECDC and Needs Assessment questions for review by the data committee
- Recruitment - standing members or for selected engagements
 - Business representative
 - Identify a family org rep or parent rep

- Engage contacts for United Way, Behavioral Health, and Medicaid.
- Send out new meeting wizard

Becky

- Contact VT contact re: presentation on VT data system for a Nov. meeting. Items we'd like to know about:
 - What was integrated – included Part C? What else?
 - How much did it cost? To develop? Sustain?
 - Length of time?
 - Who has access? Who has authorized?
 - Can data sets be added?
 - What are the questions they are asking?

Debra

- Contact Rich Regan re: Rapid Insight presentation at Nov. meeting

Tricia

- Bring updates to the group on birth certificate data fields
- Contact Santina Thibedeau re: special education representation on the group
- Contact Patty Ewen re: prepping commissioner on special ed

JoAnn

- Report out for the group on 10/27 to the Council

Next Meeting: November 22, 2011 1:00 p.m. – 3:00 p.m., 2 Delta Drive, Concord, NH