



# ITOTs Stakeholder Workgroup

January 8, 2008

10:00 AM to 2:00 PM

Facilitator: Karleen Goldhammer  
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# Agenda

- ❖ 10 minutes - Purpose of the Day /Data Evaluation Project
- ❖ 10 minutes – Brainstorm: Definition of a successful system
- ❖ 15 minutes - Brief Overview of ITOTs
- ❖ 45 minutes – Identification of Issues, challenges and improvements in ITOTs
- ❖ 30 minutes - Current Supplemental Data Collection

## WORKING LUNCH

- ❖ 60 minutes - Unmet need (Electronic System)
- ❖ 20 minutes - Possible Short/Long Term Strategies
- ❖ 15 minutes - Community Consumer Submission (CCS)
- ❖ 15 minutes - Wrap up and Next Steps



# Purpose:

- ❖ A WORKING Session
- ❖ Creates a recommended short and long-term strategies for early intervention data collection in the Commonwealth.
- ❖ Review of the data evaluation project.
- ❖ Should ITOTs be expanded to include already existing supplemental data capture activity.
- ❖ Current Department initiatives that could be considered as alternatives or supplements to the current ITOTS.



# Data Evaluation Project

- ❖ Part I- an evaluation of “what is”
- ❖ Part II- will focus on enhancing the integrity of the data and other relatively low-level changes
- ❖ Part III – will create a vision for the data system as well as identification of critical success factors
- ❖ Part IV- will identify necessary interfaces for a more complete data picture



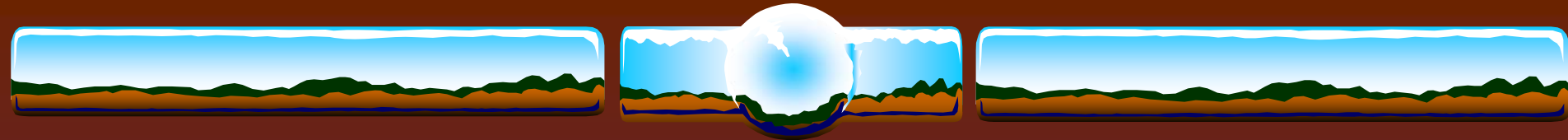
# Infant & Toddler Online Tracking System (ITOTS)

- ❖ Based on discussions with many stakeholders the current data system:
  - ❖ is limited in its function and usefulness;
  - ❖ is not a complete reporting system for the State level leadership;
  - ❖ nor is it a day to day management system for users at the local level.

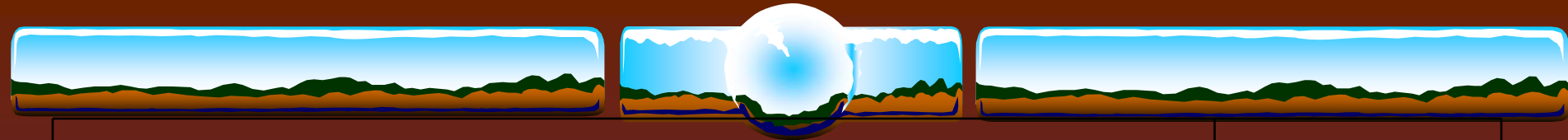


# ITOTs Continued

- ❖ Collects information for all referrals to the system
- ❖ Captures information from the Individual Child Data Form (ICDF)
- ❖ Data updates occur primarily at referral, at initial IFSP at transition
- ❖ Maintains limited history
- ❖ Includes planned services not actual delivered services



Prioritization Matrix		Points
<b>1 Program Impact</b>		
	Federal/State Regulatory Requirement including APR	10
	Make sound fiscal, programmatic and policy decisions	5
<b>2 Type of System Change</b>		
	Fixes existing Functionality	10
	Reports	8
	New Functionality	5
	List Table Change	7
<b>3 Level of Technical Complexity</b>		
	< 100 hours annually	10
	>100 and <250 hours annually	7
	>250 and <500 hours annually	4
	>500 hours annually	1



Prioritization Matrix		Points
4 Efficiency: the saving of time, cost and effort		
< 100 hours annually		1
>100 and <250 hours annually		7
>250 and <500 hours annually		4
>500 hours annually		10
5 Local Level Impact		
< 10 minutes annually per child		10
> 10 and < 30 minutes annually per child		7
> 30 and < 60 minutes annually per child		4
> 60 minutes annually per child		1
6 Local Level Benefit		
< 10 minutes annually per child		1
> 10 and < 30 minutes annually per child		4
> 30 and < 60 minutes annually per child		7
> 60 minutes annually per child		10





# Unmet Needs

- ❖ General assembly reporting requirements
- ❖ Performance reporting, timely student services
- ❖ Other??



# Early Intervention Data Questions

1. Is there value in collecting actual delivered service information?
2. Is there value in moving from the current process of collecting IFSP at the child's at initial service plan to a process where the current plan is captured or the history of service plans are captured?
3. Should family contact information be the captured?
4. Is database of provider contact information helpful for families?
5. How should complete financial information for the General Assembly report be obtained?
6. Should the current data needs for the APR be added to an electronic system?



# Type of System Changes

- ❖ Fix/Improve Existing Functionality
- ❖ New/changed Report
- ❖ List Table Change
- ❖ New Functionality



# Community Consumer Submission (CCS)

- ❖ compilation of data
  - ❖ on mental health, mental retardation, and substance abuse consumers
  - ❖ and the services provided to them.
- ❖ It provides data for comparisons and trends on the characteristics of persons receiving mental health, mental retardation, and substance abuse services from CSBs.



# CCS Continued

- ❖ CCF submissions are monthly batch extracts from the CSBs to the Central Office.
- ❖ A total of 49 developments are submitted across three files: consumer, service, and type of care.
- ❖ Of the 49 data element's six match items in ITOTs.
- ❖ A fundamental purpose of CCS is to capture actual delivered service information



## CCS Issues:

- ❖ Cannot be seen as a replacement ITOs since there's no virtually no cross over of the data elements.
- ❖ It can't supplement icons, since the focus is on actual delivered service
- ❖ Since it's an extract process, non-CSB local lead agencies could also submit



# Thank you!

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