Title V Data Integration Toolkit

A Toolkit for Integrating Title V data into Early Childhood Integrated Data Systems (ECIDS)
This toolkit is the product of the Association of Maternal and Child Health Programs (AMCHP).

Purpose and Objectives of the Title V Data Integration Toolkit

The purpose of this toolkit is to assist states as they integrate Title V data into Early Childhood Integrated Data Systems (ECIDS). The best practices for data integration presented here will help Title V programs discuss early childhood data integration in their states, counties, urban areas, tribal regions, or other population-based areas to identify needs and tailor programs aimed at improving maternal, child, and infant health.

The Title V Data Integration Toolkit has several objectives:

- Provide a framework to assist states, counties, tribes and/or urban areas with integrating Title V data into Early Childhood Integrated Data Systems (ECIDS)
- Share use case examples to illustrate approaches to integrating Title V data
- Highlight state examples of Title V data integration

The information in this Toolkit complements the SLDS ECIDS Toolkit, the DaSy Data System Framework, and the CIID Data Integration Toolkit and references tools and resources to aid states in their data integration efforts. Links throughout the document allow quick access to additional information and related resources.
Acknowledgements

The Title V Data Integration Toolkit is a product of the Association of Maternal and Child Health Programs (AMCHP) – a national resource, partner, and advocate for state public health leaders and others working to improve the health of women, children, youth, and families, including those with special health care needs.

AMCHP supports state maternal and child health (MCH) programs and provides national leadership on issues affecting women and children. AMCHP works with partners at the national, state, and local levels to expand medical homes; provide and promote family-centered, community-based, coordinated care for children with special health care needs; and facilitate the development of community-based systems of services for children and their families.

About the Authors
A group of Title V stakeholders and AMCHP staff participated in a work group to contribute to and evaluate the Title V Data Integration Toolkit. It was developed in collaboration with AEM Corporation.

Founded in 1986, AEM Corporation has been working with leaders to solve their most complex programs, systems, processes, and data challenges. AEM employs leading experts in information technology; cybersecurity; data management and analysis; research, development, and evaluation; engineering; technical assistance; transparency and public use of data, and operations management.

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For citations of the online toolkit, please use the following:

Introduction to Data Integration

States have many early childhood programs, services, and data systems. Systems that bring together these multiple data sources through collection, integration, maintenance, storage, and reporting are called Early Childhood Integrated Data Systems (ECIDS). These powerful systems typically include data “related to the individual child, the child’s family, the classroom, the program/providers, and other services that provide comprehensive care and education for young children”.

Throughout the nation, states are increasing their capacity to integrate early childhood data across systems to improve services and outcomes to children and families. According to “The Integration of Early Childhood Data”, a report from the U.S. Department of Health and Human Services and the U.S. Department of Education, “linking data collected across early childhood programs can help program leaders and policymakers better understand the needs of the

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children and families these programs serve as well as support continuous program improvement, innovation, and research.\(^3\)

As states progress towards a fully functioning ECIDS, they have developed use cases based on questions that cannot be answered by any one early childhood data system. The answers to these questions support data-informed decision making at the local, state, and federal level leading to better funding and resource allocation decisions, continuous quality improvement, and the identification of programs and services that lead to better child and family outcomes.

ECIDS Resources and Tools
- What is an Early Childhood Integrated Data System
- The Integration of Early Childhood Data State Profiles and A Report from the U.S. Department of Health and Human Services and the U.S. Department of Education
- 2014 Early Childhood Integrated Data Systems (ECIDS) Toolkit
- The DaSy Data System Framework
- The CIID Data Integration Toolkit

Value and Benefits of Integrating and Sharing Title V Data

Despite early childhood investments at the local, state, and federal levels, children across the nation continue to enter school with poor developmental health, which impedes their overall success and often leads to costly and ineffective interventions later in life. The study, *From Neurons to Neighborhoods: The Science of Early Childhood Development*[^4], provides evidence that intervention during the early childhood years can close the gap so all children enter school healthy and ready to learn.

To date, states have primarily integrated “education” data into ECIDS, including data from The Individual with Disabilities Education Act (IDEA) Part C and Part B 619 Early Intervention, Head Start/Early Head Start, state preschool, and childcare data. While the data are useful, they do not provide a holistic picture of children, families, or the comprehensive early childhood system. Through data integration, public health providers and early care and education providers are moving from compliance-driven cultures to improvement-driven cultures and coordinating services to ensure optimal health outcomes for children and families.

The public health data varies by state Title V programs, which includes (but not limited too) birth certificate data, early hearing screening, birth defects registries, and data captured on clients of the health department. ECIDS, inclusive of public health data, have both short- and long-term benefits to public health programs. For example, integration not only leads to better health promotion, coordination of needed services, and earlier identification of developmental delays, but it also leads to better planning, prevention education, and policy development laying the foundation for future healthy development and school readiness. *Figure 2*[^5] illustrates how public health, in tandem with early care and education, and family support systems, contributes to school readiness, making public health data essential for answering questions.

Further, the integration, analysis, and broad dissemination of ECIDS data inclusive of public health strengthens partnerships where children are served at the local and state level resulting in more comprehensive early childhood systems, initiatives, and care coordination. For example, as public health data (e.g. nutrition, food security, obesity, health care, health insurance, developmental screening, social determinants of health, adverse childhood experiences, etc.) are integrated into ECIDS, aggregate reports can help early childhood education providers improve the health of the children in their care. These reports will prove valuable as communities are able to target public health issues and inform state early childhood efforts.

Finally, the *Roadmap for Early Childhood and K–12 Data Linkages: Key Focus Areas to Ensure Quality Implementation*[^6] supports the critical importance of linkages across early childhood.

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[^6]: *Roadmap for Early Childhood and K–12 Data Linkages: Key Focus Areas to Ensure Quality Implementation*
sectors. Some states integrating public health data into ECIDS can leverage efforts toward seamless care coordination, family support networking, developmental monitoring, streamlining eligibility determination, and facilitating referrals. These linkages bring together often isolated community-based programs and services by increasing communication and linking children and families to needed resources and services within the early childhood system.

![Diagram of Health Services in the Early Childhood System]

Figure 2: Relationship Between Child Health Services, Family Support, and Early Care and Education. A Framework for Child Health Services

Integration of Health Resources and Tools

- A Framework for Child Health Services: Supporting the Health Development and School Readiness of Connecticut’s Children
- The Integration of Early Childhood Data State Profiles and A Report from the U.S. Department of Health and Human Services and the U.S. Department of Education
- Project Launch