

## **Data Workgroup**

The following is a summary of the work-to-date of the Olmstead Advisory Committee in examining data issues.

### **Data Workgroup Committee Members:**

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## **Section I: Background**

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**Data: Definition and Olmstead Connection:** Data is collected for a variety of uses, including individual-level clinical data that can be used to measure an individual's health and functional status; program-level data that can be used for program development and quality assurance, and county or state-level data that can be used to identify trends and address systemic needs. Data is critical to understanding population needs, gaps in services and areas of duplication. For Olmstead purposes, data can help identify individuals who are at-risk of institutionalization, individuals who have the potential to transition from institutions into the community, as well as services and supports that help individuals remain at home.

**Committee Charge:** Determine what data the state needs, analyze the gaps in data that currently exist, the problems with data collection at the state and local level, and recommend specific policy options and strategies to explore in order to meet the goals of the Olmstead decision. The committee will provide the Secretary of the Health and Human Services Agency with specific policy recommendations and strategies to consider.

### **Data issues raised by Olmstead Advisory Committee members:**

- Need to ascertain what data is available at the program level, county level and state levels.
- Difficult to find updated, unified set of data across departments

- Need to determine what data the state needs and for what purpose.
  - Clinical/Individual
  - Program-level
  - County/State
  - Systemic decisions
- Need to use LTC Council inventory of data, and other efforts including LTC County data book
- Need to determine how data is collected and for whom is it collected across long-term care programs.

Based on the committee's feedback, the policy problem related to data can be summarized as follows.

**Problem Statement:** California lacks statewide and county-specific data that identifies the number of individuals living in the home and community who are at-risk for institutionalization, the number of individuals currently residing in institutions who wish to move into the community, and the gaps in and need for home and community-based services.

No single department or agency that uniformly collects and reports all long-term care data. In some situations, there may be available data but little analytical information, or there may be significant gaps in available information or incomplete data.

**Barriers: (need input from cmte)**

**Evidence of Barriers: (need input from cmte)**

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## **Section II: Policy Options to Explore**

**Recommendations for Short and Long-Term Strategies:**

**Questions to Consider:**

- What data is most needed and at what level (individual, program, county or state)?
- What resources exist that can provide useful data?
- What do we need to know and by when?