- **Prioritized characteristics for measures**
    - Strong psychometric properties (e.g., reliability, validity)
    - Ease of administration (e.g., time and training required to use tools, standardized)
    - Culturally/linguistically responsive (e.g., languages, norming samples/validation across groups)
    - Potential to be used cross sector (e.g., health, child care, education)
    - Includes parent/caregiver input.
    - Includes strengths/competencies (e.g., SDQ, DECA)
    - Cost is not burdensome
    - Aligns with other statewide efforts (e.g., Healthy Opportunities, NCCare360, Medicaid reform)
    - Includes multiple, key domains of social-emotional health
    - Incorporated into existing data systems (e.g. EHR, insurance billing claims, NC Pre-K data)

- **Other considerations**
    - <u>Locations/times</u> when most kids can be reached (e.g. well-child visits, child care, preschool, kindergarten entry). Want to avoid duplication across settings. Will miss kids not involved in system.
    - <u>Age range</u> assessed (0-8), also pre/postnatal via parent assessment. Use two-generation approach.
    - <u>Reporter</u> (e.g., health provider, teacher, caregiver). Prefer tools that include some parent report, such as strengths/concerns with child's SEH. Some parents may find it hard to compare/rate SE skills

- **Wide variety of recommended and used tools across sectors in NC:** Various validated tools currently approved for use by different groups (e.g., American Academy of Pediatrics, Head Start, NC Pre-K). No consensus on recommended SEL screens/assessments used with K-3 students by NC DPI at this time.

- **Some screens/assessments discussed**
    - ASQ-SE is considered by many as one of the strongest and most widely used SE screens available at this time. ASQ is a widely used screen for general child development.
    - SWYC offers cross-cutting suite of tools, including brief screen for SEH and Social Drivers of Health.
    - EC Outcome System has had good results is aggregating data for exceptional children in NC DPI preschools, but may not be appropriate as population-level measure for kids not in program.
    - Other commonly used tools in NC: BITSEA, DECA/DESSA, Brigance, CBCL, DIAL, PHQ.

- **Need to consider intended use.** Formative assessments and diagnostic tools may not be appropriate for population-level measures. Group has mixed feelings about prioritizing use of specific tool(s) to gather aggregated screen/assessment data versus use of population-level survey and/or proxy measures.

- **Need for more innovative and culturally responsive/validated screens and assessments** (e.g., tools to measure racial identity in young children). Support further research and development in this area, along with continued professional development to reduce bias in assessment across providers.

- **Challenges with large-scale data collection/interpretation of results.** The more people administering tools across different settings, the less accurate and greater potential for bias in data/interpretation. There are some promising online data systems that may be worth exploring for aggregating screen/assessment data at the population-level in NC (e.g., Child Health & Diagnostic Information System [CHADIS], ASQ Enterprise).

- **Need to consider systems-level measures related to children's SEH**, as well as child-level measures.

- **Consider focusing recommendation on SEH screening for all NC children and measuring screening rates, at-risk identification, referral to and receipt of services (access and utilization).** Build on work of ABCD, high developmental/maternal depression screening rates in NC and Bright Futures recommendation that all children receive psychosocial assessment at well-child visits. Consider changes in NC EPSDT data collection.