Updated Draft Recommendations for Meeting #4 of Children's SEH Data Workgroup (1.13.20)

The following draft recommendations were developed based on discussion and feedback from previous data workgroup meetings, survey responses, interviews and research. They will serve as a starting place for discussion and reaching consensus at Meeting #4 and may be changed. Additional information and considerations identified by the workgroup will be included in the full report.

Recommendation 1. Measurement of the System

A portfolio of measures of children's social-emotional health at the population-level in North Carolina should include measurement of the system(s) in which children and families engage that support or impede their social-emotional health and well-being. System-level measures promote racial equity by helping to assess barriers created by structural racism. They also identify gaps and what the system should be doing to improve children's social-emotional health.

Recommended measures include child and caregiver access to social-emotional health screening, referral and treatment, and proxy measures from other systems that can have a significant impact on children's social-emotional health. Ideal measures include data for children 0-8 and their caregivers, collected from multiple sectors (e.g., primary care, child care, early intervention, child welfare, preschool, elementary school), and disaggregated by race/ethnicity and other relevant factors, such as income and geography.

Prioritized two-generational, social-emotional health system access and utilization measures include:

- Percent of children who receive social-emotional health screening
- Percent of children screened who are referred to services
- Percent of mothers who receive maternal depression screening
- Percent of mothers screened who are referred to services for maternal depression

Additional measures for development that assess the full pipeline of services include:

- Percent of children referred who access/initiate services
- Percent of children accessing services who complete treatment
- Percent of children who improve with treatment
- Percent of mothers referred who access/initiate services
- Percent of mothers accessing services who complete treatment
- Percent of mothers who improve with treatment

Proxy system measures assess other systems that are strongly correlated to children's social-emotional health. Prioritized proxy system measures align with the NC Early Childhood Action Plan, including:

- Percent of individuals with health insurance:
    - Children ages 0-8
    - Heads of household with young children
- Percent of children enrolled in Medicaid and Health Choice who receive regular well-child visits
- Percent of children ages 1 and 2 receiving lead screening
- Percent of children with two or more adverse childhood experiences
- Percent of families living at or below 200% of the federal poverty level
- Percent of children in families with high housing cost burden
- Percentage of children experiencing homelessness (or, number of children K–third grade enrolled in NC public schools experiencing homelessness)

- Rate of children who are substantiated victims of maltreatment
- Percent of eligible children whose families receive childcare subsidy and are enrolled in four or five-star centers and homes
- Percent of eligible children enrolled in Head Start
- Percent of income-eligible children enrolled in NC Pre-K
- Percent of early childhood teachers with post-secondary early childhood education
- Percent of children who receive early intervention and early childhood special education services to address developmental delays as compared to NC Census data
    - Infant-Toddler Program
    - Exceptional Children Program
- Percent of children receiving early intervention and early childhood special education services to address developmental delays who demonstrate improved positive social-emotional skills and acquisition and use of knowledge and skills

Questions for Group:

- *Do we want to include all access and utilization pipeline measures (e.g. access/initiate services, complete treatment, improve with treatment), or focus on most feasible, as currently written?*
- *In addition to aligning with ECAP, other approaches to prioritizing proxy system measures proposed by the group include: measures for which data are not currently collected but would benefit from data development, proxal vs. distal impact on children's SEH, and focus on resilience/strengths/ protective factors/promotion and prevention. See prioritized proxy measures list from Meeting #3. Do we agree with ECAP alignment for proxy measures? Any measures we should add or delete?*
- *Other Project Launch measures to potentially consider include:*
    - *Proportion of child care/preschool settings with access to mental health consultation*
    - *Proportion of cc/preschool settings that implement validated curricula for social skills dev.*
    - *Rate of children who are expelled from child care or preschool due to behavioral problems*
    - *Proportion of children who are in stable out-of-home places (no more than two placements during time in foster care*
- Other ECAP child welfare system indicators to potentially consider include:
    - *Percent of child welfare cases that are adjudicated within 60 days*
    - *Percent of child welfare cases that have an initial permanency planning hearing within 12 months of removal from the home*
    - *Median number of days to termination of parental rights*
- *Given the impact of social determinants/drivers of health and other proxy measures on children's SEH, do we want to recommend also using data sources that provide index scores for communities' risk or vulnerability, such as:*
    - *North Carolina Social Determinants of Health by Regions (NC SDH map)*
    - *The Opportunity Atlas (The Opportunity Atlas)*
    - *The Neighborhood Atlas: Area Deprivation Index (ADI) (The Neighborhood Atlas)*
    - *CDC's Social Vulnerability Index (SVI) (Social Vulnerability Index (SVI)*
    - *County Health Rankings (Robert Woods Johnson Foundation) (RWJF County Health Rankings)*

  These data sources provide information via maps, which also allows for a local, place-based look at children and families' well-being. How do we feel about the focus on children and families' vulnerabilities or risk (vs. strengths or opportunities)?
- *Do we want to prioritize/pilot key ages or sectors for access and utilization measures using a phased-in approach (i.e., start with primary care), or remain broad?*

Recommendation 2. Measurement of Children's Social-Emotional Functioning

A comprehensive portfolio should also include some measures of children's social-emotional functioning to help capture a more complete picture of child outcomes produced by the system, and to guide policy, practice and resource allocation.

There are several limitations that should be considered before implementing and communicating child-level measures. These include, but are not limited to, implicit bias in screening and assessment, challenges with collecting and interpreting data, a deficit versus strengths-based focus, and variability in screening tools currently used in North Carolina. The following measures should be used with further investigation, development and resources to address these issues.

Potential measures of children's social-emotional functioning include:

- Social-emotional health measures collected as a part of the National Outcome Measure—Healthy and Ready to Learn (NOM-HRTL). This tool uses population-level, parent-report data collected by the National Survey of Children's Health. Measures are available for children ages 3-5 and would require oversampling in North Carolina to get sub-state data (i.e., disaggregated by race/ethnicity, income, and geography). Additional information on cultural validity and cognitive testing, currently under study, should be considered, along with other changes in its pilot phase of development.
- Percent of children who screen positive for social-emotional health problems. This measure would require the implementation of validated, research-based screening tools across sectors and age groups, additional training and resources for those administering and interpreting screens, and an effective mechanism for collecting and aggregating data. Recommendations that may support the potential use of this measure include:
    - North Carolina should promote the use of validated social-emotional screening and assessment tools across age groups (0-8) and sectors (i.e., primary care, community-based programs, early intervention, child welfare, child care, preschool, elementary school). Currently, a wide variety of tools are used in North Carolina (see Appendix for list of commonly used tools across sectors in North Carolina). The improved use of validated tools, and increased capacity of the system to serve children with social-emotional health needs based on screen and assessment results, are critical for future measurement. At this time, the workgroup recommends that each sector have the ability to choose from validated tools based on their needs, resources and recommendations by their governing bodies (see Appendix for list of approved screening tools for primary care and NC Pre-K).
    - A list of validated screening and assessment tools recommended for use in North Carolina should be developed to guide implementation and the feasibility of future aggregate measures. Characteristics of screening tools prioritized by the workgroup include strong psychometric properties, ease of administration, cultural and linguistic responsiveness, input by parents and caregivers, cost, an assessment of multiple domains of social-emotional health and strengths.
    - Further investigation is required to determine the feasibility of collecting and aggregating screening data within and across sectors, particularly if multiple screening tools are used. Potential data collection systems for North Carolina to explore that support this investigation include CHADIS and ASQ Enterprise, as well as the use of electronic health records and Medicaid billing claims. The state could consider piloting aggregated screen measures in programs that reach large samples of North Carolina children, like Medicaid, Head Start, or NC Pre-K to determine feasibility.

The intended use of tools should be considered before implementing measures.

- The NC Kindergarten Entry Assessment (KEA) was designed to provide teachers with useful information to individualize instruction to the needs of each child and to communicate with children's parents about their progress. It is not recommended that the social-emotional constructs in the KEA be aggregated for use at the population level because:
    - It is a formative, rather than summative, assessment, which means it is used to collect data over time, generating multiple observations from one or more sources. The information that is produced tends to be descriptive, rather than diagnostic or conclusive about child development or achievement.
    - The KEA's inter-rater reliability has not yet been determined.

  For more information on the use of the KEA, see *Report on the Development of a Population-Level Measure for Assessing Child Development at Kindergarten Entry*.
- Teaching Strategies Gold (TS Gold) is another formative assessment used in many early education classrooms nationally and in North Carolina. Though it is a formative assessment, TS Gold does have established inter-rater reliability. Some states have chosen to look at aggregated TS Gold data to measure child outcomes at the population level. TS Gold has some social-emotional items. North Carolina should investigate further whether aggregate reporting is an appropriate use of the TS Gold data collected in the state.

Questions for Group:

- *Are we comfortable with the NOM-HRTL recommendation?*
- *Do we agree with the potential measure for aggregated screen data (i.e., percent of children who screen positive for social-emotional health problems)? Are there others measures we're missing?*
- *Do we agree with not recommending specific screens, but letting groups choose from research-based tools? Future development of list of recommended data collection tools to support screening?*
- *Thoughts on including potential for pilot with large samples?*
- *Thoughts/questions on the KEA and TS Gold recommendation?*

Recommendation 3. Further Research and Development to Support Racial Equity in Measurement

North Carolina should invest resources in research and development that promote equity by eliminating racial bias in children's social-emotional health screening and assessment tools and measurement systems. Recommendations include:

- Convene a panel to review how "traditional" social-emotional health constructs are defined and measured. Consider:
    - Validity testing of current assessments with a representative sample of children from different cultural, racial, or ethnic groups.
    - Cognitive testing of current assessments to ensure that items are interpreted similarly by assessors across racial and cultural lines.
- Examine research and identify additional child development constructs that highlight strengths of children of color that promote social-emotional health (e.g., positive racial identity development, narrative skills, risk-taking, persistence, language diversity, resourcefulness, flexibility, differential awareness of the importance of gesture, tone, eye contact).
- Review available research around methods to reduce bias in child screening and assessment.
- Develop recommendations for a set of data methods criteria that North Carolina can use that represent best practices in identifying and mitigating bias in child screening and assessments.

Qualitative data and stories should be valued and lifted up, in addition to quantitative measures, to help make the connection between the system and what it produces, and to highlight the strengths of children and families. Potential strategies include interviews, focus groups or community conversations, with quotes or stories shared with consent in reports or on data dashboards alongside other measures.

Recommendation 4: Build on Existing Initiatives

To support implementation, create efficiencies, and ensure young children across age groups and sectors are included in population-level measures, North Carolina should build on existing and future initiatives in the state. Some initiatives with the potential for aligning and/or piloting recommended measures include:

- Bright Futures American Academy of Pediatrics guidance
- Child Care Quality Rating and Improvement System
- Integrated Care for Kids (InCK) federal grant
- Medicaid Transformation, including the Healthy Opportunities pilot and collection of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screening data across Prepaid Health Plans
- NCCare360
- NC Multi-Tiered System of Support framework through NC Department of Public Instruction
- NC Early Childhood Action Plan
- NC Early Childhood Data Advisory Council
- NC Early Childhood Integrated Data System
- NC Initiative for Young Children's Social-Emotional Health

As modelled in other states, North Carolina should seriously consider the use of incentives, contracts, and other policy levers to provide accountability and promote improved measurement of young children's social-emotional health at the population-level.

In addition, the NC Department of Public Instruction should continue to prioritize and advance social-emotional learning screening and supports for school-aged children in elementary school settings. Current efforts are underway and should continue, with additional support provided as needed.

Recommendation 5. Continue the Work

North Carolina is a leader among states that are considering how young children's social-emotional health measurement at the population-level can best be supported. Additional planning and implementation work are required to build on these recommendations and the momentum of this effort.

The NC Initiative for Young Children's Social-Emotional Health, along with the NC Department of Health and Human Services and NC Early Childhood Data Advisory Council, are well positioned to move this work forward. The Duke Bass Connections Report (Spring 2020) is an additional resource on this topic. The workgroup recommends that future implementation efforts continue to use a racial equity lens, with diverse representation and power available to all contributors, and support from consultants as needed.

Parent and family leaders should be included in all phases of future work, including the development of a communication strategy that effectively describes children's social emotional health and population-level measures, with a focus on strengths. Communication should include how data will be used and safe guarded at all levels, and will be of benefit to North Carolina families and communities.