Meeting #3 Follow-Up Notes (1.8.20)
Children's SEH Data Workgroup

National Outcome Measure—Healthy and Ready to Learn (Katie Paschall, Child Trends)

- **What's the timeline for NOM-HRTL cultural validity and cognitive testing?**
  - *There are many rounds of cognitive testing that have yet to take place; one will take place in a couple of months, followed by another set this summer. It is unclear even to me if those findings will be released to our research team, let alone the public. We were unable to review the results from the Census Bureau's cognitive testing they conducted, and results were summarized by our project officer to us verbally. We certainly still have more work to do to ensure the items are culturally valid, and following the next two rounds of cognitive testing, we hope to be getting closer to our goal.*
- **If NC were to move forward with oversampling and/or combining years of NSCH data in the next couple years, when might we get our first results?**
  - *I think the earliest you could oversample in your state is the 2021 survey, and it's my understanding that results are turned around 8 months after the survey data is collected.*
- **What is the likelihood that any of NSCH questions used for the NOM-HRTL might be dropped from the survey**?
  - *At this point the measure is still very much a pilot, and items are likely to be dropped, revised, and added each year. However, while individual items will change, the core of the measure – and what it is intended to measure – will stay the same. It is true, though, that exact estimates will continue to change year after year until we have a final HRTL measure. We have hopes (but no concrete plans) to have a measure that looks closer to final by 2022.*
- **How can the "emerging" category be used?**
  - *I think across all three categories, states should look at 'who' is in that category – what are the demographic, family, child, and community correlates of those in the 'on track' 'emerging' and 'needs support' groups. Children in the emerging group are demonstrating skills at a slightly lower level than expected. The NSCH includes information on child, family, demographic, and community characteristics so it is possible to understand who is in this group and what types of supports they might need.*
- **Regarding the "compared to other children" wording for two SEH NOM-HRTL questions, you mentioned that the developers are considering changes. What's the timeline for this?**
  - *We are suggesting items with this question stem be reworded and we are very hopeful they will take up our suggestions by the 2021 survey (I'm unsure if it can happen sooner).*

Primary Care Screening (Marian Earls, Community Care of NC)

- **What SEH screening tools are currently recommended for use by the American Academy of Pediatrics?**
  - *www.aap.org/screening will take you to the STAR Center with info on all types of screening tools.*
- **Does anyone currently get de-identified, aggregate screening data from private health insurance providers?**
  - *I am not aware of anyone getting this. I do know that Blue Cross Blue Shield measures developmental and autism screening for the practices that are part of their quality incentive program (BQPP).*

NC Pre-K Screening (Ellen Peisner-Feinberg, Frank Porter Graham Child Development Institute)

- **Does NC Pre-K have an approved list of screening tools and screening protocols?**
  - *Yes, NC Pre-K provides a list of approved screens. See program guidelines (section 5B.) https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/2/2019-20_NC_Pre-K_program_requirements_september_2019.pdf. Protocols are also included.*
- **What aggregate screening data is currently collected by NC Pre-K?**
  - *Info is collected in the state administrative data about whether and the date each child received a health assessment and a developmental screen. In addition, info is gathered about whether a child has been referred or identified with a disability, decision, type of disability, has an IEP, has been referred for*

services, and is receiving services. Info about the type of developmental screening tool used is gathered in the administrative data at the site level.

- **When you say the state has data on whether children have been identified with a disability, could that include social-emotional problems not requiring an IEP?**
    - *It does not, unless they list it as an additional note (just an open text field in the database). Maybe something for them to think about…*

Head Start Screening (Karen McKnight, NC Head Start State Collaboration Office, Department of Public Instruction)

- **Does Head Start have an approved list of screening tools? According to the Head Start website: *A program must use one or more research-based developmental standardized screening tools to complete the screening. A program must use as part of the screening additional information from family members, teachers, and relevant staff familiar with the child's typical behavior.* From the list you sent, the screens used by the most number of NC Head Start programs are: ASQ, ASQ:SE, Brigance Early Childhood Screen III, and the Dial 4.**
    - *No, there isn't an approved list. The standards say "one or more research-based developmental standardized screening tools." Programs just decide on a research based standardized tool. The developmental screeners you listed are most common and often relate to what the school district uses.*
- **What is Head Start's protocol for using a specific SE screen, like the ASQ:SE? Is it only if a general development screen, like the ASQ, identifies that the child is at risk in the SE domain?**
    - *Each program/grantee develops their own policies and procedures around using a social-emotional screener. Some do it on all children (probably most), some may choose to use only for children with concerns. There could be 53 different policies in NC.*
- **What aggregate screening data is currently collected by Head Start at the state level?**
    - *NC does not collect Head Start screening data. I can let you know the number of programs using each screening tool for 2019 along with the number of children receiving a developmental screening. I can share some data on number of children referred based on the screening tool as well. That is collected by the Office of Head Start. I've attached a screenshot of the data Head Start collects on screening.*

Screening

Instructions and Definitions

The Head Start Act requires all children to receive a developmental, sensory, and behavioral screening within 45 days of entering the program, in order to determine if further evaluation is needed. If a child was enrolled in Head Start as a three-year-old, received the screening, and is returning to Head Start as a four-year-old, that child does NOT need to be re-screened.

This question asks about the initial screenings within 45 days of entry for children who are enrolled in the program for the first time. These screenings may take place prior to the child receiving services, for example, developmental screening of children during summer months before classes start at the beginning of fall.

This does not include ongoing screenings that children may receive as part of their regularly scheduled EPSDT visits nor does it include ongoing assessment of children's health and development.

Report on **ALL** children enrolled for the first time, including children who were screened but then left the program prior to 45 days.

	# of children
C.28 Number of all newly enrolled children since last year's PIR was reported	
C.29 Number of all newly enrolled children who completed required screenings within 45 days for developmental, sensory, and behavioral concerns since last year's PIR was reported	
a. Of these, the number identified as needing follow-up assessment or formal evaluation to determine if the child has a disability	

C.30 The instrument(s) used by the program for developmental screening:	
Enter primary tool first	*Name/title*
a. Enter name/title	
b. Enter name/title	
c. Enter name/title	

Public School K-3 Screening (Lauren Holahan, Coordinator for SSIP, Medicaid, and School Mental Health, DPI)

- **Are NC LEAs using specific tools to screen social-emotional learning in K-3rd grade classes?**
    - *DPI (led by Integrated Academic & Behavior Systems Division) is gathering stakeholders to bring some clarity to screening for all things SEL/behavior/mental health—mainly because schools tend to see these areas as combined/generally the same and they aren't. The research on screening for student behavioral and mental health concerns is more established and comprehensive than what we have for SEL status right now. CASEL does not currently endorse the notion of SEL screening for this reason. So, DPI needs to provide some operational definition of relevant terms and show where evidence supports screening and where it doesn't.*
    - *See article: https://measuringsel.casel.org/practitioners-talked-we-listened-lessons-from-building-consensus-on-practical-sel-assessment/*

ASQ:SE (Jan Squires, ASQ Developer, Professor University of Oregon)

- **Can you combine the results of multiple valid SE screens for an aggregate measure?**
- **What other states that are effectively aggregating up ASQ or ASQ:SE data to the population level?**
- **What are your thoughts on the use of ASQ Enterprise or CHADIS for aggregating screen data?**
    - *I think if you are clear what the criteria were, and what you did to aggregate, then you can justify. You can use percentage of children who score in Typical; Questionable or Monitor; and Atypical or needs referral. And monitor if that changes over time. That would be easiest and most straightforward way. For the ASQ:SE, it's hard to look at means or median and standard deviations, which you can do with some of the other instruments (calculate Z scores). There are large programs and states that are aggregating ASQ, and they are usually doing what I talked about first above, or calculating Z scores (standard deviations above, below cut points). For the ASQ:SE, you can also calculate ratio scores (total score of child/number of points possible on the interval) to aggregate, and then look at scores 20 or 25 and less (typical), 30-80 (I'm guessing here because depends upon intervals used) and atypical, 90 or above. That is rough way. Might be better to aggregate using ratio scores by infant, toddler, preschool since the totals are more common and you can see what the category cutoffs are. I think that the Enterprise and CHADIS system do well in aggregation although I am not exactly sure what's available with CHADIS. I know Patient tools does use Z scores to aggregate.*

ECAP Measures (Hayley Young, NC DHHS)

- **The workgroup may potentially align our recommendations with proxy measures in other goal areas of the ECAP, along with making a recommendation for Goal 7. Can you share the ECAP measures?**
    - *The full list of measures can be found in the full ECAP report here, but I also created this quick reference document in Excel format* (shared with Mary/Mandy—to be cross walked with proxy measures for children's SEH).

Online Data Collection Systems

- **CHADIS**
    - https://www.site.chadis.com
    - PowerPoint Presentation
- **ASQ Enterprise**
    - https://agesandstages.com/products-pricing/asq-online/

Some Advisory Group Feedback on Screen Measures

- **Based on your current knowledge and using a racial equity lens, do you think strong screens/assessments can effectively be used to provide population-level measures of children's SEH (i.e., state and county-level, disaggregated data measures to inform policy, practice and resource allocation in NC)? If so, how? Does aggregating up summative screen/assessment data give NC policy makers, advocates, counties, community members, etc. useful information? What else would be needed?**

    - *I think the fact of screening (IF) it occurred provides important information on access and utilization. I think trends over time could be elucidating. I think screens plus further treatment for positive - esp. disaggregated by county and/or Medicaid region could inform resource allocation (and network adequacy for Medicaid reform). Given the MANY groups working on health measures, I think looking at how those measures align with/promote/hinder racial equity is important for keeping an eye to the future. – Elizabeth Hudgins, NC Pediatric Society*

    - *I think screens and assessments are a vital part of this and serve two functions: 1) provide population-level data (or as close as we can get) of child functioning, and 2) provide a triage system to get kids connected with services and supports when needed. To me there are two avenues that seem like strong options: 1) for young children, use ASQ-SE at well-child visits; 2) for school-aged children, could use SDQ at well visits for parent report and could have classroom teachers fill out DESSA or similar measure on each child. I'm already advocating for all schools to screen social-emotional wellbeing as part of the Multi-Tiered Systemic Supports (MTSS) system to identify tiered needs, would be great if it became a system-wide tool. Caveat -- this would need resources and support from the systems level and not just be added on as ONE MORE THING for educators. Schools need help integrating this information into MTSS plans and building in time for filling it out (though a teacher can usually complete on a whole class in an hour). In terms of aggregating data, would need to look at discrepancies as well as available services and resources – where are the challenges and what are we DOING about it. What gaps must be filled? It has GOT to come with resources for attending to SEL needs, we can't do this work with the existing resources. – Katie Rosanbalm, Duke Center for Child and Family Policy*

    - *I believe such measures might be useful but also believe there are many caveats to their selection and use across diverse populations. For example, each measure is different in the quality and depth of psychometrics studied and populations represented in the validation samples for each measure (e.g., differences in race, ethnicity, age). Another potential challenge is that where, when, how, and by whom a measure is administered can lead to differences in the reliability and validity of the responses received, which can lead to unhelpful or misleading results. All that said, I believe the way(s) in which any selected measures are used should be limited, data should be well-vetted and cleaned, limitations should be noted (and data may not be usable if limitations are too great), and many other precautions should be taken, depending on how the data would be used. – Heather Pane Seifert, NC Child Treatment Program*

Advisory Group Feedback on NOM-HRTL

- *First, I would definitely look at the self-regulation items too. But in terms of items – cons are it is pretty short and I'm not fond of items that say "compared to other children" because I don't think parents often have a good comparison group. On the pro side, I love that the rating scale is 5 points and is frequency-based. Not sure how they connected scores to risk status – is there research connecting scores to later performance? That would be helpful, maybe it is coming. In any case, this is a start and would be helpful, but is restricted in terms of age range and to me doesn't replace the need for individual child screening. – Katie Rosanbalm, Duke Center for Child and Family Policy*

- *I like this direction of thinking as these surveys may obtain more useful and comprehensive information vs. other measures developed for more limited or diverse purposes. I'm not familiar with the NOM-HRTL but from a first glance, it seems like a promising measure of SEH. -- Heather Pane Seifert, NC Child Treatment Program*