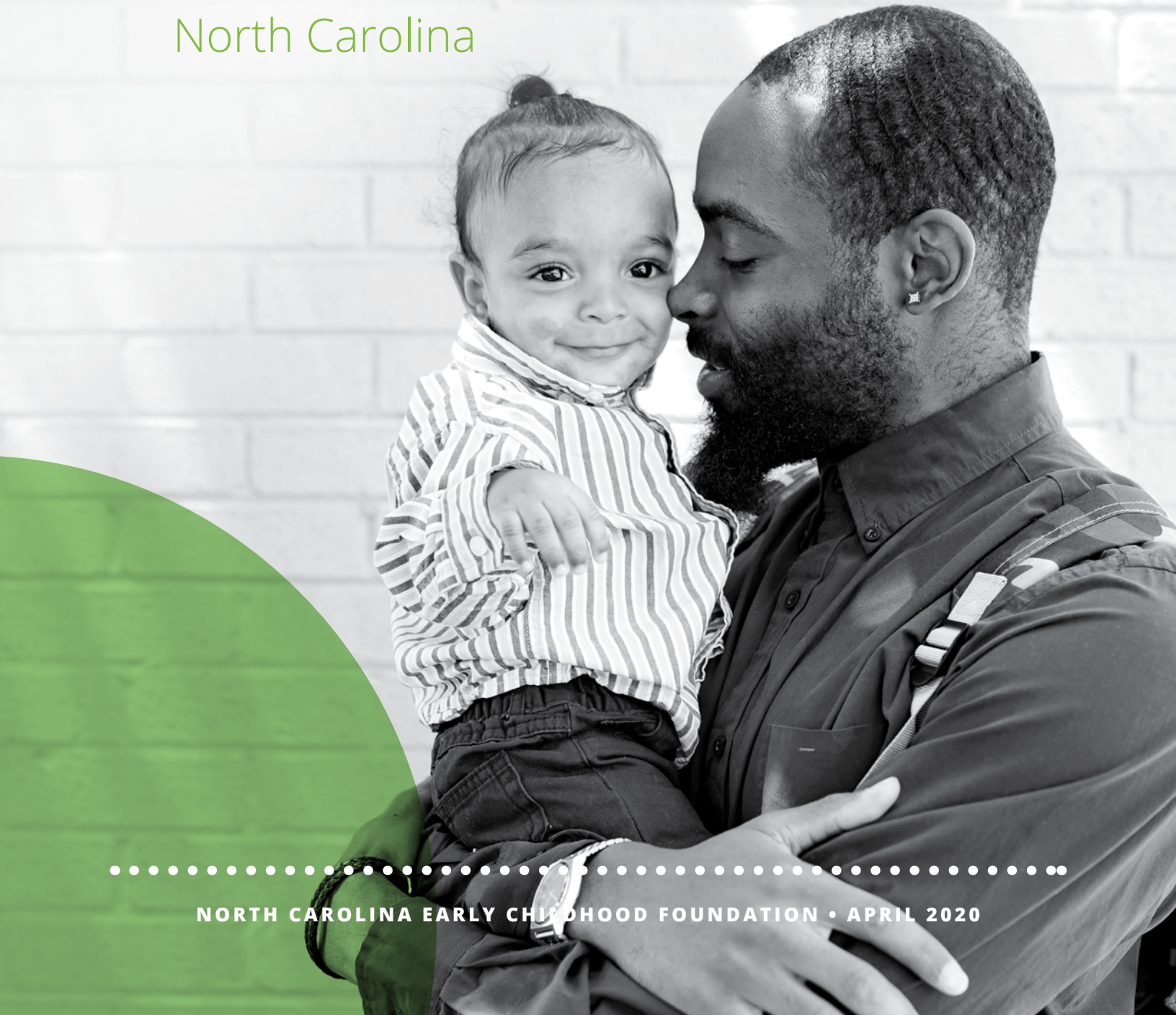
FILLING THE DATA GAP:

Recommendations for Population-Level Measures of Young Children's Social-Emotional Health in North Carolina



NORTH CAROLINA EARLY CHILDHOOD FOUNDATION • APRIL 2020

PURPOSE
& Acknowledgments

The purpose of this report is to provide a summary of the proceedings and recommendations of the Children's Social-Emotional Health data workgroup convened by the North Carolina Early Childhood Foundation (NCECF) from September 2019 to January 2020. The workgroup came together with funding from The Duke Endowment and research support from the Alliance for Early Success and Child Trends. NCECF also acknowledges the data workgroup members and advisors for their time and valuable contributions.

SUGGESTED CITATION

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PATHWAYS
to grade-level reading

Pathways is an initiative of the North Carolina Early Childhood Foundation, in collaboration with NC Child, the NC Partnership for Children, Inc., and BEST NC.

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Executive SUMMARY

Social-emotional health (SEH) provides critical building blocks for children's learning and relationships. Measuring children's SEH at the population level is an emerging area of interest and work across the country.

Most states, including North Carolina (NC), do not currently have any population-level data or measures of SEH for young children, birth to age eight (0-8). This gap in data impacts the ability of state and local leaders to develop effective policies, adapt systems and practices, allocate resources, and track NC's progress in this important area of child development.

A data workgroup of NC experts and stakeholders—funded by The Duke Endowment, supported by the Alliance for Early Success and convened by the North Carolina Early Childhood Foundation (NCECF)—met from September 2019 to January 2020 to begin addressing this gap in data.

The goals of the Children's Social-Emotional Health data workgroup were:

- To recommend a population-level measure, or portfolio of measures, of young children's SEH in NC
- To advocate for tools that limit racial bias and measure SEH strengths, not just deficiencies
- To propose next steps for the state in planning, communicating and implementing measures

The workgroup was intentionally collaborative and applied a racial equity lens from the start. These processes are described in the full report. The workgroup's recommendations, summarized below, are intended to inform next steps for the NC Early Childhood Action Plan, NC Pathways to Grade-Level Reading Initiative and other early childhood systems and data development work in the state.

RECOMMENDATION ONE

MEASUREMENT OF SYSTEMS

In order to have a comprehensive understanding of children's SEH at the population-level in NC, the workgroup recommends using of portfolio of measures, versus one measure or indicator. The portfolio should include measurement of the child and family systems that impact children's SEH and well-being, as well as aggregate measures of children's social-emotional functioning.

The workgroup's first recommendation focuses on measuring systems. For all measures, the workgroup prioritizes data that can be disaggregated by age (0-8), race/ethnicity, income and geography. A two-generational approach to measurement, including both caregivers and children, is also prioritized.

Recommended system measures are grouped in two areas:

1. **Access and Utilization Measures of the SEH System:** These include measures of child and caregiver access to and utilization of SEH screening, referral and intervention/treatment services (Table 1). The workgroup recommends a phased-in approach to aggregating these measures, starting with measures that are most readily available (i.e., screening and referral rates), and data collected in primary healthcare settings, where most children 0-8 are reached.
2. **Proxy Measures of Other Systems Impacting SEH:** These include measures of other systems that promote and/or impede children's SEH, such as early childhood education, health and housing (Table 2). Most of the recommended proxy measures are drawn from national reports of children's SEH indicators and social drivers of health. The workgroup prioritized proxy measures that align closely with measures in the NC Early Childhood Action Plan, for which NC already collects data. Some proxy measures do not currently have data available in NC and are recommended for data development.

TABLE 1: ACCESS AND UTILIZATION MEASURES OF THE SEH SYSTEM

Phase I Data Development
• Percent of children who receive SEH screening using a standardized measurement tool
• Percent of children screened as at-risk or in need of services who are referred to services
• Percent of mothers who receive postpartum depression screening
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• Percent of children accessing services who complete recommended SEH intervention/treatment
• Percent of children with SEH concerns who meet targeted SEH intervention/treatment goals
• Percent of mothers accessing services who complete recommended postpartum depression intervention/treatment
• Percent of mothers with postpartum depression who meet targeted intervention/treatment goals

TABLE 2: PROXY MEASURES OF OTHER SYSTEMS IMPACTING SEH

Child Care, Preschool and Early Elementary
• Number of children on child care subsidy waiting list
• Percent of children receiving child care subsidies who are enrolled in 4- or 5-star centers or homes
• Percent of eligible children who are enrolled in Head Start
• Percent of income-eligible, four-year-old children who are enrolled in NC Pre-K
• Percent of early childhood teachers with post-secondary education
• Percent of early education settings for children ages 0-5 with access to mental health consultation
• Rate of children who are suspended and expelled from child care, preschool and early grades due to behavioral problems
Child Welfare
• Rate of children who receive investigations or assessments for child maltreatment
Early Intervention
• Percent of children who receive early intervention and early childhood special education services to address developmental delays as compared to NC Census data
• Percent of children receiving early intervention and early childhood special education services to address developmental delays who demonstrate improved positive social-emotional skills
Health
• Percent of children with health insurance
• Percent of parents with health insurance
• Percent of children who receive regular well-child visits
• Percent of children ages 1 and 2 who receive lead screening
• Percent of children with two or more adverse childhood experiences
• Percent of families who are resilient
Housing
• Percent of children in families with high housing cost burden
• Percentage of children under age 6 who experience homelessness
Income
• Percent of children under age 8 living at or below 200% of the federal poverty level

RECOMMENDATION TWO

MEASUREMENT OF CHILDREN'S SOCIAL-EMOTIONAL FUNCTIONING

In addition to system measures, the workgroup recommends a comprehensive portfolio including aggregate measures of children's social-emotional functioning (i.e., skills and behaviors). Recommended measures are collected by: 1) using population-level surveys, and 2) aggregating child-level screens (Table 3). Limitations with existing tools and practices for measuring and collecting data on children's social-emotional functioning, discussed in the full report, should be considered to ensure these measures accurately reflect children's SEH needs and strengths.

TABLE 3: CHILDREN'S SOCIAL-EMOTIONAL FUNCTIONING MEASURES

Population-Level Survey Measures
• SEH measures collected via the National Outcome Measure—Healthy and Ready to Learn (NOM-HRTL), part of the National Survey of Children's Health. Example questions include: » Does this child bounce back quickly when things do not go his or her way? » How often is this child easily distracted? » How often does this child keep working at something until he or she is finished? » When this child is paying attention, how often can he or she follow instructions to complete a simple task? » How often does this child play well with others? » How often does this child show concern when others are hurt or unhappy?
Child-Level Screen Measure
• Of children ages 0-8 receiving standardized SEH screens, percent who screen at-risk for SEH concerns

To support the collection of these measures, the workgroup recommends the following:

- Investigate the use of the NOM-HRTL further and the potential for oversampling in NC in order to have sufficient representative data to disaggregate by race/ethnicity, income and geography
- Promote the use of standardized and validated SEH screening tools across ages (0-8) and sectors (e.g., health, early education, family support). Develop a list of screening tools recommended for use in NC
- Assess the cost and feasibility of collecting and aggregating children's SEH screen data within and across sectors, including the potential use of online data platforms (e.g., CHADIS)
- Pilot the use of recommended SEH screens and aggregated screen measures in partnership with other NC state agencies and initiatives reaching large samples of children (e.g., health care systems, public preschools, place-based initiatives)

The workgroup does not recommend aggregating SEH items on the NC Kindergarten Entry Assessment (KEA) as a population-level measure. Further investigation is required to determine if aggregate reporting is an appropriate use of Teaching Strategies Gold (TS Gold) data.

RECOMMENDATION THREE

RESEARCH & DEVELOPMENT TO SUPPORT RACIAL EQUITY IN MEASUREMENT

North Carolina should invest resources in further research and development that promotes equity by minimizing racial bias in screening and measurement systems and by creating tools that better capture children's SEH strengths, not just deficits. Some strategies include supporting work to develop more culturally responsive and valid tools, promoting best practices that mitigate bias in screening and assessment, and incorporating qualitative data in the portfolio of measures.

RECOMMENDATION FOUR

BUILD ON EXISTING INITIATIVES

North Carolina should build on existing and future initiatives in the state, highlighted in the report, to support implementation, create efficiencies and ensure children across the age spectrum and sectors are included in population-level measures. This includes a variety of efforts connected to, but not necessarily focused on, young children's SEH or data. In addition, the innovative use of incentives, contracts and policies—as seen in other states—to leverage system changes and the effective implementation of SEH measures are recommended.

RECOMMENDATION FIVE

CONTINUE THE WORK

North Carolina should continue to be a leader among states that are considering how young children's SEH at the population-level can best be measured. Additional planning and implementation work are required to build on these recommendations and the momentum of this effort. The workgroup recommends that racial equity and family leadership continue to be prioritized in next steps.

INTRODUCTION

Decades of research and practice have shown that social-emotional health (SEH) has a significant impact on child outcomes and well-being. Healthy social-emotional development in young children, birth to age eight (0-8), means successfully developing the capacity to form secure relationships, experience and regulate emotions, explore and learn.[1] This development:

- Begins during children's early experiences with parents and caregivers
- Is impacted by positive protective factors and by trauma and adversity
- Is connected to many systems, such as education, health and child welfare
- Impacts life-long functioning

Understanding and investing in young children's SEH is important for North Carolina (NC)'s future. Compared to their peers, children who are socially and emotionally healthy and exhibit self-control have better oral language development, interpersonal skills and physical health; have fewer behavioral problems; and are more successful in school and future employment.[2] Caring and supportive relationships with adults, early and regular screenings, assessments and intervention, and school-based social-emotional learning practices and programs have all been shown to make a difference in promoting children's SEH, development and learning.

Despite its impact on child outcomes, most states, including NC, do not currently have good ways of measuring children's SEH at the population level. This gap in data impacts our awareness and understanding of children's SEH across different ages and populations of NC children. It also significantly limits the ability of state and local leaders to develop effective policies, adapt systems and practices, allocate resources and track NC's progress in this important area of child development.

North Carolina has prioritized the development of population-level measure(s) of children's SEH and has the opportunity to lead with others across the country in this work. This report highlights the recommendations and discussion of a data workgroup convened by the North Carolina Early Childhood Foundation (NCECF) in 2019-2020 to move this work forward, with a focus on racial equity.

BACKGROUND

Population-level measurement of children's SEH is a current and growing topic of interest at local, state and national levels. Many measures exist, but most are used only at the child-level for individual diagnosis and treatment, or for formative (rather than summative) assessment purposes, making it challenging to obtain aggregate data.[3] There is currently no consensus on the best population-level measure(s) to use. There are, however, several promising initiatives and opportunities for innovation.

Population-Level Measurement

Population-level measurement involves collecting and analyzing data to describe a characteristic or variable for a whole population, or representative sample of children. Some questions that could be answered with population-level data on children's SEH in NC are:

- What is the state of young children's SEH in NC?
- How does children's SEH in one NC county compare to that of children in another county or the state?
- What groups of children face disparate SEH needs and strengths?
- Within NC, how is children's SEH changing over time compared to other social and economic conditions (e.g., child maltreatment, employment rates)?
- What policies and practices are most needed to promote children's SEH?
- Where and how should the state allocate resources to address system needs?

Like other areas of child development, there are several challenges to measuring children's SEH at the population level, such as conceptualizing and prioritizing the domains to be measured, navigating the multiple purposes of assessment, and measuring young children and systems across a wide range of ages and developmental stages. Issues related to the screening and assessment tools used—such as reliability and validity, ease of use, differences by reporter, duplication in screening, data collection, cost and capacity of providers—need to be seriously considered, as well as concerns about their appropriateness for use with children with different racial identities and abilities and in families with different cultural norms around social-emotional development. Ensuring that data on all children are captured in measures, not just those involved in specific programs (e.g., Medicaid, NC Pre-K, public schools or the child welfare system) is also a challenge.

National Efforts

In 2019, with support for this workgroup from the Alliance for Early Success, Child Trends researchers conducted a scan and initial interviews to learn more about children's SEH measurement efforts in other states (See Appendix A for Child Trends Memo). Various state early learning standards, indicators and frameworks related to children's SEH were identified; however, no states reported any aggregated, state-level SEH data. According to Child Trends' findings, most states are primarily relying on child-level screens, surveys of parents and providers, and program-level data. Other strategies used in Vermont, Oregon and Colorado to develop this measurement include implementing incentives to build systems capacity for screening and referral (e.g., via Medicaid reimbursement or quality rating and improvement systems), identifying a developmental screener for statewide adoption in child-serving systems, and moving away from a deficits-based focus towards more positive indicators of children's SEH, family resilience and flourishing.

North Carolina Data and Initiatives

While NC does not currently have population-level data on children's SEH, the state does have some relevant data for specific populations, such as children receiving health insurance via Medicaid or participating in public preschool programs. In previous years, Community Care of North Carolina has collected and analyzed Early and Periodic Screening, Diagnostic and Treatment (EPSDT) data from Medicaid billing claims through a centralized system, including data on children's developmental screening and maternal depression screening. Reporting of EPSDT data is currently changing with the state's transition to Prepaid Health Plans (PHPs) as a part of NC Medicaid transformation. It is yet to be determined what EPSDT and other data will be available from PHPs.

Other SEH screening and assessment data available in NC include early intervention data collected for children 0-5 under Part B and C of IDEA, and some NC Pre-K and Head Start data on screening tools used in preschools. Protocols on SEH screening recommendations and tools used vary considerably across sites and sectors.

Two state-level initiatives—the NC Pathways to Grade-Level Reading Initiative[4] and NC Early Childhood Action Plan[5]—have identified NC's need for population-level measure(s) of children's SEH and have prioritized data development in this area.

The NC Pathways to Grade-Level Reading Initiative (Pathways) is a collaborative effort to align state and local policies and practices towards a common vision that ***all NC children, regardless of race, ethnicity or socioeconomic status, are reading on grade-level by the end of third grade, so that they have the greatest opportunity for life success***. Pathways takes a whole-child approach and fosters cross-sector collaboration among state agencies, policy, philanthropic, business, early childhood and family leaders.

Pathways involved three phases of work. Phase I of Pathways identified shared, whole-child Measures of Success that put children on a pathway to grade-level reading. Though SEH data was highlighted as a critical area of focus, no population-level SEH measures were identified. Phase II considered the data behind the Measures of Success and recommended seven measures to collectively act on first. SEH was selected as a priority area. Phase III created the Pathways Action Framework to advance the Measures of Success. Ensuring that NC's SEH system for children and families is accessible and high-quality is one of four expectations promoted in the Action Framework.

By February 2019, the NC Department of Health and Human Services (NC DHHS) and the NC Early Childhood Advisory Council (ECAC) released the NC Early Childhood Action Plan, which highlights ten early childhood goals and targets for improvement by 2025. The metrics draw from the Pathways Measures of Success. Goal seven of the NC Early Childhood Action Plan focuses on SEH and resilience. Its primary target is that NC will have a reliable, statewide measure of young children's SEH and resilience by 2025.

Children's Social-Emotional Health Data Workgroup

In September 2019, NCECF convened a data workgroup to begin addressing this gap in data over a four-month period, with funding from The Duke Endowment. The workgroup was intentionally collaborative and cross sector in design and used a racial equity lens from the start. The workgroup was tasked with three goals:

1. To recommend a population-level measure, or portfolio of measures, of young children's SEH in NC
2. To advocate for tools that limit racial bias and measure SEH strengths, not just deficiencies
3. To propose next steps for the state in planning, communicating and implementing measures

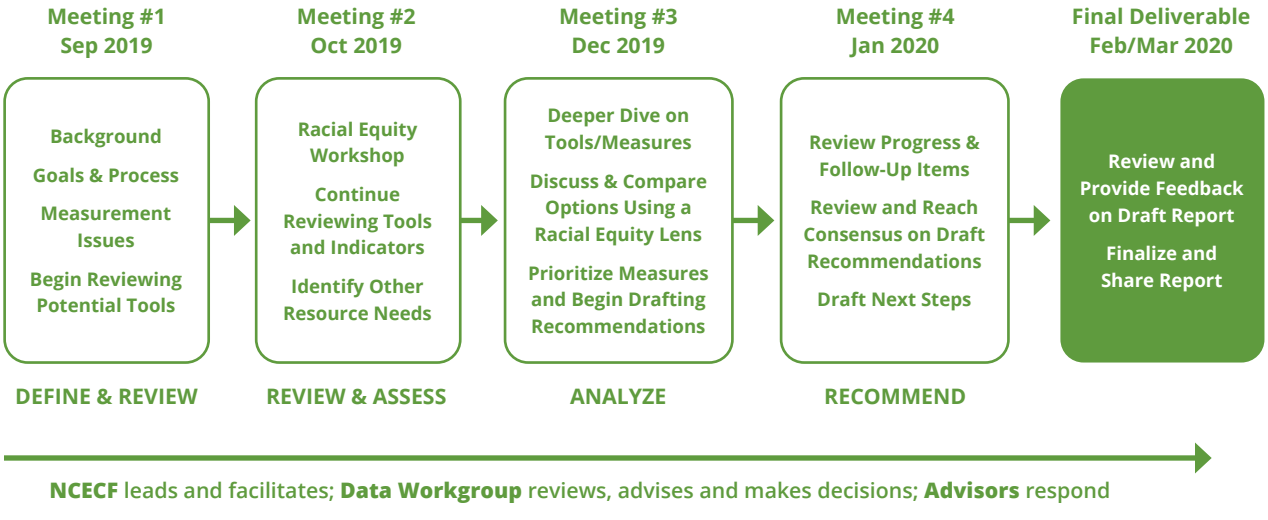
The desired long-term outcome of the workgroup is ***to improve NC's early childhood system and child outcomes by having accurate and accessible data that describe children's SEH in NC and inform equitable and data-based decision-making about policy, practice and resource allocation.*** The workgroup was also established to provide recommendations to the NC DHHS and other agencies on next steps for reaching the 2025 target for goal seven of the NC Early Childhood Action Plan. In addition, the recommendations will inform other key state-level initiatives, such as the NC Pathways to Grade-Level Reading Initiative, the NC Early Childhood Data Advisory Council[6] and the NC Initiative for Young Children's Social-Emotional Health.[7]

Workgroup **PROCESS**

Key stakeholders from various disciplines were invited by NCECF in the summer of 2019 to participate as members of the Children's SEH data workgroup (See Appendix B for workgroup description and Appendix C for workgroup members). Specific attention was paid to inviting members from different racial and cultural identity groups, particularly people of color who are most impacted by systemic racism, and professionals of color working in the field. Parent and family leaders were also prioritized. Additional experts in the field were invited to participate as informal advisors, but did not attend meetings.

The workgroup met four times between September 2019 and January 2020, including three half-day meetings and one full-day meeting, which included a half-day racial equity training. See Figure 1 for a summary of the workgroup's timeline and process.

FIG 1 **DATA WORKGROUP TIMELINE AND PROCESS**



> **"I like the consensus process and the space for discussion. I appreciated the adherence to the schedule and the energy and diverse speakers, researchers included."**

The meetings were designed to confirm and support the workgroup's goals, introduce and incorporate principles of racial equity, learn about research in the field and current practices in NC, discuss ideas and co-create consensus recommendations. Group agreements were developed and revisited at each meeting to support the participation of all group members and create an open and respectful environment. Evaluation feedback was used to understand group needs, integrate ideas and plan meetings (See Appendix D for workgroup evaluation summary).

Over the course of the meetings, members reviewed progress, discussed readings and meeting materials, heard expert presentations, worked together in small groups and identified next steps (See Appendix E for meeting agendas). Surveys and interviews were used to gather information and feedback from workgroup members, advisors and other experts in between meetings. By the fourth meeting, ideas and themes had emerged that were used to develop recommendations and next steps. The workgroup used a consensus-building process to ensure the recommendations accurately reflected the workgroup's ideas and discussion, and received broad-based support.

A **RACIAL EQUITY** Lens

CounterPart Consulting provided racial equity training to workgroup members and NCECF staff, including developing common language, exploring the construction of race in the United States, and learning a racial equity framework to apply to their ongoing work. They helped facilitate workgroup meetings to ensure that an intentional and explicit racial equity lens was used at every step.

Key principles included:

1. Inequity is bolstered by structural and historic factors, which continue to operate. A primary course of action is to disrupt these factors with strategies that intentionally and explicitly address racial inequities and the needs and strengths of ***children and families of color.***

2. Lenses help us see better. A racial equity lens helps us examine the impact of structural racism, and thus craft and implement appropriate structural responses. This lens focuses our attention on power and ownership along the lines of race and highlights how existing structures work to perpetuate inequitable power over resources and outcomes between white people and people of color. This creates agency to fundamentally change systems and outcomes.

3. A racially equitable society would be one where race or cultural ethnicity is not a meaningful predictor of access, opportunities, burdens or outcomes. Unfortunately, today this is true for almost every indicator of wellness, including education, housing, income and more.

4. While we focus ***explicitly on racial equity,*** we do not focus ***exclusively*** on racial equity. The workgroup also considered how inequities impact other groups such as children with different abilities, dual language learners, children living in foster care and in families with low income. Intersectionality means that many children face layers of discrimination, based on their various identities—so while data shows that a young Black boy is more likely to be suspended or expelled from school than his white classmate for a similar offense, a young Black boy with a disability is even more likely to be suspended or expelled. The explicit focus on race allows us to center race in our analysis, even as other identities are also considered.

For the purposes of this workgroup and report, the terms "people/children/families of color" refer to groups who are most impacted by structural racism and historical oppression (e.g., Black, Latinx, American Indian). The workgroup feels these terms are inadequate, but they are what we have for now.

For the workgroup, explicit attention to racial equity meant:

- *Addressing disparities from the front-end*
- *Ensuring the group's recommendations meaningfully focus on access to resources*
- *Interrupting traditional concepts and norms*
- *Broadening the understanding of the diversity of strengths children and families may have*
- *Centering children of color in addition to white children*

The workgroup embedded a racial equity lens in all of its planning and meetings, including:

- Ensuring professionals of color were represented in the composition of the group, along with their white colleagues—amplifying the voices of professionals of color brought lived experiences of structural racism into every conversation
- Establishing an explicit equity-related goal
- Building the lens into every meeting agenda and decision-making process by ensuring that presenters and group discussions addressed racial equity

Facilitators were intentional in probing how traditional concepts about assessment, child development and SEH might perpetuate the disenfranchisement of children of color and other marginalized groups. For example, the workgroup reflected on how self-regulation and other indicators are based in white dominant norms:

- Research shows that boys and children of color living in families with low-income are more likely than their peers to be assumed to have low self-regulation skills[8]
- These assumptions can lead to differential screening and assessment, receipt of services and child outcomes
- Children who have difficulty with self-regulation are more likely to be retained, suspended or expelled from school,[9] which can lead to other long-term consequences
- Structural racism operates to disproportionately affect how self-regulation is assessed between children of color and white children, putting these children on different tracks in life, based solely on race

In addition, the workgroup explored how current tools, practices and communication around SEH ignore opportunities—actively or passively—to identify and celebrate child strengths, especially strengths that are not typical or existing components of common assessments. The lack of cultural validity and cognitive testing of tools was also considered. Given the limitations of existing tools, specific recommendations were made to address this need in future research and tool development.

The workgroup's recommendation to focus on measurement of systems also emerged out of a racial equity analysis. Racial equity demands that we focus on analyzing and changing *systems*, rather than *children and families*.

FRAMING

The following key themes and concepts were used to frame the workgroup's discussion.

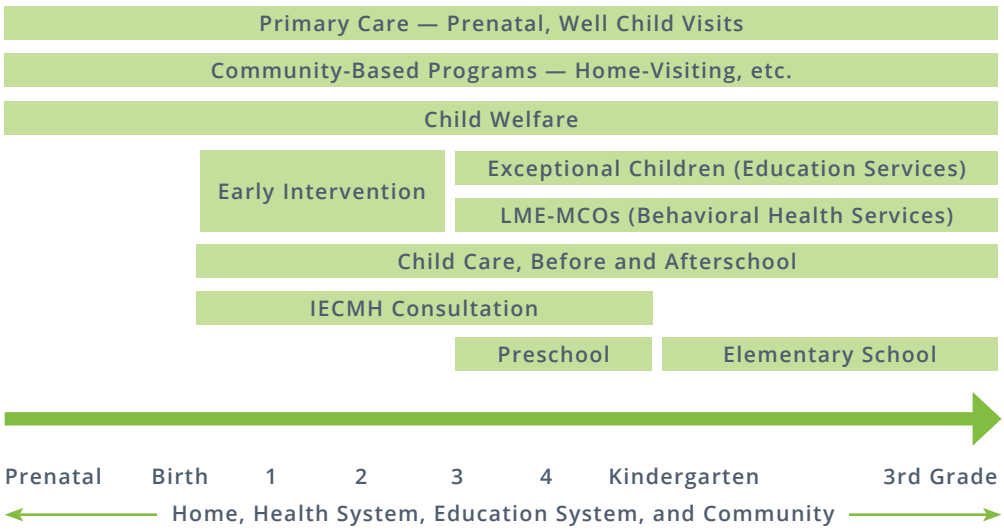
CHILDREN'S SOCIAL-EMOTIONAL HEALTH IS:

- Developed over children's lifespans and shaped by many factors, starting from birth (e.g., Life Course Theory)
- Influenced by children's multiple environments, including family and community contexts (e.g., Ecological Model)
- Impacted by child and family engagement in multiple systems and sectors (e.g., health, early education, family supports)
- Influenced by structural racism and other systemic barriers
- Measured at the population level using three broad categories of tools: screens and assessments, proxy measures and population-level surveys

Ideal measures of young children's SEH would include children across the age spectrum engaging with different early childhood sectors (See Figure 2 for potential areas of measurement and pilot populations). A phased-in approach to collecting data is most realistic, starting with sectors where most children 0-8 are reached and/or where shared data systems are already in place or most feasibly implemented.

FIG 2

REACHING CHILDREN ACROSS AGES AND SECTORS FOR SOCIAL-EMOTIONAL HEALTH MEASUREMENT



RECOMMENDATIONS & Discussion

The following section includes the workgroup's five recommendations. Each recommendation starts with a summary, followed by a discussion section with more detailed information, analysis and areas for exploration.

RECOMMENDATION ONE

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• Percent of early childhood teachers with post-secondary education
• Percent of early education settings for children ages 0-5 with access to mental health consultation
• Rate of children who are suspended and expelled from child care, preschool and early grades due to behavioral problems

TABLE 2 CONTINUED: PROXY MEASURES OF OTHER SYSTEMS IMPACTING SEH

Child Welfare
• Rate of children who receive investigations or assessments for child maltreatment
Early Intervention
• Percent of children who receive early intervention and early childhood special education services to address developmental delays as compared to NC Census data
• Percent of children receiving early intervention and early childhood special education services to address developmental delays who demonstrate improved positive social-emotional skills
Health
• Percent of children with health insurance
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• Percent of families who are resilient
Housing
• Percent of children in families with high housing cost burden
• Percentage of children under age 6 who experience homelessness
Income
• Percent of children under age 8 living at or below 200% of the federal poverty level

DISCUSSION: MEASUREMENT OF SYSTEMS

When considering a comprehensive portfolio of population-level measures of children's SEH, the workgroup agreed that measurement of systems is a priority. Children's social-emotional functioning at the individual level is most effectively addressed when we assess, adapt and build the capacity of systems to better serve children and families. System-level measures also promote racial equity by assessing barriers created by structural racism. These measures help to identify gaps and what systems should be doing to improve children's SEH, particularly for children of color.

The workgroup explored the tension between what would be the ideal measures and what is realistic given where we are now. Ideal system measures would reflect the following expectations:

- Measure how systems are supporting children at each age and stage of development, from birth through age eight, and their caregivers
- Measure multiple systems (e.g., health, early education, family support)
- Be disaggregated by age, race/ethnicity (or racial identity), income, geography, and other relevant factors such as gender and ability
- Include all children in the denominator, rather than only children in a given program or group (e.g., percent of all children receiving well-child visits, not just percent of children insured by Medicaid receiving well-child visits)

These ideals were discussed and balanced with a need for feasible and effective measures.

Disaggregated data measures are critical to promoting equity and effectively allocating resources. Disaggregation by geography should start with providing data by county or health department and Medicaid region and eventually work towards more local-level analysis, such as by neighborhood or census tract. The workgroup recommends exploring tools that provide maps or index scores for community-level risk and opportunity. Some examples include: NC Social Determinants of Health by Regions Map, Opportunity Atlas, and Robert Wood Johnson Foundation County Health Rankings. Disaggregation by ability and by dual language learner status is also recommended.

For aggregating access and utilization of the SEH system measures, the workgroup recommends a phased-in approach to planning and implementation. The group prioritized screening and referral measures in Phase I of data development, as they are the most easily collected and tell us important information about how the state's SEH system is functioning. This work has already started with the NC ABCD Initiative, NCCARE360 and other efforts. The workgroup proposes including other measures on a data development agenda, with access and initiation of services measures to be developed in Phase II, and completion of intervention/treatment and improved outcomes to be measured in Phase III (See Figure 3).

FIG 3

PHASED-IN ACCESS AND UTILIZATION MEASURES

The workgroup also recommends a phased-in approach to aggregating measures by sector, starting with primary care (See Figure 4). Well-child visits reach a large percentage of NC children, prenatally through age eight. The health system currently has the most established infrastructure for SEH screening, likely followed by preschool (e.g., NC Pre-K, Head Start) and the early intervention system. Aggregating screening and referral data in other sectors—such as child care, child welfare and elementary education—is critical, and will require further work and resources to build readiness for implementation.

FIG 4

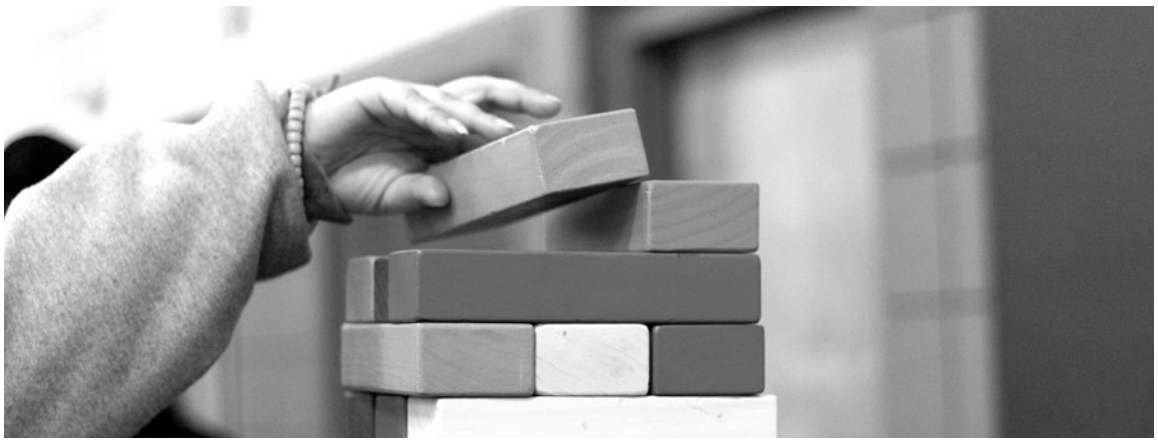
PHASED-IN IMPLEMENTATION BY SECTOR

For proxy system measures, the workgroup reviewed and discussed several key indicators of children's SEH and well-being from national reports (e.g., Project Launch), along with other measures identified by the group. Recommended measures were selected because they will inform state and local leaders about how well various systems are supporting NC children and families. The workgroup further prioritized proxy measures that are included in the NC Early Childhood Action Plan, which includes data already collected in NC. Some additional measures, for which data are not currently available, were also included (e.g., rate of children who are suspended and expelled from child care, preschool and elementary education due to behavioral problems). These measures were considered particularly important to understanding the systems that impact children's SEH and promoting racial equity (See Appendix F for a summary of recommended measures including those requiring data development, and Appendix G for current data sources for proxy system measures).

Prioritized proxy measures may not assess exactly or the full extent of what the workgroup would like to see measured, but provide a good starting place. For example, the workgroup recommended the measure "percent of mothers who receive postpartum depression screening." An ideal measure would be the "percent of caregivers of birth-through-eight-year-olds who receive depression screening" because: 1) depression among fathers, foster parents and grandparents who are primary caregivers may be just as critical for young children's development as depression among mothers, and 2) depression in caregivers of children beyond the newborn stage also impacts children's SEH. An ideal measure would also include screening of caregivers for other conditions like anxiety, post-traumatic stress disorder and substance use disorder. However, the data that are currently collected—and which provide vital information about how the health care system is supporting new mothers—focus on maternal postpartum depression, so that is the measure chosen.

The workgroup also selected a measure of childhood adversity that is included in the NC Early Childhood Action Plan—percent of children with two or more Adverse Childhood Experiences (ACEs)—and a measure of family resilience from the National Survey of Children's Health—percent of families who are resilient (i.e., talk together about what to do, work together to solve a problem, know they have strengths to draw on, stay hopeful even in difficult times).

The workgroup does not feel that ACEs is an ideal measure, since it measures a limited set of childhood adversities (excluding adversities like poverty, racism, community violence, and poor housing quality and affordability) and was normed on white adults. Furthermore, a benchmark of two ACEs is not necessarily a meaningful cut-point, given that some ACEs are more traumatic than others and synergies among ACEs have a multiplicative–as opposed to additive–effect. Practitioners also have concerns about screening children and families for ACEs without having sufficient resources in place to refer them to treatment. However, it is the measure we have now, so it is recommended. The workgroup also includes a measure of family resilience. They feel that this measure highlighting child and family strengths, rather than just risk factors, is an important companion to the ACEs measure. Additional positive SEH measures need to be developed.



RECOMMENDATION TWO

MEASUREMENT OF CHILDREN'S SOCIAL-EMOTIONAL FUNCTIONING

In addition to system measures, the workgroup recommends a comprehensive portfolio including aggregate measures of children's social-emotional functioning (i.e., skills and behaviors). Recommended measures are collected by: 1) using population-level surveys, and 2) aggregating child-level screens (Table 3). Limitations with existing tools and practices for measuring and collecting data on children's social-emotional functioning, described in the discussion, should be considered to ensure these measures accurately reflect children's SEH needs and strengths.

TABLE 3: CHILDREN'S SOCIAL-EMOTIONAL FUNCTIONING MEASURES

Population-Level Survey Measures
• SEH measures collected via the National Outcome Measure—Healthy and Ready to Learn (NOM-HRTL), part of the National Survey of Children's Health. Example questions include: » Does this child bounce back quickly when things do not go his or her way? » How often is this child easily distracted? » How often does this child keep working at something until he or she is finished? » When this child is paying attention, how often can he or she follow instructions to complete a simple task? » How often does this child play well with others? » How often does this child show concern when others are hurt or unhappy?
Child-Level Screen Measure
• Of children ages 0-8 receiving standardized SEH screens, percent who screen at-risk for SEH concerns

To support the collection of these measures, the workgroup recommends the following:

- Investigate the use of the NOM-HRTL further and the potential for oversampling in NC in order to have sufficient representative data to disaggregate by race/ethnicity, income and geography
- Promote the use of standardized and validated SEH screening tools across ages (0-8) and sectors (e.g., health, early education, family support). Develop a list of screening tools recommended for use in NC
- Assess the cost and feasibility of collecting and aggregating children's SEH screen data within and across sectors, including the potential use of online data platforms (e.g., CHADIS)
- Pilot the use of recommended SEH screens and aggregated screen measures in partnership with other NC state agencies and initiatives reaching large samples of children (e.g., health care systems, public preschools, place-based initiatives)

The workgroup does not recommend aggregating SEH items on the NC Kindergarten Entry Assessment (KEA) as a population-level measure. Further investigation is required to determine if aggregate reporting is an appropriate use of Teaching Strategies Gold (TS Gold) data.

DISCUSSION: MEASUREMENT OF CHILDREN'S SOCIAL-EMOTIONAL FUNCTIONING

By recommending measures of children's social-emotional functioning in addition to systems measures, the workgroup aims to capture a more complete picture of children's SEH in NC and, per the racial equity frame, better illuminate the outcomes produced by an inherently racially-biased system.

The workgroup discussed several limitations that should be considered before implementing and communicating aggregate measures of children's social-emotional functioning. 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 for many tools
- Lack of validity and reliability studies with diverse groups
- The wide variety of SEH screening tools currently used in NC

The recommended children's social-emotional functioning measures should be used with further investigation, development and resources to address these issues, along with a phased-in implementation plan. Other equity issues related to measurement of child functioning are discussed in Recommendation 3.

Population-Level Survey Measures

The workgroup recommends the potential use of SEH items collected as a part of the National Outcome Measure—Healthy and Ready to Learn (NOM-HRTL) (See Appendix H for SEH items currently used for the NOM-HRTL). This tool uses population-level, parent-report data collected by the National Survey of Children's Health (NSCH). Measures are available for children ages 3-5 and would require oversampling in NC 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 for the NOM-HRTL, should be considered, along with other changes in its pilot phase of development.

Vermont currently uses other items from the NSCH—a four-item measure of "flourishing" based on positive health indicators—as a measure of children's SEH. Two of the four flourishing indicators are currently included in the NOM-HRTL. NC should continue to explore the use of the flourishing metric as a potential aggregate measure of children's social-emotional functioning. This measure has been validated for use with school age children (6-17) and is under development for use with younger children.

Child-Level Screen Measures

In addition to measuring the percent of children who screen at-risk for SEH concerns using aggregated screen data, some tools, like the Ages and Stages Questionnaire: Social-Emotional Screen (ASQ:SE), can measure the percent of children who score in ranges, such as "typical," "questionable or monitor," and "atypical or needs referral." To effectively use these and other screen data at the population-level, providers would need to use standardized and validated screening tools. Additional training and resources for administering and interpreting screens, as well as effective mechanisms for collecting and aggregating data, are also needed.

The workgroup recommends that NC dedicate resources to plan and promote the use of standardized and validated SEH screening tools across the age spectrum (0-8) and in key sectors. At this time, a wide variety of tools are commonly used in NC (See Appendix I for a list). The increased capacity of the system to serve children with SEH needs based on screening results is also critical for future measurement.

Best practice for treating children in a clinical setting involves using a screening tool, followed by a more comprehensive SEH diagnostic assessment, if warranted by the screening results. However, the workgroup's charge is to identify population-level measures of children's SEH. Since population-level data are best collected from screening tools rather than diagnostic assessments, the workgroup prioritizes dedicating resources to the widespread use of standardized and validated screens.

> **"A major concern is considering the mechanism in which social-emotional screen data is collected and aggregated across settings in NC—how would we do this?**
>
> **Can we effectively aggregate up child-level screen data if multiple screens are used?"**

Characteristics of screening tools prioritized by the workgroup include:

- Strong psychometric properties
- Ease of use, including time for administration
- Cultural and linguistic responsiveness
- Potential to be used cross-sector
- Assesses strengths and competencies, not just deficiencies
- Includes input from parents and caregivers
- Reasonable cost
- Aligns with other statewide efforts
- Assesses multiple domains of SEH

Rather than suggest the use of one or two specific screens, the workgroup recommends that each sector have the ability to choose from validated tools based on their needs, resources and recommendations by governing bodies (See Appendix J for a list of approved screening tools for primary care and NC Pre-K). A list of standardized and validated screens recommended for use across sectors in NC would help to guide what tools providers/systems choose to use and support data collection.

Further investigation is required to determine the feasibility of collecting and aggregating screen data within and across sectors for population-level measures, particularly if multiple screening tools are used (e.g. ASQ:SE, Brigance Early Childhood Screen, Pediatric Symptoms Checklist). Potential data collection systems for NC to explore that could aggregate screen data include:

- Web-based platforms like Comprehensive Health and Decision Information System (CHADIS) and Ages and Stages Questionnaire (ASQ) Enterprise
- Electronic health records (EHR)
- Medicaid billing claims

The workgroup recommends that the state—in partnership with statewide organizations (e.g., health insurance providers), programs (e.g., Healthy Steps, NC Pre-K) and/or local groups (e.g., place-based initiatives)—consider piloting aggregated screen measures in coordinated efforts reaching large samples of children to determine feasibility for broader implementation. Well-child visits provide a good starting place for piloting measures, with EHR systems and trained staff reaching a representative population of children across the age spectrum and their caregivers. The ASQ, ASQ:SE and Survey of Well-being of Young Children (SWYC) are strong screening tools currently used in primary care. The use of EPSDT data collected by new Prepaid Health Plans should be considered, along with other mechanisms to collect screen data for children insured through private health plans, Medicaid and NC Health Choice.

Formative Assessments

The intended use of tools should also be considered before implementing measures. Two tools that are currently used to measure preschool and school-aged children's development in NC are the Kindergarten Entry Assessment (KEA) and Teaching Strategies Gold (TS Gold).

- The 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 SEH items 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 overtime, 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.[11]
- TS Gold is another formative assessment used in many early education classrooms nationally and in NC. 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. The workgroup recommends that NC investigate whether aggregate reporting is an appropriate use of the TS Gold data collected in the state, particularly since it is soon to be used in NC public kindergartens as a part of the NC Early Learning Inventory.

RECOMMENDATION THREE

RESEARCH & DEVELOPMENT TO SUPPORT RACIAL EQUITY IN MEASUREMENT

North Carolina should invest resources in further research and development that promotes equity by minimizing racial bias in screening and measurement systems and by creating tools that better capture children's SEH strengths, not just deficits. Some strategies include supporting work to develop more culturally responsive and valid tools, promoting best practices that mitigate bias in screening and assessment, and incorporating qualitative data in the portfolio of measures.

DISCUSSION: RESEARCH & DEVELOPMENT TO SUPPORT RACIAL EQUITY IN MEASUREMENT

The workgroup approached its goals with an equity lens. Since race in America plays such a large role in determining children's SEH, the group focused explicitly, but not exclusively, on racial equity. As NC looks to move toward a reality where a child's racial identity is not predictive of life outcomes, more of its resources should be dedicated to supporting those children and families with the greatest barriers to opportunity. The workgroup's recommendations also aim to eliminate other inequities based on income, ability, language of origin, geography, gender and age.

A specific goal of the workgroup was to advocate for tools and measures that limit racial bias and include SEH strengths, not just deficiencies. While some tools use open-ended questions to gather feedback from parents on children's SEH strengths, few positive SEH measures for young children currently exist that can be used at the aggregate level. Given the limitations of current tools, further research and development to support racial equity in measurement is required.

A strategy North Carolina can use to move this recommendation forward includes convening a technical panel or workgroup to review how existing SEH constructs—primarily based on dominant white culture and norms—are defined and measured. The following areas should also be considered:

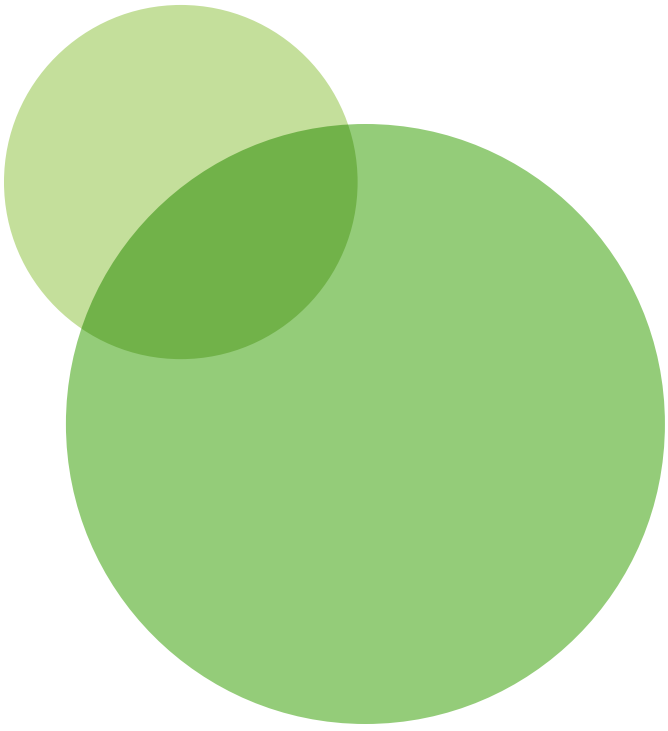
- Validity testing of current assessments with representative samples of children from different racial and/or cultural identity groups.
- Cognitive testing of current assessments to ensure that items are interpreted similarly by assessors across racial and cultural lines.

It is recommended that the panel also review available research around methods to reduce bias in child screening and assessment. The panel should develop recommendations for a set of data methods criteria to be used in the state that includes best practices in identifying and mitigating bias in child screening and assessment. A framework for extending this work to other marginalized groups should be established.

Qualitative data and stories should be 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.

Existing assets in the state, such as community-led groups, students, and local research institutions, should be used to provide best practices for integrating qualitative and quantitative data, curating stories, and authentically engaging families and communities. Potential strategies for collecting qualitative data include the use of focus groups, community conversations and resilience tools. Stories can be shared, with consent, in reports and on data dashboards, alongside other measures.

For each of these areas, the workgroup recommends that NC prioritize and fund work led by researchers of color, specifically from groups most impacted by structural racism. This is important because it matters who asks the questions. In part, the workgroup recommends engaging Historically Black Colleges and Universities, including their students, faculty and other research professionals.



RECOMMENDATION FOUR

BUILD ON EXISTING INITIATIVES

North Carolina should build on existing and future initiatives in the state, highlighted below, to support implementation, create efficiencies and ensure children across the age spectrum and sectors are included in population-level measures. This includes a variety of efforts connected to, but not necessarily focused on, young children's SEH or data. In addition, the innovative use of incentives, contracts and policies—as seen in other states—to leverage system changes and the effective implementation of SEH measures are recommended.

DISCUSSION: BUILD ON EXISTING INITIATIVES

There are several opportunities in the state to further this work through coordination and collaboration. Some initiatives with the potential for alignment and piloting measures include:

- Bright Futures guidelines from the American Academy of Pediatrics
- Child Care Quality Rating and Improvement System (QRIS)
- Integrated Care for Kids (InCK) federal grant
- Medicaid Transformation, including the Healthy Opportunities pilot and collection of EPSDT screening data across Prepaid Health Plans
- NCCARE360
- NC Multi-Tiered System of Support (MTSS) through NC Department of Public Instruction (DPI)
- NC Early Childhood Action Plan
- NC Early Childhood Data Advisory Council
- NC Early Childhood Integrated Data System
- NC Essentials for Childhood and Healthy North Carolina 2030 through the NC Institute of Medicine
- NC Initiative for Young Children's Social-Emotional Health through NC Child
- Preschool Development Grant, including expansion of Family Connects and mental health consultation in early education settings

As modeled in other states, the workgroup recommends that NC consider the use of incentives, contracts and other policy levers to provide accountability and promote measurement. For example:

- Oregon uses incentives with its Coordinated Care Organizations for reaching targets, such as completed screenings
- Colorado's QRIS gives points if child care programs conduct SEH screeners with their children
- In Vermont, SEH screenings for children and maternal health are being bundled together in policy

See Appendix A for more information on these strategies in the Child Trends Memo.

In addition, the NC DPI should continue to prioritize and advance social-emotional learning screening for preschoolers and school-aged children in elementary school settings. Potential opportunities include incorporating social-emotional screening (e.g., Strengths and Difficulties Questionnaire, Devereaux Student Strengths Assessment) within the MTSS framework, using both caregiver and teacher report. Current efforts are underway at NC DPI, and should continue with additional resources and cross sector involvement.

RECOMMENDATION FIVE

CONTINUE THE WORK

North Carolina should continue to be a leader among states that are considering how young children's SEH at the population-level can best be measured. Additional planning and implementation work are required to build on these recommendations and the momentum of this effort. The workgroup recommends that racial equity and family leadership continue to be prioritized in next steps.

DISCUSSION: CONTINUE THE WORK

The NC Initiative for Young Children's Social-Emotional Health, led by NC Child, 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 Initiative, and their report to be released in the summer of 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 participants, and support from racial equity experts as needed for that to be done well.

Parent and family leaders are an integral part of this work and should be involved in all phases as partners in decision-making, not just advisors. This helps to ensure power is shared and the voices of those most impacted are represented in state-level data and measurement decisions.

For example, family leaders offer an important perspective to the development of a communication strategy that effectively describes children's SEH and population-level measures, including strengths and narratives. Communication should include how data will be used, remain confidential and be of benefit to NC families and communities. Other types of family leadership and involvement in systems-level decision-making are encouraged.

CONCLUSION

The scope of this work is broad and complex. The recommendations of this workgroup are intended to move the conversations and work of the state forward towards action, and also contribute to the national body of work in this important area of data development. This issue deserves our attention because young children's SEH is fundamental to building a strong foundation for lifelong health, learning and success. Data measurement is critical to understanding how NC's systems are operating to support or impede children's SEH, and to promote effective policy-making and practices for current and future generations.

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APPENDICES

Memo

To: North Carolina Early Childhood Foundation

From: Child Trends

Re: State-Level Measures of Early Childhood Social and Emotional Health to Inform the NC Pathways to Grade-Level Reading Initiative and the North Carolina Early Childhood Action Plan

Date: September 24, 2019

Background

The North Carolina Early Childhood Foundation (NCECF), in partnership with NC Child, The NC Partnership for Children, Inc., and BEST NC, leads the NC Pathways to Grade-Level Reading initiative, which looks at third grade reading proficiency as a high-level proxy measure of overall child well-being. Hundreds of Pathways stakeholders across the state worked over three years to develop the Pathways Measures of Success Framework and the Pathways Action Framework.

In February 2019, led by Governor Cooper's office, the NC Department of Health and Human Services (DHHS) released the North Carolina Early Childhood Action Plan, which identifies 10 goals to help ensure that children are healthy and ready to succeed in school. Both the Pathways to Grade-Level Reading Action Framework and the Early Childhood Action Plan include data measures and strategies that require the use of data to track children's well-being. In addition, the Early Childhood Action Plan has identified targets for each measure, so that DHHS can measure its progress. A North Carolina Early Childhood Data Advisory Council was created in 2019 to improve the state's collection, analysis and use of early childhood data.

Both Pathways and DHHS determined that NC's data to measure children's social and emotional health (SEH) on the aggregate level are insufficient. To address this identified gap in data, NCECF is facilitating a Children's Social-Emotional Health data workgroup to identify potential measures. Through support provided by the Alliance for Early Success, Child Trends conducted an analysis of several other states' current efforts to collect data measuring children's social and emotional health at the population level.

The purpose of this memo is to provide a summary of Child Trends' findings to date to inform the Children's Social-Emotional Health Data Workgroup facilitated by the NCECF from September 2019 to January 2020.

Research Questions

This memo provides initial findings from Child Trends' efforts to understand the strategies and approaches that states are using to collect population-level social and emotional health data among children ages 0 to 5. Specifically, the memo answers the following questions:

1. How are some other states measuring the social and emotional health of very young children (i.e., what measures are being used, and at what level [population, program, etc.])?
2. What state programs or entities are measuring children's social and emotional health or collecting and reporting this information?

3. What national data sources offer data on this topic, and who is using that data?
4. What themes, efforts, and recommendations are emerging among states working on this topic?

Methods

Child Trends initially conducted a web scan to identify initiatives and data sources that states are using to measure social and emotional health in infants, toddlers, and preschoolers. The research team scanned states' departments of education, health, human services, and children and families, using search terms such as "early childhood social emotional health and development," "indicators," and "measures." This search identified numerous examples of state early learning standards, indicators, and frameworks related at least in part to social and emotional health and well-being. However, the search identified only one example (i.e., Hawaii) of specific measures or data available at the population level. See *Appendix A: State Social and Emotional Health Web Scan* for a summary of findings from this search.

Following the scan, contacts identified through the Alliance for Early Success referred us to contacts who might be working in this area. We conducted five (5) phone interviews and spoke with seven (7) individuals representing three (3) states (Oregon, Colorado, Vermont) and two (2) national organizations (Ounce of Prevention, Hemera). See Table 1 for details.

Table 1. Contacts interviewed to discuss state and national efforts to measure early childhood social and emotional health

Contact	Title	Affiliation
Christina Bethell	Professor	Johns Hopkins University - Bloomberg School of Public Health
Elena Rivera	Senior health policy and program advisor	Oregon's Children Institute
Jordana Ash	Director of strategic partnerships children and adolescents	Hemera
Valerie Stewart & Austin Phillips	Metrics manager; Behavioral health metrics coordinator	Oregon Department of Human Services
Breena Holmes & Laurin Kasehagen	Executive director; Senior maternal and child health (MCH) epidemiologist	Division of Vermont Maternal and Child Health; CDC/Vermont Departments of Health & Mental Health
Colleen Murphy	Vice president of navigator work	Ounce of Prevention (formerly NICHQ)

See *Appendix B: Measuring Early Childhood Social and Emotional Health Contact List* for additional information. Findings from the web scan and interviews are summarized below.

Findings

How are states measuring the social and emotional health of very young children (i.e., what measures are being used, and at what level [population, program, etc.])?

State efforts to measure social and emotional health in early childhood primarily rely upon one of two methods: (1) surveys of parents or providers (e.g., pediatricians, early childhood mental health consultants, home visitors), or (2) child-level screeners, administered in a variety of settings.

Most efforts focused on collecting data at the program level (e.g., via pediatricians, or through early childhood mental health [ECMH] consultation in child care). One state (Colorado) also mentioned a state

funded Incredible Years (IY) program.[1] There are many different validated measures of social and emotional well-being; however, many have drawbacks. For example, many are screeners that are intended only to flag whether further assessment is needed, and are not reliable measures of children's developmental status.[2] In addition, most assessments are lengthy and burdensome to administer. Also, few reliable measures exist to capture infant or toddler social and emotional health. That said, Table 1 lists specific data collection tools used with certain programs.

Table 2: Selected measures in use to assess early childhood social and emotional health

Measure	Who is Using the Measure	Notes
Ages and Stages Questionnaire 3rd edition (ASQ:3)	CO: Help Me Grow	This screener is currently undergoing research and validation to be used as an assessment.
Ages and Stages Questionnaire: Social-Emotional 2nd edition (ASQ:SE2)	CO: Help Me Grow; OR: Home Visiting (HV)	Not used as much as ASQ
Child and Adolescent Needs and Strengths (CANS)	CO	For child welfare system-involved children only. Intending to use this as their primary measure across the age span.
Deveraux Early Childhood Assessment (DECA)	CO	
Knowledge of Infant Development Inventory (KIDI) parent questionnaire (MacPhee, 1981)	Pediatrics Supporting Parents (PSP) Collaborative	Trying to embed SEH into well-being visits
Modified Checklist for Autism in Toddlers (M-CHAT)	Help Me Grow	A screener
Parents Evaluation of Developmental Status (PEDS)	Help Me Grow	A screener
Pediatric Symptom Checklist (PSC)	Help Me Grow	A screener
Survey of Well-being of Young Children (SWYC)	Help Me Grow	A screener
Welch Emotional Connection Screening (WECS; Nurture Science Program)	Varies	Rates mother-child emotional connection. Observational (minimum 10-minute observation); requires training.

In addition, the resource Metrics for Early Childhood Systems: A National Scan "provides the results of a national scan of metrics used by early childhood systems and initiatives to assess the well-being of young children and their families." Pages 20 and 45 provide information on measuring young children's social and emotional health. The NCECF can consult this resource for additional measurement options.

[1] IY aims to prevent and treat behavior problems and promote young children's social, emotional, and academic competence.
[2] For more information, see https://www.childtrends.org/wp-content/uploads/2015/08/2014-71Early-Childhood-Developmental-Screening-A-Compendium-of-Measures-for-Children-Ages-Birth-to-Five.pdf.

What state programs or entities are measuring children's social and emotional health or collecting and reporting this information?

Based on information from the interviews, we learned that many different types of programs or service providers are collecting these data, including:

- Healthy Steps (in Colorado, the results are included in the child's health record)
- Home Visiting (HV) programs
  - In Colorado, HV information is not linked to a child's health record.
  - In Oregon, HV reports data on whether screenings are being completed, but there is no data on the outcome of screening efforts (i.e., follow up for services).
  - Vermont uses the Center for the Study of Social Policy's (CSSP's) Developmental Understanding and Legal Collaboration for Everyone (DULCE) interdisciplinary model in pediatric settings, which addresses family social determinants. Vermont also has 15 Parent Child Centers (a designation from the VT Department of Children and Families), which provide HV and other services and collect some SEH data.
- Pediatricians
  - Colorado is using a standardized screener as part of their Assuring Better Child Development (ABCD) initiative.
  - In Vermont, pediatric offices all take Medicaid and conduct screenings, and are highly invested in Bright Futures guidelines.
- Parent-Child Interaction Therapy (PCIT), shared by Oregon, offer dyadic parent-child services.[3]
- State infant & early childhood mental health (IECMH) services[4] are also offered by Oregon, though the state reported that few are looking at IECMH program outcomes.
- Medicaid Coordinated Care Organizations (CCOs) in Oregon are collecting early childhood measures, including dental screening, childhood immunizations, and well-child visits. Since 2014, Oregon has been offering an incentivized quality program (based on statute written into Medicaid waiver); CCOs receive a bonus payment if they reach goal targets for measures. CCOs will have to demonstrate that they are supporting children's social and emotional development (e.g., via screening for SEH). Oregon has 15 CCOs, and each fills out a rubric to show they are completing these activities.

States vary regarding the age at which age children receive the most attention with respect to monitoring of their social and emotional health. Infants have the benefit of multiple types of screenings at birth, followed by regular well-child visits. Few states discussed toddler-focused efforts. Some mentioned the potential for working with preschool and Head Start programs to capture data.

None of the states we interviewed had aggregated data on early childhood SEH to share. However, Colorado mentioned their now concluded State Innovation Model (SIM) initiative (February 2014 to July

[3] 85% of Oregon families who participate in 4 or more PCIT therapy sessions demonstrate improvement in child behavior, positive communication and positive parenting skills. The average length of treatment is 16 sessions.
[4] See also: How States Use Medicaid to Cover Key Infant and Early Childhood Mental Health Services: Results of a 50-State Survey (2018 Update). Contact person: Sheila Smith, National Center for Children in Poverty

2019), funded by Center for Medicare and Medicaid Innovation (CMMI). Colleen Murphy (formerly with NICHQ) also mentioned that Help Me Grow[5] state projects report some data to the national level.

What national data sources offer data on this topic, and who is using these data?

The only national data source mentioned was the National Survey of Children's Health (NSCH). This annual federal household survey, completed by parents, offers state-level population estimates across developmental domains, including SEH, for children ages 0 to 5 and 6 to 17. See section G of the NSCH 0-5 questionnaire for items that tap into SEH.

- The Colorado Risk & Reach Report could not use the NSCH data, as it did not provide the desired county or health services region level estimates.
- California is reportedly using the NSCH data effectively; see the First 5 California initiative for more information.
- Vermont uses the NSCH as a primary measure of early childhood SEH. Specifically, for ages 0 to 5, VT is using a four-item measure of "flourishing" from the NSCH:
    - Child is affectionate and tender with parent
    - Child bounces back quickly when things don't go his/her way
    - Child shows interest and curiosity in learning new things
    - Child smiles and laugh a lot

What themes, efforts, and recommendations are emerging among states working on this topic?

Interviewees described a broad range of initiatives, policies, and plans, in various stages of development, related to developing population-level estimates of early childhood social and emotional health. The following section summarizes key discussions that might be of interest to the Children's Social-Emotional Health Data Workgroup.

Colorado

- The Colorado Quality Rating and Improvement System (QRIS) gives points if a child care program conducts a social-emotional screener with their children.
- As mentioned earlier, a nonprofit in Colorado (Assuring Better Child Development [ABCD]) focuses on improving the lives of Colorado children through promoting screening for early identification of developmental needs. ABCD leads their Healthy Steps initiative.
- Also in Colorado, Launch Together is one aspect of the state ECMH initiative. This effort is the result of philanthropists pooling $12.2 million to supplement and continue work within formerly federally funded Project LAUNCH (Linking Action to Unmet Need in Children's Health) communities, which is focused on promoting the social and emotional development of young children.

[5] Help Me Grow (HMG) "is not a program, but instead is a system approach to designing a comprehensive, integrated process for ensuring developmental promotion, early identification, referral and linkage. The system model of HMG reflects a set of best practices for designing and implementing a system that can optimally meet the needs of young children and families." (Help Me Grow National Center, n.d.)

Oregon

- Oregon is thinking about how to eliminate systemic barriers across the healthcare system to achieve positive outcomes from kids (and doing less tracking of measures and indicators). They have a three- to four- year goal around developing a system-level metric for children receiving Medicaid and are currently ramping up screening for children ages 0 to 3.
- In 2017, Oregon surveyed professionals who work with children ages 0 to 5 by taking 20 items from the NSCH and asking respondents which of the items were most important to determine kindergarten readiness. This poll found consensus around well child visits; follow-ups to developmental, dental, and immunization screenings; dental care; immunizations; and SEH. In response to this, Oregon's Consumer Assessment of Healthcare Providers and Systems® (CAHPS®) Medicaid parent survey added SEH-related questions for parents and found that parents under-reported behavioral issues.[6] As a next step, Oregon is now developing a new measure to administer at the Coordinated Care Organization (CCO) level and send to providers and professionals who work with children ages 0 to 5. The measure will focus on referrals, integrated health, access to services, available screening tools, and characteristics of behavioral health services. The goal is to identify variables associated with early childhood social and emotional health and well-being, and then create a health plan-level survey of referral services and activities done to support families and strengthen children's social and emotional health.
- Oregon is also working to combine social service and Medicaid information for children ages 0 to 17 to better understand which children are most at-risk and should be given case management priority.

Vermont

- Vermont spoke at length about wanting to focus on measures of social and emotional health and competencies, moving away from a focus on adverse childhood experiences (ACES)[7] and toward measures of flourishing and family resilience.

Other efforts

- Utah is using an algorithm to determine how children's ASQ scores are changing as part of their Help Me Grow initiative (per Colleen Murphy).
- NICHQ led the development of a Pediatrics Supporting Parents (PSP) Collaborative Measurement Strategy. This effort offered some options to collect data on selected outcome, process, and other measures. PSP also hoped to start a learning community focused on how to get funds to support social-emotional screening.

Interviewees also shared some interesting programmatic and policy initiatives happening across states in support of early childhood social and emotional health:

- Colleen Murphy noted that she is seeing more policy momentum around child-level screening, and that social-emotional developmental screenings for children and maternal health are being bundled together in policy.

[6] For more information, see CAHPS survey info on their state's website.
[7] For more information, see https://www.childtrends.org/adverse-childhood-experiences-different-than-child-trauma-critical-to-understand-why.

- Colorado SB19-195 directs a number of activities for improving behavioral health for children, including establishing or selecting a developmental screener for statewide adoption and utilization for child-serving systems. This tool (to be developed) will be used, not for prevention or early identification, but rather for children who are already being served in systems such as child welfare or behavioral health.
- Colorado HB 1194 would prohibit expulsion (an indicator of behavior problems) from 2nd grade or younger in public programs.
- Oregon offers "relief nurseries" to help families that are struggling and to provide them with respite care, voluntary home visiting programs, and parenting education programs to support parent-child relationships and SEH.

Some promising practices also emerged from the interviews in relation to how states are working to obtain data on children's social and emotional health:

- Colleen Murphy, as well as Oregon and Vermont representatives, mentioned the value of *two-generation (2-gen) approaches*, assessing not only children's social-emotional health but also parental social-emotional outcomes (e.g., maternal depression) and parent-child relationships (a key determinant of child well-being).
- Related to the 2-gen approach, the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) and the Early Childhood Comprehensive Systems (ECCS) activities were also mentioned as potential data sources.
    - MIECHV "gives pregnant women and families, particularly those considered at-risk, necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn." (HRSA-MCH n.d.; see hyperlink above). State ECCS are "partnerships between interrelated and interdependent agencies/ organizations representing physical and mental health, social services, families and caregivers, and early childhood education to develop seamless systems of care for children from birth to kindergarten entry." (HRSA-MCH n.d.; see hyperlink above). Via their Collaborative Innovation and Improvement Network (ECCS CoIIN), ECCS have the potential to offer developmental screening at the statewide level. ECCS also collaborates with MIECHV.
- Colorado forged relationships between state systems and philanthropists, mapped out desired collective impact, and granted permission to privately funded positions to use the state database.
- States are getting more sophisticated linked-data systems (e.g., per Colleen Murphy, North Carolina, Pennsylvania, Oregon, California, Kentucky, Mississippi, and Utah; Kentucky can report at state and county level for ages 0 to 5 using ASQ and other measures).

Nonetheless, there are still many challenges with collecting and reporting these data, including:

- Few shared data platforms, and no individual case records for children
- Difficulty monitoring children ages 0 to 3 who do not visit their pediatrician
- Limited culturally appropriate assessments
- Variations in data collection mode and entry (e.g., paper-and-pencil vs. electronic)

- Limited appropriate standardized SEH measures (i.e., the current best candidate [the ASQ:SE] is a *screener*, which is not an appropriate measure of SEH)
- Parents are sometimes not viewed as the most accurate providers of SEH information (likely due to reporter bias when parents are reluctant to report poor behavior); this needs to be either verified or dispelled through active messaging.

Recommendations and Next Steps

This initial scan and outreach provides North Carolina with some direction on how to plan to measure children's social and emotional health at the population level. Specifically, promising options that came up repeatedly include the following:

1. Examining the potential to collect screening and referral data from pediatricians, ECMH providers, and home visiting programs
2. Exploring Medicaid partnerships tying reimbursement to collection of SEH data
3. Using the National Survey of Children's Health items

Interviewees also suggested the following as useful next steps, though they were mentioned only once:

- Outline recommendations for valid and reliable measures
- Promote collaboration between pediatric and child care systems

Given that resource limitations prevented the research team from speaking with all the identified contacts working in this realm, the NCECF may wish to conduct additional informational interviews. See Appendix B for additional contacts of interest.

To extend this information-gathering effort beyond informal network connections, we also recommend conducting a survey of state administrators for administrations for children and families, departments of health, health and human services, and departments of education, or others who oversee statewide early childhood programs. The focus of this survey would be to determine which other states or initiatives are collecting—or planning to collect—early childhood social and emotional health data at the population level.

Follow up questions can be directed to Kristen Darling, kdarling@childtrends.org 240-223-9236.

Appendix A: State Social and Emotional Health Web Scan

State	EC SE Benchmarks – Indicators – Frameworks – Early Learning Standards	Help Me Grow [Measures]	Project LAUNCH Information	Key links to other webpages/reports
Alabama	• Alabama Developmental Standards for Preschool Children	• Help Me Grow Alabama • Ages and Stages Questionnaire 3rd ed. (ASQ-3) • ASQ-Social-Emotional 2nd ed. (ASQ-SE)	• Alabama Project LAUNCH	
Alaska	• Early Childhood Indicators Report	• Help Me Grow Alaska • ASQ-3	N/A	
Arizona	• The Assessment Continuum Guide for Pre-K through Third Grade in Arizona • Arizona Early Learning Standards – 4th ed. • Arizona's Infant and Toddler Developmental Guidelines	N/A	• Arizona Tribe Project LAUNCH	
Arkansas	• A Framework for Quality Care and Education for Children Three to Five • Arkansas Child Development and Early Learning Standards: Birth through 60 months	N/A	• Arkansas Project LAUNCH	
California	• California Infant/Toddler Learning & Development Foundations	• Help Me Grow California • ASQ-3, ASQ-SE	• California Project LAUNCH	
Colorado	• Colorado Academic Standards Online • Colorado Early Learning & Development Guidelines	N/A	• Colorado Project LAUNCH • Weld County Project LAUNCH	
Connecticut	• Connecticut Early Learning and Development Standards	• Help Me Grow Connecticut • ASQ-3, ASQ-SE	• Connecticut Project LAUNCH • New Britain Project LAUNCH	
District of Columbia	• District of Columbia Common Core Early Standards	• Help Me Grow DC • ASQ-3		

State	EC SE Benchmarks – Indicators – Frameworks – Early Learning Standards	Help Me Grow [Measures]	Project LAUNCH Information	Key links to other webpages/reports
Delaware	• Sustaining Early Success: Delaware's Strategic Plan for a Comprehensive Early Childhood System	• Help Me Grow DE: Developmental Milestones • ASQ-3, ASQ-SE	• Delaware Project LAUNCH	
Florida	• Office of Early Learning Annual Report	• Developmental Monitoring and Screening • ASQ-3, ASQ-SE	• Florida Project LAUNCH	• Healthy Start
Georgia	• Georgia Early Learning and Development Standards	• Help Me Grow National Center • ASQ-3, ASQ-SE	• Georgia Project LAUNCH	
Hawaii	• Hawaii Early Learning and Development Standards (HELDS)	N/A	N/A	• Hawaii Early Intervention-IFSP data APR Data by Program (see item 3ABC)
Idaho	• Idaho Early Learning eGuidelines	N/A	N/A	
Illinois	• Illinois Early Learning and Development Standards for Preschool/3 Years Old to Kindergarten Enrollment Age	N/A	N/A	
Indiana	• Head Start Early Learning Outcomes Framework for Indiana Infants and Toddlers	• Help Me Grow National Center • ASQ-3	• Indiana Project LAUNCH	
Iowa	• Iowa Early Learning Standards	• 1st Five • ASQ-3, ASQ-SE		
Kansas	• Kansas Early Learning Standards	• Help Me Grow Kansas • Parents Evaluation of Developmental Status (PEDS) • ASQ-3, ASQ-SE	• Kansas Project LAUNCH	
Kentucky	• Kentucky's Early Childhood Standards	• Help Me Grow Kentucky • ASQ-3, ASQ-SE	N/A	
Louisiana	• Louisiana's Birth to Five Early Learning and Development Standards	N/A	• Louisiana LAUNCH	

State	EC SE Benchmarks – Indicators – Frameworks – Early Learning Standards	Help Me Grow [Measures]	Project LAUNCH Information	Key links to other webpages/reports
Maine	• Maine's Early Learning and Development Standards • Supporting Maine's Infants and Toddlers	• Help Me Grow National Center	• Maine Project LAUNCH	
Maryland	• Kindergarten Readiness Assessment Report • Social Foundations Framework (PreK-8th grade)	N/A	N/A	
Massachusetts	• Preschool and Kindergarten Standards in Social-Emotional Development and Approaches to Play and Learning • Infant and Toddler Early Learning Guidelines	N/A	• Massachusetts Project LAUNCH	
Michigan	• Early Childhood Standards of Quality for Prekindergarten • Social Emotional Health and Early Childhood Programs: Assessment & Screening Tools	• Help Me Grow Michigan • ASQ-3, ASQ-SE	N/A	
Minnesota	• Early Childhood Indicators of Progress: Introduction to Social and Emotional Domain	• Help Me Grow Minnesota • ASQ-3, ASQ-SE	N/A	
Mississippi	• Mississippi Early Learning Standards for Classrooms Serving Infants through Four-Year-Old Children	• Help Me Grow National Center	N/A	
Missouri	• Missouri Early Learning Goals: Birth through Kindergarten Entry	• Parent Link: University of Missouri • ASQ-3, ASQ-SE	• Missouri Project LAUNCH • Boone County Project LAUNCH	
Montana	• Montana Early Learning Standards	N/A	• Montana Tribes Project Launch • Montana Project LAUNCH	

State	EC SE Benchmarks – Indicators – Frameworks – Early Learning Standards	Help Me Grow [Measures]	Project LAUNCH Information	Key links to other webpages/reports
Nebraska	• Nebraska's Birth to Five Learning and Development Standards	N/A	N/A	
Nevada	• Nevada Infant and Toddler Early Learning Guidelines • Nevada Pre-Kindergarten Standards	N/A	N/A	
New Hampshire	• New Hampshire Kindergarten Readiness Indicators • NH Early Learning Standards: Birth through Five	N/A	• Project LAUNCH New Hampshire	
New Jersey	• New Jersey Birth to Three Early Learning Standards • New Jersey Preschool Teaching and Learning Standards	• Help Me Grow National Center • ASQ-3, ASQ-SE	• New Jersey Project LAUNCH	
New Mexico	• New Mexico Early Learning Guidelines: Birth through Kindergarten	N/A	• New Mexico Tribe Project LAUNCH	
New York	• The New York State PreKindergarten Learning Standards	• Help Me Grow New York • ASQ-3, ASQ-SE	• New York City Project LAUNCH	
North Carolina	• North Carolina Early Learning and Development Progressions: Birth to Five • North Carolina Foundations for Early Learning and Development • Early Childhood Action Plan • Goal 7: Social-Emotional Health and Resilience	N/A	N/A	
North Dakota	• Birth to 3 Early Learning Guidelines • Ages 3 to 5 Early Learning Guidelines	N/A	• Standing Rock Project LAUNCH	
Ohio	• Ohio's New Early Learning Standards: Kindergarten through Grade 3 • Ohio's Early Learning and Development Standards: Birth to Kindergarten Entry	N/A	• Statewide Social and Emotional Learning Survey	

State	EC SE Benchmarks – Indicators – Frameworks – Early Learning Standards	Help Me Grow [Measures]	Project LAUNCH Information	Key links to other webpages/reports
	• Ohio's K-12 Social and Emotional Learning Standards			
Oklahoma	• Oklahoma Early Learning Guidelines for Children Ages Three through Five • Oklahoma Early Learning Guidelines for Infants, Toddlers, and Twos (Ages Birth Through 36 months)	• Help Me Grow National Center • ASQ-3	• Oklahoma Project LAUNCH • Oklahoma Tribe Project LAUNCH • Oklahoma Tribe Project LAUNCH	
Oregon	• Oregon's Early Learning and Kindergarten Guidelines	• Help Me Grow National Center • ASQ-3, ASQ-SE	• Oregon Project LAUNCH	
Pennsylvania	• Pennsylvania Learning Standards for Early Childhood: Infants-Toddlers • Pennsylvania Learning Standards for Early Childhood: Pre-Kindergarten • Pennsylvania Learning Standards for Early Childhood: Kindergarten	N/A	• Pennsylvania Project LAUNCH	
Rhode Island	• RI Early Learning & Development Standards	N/A	• Rhode Island Project LAUNCH	
South Carolina	• South Carolina Early Learning Standards	• Help Me Grow South Carolina • ASQ-3, ASQ-SE	N/A	
South Dakota	• South Dakota Early Learning Guidelines	N/A	• Standing Rock Project LAUNCH	
Tennessee	• Tennessee Early Learning Development Standards • Revised Tennessee Early Learning Development Standards	N/A	• Tennessee Project LAUNCH	
Texas	• Texas PreKindergarten Guidelines	N/A	• Texas Project LAUNCH • El Paso Project LAUNCH	
Utah	• Utah's Early Childhood Core Standards with Teaching Strategies & Activities	• Help Me Grow Utah • ASQ-3, ASQ-SE	N/A	

State	EC SE Benchmarks – Indicators – Frameworks – Early Learning Standards	Help Me Grow [Measures]	Project LAUNCH Information	Key links to other webpages/reports
Vermont	• Vermont Early Learning Standards	• Help Me Grow Vermont • ASQ-3, ASQ-SE	• Project LAUNCH Vermont	
Virginia	• Virginia's Foundation Blocks for Early Learning: Comprehensive Standards for Four-Year-Olds	N/A	N/A	
Washington	• Washington State Early Learning and Development Guidelines Birth through 3rd Grade	• Help Me Grow Washington • ASQ-3, ASQ-SE	• Washington Project LAUNCH	
West Virginia	• Early Learning Standards Framework Guidebook	• Help Me Grow West Virginia • ASQ-3, ASQ-SE	• West Virginia Project LAUNCH	
Wisconsin	• Wisconsin Model Early Learning Standards	N/A	N/A	
Wyoming	• Wyoming Early Learning Foundations For Children Ages 3-5 • Wyoming Early Learning Guidelines For Children Ages 0-3	• Help Me Grow National Center • ASQ-3, ASQ-SE	N/A	
Puerto Rico	N/A	N/A	• Puerto Rico Project LAUNCH	
Guam	• Guam Early Learning Guidelines for Ages Three to Five	N/A	• Guam Project LAUNCH	
American Samoa	N/A	N/A	N/A	
Northern Marianas Islands	N/A	N/A	N/A	

Appendix B: Measuring Early Childhood Social-Emotional Health Contact List

Name	Title	Affiliation/Organization	Email	Phone	Why they were referred
COMPLETED INTERVIEWS					
Christina Bethell	Professor	Johns Hopkins University - Bloomberg School of Public Health	cbethell@jhu.edu	443-287-5092	Works with NSCH data; developed a flourishing metric for ages 6-17
Elena Rivera	Senior Health Policy and Program Advisor	Oregon's Children Institute	elena@childinst.org	503.219.9034	Is putting incentives into managed care contracts for activities that improve kids' SE health; leading state-level efforts to construct a set of early childhood metrics that have health sector buy-in
Jordana Ash	Director of Strategic Partnerships Children and Adolescents	Hemera	jordana@hemeraregnant.org	1.720.235.0288 x 108	*Risk Reach and Resources* report has unweighted composite of 9 risk indicators; formerly worked for CO in early childhood mental health
Valerie Stewart & Austin Phillips	Metrics Manager; Behavioral Health Metrics Coordinator	Dept. of Human Services	VALERIE.T.STEWART@dhsoha.state.or.us AUSTIN.G.PHILLIPS@dhsoha.state.or.us	Valerie 971-673-2937 Austin - 503.580.1119	Involved with Oregon's work with Aligning Early Childhood and Medicaid project looking at socio-emotional health
Breena Holmes & Laurin Kasehagen	Executive Director; Senior Maternal and Child Health (MCH) Epidemiologist	Division of Vermont Maternal and Child Health; CDC/Vermont Departments of Health & Mental Health	breena.holmes@vermont.gov Laurin.Kasehagen@partner.vermont.gov	Breena (802) 656-8210 ; Laurin (802) 863-7288	Using NSCH H&RTL measure
Colleen Murphy	Vice President of Navigator Work	Ounce of Prevention (formerly NICHQ)	cmurphy@ounceofprevention.org	(cell) 801-390-7217 (direct) 312-348-4002 (main) 312.922.3863	Knowledgeable about NICHQ PSPC report and other important models for socio-emotional health data collection
ADDITIONAL RECOMMENDED CONTACTS FOR FUTURE RESEARCH					
Carrie Hanlon	Policy Director	National Academy for State Health Policy (NASHP)	chanlon@nashp.org	202-903-0101	State work on separate CPT codes for SE screening or other

Name	Title	Affiliation/Organization	Email	Phone	Why they were referred
					ways people are tracking this info
Cristina Pacione-Zayas	Director of Policy	Erikson Institute, Illinois	PacioneZayas@erikson.edu	312-755-2250	Piloting of the Early Development Instrument (EDI) in communities for past 3 years; EDI is population measure of five domains: physical health and well-being, social competence, emotional maturity, language/cognitive development, and communication skills
Eileen Yamada	Public Health Medical Officer, MCAH Division	Maternal, Child, and Adolescent Health (MCAH) division of the California Dept. of Public Health	Eileen.yamada@cdph.ca.gov	650-721-6540	Interested in using flourishing metric
Martha Welch	Director	Columbia Nurture Science Program	nurturescience@cumc.columbia.edu	212-342-4400	Welch Emotional Connection Screen (WECS)
Merrill Gay	Executive Director, CT Early Childhood Alliance	Hartford Foundation for Public Giving	merrill@earlychildhoodalliance.com	(860) 819-3647	Also promoted use of EDI (see above)
Kathy Kubo	Early Intervention Section	Department of Health (Hawaii)	kathy.kubo@doh.hawaii.gov	(808) 594-0024	Identified through webscan; Appear to have state level social-emotional health data. See web-scan above for more data
NEW REFERRALS STEMMING FROM COMPLETED INTERVIEWS					
Stephanie Doyle		Pediatric Support for Parents (PSP) strategic initiative			PSP member who can connect us to others on the topic of starting a learning community around payments (how to get the money to support SEH screening); Works with Jana (?) Cohen Ross

Name	Title	Affiliation/Organization	Email	Phone	Why they were referred
Erin Cornell	National Level	Help Me Grow			"Bahn" is their "data person"
Barbara Levitt	State level	Help Me Grow - Utah; Utah County United Way			Good for statewide initiatives
Deena Lieser & Kyle Perpinski		HRSA			Contact for ECCS & MIECHV; ask about developmental screening tools and reporting
Katie Beckman & Ira Hillman		Packard Foundation Einhorn Family Trust			Have insights into the PSP strategy
David Willis		Center for the Study of Social Policy (CSSP)			Early childhood relational health; (used to be with HRSA and MIECHV programs, but now with CSSP)

Pathways to Grade-Level Reading Initiative
Children's Social-Emotional Health Data Workgroup Description

Introduction to the North Carolina Early Childhood Foundation

The vision of the NC Early Childhood Foundation (NCECF) is that each child in North Carolina has a strong foundation for lifelong success and reading proficiency, supported by the nation's best birth-to-eight system.

To drive policies and strategies that unleash the potential of each child, NCECF brings together those working to promote NC children's health and development, to support families and communities and to advance high quality birth-to-eight learning. Our work includes:

- Promoting public understanding of and support for policies that promote children's birth-to-eight years for academic and lifelong success.
- Convening and spearheading collaboration to bridge NC's birth-to-five and kindergarten-to-third grade systems.
- Advancing policies that create a stronger NC today and tomorrow by supporting each child's birth-to-eight development.

Pathways to Grade-Level Reading, the NC Early Childhood Action Plan, and Early Childhood Data Development

The Pathways to Grade-Level Reading Initiative's vision is bold – all North Carolina children, regardless of race, ethnicity or socioeconomic status, are reading on grade-level by the end of third grade, so that they have the greatest opportunity for life success.

Achieving this vision will take long-term commitment. To get there, we need state and local policies and practices aligned around and actively advancing this common vision, shared measures of success and coordinated strategies that support children's optimal development beginning at birth. To accomplish that, Pathways is creating partnerships among the state's public agencies, policy, philanthropic, business & early childhood leaders.

Phase I of Pathways identified shared, whole-child Measures of Success that put children on a pathway to grade-level reading. Phase II considered the NC data behind the Measures of Success and recommended seven measures to collectively move to action on first. Phase III created the Pathways Action Framework to advance the Measures of Success for North Carolina.

Pathways has provided a foundation for the work of other statewide early childhood initiatives. In February 2019, the NC Early Childhood Advisory Council (ECAC) and the NC Department of Health and Human Services (NCDHHS) released NC's Early Childhood Action Plan (ECAP), which highlights ten early childhood goals, metrics and targets for improvement by 2025. The ECAP metrics pull from the Pathways Measures of Success. The ECAP will guide the development of the state's birth-to-age-five (B-5) strategic plan as part of the Preschool Development Grant.

Building on this work, NCECF and NCDHHS are co-convening the NC Early Childhood Data Advisory Council to create a strategic plan for improving NC's early childhood data collection, analysis and use, including developing data sources for measures that NC is not currently collecting. The NC Early Childhood Data Advisory Council will support the ECAP, the state's Preschool Development Grant, and the Pathways initiative.

In addition to the NC Early Childhood Data Advisory Council, NCECF is convening two workgroups of data experts to identify or make recommendations to develop population-level data sources for two critical measures of success that are included in both the Pathways Measures of Success Framework and NC Early Childhood Action Plan: 1) children's social and emotional health and 2) children's development at kindergarten entry. Ensuring that NC's social-emotional health system for children and families is accessible and high-quality is one of four expectations promoted in the Pathways Action Framework and is also a goal addressed in the NC ECAP.

Children's Social-Emotional Health Data Workgroup Purpose and Scope of Work:

Measuring children's social-emotional health, particularly at the population level, is a challenge. There is an ongoing national debate about what the best measures might be, and what data sources could be used. At this time, no state has identified any one indicator and data source to measure children's social-emotional health at the population level. As a leader in children's developmental screenings, North Carolina has been and should continue to be a major player in that national conversation.

The Children's Social-Emotional Health data workgroup will review research and best practices to co-create consensus recommendations for what measure – or portfolio of proxy measures – would best track North Carolina young children's social-emotional health at the population level.

The workgroup process will include:

- Three half-day meetings and one full-day (6 hours) meeting between September 2019 and February 2020. Meetings will be held in the Triangle and will include a light lunch. Some time to review materials and provide input may be required between meetings (i.e., one hour or less).
- Reviewing the research on national best practices for measuring children's social-emotional health outcomes on a population level.
- Hearing from state and national experts to inform the work as needed.
- Using a racial equity lens during the group process through collaboration with CounterPart Consulting.
- Documenting the workgroup's process and final recommendations by March 2020.

Data Workgroup Member Characteristics:

Pathways is designed to address racial inequities through disaggregation of data and intentionally choosing strategies to reduce disparities. NCECF and Pathways are committed to engaging the diversity of NC's people, especially the voices of people of color. Overarching characteristics for data workgroup members include:

- A commitment to being data- and research-driven.
- A willingness to engage people with different policy perspectives with an open mind.
- An ability to look at early development through a multi-dimensional systems lens and an understanding of how social-emotional health is impacted by a child's developmental trajectory, within the context of his or her family and community.
- An understanding of the potential policy and practice impacts of developing these health measures.
- Experience with and/or knowledge of the Survey of Well-Being of Young Children, National Survey of Children's Health, and/or other social-emotional health measures is welcome, though not required.
- A commitment to acknowledging and eliminating systemic inequities and racial, ethnic, and socioeconomic disparities in early childhood experiences, opportunities, data and outcomes.

This data workgroup is funded by The Duke Endowment and supported by the Alliance for Early Success.

Workgroup Members

Name	Group/Affiliation
Alexandra Morris	NC DHHS Division Child Development and Early Education
Alicia Jones	Health Information Center Advisory Board, Family Resource Network
Ben Hooker	Piedmont Health Services, Inc.
Christina Dobson	Get Ready Guilford Initiative
Dana Hagele	NC Child Treatment Program
Debra Best	Duke Children's Primary Care, Family Connects International
Elizabeth Byrum	NC Partnership for Children/Smart Start
Ernestine Briggs-King	National Center for Child Traumatic Stress, Center for Child & Family Health
Gayle Headen	Wake County Smart Start
Gerri Smith	The Arc/Family Leader
Ginny Harrison	Alexander County Head Start
Hayley Young	NC Department of Health and Human Services
Kern Eason	Community Care of North Carolina
Lakeisha Johnson	NC Partnership for Children/Smart Start
Madhu Vulimiri	NC Medicaid, NC DHHS Division of Health Benefits
Marian Earls	Community Care of NC
Melissa Johnson	NC Infant Mental Health Association
Morgan Forrester	NC Child
Safiyah Jackson	NC Partnership for Children/Smart Start
Sharon Hirsch	Prevent Child Abuse NC
Sharon Loza	FPG Child Development Institute
Sheresa Blanchard	East Carolina University
Sherika Hill	Duke Psychiatry & Behavioral Sciences, FPG Child Development Institute
Tamika Williams	The Duke Endowment
Vivian James	Department of Public Instruction, Office of Early Learning
Whitney Tucker	NC Child

Workgroup Evaluation Summary

Workgroup members were asked to complete an evaluation survey at the end of every meeting. The survey included various scale and open-ended questions related to the meeting and future planning. The average response rate for the evaluation survey was 88 percent.

On average, 19 workgroup members attended the meetings. If participants were not able to attend, they were invited to provide input to the facilitator via phone, pre-meeting survey or email.

The following scale questions were asked at every meeting (Strongly Disagree=1 to Strongly Agree=5). Average responses are listed below.

Question	Average Scale Rating				
	Mtg 1	Mtg 2	Mtg 3	Mtg 4	Mtgs 1-4
The meeting objectives were met	4.80	4.38	4.63	4.85	4.67
The overall goals for the workgroup are clear	4.80	4.44	4.69	4.85	4.70
Workgroup members were engaged	4.70	4.94	5.00	4.69	4.83
I believe I have a valued role in shaping this work	4.40	4.69	4.81	4.67	4.64
I believe this meeting was a valuable use of my time	4.70	4.94	4.88	4.85	4.84
I am excited about the work and goals of this group	4.89	4.81	4.88	4.92	4.88
The meeting was well planned and facilitated	4.85	4.75	4.94	4.92	4.85
Time was used effectively	4.50	4.69	4.81	4.85	4.71
The overall goals for the workgroup were met				4.77	

Overall, participants felt the workgroup meetings were engaging, well-planned and facilitated and a good use of their time. In open-ended responses, they reported that the process for reaching consensus on recommendations worked well. Some suggestions for improvement included providing more time for discussion, engaging more parent leaders and being more specific about next steps for moving the recommendations forward.

Evaluation of Racial Equity Focus

The importance of including a race-explicit and intersectional equity analysis to the work was clear to the participants. The intention of bringing racial diversity to the composition of the group was successful. The group included stakeholders with direct lived experience of structural racism and a willingness to bring that perspective to the discussions. The racial equity consultants reported that the white group members also appeared to bring a greater racial equity capacity than those within many policy groups with whom they have worked. Because of this, the workgroup experienced less resistance to and more innovation in integrating lived experience as data, questioning measurement tools and processes, and advocating for changes to tools, training and systems of assessment.

Average responses to racial equity questions are included below (Strongly Disagree=1 to Strongly Agree=5).

Question	**Average Scale Rating**
The racial equity workshop was valuable and useful for the work of this group	4.80
The racial equity workshop was valuable and useful for me personally and professionally	4.90
The racial equity lens was well integrated into the work of this group (Meeting 4)	4.69

Participants noted several learnings from the explicit racial equity components of the work, including:

- Racial inequity must be explicitly addressed as structural and systemic in order to create change
- Families who are marginalized should be a part of the leadership structure from the onset of these kinds of collaborative processes
- Stories from children and families are central data to be considered
- Racism impacts all aspects of the lives of children and families of color – health, education, housing, etc.

These learnings led to the workgroup questioning how impact and access are currently measured and imagining new measures and processes that would lead to more accurately assessing all children's SEH, particularly children of color and their caretakers.

The use of the racial equity lens in the workgroup is not isolated to the work in the room for these leaders. Participants noted several ways that they will continue to use the lens in their other work, including:

- Applying it internally to organizational structures and norms
- Applying it externally in their programs and practices with children and families
- Ensuring those who are directly impacted by structural racism are at the decision-making tables and their voices are privileged, not just heard
- Making data on racial disparities transparent and public in advocacy work

AGENDA

Children's Social-Emotional Health Data Workgroup—Meeting #1 of 4
September 4, 2019, 9:00am-1:00pm
Frank Porter Graham Child Development Institute, Room 203
105 Smith Level Road, Chapel Hill, NC 27516

Goals for Data Workgroup:

- Recommend a population-level measure or portfolio of measures for young children's (0-8) social-emotional health (SEH) in North Carolina
- Advocate for tools that limit racial bias and measure social-emotional strengths, not just deficiencies
- Propose next steps for the state in planning, communicating and implementing measures

Objectives for Meeting #1:

- Understand the background, goals and expectations for the workgroup
- Learn and discuss key issues around measurement of children's SEH in early childhood
- Begin to review and discuss some potential tools to measure children's SEH at a population-level in NC

9:00	Sign-in and light breakfast
9:10	Welcome and introductions *Mary Mathew, NC Early Childhood Foundation*
9:20	Introduction to workgroup background, goals and expectations *Mandy Ableidinger, NC Early Childhood Foundation*
9:45	Introduction to racial equity lens *Kathleen Crabbs and Sterling Freeman, CounterPart Consulting*
10:00	Overview of key issues for measuring children's SEH in early childhood *Kristen Darling, Research Scientist, Child Trends*
11:00	Overview of big picture factors impacting children's SEH *Marian Earls, Director of Pediatric Programs and Deputy Chief Medical Officer, Community Care of NC*
11:10	Beginning to explore some potential tools *Debra Best, Associate Professor of Pediatrics at Duke/Medical Director at Family Connects International*
12:15	Lunch
12:45	Evaluation and next steps
1:00	Adjourn

Meeting Dates:
Meeting #2: October 21, 2019, 9:00am-3:00pm
Meeting #3: TBD—Late November to early December 2019
Meeting #4: TBD—Mid to late January 2020

Some Resources

Child Trends' Common Indicators of Social-Emotional Well-being in Early Childhood This page summarizes work done for Project LAUNCH that embodies key principles and challenges related to measuring social and emotional health for young children. See Resource #1.

https://www.childtrends.org/project/common-indicators-of-social-emotional-well-being-in-early-childhood

Common Indicators for Early Childhood Social and Emotional Well-being: At-A-Glance List

https://www.childtrends.org/wp-content/uploads/2018/05/Common-Indicators-for-Early-Childhood-Social-and-Emotional-Well-being-AT-A-GLANCE-5-4-18.pdf

Metrics for Early Childhood Systems—A National Scan

https://www.nichq.org/sites/default/files/resource-file/Metrics_For_Early_Childhood_Systems-National_Scan-NICHQ_CSSP_9-2018.pdf

Birth To 5: Watch Me Thrive! A Compendium of Screening Measures For Young Children

https://eclkc.ohs.acf.hhs.gov/publication/birth-5-watch-me-thrive-compendium-screening-measures-young-children

Developmental Screening and Assessment Instruments with an Emphasis on Social and Emotional Development for Young Children Ages Birth through Five

https://ectacenter.org/~pdfs/pubs/screening.pdf

Center for Early Childhood Mental Health Consultation

https://www.ecmhc.org/tools/screening.html

Bright Futures Recommendations

https://brightfutures.aap.org/Pages/default.aspx

AGENDA

Children's Social-Emotional Health Data Workgroup—Meeting #2 of 4
October 21, 2019, 9:00am-3:00pm
Hill Learning Center, 3200 Pickett Rd, Durham, NC 27705, Large Training Room

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Goals for Data Workgroup:

- Recommend a population-level measure or portfolio of measures for young children's (0-8) social-emotional health (SEH) in North Carolina
- Advocate for tools that limit racial bias and measure social-emotional strengths, not just deficiencies
- Propose next steps for the state in planning, communicating and implementing measures

Objectives for Meeting #2:

- Develop a shared framework for understanding structural racism and connect the equity frame explicitly to our work developing recommendations for children's SEH measures
- Build relationships and commitments for continued learning and work on racial equity
- Continue reviewing and discussing potential tools/measures
- Begin prioritizing measures using shared knowledge and characteristics for strong measures
- Identify additional needs and resources for Meeting #3

9:00 Sign-in and light breakfast

9:10 Welcome and introductions
Mary Mathew, NC Early Childhood Foundation

9:20 Racial equity workshop
Kathleen Crabbs and Sterling Freeman, CounterPart Consulting
Sheresa Boone Blanchard, Assistant Professor, Early Childhood Department of Human Development & Family Science College of Health & Human Performance, East Carolina University

12:00 Lunch

12:30 Review and discuss potential measures
Mary Mathew and Mandy Ableidinger, NC Early Childhood Foundation

- Child Trends Memo
- Three buckets: 1) Screens/assessments, 2) Proxy measures, and 3) Population-level surveys
- Early Childhood Outcome System (COS)
  Vivian James, DPI Office of Early Learning
- Early Periodic Screening, Diagnostic, and Treatment (EPSDT)/Medicaid
  Marian Earls and Kern Eason, Community Care of NC; Madhu Vulimiri, NC Medicaid

1:30 Tools commonly used in NC

1:45 Small group work to begin prioritizing measures and identifying additional information needed

2:55 Evaluation and next steps

Next Meeting Date:
Meeting #3: Monday, December 9, 2019, HQ Gateway, 2409 Crabtree Blvd, Raleigh.

GROUP DISCUSSION QUESTIONS

- Based on the information provided and the expertise in your group, what are your initial thoughts on what measures you are most interested in recommending, which measures you would eliminate from consideration, and which measures you would like to learn more about?

- What does structural racism have to do with this?

- What other information do you need to make decisions and come to consensus by Meeting #3? List potential resources and experts. Identify people in the group to follow-up by next meeting.

AGENDA

Children's Social-Emotional Health Data Workgroup—Meeting #3 of 4
December 9, 2019, 9:30am-1:30pm
HQ Gateway, 2409 Crabtree Blvd., Suite 107, Raleigh

Goals for Data Workgroup:

- Recommend a population-level measure or portfolio of measures for young children's (0-8) social-emotional health (SEH) in North Carolina
- Advocate for tools that limit racial bias and measure social-emotional strengths, not just deficiencies
- Propose next steps for the state in planning, communicating and implementing measures

Meeting Objectives:

- Learn about and discuss potential population-level survey measure
- Continue discussing and prioritizing proxy and screen/assessment measures
- Begin drafting and establishing consensus for recommendations

9:30	Sign-in and coffee
9:40	Welcome and review
10:05	Population-level surveys: National Outcome Measure—Healthy and Ready to Learn (NOM-HRTL) *Katie Paschall, Research Scientist, Child Trends* Large group discussion
10:45	Break
11:00	Small group work: Screen/assessments and proxy measures
12:00	Large group report out and discussion of draft recommendations
12:30	Lunch
1:00	Summarize, check-in, evaluation and next steps
1:30	Adjourn

Next Meeting Date:
Meeting #4: Wednesday, January 15, 2020, HQ Gateway, 2409 Crabtree Blvd, Raleigh.

AGENDA
Children's Social-Emotional Health Data Workgroup—Meeting #4 of 4
January 15, 2020, 9:30am-1:30pm
HQ Gateway, 2409 Crabtree Blvd., Suite 107, Raleigh

Goals for Data Workgroup:

- Recommend a population-level measure or portfolio of measures for young children's (0-8) social-emotional health (SEH) in North Carolina
- Advocate for tools that limit racial bias and measure social-emotional strengths, not just deficiencies
- Propose next steps for the state in planning, communicating and implementing measures

Meeting Objectives:

- Synthesize data workgroup progress to date
- Review and discuss draft recommendations
- Reach consensus on recommendations

9:30 Sign-in, coffee and light breakfast

9:40 Review progress to date and follow-up items

NC Initiative for Young Children's Social-Emotional Health
Morgan Forrester, Director NC Initiative for Young Children's SEH

10:15 Discuss draft recommendations and reach consensus

1. Review draft recommendation
2. Ask clarifying questions
3. Discuss content questions
4. Revise as needed
5. Reach consensus

12:30 Lunch

1:00 Summarize, evaluation and next steps

1:30 Adjourn

Recommended Portfolio of Measures

Access and Utilization Measures of the SEH System	Data Available	Data Development
Phase I Data Development		
Percent of children who receive SEH screening using a standardized measurement tool		X
Percent of children screened as at-risk or in need of services who are referred to services		X
Percent of mothers who receive postpartum depression screening		X
Percent of mothers screened at-risk who are referred to postpartum depression services		X
Phase II Data Development		
Percent of referred children who access recommended services to address identified SEH concerns		X
Percent of referred mothers who access recommended services to address postpartum depression		X
Phase III Data Development		
Percent of children accessing services who complete recommended SEH intervention/treatment		X
Percent of children with SEH concerns who meet targeted SEH intervention/treatment goals		X
Percent of mothers accessing services who complete recommended postpartum depression intervention/treatment		X
Percent of mothers with postpartum depression who meet targeted intervention/treatment goals		X

Proxy Measures of Other Systems Impacting SEH	Data Available	Data Development
Child Care, Preschool and Early Elementary		
Number of children on child care subsidy waiting list	X	
Percent of children receiving child care subsidies who are enrolled in four- or five-star centers or homes	X	
Percent of eligible children who are enrolled in Head Start	X	
Percent of income-eligible, four-year-old children who are enrolled in NC Pre-K	X	
Percent of early childhood teachers with post-secondary education	X	
Percent of early education settings for children ages 0-5 with access to mental health consultation		X
Rate of children who are suspended and expelled from child care, preschool and early grades due to behavioral problems		X

Proxy Measures of Other Systems Impacting SEH (continued)	Data Available	Data Development
Child Welfare		
Rate of children who receive investigations or assessments for child maltreatment	X	
Early Intervention		
Percent of children who receive early intervention and early childhood special education services to address developmental delays as compared to NC Census data	X	
Percent of children receiving early intervention and early childhood special education services to address developmental delays who demonstrate improved positive social-emotional skills	X	
Health		
Percent of children with health insurance	X	
Percent of parents with health insurance	X	
Percent of children who receive regular well-child visits	X	
Percent of children ages 1 and 2 who receive lead screening	X	
Percent of children with two or more adverse childhood experiences	X	
Percent of families who are resilient	X	
Housing		
Percent of children in families with high housing cost burden	X	
Percentage of children under age 6 who experience homelessness	X	
Income		
Percent of children under age 8 living at or below 200% of the federal poverty level	X	

Children's Social-Emotional Functioning Measures	Data Available	Data Development
Population-Level Survey Measures		
SEH measures collected via the National Outcome Measure—Healthy and Ready to Learn (NOM-HRTL), part of the National Survey of Children's Health. Example question: How often does this child show concern when others are hurt or unhappy?		X
Child-Level Screen Measure		
Of children ages 0-8 receiving standardized SEH screens, percent who screen at-risk for SEH concerns		X

* The workgroup prioritizes measures that can be disaggregated by age, race/ethnicity, income and geography. See available data sources for proxy system measures included in Appendix F of the report.

Data Sources for Proxy System Measures

Proxy Measures of Other Systems Impacting SEH	
Child Care, Preschool and Early Elementary	
Number of children on child care subsidy waiting list	NC Early Childhood Education Data Repository, Child Care Services Association. https://www.childcareservices.org/research/research-reports/nc-ece-data-repository/
Percent of children receiving child care subsidies who are enrolled in four- or five-star centers or homes	NC Early Childhood Education Data Repository, Child Care Services Association. https://www.childcareservices.org/research/research-reports/nc-ece-data-repository/
Percent of eligible children who are enrolled in Head Start	North Carolina Head Start State Collaboration Office and American Community Survey (ACS), U.S. Census Bureau. *Percent of eligible children enrolled in Head Start in North Carolina, by age group (0-2)(3-5).* https://www.ncdhhs.gov/about/department-initiatives/early-childhood/early-childhood-data/early-childhood-data-dashboard-6
Percent of income-eligible, four-year-old children who are enrolled in NC Pre-K	Barriers to Expansion of NC Pre-K: Problems and Potential Solutions, NIEER. 2019. *Percent of eligible four-year-olds served by NC Pre-K*. http://nieer.org/wp-content/uploads/2019/01/NIEER_North_Carolina_2019.pdf
Percent of early childhood teachers with post-secondary education	Working in Early Care and Education in NC: 2015 Workforce Study, NC Child Care Services Association. *Education of the Early Care and Education Workforce* https://www.childcareservices.org/wp-content/uploads/2017/11/2015-Workforce-Report-FNL.pdf (New workforce study due out in August 2020)
Percent of early education settings for children ages 0-5 with access to mental health consultation	Data development
Rate of children who are suspended and expelled from child care, preschool, and early grades due to behavioral problems	Data development
Child Welfare	
Rate of children who receive investigations or assessments for child maltreatment	NC Division of Social Services, Department of Health and Human Services

Early Intervention	
Percent of children who receive early intervention and early childhood special education services to address developmental delays as compared to NC Census data.	Early Intervention: NC Infant-Toddler Program, Division of Public Health, Department of Health and Human Services. *Count of enrolled children.* Preschool Exceptional Children: NC Department of Public Instruction, Preschool Exceptional Children Program. *Child Find data: Number of children enrolled in special education.* https://nceln.fpg.unc.edu/lea-data-child-find
Percent of children receiving early intervention and early childhood special education services to address developmental delays who demonstrate improved positive social-emotional skills	Early Intervention: NC Infant-Toddler Program, Division of Public Health, Department of Health and Human Services. *Outcome A: Positive social-emotional skills (including social relationships)* • *Summary Statement 1: Of those children who entered the program below age expectations in this outcome area, the percent who substantially increased their rate of growth by the time they exit the program* • *Summary Statement 2: The percent of children who are functioning within age expectations in this outcome area by the time they exit the program* Preschool Exceptional Children: *Child Outcome 1: Positive Social-Emotional Skills (including social relations)* https://nceln.fpg.unc.edu/sites/nceln.fpg.unc.edu/files/resources/COBrochure.pdf
Health	
Percent of children with health insurance	2019 County Health Rankings, Robert Wood Johnson Foundation. https://www.countyhealthrankings.org/app/north-carolina/2019/downloads Kids Count Data Center – *Children without health insurance, by age group.* https://datacenter.kidscount.org/data#NC
Percent of parents with health insurance	Kids Count Data Center – *Parents without health insurance in NC.* https://datacenter.kidscount.org/data#NC

Health (Continued)	
Percent of children who receive regular well-child visits	National Survey of Children's Health *During the past 12 months, how many times did this child visit a doctor, nurse, or other health care professional to receive a preventive check-up?* https://www.childhealthdata.org/browse/survey
Percent of children ages 1 and 2 who receive lead screening	Environmental Health Section, NC Division of Public Health, Department of Health and Human Services. *Percent of 1 and 2 year-olds tested for lead poisoning* https://ehs.ncpublichealth.com/hhccehb/cehu/lead/data.htm
Percent of children with two or more adverse childhood experiences	National Survey of Children's Health. *Has this child experienced two or more adverse childhood experiences from a list of 8 ACEs?* https://www.childhealthdata.org/browse/survey
Percent of families who are resilient	National Survey of Children's Health. *Family Resilience Items: When the family faces problems, family members:* • *Talk together about what to do* • *Work together to solve the problem* • *Know they have strengths to draw on* • *Stay hopeful even in difficult times* https://www.childhealthdata.org/browse/survey
Housing	
Percent of children in families with high housing cost burden	Kids Count Data Center. *Children living in households with a high housing cost burden in North Carolina.* https://datacenter.kidscount.org/data#NC
Percentage of children under age 6 who experience homelessness	US Administration for Children and Families. *Estimated percentage of children under age 6 identified as homeless.* https://www.acf.hhs.gov/sites/default/files/ecd/homelessness_profile_north_carolina.pdf
Income	
Percent of children under age 8 living at or below 200% of the federal poverty level	Kids Count Data Center. *Children ages 0-8 living below 200 percent poverty in North Carolina.* https://datacenter.kidscount.org/data#NC

National Survey of Children's Health Social-Emotional Health Questions
Used for the National Outcome Measure—Healthy and Ready to Learn (NOM-HRTL)
Provided by Katie Paschall, Research Scientist from Child Trends, 10/11/19

Self-Regulation Domain

Does this child bounce back quickly when things do not go his or her way?
Always
Usually
Sometimes
Never

How often is this child easily distracted?
Most of the time
Always
About half the time
Sometimes

How often does this child keep working at something until he or she is finished?
Never
Most of the time
Always
About half the time
Sometimes

When this child is paying attention, how often can he or she follow instructions to complete a simple task?
Always
Most of the time
About half the time
Sometimes
Never

Social-Emotional Domain

How often does this child play well with others?
Always
Most of the time
About half the time
Sometimes
Never

How often does this child show concern when others are hurt or unhappy?
Always
Most of the time
About half the time
Sometimes
Never

See other side →

Compared to other children his or her age, how much difficulty does this child have making or keeping friends?
A little difficulty
A lot of difficulty
No difficulty

Compared to other children his or her age, how often is this child able to sit still?
Always
Most of the time
About half the time
Sometimes
Never

Tools Commonly Used in NC By Sector (Updated: 10.23.19)

Tool/Measure	Acronym	Primary Care Well-Child Visits	Home-Visiting	IECMHC*	CDSA Early Intervention	DSS	Title I Pre-School	Head Start	NC PreK	DPI EC Preschool	DPI PK-3 TBD	Other
Child-Level Screens, Assessments, and Other Tools												
Ages & Stages Questionnaire	ASQ	•	•	•			•	•				CC4C
Ages & Stages Questionnaire-Social Emotional	ASQ:SE	•	•	•		•	•	•				CC4C
Behavior Assessment System for Children	BASC						•					
Brief Infant Toddler Social-Emotional Assessment	BITSEA	•			•							Child First
Brigance Early Childhood Screen	BRIGANCE						•	•	•			
Child Behavior Check List (Preschool and School-Age)	CBCL		•	•	•							
Developmental Assessment of Young Children	DAYC				•							
Developmental Indicators for the Assessment of Early Learning	DIAL							•	•			
Devereaux Early Childhood Assessment (Infant & Toddlers and Preschool)	DECA		•	•		•						
Early Childhood Outcome System	COS				•					•		
Early Childhood Screen Assessment	ECSA	•										
Eyberg Child Behavior Inventory	ECBI					•						
Modified Checklist for Autism in Toddlers	MCHAT	•										
Parents Evaluation of Developmental Status	PEDS	•										
Patient Health Questionnaire	PHQ	•										
Pediatric Symptom Checklist	PSC	•										
Teaching Strategies Gold (Formative Assessment)	TSG						•	•	•	•		
The Survey of Well-Being of Young Children	SWYC	•										CC4C
- Baby Pediatric Symptom Checklist	BPSC	•										
- Preschool Pediatric Symptom Checklist	PPSC	•										
- Parent's Observation of Social Interactions	POSI	•										
Proxy Measures												
Adolescent Parenting Inventory	AAPI					•						
Caregiver Depression Screen (e.g., Edinburgh Postpartum Dep. Scale, PHQ)	EPDS, PHQ	•	•									
EPSDT: Early Childhood Developmental and Autism Screening Rate	EPSDT	•										
EPSDT: Lead Screening	EPSDT	•										
EPSDT: Maternal Depression Screening Rate	EPSDT	•										
EPSDT: School Age Screening Rate (Development/Behavioral Health)	EPSDT	•										
Protective Factors		•				•						
Social Drivers/Determinants of Health	SDoH	•	•									
Population-Level Surveys												
National Survey of Children's Health	NSCH											Research

** From Infant and Early Childhood Mental Health Consultation (IECMHC) North Carolina Mapping Survey. 120 organizations/agencies respondents providing 183 programs/services supportive of infant or early childhood mental health and/or social emotional development. Includes mix of providers in child care centers, community, public schools, medical setting, home-based services, etc. Data for other groups were collected via informal interviews. Only the most commonly used tools are listed. Tool editions are not included.*

IECMHC = Infant and Early Childhood Mental Health Consultation; **CDSA** = Children's Developmental Services Agencies; **DSS** = Dept. of Social Services; **DPI EC** = Dept of Public Instruction Exceptional Children
DPI PK-3 = Dept of Public Instruction Pre-K-3rd grade

Approved Tools for Primary Care and NC Pre-K

Screens/Assessments	Acronym	Child Age in Years								Approved Tools				
										American Academy of Pediatrics				NC Pre-K
		1	2	3	4	5	6	7	8	Development	Social-Emotional Development	Maternal Depression	Autism	Development
Ages & Stages Questionnaire-3rd Ed	ASQ-3									✓				✓
Ages & Stages Questionnaire: Social Emotional-2nd Ed	ASQ:SE-2										✓			
Baby Pediatric Symptom Checklist	BPSC										✓			
Brief Infant Toddler Social-Emotional Assessment	BITSEA										✓			
Brigance Early Childhood Screens (Multiple Screens by Age)	BRIGANCE													✓
Developmental Indicators for the Assessment of Early Learning	DIAL													✓
Early Childhood Screen Assessment	ECSA										✓			
Edinburgh Postpartum Depression Scale	EPDS											✓		
Modified Checklist for Autism in Toddlers-R/F	MCHAT R/F												✓	
Parents' Evaluation of Developmental Status	PEDS									✓				
Parents' Evaluation of Developmental Status--Developmental Milestones	PEDS-DM									✓	✓			✓
Patient Health Questionnaire-2 and 9	PHQ-2&9											✓		
Preschool Pediatric Symptom Checklist	PPSC										✓			
Safe Environment for Every Kid Questionnaire	SEEK											✓		
Social Communication Questionnaire	SCQ												✓	
Strengths & Difficulties Questionnaire	SDQ										✓			
Survey of Well-being of Young Children	SWYC									✓	✓	✓	✓	
Other Tool -- Population-Level Survey														
National Outcome Measure--Healthy and Ready to Learn	NOM													

References:

American Academy of Pediatrics: www.aap.org/screening

NC Pre-K: https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/2/2019-20_NC_Pre-K_program_requirements_september_2019.pdf.

NC Early Childhood FOUNDATION

www.buildthefoundation.org

The NC Early Childhood Foundation promotes understanding, spearheads collaboration, and advances policies to ensure each North Carolina child is on track for lifelong success by the end of third grade.

PROMOTING UNDERSTANDING

SPEARHEADING COLLABORATION

ADVANCING POLICIES

/buildthefoundation /buildthefoundation /north-carolina-early-childhood-foundation @ncecf