

## Draft Recommendations from Meeting #3 of Children’s SEH Data Workgroup December 17, 2019

The following ideas were presented as potential recommendations at Meeting #3 of the Children’s SEH Data Workgroup. Further discussion, prioritizing, and establishing of consensus will occur at Meeting #4. Additional information and feedback will be collected prior to the meeting.

### Portfolio of Measures:

NC should identify and collect data on a portfolio of measures of children’s social-emotional health at the population level, which should include:

- **Measurement of the system**, such as:
  - Access to social-emotional health screening, referral, and treatment services
  - Whether children are improving with treatment
  - Measures of other systems that impact children’s social-emotional health (“proxy system measures”)
- **Measurement of children’s social-emotional functioning**, through the use of:
  - Population-level, parent-report survey data
  - Aggregated social-emotional screening data, if accurate data using validated tools can be effectively collected, aggregated and interpreted
  - Measures of children’s functioning in areas that correlate with social-emotional health (“proxy outcome measures”)

In addition to the screening, access, and functioning measures, proxy system and outcome measures provide a more complete understanding of children’s social-emotional health.

- Proxy systems measures promote racial equity by helping to assess barriers caused by structural racism. They also identify gaps and what the system should be doing to improve children’s social-emotional health (e.g., percent of children screened for lead).
- Proxy child and family outcome measures show what the system has produced (e.g., percent of children with high lead levels).
- Qualitative data and stories, in addition to quantitative measures, should be used to help make the connection between the system and what it produces, and to highlight strengths.

### Measurement of the System

- The group recommends the collection and use of process measures that indicate the extent to which NC’s systems are identifying children’s social emotional health needs and supporting their healthy social-emotional development, including:
  - Pipeline of children’s access to social-emotional screening and treatment:
    - Percent of children who receive social-emotional health screenings
    - Percent of children screened who are referred to services
    - Percent of children referred who access/initiate services
    - Percent of children accessing services who complete treatment
    - Percent of children who improve with treatment
  - Pipeline of mothers’ access to maternal depression screening and treatment:
    - Percent of mothers who receive maternal depression screenings
    - Percent of mothers screened who are referred to services for maternal depression
    - Percent of mothers referred who access/initiate services
    - Percent of mothers accessing services who complete treatment
    - Percent of mothers who improve with treatment
  - The group may choose to prioritize some of these measures based on feasibility.

- Ideally, this pipeline of data should include:
  - Infants and children through age eight (may need to focus on key touchpoints)
  - Screens completed in primary care and other settings where aggregate data can potentially be collected, such as child care, Head Start, NC Pre-K and elementary schools. Efforts should be made to avoid duplication (i.e., screening children more than once a year in different settings).
  - Data both for children covered by Medicaid and children who are not.
  - Align with other screening initiatives (e.g., Bright Futures recommendation for psychosocial/behavioral assessment at every well child visit).
- The group recommends that DHHS and other state agencies incentivize screening and referrals in contracts (e.g., Medicaid) and quality improvement systems to increase screening and referral rates, collect aggregate data for improving systems, and promote accountability.

### **Measurement of Children’s Social-Emotional Functioning**

- The group recommends the development of constructs and tools that better capture children’s social-emotional strengths and other areas not currently being captured by existing tools (e.g. positive racial identity, gender identity). Prioritize existing tools that assess strengths, not just needs.
- The group recommends the potential use of social-emotional health measures collected as a part of the National Outcome Measure (NOM)—Healthy and Ready to Learn. This tool uses population-level, parent-report data collected by the National Survey of Children’s Health. These measures would only be available for children ages 3-5 and would require oversampling in NC to get sub-state data (i.e., disaggregated by race/ethnicity and/or geography).
  - The group would like to learn more about cultural validity and cognitive testing currently taking place with the NOM before making a final recommendation.
- The group is still discussing the value and feasibility of aggregating up individual-level screen/assessment data for children ages 0-8, in addition to the use of population survey measures.
  - Potential measure includes:
    - Percent of children who screen positive for social-emotional health problems.
  - A variety of validated social-emotional health screening and assessment tools are currently used across sectors (e.g., ASQ:SE, BPSC, BITSEA, DECA, SDQ). The group is still discussing and coming to consensus on if we should recommend the widespread use of a specific SEH screening tool(s) (e.g., ASQ:SE), or if we should recommend the use of any validated screen approved for use by lead agencies (e.g., American Academy of Pediatrics, Head Start, NC PreK).
  - Characteristics for prioritized screens include strong psychometric properties, ease of administration, cultural and linguistic responsiveness, potential to be used cross sector, input by parents and caregivers, and assessment of multiple domains of social-emotional health.
  - A major concern is considering the mechanism by which social-emotional screen data can be collected and aggregated across settings/sectors for use at the population-level, particularly if multiple types of screens are used. The group would like to explore potential data collection systems (i.e., CHADIS, ASQ Enterprise) to determine the feasibility of aggregating up screen data within or across sectors.
  - The state could consider piloting aggregated, individual-level screen measures in settings reaching large groups of NC children, like primary care or NC Pre-K. Many primary care settings appear to already be using ASQ:SE or BPSC in SWYC for social-emotional screening (or could add one), along with maternal depression and autism screens.
  - Build on current work at DPI to explore and advance social-emotional screening of school aged children ages 5-8 in elementary school settings.

## Framing

- Potential ideas for framing these recommendations include:
  - Ecological model (Child, Family, Organization, Community, Policy)
  - Healthy People 2020 (Economic Stability, Education, Social and Community Context, Health and Health Care, Neighborhood and Built Environment)
  - Life course theory
- The group is considering tying its overall recommendation to the Early Childhood Action Plan (ECAP):
  - A recommendation for ECAP Goal 7 might include the recommendations in the screening/access and functioning measures sections outlined above.
  - A complete understanding of children’s social-emotional health would be enhanced by including proxy measures as well, prioritized from among ECAP measures that influence children’s social-emotional health. Potential criteria to narrow down ECAP proxy measures:
    - Can be disaggregated by race/ethnicity, and other areas
    - Proxal vs. distal impact on children’s social-emotional health
    - Measures resilience/strengths/protective factors
- Other potential ways to prioritize proxy measures include:
  - Measures that focus on promotion and prevention (access to health care, green spaces) vs. disrupting/development (interventions after SEH issues have already occurred)
  - Measures for which data are not currently collected, but data development is necessary
  - Measures that are easier to capture—objective vs. subjective
  - Prioritize groups of proxy measures (e.g., measures focused on promotion) versus specific indicators (e.g., percent of children with access to health care)

## Other Considerations

- Ensure measures cover all ages 0-8 and systems that impact children’s social-emotional health.
- Ideal measures can be disaggregated by race/ethnicity and other variables.
- Consider how measures align with other statewide efforts (e.g., Healthy Opportunities, NCCare360, Medicaid reform) and can be incorporated into existing data systems (e.g., electronic health record, insurance billing claims, NC Pre-K data).
- Ensure cost and administration is not burdensome to providers.
- Recommendations around further research, planning, communication and implementation needs
  - Consider role of DHHS, NC SE Readiness Initiative, and Duke Bass Connections Project.
  - Consider starting with use of population survey and proxy measures, and use learnings to guide screen/assessment future recommendations. This helps to avoid duplication and gives the state time to do further work on developing better tools and systems.
- Need to communicate to families how screen data will be used (summary and individual data). Important to be transparent and build trust. All population-level data will be de-identified.