

Should our 2025 target in Durham be the same as the state's?

develop a measure sooner!? in the first 6 months/year?

screening practices in Durham -2) assessing how well they are working (or not) especially with equity considerations -3) assessing whether centralized data collection from these measures would yield useful information on

TArget could be the same (to identify a meaningful measure for Durham) and we could work alongside state efforts to identify and support capacity to implement and/or collect data measurements

Target might shift to not being about identifying a particular tool or a number/measurement . but about implementing and evaluating new

what if target is raising awareness of social emotional development as important domain of child's development that should and can be monitored? increasing rates of s-e screening in a variety of providers

practices

fact that measuring social emotional health/resilience could be based on measurement(s) of individual children's development/function ing AND/OR proxy measurements of factors known to be associated with children's social and

If no to #1, what should change? The data source? The number?

Because there is no agreed or universal data source, data sources must be considered. Possibilities to consider or explore:

Data sources to consider (from which a target could be identified...

Proxy measures -e.g. measures of trauma

parental ACES

screening now)

suggestionmeasuring strengths/ protective factors measure

screening tools in one providers' experience) or SWYC or ASQ

proxy meaures-parents' resources, strengths, ACES (Duke Peds piloting

survey child care providers?

Measures of resilience (vs risk factors. problems)

Social emotional include: DECA (best overall s-e measure

Need more information about the National Survey of Children's Healthy. NOM\_HRTL ... is it possible to implement or analyze data on that from Durham and to disaggregate that?

What information do we need to set a Durham-specific 2025 target?

Considering possibility measurement via tool/toold not yet used (or widely used) in Durham, we would need to:

agree on definition for social/emotional health and what outcomes might be associated with this definition

Investigate which measurement of resilience can we find an indicator for that is measureable?

Determine a tool to collect data on the outcome we choose.



What other perspectives are needed for us to better understand this goal area?

Parent
perspectives?
- Ability to be
honest on the
survey/tool

listen to the stories from work being done by community organizations Buncombe has been doing more with ACES.. are they assessing children's social emotional health and RESILIENCE in a way we could learn from?

What is the overlap of this goal area with Goal 5's sub-targets of reducing ACES (which means measuring ACES), and measuring rates of postpartum depression screening and referrals)? tools or other measurements already finding that they are helpful? Are they successful in identifying concerns and in connecting the child/family with appropriate resources when they do? (Duke Peds has small pilot

Are there any additional reports, resources, etc. not included in the pre-read that assess needs in Durham as they relate to this goal that should be brought to this group so we aren't duplicating work?

Have to find out- where is screening currently being done?

What population(s) is it reaching?

Is the data available? Is there a way to collect, aggregate and analyze s-e screening data across systems?

Any screening data available currently through CDSA or DPS related to IFSPs or IEPs? any screening currently being done by Family Connects Durham? CC4C , Duke Peds (some) , Exchange Family Center, Head Start/Early Head Start, some child care programs all doing some kind of social-emotional screening

Several data sources
- as recommended
by Bonnie, also
consider Protective
Factors Survey,
DECA, for useful
population wide
data.

what about screening done at preK and Kind entry? Could that tell us about children's overall social-emotional functioning? Will the new social emotional screening that DPS is implementing being done at prek-3rd grade level and could that be useful data?



What are the 3 biggest systems-level challenges in Durham that need to be addressed before we can meet this goal?

One way you could do this:

- Brainstorm many systems-level challenges and strengths
- Group them into categories
- Discuss and label the top 3 for each

What are the 3 biggest systems-level strengths in Durham that we can leverage to meet this goal?

Trust - parents trusting providers and answering survey questions honestly.

knowledge of how many children are being screened, when, which ones, etc. and no system (or resources) for aggregating that data. Privacy concerns would make it very difficult to centralize data collection and

## Additional thoughts, questions and ideas raised in Breakout Discussion 10/14/20:

If implementing more screening or a survey, have to consider trust-do parents trust providers and would they be comfortable providing honest responses?

integrate into well child visits?

are we able to submit a recommendation to the state on what measurement to use statewide?