

Informed action requires data. Data plays a critical role in achieving the goals of the Task Force by both raising awareness of child maltreatment and measuring progress towards providing safe, stable, and nurturing relationships and environments for children and ensuring economic opportunity and security for North Carolina’s families. Traditionally child maltreatment has been measured solely by data collected by Child Protective Services (CPS). Unfortunately there are significant limitations to this data. Data from CPS only includes caregiver maltreatment cases as understood by authorities. We understand that many cases of maltreatment do not get reported to authorities and may not be known to non-perpetrating adults in a child’s life. Furthermore, and perhaps more importantly, children may be exposed to numerous types of trauma that would not be considered maltreatment, and all children will best thrive in the context of safe, stable, and nurturing relationships and environments. In order to better assess the well-being of children and families, we need to better understand their social-emotional and mental health, as well as the community and societal contexts in which families live. Analyzing data from multiple sources will provide a clearer picture of the systems that serve children and families in our communities and our state. In order to evaluate if North Carolina is meeting the Task Force goals, a more expansive set of measures is needed, in addition to greater coordination and linked analysis of data.

Measuring the Problem of Child Maltreatment

North Carolina does not have a comprehensive monitoring system to estimate the magnitude of the child maltreatment problem. Currently the majority of data collected on child maltreatment is available from the UNC County Report Experiences website, which includes data from all 100 local child protective services agencies.^a This website houses abuse and neglect data (i.e. data on child abuse and neglect investigations), Child and Family Services Review (CFSR) data (federal measures to assess safety and permanency outcomes), foster care caseload data, and experiences report data (i.e. data on child placement immediately following entry into custody/placement authority).

There are other sources of data which could help more accurately measure the incidence of maltreatment. Some of the CPS data is captured in an automated system and aggregate summary data is available on the UNC Management Assistance/UNC County Report Experiences website mentioned above. Additional aspects of CPS, such as assessments of family risk, strengths, and needs for all families subject to an assessment (investigative or family) are currently not captured in an automated system. This information will be captured in the North Carolina Families Accessing Services through Technology (NC FAST) case management system as part of NC FAST project 4, which will have child protective services as its primary focus.

^a <http://ssw.unc.edu/ma/>



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Other data that could be used to create a comprehensive monitoring system include hospital administrative data, death certificate data, law enforcement data, Child Advocacy Center data, juvenile justice system data, and child and family welfare data. Although this data is already collected, it currently resides in different systems. Bringing data from different systems together in a common system takes time, technical expertise, and financial resources. The agencies and organizations involved must agree to share data, resolve legal and privacy challenges, agree on data management, and identify the resources needed for linking and managing data.

In 2011, Wake County and the North Carolina Division of Public Health, through a \$259,000 grant from the John Rex Endowment, began work to create a comprehensive child maltreatment surveillance system in Wake County. Currently the system has linked CPS records, emergency department data, and medical examiner records. They are working on establishing partnerships so they can link law enforcement data and Child Advocacy Center data into the surveillance system. The Wake County Child Maltreatment Surveillance System is the first step towards the type of child maltreatment surveillance system that the Task Force on Essentials for Childhood envisions for the state and all 100 counties. Integrated, real-time data will be used to meet both surveillance/population level information needs and case management needs.

Measuring Safe, Stable, and Nurturing Relationships and Environments for Children and Economic Opportunity and Security for North Carolina's Families

As envisioned by the Centers for Disease Control and Prevention (CDC), the Essentials for Childhood Framework included a selection of shared measures by each state. The CDC compiled a list of "indicators of impact" for the Essentials for Childhood Initiative. The indicators cover a wide range of topics including: impact on equity in health and well-being; health services; intermediary determinants; socioeconomic position; socioeconomic and political context; and social organization.¹

As part of the Essentials for Childhood grant, the Leadership Action Team (LAT) is responsible for selecting a set of shared indicators that all partners in this work would use to measure their collective impact and inform decisions in order to affect future outcomes and track progress towards the goal of safe, stable, nurturing relationships and environments for all children and families.

Building on the work to create a child maltreatment surveillance system and the work required in the Essentials for Childhood Framework, the Task Force on Essentials for Childhood recommends that the state develop an integrated data system that would allow the LAT and others to identify outstanding needs and treatment gaps, modify priorities for funding, monitor the effectiveness of interventions, and work to improve population health.

As part of the Race to the Top Early Learning Challenge grant^b (RTT-ELC), the state is working to build the North Carolina Early Childhood Integrated Data System (ECIDS). The ECIDS will integrate data on early care and education, health, and social services from multiple state agencies. ECIDS will link into North Carolina's longitudinal data system for pre-K to age 20 that is being built as part of North Carolina's Race to the Top grant.^c The goals of the ECIDS are similar to those the LAT would have for an integrated data system: to provide state agencies, policy makers, and the public with unduplicated counts of children being served and to provide information about current programs and services to better address areas of need and effective practice within systems.²

As the ECIDS focuses on young children and does not include comprehensive information about older children, it will not meet all of the goals for the LAT. Nonetheless, it may provide a platform that could be expanded.

A comprehensive child maltreatment surveillance system would include data from the more than 20 public agencies in North Carolina that work with children and families. A number of states have systems that do this to varying degrees. The LAT should build on the experiences of other states and on what is already being done in North Carolina. Linked data should be used to identify outstanding needs and treatment gaps, modify priorities for funding, monitor the effectiveness of interventions, and work to improve population health. Finding a way to integrate data systems from all of these agencies into a single system that would allow information exchanges among agencies could help target and improve services for children and families, as well as provide crucial population level data about child maltreatment in our state. Therefore, the Task Force recommends:

Recommendation 4.1: Establish a Child Data Working Group of the Leadership Action Team to Identify and Support Data Collection and Collaboration

- a) **The Leadership Action Team (LAT) should establish a data working group composed of experts from the North Carolina Division of Public Health (DPH) (e.g. Office of the Chief Medical Examiner, State Center for Health Statistics, Women and Children's Health Section, and Injury and Violence Prevention Branch); Division of Mental Health, Developmental Disabilities, and Substance Abuse Services; Division of Social Services; Department of Public Instruction; State Bureau of Investigation; local police departments; North Carolina Partnership for Children; NC Child; Prevent Child Abuse North Carolina; academia; and others. The data working group should be tasked with:**

^b In 2011, North Carolina was awarded a federal Race to the Top Early Learning Challenge grant of approximately \$70 million.

More information on the grant is available online at <http://earlylearningchallenge.nc.gov/>.

^c More information on North Carolina's Race to the Top Grant is available online at <http://www.ncpublicschools.org/rttt/>.

- 1) Identifying existing data systems in North Carolina for measuring the physical, socio-emotional, and mental health of children and families.
 - 2) Making recommendations on improving and sustaining these systems.
 - 3) Exploring options for integrating existing systems or developing new functional, interoperable data systems for tracking and evaluating children's and families' well-being.
 - 4) Identifying data critical to assessing child well-being that are not currently measured and developing a plan to collect these data.
- b) The LAT should designate staff from the Chronic Disease and Injury Section of DPH to lead the data working group and report back to the LAT at regular intervals.
 - c) The data working group should identify indicators from the CDC's indicators of impact report as well as additional data from the North Carolina Child Fatality Prevention Program data; Child Protective Services reports; emergency department and hospital discharge data; vital records; and criminal justice data to be included in the LAT's annual report on Essentials for Childhood.
 - d) The data working group should monitor the progress of the Wake County Child Maltreatment Surveillance System and, if successful, make recommendations to the LAT on steps to expand the system to include all 100 counties.
 - e) The data working group should monitor the progress of the ECIDS and explore the possibility of expanding the ECIDS to include data on older children and other data sets relevant to child maltreatment surveillance.
 - f) The data working group should examine existing case management operations and explore how data can be used at the population health level to improve services and child welfare. The data working group should examine ways to utilize child maltreatment surveillance data to improve case management services and child well-being at the population level.

Assess Social Norms and Indicators of Child and Family Well-Being

While North Carolina's many agencies that work with children and families all collect data, there are few data sources with information collected from parents and children. Data from parents and youth about mental health, social-emotional development, and familial relationships help provide a fuller picture of children and families' well-being than administrative data alone can provide.

The North Carolina Child Health Assessment and Monitoring Program (CHAMP) and the Youth Risk Behavior Survey (YRBS) each provide crucial data to assess the well-being of children and their families.

CHAMP: The CHAMP survey measures the health characteristics and behaviors of children ages 0-17. CHAMP is administered by the North Carolina State Center for Health Statistics (SCHS) with a new survey every other year. Questions on CHAMP cover a wide variety of health-related topics. Modules can be added to the CHAMP survey (or the Behavioral Risk Factor Surveillance System (BRFSS), CHAMP's parent survey) to answer questions of critical interest to state agencies or organizations as funding and space on the survey permit. CHAMP data are available online through the SCHS.³

Youth Risk Behavior Survey: The YRBS is a national survey to monitor six types of health risk behaviors that contribute to the leading causes of death and disability among youth and adults. In North Carolina, the survey is administered by school districts in high schools and middle schools. The survey includes questions about alcohol, tobacco, and other drug use and behaviors that contribute to unintentional injuries and violence, as well as other topics. Data from the North Carolina YRBS are available online through the North Carolina Department of Public Instruction and the North Carolina Healthy Schools website.⁴

CHAMP and YRBS provide a wealth of data that are not available from other datasets. Many of the measures included in these surveys are on the CDC's list of "indicators of impact" that could be used to track progress toward the goal of safe, stable, nurturing relationships and environments for all children and families. Funding and participation levels for both CHAMP and YRBS are often at risk of being too low to field the surveys and get enough responses to provide valid statewide estimates. It may be possible (if space and funding permit) to add a rotating bank of questions to CHAMP to assess social norms around parenting in North Carolina.

Recommendation 4.2: Gather Data on Social Norms around Children and Parenting

The child data working group should explore and identify the most appropriate mechanism and funding source by which to measure public opinion and social norms around parenting, children, and families, and report back to the Leadership Action Team. This work should assess attitudes and knowledge about parenting; punishment and discipline techniques; safety net programs including Medicaid and nutrition programs; and risk and protective factors for child maltreatment. Once identified, the survey mechanism should:

- 1) Include baseline and follow-up surveys to be completed at five year intervals.

Data from parents and youth about mental health, social-emotional development, and familial relationships help provide a fuller picture of children and families' well-being than administrative data alone can provide.

- 2) Produce results to be used by the North Carolina Division of Public Health, the North Carolina Early Childhood Foundation, and community organizations to inform social norms approaches to increasing safe, stable, nurturing relationships and environments.

The health assessment can help identify health and developmental problems that may interfere with the child's performance in school, and also provides an opportunity to open up the conversation about health, development, and education between families, health care providers, and schools.

Improving the Kindergarten Health Assessment

Each child entering kindergarten in North Carolina public schools must have a health assessment.^d The Kindergarten Health Assessment (KHA) is a form that the child's doctor completes and the parent then delivers to the school. The health assessment can help identify health and developmental problems that may interfere with the child's performance in school, and also provides an opportunity to open up the conversation about health, development, and education between families, health care providers, and schools.

The KHA includes a developmental screening section. There is limited space for comments and there is no guidance for health care providers what kind of comments (such as social-emotional assessment) might be included for the school. The KHA is a paper form and it is unclear to health care providers how the forms are used in schools and if teachers review them to help inform instruction. Furthermore, the data from the KHA is not aggregated for a population-based assessment of child health and development at school entry. Health care providers on the Task Force reported that physicians have concern about the number of forms that come through doctors' offices, the lack of instruction around completing forms, and the lack of information about how forms are used.

Currently the Department of Public Instruction's (DPI) Office of Early Learning is testing a new developmentally appropriate, individualized assessment tool called the K-3 assessment, in response to legislation passed by the North Carolina General Assembly,^{e,f} and in order to meet the requirements of the Race to the Top Early Learning Challenge grant (RTT-ELC). The development of the assessment was guided by the Office of Early Learning Think Tank, a group of educators and scholars from across the state. The K-3 assessment includes a kindergarten entry assessment (KEA). The KEA must be completed within the first 60 days of kindergarten and must "address the five essential domains of school readiness: language and literacy development; cognition and general knowledge; approaches toward learning; physical well-being and motor development; and social and emotional development."^e Data from the KEA will be used to generate a Child Profile to inform the instruction of each child. The KEA is on schedule to be implemented statewide in the fall of 2015.

^d North Carolina General Statute §130A-440-18.

^e North Carolina General Statute §115C-83.1E.

^f North Carolina General Statute § 115C_174.11.

As part of their work, the K-3 North Carolina Assessment Think Tank (a collaboration of DPI's Office of Early Learning and the Center for Child and Family Policy at Duke University) has discussed ways to incorporate information from the KHA into the Child Profile that teachers will use to help guide instruction. The first step to integrating information from the KHA into the Child Profile is creating an online platform for the KHA so that the information is gathered electronically and can be integrated with other data collected by schools. Creating new data systems can be costly; however, the RTT-ELC included funding for new data systems, with a focus on integrating data across systems, and the K-3 assessment. Creating an online platform for the KHA would meet the RTT-ELC goals of integrating data systems and having a comprehensive Child Profile to help inform individualized instruction. Therefore, the Task Force recommends:

Recommendation 4.3: Create an Online Data System for an Expanded Kindergarten Health Assessment

- a) **DPI, Department of Health and Human Services (DHHS), North Carolina Pediatric Society, North Carolina Academy of Child Psychiatrists, North Carolina Academy of Family Physicians, and partners should develop an online data system for the KHA that could be shared between health providers, schools, and parents or guardians and integrated into the Child Profile generated by the KEA. Investment in the new system may be supported by the RTT-ELC, but development of the system and ongoing maintenance will require DPI and DHHS investment or legislative appropriations.**
- b) **To improve our knowledge of the well-being of children as they enter school, DPI and DHHS should expand the KHA's comments section to include prompts for addressing specific concerns, including developmental, behavioral, social-emotional, and health-related concerns, as well as provide space for physicians to detail specific recommendations for teachers and school staff on addressing individual children's needs appropriate to their scope of practice. To be effectively utilized, DPI and DHHS will need to invest in educating health care providers and school personnel in the use of the KHA as an essential communication tool between health homes, schools, and families.**

References

1. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. *Essentials for Childhood: Safe, Stable, and Nurturing Relationships and Environments for All Children and Families*. Atlanta, GA: Centers for Disease Control and Prevention; 2013.
2. North Carolina Early Childhood Integrated Data System. North Carolina's Race to the Top Early Learning Challenge website. <http://earlylearningchallenge.nc.gov/activities/nc-early-childhood-integrated-data-system>. Accessed December 10, 2014.
3. Child Health Assessment and Monitoring Program (CHAMP). North Carolina State Center for Health Statistics website. <http://www.schs.state.nc.us/units/stat/champ/>. Updated November 21, 2013. Accessed December 10, 2014.
4. North Carolina Youth Risk Behavior Survey (YRBS). North Carolina Department of Public Instruction website. <http://www.nchealthyschools.org/data/yrbs/>. Accessed December 10, 2014.