



King County

The State of Prenatal-5 Data in King County

Recommendations on where to go from here.

JUNE 2015

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EXECUTIVE SUMMARY

INTRODUCTION

King County is committed to strengthening the health and well-being of all young children who live in the region, regardless of their zip code, so they can have the strong start that they need for success in school and in life. The state, county, and local community continues to support future generations through investment in a strong early childhood system, as illustrated by the current landscape. At a national level, Washington is viewed as a leader in the early learning field and has been recognized by the White House for their commitment to helping young children grow, develop, and thrive.

However, despite a multitude of early childhood initiatives across sectors, there is still a lack of comprehensive data to depict an accurate picture of the state of health and well-being for the region's infant and toddler population, as well as a lack of coordination across the data efforts that do exist. Currently, limited data exists for the pre-natal to five population, and in particular for the infant and toddler age group. At the population level, there is data available at birth and once a child begins preschool and Kindergarten, but a dearth of data about the status of healthy relationships and social-emotional developmental milestones during those critical first 1,000 days of life. The data sources that are available for the birth to three population primarily come from small scale programs and are based on state and federal reporting requirements which are fragmented and don't "talk" to each other. The result is that information on children's experiences before kindergarten is siloed and uncoordinated, making it difficult for policymakers to target resources. These multiple data sources provide a limited view of the challenges as well as the strengths of the community.

That said, this is a unique moment in time for King County's early childhood community. The growing nationwide trend for public agencies to become more data-driven, support from the federal government to invest in the early years, and current data collection efforts happening at the local level has led to significant momentum across the broader community and among policy makers to improve upon available data for the Prenatal(P)-5 population. Additionally, two key initiatives, Best Starts for Kids and the Youth Action Plan, emerged in King County in the past year in which early childhood data plays a critical part.

This report will highlight best practices in early childhood data systems across the country, summarize current P-5 data collection efforts in King County, and explore possible options for King County to harness this growing momentum to expand, improve access to, and promote the use of data for their pre-natal to five population.

RECOMMENDATIONS

The following recommendations were generated from a variety of sources--a national scan of best practices, individual conversations with local experts in the P-5 field, participation in meetings in the local early learning community (such as monthly meetings of the Early Learning Coalition), and themes that emerged from two recent King County/ Road Map B-3 data and indicators meetings. Each overarching recommendation has multiple strategies to choose from, based on differing levels of potential investment. This section lays out some options for King County to consider as they move forward with building data capacity and infrastructure.

Although the recommendations are presented individually, they are not mutually exclusive and a combination of strategies may be the best option.

Align and Support Early Childhood Data Collection Efforts

1. Regularly convene experts in early childhood measurement and data analysis

2. Convene community partners to support data collection efforts

- Convene programs engaged in developmental screening
- Convene home visiting programs across all funding sources
- Convene providers and researchers around particular indicator areas to identify common measures

3. Strengthen and expand bi-directional relationships with state databases

- Support efforts to improve state databases
- Advocate for improved data sharing from state to county databases

Identify Essential Indicators and Expand Data Sources

1. Identify key indicators to prioritize

2. Identify data gaps and potential sources to fill gaps

- Parental mood
- Measuring relationships with caregivers
- Homelessness

3. Bolster and expand upon data acquisition from current data sources

- Communities Count Survey
- Behavioral Risk Factor Surveillance System (BRFSS)
- Pregnancy Risk Assessment Monitoring System (PRAMS)

4. Develop a publicly available dashboard to regularly track identified measures and monitor progress

Invest in Data Infrastructure to Establish an Integrated Data System

1. Build a data repository that is stored at, and managed by, King County

2. Partner with a university or other separate entity to build, house and manage the data system

3. Build upon an existing data collection structure

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However, despite this multitude of early childhood initiatives, there is still a lack of comprehensive data to depict an accurate picture of the state of health and well-being for the region's infant and toddler population, as well as a lack of coordination across the data efforts that do exist. Currently, limited data exists for the pre-natal to five population, and in particular for the infant and toddler age group. At the population level, there is data available at birth and once a child begins preschool and Kindergarten, but a dearth of data about the status of healthy relationships and social-emotional developmental milestones during those critical first 1,000 days of life. The data sources that are available for the birth to three population primarily come from small scale programs and are based on state and federal reporting requirements which are fragmented and don't "talk" to each other. The result is that information on children's experiences before kindergarten is siloed and uncoordinated, making it difficult for policymakers to target resources. These multiple data sources provide a limited view of the challenges as well as the strengths of the community.

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In the Spring of 2014 the King County Council approved legislation calling for the development of the Youth Action Plan (YAP) to set County priorities for serving its young people, from infants to young adults. The YAP was adopted by Council in the Spring of 2015 and contains nine recommendation areas, three of which directly address the need for improved data collection efforts across the county: "Get Smart About Data"; "Invest Early, Invest Often, Invest in Outcomes"; and "Accountability". "Get Smart About Data" specifically calls for a comprehensive, countywide approach to data and outcome metrics for children and youth. This need for data also aligns with King County's commitment to the "Lean" approach.

In the Fall of 2014 King County Executive Dow Constantine launched “Best Starts for Kids” (BSK) a prevention-oriented regional investment approach. A BSK property tax levy ballot measure was transmitted to Council in April of 2015. As of the writing of this report, the Council is debating placement of this measure on the November 2015 ballot. This initiative, like the YAP, also focuses on outcome tracking and data informed decision making. Additionally, while the focus of BSK stretches from pregnancy to young adulthood, approximately half of the anticipated revenue from the BSK levy will be aimed at the early childhood years. This further increases the demand for a solid data infrastructure, particularly for the youngest children and their families.

This report will highlight best practices in early childhood data systems across the country, summarize current P-5 data collection efforts in King County, and explore possible options for King County to harness this growing momentum to expand, improve access to, and promote the use of data for their pre-natal to five population.

WHY INVEST IN A P-5 DATA SYSTEM?

An overwhelming body of research from neuroscientists, educators, and public health and child development experts acknowledge that the foundation for success in life begins during pregnancy and is built during a child’s first few years of life. The growing local and national momentum to improve early childhood outcomes make this an ideal time to invest in early childhood data systems. Data can be a powerful tool to understand the landscape of existing services and the gaps in quality and access, highlight strengths and opportunities in the community, monitor progress on health and well-being outcomes, and coordinate services across programs serving young children and families. Policy-makers need data to make sound and informed decisions and increase investments in the strategies that move the needle in the right direction.

There are many benefits to investing in an integrated early childhood data system, such as:

- **Establishing shared data language and a standardized approach**
One benefit of a coordinated data system is that it creates common vocabulary for sharing and linking data. When there is a shared language, it is easier to create metrics that align outcomes across programs and agencies and define how success will be measured.
- **Improving access to programs**
Policymakers and advocates have a more detailed picture of the distribution of the quality of services across neighborhoods, communities and regions of the county. Accessible data systems can answer questions such as those about the availability of, and access to, high-quality programs for infants and toddlers.
- **Improving program quality**
Local program managers can receive timely, accurate and ongoing feedback on the performance of programs in relation to their quality standards and will be able to identify and adapt strategies and practices from the highest-performing providers to improve all programs across the county.

- **Ability to better measure improvements in health and well-being outcomes**

In order to know if investments are paying off and achieving the desired results, reliable, accurate, and current data is needed. Communities need to identify baseline data from which to measure progress and track change on a regular basis. These trends should be accessible to the public in a transparent way, such as a data dashboard, that is easy to interpret.

NATIONAL SCAN OF EFFECTIVE EARLY CHILDHOOD DATA SYSTEMS: EXAMPLES FROM THE FIELD

Although there is a long way to go in the field to ensure that quality early childhood data collection is coordinated and used to support informed policy and program decisions, progress is being made through state and local efforts. At the community, city and county level, innovative strategies are being implemented and evaluated, setting them on a path forward to create model data systems. There are opportunities for King County to learn from other jurisdictions about the successes and challenges of creating early childhood data systems. Below are snapshots of three examples of early childhood data system initiatives being employed in communities across the country. The information for this section was gathered from one-on-one phone interviews, review of reports, and program websites.

Children Services Council, Palm Beach County, Florida

The Children's Service Council (CSC) of Palm Beach County is an independent special district of local government, authorized in 1986 by a ballot initiative, that provides services to young children and families, including maternal and child health, early identification and intervention, quality and affordable early care and education and after school programs, parenting education and support, teen pregnancy prevention, and mentoring. The CSC was reauthorized by voters in 2014 with an 85% approval rate, the highest percentage achieved by any county wide ballot issue in over a decade. This translates into about \$87 million per year for services. In 2013, the Council reached more than 400,000 children and families through more than 50 programs and initiatives.

Children's Services Council focuses the majority of its funding on prevention and early intervention services for Palm Beach County's children and their families. Services include:

- Ensuring pregnant women have access to prenatal care so they give birth to healthy babies;
- Screening pregnant women, new mothers and infants for health and wellness factors (such as family issues, depression and health complications) that put them at risk for poor outcomes;
- Providing parents and caregivers with the tools they need to build strong bonds with their children, which encourages optimum child development and prevents child abuse and neglect;
- Screening young children for developmental, emotional and behavioral issues, and addressing those issues when appropriate, so they are ready to succeed when they enter school;
- Offering children high-quality child care opportunities, so they are ready to learn when they enter kindergarten and are engaged in stimulating activities as they grow;
- Providing teens with programs that increase skill-building and self-esteem – and decrease teen pregnancy and drop-out rates.

From the beginning, the CSC was eager to demonstrate impact from the County's investments and ensure that services for young children and families were well coordinated. This prompted them to develop a comprehensive data system, referred to as the Healthy Beginnings Data System (HBDS). The HBDS holds data on the over 60 programs that provide services per the CSC, and on all children and families served through those programs. The system allows the Council to track the services each child and family receives and outcomes associated with those services, enabling them to demonstrate impact and continuously improve programs in a data-driven way. In turn, it allows programs across sectors, including the health, family intervention, and early childhood sectors, to identify what additional services the families that they are serving are receiving, facilitating coordination and smooth transitions, and preventing duplication.

The CSC is also in cooperation with the local School District, and has implemented a process to issue student identification numbers at birth with parent consent, further enabling the County to demonstrate impact for investments longitudinally. One of the interesting benefits of the data system is that researchers are able to look at families receiving multiple services and the impact that the combined services have on outcomes, as compared to individual programs. The data system is centralized at CSC and is affordable to maintain, particularly considering the wealth of invaluable information it affords Palm Beach County.

HBDS has created a Data Hub to give providers access to the data sources used by CSC. Using a centralized access point allows CSC to communicate data in a standardized consistent manner for reporting back to the community providers. It is available through CSC's intranet and provides links to:

- Balanced Score Card Documents
- Pathways Portfolio Documents
- CSC Program Data
- Data Roundup
- Report Central
- Data Mining Tools
- Research Documents

To get the P-5 data out to the community, CSC and several Palm Beach County organizations partnered to establish the Palm Beach County Counts website, a community data portal that serves the general public and a broad range of constituencies engaged in community change and planning efforts in Palm Beach County. Professionals, policy makers, and community members use PBC Counts to remain informed and utilize the data to do community assessments and strategic planning. There are P-5 data indicators on birthweight, pre-natal care, infant mortality rate, and child poverty level, among others. Each page includes the current measurement period, how Palm Beach County's outcomes compares to national and state outcomes, and descriptions of Promising Practices in the field for each topic area. The indicator page also displays trend lines over the past five years and breaks out each indicator by race and ethnicity.

Please click on the following link for more information:

www.pbccounts.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=11691624

Childhood Integrated Longitudinal Data System (CHILD), Cuyahoga County, OH

Cuyahoga County, OH has the nation's only county-level Office of Early Childhood, which provides a variety of programs for the county's pre-natal to five population. Services include home visiting programs, infant mental health services, health related programming, Kindergarten readiness and high quality universal preschool, among others. The Office of Early Childhood also administers the Invest in Children Initiative, which is a community-wide, public/private partnership, comprised of philanthropic individuals and private organizations, government agencies, non-profits, and community-based service providers, all working together to help increase the development, funding, visibility and impact of early childhood services in Cuyahoga County. Each of Invest in Children's goals is pursued through a number of service strategies for children, from prenatal to the start of kindergarten. These strategies focus on preparing children to enter school ready to learn, and in good mental and physical health. Each of the programs is administered by lead agencies and implemented through partnerships with community-based organizations.

In an effort to learn about the efficacy of the programs that the community has invested in and how to best develop strategies to help them better reach their goals, Invest in Children partnered with the Center of Urban Poverty and Community Development at Case Western University's Mandel School of Applied Social Science. The Center was funded to develop an integrated data system to examine the benefits and limitations of the Invest in Children Initiative. The integrated data system is known as the Childhood Integrated Longitudinal Data System (CHILD); it covers children up to 18 years of age living in Cuyahoga County who were born after 1992. Local foundations funded the initial operational costs of building and maintaining the data system.

The data repository is housed on a private server at Case Western and contains data from a number of agencies linked at the individual level. Data sources include birth certificates, home visiting and early intervention programs, health records, public school student records, child welfare and juvenile justice placements, publically subsidized child care, homeless data, and addiction and mental health services data. The researchers, who manage the operations of the integrated data system and serve as the custodians of the data, have developed individualized MOUs with each agency that contributes data. Each data supplier decides the frequency for sending their data to the data warehouse-- some deposit data on a weekly basis while others on an annual basis, depending on the supplier's capacity to send data. It was reported that one of the advantages of having the data housed at the university is that it is easier to build the relationships needed to get the data sharing agreements in place. The data is not de-identified and researchers at the Center clean and match the data themselves. In the end, data is presented on an aggregate level so that the policy makers are aware of the general trends and can devise more effective policies and practices based on their findings.

One of the data tools available for policy makers to make informed decisions around service and utilization are the data profiles that highlight well-being indicators for each of the county's districts. The profiles are one page reports with summary statistics that detail well-being indicators for children. They also provide comparison statistics for each of the 11 council districts. The profiles are available on the Invest for Children website for the community partners, analysts, researchers, council members to access free of charge.

For an example of an Invest in Children data brief on Kindergarten readiness across the county, please click on the following link:

http://investinchildren.cuyahogacounty.us/pdf_investinchildren/en-US/2014June_Schoolreadiness_FINAL.pdf

For an example of a data profile on a specific district in the county, please click on the following link:

www.investinchildren.cuyahogacounty.us/pdf_investinchildren/en-US/District_2001_20Rev_206-28.pdf

Magnolia Place Initiative, Los Angeles, CA

Created in 2008, The Magnolia Place Community Initiative brings together the county, city and communities to create sustainable change by promoting and strengthening individual, family and neighborhood protective factors. This is accomplished through increasing social connectedness, community mobilization and access to needed services. The Magnolia Place Community Initiative targets the West Adams, Pico Union and North Figueroa Corridor neighborhoods of Los Angeles, which are vulnerable, high-need, low-resource neighborhoods with low-performing schools, high poverty, low employment rates, multi-ethnic diversity challenges, poor health outcomes, and high rates of involvement with the child welfare system. The Initiative aims to work with the strengths of the residents of these communities to initiate and drive positive change for the community as a whole, moving beyond just providing services to a select and fortunate few. Four goal areas anchor the Initiative: *educational success, good health, economic stability and safe and nurturing parenting.*

In an effort to understand whether the systems change efforts that they are investing in are actually achieving results and ultimately worth the investment of time, energy and money to “spread” it, the Magnolia Place Community Initiative developed their own community data dashboard. This data is obtained from the Early Development Index (EDI) and Protective Factor and Community Belonging Survey. The EDI is a population measure of children’s development at five years old completed every year with incoming Kindergartners.

Families are asked quarterly if they are experiencing any change in their experiences with providers from the multiple sectors, thus giving organizational providers quick feedback as to whether they have been making the agreed-upon change to their practice. This includes asking about family stressors, maternal depression or child development concerns, as well as being offered information about social support and other services within the community. Families are asked annually about their well-being, ties to neighbors, access to concrete supports, and community belonging.

The dashboard displays outcomes of early childhood experiences (e.g., developmental progress at kindergarten entry). The extent to which communities and families provide safe and supportive environments are represented by rates of protective factors, family hardships in social, economic, parenting and health, and rates of daily reading. Quarterly measures show performance of providers within their respective sectors such as healthcare, education or family support.

To access the Community Data Dashboard, please click on the following link:

http://uwsemi.3cdn.net/0d067bd64684b79cab_0pm6iqfvk.pdf

CURRENT P-5 DATA COLLECTION EFFORTS IN KING COUNTY

Any effort to make lasting change in a community requires a broad coalition of community partners to collectively identify strengths and needs and then tailor strategies to achieve the goals as intended. Unfortunately, regardless of the best intentions, many communities still operate under efforts that are siloed and uncoordinated, and have fragmented data collection. As previously mentioned, there is energy in King County to advance a coordinated and aligned data collection and analysis effort. The first step in achieving that goal, however, is to establish a common understanding of the current King County data collection landscape.

The following section highlights the primary P-5 data collection efforts currently underway in King County. Some of these efforts operate at the state rather than county level. However, given that over one-quarter of Washington children under five live in King County, there is a strong bi-directional relationship between county and state initiatives. Each data collection effort has a specific focus area, such as Kindergarten readiness or reducing child maltreatment, and are in varying stages of implementation; however, they each contribute toward the greater goal of improving the health and well-being outcomes for young children in King County. Ideally, these efforts would work collectively to influence change towards a common goal. The summaries below contain the most updated information available as of May 2014 and information was obtained through interviews, meetings, and reports.

Essentials for Childhood

The Essentials for Childhood Framework was created by the CDC as a population based, public health approach to reducing child maltreatment. The Essentials for Childhood Framework proposes strategies communities can consider to promote safe, stable and nurturing relationships and environments. Five states have received grants through their Department of Health to implement this framework in communities across the state. Washington received their grant in 2013 and is currently in the second year of implementation. There are four distinct goals of the framework, which together build the comprehensive foundation of safe, stable, nurturing relationships and environments for young children in which they can thrive.

Those four goals include:

- Raise Awareness and Commitment to Promote Safe, Stable, Nurturing Relationships and Environments and Prevent Child Maltreatment;
- Inform Action Through Data;
- Create the Context for Healthy Children and Families through Norms Change and Programs;
- Create the Context for Healthy Children and Families through Policies.

The Essentials for Childhood Initiative uses the Collective Impact framework to achieve the four goals listed above. The Collective Impact approach is a commitment by a group of stakeholders from different sectors to a common agenda to solve a social problem. In Washington, Essentials for Childhood brings together stakeholders from multiple sectors, including government agencies, health care providers, community providers and private foundations. The Department of Health serves as the backbone organization to coordinate and convene the group.

Current Status of Data Collection Effort:

One of the four workgroups within Essentials is the Data Workgroup, which is tasked with identifying common metrics for tracking progress toward a shared agenda across organizations,

and providing scalable platforms to share data, discuss learnings, and improve strategy and action. The Data Committee identified three domains in which to focus on and categorize the common metrics, based on the Steering Committee's discussions:

- Healthy Relationships
- Community Capacity to Support Healthy Families
- Impact of Complex Trauma

In December 2014, The Data Committee put forth 10-12 possible metrics to collect under those three domains to the Steering Committee, which they then voted on. During the March 2015 Steering Committee meeting, those data measures were discussed and further prioritized. The chosen shared metrics will be rolled out incrementally over the year. The Data Committee hopes to develop a mechanism in which to collect this data, which would be a combination of available data and new data sources. It is important to note that one priority of the Steering Committee is to align their data collections efforts with other initiatives.

The indicators that were proposed by the Data Committee and voted upon by the Steering Committee in 2015 are as follows:

- Kindergarten Readiness
- Universal Developmental Screening
- Out of School Suspensions
- Attachment to Parents
- Adverse Childhood Experiences Prevalence
- Abuse/Neglect
- Social/Emotional Support
- Quality of Caregiver/Child Relationship
- Domestic Violence
- Housing/Housing Stability
- Community Index

The next steps through Fall 2015 include finalizing as many metrics as possible, examining complex metrics, identifying data sources, researching potential data sharing agreements and producing shared metrics document to be shared internally and externally incrementally over time. The Data Committee will then bring back recommendations to the Steering Committee.

Universal Developmental Screening (UDS)/ Help Me Grow Washington

The UDS initiative is a multi-agency and professional stakeholder collective impact effort to build a universal developmental screening system in Washington State. The UDS Initiative began in December 2009 and as of 2014, UDS development is organized around a partnership group of roughly 20 active leaders and an allied group of an additional 50 professionals; the Department of Health is the backbone organization for this work effort.

The UDS partnership is working towards four principal milestones:

- The creation of a common 'strategic framework' and 'outcomes map' to guide coordinated development of a universal developmental screening system;
- Initiation of two pilot efforts to test public access to screening;
- Policy development to align with emerging primary care practice and;
- Successful integration of Help Me Grow in the state.

For more information please visit:

www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/MaternalandChildHealthResources/UniversalDevelopmentalScreening

Help Me Grow is a national recognized strategy to identify and respond to the developmental needs of at-risk children by supporting professional development and use of screening strategies, supporting broad promotion of the value of early detection and early response services, and by using emerging data to guide progressively refined plans of action to support children at risk. WithinReach, an established state nonprofit with strong ties to the Department of Health and Department of Social and Health Services, is the lead agency for Help Me Grow. UDS has partnered with Help me Grow to integrate the work of these two overlapping efforts. WithinReach provides free ASQ screening and follow-up by phone, in person and online, to connect families with services they need. Parents can access ASQ screening tools either online, over the phone or by mail. Program staff members also follow up with parents to discuss scores and referrals to services, if necessary.

Current Status of Data Collection Effort:

In May 2014, UDS released a Business Case that addresses the creation of a statewide Universal Developmental Screening (UDS) Data System in Washington for children ages birth to six years. The case recommends a stepwise approach to the design and development of a UDS Data System in order to leverage current opportunities and increase the likelihood of successful implementation and eventual widespread adoption. Because of its prevalence in Washington, the case study recommends that a UDS Data System focus on or prioritize data from the ASQ-3, ASQ-SE, and/or M-CHAT. In addition, there are recommendations that the data system build off and align with what is already out there to serve all the different stakeholders. The periodic screening for children ages B-6 would be entered and shared in a data repository between health care providers, education providers, parents/guardians and community organizations serving families.

WithinReach is currently collecting data on the number of families that complete the ASQ. WithinReach staff use the Brookes online system to administer the online questionnaires, but they also have a separate information system, Profinder, to track follow-ups and referrals. At this time, referrals to early intervention services are completed primarily through phone calls and faxed forms.

Appendix A provides an overview of which screening tools agencies and providers are currently using, as well as the data source and methods for collecting data.

Home Visiting Services Account: DEL and Thrive by Five

Created with bipartisan support by the 2010 Legislature, the Home Visiting Services Account (HVSA) includes public and private funds. Activities eligible for HVSA funds include: evidence-based, research-based and promising voluntary home visiting services; and infrastructure supports for home visiting programs, including training, quality improvement, and evaluation. DEL partners with Thrive Washington to match public with private funding. In just five years, the HVSA has expanded from funding four grantees serving about 120 children in 2010, to 36 grantees with the capacity to serve more than 2,100 children statewide in 2015. State and private funds support a portfolio of local programs implementing home visiting models, such as:

Nurse Family Partnership (NFP); Parents as Teachers (PAT); Parent Child Home Program; and Steps to Effective and Enjoyable Parenting. DEL oversees the account, and Thrive administers it. Thrive also raises the private funds to match public support.

Federal funding for evidence-based home visiting programs is provided through Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant. These evidence-based programs, NFP and PAT in Washington, gather baseline and improvement data on required benchmarks, selecting from a programmatic set of 35 performance indicator constructs. MIECHV funded programs must measure progress in each of six benchmark areas and demonstrate quantifiable, measurable improvement in at least four of the benchmark areas at 3 years and all of the benchmarks at 5 years into the grant periods.

Federal funds allocated into the HVSA will be matched by Thrive by Five Washington to increase home visiting services in local communities and provide quality implementation support for programs. The projected funding streams for 2014-15 Washington home visiting programs is \$15 million, with 71% coming from federal dollars, 11% from state funding, and 18% from private dollars.

Current Status of Data Collection Effort:

In an effort to align data measurement across all state home visiting programs, a working group made up of key organizations and agencies that support home visiting (DEL, Thrive, DOH) has developed a draft Home Visiting measurement framework, based on the MIECHV benchmarks and constructs. This framework, once vetted and adopted, will guide the ongoing measurement of progress and understanding of results among home visiting programs in Washington supported by the Home Visiting Services Account (HVSA). In constructing the home visiting measurement framework, the work group aimed to reduce the number of measures from 35 constructs in the MIECHV framework to a more manageable number of “key” constructs that can be the focus of future measurement in Washington. On 1/9/15, the Workgroup reviewed an initial narrowed set of 14 constructs, and agreed that ~15 constructs seems about right.

These 15 key constructs roll up into 6 domains, or “Benchmarks.” The Workgroup agreed that within each of the six Benchmarks, there should be at least one process measure and at least one outcome measure. In the current draft framework, some of the proposed measures are identical to those in the WA State Benchmark Plan; in other cases, new or different types of measure are suggested. The Workgroup also suggested that, in addition to collecting and reporting data on key constructs, organizations implementing HV programs might also universally track and report on a few descriptive measures, e.g. participant race/ethnicity, family income, parent education, and mother’s age. Ideally these 15 “constructs” will be able to be collected across all state and federally funded home visiting programs.

At the same time, MIECHV is currently developing an improved national performance measurement framework. This will allow states more flexibility to address their greatest areas of need and reduce their data reporting burden by allowing them to choose 8 performance measures out of 15, with at least one from each population area. The state’s home visiting measurement framework is on hold until the new federal performance measurement system is released.

Currently, Nurse Family Partnerships (NFP) and Parents as Teachers (PAT) programs in Washington are required to conduct the ASQ with all of the families that they serve. In NFP,

maternal and child health nurses visit parents at home, and, as a part of these regular visits, they screen children for developmental delays and other issues using the ASQ (required at 4, 10, 14, and 20-months) and the ASQ-SE (required at 6, 12, 18, and 24-months). NFP nurses record data from the screening instruments in the Infant Child Health Care form and in the Efforts to Outcomes (ETO) information system, which is used nationwide. NFP nurses currently deal with a significant data entry and reporting burden. Parents as Teachers also uses the ASQ with families. Administration of the ASQ is embedded within the visit structure. The information systems used by the PAT program are less sophisticated than those used by NFP; however, the PAT contractors do use a system called Visit Tracker. It is important to note that there is substantial funding in King County for home visiting programs that are not on the list of models approved for federal funding, such as the Parent-Child Home Program funded by United Way. As this work progresses, consideration should be given for drawing these programs into this data alignment.

Washington's Education Research and Data Center's P-20 System/ WaKids

The P-20 Data System is a statewide longitudinal data system that includes de-identified data about people's early childhood, educational, and workforce experiences and performances. The data are collected and linked from existing state agency data systems. The P-20 system includes data about the kinds of services children receive, programs in which they participate, and their academic performance and program or degree completion. For the P-5 population, the system is collecting data on Kindergarten readiness through the Teaching Strategies Gold Assessment scores, as part of the Washington Kindergarten Inventory of Developing Skills (WaKIDS). The TS Gold developmental assessments measure children's progress in six content areas: social emotional, physical, language, literacy, cognitive development, and mathematics. WaKIDS assessments are administered to students enrolled in state funded full day kindergarten and in schools that volunteer to participate; in Fall 2014, over 38,000 children received the assessment; of those children, over 8,000 in King County received it.

For children ages 3-4, children participating in ECEAP are assessed 3 times during the year and assessment scores are entered in GOLD online. In 2013, over 4,300 ECEAP children had ratings in both fall and spring, allowing for the measurement of progress in the six development areas. GOLD measures 25 specific objectives and 51 specific dimensions across the six areas of development and learning: social emotional, physical, language, literacy, cognitive, and mathematics.

The agencies provide identifiable data, which is matched and linked in a highly secured system. The de-identified data that is produced is used at an aggregate level to inform research and decision-making.

Current Status of Data Collection Effort:

As of 2014, DEL uploaded multiple early learning databases to the state's P-20 Data System. These databases include kindergarten and ECEAP TS GOLD data, Early Support for Infant and Toddlers, child care subsidies, and provider information. The ECEAP GOLD data and the WaKids data are now linked through the P-20 Data System. P-20 reports can depict the relationship between spring 2014 ECEAP GOLD outcomes and Fall 2014 WaKIDS outcomes for each of the six developmental areas assessed. They are also continuing efforts to share kindergarten WaKIDS data with stakeholders, including exploring developing feedback reports to early learning providers. The data collected is for low-income 4 and 5 year olds; currently there is no developmental data on the birth-3 age group, except for the Early Support for Infants

and Toddlers (ESIT) data, which is still not linked to WA Kids. In addition, eventually data from some home visiting programs will be in the system and DEL is starting with conversations with Early Head Start to encourage them to share with P-20.

Communities Count

Communities Count was born out of a collaborative effort among public and private organizations to create a report of population and community indicators for King County. Communities Count indicators are anchored in community values and expert opinion, and were selected (in 1997-1998) via a process that included a household survey and two years of focus groups, civic forums, public forums, technical advisory group meetings, public reviews, and steering committee meetings. In its data reports on population and community indicators, Communities Count emphasizes prevention and a long-term view of change while using data to understand how to sustain healthy communities and families. There is historical data available from 2000 on.

Every other year, the Communities Count Survey is typically conducted across King County. More than 3,000 King County households, randomly sampled from each of the county's four regions, participated in the last Communities Count survey in 2013.

The data indicators collected for children ages birth-5 include the following:

- Coping well with child rearing
- Emotional support for child rearing
- Stress with child rearing
- Reading to child daily
- Telling stories to child daily
- Scheduled child care for children B-5 years old

In addition to data collected from the Community Counts survey, Communities Count also analyzes secondary data from a variety of data sources, such as the Office of the Superintendent of Public Instruction, the Healthy Youth Survey, and the Behavioral Risk Factor Surveillance Survey.

Current Status on Data Collection Effort:

Given the absence of immediate funding for the Communities Count Survey in 2015, Public Health's APDE unit (Assessment, Policy Development and Evaluation) negotiated with the State Department of Health to add the Reading/Telling-Stories-to-Children and the Regular-Child-Care questions (with more details about type of care) to the 2nd, 3rd, and 4th quarter 2015 BRFSS interviews. This should yield data from 3,000 King County households. The secondary data analysis will still be available to the public.

Road Map Project

The Road Map Project is a collective effort in South Seattle and South King County that aims to dramatically improve education results and close opportunity gaps, from cradle to college and career. The goal is to double the number of students in South King County and South Seattle who are on track to graduate from college or earn a career credential by 2020, and close opportunity gaps for children of color and low-income children. The Road Map Region includes seven school districts, six higher education institutions, local governments, and hundreds of

community organizations, education leaders, teachers, and parents. Currently, there are 120,492 K-12 students in the Road Map region. The Road Map work is staffed and supported by a community organization called the Community Center for Education Results (CCER). CCER helps to bring together the many organizations and people contributing to this work, helps to create cross-sector projects, and analyzes data to help move the project forward. This strong coalition helped the Road Map school districts secure a \$40 million federal Race to the Top district grant in 2012, which is being used to expand early learning opportunities, enrich science and math learning, and offer support to high schools so more students can take college-prep courses and receive college advising.

Current Status of Data Collection Effort:

CCER has a data-sharing agreement with several entities, including DEL and ERDC. CCER produces an annual Road Map Results Report that includes recent data on indicators of student success from early learning through postsecondary. The Road Map Data Advisors Group refines the indicators and targets annually.

King County/Road Map Prenatal to Three Data and Indicators Meetings

King County Developmental Disabilities Division partnered with the Road Map Project to convene two data and indicators meetings focused on the state of prenatal to three data in King County. The first meeting was held in November 2014 and brought together about 35 individuals from across systems to discuss data and indicators for this age group. The group acknowledged the lack of B-3 data available and the need for more population level data. They began to identify and prioritize common measures that could be shared across efforts and potential data sources to be explored further. Given the momentum from the first meeting and interest in continuing the conversation, a second, more focused meeting was held in April 2015 with 17 representatives from a broad array of early childhood data oriented efforts. During this meeting, the group discussed current P-5 data collection efforts underway and possible strategies to achieve alignment across efforts. They continued with the identification and prioritization of two main outcome areas and indicators that could be used to measure the impact. The information gathered from these two meetings helped inform the recommendations put forth in the next section. Please see Appendix B for detailed data and indicator meeting summaries.

RECOMMENDATIONS

The following recommendations were generated from a variety of sources--a national scan of best practices, individual conversations with local experts in the P-5 field, participation in meetings in the local early learning community (such as monthly meetings of the Early Learning Coalition), and themes that emerged from two recent King County/ Road Map B-3 Data and Indicators meetings. Each overarching recommendation has multiple strategies to choose from, based on differing levels of potential investment. This section lays out some options for King County to consider as they move forward with building data capacity and infrastructure. Although the recommendations are presented individually, they are not mutually exclusive and a combination of strategies may be the best option.

Align and Support Early Childhood Data Collection Efforts

1. Regularly convene experts in early childhood measurement and data analysis

King County has a strong community of early childhood data analysts and content experts, including nationally recognized clinicians and university scholars, eager to contribute to the identification of shared and common measures. Regular meetings with experts in the field about data measurement and collection will allow King County to be sure the latest science undergirds any decisions made regarding the larger questions of “what do we track?” and “how do we track it?” It also would bring multiple perspectives and experiences into the conversation and result in stronger community buy-in and collaboration.

2. Convene community partners to support data collection efforts

As previously mentioned, there are a multitude of existing efforts currently underway that attempt to capture similar data but are generally uncoordinated. There are also many programs that already collect extensive data on their participants but are isolated from other similar programs in the area. Additionally, many programs have yet to decide what measurement tools to use and would welcome guidance. King County is in a position to support and assist in those efforts through the convening of community partners. Some possible convenings include:

- **Convene programs engaged in developmental screening**
Mirroring the work at the state level with Help Me Grow and UDS, participants at both data meetings and in the local early childhood community have expressed a strong desire for the use of a single valid screening tool and database across the county. The database would need to track screening results and links to services. King County could convene stakeholders to select a common screening tool and explore opportunities for a single universal screening database. King County’s support of this effort could only serve to further propel Help Me Grow’s work across the state.
- **Convene home visiting programs across all funding sources**
There is an emerging consensus from both data meetings and the early childhood community that there is an overwhelming need for a single data base that contains information on all the home visiting programs in King County, from both the data and resource standpoint. Currently, not even a list of all the home visiting programs in the County is known to exist. Funders often have lists of all the programs they support, but have never convened to share even this basic level of information. Convening of either funders themselves or programs across funding streams would be a vital first step in improving data collection efforts. It is important to also consider the wide variety of home based services, such as Part C Early Intervention and Doula programs, to include in these conversations.
- **Convene providers and researchers around particular indicator areas to identify common measures**
Many programs across disciplines and settings are already measuring similar indicators, whether or not they are the main focus of their efforts. For example, maternal mood might be measured in a home visiting program, in a substance abuse program, in a public health service, or in a health care setting. Convening stakeholders across the spectrum to discuss with researchers how they are screening for mood, and what they find reflected in their data, would be a strong start towards being able to achieve valid population estimates.

3. Strengthen and expand bi-directional relationships with state databases

- **Support efforts to improve state databases**

Given that King County represents over 25% of the early childhood state population, County support for state efforts is powerful. For example, King County could work with the Education Research and Data Center's (ERDC) to strengthen the capacity of Washington's P-20 longitudinal data system to securely link data on young children across all state and federal programs. King County could partner with ERDC to further develop effective strategies to incorporate data from Head Start and subsidized child care data into P-20 so policymakers and practitioners have a more comprehensive view of children's learning and development.

- **Advocate for improved data sharing from state to county databases**

For example, the WA State Health Care Authority has a wealth of information about the health and health care activities of the vast majority of low-income families as the entity controlling Medicaid. However, only a small percentage of de-identified data is currently made available to counties in order to improve policy decisions.

Identify Essential Indicators and Expand Data Sources

1. Identify key indicators to prioritize

There is momentum in the early childhood community to identify essential common indicators that a variety of stakeholders could track in their individual efforts. It was this desire in fact that led in part to the convening of the King County/Road Map Prenatal to Three Data and Indicators meetings. Stakeholders at those two meetings began identifying the indicators that would be most critical to collect and track in the prenatal to three years age range. King County is well positioned to convene internal and external partners to collectively prioritize outcomes and indicators.

2. Identify data gaps and potential sources to fill gaps

As already mentioned, there is a dearth of data for the pre-natal to five population, but more specifically for the infant and toddler age group. As data gaps are identified, King County can pursue potential new data sources, such as conducting surveys or adopting new tools. Participants in the data meetings began to identify which significant data indicators are missing in the prenatal to three range from currently available data sources. The indicator areas below are examples of gap areas and potential data sources that rose to the top in those meetings. (Please see Appendix B also for additional details regarding these meetings.)

- **Parental mood**

The early childhood/early learning field is increasingly recognizing the importance of parental mood to child health and well-being. The impact, in particular, of post-partum depression on infant and toddler development is well supported by research.

- **Measuring relationships with caregivers**
This continues to be identified as a significant outcome to measure and one in which there is a huge gap. There are highly intensive observational tools that measure relationships or interactions between young children and their parents/caregivers (such as the internationally renowned NCAST Feeding and Teaching Scales developed at the University of WA). There are less intensive observational tools such as the PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes). Of note, the PICCOLO is of great interest to many stakeholders and is being considered for use in a variety of projects. Alternatively, there are survey questions that may serve as proximal indicators of relationships functioning.
- **Homelessness**
There is a high interest in tracking homelessness in families with young children since homelessness has such an impact on parental capacity. Additionally, homelessness is considered an Adverse Childhood Experience in and of itself. There is some existing data available, both from programs serving homeless young children such as Wellspring and Safe Harbors and from Child Care Resources, who holds data on child care subsidies for homeless families. This data needs to be expanded, integrated, and made more available.

3. Bolster and expand upon data acquisition from current data sources

There are many potential data sources that could be strengthened with investment of resources. These data sources could help close some of the current data gaps that exist. King County should consider investing in the following data sources:

- **Communities Count Survey**
There is support from the community to fully fund this county-based survey and add more survey questions around the B-5 population.
- **Behavioral Risk Factor Surveillance System (BRFSS)**
Since the Communities Count Survey is not funded for 2015, questions from the survey pertaining to the parenting of young children have been added to the BRFSS, a state survey given annually by telephone. If Community Counts is not funded in the future, more questions related to B-5 could be included in the BRFSS. The BRFSS currently has an oversampling in King County to ensure a deeper level of data is able to be broken out by race/ethnicity.
- **Pregnancy Risk Assessment Monitoring System (PRAMS)**
PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. This survey has a strong response rate of 74% that is ongoing and can be generalizable. In Oregon, the survey is re-administered when children are two years old, which is an option for Washington and possibly King County to explore.

4. Develop a publicly available dashboard to regularly track identified measures and monitors progress

Once the essential measures are identified through a collective process, a data dashboard can provide clear tracking and monitoring on the progress of those outcomes. The dashboard should be easy to access, available to the public, and provide a comprehensive picture of the state of health and well-being for King County's birth to five population. Participants from the data meetings recommend that the indicators are framed in a positive, rather than a negative, number or concept.

Invest in Data Infrastructure to Establish an Integrated Data System

Effectively monitoring outcomes for King County residents over time requires the data be housed and maintained in a structure that can provide timely and useful information to policy makers and the public. This section presents three options for developing a robust data infrastructure with a broad array of early childhood indicators.

1. Build a data repository that is stored at, and managed by, King County

King County could pursue the development an integrated data system in-house to receive and store data from agencies and programs. The County could set up data sharing agreements with other agencies and private providers to supply relevant data and establish guidelines around collecting, linking and using the data. The Healthy Beginnings Data System (HBDS) in Palm Beach County, which is funded by a property tax levy, is a good example of this approach (see page 5 for detailed information about the HBDS). The system allows the Children's Service Council of Palm Beach County to track both the services each child and family receives as well as outcomes associated with those services. This data is used to continuously improve programs in a data-driven way as well as demonstrate impact.

2. Partner with a university or other separate entity to build, house and manage the data system

If building a data system in-house is not feasible, one option is to partner with a university system and provide them with funding to house and manage the data. A good example of this is the partnership between the Cuyahoga County Department of Early Learning and Case Western University to develop and manage an integrated longitudinal birth to five data system. The data repository is housed on a private server at Case Western and contains data from a number of public and private agencies linked at the individual level. Please see page 7 for more information about their system. Although it wasn't a substantial initial cost to build the system, the University is finding on-going funding to be a challenge.

3. Build upon an existing data collection structures

Since developing a new data system is a significant undertaking, a less intensive option is to utilize data structures already available and build upon those. For example, The Magnolia Place Community Initiative developed their own community data dashboard based on parental surveys and Kindergarten assessments. This data is obtained from the Early Development Index (EDI) assessment and the Protective Factor and Community Belonging Survey. The dashboard displays outcomes of early childhood experiences (e.g., developmental progress at

kindergarten entry). Please see page 8 for more information about their dashboard. This example parallels nicely to the existing King County Communities Count effort, and the EDI tool is similar to the TS Gold Assessment used by WaKIDS. Communities Count already both consolidates secondary data as well as generates new data for the B-5 population through their Communities Count survey. The Communities Count project could be expanded by supporting increased acquisition and analysis of secondary data sources. Additionally, regular administration of the Communities Count Survey could be prioritized, survey questions could be expanded to include indicators that are currently not being measured and are critical to being informed about the health and well-being of young children, and sampling could be expanded broadly or targeted towards populations containing high numbers of young children (also known as oversampling).

CONCLUSION

The latest research irrefutably demonstrates that the foundation for success in life begins during pregnancy and is built during the first few years of a child's life. King County is committed to investing in these critical early years to ensure all children living in the region are able to grow, develop and thrive and achieve optimal child development. However, there is a lack of accessible and coordinated Prenatal-to-5 data to help us understand the landscape of existing services, gaps in service quality and access, inequities in opportunities and outcomes appearing early in life, monitor progress on health and well-being outcomes, and coordinate services across programs. King County has an opportunity to seize on the growing momentum across sectors and invest in building data capacity and infrastructure to ensure the best possible outcomes for young children and families now and in the future.

Appendices

Appendix A: Current Use of Screening Tools

The information in Appendix A was derived from the Universal Developmental Screening Business Case. Please see page 11 for further details.

Appendix B: Prenatal to Three Data and Indicator Meeting Minutes

November 18, 2014 King County Prenatal to 3 Years Old Data & Indicators Meeting Summary

April 29, 2015 Prenatal to Three Data and Indicators in King County Discussion Summary

Appendix A: Current Use of Screening Tools in WA

The information in Appendix A was derived from the Universal Developmental Screening Business Case. Please see page 11 for further details.

Agency	Screening Tool	Database
DSHS Children's Administration	Children who are in the foster care program for 30 days or more are screened through CHET using the ASQ, ASQ-SE, and Denver ¹ screening instruments Ages 0-5	FAM-LINK: Currently holds child level data on ASQ, ASQ-SE, Denver Holds "item level" scores for each of the above screening tools Sometimes referral information is recorded
DSHS's Developmental Disabilities Administration	Does not use screening tool at this time but interested	No database
DEL's ESIT	Required to use screening tools - ASQ is one choice Ages 0-3	ESIT Case Management System-Includes information on which tool was used but not on the score
DEL's ECEAP	Required to use screening tool- ASQ is one choice (33% use it) Ages 3-4	ELMS-Includes developmental screening information (as selected by contractor (DIAL 3, DECA, ASQ, ASQ SE) date and result, if not at age level then additional information is required
Early Achievers	Required to use screening tool- ASQ is one choice Ages 0-5	WELS (Web Based Early Learning System) Database with facility data (ex. coaching and visits) but no screening data yet Possible in future
DOH's Medicaid Treatment Child Care	Use ASQ for children at risk of abuse and neglect Ages 0-5	No database- just paper tracking
DEL's Head Start	Required to use screening tools- ASQ is one choice	At discretion of grantee: two commonly used databases: CHILD PLUS and COPA

¹ Denver Developmental. (n.d.). Retrieved from <http://denverii.com/denverii/>

Thrive by Five's Nurse Family Partnership	Required to use ASQ	Efforts to Outcomes: <ul style="list-style-type: none"> • Four ASQ-3: 4, 10, 14, 20 months • Four ASQ-SE: 6, 12, 18, 24 months • Holds domain level data for each ASQ and ASQ-SE completed
Thrive by Five's Parents as Teachers	Required to use ASQ	Visit Tracker
Within Reach	ASQ Ages 0-5	Brooks Information System and Profinder: Stores case notes, track screens sent, results, referrals, etc. Flag clients who need additional follow-up, such as for community resources Tracks timing for follow-ups, next contact, next screen, etc. Tracks follow-up after referral, e.g., referral to early intervention
OSPI- Part B early education services	Use screening tools- ASQ is used in 3 of 35 districts	OSPI's P-20 database

King County Prenatal to 3 Years Old Data & Indicators Meeting Summary

Tuesday November 18, 10am-12pm
2100 Building, First Floor Room A

Purpose for convening the meeting:

- The Road Map Project currently reports very limited data on pregnancy, birth, infants, toddlers or their families. We would like to truly be a cradle to college and career project.
- King County is involved with multiple efforts seeking to improve the lives of very young children and their families in a data-informed and outcome driven fashion.
- Additionally, we recognize that there is power in common approaches to measurement that can reach across efforts to maximize our collective impact. However, there is currently limited data available for monitoring change over time for the larger community around this stage of the lifespan.

Goals regarding data and indicators for pregnant women, births, infants, toddlers and their families:

- Develop a shared understanding of the universe of existing data for prenatal to 3 years old currently available in King County countywide.
- Identify existing data sources that do not currently disaggregate/report data for the prenatal - 3yo age range but could with minor modifications.
- Identify and prioritize a limited list of common types of indicators that are meaningful to our community.
- Identify potential common measures that could be shared across efforts to maximize our collective impact.
- Identify next steps in order to cultivate a shared approach to measuring change for families in King County.

Agenda:

Welcome & Purpose of the meeting Introductions	10:00-10:20
Presentation: Existing countywide data for P-3 and P-5 in the following categories -- Population/Demographic; Service Usage & Availability; Health & Well-Being	10:20-10:40
Full Group Exercise: <ul style="list-style-type: none"> • What data is missing from our initial list of P-3 indicators? • Can any of the data in our initial list of 0-5 indicators be reported for 0-3? • See attached Data and Indicator Handout for the recap of these discussions 	10:40-11:05
Small Group Discussions: <ul style="list-style-type: none"> • What data is missing? <ul style="list-style-type: none"> ○ What are the top 3 types of indicators we would like to have? ○ How do we measure that? • See attached Data and Indicator Handout for the recap of these discussions 	11:05-11:50
Next Steps <ul style="list-style-type: none"> • Continue cross-sector exploration of data sources as indicated • Identify collaboration/partners to discuss data access with HCA • Convene follow up meeting 	11:50-12:00

Attendees at the meeting:

Abigail Beatty	King County
Anne Althausser	University of WA
Alessandra Pollock	Community Center for Education Results
Allison Krutsinger	Child Care Resources
Andrew D. Sardella	Dept. of Health
Bea Kelleigh	Dovetailing Consultants
Cecilia Breinhbauer	University of WA
Cathy Habib	Eastside Pathways
Crystal Tetrick	King County
Eva Wong	King County
Gail Joseph	University of WA
Garrison Kurtz	Dovetailing Consultants
Janaki Tremaglio	OneAmerica
Jennifer DeYoung	King County
Karen Aoyama	Reach Out and Read
Karen Howell-Clark	United Way of King County
Kelly Smith	Within Reach
Kelly Warner-King	Synapse Learning Solutions

Lisa Greenwald	Kindering
Lisa Ibanez	University of WA
Louise Carter	King County
Magan Cromar	King County
Mark Fadool	Seattle Children's Hospital
Mary Waldron	Puget Sound Educational Services District
Megan Whalen	Thrive by Five
Michelle Sarju	Open Arms
Nancy Ashley	Children's Home Society
Seema Mhatre	Seattle Children's Hospital
Sheila Capestany	Open Arms
Stephanie Farquhar	King County
Susan Astley	University of WA
Wendy Harris	King County
Sam Whiting	Thrive by Five
Mary Myslewicz	King County
Lynda Petersen	Community Center for Education Results
Sheri Hill	King County

Discussion Highlights

- There is a lack of common indicators for children and families prenatal to 3. There is a particular lack of health and well-being data between birth and three years of age.
- There is a strong community hunger for more health and well-being data, as well as broader population data reported for this age range.
- This is the first time cross-sector individuals have come together in King County to discuss data and indicators for this age range.
- Due to federal home visiting requirements and similar needs for statewide collective impact projects to monitor outcomes in this age range, we have an exciting opportunity to influence statewide thinking.
- The small group conversations revealed some momentum around using the Ages & Stages Questionnaire (ASQ) screener to commonly measure developmental screenings data.
- There were also repeated comments about needing a common way to measure safe and caring relationships in a child's life on a large scale.
- While it was never the intent to create an on-going working group, there is a lot of momentum in this work and there could be a lot of value to continuing to meet to accomplish the common goals.

DISCUSSION SUMMARY

- The RoadMap Project and King County Developmental Disabilities Division brought together 17 representatives from a broad array of early childhood data oriented efforts working at the state and county level. The list of attendees and their emails can be found in the attached document.
 - This discussion was a continuation of those begun at the Data & Indicators meeting held November 18, 2014. Summary materials from that discussion are attached.
 - ERRATTA – Please note that 11/18/14 indicator summary document incorrectly reported the data available from Reach Out and Read (pg1) the attached version of the document contains corrected language, please delete earlier copies. Data available from Reach Out and Read is more accurately described as:
 - # of well child checkups with families with children 6 months-five years of age in Pediatric Primary Care Settings participating in Reach Out and Read
 - # of books given to families at these checkups (an estimated 80% of visits include children under 3 years of age)

- The first portion of the meeting centered on a discussion of current data collection efforts and opportunities utilizing the attached document on Key P-5 Data Collection Efforts in King County. The following additional information about these efforts was provided by participants during the meeting:
 - Essentials for Childhood
 - The indicators are not necessarily 0-3 focused for this project but the emphasis at the state level is on the youngest children
 - UDS/Help Me Grow
 - The momentum here is strong but will be significantly stronger if the state budget includes proposed increased funding for ESIT and if it includes direction/funding for Medicaid to fund developmental screening following the American Academy of Pediatrics Bright Futures Guidelines
 - WithinReach (former not current staff were present) has recently acquired a new data system called STAR. This system does allow for tracking of post screening connections/follow-ups
 - Home Visiting
 - The work at the state level cannot be completed until the federal Maternal Infant and Early Childhood Home Visiting Program finalizes their decisions on a narrowed list of indicators.
 - Communities Count
 - An advantage to Communities Count is their possession of historic data going back to 2013
 - The BRFSS has an oversample done in King County to ensure a deeper level of data able to be broken out by race-ethnicity and is a phone survey done in both English and Spanish.
 - ERDC
 - DSHS and DOH have initiated discussions regarding looping their data into ERDC

- Child Care Subsidies data is on all ages of children receiving subsidies
 - Easily obtaining linked data in early childhood is not fully operational yet but will improve over time as they continue to refine their identity matching tool
 - ERDC does not currently include Pre-K programs not under DEL's control (i.e. Head Start and EHS) but access to such data is being sought.
 - BSK
 - A short (2 page) infographic/summary of Best Starts for Kids was provided at the meeting and is attached with these notes.
- For the remainder of the meeting the large group split and each group discussed one of the two general outcome areas listed in the attached document. (This document had minor revisions added to it post discussion for clarity). Multiple outcome areas were consolidated down to two main areas for the purposes of increasing ease of engaging with this material.
- Outcome Area One Discussion Highlights
 - Data Sources - Important to keep in mind: How good is the data? What do the indicators actually measure?
 - We would like to see length of breastfeeding vs initiation of breastfeeding
 - PRAMS – Strong survey with a 74% response rate that is ongoing and can be generalizable (though it is only in English). In Oregon re-administration occurs when children are 2 years of age. There was a strong desire for this to occur in WA or at least in King County
 - <http://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/PregnancyRiskAssessmentMonitoringSystem/ForResearchers>
 - The group was pleased with the questions from the Communities Count Survey that have made it into the BRFSS. However, they all agreed it would be much better to have the CC Survey refunded/reactivated and maybe even expand the sample size. They felt like the loss of this survey for ongoing data in King County (at least for 2015) was substantial and refunding should be a priority. For example, there was strong endorsement for indicators around parents perception of emotional support for child rearing, something probed only the PRAMS and in the CC Survey. Additionally, the BRFSS may not have sufficient sample size to break out information specifically for children 0-3 years of age.
 - <http://communitiescount.org/>
 - Community Health Indicators
 - <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>
 - Parental Depression – it was noted that multiple different projects and programs around the county collect data on Post-Partum Depression and sometimes general screenings for depression including in fathers. It is unknown whether these projects use similar measures or sample in similar time frame after birth. Pulling projects together around tracking depression might be feasible to generate a more population estimate. Several of the indicators and performance measures related to parental MH (such as – A2, B1, B2, C2) received strong endorsement by the group as important data points to track.
 - Homelessness – There is high interest in tracking homelessness in families with young children. It was noted that CCR has data on child care subsidies specifically for homeless families.

- Measuring Relationships and Interactions with Caregivers – This continues to be identified (as in the first meeting) as both a critical outcome to measure, and one in which we have a huge data gap.
 - Early Achievers use of FIND (filming interactions to nurture development) was discussed but given the pilot nature of its use in group care settings and the intense time demands of a video based system did not seem a viable solution.
 - The PICCOLO – Parenting Interactions with Children: Checklist of Observations Linked to Outcomes – was again discussed as a possible tool to encourage use of across programs. In particular it was identified as a quick and easy observational tool for home visitors to become reliable on and has been validated in Early Head Start. If multiple projects began using this measure (which can also be used therapeutically) then consolidated de-identified data could be gathered.
 - The potential for using a selection of items from the ASQ-SE as part of a household survey or even just pulling those items out of screenings done with the ASQ-SE might be another proxy for relationship functioning that did not require substantial resources. Dr. Cecilia Breinbauer from the University of WA expressed interest in partnering with the county on either the ASQ-SE subsampling or the consideration of implementing the PICCOLO broadly.
- Home Visiting
 - There was solid consensus again on a desire to have a single database that contains information on all of the home visiting programs in King County from both the data and the resource standpoint.
 - A meeting pulling together all the home visiting funders to discuss this opportunity/challenge was proposed.
- Outcome Area Two
 - It was proposed that all indicators attempt to be framed as a positive rather than a negative number or concept.
 - Developmental Screening – there was a strong desire from the group to ensure that all young children both experience regular developmental screening using a validated and normed tool AND that all screening was linked effectively to appropriate services
 - There was a push for performance indicators that track from screening to Early Intervention (Part C Services) where indicated to gains made in EI.
 - There was also a desire expressed to broaden the eligibility criteria for EI services – this would need to be done at the state level as it is outside King County control.
 - A desire for tracking how well children are connected to other services post screening (particularly those who do not qualify for EI)
- The meeting closed with a brief summary of discussions with each group.
- The Road Map and King County would like to thank all the participants in this discussion.