

# Common Indicators for Early Childhood Social and Emotional Well-being

The following pages list 130 indicators considered for use as common indicators of early childhood social and emotional well-being for Project LAUNCH expansion grantees beginning FY2017. The indicators are mapped onto potential levels/audiences ("Indicator Levels") including child, family, provider/program, community, and state/tribal. Information about other related programs or frameworks can be found in the column titled "Corresponding Indicators from Relevant Early Childhood Initiatives."

#	Indicators of Social-Emotional Well-Being	Indicator Levels					Corresponding Indicators from Relevant Early Childhood Initiatives
		Child	Family	Provider/program	Community	State/tribal	
<b>Child Screening, Assessment, &amp; Referrals</b>							
1	Percentage of children who have been screened for social-emotional problems (using a research-informed tool)	X					~Total number of children referred to services and are pending the start date (HMG) ~Total number of children who received screening using an evidence based tool (HMG) ~Proportion of children under age 6 who receive behavioral screenings (PT/NCCP, 2009) ~Percentage of children under 6 who receive developmental and mental health screenings (PT/NCCP, 2009) ~Use of standardized screening tools (DEC) ~Developmental health surveillance, screening, referral, if necessary, and follow up to ensure linkages and early intervention services for children birth through kindergarten entry (ECCS) ~Increase developmental screening of young children to identify and treat problems early (ECCS) ~Identify and manage social, emotional, and behavioral risks (ECCS) ~Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool (MIECHV) ~Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool (MIECHV)
2	Percentage of all children with a developmental screen that indicates social-emotional difficulties who are referred for comprehensive assessment	X					~Total number of children referred to services and are pending the start date (HMG) ~Total number of children who received screening using an evidence based tool (HMG) ~Proportion of children under age 6 who receive behavioral screenings (PT/NCCP, 2009) ~Percentage of children under 6 who receive developmental and mental health screenings (PT/NCCP, 2009) ~Use of standardized screening tools (DEC) ~Increase developmental screening of young children to identify and treat problems early (ECCS) ~Identify and manage social, emotional, and behavioral risks (ECCS)
3	Percentage of children referred for a comprehensive assessment who receive the assessment	X					~Total number of children referred to services and are pending the start date (HMG) ~Total number of children who received screening using an evidence based tool (HMG) ~Proportion of children under age 6 who receive behavioral screenings (PT/NCCP, 2009) ~Percentage of children under 6 who receive developmental and mental health screenings (PT/NCCP, 2009) ~Use of standardized screening tools (DEC) ~Increase developmental screening of young children to identify and treat problems early (ECCS) ~Identify and manage social, emotional, and behavioral risks (ECCS)
4	Percentage of children with an assessment that identified a need for services related to social-emotional difficulties who received those services (e.g., IEP, home visits, 504 plan, Early Intervention-Part C)	X					~Total number of children referred to services and are pending the start date (HMG) ~Total number of children who received screening using an evidence based tool (HMG) ~Proportion of children under age 6 who receive behavioral screenings (PT/NCCP, 2009) ~Percentage of children under 6 who receive developmental and mental health screenings (PT/NCCP, 2009) ~Use of standardized screening tools (DEC) ~Developmental health surveillance, screening, referral, if necessary, and follow up to ensure linkages and early intervention services for children birth through kindergarten entry (ECCS) ~Identify and manage social, emotional, and behavioral risks (ECCS) ~Reduce negative influences on early development (often referred to as toxic stress) (ECCS) ~Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner (MIECHV)

Project LAUNCH Common Indicators Master List

#	Indicators of Social-Emotional Well-Being	Indicator Levels					Corresponding Indicators from Relevant Early Childhood Initiatives
		Child	Family	Provider/ program	Community	State/tribal	
5	Percentage of programs using reliable and valid social-emotional screening and assessment tools			X			~Developmental health surveillance, screening, referral, if necessary, and follow up to ensure linkages and early intervention services for children birth through kindergarten entry (ECCS) ~Increase developmental screening of young children to identify and treat problems early (ECCS) ~Identify and manage social, emotional, and behavioral risks (ECCS) ~Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool (MIECHV)
6	Percentage of programs screening young children for social-emotional problems			X			~Developmental health surveillance, screening, referral, if necessary, and follow up to ensure linkages and early intervention services for children birth through kindergarten entry (ECCS) ~Increase developmental screening of young children to identify and treat problems early (ECCS) ~Identify and manage social, emotional, and behavioral risks (ECCS) ~Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool (MIECHV)
7	Percentage of EC programs and initiatives offering universal screening			X	X	X	~Developmental health surveillance, screening, referral, if necessary, and follow up to ensure linkages and early intervention services for children birth through kindergarten entry (ECCS) ~Increase developmental screening of young children to identify and treat problems early (ECCS) ~Identify and manage social, emotional, and behavioral risks (ECCS) ~Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool (MIECHV)
8	Percentage of parents or other primary caregivers who were asked if they have any concerns regarding their child's development, behavior, or learning		X				~Percent of primary caregivers who were asked if they have any concerns regarding their child's development, behavior, or learning (MIECHV) ~Families as Advocates and Leaders (OHS PFCE Framework)
9	Percentage of families who request screening and assessment of their children		X				~Developmental health surveillance, screening, referral, if necessary, and follow up to ensure linkages and early intervention services for children birth through kindergarten entry (ECCS) ~Increase developmental screening of young children to identify and treat problems early (ECCS) ~Identify and manage social, emotional, and behavioral risks (ECCS) ~Families as advocates and leaders (OHS PFCE Framework)
<b>Adult Screening &amp; Referrals</b>							
10	Percentage of parents or primary caregivers who receive prenatal and/or early childhood screening for parental depression		X				~Reduce negative influences on early development (often referred to as toxic stress) (ECCS) ~Parental resilience (protective factor) (Strengthening Families) ~Family well-being (OHS PFCE Framework)
11	Percentage of parents or other primary caregivers who screen positive for parental depression (SPL Common Indicator #8)		X				~Percent of pregnant women and mothers of children ages 0-5 screened for depression and referred (WHO) ~Percent of women reporting their doctor, nurse, or other health care provider talked to them about depression during prenatal visit (WHO) ~Percent women reporting postpartum depression (WHO) ~Proportion of mothers of children under age 6 screened and appropriately referred for depression (PT/NCCP) ~Decreased psychological distress (Aspen 2Gen) ~Increased emotional well-being (Aspen 2Gen) ~Prevention, screening, referral and follow-up of services related to maternal depression and trauma-informed care (ECCS) ~Provide support for families and caregivers (ECCS) ~Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally) (MIECHV) ~Parental resilience (protective factor) (Strengthening Families) ~Family well-being (OHS PFCE Framework)

Project LAUNCH Common Indicators Master List

#	Indicators of Social-Emotional Well-Being	Indicator Levels					Corresponding Indicators from Relevant Early Childhood Initiatives
		Child	Family	Provider/ program	Community	State/tribal	
12	Percentage of parents or primary caregivers who screen positive for parental depression who are referred for mental health services		X				~Percent of pregnant women and mothers of children ages 0-5 screened for depression and referred (WHO) ~Percent of women reporting their doctor, nurse, or other health care provider talked to them about depression during prenatal visit (WHO) ~Percent women reporting postpartum depression (WHO) ~Proportion of mothers of children under age 6 screened and appropriately referred for depression (PT/NCCP) ~Decreased psychological distress (Aspen 2Gen) ~Increased emotional well-being (Aspen 2Gen) ~Prevention, screening, referral and follow-up of services related to maternal depression and trauma-informed care (ECCS) ~Provide support for families and caregivers (ECCS) ~Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally) (MIECHV) ~Parental resilience (protective factor) (Strengthening Families) ~Family well-being (OHS PFCE Framework)
13	Percentage of parents or primary caregivers who are referred for services for parental depression who receive mental health services		X		X		~Percent of pregnant women and mothers of children ages 0-5 screened for depression and referred (WHO) ~Percent of women reporting their doctor, nurse, or other health care provider talked to them about depression during prenatal visit (WHO) ~Percent women reporting postpartum depression (WHO) ~Proportion of mothers of children under age 6 screened and appropriately referred for depression (PT/NCCP) ~Decreased psychological distress (Aspen 2Gen) ~Increased emotional well-being (Aspen 2Gen) ~Prevention, screening, referral and follow-up of services related to maternal depression and trauma-informed care (ECCS) ~Provide support for families and caregivers (ECCS) ~Reduce negative influences on early development (often referred to as toxic stress) (ECCS) ~Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts (MIECHV) ~Parental resilience (protective factor) (Strengthening Families) ~Family well-being (OHS PFCE Framework)
14	Percentage of parents or other primary caregivers reporting reduced symptoms of depression		X				~Identify and manage social, emotional, and behavioral risks (ECCS) ~Provide support for families and caregivers (ECCS) ~Reduce negative influences on early development (often referred to as toxic stress) (ECCS) ~Family well-being (OHS PFCE Framework)
15	Percentage of providers making referrals for families to services (e.g., related to parental stress, depression, trauma, substance abuse issues)			X			~Decreased psychological distress (Aspen 2Gen) ~Increased emotional well-being (Aspen 2Gen) ~Prevention, screening, referral and follow-up of services related to maternal depression and trauma-informed care (ECCS) ~Provide support for families and caregivers (ECCS) ~Reduce negative influences on early development (often referred to as toxic stress) (ECCS) ~Family well-being (OHS PFCE Framework)
16	Percentage of providers with strong knowledge of community resources and services for children and families (e.g., welfare, WIC, mental health, substance abuse treatment)			X			~Increased likelihood to use/recommend community resources/services available for children exposed to violence (DEC) ~Identify and manage social, emotional, and behavioral risks (ECCS) ~Provide support for families and caregivers (ECCS) ~Reduce negative influences on early development (often referred to as toxic stress) (ECCS) ~Provide support for families and caregivers (ECCS) ~Concrete support in times of need (protective factor) (Strengthening Families) ~Family well-being (OHS PFCE Framework)

Project LAUNCH Common Indicators Master List

#	Indicators of Social-Emotional Well-Being	Indicator Levels					Corresponding Indicators from Relevant Early Childhood Initiatives
		Child	Family	Provider/ program	Community	State/tribal	
<b>Mental Health Consultation</b>							
17	Percentage of children and families in programs that offer early childhood mental health consultation (ECMHC)	X	X				~Goal 4.1: Improve the physical and behavioral health of individuals with mental illness and/or substance use disorders and their families (SAMHSA ECSC) ~Developmental health surveillance, screening, referral, if necessary, and follow up to ensure linkages and early intervention services for children birth through kindergarten entry (ECCS) ~Increase developmental screening of young children to identify and treat problems early (ECCS) ~Identify and manage social, emotional, and behavioral risks (ECCS) ~Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool (MIECHV) ~Family well-being (OHS PFCE Framework Framework) ~Positive parent-child relationships (OHS PFCE Framework Framework)
18	Percentage of programs that use evidence-informed ECMHC			X			No common indicators identified.
19	Percentage of primary health care providers who refer children and families to behavioral health services			X			~Improve behavioral health outcomes for individuals served by the Mental Health and Substance Abuse Block Grants (SAMHSA ECSC) ~Goal 4.1: Improve the physical and behavioral health of individuals with mental illness and/or substance use disorders and their families (SAMHSA ECSC) ~Identify and manage social, emotional, and behavioral risks (ECCS) ~Reduce negative influences on early development (often referred to as toxic stress) (ECCS)
20	Percentage of providers reporting stress and burnout			X			No common indicators identified.
21	Percentage of providers reporting decreased stress levels (SPL Common Indicator #5)			X			~Identify and manage social, emotional, and behavioral risks (ECCS) ~Provide support for families and caregivers (ECCS)
<b>Home Visiting</b>							
22	Percentage of home visiting programs that offer enhanced home visiting			X			No common indicators identified.
23	Percentage of children and families eligible for participating in an enhanced home visiting program who enrolled (annually/over the grant period)			X			~Percent of children covered by an evidence-based home visitation program (WHO)
24	Percentage of programs using evidence-informed home visiting models			X			~Percent of children covered by an evidence-based home visitation program (WHO)
25	Percentage of planned home visits that were completed			X	X	X	~ Percentage of recommended home visits received by families enrolled in the home visiting program during the reporting period. (MIECHV/Tribal MIECHV)
26	Proportion of enhanced home visiting slots relative to need			X	X	X	No common indicators identified.
27	Percentage of families reporting they are satisfied with enhanced home visiting services		X				~Family well-being (OHS PFCE Framework)
28	Percentage of mothers in home-visiting programs who have unintended pregnancies while enrolled in the program		X				~Parental resilience (protective factor) (Strengthening Families) ~Family well-being (OHS PFCE Framework)
<b>Child Development Concerns &amp; Competencies</b>							
29	Percentage of children exhibiting behavior problems	X					~Identify and manage social, emotional, and behavioral risks (ECCS)

Project LAUNCH Common Indicators Master List

#	Indicators of Social-Emotional Well-Being	Indicator Levels					Corresponding Indicators from Relevant Early Childhood Initiatives
		Child	Family	Provider/ program	Community	State/tribal	
30	Percentage of children with moderate to serious difficulty following directions	X					~% of kindergarten students with moderate to serious difficulty following directions (First 5 CA) ~Rate of kindergarten students who have difficulty working with others (RI Indicators) ~Rate of kindergarten students who are disruptive in class (RI Indicators) ~Rate of kindergarten students who are overly aggressive to peers (RI Indicators) ~Identify and manage social, emotional, and behavioral risks (ECCS)
31	Percentage of providers/programs using a validated assessment tool (vs. a screening tool) to assess children's social-emotional skills/competencies	X					~Increased executive functioning skills (Aspen 2Gen) ~Positive cognitive and social-emotional development (Aspen 2Gen) ~Social and emotional competence of children (protective factor) (Strengthening Families)
32	Percentage of providers/programs that implement evidence-informed curricula for social skills development			X			~Proportion of preschool and child care settings that implement validated effective curricula for social skills development (PT/NCCP) ~Identify and manage social, emotional, and behavioral risks (ECCS)
33	Percentage of children demonstrating improved social-emotional skills/functioning (SPL Common Indicator #1)	X					~Social and emotional competence of children (protective factor) (Strengthening Families)
34	Percentage of children with positive social behaviors with their peers	X					~% of children with positive social behaviors with their peers (First 5 CA)
35	Percentage of children demonstrating school readiness skills at kindergarten entry (e.g., literacy skills, cognitive skills, social-emotional skills, as measured with an assessment vs. screen)	X					~% of kindergarten students with moderate to serious difficulty following directions (First 5 CA) ~Rate of kindergarten students who have difficulty working with others (RI Indicators) ~Rate of kindergarten students who are disruptive in class (RI Indicators) ~Rate of kindergarten students who are overly aggressive to peers (RI Indicators)
36	Percentage of children in elementary schools demonstrating age-appropriate skills in kindergarten through 3rd grade (e.g., literacy skills, cognitive skills, social-emotional skills, as measured with an assessment vs. screen)	X					No common indicators identified.
37	Percentage of children with undetected developmental delays or chronic health problems at kindergarten entrance	X					~Identify and manage social, emotional, and behavioral risks (ECCS)
<b>Trauma-Informed Approaches</b>							
38	Percentage of children with two or more adverse childhood experiences (ACES)	X					~Percent of children with two or more adverse childhood experiences (WHO) ~Reduced negative symptoms [for children exposed to violence] (DEC) ~Identify and manage social, emotional, and behavioral risks (ECCS) ~Reduce negative influences on early development (often referred to as toxic stress) (ECCS) ~Family well-being (OHS PFCE Framework)

Project LAUNCH Common Indicators Master List

#	Indicators of Social-Emotional Well-Being	Indicator Levels					Corresponding Indicators from Relevant Early Childhood Initiatives
		Child	Family	Provider/ program	Community	State/tribal	
39	Percentage of providers trained in trauma-informed care			X			~Increased knowledge of effects of children’s exposure to violence (DEC) ~Increased negative attitudes toward children’s exposure to violence (DEC) ~Increased likelihood to use/recommend community resources/services available for children exposed to violence (DEC) ~Identify and manage social, emotional, and behavioral risks (ECCS) ~Provide support for families and caregivers (ECCS) ~Reduce negative influences on early development (often referred to as toxic stress) (ECCS) ~Family well-being (OHS PFCE Framework)
40	Percentage of children who receive screening for trauma	X					~Percent of pregnant women and mothers of children ages 0-5 screened for partner abuse and referred (WHO) ~Percent of women reporting their doctor, nurse, or other health care provider talked to them about partner abuse during prenatal visit (WHO) ~Incidence of domestic violence (with child present) (DEC) ~Incidence of screening for children exposed to violence (DEC) ~Provide support for families and caregivers (ECCS) ~Reduce negative influences on early development (often referred to as toxic stress) (ECCS) ~Percent of primary caregivers enrolled in home visiting who are screened for interpersonal violence (IPV) within 6 months of enrollment using a validated tool (MIECHV) ~Parental resilience (protective factor) (Strengthening Families) ~Family well-being (OHS PFCE Framework)
41	Percentage of <u>children who screen positive for trauma</u>	X					~Percent of pregnant women and mothers of children ages 0-5 screened for partner abuse and referred (WHO) ~Percent of women reporting their doctor, nurse, or other health care provider talked to them about partner abuse during prenatal visit (WHO) ~Incidence of domestic violence (with child present) (DEC) ~Incidence of screening for children exposed to violence (DEC) ~Provide support for families and caregivers (ECCS) ~Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources (MIECHV) ~Parental resilience (protective factor) (Strengthening Families) ~Family well-being (OHS PFCE Framework)
42	Percentage of <u>children who screen positive for trauma and are referred for trauma services</u>	X					~Percent of pregnant women and mothers of children ages 0-5 screened for partner abuse and referred (WHO) ~Percent of women reporting their doctor, nurse, or other health care provider talked to them about partner abuse during prenatal visit (WHO) ~Incidence of domestic violence (with child present) (DEC) ~Incidence of screening for children exposed to violence (DEC) ~Provide support for families and caregivers (ECCS) ~Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources (MIECHV) ~Parental resilience (protective factor) (Strengthening Families) ~Family well-being (OHS PFCE Framework)
43	Of children who are referred for evidence-based/evidence-informed trauma treatment, percentage who receive services for trauma	X	X				~Percent of pregnant women and mothers of children ages 0-5 screened for partner abuse and referred (WHO) ~Percent of women reporting their doctor, nurse, or other health care provider talked to them about partner abuse during prenatal visit (WHO) ~Incidence of domestic violence (with child present) (DEC) ~Incidence of screening for children exposed to violence (DEC) ~Provide support for families and caregivers (ECCS) ~Reduce negative influences on early development (often referred to as toxic stress) (ECCS) ~Parental resilience (protective factor) (Strengthening Families) ~Family well-being (OHS PFCE Framework)

Project LAUNCH Common Indicators Master List

#	Indicators of Social-Emotional Well-Being	Indicator Levels					Corresponding Indicators from Relevant Early Childhood Initiatives
		Child	Family	Provider/ program	Community	State/tribal	
44	Percentage of parents or primary caregivers who receive screening for trauma		X				~Percent of pregnant women and mothers of children ages 0-5 screened for partner abuse and referred (WHO) ~Percent of women reporting their doctor, nurse, or other health care provider talked to them about partner abuse during prenatal visit (WHO) ~Incidence of domestic violence (with child present) (DEC) ~Incidence of screening for children exposed to violence (DEC) ~Provide support for families and caregivers (ECCS) ~Reduce negative influences on early development (often referred to as toxic stress) (ECCS) ~Percent of primary caregivers enrolled in home visiting who are screened for interpersonal violence (IPV) within 6 months of enrollment using a validated tool (MIECHV) ~Parental resilience (protective factor) (Strengthening Families) ~Family well-being (OHS PFCE Framework)
45	Percentage of parents or primary caregivers who screen positive for trauma		X				~Percent of pregnant women and mothers of children ages 0-5 screened for partner abuse and referred (WHO) ~Percent of women reporting their doctor, nurse, or other health care provider talked to them about partner abuse during prenatal visit (WHO) ~Incidence of domestic violence (with child present) (DEC) ~Incidence of screening for children exposed to violence (DEC) ~Provide support for families and caregivers (ECCS) ~Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources (MIECHV) ~Parental resilience (protective factor) (Strengthening Families) ~Family well-being (OHS PFCE Framework)
46	Percentage of parents or primary caregivers who screen positive for trauma and are referred for trauma services		X				~Percent of pregnant women and mothers of children ages 0-5 screened for partner abuse and referred (WHO) ~Percent of women reporting their doctor, nurse, or other health care provider talked to them about partner abuse during prenatal visit (WHO) ~Incidence of domestic violence (with child present) (DEC) ~Incidence of screening for children exposed to violence (DEC) ~Provide support for families and caregivers (ECCS) ~Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources (MIECHV) ~Parental resilience (protective factor) (Strengthening Families) ~Family well-being (OHS PFCE Framework)
47	Of parents or primary caregivers who are referred, percentage who receive services for trauma	X	X				~Percent of pregnant women and mothers of children ages 0-5 screened for partner abuse and referred (WHO) ~Percent of women reporting their doctor, nurse, or other health care provider talked to them about partner abuse during prenatal visit (WHO) ~Incidence of domestic violence (with child present) (DEC) ~Incidence of screening for children exposed to violence (DEC) ~Provide support for families and caregivers (ECCS) ~Reduce negative influences on early development (often referred to as toxic stress) (ECCS) ~Parental resilience (protective factor) (Strengthening Families) ~Family well-being (OHS PFCE Framework)

Child Injury, Abuse, and Neglect

Project LAUNCH Common Indicators Master List

#	Indicators of Social-Emotional Well-Being	Indicator Levels					Corresponding Indicators from Relevant Early Childhood Initiatives
		Child	Family	Provider/ program	Community	State/tribal	
48	Child visits per child population to the emergency room or hospitalizations for preventable injury	X					~Number of ER visits due to child maltreatment or suggestive of child maltreatment in children under 5 x 1000 (WHO) ~Number of hospitalizations due to child maltreatment or suggestive of child maltreatment in children under 5 x 1000 (WHO) ~Number of deaths due to child maltreatment or suggestive of child maltreatment in children under 5 x 1000 (WHO) ~Identify and manage social, emotional, and behavioral risks (ECCS) ~Reduce negative influences on early development (often referred to as toxic stress) (ECCS) ~Rate of injury-related visits to the Emergency Department (ED) since enrollment among children enrolled in home visiting (MIECHV) ~Positive parent-child relationships (OHS PFCE Framework)
49	Percentage of families with substantiated reports of child abuse and neglect		X		X	X	~Rate of substantiated child abuse and neglect among children birth to age 6 (First 5 CA) ~Rate of substantiated cases of child abuse and neglect among children birth to age 6 (Project Thrive/NCCP) ~Rate (per 1000 children) screened-in referrals by child protective services (CPS) (WHO) ~Rates of abuse or neglect substantiated or indicated by an investigation or assessment (WHO) ~Incidence of child abuse, neglect, etc. (DEC) ~Identify and manage social, emotional, and behavioral risks (ECCS) ~Reduce negative influences on early development (often referred to as toxic stress) (ECCS) ~Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period (MIECHV) ~Positive parent-child relationships (OHS PFCE Framework)
50	Percentage of providers with substantiated reports of child abuse and neglect			X	X	X	~Rate of substantiated child abuse and neglect among children birth to age 6 (First 5 CA) ~Rate of substantiated cases of child abuse and neglect among children birth to age 6 (Project Thrive/NCCP) ~Rate (per 1000 children) screened-in referrals by child protective services (CPS) (WHO) ~Rates of abuse or neglect substantiated or indicated by an investigation or assessment (WHO) ~Incidence of child abuse, neglect, etc. (DEC) ~Identify and manage social, emotional, and behavioral risks (ECCS) ~Reduce negative influences on early development (often referred to as toxic stress) (ECCS) ~Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period (MIECHV) ~Positive parent-child relationships (OHS PFCE Framework)
51	Percentage of providers who receive training on mandated reporting of child abuse and neglect			X			~Rate of substantiated child abuse and neglect among children birth to age 6 (First 5 CA) ~Rate of substantiated cases of child abuse and neglect among children birth to age 6 (Project Thrive/NCCP) ~Rate (per 1000 children) screened-in referrals by child protective services (CPS) (WHO) ~Rates of abuse or neglect substantiated or indicated by an investigation or assessment (WHO) ~Incidence of child abuse, neglect, etc. (DEC) ~Identify and manage social, emotional, and behavioral risks (ECCS) ~Reduce negative influences on early development (often referred to as toxic stress) (ECCS) ~Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period (MIECHV) ~Positive parent-child relationships (OHS PFCE Framework)
52	Percentage of programs with policies prohibiting the use of corporal punishment, restraint, or seclusion			X			~Prohibited or not; if not prohibited, number of children physically punished (WHO) ~Identify and manage social, emotional, and behavioral risks (ECCS) ~Reduce negative influences on early development (often referred to as toxic stress) (ECCS)



Project LAUNCH Common Indicators Master List

#	Indicators of Social-Emotional Well-Being	Indicator Levels					Corresponding Indicators from Relevant Early Childhood Initiatives
		Child	Family	Provider/ program	Community	State/tribal	
53	Rate of child maltreatment reports	X					~Rate (per 1000 children) screened-in referrals by child protective services (CPS) ~Identify and manage social, emotional, and behavioral risks (ECCS) ~Reduce negative influences on early development (often referred to as toxic stress) (ECCS) ~Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period (MIECHV) ~Positive parent-child relationships (OHS PFCE Framework)
54	Percentage of children in stable out-of-home placements (no more than one out-of-home placement; or, two out-of-home placements if the second placement achieves permanency, i.e., adoption, guardianship, reunification)	X					~% of children birth to age 6 in out-of-home placement (foster care) who have no more than two placements in a 24-month period (WHO) ~Proportion of children birth to age 6 in stable out-of-home placements (no more than two placements during time in foster care) (PT/NCCP) ~Reduce negative influences on early development (often referred to as toxic stress) (ECCS) ~Positive parent-child relationships (OHS PFCE Framework) ~Family well-being (OHS PFCE Framework)
<b>Provider Competencies</b>							
55	Percentage of providers who report an improved ability to manage children’s difficult behaviors			X			~Identify and manage social, emotional, and behavioral risks (ECCS)
56	Percentage of providers demonstrating improvements in provider-child interactions			X			~Identify and manage social, emotional, and behavioral risks (ECCS)
57	Percentage of providers demonstrating or reporting improvements in provider-family interactions/family engagement			X			~Increased family engagement (Aspen 2Gen) ~Increased coordination [of parents] with teachers in child’s learning (Aspen 2Gen) ~Parental involvement in school (ICFCC) ~Provide support for families and caregivers (ECCS)
<b>Disciplinary Approaches</b>							
58	Percentage of children suspended/ expelled from programs serving children birth to age eight (SPL Common Indicator #2)	X					~Rate of children under age 6 who are expelled from child care or preschools due to behavioral problems (PT/NCCP) ~Incidence of disciplinary suspensions (DEC) ~Identify and manage social, emotional, and behavioral risks (ECCS)
59	Percentage of children expelled from programs serving children birth to age eight	X					~Rate of children under age 6 who are expelled from child care or preschools due to behavioral problems (PT/NCCP) ~Incidence of disciplinary suspensions (DEC) ~Identify and manage social, emotional, and behavioral risks (ECCS)
60	Percentage of child care programs with supportive discipline or expulsion prevention policies			X			~Identify and manage social, emotional, and behavioral risks (ECCS)
61	Percentage of parents or other primary caregivers who use positive discipline techniques		X				~Improved parenting skills (Aspen 2Gen) ~Identify and manage social, emotional, and behavioral risks (ECCS) ~Educate parents and caregivers about healthy child development (ECCS) ~Positive parent-child relationships (OHS PFCE Framework)
62	Percentage of parents or other primary caregivers who use harsh discipline techniques (self-report and observational measures)		X				~Identify and manage social, emotional, and behavioral risks (ECCS) ~Reduce negative influences on early development (often referred to as toxic stress) (ECCS) ~Educate parents and caregivers about healthy child development (ECCS) ~Positive parent-child relationships (OHS PFCE Framework)
<b>Parent Competencies</b>							

Project LAUNCH Common Indicators Master List

#	Indicators of Social-Emotional Well-Being	Indicator Levels					Corresponding Indicators from Relevant Early Childhood Initiatives
		Child	Family	Provider/ program	Community	State/tribal	
63	Percentage of parents or other primary caregivers engaged in children's learning at school (e.g., participation in school activities, contribution to school activities, sharing of cultural traditions, meetings with teachers)		X				~Increased family engagement (Aspen 2Gen) ~Increased coordination [of parents] with teachers in child's learning (Aspen 2Gen) ~Parental involvement in school (ICFCC) ~Family engagement in transitions (OHS PFCE Framework) ~Families as advocates and leaders (OHS PFCE Framework) ~Families as lifelong educators (OHS PFCE Framework) ~Families as learners (OHS PFCE Framework) ~Positive parent-child relationships (OHS PFCE Framework)
64	Percentage of parents or other primary caregivers who report improved ability to manage children's difficult behaviors (using an observational or adult-report assessment)		X				~Identify and manage social, emotional, and behavioral risks (ECCS) ~Positive parent-child relationships (OHS PFCE Framework)
65	Percentage of parents or other primary caregivers demonstrating or reporting improvements in parenting (e.g., responsiveness, nurturing, and positive discipline) (SPL Common Indicator #3)		X				~Improved parenting skills (Aspen 2Gen) ~Enhanced home learning environment (Aspen 2Gen) ~Development of warm and nurturing relationships with children (Aspen 2Gen) ~Increased knowledge and confidence to raise healthy and successful children (Aspen 2Gen) ~Increased confidence (Aspen 2Gen) ~Educate parents and caregivers about healthy child development (ECCS) ~Knowledge of parenting and child development (protective factor) (Strengthening Families) ~Positive parent-child relationships (OHS PFCE Framework)
66	Percentage of parents or other primary caregivers demonstrating or reporting confidence in their parenting practices (using an observational or self-report assessment)		X				~Improved parenting skills (Aspen 2Gen) ~Increased knowledge and confidence to raise healthy and successful children (Aspen 2Gen) ~Increased confidence (Aspen 2Gen) ~Identify and manage social, emotional, and behavioral risks (ECCS) ~Educate parents and caregivers about healthy child development (ECCS) ~ Knowledge of parenting and child development (protective factor) (Strengthening Families) ~Positive parent-child relationships (OHS PFCE Framework)
67	Percentage of parents or other primary caregivers demonstrating positive parenting behaviors (e.g., positive discipline, support for learning, encouragement)		X				~Improved parenting skills (Aspen 2Gen) ~Increased knowledge and confidence to raise healthy and successful children (Aspen 2Gen) ~Increased confidence (Aspen 2Gen) ~Identify and manage social, emotional, and behavioral risks (ECCS) ~Knowledge of parenting and child development (protective factor) (Strengthening Families) ~Positive parent-child relationships (OHS PFCE Framework)
68	Percentage of children read to daily by parents or primary caregivers		X				~Percent of children ages 0-5 who are read to every day (WHO) ~Enhanced home learning environment (Aspen 2Gen) ~Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day (MIECHV) ~Positive parent-child relationships (OHS PFCE Framework) ~Families as lifelong educators (OHS PFCE Framework)
69	Percentage of children who are sung to or told stories to every day by parents or primary caregivers		X				~Percent of children ages 0-5 who are read to every day (WHO) ~Enhanced home learning environment (Aspen 2Gen) ~Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day (MIECHV) ~Positive parent-child relationships (OHS PFCE Framework) ~Families as lifelong educators (OHS PFCE Framework)
<b>Family Strengths</b>							
70	Percentage of families that eat at least one meal together each day (or at least X times/week)		X				~Positive parent-child relationships (OHS PFCE Framework)

Project LAUNCH Common Indicators Master List

#	Indicators of Social-Emotional Well-Being	Indicator Levels					Corresponding Indicators from Relevant Early Childhood Initiatives
		Child	Family	Provider/ program	Community	State/tribal	
71	Percentage of families exhibiting positive parent-child interactions	X	X				~Enhanced home learning environment (Aspen 2Gen) ~Positive parent-child relationships (OHS PFCE Framework)
72	Percentage of children demonstrating secure attachments with parents or other primary caregivers (using an observational assessment)	X	X				~Positive parent-child relationships (OHS PFCE Framework)
73	Percentage of parents or other primary caregivers reporting reduced stress (SPL Common Indicator #4)		X				~Identify and manage social, emotional, and behavioral risks (ECCS) ~Provide support for families and caregivers (ECCS) ~Reduce negative influences on early development (often referred to as toxic stress) (ECCS) ~Family well-being (OHS PFCE Framework)
74	Percentage of parents or other primary caregivers reporting increased life satisfaction (during a specified timeframe)		X				~Provide support for families and caregivers (ECCS) ~Family well-being (OHS PFCE Framework)
75	Percentage of parents or other primary caregivers reporting improved social support (SPL Common Indicator #9)		X				~Family is connected with economic, social, and/or other supports (Aspen 2Gen) ~Increased connection to other families (Aspen 2Gen) ~Increased social connectedness for at least 80% of individuals served by SAMHSA grant programs (SAMHSA ECSC) ~Provide support for families and caregivers (ECCS) ~Social connections (protective factor) (Strengthening Families) ~Family connections to peers and community (OHS PFCE Framework)
76	Presence of one or more family protective factors		X				~ Increased resilience factors [for children exposed to violence] (DEC) ~Provide support for families and caregivers (ECCS) ~Family well-being (OHS PFCE Framework)
<b>Workforce Qualifications</b>							
77	Percentage of providers that have been credentialed to teach or care for young children (e.g., Child Development Associate [CDA])			X			~% of ECE providers with a bachelor's degree and specialized training in early childhood (First 5 CA) ~Increase in the number of early childhood educators receiving credentials from postsecondary institutions and professional development providers with programs that are aligned to the state's Workforce Knowledge and Competency Framework (RTTT-ELC) ~Increase in the number and percentage of early childhood educators who are progressing to higher levels of credentials that align with the state's Workforce Knowledge and Competency Framework (RTTT-ELC) ~Improve the quality of child care by increasing the adoption of accepted child care standards (ECCS)
78	Percentage of providers with a <u>bachelor's degree and/or specialized training</u> in early childhood development			X			~% of ECE providers with a bachelor's degree and specialized training in early childhood (First 5 CA) ~Increase in the number of early childhood educators receiving credentials from postsecondary institutions and professional development providers with programs that are aligned to the state's Workforce Knowledge and Competency Framework (RTTT-ELC) ~Increase in the number and percentage of early childhood educators who are progressing to higher levels of credentials that align with the state's Workforce Knowledge and Competency Framework (RTTT-ELC) ~Improve the quality of child care by increasing the adoption of accepted child care standards (ECCS)
79	Percentage of early childhood education providers with <u>state certification</u> in early childhood development			X			~% of ECE providers with a bachelor's degree and specialized training in early childhood (First 5 CA) ~Improve the quality of child care by increasing the adoption of accepted child care standards (ECCS)
<b>Training/ Professional Development</b>							

Project LAUNCH Common Indicators Master List

#	Indicators of Social-Emotional Well-Being	Indicator Levels					Corresponding Indicators from Relevant Early Childhood Initiatives
		Child	Family	Provider/ program	Community	State/tribal	
80	Percentage of providers in a program/community/state/tribe that have received training on how to administer developmental screenings or assessments			X	X	X	~Developmental health surveillance, screening, referral, if necessary, and follow up to ensure linkages and early intervention services for children birth through kindergarten entry (ECCS)
81	Percentage of providers in the community/state/tribe that have received an evidence-informed training in the social-emotional needs of young children (during the past year? ever?)			X	X	X	No common indicators identified.
82	Percentage of programs offering trainings to providers on the social-emotional needs of young children at times that are most convenient for them (e.g., during regular work hours)			X			No common indicators identified.
83	Percentage of trainings a community, state, or tribe offers providers on the social-emotional needs of young children			X	X	X	No common indicators identified.
84	Percentage of programs offering trainings to parents or primary caregivers on the social-emotional needs of young children at times that are most convenient for them (e.g., outside of regular work hours)		X	X			~Positive parent-child relationships (OHS PFCE Framework) ~Family well-being (OHS PFCE Framework)
<b>Program Quality</b>							
85	Of all slots in child care homes, percentage of children served by accredited child care homes			X			~% of family child care homes accredited by the National Association for Family Child Care (NAFCC) ~Improve the quality of child care by increasing the adoption of accepted child care standards (ECCS)
86	Of all slots in child care centers percentage of children served by accredited child care centers			X			~% of child care centers accredited by the National Association for the Education of Young Children (NAEYC) (First 5 CA) ~Improve the quality of child care by increasing the adoption of accepted child care standards (ECCS)
87	Percentage of programs that have been accredited (e.g., NAEYC, NAFCC)			X			~% of family child care homes accredited by the National Association for Family Child Care (NAFCC) (First 5 CA) ~% of child care centers accredited by the National Association for the Education of Young Children (NAEYC) (First 5 CA) ~Improve the quality of child care by increasing the adoption of accepted child care standards (ECCS)

Project LAUNCH Common Indicators Master List

#	Indicators of Social-Emotional Well-Being	Indicator Levels					Corresponding Indicators from Relevant Early Childhood Initiatives
		Child	Family	Provider/ program	Community	State/tribal	
88	Percentage of staff in participating programs that have received IECMH Endorsement, in a state with an endorsement system			X			~Increase in the number and percentage of early learning and development programs participating in state's tiered quality rating and improvement system (TQRIS) (RTTT-ELC) ~Increase in the number and percentage of early learning and development programs in the top tiers of the state's TQRIS (RTTT-ELC) ~Increase in the number and percentage of high-need children in the early learning and development programs (e.g. state funded preK, CCDF funded programs, HS/EHS) that are in the top tiers of the state's TQRIS (RTTT-ELC)
89	Percentage of children attending early care and education centers with high quality ratings	X					~Increase in the number and percentage of early learning and development programs participating in state's tiered quality rating and improvement system (TQRIS) (RTTT-ELC) ~Increase in the number and percentage of early learning and development programs in the top tiers of the state's TQRIS (RTTT-ELC) ~Increase in the number and percentage of high-need children in the early learning and development programs (e.g. state funded preK, CCDF funded programs, HS/EHS) that are in the top tiers of the state's TQRIS (RTTT-ELC) ~Improve the quality of child care by increasing the adoption of accepted child care standards (ECCS)
90	Percentage of providers remaining employed with the program (i.e., decreased turnover)			X			No common indicators identified.
<b>Accessing Community Resources</b>							
91	Percentage of providers who link families having difficulty getting their basic needs met to community resources for obtaining concrete supports			X			~Provide support for families and caregivers (ECCS) ~Concrete support in times of need (protective factor) (Strengthening Families) ~Family well-being (OHS PFCE Framework)
92	Percentage of eligible families who receive child care subsidies				X	X	~ % of eligible children under age 6 receiving child care subsidies (First 5 CA)
93	Percentage of parents or other primary caregivers who report receiving adequate help to address their children's social-emotional needs		X				~Provide support for families and caregivers (ECCS) ~Family well-being (OHS PFCE Framework) ~Positive parent-child relationships (OHS PFCE Framework)
94	Ratio of behavioral health providers to population, for services that are co-located or embedded within the target community		X	X			No common indicators identified.
95	Percentage of families who are referred for services who are waitlisted for more than 1 month before accessing services		X				~Provide support for families and caregivers (ECCS) ~Family well-being (OHS PFCE Framework)
96	Increase in Medicaid reimbursement rates for evidence-informed practices promoting the social-emotional well-being of young children and their families					X	No common indicators identified.
<b>Approaches to Addressing Disparities</b>							

Project LAUNCH Common Indicators Master List

#	Indicators of Social-Emotional Well-Being	Indicator Levels					Corresponding Indicators from Relevant Early Childhood Initiatives
		Child	Family	Provider/ program	Community	State/tribal	
97	Percentage of providers and/or programs that routinely provide communications (e.g., parent-teacher conferences, assessment results, newsletters, other information) in the family's preferred language, including obtaining translation services as needed			X			No common indicators identified.
98	Percentage of providers that have received training on cultural sensitivity and responsiveness			X			No common indicators identified.
99	Percentage of service providers trained on CLAS standards			X			~Improve the quality of child care by increasing the adoption of accepted child care standards (ECCS)
100	Percentage of providers who receive training in cultural influences on early childhood social and emotional development.			X			No common indicators identified.
101	Percentage of programs incorporating families' cultural beliefs, traditions, and practices into program activities			X			~Provide support for families and caregivers (ECCS) ~Family well-being (OHS PFCE Framework)
<b>Prenatal &amp; Pediatric Care</b>							
102	Percentage of young mothers (less than 21 years at first birth) who have an additional pregnancy or birth while enrolled in a program		X				~Parental resilience (protective factor) (Strengthening Families) ~Family well-being (OHS PFCE Framework)
103	Percentage of pregnant mothers who received a postpartum visit with a healthcare provider within eight weeks of delivery		X				~Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery (MIECHV) ~Family well-being (OHS PFCE Framework)
104	Percentage of pregnant mothers who receive standard prenatal care during pregnancy		X				~Family well-being (OHS PFCE Framework)
105	Percent of children who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule	X					~Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) (MIECHV)
<b>Policies &amp; Finance</b>							
106	State/tribal policies to support early childhood workforce development					X	~Changes in systems, policies and procedures (DEC) ~Improve the quality of child care by increasing the adoption of accepted child care standards (ECCS)

Project LAUNCH Common Indicators Master List

#	Indicators of Social-Emotional Well-Being	Indicator Levels					Corresponding Indicators from Relevant Early Childhood Initiatives
		Child	Family	Provider/ program	Community	State/tribal	
107	<b>System policies requiring coordination of screening and assessment across early childhood education and elementary school systems</b>				X	X	~Changes in systems, policies and procedures (DEC) ~Developmental health surveillance, screening, referral, if necessary, and follow up to ensure linkages and early intervention services for children birth through kindergarten entry (ECCS) ~Collective impact -- organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, and using common measures of success (ECCS)
108	<b>Program policies in place requiring that programs use evidence-informed practices to support the social-emotional needs of young children</b>			X	X	X	~Changes in systems, policies and procedures (DEC) ~Improve the quality of child care by increasing the adoption of accepted child care standards (ECCS)
109	<b>State or tribe has developed early learning standards for the social-emotional development of young children</b>					X	~Changes in systems, policies and procedures (DEC) ~Improve the quality of child care by increasing the adoption of accepted child care standards (ECCS)
110	<b>Policies adapted to address the cultural beliefs, values, and practices of young children and their families</b>			X	X	X	~Changes in systems, policies and procedures (DEC) ~Improve the quality of child care by increasing the adoption of accepted child care standards (ECCS)
111	<b>Percentage of programs with written policies to support early childhood workforce development related to social and emotional development and well-being (SPL Common Indicator #6)</b>			X			~Changes in systems, policies and procedures (DEC) ~Improve the quality of child care by increasing the adoption of accepted child care standards (ECCS)
112	<b>State/tribal financing system supporting the coordination of services to address the social-emotional needs of young children and their families</b>					X	~Collective impact -- organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, and using common measures of success (ECCS) ~Goal 4.1: Improve the physical and behavioral health of individuals with mental illness and/or substance use disorders and their families (SAMHSA ECSC)
113	<b>State/tribal policy and/or finance mechanism requiring social-emotional screening in early childhood education programs throughout the state, across a tribal community, or across both state and tribal communities</b>					X	~Developmental health surveillance, screening, referral, if necessary, and follow up to ensure linkages and early intervention services for children birth through kindergarten entry (ECCS)
114	<b>Policies requiring use of data to inform improvement of services to promote the social-emotional well-being of young children and their families</b>			X		X	~Increased use of data to inform actions for programs and policies promoting safe, stable, nurturing relationships and environment (EfC: SSNR&E) ~Changes in systems, policies and procedures (DEC)

Service and Data Systems

Project LAUNCH Common Indicators Master List

#	Indicators of Social-Emotional Well-Being	Indicator Levels					Corresponding Indicators from Relevant Early Childhood Initiatives
		Child	Family	Provider/ program	Community	State/tribal	
115	Percentage of programs or community/state/tribal initiatives that have a formal process in place to identify barriers that prevent children and families from receiving the services they need			X	X	X	~4. Referrals to services or programs (ranking and total number of entries for each) (PT/NCCP; 2009; 2011) 4a. Top five types of services/ programs to which referrals were made. 4b. Top five service/program gaps (service/program gap means a service/program does not exist to address the need). 4c. Top five barriers that keep children from receiving a service/program ~Developmental health surveillance, screening, referral, if necessary, and follow up to ensure linkages and early intervention services for children birth through kindergarten entry (ECCS) ~Increase developmental screening of young children to identify and treat problems early (ECCS) ~Identify and manage social, emotional, and behavioral risks (ECCS)
116	Percent of programs or community/state/tribal initiatives that collaborate to address identified barriers that prevent children and families from receiving the services they need			X	X	X	~4. Referrals to services or programs (ranking and total number of entries for each) (PT/NCCP; 2009; 2011) 4a. Top five types of services/ programs to which referrals were made. 4b. Top five service/program gaps (service/program gap means a service/program does not exist to address the need). 4c. Top five barriers that keep children from receiving a service/program ~Developmental health surveillance, screening, referral, if necessary, and follow up to ensure linkages and early intervention services for children birth through kindergarten entry (ECCS) ~Increase developmental screening of young children to identify and treat problems early (ECCS) ~Identify and manage social, emotional, and behavioral risks (ECCS)
117	Percentage of work group, advisory group, council members who are consumers or family members			X	X	X	~Families as advocates and leaders (OHS PCFE)
118	Percentage of programs designed to promote the social-emotional well-being of young children and their families that have up-to-date and accurate data systems			X	X	X	~Increased use of data to inform actions for programs and policies promoting safe, stable, nurturing relationships and environment (EfC: SSNR&E) ~Increase the number of health information exchange organizations (HIEs) incorporating substance abuse and mental health treatment data by 25% (SAMHSA ECSC)
119	Percentage of programs with the ability to link data with other programs aimed at promoting the social-emotional well-being of young children and their families			X	X	X	~Increased use of data to inform actions for programs and policies promoting safe, stable, nurturing relationships and environment (EfC: SSNR&E) ~Increased information/data sharing (DEC) ~Goal 2.1: Foster integration between behavioral health and health care, social support, and prevention systems (SAMHSA ECSC) ~Increase the number of health information exchange organizations (HIEs) incorporating substance abuse and mental health treatment data by 25% (SAMHSA ECSC) ~Collective impact -- organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, and using common measures of success (ECCS) ~Early Childhood Integrated Data System (ECIDS) - a data system that collects, integrates, maintains, stores, and reports information from early childhood programs across multiple agencies within a state that serve children and families from birth to age eight. An ECIDS brings together data from multiple early childhood programs and agencies. (ECCS)
120	Integrated data systems across early childhood service systems (within a state or tribal community or between a tribal community and a state system)					X	~Increased information/data sharing (DEC) ~Goal 2.1: Foster integration between behavioral health and health care, social support, and prevention systems (SAMHSA ECSC) ~Early Childhood Integrated Data System (ECIDS) that collects, integrates, maintains, stores, and reports information from early childhood programs across multiple agencies within a state that serve children and families from birth to age eight. An ECIDS brings together data from multiple early childhood programs and agencies (ECCS)

Collaboration & Coordination



Project LAUNCH Common Indicators Master List

#	Indicators of Social-Emotional Well-Being	Indicator Levels					Corresponding Indicators from Relevant Early Childhood Initiatives
		Child	Family	Provider/ program	Community	State/tribal	
121	Evidence of collaborative policies, initiatives, or funding streams to support early childhood workforce development trainings			X	X	X	~Increased collaboration among agencies (DEC) ~Goal 2.1: Foster integration between behavioral health and health care, social support, and prevention systems (SAMHSA ECSC) ~Collective impact -- organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, and using common measures of success (ECCS)
122	Percentage of stakeholders who express a high level of satisfaction with the level of coordination among programs or initiatives that address the social-emotional needs of young children			X	X	X	~Increased collaboration among agencies (DEC) ~Goal 2.1: Foster integration between behavioral health and health care, social support, and prevention systems (SAMHSA ECSC) ~Collective impact -- organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, and using common measures of success (ECCS)
123	Percent of aggregate budgets earmarked to support collaboration activities among community EC stakeholders			X	X	X	~Increased collaboration among agencies (DEC) ~Goal 2.1: Foster integration between behavioral health and health care, social support, and prevention systems (SAMHSA ECSC) ~Collective impact -- organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, and using common measures of success (ECCS)
124	Formal agreements or policies in place specifying coordination within and among tribal and state systems serving young children and their families			X	X	X	~Increased collaboration among agencies (DEC) ~Goal 2.1: Foster integration between behavioral health and health care, social support, and prevention systems (SAMHSA ECSC) ~Collective impact -- organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, and using common measures of success (ECCS)
125	Formal agreements or policies in place specifying statewide or tribal coordination (or between states and tribal communities) of workforce development initiatives			X	X	X	~Increased collaboration among agencies (DEC) ~Goal 2.1: Foster integration between behavioral health and health care, social support, and prevention systems (SAMHSA ECSC) ~Collective impact -- organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, and using common measures of success (ECCS)
126	Percentage of early childhood programs or initiatives that have adopted common indicators of child and family outcomes that can be used for collective impact analysis			X			~ Meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities. (ECCS) ~ Performance measurement system designed to "improve ACF's ongoing understanding of individual and collective grantee performance. (MIECHV/Tribal MIECHV) ~Collective impact is the commitment of a group of stakeholders from different sectors (e.g., public health, business, education, housing, faith, non-profit) to a common agenda for solving a complex social problem. To create lasting solutions on large-scale, organizations need to coordinate their efforts and work together around a clearly defined goal. There are five conditions that, together, lead to meaningful results from collective impact: 1.Common Agenda; 2.Shared Measurement; 3.Mutually Reinforcing Activities; 4. Continuous Communication and; 5. Backbone Organization (EfC: SSNR&E)
127	Percentage of children with identified social-emotional challenges transitioning from one program or service to another (e.g., EHS to HS, child care to kindergarten) with providers who coordinate their services (a.k.a. "smooth handoff")	X					~Collective impact -- organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, and using common measures of success (ECCS)

Project LAUNCH Common Indicators Master List

#	Indicators of Social-Emotional Well-Being	Indicator Levels					Corresponding Indicators from Relevant Early Childhood Initiatives
		Child	Family	Provider/ program	Community	State/tribal	
128	Percentage of parents or other primary caregivers who are satisfied with the coordination of their children’s services across behavioral health and primary care		X				~Improve behavioral health outcomes for individuals served by the Mental Health and Substance Abuse Block Grants (SAMHSA ECSC) ~Family well-being (OHS PFCE Framework)
129	Percentage of programs with written policies to improve access for underserved racial and ethnic populations to services that promote social and emotional well-being for children and their families (SPL Common Indicator #7)			X			~ The MCHB-HRSA Strategic Plan for Early Childhood called on State Title V MCH programs to use their leadership and convening powers to foster cross-agency early childhood systems development planning to address health equity and health and education disparities. (ECCS) ~ Health equity - the attainment of the highest level of health for all people. It is the removal of any and all differences (disparities) in health that are avoidable, unfair, and unjust. It requires “valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. (ECCS) ~ One of five core components is "access to health care and medical home. (ECCS)
130	Percentage of parents who experienced homelessness who are no longer homeless		X		X		No common indicators identified.