Design Team Meeting Five: Summary Report

On June 4, 2018, 48 participants attended a joint Design Team meeting to continue work on the NC Pathways to Grade-Level Reading (Pathways) Initiative. Seventeen members of the Social-Emotional Health Design Team, ten members of the Regular School Attendance Design Team, and 21 members of the High Quality Early Care and Education Design Team met at the Durham County Social Services Building. This meeting was the fifth scheduled meeting of the Pathways Design Teams. A sixth, and final, meeting will occur on August 29, 2018.

The Design Teams are the third phase of the Pathways work. The teams' goal is to identify strategies for action to impact the areas prioritized by the Pathways Partners.

The first two phases of Pathways involved:

- Identifying shared, birth-through-age-eight, whole child measures to put children on a pathway to grade-level reading.
- Determining how North Carolina's children are doing on those measures, in order to prioritize areas of focus to take action on first.

Background on Pathways is available online.

Design Team members represent government agencies, nonprofit organizations, the private sector, foundations, and research institutions. Expertise spans health, family support, community engagement, early learning environments, and K-12 education.

This report shares a high-level summary of the content of the discussions and work that took place during the meeting.

The agenda for the meeting (Appendix A) included:

- Welcome and Recap of Pathways Work and Pathways Criteria
- Review of the Pathways Equity Frame
- Prioritizing Proposals for Moving Strategies Forward
- Gallery Walk: Looking at the Whole
- Reflection and Next Steps
- Evaluation

Details about each section of the agenda are provided below.

Welcome and Pathways Review

Tracy Zimmerman, Executive Director of the North Carolina Early Childhood Foundation (NCECF), welcomed attendees to the meeting and reviewed the Pathways work that has been completed to date. She explained how the objectives of Meeting Five would help achieve the purpose of the Design Team phase of the Pathways work. The purpose is to create policy, practice and capacity-building agendas for the prioritized areas of focus that will make progress toward the top line result of all children reading on grade level by the end of third grade.

An overview of the meeting arc for the five Design Team meetings was shared:

- **Meeting One** was solutions-oriented. Participants identified what current North Carolina policies and practices to keep, change, create or chuck to see improved outcomes for children and families.
- **Meeting Two** focused on learning a racial equity framework, establishing a racial equity lens for the work, and thinking about root causes from an equity angle to inform solutions.
- **Meeting Three** was part of what design thinkers describe as "the messy middle." Design Team members looked at the true complexity of bringing together the work on racial equity with input from parents, community providers, and national research to inform cross-sector strategies that will equip all students with what they need to succeed. Criteria, grounded in the Pathways Principles, were developed to guide the group as they select strategies to pursue.
- **Meeting Four** shared findings from 13 Community Conversations from across the state. Design Team members used the Pathways criteria to identify top strategies for moving forward.

- **Meeting Five** would focus on Design Team members creating and coming to consensus on proposals – defined as three to five tactics and a rationale – for each of the ten strategies identified in meeting four. Team members would also begin gathering input on what NC is already doing in the strategy areas.
- Design Team members agreed to a **Sixth Meeting**, to be held in August, to continue action planning.

Setting Context for Prioritizing

Tracy described the purpose of the meeting: to prioritize tactics under each of the top ten strategies identified in meeting 4. Team members would work together in small groups to come to consensus around three to five tactics under each strategy. Together, these strategies and their tactics would become the Pathways Action Framework. As context, team members were asked to consider how the Pathways Criteria, Equity Framework, Developmental Milestones and Pathways process work together to provide a foundation for selecting priorities. In order to determine the tactics to best move the needle, increase equity, especially for children of color, and advance the other Pathways criteria, members were asked to put aside their own programs, sectors or agendas and think about the whole child in the context of his or her family and community.

Pathways Criteria. At meeting three, Design Team members identified Pathways Criteria to be used in prioritizing strategies and tactics. Team members were reminded to keep these in mind as they continued to prioritize tactics. Please see Appendix B for a list and descriptions of the Pathways Criteria.

Pathways Developmental Milestones. Design Team members were reminded of the Pathways Developmental Milestones, including:

- Language Skills on Track at 24, 36 and 48 Months
- Developmentally Ready at Kindergarten Entry

- Meeting Expected Growth in Reading (K-3)
- Reading at Grade-Level by the End of Third Grade
- Children with disabilities achieving expressive and receptive communication skills commensurate with their developmental ages

Reviewing the Pathways Equity Frame

Sterling Freeman and Kathleen Crabbs of OpenSource Leadership Strategies reminded Design Team members that Pathways is committed to approaching the work with an equity lens. The Framework introduced by OpenSource focuses on people, stories, rules and resources. Kathleen and Sterling discussed the tension between inclusion and equity. Choosing to focus on equity means intentionally privileging strategic solutions that remediate historic and current inequities based on race, socioeconomics and ability. Team members were encouraged to remember that strategies that target inequity benefit all children and families. Team members were urged to acknowledge and struggle with the equity/inclusion tension as they worked toward consensus in their small groups.

Preparing for Prioritizing

Mandy Ableidinger, Policy and Practice Leader at the North Carolina Early Childhood Foundation, reminded the group how the top ten strategies had been identified. At meeting four, Design Team members had prioritized the top 13 strategies for Pathways to focus on moving forward. Between meetings four and five, these 13 strategies were re-grouped into ten strategies to avoid duplication and increase clarity. Please see Appendix C for the top ten strategies.

Prioritizing Proposals to Move Strategies Forward

The majority of the meeting was spent in small groups coming to consensus around a set of tactics for each of the top ten prioritized strategies. There were two rounds of prioritization, with five strategies being worked on at a time. Each session was about 1.5 hours.

Mandy introduced the process that would be used for determining the final sets of tactics. Small groups would be considering competing proposals in order to come to consensus. A proposal was defined as three to five tactics, along with a rationale as to why those tactics were chosen. As pre-work, Design Team members had been given the opportunity to develop their own proposals in advance of the meeting, and team members who weren't able to attend had their ideas represented.

Each small group worked to come to consensus on a proposal (three to five tactics and a rationale) for their assigned strategy that they felt would best advance the Pathways Criteria and equity framework. As groups worked, they were reminded of the definition of consensus Pathways has used throughout the process: *Even though the decision may not be exactly what I want, I can live with it and support it.*

Small groups in both work sessions were able to come to consensus on a proposal for their strategy. These proposals were then presented to the larger Design Team membership.

Gallery Walk: Looking at the Whole

Completed proposals were posted around the room, and Design Team members were invited to reflect individually on the collection to consider how the sets of strategies and tactics meet the cross-sector needs of birth-through-eight children.

Team members were asked to provide input on what NC is already doing in these areas and note any questions they had about what is already being done. Please see Appendix D for the Strategies, Proposals and Input from Design Team Members.

Team members were asked to read the proposal for each strategy and provide input on how the strategies and tactics worked together as a whole by addressing the questions:

1. How will this set of strategies and tactics move us forward as a state? What excites you about these proposals?

2. What might need to be addressed for you to move forward with these items?

Please see Appendix E for Design Team responses to these questions.

Next Steps

Mandy closed out the day by previewing the next steps Pathways will take before the August 29th Design Team meeting:

1. Document the proposals chosen and send to all team members for endorsement.
2. Document what NC has already done in these areas and send to all team members with the request for more information to be added.
3. Reach out to the larger Pathways Partners group to continue expanding the knowledge base about what NC is already doing in these areas.

Purpose of Meeting Six

The sixth meeting of the Pathways Design Teams will take place Wednesday, August 29, 2018 from 8:30 AM to 3:00 PM at Pullen Baptist Church in Raleigh. Design Teams will meet all together, and team members will be working in small groups to complete further action planning for implementing the proposals.

How Pathways Work is Already Driving Change

Tracy thanked Design Team members for their ongoing commitment to the process and described some of the many areas where Pathways is already making a positive difference:
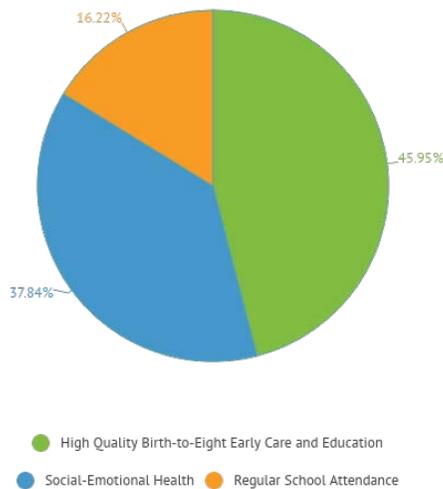
- The Birth to 3rd Grade Interagency Council adopted the Pathways Literacy Milestones as goals for the Council. Pathways also was including in the legislative language creating the Council.
- The Governor's reconstituted Early Childhood Advisory Council's (ECAC) includes Pathways in its reauthorizing language.
- The Department of Health and Human Services is using Pathways as the foundation of its Early Childhood Action Plan.
- New work in the state for infants and toddlers funded by the Pritzker Children's Initiative is using Pathways to create an action plan for babies and toddlers.
- The Institute for Emerging Issues aligned its community work, KidsReadyNC, with Pathways.
- Communities throughout North Carolina and in other states are using Pathways to:
  - ✓ Guide organizational strategic planning
  - ✓ Create and/or support local collaborative efforts framed around the Pathways Measures of Success and using Pathways data
  - ✓ Strengthen collaboration with partners
  - ✓ Build community understanding on the importance of taking a whole-child, birth-through-eight approach to support children's healthy development
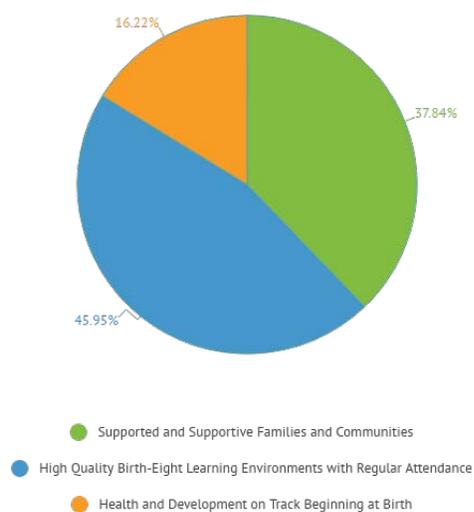
Evaluation

Participants were encouraged to complete an evaluation of the meeting, either electronically via a Google form or on a hard copy included in their meeting packets. High-level themes from the meeting evaluations are below (the full evaluation report is available [online](#)). Seventy-seven (77%) of the 48 participants who attended the meeting responded to the evaluation. Snapshots of Design Team participation and participants' primary interaction with Pathways Goals follow:

Which Design Team do you serve on?

- High Quality Birth-to-Eight Early Care and Education
- Social-Emotional Health
- Regular School Attendance

Which Pathways Goal do you work in/ interact with most often?

- Supported and Supportive Families and Communities
- High Quality Birth-Eight Learning Environments with Regular Attendance
- Health and Development on Track Beginning at Birth

Participants used the following four-point scale to answer questions related to the meeting's outcomes, engagement, and execution: Strongly Agree [4], Agree [3], Disagree [2], Strongly Disagree [1]. The results are presented below:

Session feedback summary table		Average score	Percent 3 or 4
Outcomes	Overall	3.75	100%
	The objectives and intended outcomes of the meeting were clearly defined	3.7	100%

		We achieved the planned objectives and intended outcomes of this meeting.	3.7	100%
		The work of this meeting was valuable and worth my time.	3.8	100%
		The Design Team had the resources (e.g., organization, community, leadership, talent, time) necessary to meet the goals of this meeting.	3.3	100%
		I feel that this Design Team is engaging in work that, if implemented, would improve third grade reading outcomes for NC's children.	3.8	100%
	Engagement	Overall	3.7	99%
		Members of our team were prepared and engaged.	3.5	97%
		I feel my voice was heard during this meeting.	3.8	100%
		I believe I have a valued role in shaping this work.	3.8	100%
	Execution	Overall	3.7	100%
		The meeting was well-planned and executed.	3.9	100%
		Time was used effectively and efficiently.	3.8	100%
		All follow-actions and next steps are clear.	3.7	97%

Participants also offered valuable comments in the open response portion of the evaluation. A sampling of those responses follows:

WHAT WAS THE MOST VALUABLE PART OF THIS MEETING?

- Listening to different vantage points of other early childhood professionals that help me see things through a different lens.
- The process of discernment for the tactics.
- How well organized it is.
- Experiencing my input heard, valued and championed by others.
- The interaction with my colleagues. The discussions were marvelous.
- Developing more specific proposals based on consensus.

- Continuing a conversation that links early childhood education with racial equity, policy, and a wide range of issues beyond what gets narrowly defined as early childhood education.
- Having folks sign up for areas of interest and coming prepared and the work in groups - it was all valuable.

WHAT DID WE DO WELL THAT WE SHOULD CONTINUE TO DO IN FUTURE MEETINGS?

- Clear facilitation and activities that kept us on track and action focused.
- Moving and supporting team members through this process.
- Good space, with food, with good facilitators.
- Explicit written instructions for all activities.
- Every voice was heard at my table.
- Clear homework assignments.
- Collaboration with all the areas up for discussion. Not being in a certain group did not mean you did not have access to points of priority for that topic.
- Diversity of participants at each meeting representing different organizations.

WHAT SUGGESTIONS DO YOU HAVE FOR WHAT WE CAN CHANGE OR HOW WE CAN IMPROVE?

- More school administrators and teachers at the table.
- More discussion time, fewer interruptions during exercises.
- More explicit explanation of homework maybe with a sample.
- We could probably have accomplished the same goal with somewhat simpler instructions.
- It is difficult for people outside the Raleigh area to get to a meeting at 8:30 a.m. I recommend starting at 10:00.
- Keep going through the "where we've been" part faster/shorter.
- Page numbers on homework.

CONTINUOUS IMPROVEMENT

Based on the results of this evaluation and participant feedback, Pathways staff will adjust and improve implementation of future meetings.

Pathways Design Team Meeting 5

June 4, 2018

8:30 AM to 9:00 AM
Registration, Breakfast and Networking

9:00 AM to 9:20 AM
Welcome, Recap of Pathways Work and Pathways Criteria

9:20 AM to 9:35 AM
Reviewing Pathways Equity Frame
Sterling Freeman and Kathleen Crabbs, OpenSource Leadership Strategies

9:35 AM to 11:45 AM
Prioritizing Proposals and Reporting Out – Session One

11:45 AM to 12:15 PM
Lunch

12:15 PM to 2:00 PM
Prioritizing Proposals and Reporting Out – Session Two

2:00 PM to 2:30 PM
Gallery Walk

2:30 PM to 2:50 PM
Reflections and Next Steps

2:50 PM to 3:00 PM
Evaluation

Appendix B: Pathways Criteria

These are the criteria chosen by the Design Teams and voted on by the larger Pathways stakeholder group. The criteria are derived from the Pathways Principles that stakeholders established and that have guided the process since the beginning.

Pathways Design Teams will prioritize strategies that:

Address racial, ethnic, socioeconomic and ability inequities
Pathways applies an equity lens to the work that begins with acknowledging that there are inequities in the systems that impact children's outcomes. Pathways focuses explicitly, but not exclusively, on racial inequity.

Are data- and research-driven and informed by developmental science
The shared measures of success and prioritization decisions made so far in the Pathways process are all based in the research behind what drives third grade reading outcomes and what the NC data tell us. In addition to quantitative data, Pathways honors and lifts up qualitative data, such as the lived experience of children, their families, and community members.

Consider the whole child and family
Pathways takes a cross-sector approach to the work, choosing strategies that draw on the skills and experiences of people from different child- and family-serving sectors and make an impact across sectors.

Are actionable and accountable
There are action steps that can be taken to move the strategy forward, and there are ways to measure progress.

Address a critical gap in our system
Strategies build on what is already working in NC and advance what isn't yet being addressed in an impactful way.

It is also important to stakeholders that there is room for flexibility and innovation at the local level. While the Pathways Design Team process is focused primarily on state level changes, many of the policies and practices included in the Pathways Action Framework (the agenda for change) will have local and state as well as private and public adaptations.

Appendix C: Top 10 Strategies

The top ten strategies are listed in no particular order.

Engage Authentically with Families: Authentically engage with families and provide parenting education and support around child development, wellness, early literacy and parenting.

Reduce Stress on Families: Create policies across sectors that collectively lower the burden of stress on families due to the often interrelated impacts of poverty, crime, mental illness, substance abuse, discrimination, and community violence, and build capacity to provide wraparound supports such as home visits, summer learning opportunities, housing supports and health and nutrition services, to help meet families' basic needs, promote good parenting, and support early literacy and regular school attendance.

Focus on Educational Equity: Build the capacity of birth-through-eight educational leaders and staff to make educational equity a priority and clearly communicate about race and equity with staff, students and parents. Reduce implicit bias in the system by building the capacity of teachers and leaders to be equity competent and effectively teach vulnerable students.

Ensure Affordable and Accessible Early Care and Education: Make high quality early care and education affordable and accessible for families, including by increasing the supply of high quality early care and education services.

Recruit, Prepare and Retain High Quality Educators: Set professional, high-quality standards and support specific efforts to recruit, professionally prepare, compensate and retain a well-qualified, diverse workforce across multiple birth through eight settings, including family and center-based child care as well as public and charter schools.

Provide Vulnerable Students with Needed Supports: Ensure students of color, English-language learners, students with disabilities and low-income students have the academic supports they need to succeed, including high quality early education, gifted education, remedial supports, tailored interventions, access to technology and appropriate instructional materials, and access to high quality teachers and school leaders.

Create Safe and Supportive Learning Environments: Focus on social-emotional health and learning to ensure safe and supportive learning environments and positive school climates, including building social-emotional skills and capacities of children, parents, teachers, service providers and school leaders.

Increase Access to Social-Emotional Health Services through Integrated Care: Integrate mental health, physical health and primary care within a patient-centered medical home to reduce barriers and increase access to mental health care for young children.

Screen All Children and Provide Needed Follow-Up Services: Build a comprehensive, coordinated system of universal screening and early identification activities, using diagnostic and screening instruments that are valid for minority populations, to detect developmental and social-emotional problems in infants, toddlers and young children. Include screening for family risk factors that might affect children's social-emotional development. Follow up with accessible referrals and treatment.

Recruit, Prepare and Retain High Quality Pediatric Mental Health Providers: Build the early childhood mental health workforce and increase competence in infant and early childhood mental health practice among other providers that serve young children and families.

Appendix D: Prioritized Tactics for Top Ten Strategies

Below are the strategies and tactics prioritized by the Design Team, along with notes about momentum in NC around these areas.

Strategy: Engage Authentically with Families
Tactics:
- Align family engagement and strategies among programs.
- Reach parents where they are and ask them to share their knowledge by supporting and taking inventory of informal community based parent groups, building relationships with their members and leveraging their knowledge and other forms of capital.
    o Family support, network is addressing some of these issues in the early intervention and Medicaid worlds especially.
- Involve families in all steps - agenda setting, planning, implementation, evaluation and support them as needed to maintain involvement.
- Strengthen parents' understanding of their own power by teaching them to advocate for their own and their children's educational and health care needs, at school and in health care settings.
    o Title V supporting trainers in parents as collaborative leaders.
- Mitigate cultural and racial implicit bias among those who work with children and families serving systems encouraging engagement with non-English speaking families.

Reduce Stress on Families
- Engage in Family Friendly employment policies and ensure that low wage and part time workers have access to these policies. Ex. paid leave - parental, sick; predictable scheduling.
    o MomsRising.
    o There is a state coalition for this.
- Increase access to affordable housing, including through home loans, increased funding for the Housing Trust Fund and Section 8 vouchers, and development plans that require affordable housing with supports.
    o Talk to NC Housing Coalition and local housing advocates.
- Invest in school health and mental health professionals and school health clinics, including increasing school nurse ratios to the national standard in order to identify health issues early, manage connections with community providers and serve students families as well.
    o Asheville City Schools used to have student health clinics at middle and high schools.
    o (Durham has some too.)
    o McDowell County health coalition doing some work in this space I think.
- Ensure affordable, accessible, dependable transportation, especially in rural communities.

- o Wake Up Wake has success in urban area transit wins.
  - o This needs to be a part of NC Pre-k where children are not able to attend due to lack of transportation (public and private sites).
  - o Talk to ROI in Edgecombe -maybe they have ideas.
- Expand family-centered, dyadic intervention programs for families that incorporate health, mental health, child development and social support. Ensure that state policy includes a focus on multi-generational family impact, families with children with disabilities, neonatal addiction, child welfare implications and service needs, and pregnancy prevention.
- Raise minimum wage.
  - o State coalition working on this. Also some organizing happening with service/food workers: Fight for $15.
  - o Economists argue that this would actually produce employment for populations that have the fewest opportunities.

<u>Focus on Educational Equality</u>
- Make equity an agency-wide priority for state and local education agencies by setting ambitious and achievable equity-related goals within and across divisions that are tied to broader state and local goals and strategies.
  - o Asheville City Schools doing some work on this.
  - o Charlotte Mecklenburg Schools has an equity policy.
- Use a weighted funding formula that takes into account the extra costs incurred by districts with high proportions of low-income students or students with special needs based on need in order to achieve equity.
  - o Charlotte Mecklenburg Schools has used weighted funding formula (have changed several times over the years).
  - o Could use ACEs scores.
- Encourage state, districts, schools, NC Pre-k administration and CCR&R to embed professional development opportunities that support a deeper understanding of race and culture, explicitly teach teachers and those seeking early education, B-K, and K-3 licenses how to develop and strengthen relationships with parents of color and the community. Use Head Start standards/competencies as model.
  - o Head Start Program Performance Standards.
  - o NC PK Pyramid Model & Tier II trainings around implicit bias and family engagement – this could be an expansion opportunity.
  - o Mecklenburg County Race Matters for Juvenile Justice has some great professional development opportunities.
- Adopt research-based standards for culturally-relevant teaching to help B-8 teachers know what competencies they need to effectively instruct students of color, honor the customs, norms and traditions of all students, and embed the diverse perspectives and histories of communities of color within the curriculum.
  - o Embed this as professional development within the NC Teaching Fellows program.

- Invite a wider range of participants to policy-making conversations from the beginning, including intentional seats for families of color and young people. "Design with" instead of "designing for".
  o Provide stipends to support participation, value/compensate for time and input.

Ensure Affordable and Accessible Early Care and Education

- Provide higher rates to public and private early care and education providers in high poverty, underserved and/or rural communities.
- Increase access to high quality child care near where people live, including rural communities.
- Expand access to Early Head Start and other infant and toddler child care, targeting geographic areas of highest need.
- Increase resources for families to access ECE services to reduce waiting lists.
  o Lots of relevant advocacy work being done by NC Child and others on these issues. (seconded)
  o DSS and CCSA do this for partner organization.
- Raise subsidy market rates across counties to reflect the actual cost of providing HQ care, increase rates paid to providers even on a day when a child is absent.

Recruit, Prepare and Retain High Quality Educators

- Create collaborative professional development opportunities for birth-through-third grade teacher, and for center directors and principals.
  o Buncombe County Schools has an ECE program on site that trains students and serves kids.
  o EI is working on standards and competencies and will begin developing or obtaining an RFP for modules.
  o Local ESSA plans related to exceptional children
  o Talk to Project Enlightenment in WCPSS.
- Increase education standards and compensation (including incentives and loan forgiveness) for 0-5 teachers with the ultimate goal of achieving parity with K-3 teachers.
  o Move the needle on compensation project, team has been working on compensation.
  o QRIS standards speak to teacher education.
  o Need AmeriCorp or Teach for America in early childhood education space.
- Expand WAGES and TEACH early childhood scholarships available statewide for teachers, directors, and family childcare educators to earn ECE certificates, AAS, BS/BA; BK or preschool add on licenses or masters' degrees in early childhood leadership and management.
  o Issue: Site administration choose not to allow staff to go through TEACH because they are not able to meet or want to follow the criteria.
  o TEACH E.C. scholarships available in all 100 counties. WAGES is only in about 50% of counties.

- Develop a comprehensive state plan to recruit and retain teachers of color (and leaders) that uses a variety of strategies, including financial incentives, recruitment legislation, recruitment centers, special programs (e.g. pre-college programs), and alternative certification programs targeting substitute teachers and mid-career paraprofessionals.
  - Some high schools have EC track.
  - This is absolutely needed and can be implemented and monitored.
  - Need community colleges to play a role - some history already there with community colleges having model classrooms.
  - H.R. Department of the LEA participating in College Career Fairs.
- Align educator licensing and certification systems to the latest research on effective teaching and leading. For example, require job-embedded PD activities and performance evaluation. Include coaching and implementation strategies.

Questions and feedback from Design Team members:
- Is there a way to target through NC teaching fellows?

<u>Provide Vulnerable Students with Needed Supports</u>
- Require local school districts to select high quality, culturally-relevant instructional materials and pedagogy that is aligned to state standards. Increase representation of diverse culturally-sustaining materials in locally-adopted curricula. Check for bias in curriculum and assessment as part of state level review of instructional materials, and assist districts in implementing strategies to detect bias in curriculum and assessment, particularly for locally-selected/designed material.
- Examine hiring practices and other human resources policies to ensure vacancies are filled with high quality educators. For example, identify vacancies early to ensure that late hiring timelines are not a barrier to recruitment by providing a monetary incentive for early notification of resignation or retirement and a monetary penalty for late notice.
- Ensure equitable access to high quality childcare, Early Head Start, Pre-k and other opportunities for early learning, including wrap around services for children of color, children with disabilities, English learners, and low-income families.
- Support innovative incentives for effective teachers to stay in or move to disadvantaged, low-performing schools. Survey effective teachers and leaders currently working in high-poverty schools and look at national incentive-based programs to determine what type of financial compensation and other, non-monetary (for ex: reduced class size, teacher aides, increased autonomy, or career ladders) may influence their decisions to move to or stay in high-need schools and early education programs.
- Ensure the school accountability system is relevant and is meaningful to parents, students, and other stakeholders by engaging stakeholders by engaging representatives from low-income communities and communities of color in the design, reporting, and refinement of accountability measures.

Questions and feedback from Design Team members:

- Are any districts in NC using the models shown in the documentary "Resilience"?

Create Safe and Supportive Learning Environments
- Eliminate or minimize the use of suspension and expulsion in B-8 classrooms. Assess, identify and address needs; screen for disabilities and refer for supports; incorporate cultural competency into disciplinary policy; and recognize the impact of trauma on many children of color.
  - NC Pre-K contract –administrators in 91 counties are required to develop a plan to reduce/eliminate suspension/expulsion.
  - Data being required to be collected on expulsions soon by feds.
- Prepare teachers to support young children's development in skills that are needed for adaptive coping, sound decision-making, and effective self-regulation, including executive functions such as inhibitory control, planning, and cognitive flexibility with attention to trauma and resilience.
  - Reach out and read; Read, Talk, Sing, and other efforts exist to help parents help teachers.
  - Do not forget Administrators in this category!
- Support schools to implement best practices to creating a welcoming environment, provide opportunities for parents to form relationships with school staff, engage in respectful, two-way communication with parents, practice shared decision-making in planning student services, and recognize and build parent strengths, learning and leadership.
- Hire support staff, including trained school counselors, social workers, school nurses, school psychologists and behavioral health specialists in school settings to work with children and families on social-emotional concerns, attendance, and other social determinants of health, and ensure access for all students and families.
  - Bill on school nurses, as recommended by a Program Evaluation Division report (Bill Draft 2017-MT-147: School Nurses Reform/PED Report), federal School Nurse Funding Initiative funding, Governor budget, bills/discussions to increase because of mental health occurring.
  - House Bill 1070 Safe Schools, Reps. Martin & Morey.
- Require for licensure and renewal that educators have pre-service training and in-service training on competence in implicit bias, cultural awareness, ACES, child development and social-emotional learning.

Increase Access to Social-Emotional Health Services through Integrated Care
- Address barriers in covering infant and EC mental health services including: eliminate requirement to provide diagnosis in order to receive payment, create appropriate infant-toddler diagnostic criteria, create diagnostic and treatment codes that qualify for insurance reimbursement, and provide a range of approved treatments suitable to age group, especially parent/child and family treatments.
  - DC 0-5 with Zero To Three workgroup, child treatment program.

- o Zero to three workgroup on DC 0-5.
  - o Under Medicaid children may have six sessions without diagnosis.
- Create a state strategic plan to infuse infant and EC mental health into behavioral health, primary and public, early learning and development, child welfare, home visiting, & Part C early intervention initiatives. I-ECMH state plan should address promotion, prevention and treatment continuum and include core components: leadership, systems integration, public awareness, financing, improvement strategies, professional development.
  - o This is called system of care.
  - o Early Childhood Advisory Council, Children's Cabinet, B-3rd Legislative Council, Secretory Birth to Three, Think Babies, ABCD, Pritzker Funding, Zero to Three Funding.
  - o Collaboration within Public Health - particularly women's and children's health section.
- Ensure that benefits package for behavioral health include:
  - o Language to make clear that infants/toddlers are included in definitions of "serious emotional disturbance;" language to support use of developmentally sensitive, evidence-informed diagnostic criteria such as 2 to 3 diagnostic classification of Mental Health and Developmental Disorders of Infancy and EC (DC: 0-3R, now DC: 0-5);
  - o A definition of "mentally necessary services" to include prevention, diagnosis and treatment of I-ECMH impairments;
  - o A requirement for evidence based approaches appropriate for infants, toddlers, and their families such as treating parents and young children together and delivering I-ECMH services in primary care settings and home visits.
  - o Start with NCIOM 2012, update and pass it!
  - o Medicaid transformation - tailored plans includes consideration of this.
  - o EPSDT and young child mental health.
- Create training to increase primary care providers comfort and competency in prevention, management and treatment of frequently occurring and lower-acuity mental health conditions in childhood and adolescence, including medication management and knowledge of evidence-based mental health services.
  - o CCNC Tools- Pediatric Essentials, toolkits.
  - o Use AAP, screening technical assistance, resource (STAR) center, Resource (simulation, tools compiled), AAP Mental health toolkit.
  - o Wake training for care providers regarding young child mental health and social emotional development, monthly services - the Kaleidoscope Project.
- Co-locate mental health providers within primary care practices.
  - o NC Expand Child Treatment Program.
  - o Tele-psychologist - middle school.
  - o Work with other states, apply for upcoming NRSA funding 21st Century Cares Funding for Massachusetts Child Psychiatry Access Program-like child psychologist access models.

- o Medicaid Transformation.
- o NY First 1000 Days.
- o See Dr. Nadine Burke-Harris.

Screen All Children and Provide Needed Follow-Up Services

- Use a multicultural assessment/intervention process model at various points in the assessment/intervention process to ensure that assessment instruments are culturally relevant, increase the reliability and accuracy of clinical diagnoses, and foster the use of more credible and beneficial intervention services for specific populations.
  - o Advocacy for DC 0-5 included in Medicaid multiaxial assess and diagnosis.
  - o Possible link to community health worker model.
  - o Working on Pyramid Model (SEFEL- social emotional foundations for early learning), in EI, preschool, NC Pre-k.
- Determine the extent to which mothers are being screened for maternal depression (PPD) at infant well baby visits, the sufficiency and effectiveness of maternal depression treatment services, and the extent of racial/ethnic and/or geographic disparities in screening and service delivery to mothers with PPD. Based on the results, expand access to maternal depression screening and treatment services.
  - o CCNC has a toolkit for maternal depression and is getting traction with care managers to get medical homes to use.
  - o CCNC monitors screening % for maternal PPD in Medicaid and is increasing.
  - o Social Determinants of Health Tool.
  - o Check out Mothering Asheville's Doula partnership with Sistas Caring 4 Sistas.
  - o Mothers, currently, may be screened on child's Medicaid, up to age 1.
  - o Durham CDSA is in a study (sent for peer - review/or publication) through either UNC or NIH- they're developing a toolkit for screening.
  - o Talk to Nurse-Family Partnership and Family Connects.
  - o See Landscape study being conducted by UNC School of Social Work on home visiting in NC (due this summer).
- Use data to track community needs, available services, and racial/ethnic, linguistic and income disparities in service provision and outcomes, use the data to determine whether enough services are available and whether access to quality services is equitable and adjust provision of services appropriately.
  - o Smart Start requires community needs assessments by county, and strategic plans, and DPH requires community health needs assessment. More resources would be needed to assure similar info is collected in each county and then aggregated and analyzed statewide.
  - o Check out Pathways Community HUB model of care coordination. Mission Health Partners in Buncombe. Wake Urban Ministries interested. Yes, also in Ohio HMOs.
  - o Part of the Head Start grant application and re-application.
  - o Some data are tracked - ECIDS - Public Health Data Dashboard.
  - o Essential!

- o Some Counties have community needs assessment.
- Screen all children and families for at risk circumstances and social determinants of health, such as ACE's and trauma, poverty, homelessness and protective factors.
  - o Group at Harvard this week (Karen McKnight and a few others) to work on including ACEs and community resilience.
  - o Follow-up group from zero to three TA project under leadership of Dr. Marian Earls is still meeting and grappling with several of these issues (screening for at-risk/ACEs, DC 0-5, diagnosis, etc.).
  - o Aligns with Medicaid Transformation plans.
  - o Medicaid in NC will start to include social determinants of health screen, I think?
  - o Discussions are emerging in communities and at state about building community resilience.
  - o Institute of Medicaid Growing up well 2012 report addresses social services.
  - o ACEs screening being developed.
  - o PCA plans to do trainings about using the five protective factors - especially with faith organizations.
- Include at-risk children in the definition of eligibility for the Individuals with Disabilities Education Act (IDEA) Part C Early Intervention Program.
  - o NC Child has been advocating for increased resources for 0-3, EI, and early childhood MH services.
  - o Policy is possible and DPH is supportive. Need funds/resources.
  - o Early Education Coalition addressing some of these (Pritzker home visiting).

Recruit, Prepare and Retain High Quality Pediatric Mental Health Providers
- Expand NC Child Treatment program with focus on equity.
  - o NC Child Treatment program: focus on 3 models for children under age 5: CPP, TFCBT, PCIT.
  - o Increase appropriation.
- Train providers who work with young children on NC's infant and young child mental health competencies by infusing the competencies into higher education, personnel prep, and workforce development initiatives across child welfare, maternal-child health, parent education, MIECHV and other home visiting efforts, Part C EI, mental health, pediatric health, and early learning and development so that all of these professionals understand how to promote SE development, how to recognize the risk factors and early signs of SE problems and mental illness in infants and toddlers, and when a concern should be referred for follow-up.
  - o NC Infant Mental Health Association has worked for four years on developing IMH competencies. Now they need resources to further develop and implement them. (seconded)
- Invest in programs through public universities, community colleges, and historically black colleges and universities that build and maintain medical and health care profession pipeline programs for students of color.

- Recruit and retain more clinicians for infant and toddler mental health using a racial equity lens.
    - Infant Mental Health Association.
    - Early Intervention interest in this with funding.
- Create a comprehensive, aligned, trauma-informed mental health professional development system, with individualized professional development plans.

Appendix E: Team Members' Responses to Gallery Walk Questions

1. How will this set of strategies and tactics move us forward as a state? What excites you about these proposals?

   - Mix of targets – policy, practice, programs – to move the needle
   - Influence at multiple entry points – teachers, parents, medical providers, school administrators, legislators, etc.
   - Many excellent and specific ideas
   - Explicitly state what is needed
   - Working on fragmentation
   - Ask for money
   - Take back the conversations
   - Diverse stakeholders

2. What might need to be addressed for you to move forward with these items

Explicit descriptions of the groups intended to be included and supported need to be included in the tactics instead of using terms like "all." The only way to fight implicit bias is by using explicit examples. The unmarked will always be left out, if not explicitly stated. (race, disability, socio-economic status, age, gender, etc.)