

Appendix A: Meeting Agenda



Pathways Design Team Meeting 6

August 29, 2018

8:30 AM to 9:00 AM

Registration, Breakfast and Networking

9:00 AM to 9:15 AM

Welcome and Overview of the Day

9:15 AM to 9:45 AM

Grounding Ourselves in Equity

9:45 AM to 10:45 AM

Review and Discussion of the Proposed Pathways Action Framework

10:45 AM to 11:00 AM

BREAK

11:00 AM to Noon

Transitioning to Implementation

Noon to 12:30 PM

LUNCH

12:30 PM to 2:00 PM

Transitioning to Implementation

2:00 PM to 2:30 PM

Gallery Walk

2:30 PM to 3:00 PM

Reflections, Next Steps and Evaluation

Appendix B: Reflections on the Draft Equity Statement

After reviewing the proposed Racial Equity Statement, Design Team members were asked to reflect on what resonated with them in the statement and what it made them wonder about. Responses from table groups in themes:

What resonates with you from this statement?

Question raised in the discussion: Who is the audience?

Explicit focus on racial equity

- Explicit focus on racial equity is a plus.
- Immediate focus on families of color.
- Socio-economic status, ability, language, etc. can be defined; race can't. This makes it more difficult to address race and requires that race be mentioned explicitly.

Focus on empowerment (including economically) of families of color

- Help families become leaders, needs to include empowerment.
- How to empower families, change thought process, pull families up out of slump, empower and give hope.
- Economic support for families; not just focus on children.

Emphasis on strengths and assets of children and families of color

- Choice of the word "celebrates."
- Highlight strengths and assets-based framework rather than deficit-based.

Dedicating resource distribution to those most in need

- Calling out that resources are more needed for those most in need.
- Dedicating more of society's resources. Where are we putting our resources and why?

Recognizing structural racism

- Policy and practice – not just programs. Systems' focus needed – re: structural racism.
- Recognizing history – current lived experiences – formal and informal.

Removing barriers for children and families of color

- Removing barriers is the focus and their needs are prioritized so that outcomes are not predicted by race.
- Leading with equity... change language to include dismantling barriers to opportunities for children and families.

Overall goal to help all children

- Goal is to help all children.
- Last statement... "deepest needs will support all children."

What are you wondering about in this statement?

Questions raised in the discussion:

- What laws and policies are being referenced in the second sentence? State? Federal Education? Criminal justice?
- How to keep the equity lens in implementation?

Make racial equity even more explicit

- How can racial equity be something other than a tag line? Start by recognizing inequities.
- Equity – racial equity? Trying to be “all things” to all people. Does it need to be more specific about race?
- But race, poverty disparities are all connected? So equity broadly may produce real systems’ change.

Focus on dismantling barriers

- “Leading with equity means dedicating more of society’s resources to support those children and families with the greatest barriers to opportunity” – supports current structure and does not address problems.
- If barriers were removed, dismantled, then would not have to support.
- Change “reducing other disparities” to “eliminating” or “dismantling.”

Specific changes – wording or sentence order

- Public education and not just elementary.
- Any possibility of moving last sentence of the 2nd paragraph to reflect disparities due to other factors?

Include legislative and policy development as next steps

- Legislative advocacy – policies action next steps.
- Whatever comes out of today is referenced in legislation.

Integrate recommended practices across areas

- Need to draw upon and integrate across recommended practices from multiple buckets – race, circumstances, ability, language.

About the questions...

- Is there a way to turn questions into action statements, instead of questions so as not to make it appear to not know, use in other ways.

Appendix C: Final Racial Equity Statement

A draft racial equity statement was provided at the meeting, based on work with OpenSource and reviewed by the Design Team co-chairs. Design Team members discussed the statement at the meeting and decided to task a small group with finalizing the statement, informed by the Design Team members' comments. Below is the final statement, which was completed in October by a small volunteer group of Design Team members.

Since its adoption in 1893, our state motto, "To Be, Rather Than to Seem" has both inspired and challenged North Carolinians to go beyond just speaking our values and truly live them. We pride ourselves on being a state that is a leader in creating opportunities for people to live with dignity, realize their potential, and achieve their greatest dreams. Yet current and historic laws, policies and practices – both official and unofficial – have created and maintained widespread barriers to opportunity and success for children and families of color.

Today in North Carolina, too many children from all racial groups are not meeting a critical developmental milestone – reading on grade-level by the end of third grade. However, there are vast differences in outcomes between racial groups, with 52 percent of white children meeting this benchmark, while only 22 percent of Black and 22 percent of Latinx children do. These disparities in outcomes are the result of systemic barriers both current and historic.

Ensuring that all our children and families have high quality child care and early education, effective public elementary schools, high quality health care and well-paying jobs that can support a family is the key to improving third grade reading proficiency – and the key to prosperity for all of us. To get there, Pathways focuses explicitly on racial equity, since race in America plays such a large role in determining children's life outcomes. This racial equity lens guides Pathways to recommend dedicating more and different resources to support children and families of color and creating systems that work for all.

Leading with racial equity means prioritizing strategies that specifically work to improve outcomes for children of color and giving special consideration to the wisdom and innovation of people of color to develop responses that are lasting and reach all children. Targeted interventions that account for structural racism benefit all children. The Action Framework also aims to reduce disparities in children's outcomes based on income, ability, language of origin, geography, gender or age.

Pathways uses a racial equity lens by:

- Disaggregating data so that we can clearly see and address the racial and other disparities in outcomes among groups of children,
- Ensuring that people of color and white people work together to make decisions about what to prioritize and how,
- Encouraging and supporting partner organizations and agencies to lead with a racial equity lens, and
- Convening organizations so they can learn together, support each other, and partner to advance racial equity work for young children.

When our systems work collaboratively and are shaped using a racial equity lens, we ensure the best possible future for our children and North Carolina.

Appendix D: Final Action Framework

Design Team members reviewed and reacted to the Action Framework during the meeting and tasked a review committee of Design Team members to edit the Framework for clarity and simplicity of language. The final language – shown here – was completed in October.

Expectations for North Carolina’s Child and Family Systems to Support Each Child’s Healthy Growth and Development:

Expectation 1: Systems are Family-Driven and Equitable. North Carolina’s systems for children birth-through-age-eight and their families are built on two core strengths: engaging with and learning from families, and focusing on racial equity and cultural competence. These strengths enable systems to adapt to the needs of children and their families – ensuring that those facing the most barriers to success have access to the most supports, and providing a strong foundation for children’s development and learning.

Expectation 2: Systems Serve Children in the Contexts of Families and Communities. North Carolina’s early childhood systems work from the knowledge that children live in families and communities that shape their development and learning. The well-being of children is closely linked to the well-being of their families and communities.

Expectation 3: Education System is Accessible and High-Quality. North Carolina’s birth-through-age-eight education system is available to all, user-friendly, culturally-competent, employs a racially diverse, high-quality workforce, and supports all aspects of children’s development, including literacy and language development, cognition, approaches to learning, physical well-being, and social-emotional development.

Expectation 4: Social-Emotional Health System is Accessible and High-Quality. North Carolina’s infant and early childhood health system provides children with access to high-quality, racially diverse pediatric, primary care and mental health clinicians and linked services that support children’s social-emotional health and development.

Pathways’ Proposed Actions:

If implemented effectively, the following actions will begin to realize the expectations that Pathways Partners hold of North Carolina’s birth-through-age-eight child and family systems. These actions are not the whole universe of what could be done. They are a start.

Expectation 1: Systems are Family-Driven and Equitable. North Carolina’s systems for children birth-through-age-eight and their families are built on two core strengths: engaging with and learning from families, and focusing on racial equity and cultural competence. These strengths enable systems to adapt to the needs of children and their families – ensuring that those

facing the most barriers to success have access to the most supports, and providing a strong foundation for children's development and learning.

Child and family systems deeply engage with and learn from families.

- **Action 1.1: Support Families in Advocating for their Children.** To strengthen families' understanding of their own power, invest in family education about how to understand and navigate through child and family systems, and be a voice (advocate) for their own and their children's needs at child care, in school and in health care settings.
- **Action 1.2: Require Linked Strategies Across Programs to Engage and Learn from Families.** Require child and family systems and programs to use strategies that intentionally engage and learn from families, and connect those strategies across systems and programs. Examples of such strategies could include:
 - **Work with Community Groups to Reach Families Where They Are.** Reach families where they are. Ask families to share their knowledge. Become familiar with and support informal community-based family networks. Build relationships with families through these networks and use their knowledge and social connections to make positive change.
 - **Involve Families in Services from the Beginning.** Involve families in all steps of their children's education and healthcare, including deciding what is most important (agenda setting), planning, implementation, and evaluation. Provide support as needed to maintain involvement.

Child and family systems prioritize racial equity and cultural competence.

- **Action 1.3: Be Inclusive in Planning and Designing Services.** Invite and support the participation of a wider range of people in policy-making conversations from the beginning. Make sure there are seats for families of color and for youth. "Design with" instead of "designing for."
- **Action 1.4: Set Equity Goals.** Make equity an agency-wide priority for state and local agencies by setting bold and doable equity-related goals within and across divisions that are tied to broader state and local goals and strategies.
- **Action 1.5: Ensure Assessment Instruments are Culturally and Linguistically Relevant.** Ensure that social-emotional health and educational assessment tools can work for and be understood by many cultures and by people who speak different languages (are culturally and linguistically relevant), in order to ensure accurate mental health diagnoses and educational supports and services. Refer children and families to interventions and treatments that are known to work for people from different cultures.

Expectation 2: Systems Serve Children in the Contexts of Families and Communities. North Carolina's early childhood systems work from the knowledge that children live in families and communities that shape their development and learning. The well-being of children is closely linked to the well-being of their families and communities.

Child and family systems address the social determinants of health that impact children's development by screening, providing needed treatment and services, and promoting family and community strengths and resilience.

- **Action 2.1: Screen Children and Families for Social Determinants of Health and Connect them to Appropriate Services.** Screen all children and families for at-risk circumstances and social determinants of health and connect them to appropriate services. Screens should include risk factors, such as Adverse Childhood Experiences (ACEs), trauma, poverty, and homelessness, and protective factors, such as capacity to recover from difficulties (resilience), social connections and supports, knowledge of parenting and child development, and children's social and emotional health.
- **Action 2.2: Invest in Two-Generation Interventions.** Invest in treatment and services that focus on creating opportunities for and addressing the needs of both children and the adults in their lives together. Home visiting is an example of a two-generation approach. Interventions could combine physical health, social-emotional health, child development, parenting education and social support. Address issues such as substance addiction, child abuse and neglect prevention, family planning, and supporting families of children with disabilities.
- **Action 2.3: Expand Maternal Depression Screening and Treatment.** Continue to track North Carolina's rates of maternal post-partum depression screening at well-baby visits and the amount and effectiveness of maternal depression and evidence-based two-generation (mother and child) treatment services. Determine the extent of racial, ethnic, and geographic disparities in screening and service delivery to mothers with depression. Expand access to screening and treatment services based on the results.

North Carolina businesses and communities advance policies and supports that reduce stress on families.

- **Action 2.4: Create Family-Friendly Employment Policies.** Create family-friendly employment policies and ensure that low-wage, part-time, and seasonal or occasional workers have access to these policies. Examples may include paid sick leave, parental leave, or reliable work schedules.
- **Action 2.5: Increase Access to Affordable Housing.** Increase access to affordable housing, including through home loans, increased funding for the Housing Trust Fund and Section 8 vouchers, and development plans that support affordable housing.
- **Action 2.6: Ensure Accessible Transportation to Early Care Programs, Schools and Health Services.** Ensure affordable, accessible, dependable transportation to early care and education programs, schools and health services, especially in rural communities.

Expectation 3: Education System is Accessible and High-Quality. North Carolina's birth-through-age-eight education system is available to all, user-friendly, culturally-competent, employs a racially diverse, high-quality workforce, and supports all aspects of children's development, including literacy and language development, cognition, approaches to learning, physical well-being, and social-emotional development.

North Carolina's youngest children have access (including availability, convenience and affordability) to early care and education programs and supports prior to kindergarten entry, including child care, Early Head Start, Head Start, Title I, and NC Pre-K.

- **Action 3.1: Increase Access to Infant and Toddler Care.** Expand access to Early Head Start and other infant and toddler early care and education programs, targeting geographic areas of highest need.
- **Action 3.2: Provide Wrap-Around Services for High Quality Early Care and Education.** Ensure children of color, children from low-income families, and children with disabilities can benefit from early care and education programs by providing wrap-around services such as transportation to and from school, before- and after-school care, summer care, and meals.
- **Action 3.3: Expand Child Care Subsidies for Children.** Help pay for (subsidize) the cost of child care to make it affordable for more low-income North Carolina families.
- **Action 3.4: Raise Child Care Subsidy Rates.** Raise child care subsidy market rates paid to child care providers to reflect the actual cost of providing high-quality care, and pay providers even when a child is absent.
- **Action 3.5: Provide Higher Subsidy Rates to Providers in Underserved Communities.** Provide higher child care subsidy rates to public and private early care and education providers in high poverty, underserved and rural communities.

North Carolina's children have the opportunity to learn in environments that are culturally relevant and free from systemic racism and cultural and racial implicit bias.

- **Action 3.6: Recruit and Retain Educators and School Leaders of Color.** Develop a state plan to recruit and retain birth-through-age-eight educators and school leaders of color using a variety of strategies, including financial incentives, recruitment legislation, recruitment centers, pre-college programs, and alternative certification programs targeting substitute teachers and mid-career paraprofessionals.
- **Action 3.7: Adopt Research-Based Standards for Culturally-Relevant Teaching.** Adopt research-based standards that connect to diverse cultures (are culturally relevant) to help birth-through-age-eight educators know what skills they need to effectively teach students of color, honor the customs, norms and traditions of all students, and include the diverse views and histories of communities of color within the curriculum.
- **Action 3.8: Provide Professional Development for Teachers on Cultural Competency and Working with Families.** Embed professional development opportunities that support a deeper understanding of race, culture and unconscious prejudices (implicit bias). Explicitly teach teachers and those seeking early education, B-K, and K-3 licenses how to develop and strengthen relationships with families of color, families with home

languages other than English, and the community. Use Head Start standards and competencies as a model.

- **Action 3.9: Ensure Curricula and Materials are Culturally Relevant.** Support local school districts and child care centers to implement strategies that detect racial and cultural bias in curricula and materials, and to select high-quality, diverse, culturally-relevant instructional materials and ways of teaching (pedagogy) that are aligned to state standards.
- **Action 3.10: Ensure Education Accountability Systems are Culturally Relevant.** Ensure that the way effectiveness is measured in schools and early learning programs is relevant and meaningful to families, students, and other stakeholders. Engage people from low-income communities and communities of color in the design, reporting, and fine-tuning of accountability measures.
- **Action 3.11: Adapt K-3 School Funding System to Increase Equity.** Use a weighted funding formula that takes into account the extra costs in districts with high numbers of low-income students or students with special needs in order to ensure that those with the most barriers to success have the most supports (achieve equity).

North Carolina's children, especially those with the most roadblocks to opportunity, have well-trained, high-quality teachers and school leaders, from birth-through-third grade.

- **Action 3.12: Increase Standards and Compensation of Birth-through-Age-Five Educators.** Increase education standards and develop a sustainable plan (including incentives and loan forgiveness) to align birth-through-age-five educator compensation with that of K-12 educators.
- **Expand WAGE\$ and T.E.A.C.H. for Birth-through-age-five Educators and Directors.** Expand WAGE\$ and T.E.A.C.H. early childhood scholarships statewide for teachers, directors, and family child care providers to earn Early Childhood Education certificates, Associate's and Bachelor's degrees, B-K licenses, preschool add-on licenses, and/or Master's degrees in early childhood leadership and management.
- **Action 3.13: Support Incentives to Ensure High Quality Educators in High Need Schools and Early Education Programs.** Support incentives for effective teachers to stay in or move to disadvantaged, low-performing schools and early education programs. Survey high quality teachers and leaders currently working in high-poverty schools and programs and look at national incentive-based programs to determine what type of financial compensation and other, non-monetary incentives may influence their decisions to move to or stay in high-need schools and early education programs.
- **Action 3.14: Adjust Hiring Practices to Ensure High-Quality Educators.** Examine hiring practices and other human resources policies and adjust as needed to ensure vacancies are filled with high quality educators. For example, in order to identify vacancies early and ensure that late hiring timelines are not a barrier to recruitment, provide a monetary incentive for early notification of resignation or retirement and a monetary penalty for late notice.

- **Action 3.15: Create Collaborative Birth-through-Third Grade Professional Development.** Create professional development opportunities for birth-through-third grade teachers, and for child care center directors and principals, to learn together.
- **Action 3.16: Provide Research-Informed Professional Development.** Align educator and school principal licensing and certification systems to the latest research on effective teaching and leadership. For example, require job-embedded professional development activities and performance evaluation, provide coaching, and follow implementation strategies.

North Carolina's early learning environments support and promote children's social-emotional development and executive functioning.

- **Action 3.17: Eliminate or Minimize Suspension and Expulsion.** Eliminate or minimize the use of suspension and expulsion in birth-through-third grade classrooms. Assess, identify, and address needs; screen for disabilities and refer for supports; include cultural competency into disciplinary policy; and recognize the impact of trauma on many children.
- **Action 3.18: Prepare Teachers to Build Specific Student Skills Needed for Success.** Prepare teachers to support young children's growth and development in skills that are needed for reducing stress (adaptive coping), good decision-making, and healthy expression of emotion (effective self-regulation), with attention to trauma and resilience. Examples of critical skills are controlling impulses (inhibitory control), planning, and switching between two ideas (cognitive flexibility).
- **Action 3.19: Require Specific Educator and Administrator Professional Development for Building Positive School Climates.** Require educators and administrators to have pre-service education and in-service professional development on implicit bias, cultural variations in communication and interaction, ACEs, child development, and social-emotional learning for licensure and license renewal.
- **Action 3.20: Hire Sufficient Support Staff.** Hire additional support staff, including trained school counselors, social workers, school nurses, child care health consultants, school psychologists, behavioral health specialists, literacy coaches and family advocates in child care and school settings to work with children and families on social-emotional concerns, attendance, and other social determinants of health.
- **Action 3.21: Invest in School Health and Mental Health Staff and Clinics.** Invest in school physical health and mental health professionals and school health clinics. Increase school nurse ratios to the national standard in order to identify health issues early, manage connections with community providers and serve students' families.
- **Action 3.22: Support Schools and Child Care Programs to Engage Deeply with Families.** Support schools and child care programs in implementing best practices to create a welcoming environment, provide opportunities for families to form relationships with staff, engage in respectful, two-way communication with families, practice shared decision-making in planning services for children, and recognize and build family strengths, learning, and leadership.

Expectation 4: Social-Emotional Health System is Accessible and High-Quality. North Carolina's infant and early childhood (birth-through-age-eight) health system provides children with access to high-quality, racially diverse pediatric, primary care and mental health clinicians and linked services that support children's social-emotional health and development.

North Carolina has a well-trained and adequate workforce of infant and early childhood mental health clinicians with a focus on increasing the number of providers of color.

- **Action 4.1: Recruit and Retain Infant and Toddler Mental Health Clinicians.** Recruit and retain more clinicians for infant and toddler mental health, including clinicians of color.
- **Action 4.2: Build a Pipeline of Health Providers of Color.** Invest in programs through public universities, community colleges, and historically black colleges and universities (HBCUs) that build and maintain medical and health care profession pipeline programs for students of color.
- **Action 4.3: Expand the NC Child Treatment Program.** With a focus on racial and geographic equity, expand the NC Child Treatment program, which trains mental health clinicians in evidence-based child treatment models to serve children across NC.
- **Action 4.4: Create a Mental Health Professional Development System.** Create a broad, connected, trauma-informed mental health professional development system with individualized professional development plans.

Professionals who interact with and serve young children in North Carolina's child and family systems have a strong foundation in infant and early childhood mental health competencies.

- **Action 4.5: Infuse Infant and Early Childhood Mental Health Competencies in Provider Education and Professional Development.** Educate providers who work with young children on NC's infant and early childhood mental health competencies (skills and knowledge). Infuse the competencies into higher education, personnel preparation, and workforce development efforts across child welfare, maternal and child health, parent education, home visiting, early intervention, mental health, pediatric health, and early learning and development sectors. The goal is for these professionals across NC to understand how to promote children's social-emotional development, how to recognize the risk factors and early signs of social-emotional problems and mental illness in infants, toddlers, and young children, and when a concern should be referred for follow-up.
- **Action 4.6: Increase Professional Development in Mental Health Treatment for Pediatricians and Family Physicians.** Support professional development to increase primary care providers' knowledge (competency) in prevention, management and treatment of frequently occurring and mild to moderate early childhood mental health conditions. Incorporate screening, primary care intervention, engaging families as partners in care, managing medication, knowledge of evidence-based mental health services, and working closely with mental health professionals.

North Carolina's children have access to high-quality mental health services that meet their needs.

- **Action 4.7: Use Data to Track Community Needs and Service Provision.** Use data to track community needs, available services, and racial/ethnic, linguistic and income disparities in delivery of services and children's outcomes. Use these data to determine whether enough services are available and whether access to high quality services is equitable. Adjust delivery of services as needed.
- **Action 4.8: Infuse Social-Emotional Health into Other Child-Serving Systems.** Create a state strategic plan to infuse infant and early childhood social-emotional health into primary and public health, early learning and development, child welfare, home visiting, and early intervention efforts. An infant and early childhood social-emotional health state plan should address promotion, prevention and treatment and include core components such as leadership, linking systems, public awareness, financing, improvement strategies, and professional development.
- **Action 4.9: Include At-Risk Children in Early Intervention.** Include at-risk children in North Carolina's definition of eligibility for the Individuals with Disabilities Education Act (IDEA) Part C Early Intervention Program.
- **Action 4.10: Address Barriers in Health Insurance Coverage of Infant and Early Childhood Mental Health Services to Ensure Adequate Benefits.** Ensure that health insurance covers children's mental health, including:
 - Language allowing use of and payment based on a diagnostic system that reflects the developmental needs of young children (the DC:0-5, rather than the DSM-5) and professional development for practitioners in the use of that system.
 - Language allowing the use of non-specific diagnosis codes for at least six initial visits when a diagnosis is uncertain, or when there are functional issues without a diagnosis.
 - A definition of "medically necessary services" to include prevention, diagnosis and treatment of infant and early childhood mental health concerns and conditions.
 - A requirement for evidence-based approaches appropriate for infants, toddlers, and their families, such as treating families and young children together and delivering infant and early childhood mental health services in primary care settings and home visits.
- **Action 4.11: Integrate Mental Health Providers with Pediatric and Other Primary Care Practices.** Put in place policies that remove barriers to integrated care, such as:
 - Eliminate systems that separate (or "carve out") mental health care delivery from physical health care delivery.
 - Build health care systems that reward providers for providing high-quality healthcare (value-based payment systems).
 - Create payment incentives for practices with mental health professionals integrated as members of the medical home team.

The final version of the Action Framework will include a glossary defining key words like implicit bias, cultural competence, social-emotional health, and resilience. It will also include context for the development of the Action Framework, such as the importance of focusing on the earliest years, the Pathways process, the rationale behind the racial equity lens, etc.

Appendix E: Cross-Sector Themes Regarding Using the Action Framework

An analysis of how Design Team members indicated they could imagine using the Pathways Action Plan in their organization revealed the following cross-sector themes:

Design Team members noted they could imagine using the Pathways Action Framework to:

Inform organizational agendas and strategic plans

Specifically Design Team members described using the Action Framework to:

- Connect mission-relevant, mission-critical items from the Framework into organizational agendas and strategic plans.
- Prioritize organizational work.
- Inform new vision and mission statements in addition to aligning agency or department strategic goals and indicators.
- Structure long-term strategic planning to address gaps in service.
- Engage branch in strategic planning and the ongoing work for the federal state systemic improvement plan.
- Identify areas organizations would be natural leads on implementation.

Provide benchmarks as an assessment tool, reference and/or checklist

- Ensure value alignment by checking programming against it.
- Self-assess for system development and alignment.
- Make plans for continuous improvement.
- Use as reference during hiring.
- To evaluate our program and make adjustments.
- Review program requirements to determine how the framework aligns, what are our next steps to implement other areas, and talk with management to discuss their vision for implementation.

Build out professional development and training

- Look at ways to build guidance into professional development.
- Create professional learning and technical assistance and coaching events.
- Implement education and professional development goals in partnership with local leaders in early education.
- Inform educator preparation programs across the state and discussed among faculty and program leadership, as well as with school partners in their regional vicinity.
- Show the need for research-informed professional development and implementation strategies (Action 3.16).
- Broaden implementation of administrator/owner training around the topic of expulsion in early childhood to meet requests for further training on implicit bias, cultural

competence, and pro-social strategies for classroom implementation in early childhood facilities.

Promote family engagement

- Inform, support and educate families and promote parent engagement at schools as well as connecting them to resources and services that can increase their quality of life.
- Mirror the work of this group in order to create buy in – in particular to reframe the way families are authentically engaged.
- Formalize a parent group (Action 1.2) to engage and learn from them.
- Continue active involvement of families in our collective impact work in local communities.
- Engage families in discussion on what is most relevant to them.

Raise awareness and educate

- Raise awareness and determine alignment by sharing widely with internal and external organizational networks, including boards, leadership teams and funders.
- Educate families, caregivers and communities about needs and how these needs impact all children's health, growth and development.
- Aid advocacy for Pathways and strengthen support by sharing with families, staff, and partners.
- Inform educator preparation programs across the state and discuss among faculty and program leadership, as well as with school partners in their regional vicinity.

Organize policy agendas

- Organize 2019 policy agendas around items addressing the Framework's expectations.
- Identify a potential policy agenda to consider.
- Help guide policy development work.
- Talk with policy makers regarding how the state budget aligns.

Infuse and implement a racial equity lens and tools into their own work

- Continue participating in equity conversations across city, state, and national platforms to ensure alignment and push equity agenda.
- Informally use the racial equity lens to become more sensitive to "who's at the table" and consider being more inclusive.
- Promote the racial equity statement as a helpful lens.

Gain additional support and new partners

- Gain additional support and new partners for our work around paid sick leave, paid family and medical leave, and pregnancy worker accommodations.
- Identify partners with whom we could collaborate and support some of the social-emotional strategies.
- Bring together partners in community to educate on the Framework and build plans to tackle actions collaboratively.

Appendix F: Design Team Input on Beginning Action Planning

Design Team members worked in small groups to build on ideas previously generated to:

- Note whether there was a clear equity lens already articulated in the Action.
- Brainstorm actionable, precise and concrete three first, or next, steps – along with their rationales – for each of the actions identified in the Framework.
- Determine target populations and primary actors are for each of the steps proposed.

Results of the work, as well as questions, clarifications or edits as they reviewed the work of their colleagues are included below.

Pathways' Proposed Actions:

If implemented effectively, the following actions can begin to realize the expectations that Pathways Partners hold of North Carolina's birth-through-age-eight child and family systems. These actions are not comprehensive. They are a start.

Expectation 1: Systems are Family-Driven and Equitable

North Carolina's systems for children birth through eight and their families are built on two core strengths: engaging with and learning from families, and prioritizing racial equity and cultural competence. These strengths enable them to adapt to the needs of children and their families, ensure that those facing the most barriers to opportunity have access to the most supports, and provide a strong foundation for children's development and learning.

Area 1: Child and family systems authentically engage with and learn from families.

Action 1.1: Support Parents in Advocating for their Children. To strengthen parents' understanding of their own power, invest in parent education on how to navigate child and family systems and advocate for their own and their children's needs at school and in health care settings.

- Is there a clear equity lens articulated in this Action? No
- What specific populations should North Carolina's first (or next) steps on this Action target?
 - Families/Caregivers – specifically those of color, low-wealth, and/ or with disabilities/ differently abled

Steps	Rationale	Target Population(s)	Possible Actors
<p>1. Increased dollars for support structures and</p> <p>a) reallocating dollars directly for families (pay for attendance)</p> <p>b) reallocating dollars to include non-public agencies that are focused on local and data-driven (qualitative and quantitative) efforts.</p>	<p>To build parental capacity not just for families but for community organizations to increase and strengthen the statewide network of support.</p>	<ul style="list-style-type: none"> - Community agencies and non-profits - Families and caregivers of color, low-wealth, with special needs, and English language learners 	<ul style="list-style-type: none"> - Legislators - Funding agencies - Service providers
<p>2. Review and revise mandates for funding to ensure state/local organizations that are successful in reaching and learning from parents are included.</p>	<p>Good programs that successfully reach parents are underfunded, overlooked and defunded due to strict mandates impacting funding and access.</p>	<ul style="list-style-type: none"> - Community agencies and non-profits 	<ul style="list-style-type: none"> - Legislators - Funding agencies - NCPD - NC DPI
<p>3. Address/eliminate immediate barriers to parents/caregivers advocacy including:</p> <ul style="list-style-type: none"> - Transportation - Housing - Food insecurity - Language barriers 	<p>Families do not participate proportionately due to various factors, impacting the outcomes for their children.</p>	<p>Families/caregivers of color, low-wealth, with special needs, and English Language Learners</p>	<ul style="list-style-type: none"> - DHHS - Public transit - Legislators/ public officials - Housing coalition - Non-profits = serving families directly - NC DPI - Family Support Network - Rural Forward NC

By adding:			
<ul style="list-style-type: none"> - Resources/access - Money - Access to information and skill building 			
4. Creating a family/parent engagement coalition	<i>None noted.</i>	<i>None noted.</i>	<i>None noted.</i>

Action 1.2: Require Aligned Strategies to Engage and Learn from Families. Require child and family systems and programs to employ strategies that intentionally engage and learn from families, and align those strategies across systems and programs.

Examples of such strategies could include:

- **Connect with Community Groups to Reach Parents Where They Are.** Reach parents where they are and ask them to share their knowledge by becoming familiar with and supporting informal community-based parent groups, building relationships with their members and leveraging their knowledge and social connections.
- **Involve Families in Services from the Beginning.** Involve families in all steps of their children’s education and healthcare, including agenda setting, planning, implementation, and evaluation, and support them as needed to maintain involvement.

- Is there a clear equity lens articulated in this Action? No
- What specific populations should North Carolina’s first (or next) steps on this Action target?
 - Families/ caregivers – specifically those of color, low-wealth, special needs

Steps	Rationale	Target Population(s)	Possible Actors
1. Coordinate efforts to share data and assessments gathered from parent surveys,	Assessments exist in various forms and collaboration may yield cost savings and service	<ul style="list-style-type: none"> - Families/ caregivers - Service providers - Evaluators 	<ul style="list-style-type: none"> - Non-profits - High education - School K-12 - DHHS

community assessments, and other data/research.	improvements.		<ul style="list-style-type: none"> - Evaluators - IT companies - SAS
2. Prioritize gaps and needs to strategically address needs and elevate parent/family voice for collective problem solving.	Parent voice continues as the biggest gap despite their expertise. Creating space and opportunity is key.	<ul style="list-style-type: none"> - Families/ caregivers 	<ul style="list-style-type: none"> - Local collaborators (organizations and government) - Service providers - Faith-based organizations - Parent organizations
3. Let parent/caregiver leaders set strategy agendas via authentic, culturally relevant engagement, through investment of time, effort and patience.	Families want the best for their children. Access to information is key.	<ul style="list-style-type: none"> - Families/ caregivers 	<ul style="list-style-type: none"> - Local collaborators (organizations and government) - Service providers - Faith-based organizations - Parent organizations
4. Marketing campaigns targeted toward families around key issues including health and wellness, school targets, etc.	<i>None noted.</i>	<ul style="list-style-type: none"> - Families 	<ul style="list-style-type: none"> - Television stations - Radio - Social media platforms - News outlets

Area 2: Child and family systems prioritize racial equity and cultural competence.

Action 1.3: Be Inclusive in Planning and Designing Services. Invite and intentionally facilitate the participation of a wider range of participants to policy-making conversations from the beginning, including intentional seats for families of color and youth. “Design with” instead of “designing for.”

- Is there a clear equity lens articulated in this Action? Yes

- What specific populations should North Carolina’s first (or next) steps on this Action target?
 - Families of color
 - Youth
 - Beneficiaries of services for children and families

Steps	Rationale	Target Population(s)	Possible Actors
1. Provide stipends and child care to parents/caregivers and people-of-color-led organizations to participate on plan/design teams.	Ensure representation of disenfranchised voices, compensate for time/input.	<ul style="list-style-type: none"> - Families of color - Youth - Service beneficiaries 	<ul style="list-style-type: none"> - Governor’s Advisory Council on Early Childhood (ECAC) - HHS (ECAP) - HB 630 rollout workshops - NC DPI - FFPS Act work groups
2. Recommend and or mandate collaborative family engagement policies among child/family-serving organizations.	End current piecemeal approach to early childhood planning which makes systemic work difficult.	<ul style="list-style-type: none"> - Service beneficiaries 	<ul style="list-style-type: none"> - NC DPI - Head Start - Smart Start
3. Require seats for caregivers/affected groups on planning councils.	Councils are forced to consider equity at the onset of initiatives and no one person is meant to represent all views within an entire population.	<ul style="list-style-type: none"> - Parents/ caregivers - Families of color - Service beneficiaries 	<ul style="list-style-type: none"> - NC DPI - HHS - DPH - ECA Council

Action 1.4: Set Equity Goals. Make equity an agency-wide priority for state and local agencies by setting ambitious and achievable equity-related goals within and across divisions that are tied to broader state and local goals and strategies.

- Is there a clear equity lens articulated in this Action? Yes
- What specific populations should North Carolina's first (or next) steps on this Action target? *None noted.*

Steps	Rationale	Target Population(s)	Possible Actors
1. Recommend equity policy be established in each school district, potentially incentivizing through ESSA implementation.	Given lack of political will for a statewide mandate, leveraging federal requirements/guidelines.	Children of color (especially black boys)	<ul style="list-style-type: none"> - NC DPI - School boards
2. Convene equity experts to assess capacity strengths and needs of service beneficiaries of states and local agencies.	Gauge an objective baseline of capacity, strengths and needs.	<ul style="list-style-type: none"> - Service beneficiaries - Other populations, dependent on service/program assessed 	<ul style="list-style-type: none"> - DHHS - NC DPI - DMH - DPH
3. Convene summit of state/local agencies to showcase successful family/community engagement strategies	Determine and promote best practices and potential/scale successes.	<ul style="list-style-type: none"> - Families of color - Youth - Low-income families 	<ul style="list-style-type: none"> - DHHS - NC DPI - DMH - DPH

Action 1.5: Ensure Assessment Instruments are Culturally Relevant. Ensure that mental health and educational assessment tools are culturally relevant, in order to ensure accurate mental health diagnoses and educational placements and refer children and families to interventions and treatments that are known to work for that population.

- Is there a clear equity lens articulated in this Action? Yes
- What specific populations should North Carolina's first (or next) steps on this Action target? *None noted.*

Steps	Rationale	Target Population(s)	Possible Actors
<p>1. Develop a comprehensive state plan with support from stakeholders/families/providers via steps:</p> <p>a) catalog and assess instruments.</p> <p>b) engage stakeholders.</p> <p>c) conduct improvement analysis and introduce new instrument.</p>	<ul style="list-style-type: none"> - Gauge an objective baseline of currently available instruments. - Identify strategies to improve available tools. 	<ul style="list-style-type: none"> - Families of color - Service beneficiaries - Low-income families 	<ul style="list-style-type: none"> - DHHS - NC DPI - DMH - DPH - CSSP, other academic resource groups

Expectation 2: Systems Serve Children in the Contexts of Families

North Carolina’s early childhood systems operate from the knowledge that children live in families and communities that shape their development and learning, and that the well-being of children is inextricably linked to the well-being of their families and communities.

Area 1: Child and family systems address the social determinants of health that impact children’s development by screening and appropriately intervening, and by promoting family and community resilience.

Action 2.1: Screen Children and Families for Social Determinants of Health and Connect them to Appropriate Services. Screen all children and families for at-risk circumstances and social determinants of health, such as ACEs, trauma, poverty, homelessness and protective factors, and connect them to appropriate services.

- Is there a clear equity lens articulated in this Action? Yes
- What specific populations should North Carolina’s first (or next) steps on this Action target?
 - Low-income families

- Children of color
- Families and children with disabilities
- Prenatal/ new and expected families
- Children and families of incarcerated individuals

Steps	Rationale	Target Population(s)	Possible Actors
1. Reach consensus on what the social determinants of health are and prioritize the determinants.	<i>None noted.</i>	<i>None noted.</i>	<ul style="list-style-type: none"> - Providers - Health researchers - DHHS
2. Identify and validate culturally sensitive screening tools.	<i>None noted.</i>	<i>None noted.</i>	<ul style="list-style-type: none"> - Providers - Health researchers - DHHS
3. Identify high impact and ready provider group to pilot the screen tool, including identifying resources in the community for referrals. Create printed and/ or virtual materials to provide to families if resources don't exist. Build in protective factors more.	<i>None noted.</i>	<i>None noted.</i>	<ul style="list-style-type: none"> - Providers - Health researchers - DHHS
4. Develop a centralized database to capture screening results and evaluate the pilot.	<i>None noted.</i>	<i>None noted.</i>	<ul style="list-style-type: none"> - Providers - Health researchers - DHHS - Medicaid providers

Action 2.2: Invest in Two-Generation Interventions. Invest in two-generation interventions that focus on creating opportunities for and addressing needs of both children and the adults in their lives together. Interventions could incorporate health, mental health, child development, parenting education and social support, to address issues such as substance addiction, child abuse and neglect prevention, pregnancy prevention, and supporting families of children with disabilities. Home visiting is an example of a two-generation approach.

- Is there a clear equity lens articulated in this Action? No
- What specific populations should North Carolina's first (or next) steps on this Action target?
 - Children and adults/ caregivers
 - At-risk families (low-income, parents of color, incarcerated parents)

Steps	Rationale	Target Population(s)	Possible Actors
1. Define two-generation approaches (different from just parent focused?)	Lack of clarity/ understanding.	At-risk families	<ul style="list-style-type: none"> - DHHS - Smart Start - PCANC
2. Identify and build awareness of effective two-generation programs.	Need to know what is working.	At-risk families	<ul style="list-style-type: none"> - Smart Start - NCHV Network - United Way Resources: <ul style="list-style-type: none"> - Aspen Institute - California Evidenced-Based Clearinghouse
3. Implement Environmental Scan of where interventions are already happening to guide investment. Investigate a continuum of universal	Need to know investment is already happening – Who? How? Gaps?	At-risk families	<ul style="list-style-type: none"> - Division/ Council on Aging - Grandparents as parents - Kinship Care - AARP

versus targeted two-generation approaches.			
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Action 2.3: Expand Maternal Depression Screening and Treatment. Continue to track North Carolina’s rates of maternal post-partum depression screening at well baby visits and the sufficiency and effectiveness of maternal depression and evidence-based dyadic treatment services. Continue to determine the extent of racial, ethnic and geographic disparities in screening and service delivery to mothers with depression, and expand access to screening and treatment services based on the results.

- Is there a clear equity lens articulated in this Action? Yes
- What specific populations should North Carolina’s first (or next) steps on this Action target?

Steps	Rationale	Target Population(s)	Possible Actors
1. Include pre-natal care/visits. <ul style="list-style-type: none"> - Who can do screening? Doctor, nurse, nurse practitioner, physician’s assistant, others? - Ask about post-partum with earlier pregnancies. 	<i>None noted.</i>	<i>None noted.</i>	<i>None noted.</i>

Area 2: North Carolina businesses and communities advance policies and supports that reduce stress on families

Action 2.4: Create Family-Friendly Employment Policies. Create family-friendly employment policies and ensure that low-wage and part-time workers have access to these policies. Examples may include paid sick leave, parental leave, or predictable scheduling.

- Is there a clear equity lens articulated in this Action? Sort of

- What specific populations should North Carolina's first (or next) steps on this Action target?
 - Continue to include low-wage and part-time workers while recognizing that communities of color, women, and low-wage workers in general are disproportionately likely to not have access currently.
- Input from Design Team members on what NC is already doing on this topic
 - Family Forward NC
 - NC Families Care
 - CTF study
 - Ad hoc group – NC Child, NCECF, MomsRising, NC Justice Center
 - Think Babies agenda

Steps	Rationale	Target Population(s)	Possible Actors
<p>1. All state employees gain access to paid family leave.</p>	<ul style="list-style-type: none"> - Paid leave is an evidenced-based policy that improves child/ caregiver health outcomes while increasing economic security and decreasing inequalities. - Also helps with recruitment and retention and decreased training costs. 	<p>This benefits all state employees, but would significantly help people of color who make up 40% of the state workforce.</p>	<ul style="list-style-type: none"> - Governor via executive order - Mental Health - DHHS - Early Childhood Division - Public Health - Human Resources - NC Council for Women - Social services - SEANC? - NCAE? - University system - HBCUs
<p>2. All pregnant and nursing state employees would have access to reasonable pregnancy and lactation accommodations and</p>	<p>Pregnancy accommodations and anti-discriminatory policies lead to healthier birth outcomes for babies and</p>	<p>State employee pregnant and lactating moms, low-income workers least likely to have these protections.</p>	<ul style="list-style-type: none"> - Governor provides via executive order - DHHS - Early Childhood - NC Council for Women

protection from discrimination.	moms and help mothers stay in the workforce, increasing family economic security.	Disproportionately impacting people of color. 40% of state employees have a high school degree or less.	<ul style="list-style-type: none"> - SEANC - NCAE?
3. All county and city governments provide paid leave to all their employees, with four new governments by 2020.	Providing this benefit to local government employees increases access while also building momentum toward paid family and medical leave for all North Carolinians.	Benefits all local government employees, but especially low-wage workers who are disproportionately people of color and women.	<ul style="list-style-type: none"> - Local city council members - Local county commissioners - NC Association of County Commissioners - League of Municipalities - Alliance of NC Black Elected Officials
4. All NC employees who are able to earn paid sick days can use them to care for a loved one or to recover themselves from domestic violence, sexual assaults or stalking. Kin care for sick days and adding safe days.	Paid sick days support preventative health care and allow people to recover while protecting public health. Nearly ½ the NC private workforce has access to earn paid sick days. Those who do should be able to use them for loved ones.	This helps anyone who already earns paid sick days. To increase equity we need to guarantee all the right to earn a minimum number of sick days. Currently low-income workers and people of color disproportionately lack access.	<ul style="list-style-type: none"> - NC GA - Business community - Families Forward NC

Action 2.5: Increase Access to Affordable Housing. Increase access to affordable housing, including through home loans, increased funding for the Housing Trust Fund and Section 8 vouchers, and development plans that support affordable housing.

- Is there a clear equity lens articulated in this Action? Yes, but can be strengthened
- What specific populations should North Carolina's first (or next) steps on this Action target?

- Early childhood community
- Disability community
- Housing community

Steps	Rationale	Target Population(s)	Possible Actors
1. Increased public awareness about local governments, landlords, businesses and agencies that manage subsidy programs.	Many public and private agencies that manage/fund public housing support don't aggressively promote it/use it.	<i>None noted.</i>	<ul style="list-style-type: none"> - Private industry - Local governments - NC Council of Churches - NC Council on Developmental Disabilities
2. Increase public awareness about these programs with potential uses.	Still considerable lack of understanding of these programs and the benefits they provide.	<i>None noted.</i>	<ul style="list-style-type: none"> - Communities of faith - Local partnerships - Local interagency - Coordinating councils
3. Increase advocacy with local, state and federal legislators to restore/ensure funding. Focus on Housing Trust Fund.	Housing Trust Funds have decreased 58% over the past ten years.	<i>None noted.</i>	Business community
4. Develop connections between economic community and housing advocacy support organizations.	<i>None noted.</i>	All the state and local organizations dealing with housing and homelessness	Smart Start Local Partnerships

Action 2.6: Ensure Transportation to School and Health Services. Ensure affordable, accessible, dependable transportation to early care and education programs, schools and health services, especially in rural communities.

- Is there a clear equity lens articulated in this Action? Yes, but strengthen
- What specific populations should North Carolina's first (or next) steps on this Action target?
 - Need to talk about rural communities and the rural parts of urban communities
 - Rural, low-income families most likely to lack other modes of transportation, low-wage workers are disproportionately people of color and women

Steps	Rationale	Target Population(s)	Possible Actors
1. Assessment of what is being done across the state, is it sustainable, how is it funded – develop best practice recommendations.	We have to know what exists in order to make recommendations and find what works.	<ul style="list-style-type: none"> - Include equity lens in analysis/information gathering - Ensure diversity of representation 	<ul style="list-style-type: none"> - DOT - Centers for Independent Living - NC Council on Developmental Disabilities - NC State – graduate program in Transportation planning - MPA programs - Faith community
2. Attempt to do case studies of counties allowing Pre-K children on public school buses, funding issues.	Want to look at one program that appears to work to see how and why – and see how it varies in different locations and populations.	<ul style="list-style-type: none"> - Include equity lens in analysis/ information gathering - Ensure diversity of representation 	<ul style="list-style-type: none"> - DOT - Centers for Independent Living - NC Council on Developmental Disabilities - NC State – graduate program in Transportation planning - MPA programs - Faith community
3. Review of existing child care, healthcare disability	Need to see where policy	<ul style="list-style-type: none"> - Include equity lens in analysis/ information 	<ul style="list-style-type: none"> - DOT - Centers for Independent

policies and programs to determine how adequately they include transportation.	changes are needed.	gathering - Ensure diversity of representation	Living - NC Council on Developmental Disabilities - NC State – graduate program in Transportation planning - MPA programs - Faith community
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Expectation 3: Education System is Accessible and High-Quality

North Carolina’s birth-through-age-eight education system is widely accessible, culturally-competent, employs a diverse, high-quality workforce, and supports children’s cognitive and social-emotional development.

Area 1: North Carolina’s youngest children have access (including availability, convenience and affordability) to early care and education prior to kindergarten entry, including child care, Early Head Start, Head Start, Title I, and NC Pre-K.

Action 3.1: Increase Access to Infant and Toddler Care. Expand access to Early Head Start and other infant and toddler early care and education, targeting geographic areas of highest need.

- Is there a clear equity lens articulated in this Action? No
- What specific populations should North Carolina’s first (or next) steps on this Action target?
 - Low-income families
- Additional input from Design Team members
 - Amend state law to allow greater local authority (county and municipal) to raise revenue for early childhood programs/ access

Steps	Rationale	Target Population(s)	Possible Actors
1. Division of Child Development to be the state grantee for Head	State would be able to identify child care deserts and better	Low-income families	- DCDEE - Head Start Collaboration (DPI)

Start.	assist communities.		
2. Develop guidance for and prioritize Title 1 dollars being used for birth to five.	High quality pre-K is an evidence-based strategy.	Low-income families	<ul style="list-style-type: none"> - NC DPI - NC DHHS - Governor's Commission on Sound Basic Education

Action 3.2: Provide Wrap-Around Services for High Quality Early Care and Education. Ensure vulnerable children and families can benefit from early care and education programs by providing wrap-around services such as transportation to and from school, before- and after-school care, summer care, and meals.

- Is there a clear equity lens articulated in this Action? No
- What specific populations should North Carolina's first (or next) steps on this Action target?
 - Low-income families
- Additional input re: what North Carolina is already doing
 - Smart Start dollars can be used for wrap-around services
- Additional input from Design Team members
 - Develop partnerships with other community-based organizations, for example: 21 CCCC

Steps	Rationale	Target Population(s)	Possible Actors
1. Expand Pre-K programs to full-day and full-year.	Address the need of wrap-around services in existing programs.	Children in NC Pre-K and Title 1	<ul style="list-style-type: none"> - DC DEE - State and federal lawmakers - NC DPI - LEAs
2. Grant calendar flexibility to encourage year-round schools.	Year-round schools would address summer learning loss.	Low-income children	<ul style="list-style-type: none"> - NC GA - NC State Board of Education

Action 3.3: Raise Subsidy Rates. Raise subsidy market rates across counties to reflect the actual cost of providing high-quality care and reimburse providers even when a child is absent.

- Is there a clear equity lens articulated in this Action? N
- What specific populations should North Carolina's first (or next) steps on this Action target?
 - Children from low-income families
 - Child care providers
 - Departments of social services
- Additional input from Design Team members
 - Study why many providers are choosing not to access the recently raised rates

Steps	Rationale	Target Population(s)	Possible Actors
1. Raise subsidy rates according to cost modeling study.	It will reflect the actual cost of providing care.	Children from low-income families	<ul style="list-style-type: none"> - DC DEE - Division of Social Services - NCGA - Smart Start Partnerships

Action 3.4: Provide Higher Rates to Providers in Underserved Communities. Provide higher rates to public and private early care and education providers in high poverty, underserved and/or rural communities.

- Is there a clear equity lens articulated in this Action? Yes and No
- What specific populations should North Carolina's first (or next) steps on this Action target?
 - Children from low-income families
 - Child care providers
 - Departments of social services
- Additional input from Design Team members

- Providers sometimes don't want higher rates because they have to charge those to all families who might not be able to afford them. Ask providers in these communities if they can handle/ want higher rates.

Steps	Rationale	Target Population(s)	Possible Actors
1. Adjust NC Pre-K rates.	This will allow providers to recruit and retain educators and provide better services.	<ul style="list-style-type: none"> - Low-income children - Child care providers 	<ul style="list-style-type: none"> - NC GA - NC Pre-K Advisory Board - DC DEE
2. Provide incentive or bonus structure for teachers.	This will allow providers to recruit and retain educators and provide better services.	<ul style="list-style-type: none"> - Low-income children - Child care providers 	<ul style="list-style-type: none"> - NC GA - NC Pre-K Advisory Board - DC DEE

Action 3.5: Expand Child Care Subsidies for Children. Invest in child care subsidies to create more slots for families to access affordable early care and education.

- Is there a clear equity lens articulated in this Action? No
- What specific populations should North Carolina's first (or next) steps on this Action target?
 - Low-income children

Steps	Rationale	Target Population(s)	Possible Actors
1. Prohibit supplanting federal funds for child care subsidies.	This will increase funding for the program.	Low-income children of working families	NCGA Congress
2. Tax credit for businesses that provide child care assistance.	This will increase funding/slots for families.	<ul style="list-style-type: none"> - Low-income children of working families - Businesses 	<ul style="list-style-type: none"> - NCGA - Congress - Chamber of Commerce

Area 2: North Carolina's children have the opportunity to learn in environments that are culturally relevant and free from systemic racism and cultural and racial implicit bias.

Action 3.6: Recruit and Retain Educators and School Leaders of Color. Develop a comprehensive state plan to recruit and retain educators and school leaders of color using a variety of strategies, including financial incentives, recruitment legislation, recruitment centers, pre-college programs, and alternative certification programs targeting substitute teachers and mid-career paraprofessionals.

- Is there a clear equity lens articulated in this Action? Yes
- What specific populations should North Carolina's first (or next) steps on this Action target? *None noted*
- Responses from Design Team Members
 - Start EARLY with this recruitment (throughout PK-12).
 - Is the NC Teaching Fellows a targeted recruitment effort?
 - Is the NC TEACH Scholarship and WAGE\$ strategic in its intention to recruit and retain educators of color or did it just happen?
 - Please ensure partnerships with all institutes of higher learning are addressed.
 - What data is used in the Charlotte-Mecklenburg weighted funding formula?

Note: 3.6 action worksheet was not completed at the meeting.

Action 3.7: Adopt Research-Based Standards for Culturally-Relevant Teaching. Adopt research-based standards for culturally-relevant teaching to help birth-through-age-eight educators 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.

- Is there a clear equity lens articulated in this Action? Yes
- What specific populations should North Carolina's first (or next) steps on this Action target?
 - All early childhood professionals and leaders and the children, families and communities they touch

Steps	Rationale	Target Population(s)	Possible Actors
<p>1. Compile evidenced-based practices for culturally, racially equitable individually responsive teaching.</p> <p>a) identify practices for each domain of Foundations especially social-emotional and literacy.</p> <p>b) share practices with people who provide pre-service and in-service professional development, including professional development for leaders, principals, specialists, etc.</p>	<p>Evidenced-based practices are by definition linked to desired outcomes.</p>	<ul style="list-style-type: none"> - Children of color, children with disabilities, rural children, gifted children – each and every child and the families of these children - EC professionals and leaders 	<ul style="list-style-type: none"> - DPI Culturally Responsiveness Training - Faculty groups (ACCESS, B-K Consortium) - Possible resource: First School - Districts for principal professional development - DPI professional development for districts

Action 3.8 - #1 Train Teachers on Cultural Competency and Working with Parents. Embed professional development opportunities that support a deeper understanding of race, culture and implicit bias, and explicitly teach teachers and those seeking early education, B-K, and K-3 licenses how to develop and strengthen relationships with parents of color, non-English speaking families, and the community. Use Head Start standards/competencies as model.

Action 3.8 - #2 Embed Ongoing Professional Development Efforts

- Is there a clear equity lens articulated in this Action? Yes
- What specific populations should North Carolina’s first (or next) steps on this Action target?

- Agencies (e.g., NC DPI) and entities (e.g., school districts, health departments) that provide professional development
- Higher education faculty
- State and community collaborators.

Steps	Rationale	Target Population(s)	Possible Actors
<p>1. Develop a set of guiding questions to determine whether there is an explicit emphasis on content that is culturally relevant, racially equitable, and individually responsive to children, families and communities.</p>	<ul style="list-style-type: none"> - Existing and emerging documents need to be reviewed to make sure emphasis is clear and explicit. - DPI procedure for reviewing curricular content guidelines for assessment. - Faculty could review syllabi. - Schools could review family handbook. 	<p>Anyone developing or making decisions about materials to use with/ for children and families.</p>	<ul style="list-style-type: none"> - NC DPI and other state agencies - District and program administrators - Faculty members
<p>2. Reach out with evidence to support target populations to incorporate content on culturally relevant, racially equitable and individually responsive practices in their professional development efforts.</p> <p>a) communicate to NC ACCESS, CEC, B-K consortium and NCAE to</p>	<p>Leaders, educators and other childhood providers need professional development on practices for addressing the targeted content (culturally relevant, racially equitable and</p>		<p>Anyone who provides ongoing professional development for early childhood leaders and professionals.</p>

<p>promote professional development on targeted content at their conferences.</p> <p>b) communicate to agencies, entities, districts and collaboratives the importance of incorporating professional development on the target content in their work.</p>	<p>individually responsive).</p>		
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Action 3.9: Ensure Curricula and Materials are Culturally Relevant. Support local school districts and child care centers in implementing strategies to detect racial and cultural bias in curricula and materials, and in selecting high-quality, diverse, culturally-relevant instructional materials and pedagogy that are aligned to state standards.

Note: The working group folded this into 3.8 above and did not complete action steps for 3.9.

Action 3.10: Ensure Education Accountability Systems are Culturally Relevant. Ensure the school and early learning accountability systems are relevant and meaningful to parents, students, and other stakeholders by engaging representatives from low-income communities and communities of color in the design, reporting, and refinement of accountability measures.

- Is there a clear equity lens articulated in this Action? Yes
- What specific populations should North Carolina's first (or next) steps on this Action target?
 - School personnel, students and families

Steps	Rationale	Target Population(s)	Possible Actors
1. a) develop an instrument that	To ensure that the	School personnel, students	Schools, early childhood

<p>asks specific questions about culturally relevant, racially equitable and individually responsive practices.</p> <p>b) teachers/ administrators and family (reflective of the community) members fill out the survey separately.</p> <p>c) work to ensure family surveys are completed.</p> <p>d) compare responses and identify discrepancies.</p> <p>e) develop a plan of action and change and monitor the progress.</p>	<p>diverse and authentic voices are represented.</p>	<p>and families</p>	<p>programs</p>
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Action 3.11: Adapt K-3 School Funding System to Increase Equity. 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 in order to achieve equity.

Note: 3.11 action worksheet was not completed at the meeting.

Area 3: North Carolina's children, particularly those with the most roadblocks to opportunity, have well-trained, high-quality teachers and school leaders, from birth through third grade.

Action 3.12: Increase Standards and Compensation of Birth-through-age-five Educators. Increase education standards and develop a sustainable plan (including incentives and loan forgiveness) to align birth-to-age-five educator compensation with that of K-12 educators.

- **Expand WAGES and TEACH for Birth-through-age-five Educators and Directors.** Expand WAGES and TEACH early childhood scholarships statewide for teachers, directors, and family child care providers to earn Early Childhood Education certificates, Associate’s and Bachelor’s degrees, B-K licenses, preschool add-on licenses, and/or Master’s degrees in early childhood leadership and management.
- **Is there a clear equity lens articulated in this Action?** No
- **What specific populations should North Carolina’s first (or next) steps on this Action target?**
 - Early educators – teachers and administrators
 - Particularly high need communities (i.e., rural, poor)
 - Infant/ toddler educators

Steps	Rationale	Target Population(s)	Possible Actors
1. Legislation tied to increasing funding for providers to improve compensation for education.	Providers need support to pay higher wages so rates are not increased for families.	Early childhood educators	<ul style="list-style-type: none"> - Coalition - Institute for Child Development Professionals - NCAEYC - BUILD - CCR&F
2. QRIS system includes improved benefits for teachers such as salary schedule, health benefits, compensation.	Ties subsidy reimbursement to better quality and support for teachers and staff.	<ul style="list-style-type: none"> - Early childhood educators - Administrators 	<ul style="list-style-type: none"> - DCDEE - Child Care Commission - CCR&R – Licensed Child Care Association

Action 3.13: Support Incentives to Ensure High Quality Educators in High Need Schools and Early Education Programs. Support innovative incentives for effective teachers to stay in or move to disadvantaged, low-performing schools and early education

programs. Survey effective teachers and leaders currently working in high-poverty schools and programs 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

- Is there a clear equity lens articulated in this Action? Yes
- What specific populations should North Carolina's first (or next) steps on this Action target?
 - Early childhood educators

Steps	Rationale	Target Population(s)	Possible Actors
1. Expand teaching fellows program to include early childhood – Birth-3 rd grade (licensure system includes 0-3 options).	Decrease monetary barriers to field entry for those working in underserved areas.	Children attending high need schools and early education programs.	- NAEYC/ NCAEYC - NCGA
2. Expand FELS Program (include underserved schools in high need).	Loan forgiveness to attract professionals to underserved schools.	Children attending high need schools and early education programs.	- UNC system office - NCGA
3. Conduct systematic review on non-monetary incentives to prioritize implementation.	Prioritized the most effective non-monetary incentives (since all incur costs).	Children attending high need schools and early education programs.	- Higher education partners

Action 3.14: Adjust Hiring Practices to Ensure High-Quality Educators. Examine hiring practices and other human resources policies and adjust as needed to ensure vacancies are filled with high quality educators. For example, in order to identify vacancies early

and ensure that late hiring timelines are not a barrier to recruitment, provide a monetary incentive for early notification of resignation or retirement and a monetary penalty for late notice.

- Is there a clear equity lens articulated in this Action? No
- What specific populations should North Carolina’s first (or next) steps on this Action target? *None noted.*

Steps	Rationale	Target Population(s)	Possible Actors
1. QRIS-HR policies include benefits – salary scale, healthcare, wellness, EAP (see 3.12).	Incentivize program to be thoughtful about effective HR policies.	Early Childhood leaders and administrators	<ul style="list-style-type: none"> - DCDEE - CC Commission
2. Leadership development for child care administrators to support retention and better workplace, hiring practices.	If professional development around best practices to create well-informed leaders.	Early Childhood leaders and administrators	<ul style="list-style-type: none"> - Higher education - CCR&R - DCDEE

Action 3.15: Create Collaborative Birth-through-Third Grade Professional Development. Create collaborative professional development opportunities for birth-through-third grade teachers, and for child care center directors and principals, to learn together.

- Is there a clear equity lens articulated in this Action? No
- What specific populations should North Carolina’s first (or next) steps on this Action target?
 - State systems: Higher education, DCDEE, NC DPI

Steps	Rationale	Target Population(s)	Possible Actors
1. Cross agency collaboration between DCDEE, NC DPI for professional development – including higher education, CCR&R, NCPC (leverage ESSA).	Bring together partners who work with early childhood and elementary educators to work collaboratively	Early childhood education professionals	<ul style="list-style-type: none"> - DCDEE - NC DPI - Higher educator - NCPC
2. Research and share best practices related to collaborative professional development (e.g., create demonstration sites).	Disseminate ongoing best practices in the field rather than reinventing the wheel.	Early childhood education professionals	<ul style="list-style-type: none"> - Project Enlightenment - NC DPI - Higher education (e.g., FPG)

Action 3.16: Provide Research-Informed Professional Development. Align educator licensing and certification systems to the latest research on effective teaching and leading. For example, require job-embedded professional development activities and performance evaluation, provide coaching and follow implementation strategies.

- Is there a clear equity lens articulated in this Action? No
- What specific populations should North Carolina's first (or next) steps on this Action target? *None noted.*

Steps	Rationale	Target Population(s)	Possible Actors
1. Develop requirements for research-informed professional development.	No clear definition currently; provide some standardization.	Early childhood leaders	<ul style="list-style-type: none"> - DCDEE - NC DPI - NCAEYC - BUILD - Head Start

2. Expand coaching to improve classroom practices (instead of coaching for a licensing visit).	Ensure a research-based practice is supporting professional learning.	Early childhood leaders	<ul style="list-style-type: none"> - DCDEE - NC DPI - NCAEYC - BUILD - Head Start
3. Create a seamless system for professional development statewide.	Ensure all professionals have access to high quality professional learning.	Early childhood professionals	<ul style="list-style-type: none"> - Higher education - DCDEE/NC DPI - CCR&R - B-3 Interagency Council

Area 4: North Carolina's early learning environments support and promote children's social-emotional development and executive functioning.

Action 3.17: Eliminate or Minimize Suspension and Expulsion. Eliminate or minimize the use of suspension and expulsion in birth-through-third grade 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.

- Is there a clear equity lens articulated in this Action? Yes
- What specific populations should North Carolina's first (or next) steps on this Action target? *None noted.*

Steps	Rationale	Target Population(s)	Possible Actors
1. Have the State Board of Education require that attendance and disciplinary actions of 3-5 year olds be tracked.	Federal requirements of IDEA and ESSA.	Children enrolled in public school preschool programs	Office of Early Learning
2. Provide professional develop to school administrators on	School administration needs support and professional	Public school administrators	Office of Early Learning and Early Learning Network

suspensions/expulsions.	development on developmentally appropriate practices on early childhood discipline.		
3. Provide professional development to teachers on effective teaching practices to support social-emotional development and prevent challenging behaviors as part of the school framework for improving multi-tiered systems and support.	Teachers need professional development and school districts need to develop early childhood plans to address challenging behavior and establish problem-solving teams to support principals and teachers.	Public school preschool teachers	<ul style="list-style-type: none"> - Office of Early Learning (NC DPI) - Integrated Academic and Behavior Support Division at NC DPI

Action 3.18: Prepare Teachers and administrators to Build Specific Student Skills. 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.

- **Is there a clear equity lens articulated in this Action?** No. Access in broader sense – while race is not a priority explicitly.
- **What specific populations should North Carolina’s first (or next) steps on this Action target?**
 - Teachers
 - Institutions of higher education
 - Supporters of teachers in and preservice
- **Other comments from Design Team members:**
 - What’s already done:
 - Pyramid model capacity
 - Building in community college programs to identify gaps

- Meetings with instructors – NC ACCESS

Steps	Rationale	Target Population(s)	Possible Actors
1. Develop guidance for teachers (preservice development) that includes social-emotional development (attention to trauma and resilience). Address intersectionality of race and other priorities and prioritize area of need.	<i>None noted.</i>	Preservice teachers and administrators	<ul style="list-style-type: none"> - NC DPI - DHHS - Community colleges - Institutes of higher education
2. Develop guidance for in-service teachers that includes social-emotional development (attention to trauma and resilience). Address intersectionality of race and other priorities and prioritize area of need.	<i>None noted.</i>	Preservice teachers and administrators	<ul style="list-style-type: none"> - NC DPI - DHHS - Community colleges - Institutes of higher education

Action 3.19: Require Specific Educator and Administrator Professional Development for Building Positive School Climates. Require for licensure and renewal that educators and administrators have pre-service training and in-service training on implicit bias, cultural awareness, ACEs, child development and social-emotional learning.

- Is there a clear equity lens articulated in this Action? Yes, but could/should be reviewed and updated (Ready Schools Pathway: Respecting Diversity). May need to embed into other pathways as well.
- What specific populations should North Carolina's first (or next) steps on this Action target?

- Title 1 elementary schools, administrators, teachers, central office staff, preservice and educational (Birth-K and elementary) faculty

Steps	Rationale	Target Population(s)	Possible Actors
1. Revisit, update (if needed) and reenergize the NC Ready Schools Initiative at the state level. Bring a team back together to plan.	Ready Schools Toolkits are ready and available for use with districts, etc and encompass all areas that support social/emotional development, school climate.	<ul style="list-style-type: none"> - Public schools - District central office staff <ul style="list-style-type: none"> - Superintendent - Curriculum and instruction - Preservice 	<ul style="list-style-type: none"> - Education faculty - Former Ready Schools Task Force members - NC DPI Office of Early Learning – Pam Sue - NC Partnership - DCDEE/ NCPReK - Community Partners
2. Replicate original Ready Schools Framework and toolkits with updated information. Present to all districts as Ready Schools Team.	<i>None noted.</i>	<ul style="list-style-type: none"> - Public schools - District central office staff <ul style="list-style-type: none"> - Superintendent - Curriculum and instruction - Preservice 	<ul style="list-style-type: none"> - Newly re-created NC Ready Schools Team
3. Create guidelines and/ or policies to require the use of Ready Schools Pathways as part of school improvement plans.	<i>None noted.</i>	<ul style="list-style-type: none"> - Public schools - District central office staff <ul style="list-style-type: none"> - Superintendent - Curriculum and instruction - Preservice 	<ul style="list-style-type: none"> - Newly re-created NC Ready Schools Team

Action 3.20: Hire Sufficient Support Staff. Hire additional support staff, including trained school counselors, social workers, school nurses, school psychologists and behavioral health specialists, literacy coaches and family advocates in school settings to work with

children and families on social-emotional concerns, attendance, and other social determinants of health, and ensure access particularly for children of color, children from low-income families, and children with disabilities.

- Is there a clear equity lens articulated in this Action? No – who needs it
- What specific populations should North Carolina’s first (or next) steps on this Action target?
 - Schools that serve (but may not have resources)
 - Low-income families
 - Children with disabilities
 - Children of color

Steps	Rationale	Target Population(s)	Possible Actors
1. Identify areas where there is a gap between need and resources. Need-based resources for all grades (i.e., often resources for counselors, psychologist, etc. are often at middle/high school level).	We know our current capacity doesn't hit the mark, but we need to know what is needed, by whom and where.	<ul style="list-style-type: none"> - Low-income families - Children with disabilities - Children of color 	Policy advocates
2. Training/professional development related to building effective school/community partnerships.	Unless there is a drastic change, schools/districts will never have the resources. Plenty of other organizations that can help.	<ul style="list-style-type: none"> - Low-income families - Children with disabilities - Children of color 	<i>None noted.</i>
3. Ensure that school safety funding is recurring and allocation increases to ensure that all schools	One/two-year grants are not sustainable. Clearly a movement, but NCGA needs	<ul style="list-style-type: none"> - Low-income families - Children with disabilities - Children of color 	<i>None noted.</i>

have access.	to invest more.		
4. Build structures to allow LEA staff to serve students attending non-LEA facilities.	Youth who attend licensed, child care facilities, not a the the school are often left out.	<ul style="list-style-type: none"> - Low-income families - Children with disabilities - Children of color 	<i>None noted.</i>

Action 3.21: Invest in School Health and Mental Health Staff and Clinics. 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.

- Is there a clear equity lens articulated in this Action? No
- What specific populations should North Carolina’s first (or next) steps on this Action target?
 - Low-income; children with disabilities; all without access

Steps	Rationale	Target Population(s)	Possible Actors
1. Collaborate with existing health providers to staff onsite clinics for children/families/educators in need of care.	Provide care option for those without care or without primary provider at easily accessible school sites.	Children, families and educators without primary care provider, especially children with disabilities and low-income and those with need	Local health providers
2. Collaborate with medical school programs to staff health clinics onsite at	Provide care option for those without care or without primary provider at easily	Children, families and educators without primary care provider, especially	Medical school programs

schools by interns.	accessible school sites.	children with disabilities and low-income and those with need	
3. Collaborate with retired health providers to staff onsite school clinics.	Provide care option for those without care or without primary provider at easily accessible school sites.	Children, families and educators without primary care provider, especially children with disabilities and low-income and those with need	Local health providers -- retirees

Action 3.22: Support Schools to Engage Authentically with Parents. Support schools in implementing best practices to create 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.

- Is there a clear equity lens articulated in this Action? No
- What specific populations should North Carolina's first (or next) steps on this Action target?
 - All, especially children of different cultures, needs and low income

Steps	Rationale	Target Population(s)	Possible Actors
1. Investigate implementation of Ready Schools Toolkit, especially "Family, School and Community Partnerships." (Smartstart.org)	This body of work has already been done and is ready for implementation!	Families of different cultures; disabilities; rural; other needs	<ul style="list-style-type: none"> - NC DPI - Smart Start - School Teams - Community Teams - DCDEE

Expectation 4: Social-Emotional Health System is Accessible and High-Quality

North Carolina’s infant and early childhood health system provides children with access to high-quality, diverse pediatric, family care and mental health clinicians and an integrated continuum of services to support their social-emotional health and development.

Area 1: North Carolina has a well-trained and adequate workforce of infant and early childhood mental health clinicians with a focus on increasing the number of providers of color.

Action 4.1: Recruit and Retain Infant and Toddler Mental Health Clinicians. Recruit and retain more clinicians for infant and toddler mental health, using a racial equity lens.

- Is there a clear equity lens articulated in this Action? Yes
- What specific populations should North Carolina’s first (or next) steps on this Action target?
 - Rural health and everywhere such a shortage

Steps	Rationale	Target Population(s)	Possible Actors
1. NC Medicaid needs to require sufficient infant mental health clinicians for access	Need real, meaningful access, not just numbers in a timely manner.	Mental health providers	- DMA - NIMHA - NCSW - NCAPA - NCDMN/ DD/ SAS
2. Increase salaries of infant mental health providers and accept certification/credentialing to increase salary.	Helps recruit and retain.	Mental health clinicians	- IMHA
3. Increase reimbursement rate for services.	Helps pay for providers.	Mental health clinicians	- DMA insurers

Action 4.2: Build a Pipeline of Providers of Color. 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.

- Is there a clear equity lens articulated in this Action? Yes
- What specific populations should North Carolina's first (or next) steps on this Action target?
 - Rural health also

Steps	Rationale	Target Population(s)	Possible Actors
1. Tuition or payback incentives to attend school for mental health professionals.	Remove barriers to go to school.	<i>None noted</i>	<ul style="list-style-type: none"> - Institutes of higher education - High schools - NCMS - Office of Minority Health - Office of Rural Health
2. Increase funding for training programs – college scholarships; high school apprenticeship.	Experience and training.	High school and college students	<ul style="list-style-type: none"> - Community colleges - High schools - Mayor's Youth of Color
3. Training guidance counselors and other adults to incorporate this in career counseling and to students/children and teachers/coaches of color	Help increase awareness among students in high school.	High school	<ul style="list-style-type: none"> - PTA - DSS - Schools - Big Brothers and Big Sisters - Boys and Girls Clubs - 1000 Black Men - African American sororities/ fraternities

Action 4.3: Expand the NC Child Treatment Program. Expand the NC Child Treatment program, with a focus on equity, to train more mental health clinicians in evidence-based child treatment models to serve children across NC.

- Is there a clear equity lens articulated in this Action? Yes
- What specific populations should North Carolina's first (or next) steps on this Action target?
 - Mental health clinicians

Steps	Rationale	Target Population(s)	Possible Actors
1. Expand the NC Child Treatment Program.	Expand evidence-based child mental health services.	Mental health clinicians	<ul style="list-style-type: none"> - Public and private funding agencies - Increase Developers Program

Action 4.4: Create a Mental Health Professional Development System. Create a comprehensive, aligned, trauma-informed mental health professional development system, with individualized professional development plans.

- Is there a clear equity lens articulated in this Action? Yes
- What specific populations should North Carolina's first (or next) steps on this Action target?
 - Mental health professionals

Steps	Rationale	Target Population(s)	Possible Actors
1. Align 4.4 with 4.5 and 4 2. <i>Note from Pathways: Action 4.4 is</i>	Training and competencies go hand in hand.	Mental health clinicians	Funders – public and private

<p><i>focused on improving professional development for mental health professionals. Action 4.5 is about ensuring that other (non-mental health) professionals who work with young children understand young child mental health.</i></p>			
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Area 2: Professionals who interact with and serve young children in North Carolina's child and family systems have a strong foundation in infant and early childhood mental health competencies.

Action 4.5: Infuse Infant and Early Childhood Mental Health Competencies in Provider Training. Train providers who work with young children on NC's infant and early childhood mental health competencies. Infuse the competencies into higher education, personnel preparation, and workforce development initiatives across child welfare, maternal and child health, parent education, home visiting, early intervention, mental health, pediatric health, and early learning and development sectors. The goal is for these professionals across NC to understand how to promote children's social-emotional development, how to recognize the risk factors and early signs of social-emotional problems and mental illness in infants, toddlers, and young children, and when a concern should be referred for follow-up.

- Is there a clear equity lens articulated in this Action? No
- What specific populations should North Carolina's first (or next) steps on this Action target?
 - Providers
 - School personnel
 - School system professional
 - Community – faith
 - Boys and Girls
 - Anyone interacting with children in a professional manner

➤ **Other input from Design Team members – what NC is already doing**

- Legislative Birth-Third Grade Interagency Council
- Child Well-Being Transformation Council
- Think Babies
- ABCD Initiative
- Pritzker funding
- Coalition for Early Education (zero to three funding)
- Essentials for Childhood
- Yay Babies
- INOPE
- SAMSHA TA Grant
- (Early Intervention)

Steps	Rationale	Target Population(s)	Possible Actors
1. a) increase awareness of competencies. b) build capacity of state/NCICMH Association.	To foster adoption more broadly of competencies. To meet demand.	- Public agencies - Private nonprofits - Provider of trainings	Public agencies/ private funders
2. Pilot of the competencies.	To improve, apply lessons learned.	- Providers of training	Funders public/ private

Action 4.6: Increase Training in Mental Health Treatment for Pediatricians and Family Physicians. Support training to increase primary care providers’ comfort and competency in prevention, management and treatment of frequently occurring and mild to moderate early childhood mental health conditions, including screening, primary care intervention, engaging parents as partners in care, medication management, knowledge of evidence-based mental health services, and co-management with mental health professionals.

- Is there a clear equity lens articulated in this Action? No
- What specific populations should North Carolina's first (or next) steps on this Action target?
 - Health providers (especially rural areas and people of color)
 - Primary care providers

Steps	Rationale	Target Population(s)	Possible Actors
1. Include mental health requirements ages 0-8 in residence programs and medical board requirements.	Pediatricians and family physicians feel comfortable and build competencies to support children and their families.	<ul style="list-style-type: none"> - Medical schools - Residence programs 	<ul style="list-style-type: none"> - Medical schools and residence programs - NC Medical Society - NC Academy of Family Physicians - NC Pediatric Society
2. Increase provider knowledge of the tools available during a regular, routine visits and how to code/bill for them.	Increase their competency, especially in pre-service training, and increase funding.	<ul style="list-style-type: none"> - Family physicians - Primary care providers - Pediatricians 	<ul style="list-style-type: none"> - CCNC - NC Pediatric Society - Family physicians - Insurance companies
3. Managed care organizations work with primary care providers.	They can provide training and help with referrals.	<ul style="list-style-type: none"> - Family physicians - Primary care providers - Pediatricians 	<ul style="list-style-type: none"> - Managed care organizations

Area 3: North Carolina's children have access to high-quality mental health services that meet their needs.

Action 4.7: Use Data to Track Community Needs and Service Provision. 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.

- Is there a clear equity lens articulated in this Action? Yes

- What specific populations should North Carolina's first (or next) steps on this Action target?
 - Children of color, other risk factors and priority to children with multiple factors, low income
- Other information from the Design Team
 - Data has to be comprehensive such that it can be disaggregated
 - Public access to data

Steps	Rationale	Target Population(s)	Possible Actors
1. Collection of data related to availability of services and need (based on DC:0-5 tool).	Data is inadequate to assess the need across the state and within counties. Data that is available does not always reflect the population subgroups that are needed for the equity lens.	Children of color, low income and other risk factors with priority to children with multiple risk factors.	<ul style="list-style-type: none"> - DHHS-ECIDS: person – new? Are there opportunities? - NC Child - UCM Health Collaborative - Local Management Entities
2. Consider how data can be collected on services in the community that are not Medicaid or have a billing code.		Children of color, low income and other risk factors with priority to children with multiple risk factors.	<ul style="list-style-type: none"> - Smart Start
3. Use data from ECIDS to map access to services and find gaps.		Children of color, low income and other risk factors with priority to children with multiple risk factors.	<ul style="list-style-type: none"> - DCDEE - Smart Start
4. Use of child care subsidy transfer rationale to determine further need.	Find children who are not identified through Medicaid and served through private	Children of color, low income and other risk factors with priority to children with	<ul style="list-style-type: none"> - DCDEE - Smart Start

	organizations.	multiple risk factors.	
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Action 4.8: Address Barriers in Covering Infant and Early Childhood Mental Health Services. Address barriers in covering infant and early childhood mental health services, including: incorporate the DC:0-5 (appropriate infant-toddler diagnostic criteria and codes) into policy for clinicians, eliminate requirement to provide diagnosis in order to receive payment (with payers who have this requirement), allow treatment codes that qualify for insurance payment, and provide a range of approved treatments suitable to age group, especially dyadic and family treatments.

- **Is there a clear equity lens articulated in this Action?** Yes, addresses access
- **What specific populations should North Carolina's first (or next) steps on this Action target?**
 - Medical providers
 - Mental health providers
 - Behavioral health

Steps	Rationale	Target Population(s)	Possible Actors
1. Training providers to identify/properly diagnose by expanding knowledge and use of DC: 0-5 and codes available in primary care settings.		<ul style="list-style-type: none"> - Medical providers - Mental health providers - Behavioral health 	Department of Mental Health
2. Billing – how to integrate billing codes and staff capacity to support children and families.		<ul style="list-style-type: none"> - Medical providers - Mental health providers - Behavioral health 	<ul style="list-style-type: none"> - NC Medicaid - DMA - Infant Mental Health Association
3. Identify Medicaid barriers.	Providers need to access reimbursement for services.	<ul style="list-style-type: none"> - Medical providers - Mental health providers - Behavioral health 	<ul style="list-style-type: none"> - Infant Mental Health Association

4. Telehelp services and consultation: This could be an access point for services in rural areas.		<ul style="list-style-type: none"> - Medical providers - Mental health providers - Behavioral health 	<ul style="list-style-type: none"> - DHHS - Rural Health
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Action 4.9: Infuse Mental Health into Other Child-Serving Systems. Create a state strategic plan to infuse infant and early childhood mental health into behavioral health, primary and public health, early learning and development, child welfare, home visiting, and early intervention initiatives. An infant and early childhood mental health state plan should address the promotion, prevention and treatment continuum and include core components such as leadership, systems integration, public awareness, financing, improvement strategies, and professional development.

- **Is there a clear equity lens articulated in this Action?** No – this is an opportunity to infuse this lens into other systems
- **What specific populations should North Carolina's first (or next) steps on this Action target?**
 - Every system that touches young children should be infused with an eye to mental/ behavioral health

Steps	Rationale	Target Population(s)	Possible Actors
1. Identify elements for integration by convening group of professionals to develop recommendations (Pathways).		<ul style="list-style-type: none"> - State agencies - Local/ County Department of Public Health 	<ul style="list-style-type: none"> - Pathways volunteers - Infant/ toddler mental health
2. Use data from 4.7 or data we need from 4.7; consider inventory/scan of all strategic plans of departments to capture touchpoints related to early childhood and	Use data to strengthen collaboration and improve outcomes.		<ul style="list-style-type: none"> - Pathways Partners - Infant - Department of Health and Human Services - NC DPT - ECHC - B-3 Council

mental health.			
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Action 4.10: Include At-Risk Children in Early Invention. Include at-risk children in the definition of eligibility for the Individuals with Disabilities Education Act (IDEA) Part C Early Intervention Program.

- **Is there a clear equity lens articulated in this Action?** No – clarity on the definition of at-risk
- **What specific populations should North Carolina’s first (or next) steps on this Action target?**
 - All at-risk children – and once all are included in the definition, strategies can be developed to improve access

Steps	Rationale	Target Population(s)	Possible Actors
1. Increase state appropriations for early intervention through legislative support.	Current staff capacity needs to be increased to manage current work load, so increased funding is required.	- NCGA - DHHS is already on board	- NC Child - ICC - DHHS - Public - Local partnerships
2. Find and educate champions in NCGA.	Return on investment is higher to intervene early.	<i>None noted.</i>	- MATT-DHHS - Other child advocates - ECAC (exceptional children)
3. Research cost/benefit analysis through ITCA and use to build case, along with other strategies for advocacy.	<i>None noted.</i>	<i>None noted.</i>	- Early Intervention
4. Consider early intervention focus to be included in B-3 Council.	<i>None noted.</i>	<i>None noted.</i>	<i>None noted.</i>

Action 4.11: Ensure Adequate Mental Health Benefits for Children. Ensure that benefits packages for behavioral health include:

- Language allowing use of and payment based on a diagnostic system that reflects the developmental needs of young children (the DC:0-5, rather than the DSM-5) and training for practitioners in the use of that system.
 - Language allowing the use of non-specific diagnosis codes for at least six initial visits when a diagnosis is uncertain, or when there are functional issues without a diagnosis.
 - A definition of “medically necessary services” to include prevention, diagnosis and treatment of infant and early childhood mental health impairments.
 - A requirement for evidence-based approaches appropriate for infants, toddlers, and their families, such as treating parents and young children together and delivering infant and early childhood mental health services in primary care settings and home visits.
- Is there a clear equity lens articulated in this Action? No
 - What specific populations should North Carolina’s first (or next) steps on this Action target?
 - NC Medicaid and private insurers

Steps	Rationale	Target Population(s)	Possible Actors
1. Assumes the plan under Medicaid transformation will integrate mental health and no longer exclude 0-3 in separate system.	<i>None noted.</i>	<i>None noted.</i>	<i>None noted.</i>
2. Discuss with Medicaid regarding the inclusion of the criteria.	<i>None noted.</i>	DMA	- Medicaid - DMA
3. Clinical coverage policies currently under review include evidence-based models. Is it sufficient?	<i>None noted.</i>	DHB/ NC Medicaid	- DMA - Review public comment - Providers

Action 4.12: Integrate Mental Health Providers with Pediatric and Other Primary Care Practices. Institute policies that remove barriers to integrated care, such as:

- Eliminating carve out systems for mental health care delivery
 - Providing value-based payment systems/payment incentives for practices with mental health professionals integrated as a member of the medical home team
- Is there a clear equity lens articulated in this Action? *Not noted.*
- What specific populations should North Carolina's first (or next) steps on this Action target? *None noted.*

Steps	Rationale	Target Population(s)	Possible Actors
1. Behavioral Health Integration Plan.	Currently under review and needs to be approved.	<i>None noted.</i>	<i>None noted.</i>
2. Support and training to primary care practices.	Team approach is family friendly and practices need support to integrate new system of care.	<i>None noted.</i>	<ul style="list-style-type: none"> - Professional societies - Residency programs - CIDD/LEMO program
3. Mental health access line to support primary care providers.	<i>None noted.</i>	<i>None noted.</i>	<ul style="list-style-type: none"> - DPH - DMH - Office of Rural Health - Academic universities