



Pathways is an initiative of the North Carolina Early Childhood Foundation, in collaboration with NC Child, the NC Partnership for Children, Inc., and BEST NC.

North Carolina leads the nation in early childhood policy and practice, and our state's voters agree, across geographic and party lines, that our youngest children are a smart investment.

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The first eight years of a child's life are a critical time that build the foundation for all future learning.

By the time children are in third grade, their reading outcomes can predict future academic achievement and career success.

An Introduction to the Pathways to Grade-Level Reading Action Framework

PATHWAYS TO GRADE-LEVEL READING ACTION FRAMEWORK

The first eight years of a child's life are a critical time that build the foundation for all future learning. In fact, by the time a child is in third grade, his or her reading outcomes can predict future academic achievement and career success.

Research is clear that to achieve grade-level reading and overall well-being, children need health and development on track from birth, supportive and supported families and communities, and high quality birth-through-age-eight learning environments with regular attendance. The Pathways to Grade-Level Reading initiative aims to bring North Carolina together around shared whole child, birth-to-age-eight measures that put children on a pathway to grade-level reading, coordinated strategies to support children's optimal development beginning at birth, and aligned policies and practices that are rooted in how children develop.

The Pathways Action Framework lays out a series of expectations for state and local birth-through-age-eight child and family systems in the critical areas of children's social-emotional health, high quality early care and education, and regular school attendance, with the aim of improving third grade reading proficiency and overall child and family well-being. The Framework also recommends actions to realize those expectations. The Framework uses a racial equity lens, is grounded in family and is informed by community input.



OUR EXPECTATIONS

Pathways holds the following 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 CONTEXT 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.



A WINNING INVESTMENT

North Carolinians agree—our youngest children are a winning investment.

North Carolina has long been a leader in early childhood—it was the first to offer full-day kindergarten, launched NC Pre-K to provide at-risk children with high quality learning environments, and created the nation's first comprehensive early childhood initiative, Smart Start.

In a 2018 bipartisan poll, the vast majority of North Carolina voters—across geographic and party lines—reported that they support major state investments in early child development. They favor a range of investments that support parents and young children at multiple points in children's development, beginning at birth, to influence outcomes in the later grades and adulthood. The poll found that North Carolinians recognize that investments in children's earliest years have immediate and long-term benefits—including supporting children's cognitive and social emotional development, better reading outcomes, and growing a skilled workforce for the future. Additional findings from the NC voter poll are available at www.buildthefoundation.org

Support among North Carolina voters for early childhood investments has grown steadily, with the percentage of poll respondents saying we should do more for early childhood increasing 15 percentage points to 80 percent since bipartisan polling on the issue began just four years ago, in 2014. Support continues to grow because more and more North Carolinians understand that brains are built, not born. Experiences in the early years are built into children's bodies—shaping brain architecture and building the foundation for future learning.

Reading is also a cumulative process, rooted in early brain development. What happens during those early years is so defining, that by the time a child is in third grade, his or her reading outcomes can predict future academic achievement and career success. Third grade reading proficiency, however, is more than a literacy measure, it is a measure of overall child well-being.

Decades of research have established what children need during those critical early years to build strong and resilient brains and bodies, and achieve gradelevel reading:

HEALTH AND
DEVELOPMENT ON
TRACK FROM BIRTH

SUPPORTIVE AND SUPPORTED FAMILIES AND COMMUNITIES

HIGH QUALITY
BIRTH-THROUGHAGE-EIGHT LEARNING
ENVIRONMENTS WITH
REGULAR ATTENDANCE

North Carolinians agree that every child deserves the opportunity to be healthy, be surrounded by a family and community that has the tools to support their development, and have access to excellent learning environments. As we eliminate the barriers that are limiting some children's success, and invest in developing systems that work for every child, we will all benefit.

WHATIS THE PATHWAYS TO GRADE-LEVEL READING INITIATIVE?

2015

North Carolinians came together to think about *possibility*. What would be possible if...

- ► We adopted shared, whole child, birthto-age-eight measures that put children on a pathway to grade-level reading?
- ► We coordinated strategies to support children's optimal development beginning at birth?
- ► We aligned policies and practices that were rooted in how children develop?

We came together identify measures of success and to *prioritize*.

- What factors matter for thirdgrade reading proficiency?
- ➤ What do the North Carolina data tell us about children's health, their families and communities, and their access to high-quality birth-through-age-eight care and education?
- ► Where should we focus, given our strengths and areas of opportunity?

2017

We came together to plan.

- ► What are the policies and practices that North Carolina needs to keep, chuck, change or create to move the needle on the areas that matter most for third grade reading?
- ► What strategies will work best for children and families facing the most barriers to success?
- ► What can we do differently to intentionally create systems that work for every North Carolina child and family?

Now

IT'S TIME FOR ACTION

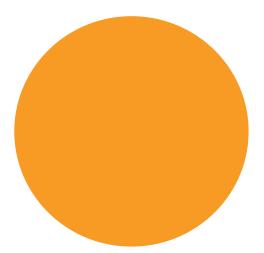
OUR VALUES

Pathways Principles: As Pathways stakeholders and action teams have considered possibilities, prioritized, and planned, they co-created a set of principles to guide their work.

- We will be data-and research-driven and informed by developmental science.
- We commit to acknowledging and eliminating systemic inequities and racial, ethnic, socioeconomic and ability disparities in early childhood experiences, opportunities, and outcomes.
- We will focus on the whole child, birth-throughage-eight, in the context of his or her family and community, using a multi-dimensional systems lens.
- We will be transparent, collaborative and accountable to one another.
- We will be informed by and hold ourselves accountable to families and communities.
- We will have a strength-based approach, highlighting protective factors and preventative solutions, and be guided by compassion.
- We will work to ensure that each child has the opportunity to fulfill his or her potential.
- We will prioritize solutions that are actionable and sustainable, and we will have high expectations of what is achievable.
- We will be results-oriented, embracing innovation and seeing change as opportunity.



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.





LEADING WITH RACIAL EQUITY

Pathways uses a racial equity lens in its work. The racial equity lens has been identified in Design Team and Pathways stakeholder surveys as one of the most important and meaningful parts of the work. The Pathways Design Team wanted to describe clearly what using a racial equity lens means to them. They provided input, then entrusted a volunteer group of Design Team members to meet with equity consultants Kathleen Crabbs and Sterling Freeman to craft a statement that explains Pathways' approach to racial equity and why they believe it is a critical lens.

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 gradelevel 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 Pathways 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.

GROUNDED IN FAMILY

Parents and family members are a child's most important caregivers and play the lead role in their child's healthy development. All families want what is best for their children, and Pathways is committed to listening to and learning from families to inform policy and practice.

Pathways grounds its work in learning from families by:

- Inviting and compensating family representatives to participate in and inform the outcomes of Pathways Action Teams
- Working one-on-one with family representatives as needed, to support their participation in Action Teams
- Compiling the results of family surveys, focus groups, and community cafés that highlight the gaps they see and the supports they need to rear their children
- Supporting the convening of local providers of services for children and families in communities across the state to learn what supports them and what gets in their way as they work to support families

Pathways' family input report, Not About Me, Without Me: Raising Parent Voice to Guide Early Childhood Policy informed the Pathways work. State leaders considered their input as they worked to prioritize strategies for action.

Pathways is also committed to supporting families so that they have the tools to foster their children's healthy development. All families with young children are stretched for time and resources. Some families need more support than others in overcoming barriers to supporting their children's development. Communities and governments can provide families with support they may need at an especially critical and stressful time. Policies and programs should start early to ensure healthy and development at birth, support families and the communities where children live, and make highquality child care and learning environments more accessible and affordable to all.



INFORMED BY COMMUNITIES

The Pathways to Grade-Level Reading Design Team considered hundreds of possible research-informed policy and practice actions before they made the recommendations included in this Action Framework. To ensure that the Design Team's work was grounded in the local realities across North Carolina, Pathways created a feedback loop between communities and the state-level Design Team. Fourteen Smart Start local partnerships across the state hosted meetings with providers of services for young children and families.

There were two rounds of Community Conversations that guided the Design Team's decision-making process. Participants included pediatricians, superintendents, early educators, social services providers, community college and university representatives, principals, child care center directors, and more.

The first round of Community Conversations was held in August and September 2017 in the following counties, reaching about 300 participants:

- Beaufort
- Bertie
- Cabarrus
- Chowan/Perquimans
- Durham
- Forsyth
- New Hanover

- Onslow
- Orange
- Union
- Wake
- Watauga
- Yadkin
- Yancey

Participants gave input about what supports and what gets in the way of their work to eliminate disparities and improve outcomes for children birth through age eight. They shared how Pathways could support communities and providers' work with families, reviewed local data on the Pathways Measures of Success to identify areas of need and disparities among groups of children in their communities, and then proposed strategies for action in the prioritized areas of focus—high quality birththrough-age-eight education, socialemotional health, and regular school attendance.

Pathways then combined their input with parent insights, the thinking of the state-level Design Team, and national research on what moves the needle for children of color, to create a matrix of hundreds of possible actions for improving outcomes in the prioritized areas of focus.

As the Design Team were considering those actions, a second round of Community Conversations was held in February and March 2018. Thirteen local conversations (one was canceled due to winter weather) reached nearly 300 participants. Participants were asked, based on their experience and the needs of their communities, which of the hundreds of possible actions Pathways should prioritize to reduce disparities and improve outcomes for children in the areas of focus. Those recommendations were then shared with the Design Team to provide local input as they made final decisions about which actions to recommend.

PATHWAYS ACTION TEAMS

The Pathways to Grade-Level Reading initiative is driven by Pathways Partners—hundreds of organizations, agencies and individuals across the state who have moved the work forward since 2015. Partners have come together for annual stakeholder meetings to provide strategic direction to the initiative, they have provided input regularly via electronic survey and email, and they have participated in Action Teams. The Action Teams—including a Data Action Team, Learning Teams, and Design Teams—are smaller groups, charged with achieving a certain deliverable and making recommendations back to the larger stakeholder group.

- The Data Action Team co-created the Pathways Measure of Success Framework, which was then endorsed by the Pathways Partners.
- The Learning Teams considered the NC data around the Measures of Success and recommended where the state should focus first.
- The Design Teams co-created the Pathways Action Framework, presented here, which was given a thumbs-up by the larger group of stakeholders and is being endorsed by agencies and organizations.

To co-create their recommended strategies for action, the Design Teams used a racial equity lens and called on several sources of input and feedback, including:

- Local providers of services for children and families (early childhood teachers and administrators, K-12 teachers and principals, early intervention providers, pediatricians, and more) in 14 communities across the state
- Parents
- Design Team members' own expertise
- National research on what moves the needle in the area of focus, specifically for children of color

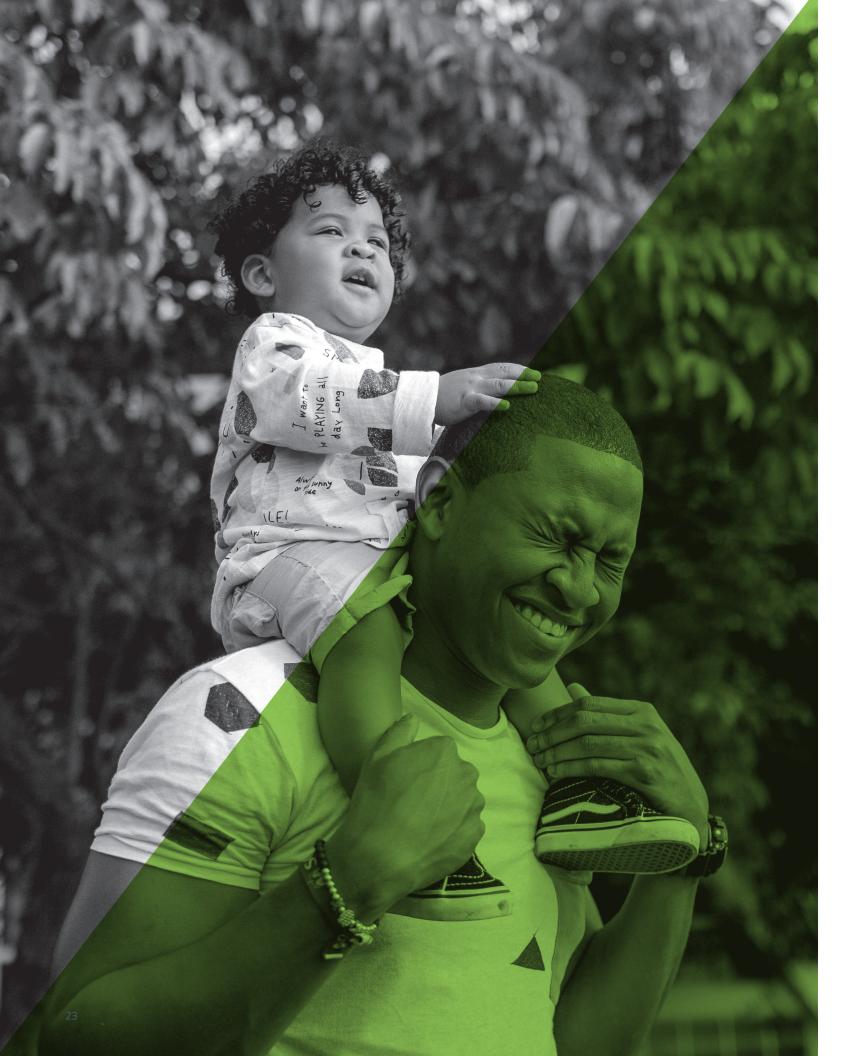
Three Design Teams aligned with the three areas of focus chosen by the Learning Teams:

- Children's Social-Emotional Health
- High Quality Birth-throughage-Eight Care and Education
- Regular School Attendance

The Learning Teams also highlighted healthy birthweight as a critical area to ensure that adults are healthy and supported prior to pregnancy and that babies get a healthy start. Since North Carolina already has a perinatal health strategic plan, created with cross-sector expertise, Pathways did not duplicate effort by forming a Design Team around healthy birth outcomes. Pathways lifts up and supports the NC Perinatal Health Strategic Plan.

Each Design Team included cross-sector content experts, data experts, policy thinkers and family representatives. The teams met individually and together in six sessions over a year to co-create the Pathways Action Framework.

Children's social-emotional health, education and attendance are intertwined, and the actions in the Framework impact all of them. For example, reducing or eliminating suspensions and expulsions in early care and the early grades makes for higher quality educational environments, reduces chronic absence, and better supports children's social-emotional health, development and learning.



In order to improve third grade reading proficiency and children's overall wellbeing, North Carolina needs equitable, effective, efficient birth-through-ageeight systems. Children's social-emotional health, education and attendance are intertwined, and the actions in the Framework impact all of them.

The Pathways to Grade-Level Reading Action Framework

HOW TO USE THE PATH WAYS ACTION FRAMEWORK

The Pathways Action Framework lays out a series of expectations we hold for state and local birth-through-age-eight child and family systems and recommends actions to realize those expectations. The Action Framework uses an equity lens that is explicitly, but not exclusively, focused on racial equity.

Use the Action Framework to:

- Align your local priorities with the state-level priorities identified in the Framework.
- Help advance the Framework. Embed and advance Pathways measures and actions that are consistent with your mission and strategic goals.
- Convene local stakeholders to learn how they would propose to move forward on the Action Framework items that are relevant to your work.
- Focus the actions recommended in the Action Framework on the specific populations you work with and for. For example:
 - ► How can NC increase the pipeline of educators of color, who are trained to educate children whose first language is not English?
 - ► How can NC reduce or eliminate suspensions and expulsions for young children, who have disabilities?
 - ► How can NC recruit and retain more infant and toddler mental health clinicians, *particularly in rural areas*?

PATHWAYS ACTION FRAMEWORK

A child's experiences in the first eight years of life lay the foundation for all future learning. In order to improve third grade reading proficiency and children's overall well-being, North Carolina needs equitable, effective, efficient birth-through-age-eight systems that support children's social-emotional health, provide high quality early learning opportunities, and facilitate regular school attendance, particularly for children of color. The Action Framework was created using an explicit, but not exclusive, racial equity lens. Race in America plays a large role in determining children's life outcomes, and interventions that target structural racism benefit all children. The Pathways Action Framework also aims to reduce disparities in children's outcomes based on income, ability, language of origin, geography, gender or age.

Pathways holds the following 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 CONTEXT 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.**

^{*} Terms in bold are defined in the glossary, which is included in the Appendix.

PATHWAYS' PROPOSED ACTIONS

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



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	STRATEGIES	ACTIONS
		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.
SYSTEMS ARE FAMILY- DRIVEN AND EQUITABLE	Child and family systems deeply engage with and learn from families	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.

EXPECTATION	STRATEGIES	ACTIONS
		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."
SYSTEMS ARE FAMILY- DRIVEN AND Child and family systems prioritize racial equity	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.	
EQUITABLE	racial equity and cultural competence	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.

SYSTEMS SERVE CHILDREN IN THE CONTEXT 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.

IMPACT	STRATEGIES	ACTIONS
SYSTEMS	businesses and communities advance policies and supports that reduce stress on families	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.
SERVE CHILDREN IN THE CONTEXT OF FAMILIES AND		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.
COMMUNITIES		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.



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.

STRATEGIES

Screen Children and Families for Social Determinants of Health and Connect them to Appropriate Services

ACTIONS

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.

Invest in Two-Generation Interventions

Invest in treatment and services that focus on creating opportunities for and addressing the needs of 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.

Expand Maternal Depression Screening and Treatment

Continue to track North Carolina's rates of maternal post-partum (after birth) 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.

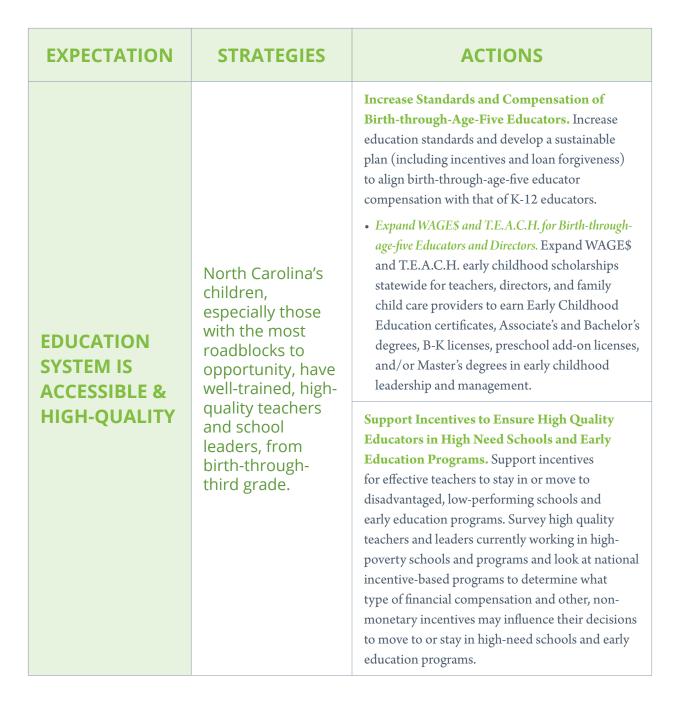
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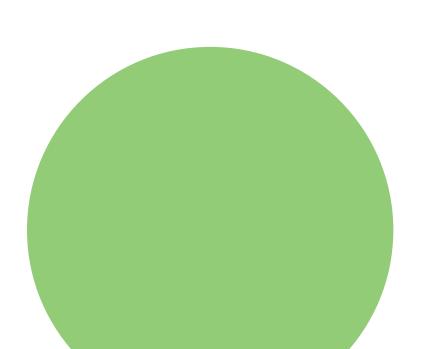
IMPACT	STRATEGIES	ACTIONS
EDUCATION SYSTEM IS ACCESSIBLE & HIGH-QUALITY The state of the state	North Carolina's youngest children have access (including availability, convenience and affordability) to early care and education programs and supports prior to kindergarten entry, including child care, Early Head Start, Head Start, Title I, and NC Pre-K.	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.
		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.
		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.
		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.
		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.

EXPECTATION	STRATEGIES	ACTIONS
	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.	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.
EDUCATION SYSTEM IS ACCESSIBLE & HIGH-QUALITY		Adopt Research-Based Standards for Culturally-Relevant Teaching. Adopt research-based standards that connect to diverse cultures (are culturally relevant) to help birth-throughage-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.
		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.

EXPECTATION	STRATEGIES	ACTIONS
	environments that are culturally relevant and free from systemic racism and cultural and racial	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.
EDUCATION SYSTEM IS ACCESSIBLE & HIGH-QUALITY		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.
implicit bias	implicit blas.	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).



EXPECTATION	STRATEGIES	ACTIONS
EDUCATION SYSTEM IS ACCESSIBLE & HIGH-QUALITY	North Carolina's children, especially those with the most roadblocks to opportunity, have well-trained, high-quality teachers and school leaders, from birth-throughthird grade.	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. 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. 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.



EXPECTATION	STRATEGIES	ACTIONS
EDUCATION SYSTEM IS ACCESSIBLE & HIGH-QUALITY North Carolina's early learning environments support and promote children's social-emotional development and executive functioning.	early learning environments	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). 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-
	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 socialemotional concerns, attendance, and other social determinants of health.	
		Eliminate or Minimize Suspension and Expulsion. Eliminate or minimize the use of suspension and expulsion in birth-throughthird 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.

EXPECTATION	STRATEGIES	ACTIONS
EDUCATION SYSTEM IS ACCESSIBLE & HIGH-QUALITY	North Carolina's early learning environments support and promote children's social-emotional development and executive functioning.	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. 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.



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.

IMPACT	STRATEGIES	ACTIONS
		Recruit and Retain Infant and Toddler Mental Health Clinicians. Recruit and retain more clinicians for infant and toddler mental health, including clinicians of color.
SOCIAL- EMOTIONAL HEALTH SYSTEM IS ACCESSIBLE & HIGH-QUALITY 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.	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.	
	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.	
	Create a Mental Health Professional Development System. Create a broad, connected, trauma-informed mental health professional development system with individualized professional development plans.	

IMPACT	STRATEGIES	ACTIONS
Professionals who interact with and serve young children in North Carolina's child and family systems have a strong	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.	
HIGH-QUALITY	foundation in infant and early childhood mental health competencies.	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, 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.

IMPACT	STRATEGIES	ACTIONS
SOCIAL- EMOTIONAL HEALTH SYSTEM IS ACCESSIBLE & HIGH-QUALITY	North Carolina's children have access to high-quality mental health services that meet their needs.	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. This allows children to be seen by clinicians without a specific diagnosis in place. • 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. 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.

IMPACT	STRATEGIES	ACTIONS
SOCIAL- EMOTIONAL HEALTH SYSTEM IS ACCESSIBLE & HIGH-QUALITY	North Carolina's children have access to high-quality mental health services that meet their needs.	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, which provides supports and services for families and their children, birth to age three, who have special needs.
		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.
		Integrate Mental Health Providers with Pediatric and Other Primary Care Practices. Put in place policies that remove barriers to integrated health 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 health care (value-based payment systems).
		 Create payment incentives for practices with mental health professionals integrated as members of the medical home team.

ENDORSE THE PATHWAYS ACTION FRAMEWORK

The Pathways Measures of Success Framework and Action Framework are serving as a foundation for the state's many early childhood initiatives. The legislatively-mandated Birth-Third Grade Interagency Council, the Governor's Early Childhood Advisory Council, the Leandro Commission for a Sound, Basic Education, the UNC university system's myFutureNC initiative, and the NC Department of Health and Human Services' Early Childhood Action Plan are all building their recommendations off of the strong foundation laid by the Pathways Partners and the Action Teams. Local organizations across the state are also doing their strategic planning using the Pathways Frameworks.

CROSS-SECTOR

SUPPORT

Part of what is giving this work power is its cross-sector nature—policymakers are using Pathways in their work because they see the multitude of groups engaged. One way we will, together, move these Frameworks forward is by being able to demonstrate that cross-sector support.

Can your organization or agency endorse the Pathways Measures of Success Framework and the Pathways Action Framework?

If your organization is ready, complete this short survey: https://www.surveymonkey.com/r/PathwaysEndorse

To learn more about Pathways to Grade-Level Reading and explore all meeting materials and other resources, please visit https://buildthefoundation.org/ initiative/pathways-to-grade-level-reading/

OTHER PATHWAYS RESOURCES

The Pathways Measures of Success Framework includes the research-based factors that matter for third grade reading achievement—and child and family well-being.

Use the Measures of Success Framework to:

- Organize your organization's or agency's early childhood work
- Measure outcomes in your community that matter for early childhood
- Align your accountability measurement with other organizations and agencies across the state

Not About Me, Without Me: Raising Parent Voice to Guide Early Childhood Policy is a meta-analysis of 18 parent surveys, focus groups, and meetings from across North Carolina, conducted by a wide range of organizations that support children and families. It compiles the voices of more than 2,000 North Carolina parents on what supports them and what gets in the way as they promote their children's health, development and school success.

Use Not About Me, Without Me to:

- Inform your organization's or agency's work with and for children and families
- Trigger further questions to ask families in your community to better understand their needs and preferences
- Determine what priorities to focus on that resonate most with families

What Works for Third-Grade Reading is a compilation of evidence- and research-based policy, practice, program and capacity-building options that can move the needle on the major factors that impact children's reading proficiency at third grade. The working papers address 12 of the Pathways Measures of Success. Each working paper details why the Pathways measure matters for third-grade reading, outlines how it is connected to the other Pathways Measures of Success, defines relevant terms and offers national research-based options that can impact the measure, including polices (federal, state legislative, state departmental, and local), practices (protocols to implement policies, some which might be driving good outcomes, and some which might be obstacles to improving outcomes), and programs and capacities (provider capacity, parent capacity, public understanding and will-building, and array of quality programs to move the measures).

Use What Works to:

- Learn more about what policies and practices have been shown to move the needle on the factors that matter for early literacy—and child and family well-being
- Find the research that supports the work you are doing to improve outcomes for children and families
- Discover new approaches to improve outcomes in the work you do



The Pathways to Grade-Level Reading initiative is driven by Pathways Partners—hundreds of organizations, agencies and individuals across the state who have moved the work forward.

Appendices

GLOSSARY OF TERMS

Adverse Childhood Experiences (ACEs)

Stressful or traumatic events, including abuse and neglect or problems in the home, such as witnessing domestic violence. ACEs are strongly related to the development of a wide range of health problems throughout a person's lifespan. ACEs include:

- Physical, sexual, or emotional abuse
- Physical or emotional neglect
- Domestic violence
- Substance misuse by someone in the home
- Mental illness of someone in the home
- Parental separation or divorce
- Incarcerated household member¹

Cultural competence

The ability to interact effectively with people of different cultures and be respectful and responsive to the beliefs and practices—and cultural and linguistic needs—of diverse population groups. Both individuals and organizations can be culturally competent. "Culture" is a term that goes beyond just race or ethnicity. It can also refer to such characteristics as age, gender, sexual orientation, disability, religion, income level, education, geographical location, or profession. Developing cultural competence is an evolving, dynamic process that takes time and occurs along a continuum.²

Cultural and linguistic relevance

Works for, makes sense to and can be understood by people from many cultures and by people who speak different languages.

Diagnostic systems:

- DSM-5: Diagnostic and Statistical Manual of Mental Disorders
 - Published by the American Psychiatric Association, this manual provides guidance to mental health professionals on diagnosing and treating mental health disorders in children and adults. It is used by public and private insurance providers to make decisions about reimbursing clinicians for the services they provide. The DSM is now in its fifth edition.
- DC:0-5: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood

The diagnoses in the DSM-5 are not always relevant for very young children (under the age of five). The DC:0-5 manual, created by Zero To Three, provides a developmentally-based system for diagnosing mental health and developmental disorders in infants and toddlers. It was created by child development and mental health experts and can be crosswalked with the DSM-5 and used to make decisions about provider reimbursement.³

Equity

The quality of being fair, unbiased, and just. Equity involves ensuring that everyone has access to the resources, opportunities, power and responsibility they need to reach their full, healthy potential, as well as making changes so that unfair differences may be understood and addressed. Equity-based solutions often involve different or tailored treatment to ensure fairness and justice.⁴

Equity is not diversity, inclusion, or equality. It describes something deeper and more complex. It is about each of us getting what we need to survive or succeed—access to opportunity, networks, resources, and supports—based on where we are and where we want to go.⁵

Pathways focuses explicitly but not exclusively on racial equity. In a racially equitable system, one's racial identity is not a predictor of educational, health, economic, or other outcomes. Racial equity work addresses root causes of inequities, not just their effects. This includes eliminating policies, practices, attitudes and cultural messages that reinforce unequal outcomes by race or fail to eliminate them. See also the Leading with Racial Equity section of this report.

Implicit bias

The attitudes or stereotypes that affect people's understanding, actions, and decisions in an unconscious manner. Implicit bias involves associations that develop from a very early age and over the course of a lifetime as a result of exposure to direct and indirect messages. ⁷

Integrated health care

The systematic coordination of physical and behavioral health care. Integrating mental health, substance abuse, and primary care services produces the best outcomes and provides the most effective approach to caring for people with multiple health care needs.⁸

Social determinants of health

Conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes. Differences in health outcomes are striking in communities or among populations with poor social determinants of health, such as unstable housing, low income, unsafe neighborhoods, or substandard education. ⁹

Social-emotional health and development

Social-emotional health and development encompasses a child's growing ability to regulate emotions, attention, and impulses and to build social skills that allow the child to successfully play and problem-solve with peers. The ongoing and successful development of social-emotional skills in the early years is linked to the development of higher-order thinking and school success. 10

Systemic racism/Structural racism

A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing, ways to continue race-based inequity. It identifies aspects of our history and culture that have allowed privileges associated with "whiteness" and disadvantages associated with "color" to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead it has been a feature of the social, economic and political systems in which we all exist.¹¹

Resilience

An individual's developed capacity to cope with stress and adversity, enabling him or her to "bounce back" from difficult experiences and return to effective functioning. 12

Trauma

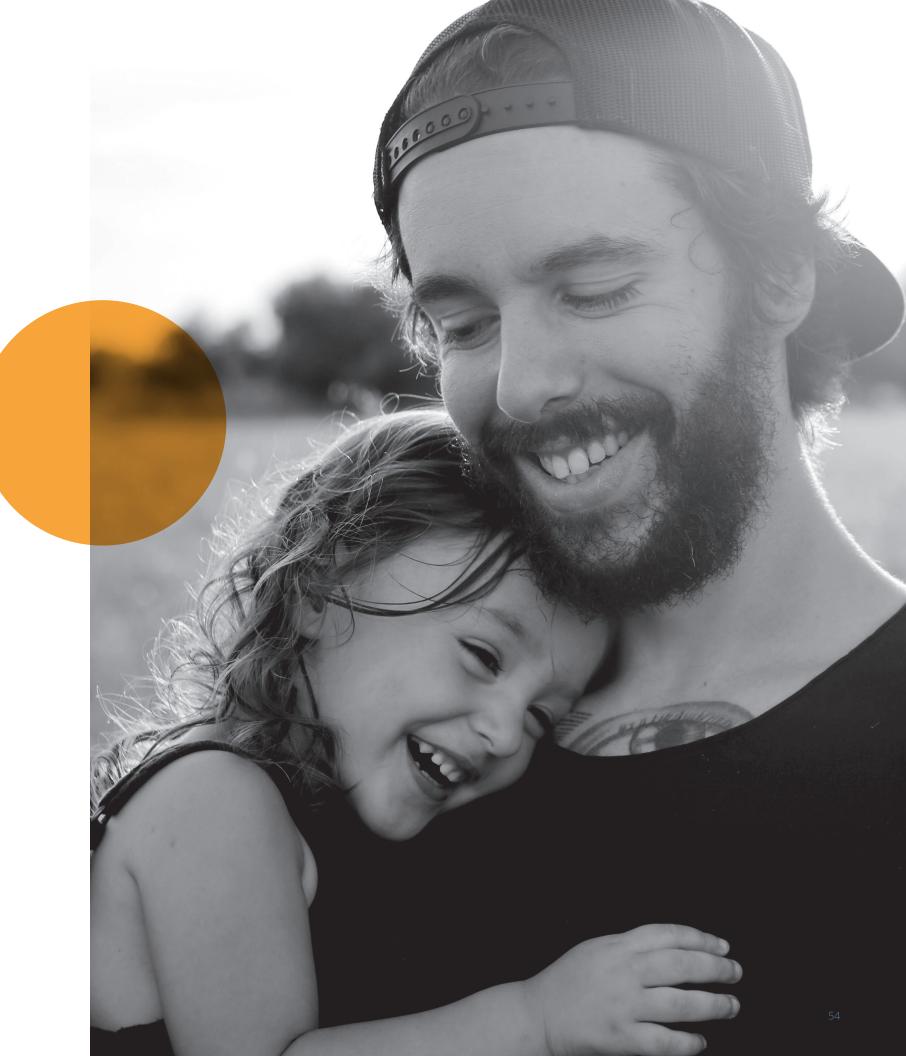
Severe mental or emotional stress or physical or psychological injury. Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or lifethreatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing. Child traumatic stress occurs when children and adolescents are exposed to traumatic events or situations, and when this exposure overwhelms their ability to cope with what they have experienced. 13

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- 13. SAMHSA, see reference 4. AND SAMHSA-HRSA Center for Integrated Health Solutions, "Trauma" available online at: https://www.integration.samhsa.gov/clinical-practice/trauma



MEASURES OF SUCCESS FRAMEWORK

The Measures of Success Framework was developed by the Pathways Data Action Team—30 experts from North Carolina's leading universities, research institutes, government agencies, businesses and think tanks—in partnership with Pathways to Grade-Level Reading partners.

The Data Action Team identified the following criteria to determine which measures to include in the framework:

- ► **RESEARCH-BASED.** Connected clearly to the top-line result through research.
- ► **ACTIONABLE.** Is something that can be reasonably affected through state or local legislation; policy, program or practice change; or community action.
- ► **IMPACTFUL.** Will impact the lives of a number of NC children and families.
- ► **EASILY COMMUNICATED.** Can be easily understood by parents, policymakers, and other key stakeholders.
- ► **DECREASES INEQUITIES.** Will reduce gaps and inequities that currently exist among North Carolina populations.

The Framework evolved with input from the NC Pathways to Grade-Level Reading Learning Teams. Learning Teams included content, data and policy experts who identified trends, inequities, patterns and connections in the NC data, as well as data gaps.

The framework does not include everything that moves the needle on grade-level reading or capture everything that impacts each outcome. It presents what Pathways stakeholders recommend as the best framework for North Carolina to improve early literacy outcomes for young children.

At the center of the Framework is the Pathways Vision. It is surrounded by what the research says children need to be on a pathway to grade-level reading. Pathways thinks of these as Goals, and they include:



Health and Development on Track Beginning at Birth



Supported and Supportive Families and Communities



High Quality Birth-through-Age-Eight Learning Environments with Regular Attendance

Surrounding the goals are Measures of Success. These researched-based measures help to quantify progress toward the Goals and are tied to grade-level reading by the end of third grade.

Not depicted in this graphic, but defined in the Shared Measures of Success Pathways report, are the Pathways Influencers. These are measures that move, or influence, the Pathways Measures of Success and also have research connecting them to early literacy.

The orange circle encompasses Community
Conditions in which children live. These conditions influence, and frequently drive, child outcomes—
when these conditions are positive, as shown in the diagram, children are more likely to thrive; when these conditions are negative, children are more likely to struggle. Pathways prioritizes mitigating conditions that negatively impact a child's ability to fulfill his or her potential.

NC PATHWAYS TO GRADE-LEVEL READING MEASURES OF SUCCESS FRAMEWORK



TERACY DEVELOPMENT

MILESTONES

All children with disabilities achieve expressive and receptive communication skills commensurate with their developmental ages.

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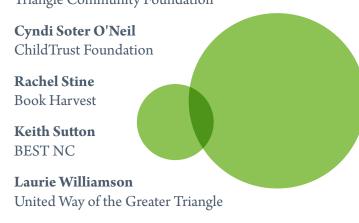
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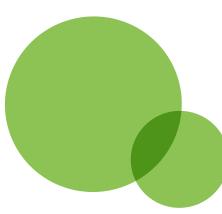
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The NC Early Childhood Foundation promotes understanding, spearheads collaboration, and advances policies to ensure each North Carolina child is on track for lifelong success by the end of third grade.

PROMOTING UNDERSTANDING

SPEARHEADING COLLABORATION ADVANCING POLICIES









