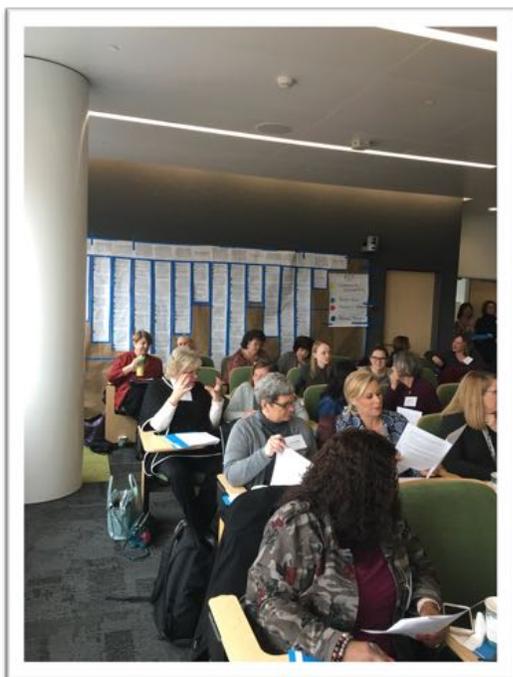


Design Team Meeting Four: Summary Report

On March 21, 2018, 49 participants attended a joint Design Team meeting to continue work on the NC Pathways to Grade-Level Reading (Pathways) Initiative. Eighteen members of the Social-



Emotional Health Design Team, 14 members of the Regular School Attendance Design Team, and 17 members of the High Quality Early Care and Education Design Team met at the Institute for Emerging Issues at the Hunt Library on NC State Campus in Raleigh. These meetings were the fourth of five scheduled meetings of the Pathways Design Teams. (A sixth meeting may be added.)

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

The first two phases of the Pathways involved identifying shared, birth-through-age-eight, whole child measures to put children on a pathway to grade-level reading, and determining how North

Carolina's children are doing on those measures, in order to prioritize areas of focus to take action on first.

Background on the Pathways Initiative is available [online](#), including a [fact sheet](#), and a report on the [research basis behind the Pathways Measures of Success](#), as well as summary reports from [Meeting 1](#), [Meeting 2](#), and [Meeting 3](#) of the Design Teams.

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

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

The agenda for the meeting (Appendix A) included:

- Welcome and Pathways Review
- Focusing on Racial Equity, Pathways Criteria, and Cross-Sector Themes
- Reflecting on Learnings from Community Conversations and Pathways Partners
- Prioritizing Top Strategies per Design Team
- Setting Priorities for Pathways Moving Forward
- Reflection and Evaluation

Details about each section of the agenda are provided below.

Welcome and Pathways Review

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

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

Tracy highlighted some of the ways Pathways is gaining momentum in the state:

- Included in 2016 and 2017 budget language, directing the Department of Health and Human Services and the Department of Public Instruction to consider the measures of success as they work to create an aligned B-3 system.
- Included in the Early Childhood Advisory Council (ECAC) reauthorizing language. *The purpose of the NCECAC is to establish a shared early childhood action plan with defined measures of success for young children from birth-to-age-eight.*
- We have heard from communities in other states, such as New Mexico and Oklahoma, that they are using the Measures of Success framework.
- In the Regular School Attendance space, the NC State Board of Education approved a standard statewide definition of chronic absence in February. An NC student is considered chronically absent if (s)he misses more than 10% of the enrolled days during a school year.
- The Institute for Emerging Issues (IEI) Forum was focused on early childhood, highlighted Pathways in several sessions and included many opportunities for participants to engage with Pathways.

- KidsReadyNC, IEI's early childhood community work over the next year, is aligning with Pathways.
- Reach Out and Read is creating a module on Pathways for pediatricians on their Online Learning Community.

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

- **Meeting One** was solutions-oriented. Participants identified what current North Carolina policies and practices to keep, change, create or chuck to see improved outcomes for children and families.
- **Meeting Two** focused on learning a racial equity framework, establishing a racial equity lens for the work, and thinking about root causes from an equity angle to inform solutions.
- **Meeting Three** was part of what design thinkers describe as “the messy middle” and might have felt a bit overwhelming as Design Team members looked at the true complexity of bringing together the work on racial equity with input from parents, community providers, and national research to inform cross-sector strategies that will move the needle on equipping all students with what they need to achieve. Criteria, grounded in the Pathways Principles, were developed to guide the group as they select strategies to pursue.
- **Meeting Four** shared findings from the 13 Community Conversations that happened across the state and asked Design Team Members to identify top priorities for moving forward to reach the Pathways vision of all students on grade level by the end of third grade, while fulfilling the Pathways Criteria.
- **Meeting Five** will focus on identifying tactics to advance the strategies, as well as fleshing out recommendations to include current context, specific action steps, and who needs to act. A sixth meeting may be needed to wrap up the work.

Focusing on Equity, Pathways Criteria, and Cross-Sector Themes

As Design Team members prepared to prioritize strategies within their respective teams, Tracy asked them to keep three elements in mind: racial equity, Pathways Criteria, and cross-sector themes.

Racial and other forms of equity: Pathways has an equity frame, focused explicitly, but not exclusively, on racial equity. Thanks to the North Carolina Partnership for Children (Smart Start), Pathways has had the opportunity to partner with OpenSource Leadership Strategies, who work to help organizations and initiatives frame their work around equity. This focus on

racial equity and other forms of equity – such as income, ability, age – will continue to be vital in the Pathways work, at this meeting and beyond.

Pathways Criteria: At meeting 3, Design Team members identified Pathways Criteria to be used in prioritizing strategies and tactics. After Design Team members identified the Pathways Criteria they felt were most important, the criteria were distributed to the larger Pathways Partners group for input. Please see Appendix B for a list and descriptions of the Pathways Criteria.

Cross-Sector Themes: Design Team members were asked to identify via a survey before the meeting cross-sector themes. Many Design Team members observed that Pathways' value-add lies in the cross-sector nature of the work. Key cross-sector themes include:

- Strategies that focus on equity across child-serving systems.
- Strategies that increase collaboration, communication, and accountability across child-serving systems.
- Strategies that ensure safe and supportive learning environments and positive school climates.
- Strategies that engage families across multiple environments to provide parent education and support.
- Strategies that improve data collection, analysis, and use data in informing decisions.

Please see Appendix C for the full list of cross-sector themes identified by Design Team members.

Reflecting on Learnings from Community Conversations and Pathways Partners

Design Team members took time to reflect on the results of the second round of Community Conversations, which were held in February and March 2018. At these discussions, 311 cross-sector providers of services for children and families in 13 communities across the state worked from strategies identified earlier in the Pathways process to prioritize the top eight strategies that were most important for each of the three areas of focus: children's social-emotional health, high quality birth-through-age-eight early care and education, and regular school attendance. Participants considered the Pathways Criteria and their own experience in their communities to make their recommendations.

In addition to input from the Community Conversations, Design Team members of the Regular School Attendance Design Team were provided prioritized strategies from a



February meeting with 15 Design Team members and Hedy Chang, Executive Director of Attendance Works, a national and state level initiative aimed at advancing student success by addressing chronic absence.

Design Team members met in pairs or trios to reflect on what they noticed about the sets of prioritized strategies and how they could move Pathways toward the desired outcomes.

Appendix D shares the themes that resulted from the Community Conversations. Appendix E reflects the input from the Regular School Attendance Design Team members in the meeting with Hedy Chang of Attendance Works.

Pathways Partners Input on Prioritizing Strategies

In addition to input from the groups described above, Pathways Partners and participants at the IEI Forum in February were also all invited to share their feedback via an electronic survey. Design Team members reviewed this feedback in pairs or trios and discussed what they noticed, including how the recommendations differed from those of the Community Conversation. Please see Appendix F for the Pathways Partners input on prioritizing strategies for each of the three Design Team areas.

Prioritizing Top Strategies per Design Team

To prepare to narrow the list of strategies, Design Team members were asked to use the tools and input, including: the Pathways Outcomes, Pathways Criteria, Community Conversation prioritized strategies, Pathways Partners input, as well as team members' own knowledge about North Carolina and what is already happening in the state regarding the strategies. Team members were encouraged to think about identifying strategies to fill gaps in current efforts and to lift up strategies that will specifically impact children of color.

For pre-work, Design Team members had already been asked to identify individually the top eight strategies they felt were most important for their Design Team area. During the meeting, participants met with their Design Teams in break out rooms and used an

intentional process of working in pairs, table groups, and then the full team to collectively identify their top eight strategies. Parking lots were provided for team members to note strategies that didn't make it into the final list that they really felt should be there. Sterling Freeman and Kathleen Crabbs of OpenSource Leadership Strategies were present to provide support to keep the racial equity lens front and center as teams worked.

After each Design Team met the goal of reaching consensus around the top strategies for their area, they came back together to share the top strategies and their rationales for prioritizing them.

Please see Appendix G for the prioritized strategies and rationales per Design Team area.

Setting Priorities for Pathways Moving Forward

After a representative from each Design Team presented their top strategies, along with the rationales, the full group worked together to synthesize strategies across Design Teams—in some cases, the teams had picked similar or even identical strategies, which indicated strong support for those strategies and allowed the group to begin narrowing the list of strategies. After synthesis, Design Team members prepared to identify the top eight-to-ten strategies across Design Teams that they thought were most important in advancing the outcomes of Pathways. As they prepared to indicate their interest, team members were asked to keep in mind:

- All Pathways Outcomes, not just the Outcomes for their Design Team
- Pathways Criteria
- Racial equity focus
- Cross-sector value-add



Design Team members then received ten sticky dots to indicate which strategies they felt were most important in moving Pathways forward. After tallying the votes, thirteen strategies across Design Teams were the top choices.

See Appendix H for the thirteen prioritized strategies, along with how many Design Team members indicated interest per strategy.

The original agenda for this meeting also included time to understand and start to prioritize the tactics underneath each chosen strategy. It became clear that Design Team members needed more time to effectively consider all the options and arrive at consensus on the prioritized strategies. Facilitators shifted the agenda to reflect the needs of the group, so tactics will now be considered at the next meeting.

Next steps

Mandy Ableidinger, Policy and Practice leader at NCECF, closed out the day by previewing next steps:

- Pathways will send out a summary of the meeting that will include the documentation of the final strategies.
- Pathways will connect Design Team members to specific strategies so they can begin considering tactics before the next Design Team meeting.
- The Design Teams will meet all together for Meeting 5 on June 4. Location TBD. This meeting will focus on developing the tactics to support the prioritized strategies.
- Given the shift in the agenda at meeting 4, the Design Team may choose to have a sixth meeting during the summer to complete their work.

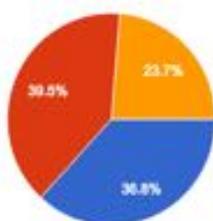
Evaluation

Participants were encouraged to complete an evaluation of the meeting, either electronically via a Google form or on a hard copy included in their meeting packets. High-level themes from all three meeting evaluations are below (the full evaluation reports for each of the meetings are available [online](#)).

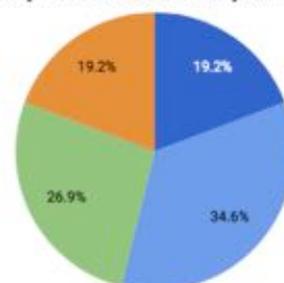
Seventy-seven (77%) of the 49 participants who attended the meeting responded to the evaluation. Snapshots of Design Team participation and participants' primary roles follow:

1. Which Design Team do you serve on?

38 responses



Which of these primary roles best describes you?



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

Session feedback summary table		Average score	Percent 3 or 4
Outcomes	Overall	3.7	100%
	The objectives and intended outcomes of the meeting were clearly defined	3.5	100%
	We achieved the planned objectives and intended outcomes of this meeting.	3.3	100%
	The work of this meeting was valuable and worth my time.	3.8	100%
	The Design Team had the resources (e.g., organization, community, leadership, talent, time) necessary to meet the goals of this meeting.	3.8	100%
	I feel that this Design Team is engaging in work that, if implemented, would improve third grade reading outcomes for NC's children.	3.8	100%
Engagement	Overall	3.7	98%
	Members of our team were prepared and engaged.	3.7	100%
	I feel my voice was heard during this meeting.	3.7	95%
	I believe I have a valued role in shaping this work.	3.7	100%
Execution	Overall	3.8	100%
	The meeting was well-planned and executed.	3.9	100%
	Time was used effectively and efficiently.	3.8	100%
	All follow-actions and next steps are clear.	3.8	100%

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

WHAT WAS THE MOST VALUABLE PART OF THIS MEETING?

- Rich discussions.
- Reaching consensus in identifying the top strategies with the entire Design Team in the process of selecting strategies to take forward to other teams.
- Networking with colleagues and sharing ideas.
- Hearing from others who come from a variety of backgrounds and perspectives, but are united behind a common purpose and willing to do the hard work of building consensus.
- Thinking outside of the day-to-day advocacy work and networking with other partner agencies.
- Whole group collaboration on choosing strategies and therefore the direction of the Pathways efforts.

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

- Meeting preparation and organization. The Pathways team does a fantastic job preparing Design Team members and implementing plans.
- Providing context for the meeting agenda.
- Time management with breaks, good food available to keep us going, being willing to adjust given the group's progress, needs, and requests.
- Encouraging ownership and voice in the process and flexibility with time to discuss and work together.
- Providing parking lots for strategies not chosen by the group to assign value to all input.

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

- Review pictures to ensure that children of color are sometimes in front.
- Slow things down. A few activities were too rushed and needed more time.
- Less time on "where we've been" and more time on the substance of the meeting.
- More clarity on whether there are 'over arching' issues versus issues that are so important that they have to be specifically called out, e.g., some of us felt like data is a specific tool that has to be a strategy while others felt it was fundamental to everything. Similar discussion around equity.

- Use different color paper to help with keeping track of the many documents that all look the same.

CONTINUOUS IMPROVEMENT

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

Appendix A: Meeting Agenda



Meeting 4

March 21, 2018

Joint meeting of Pathways Design Teams

8:30 AM to 9:00 AM

Registration, Breakfast and Networking

9:00 AM to 9:15 AM

Welcome, Introductions and Recap of Pathways Work
Tracy Zimmerman, NC Early Childhood Foundation

9:15 AM to 9:35 AM

Learnings from Community Conversations

9:35 AM to 9:55 AM

Reviewing Pathways Criteria and Cross-Sector Themes

9:55 AM to Noon

Prioritizing Top Strategies

Noon to 12:30 PM

Lunch

12:30 PM to 2:20 PM

Considering Tactics

2:20 PM to 2:50 PM

Reflections and Next Steps

2:50 PM to 3:00 PM

Evaluation

Appendix B: Pathways Criteria

These are the criteria chosen by the Design Teams and voted on by the larger Pathways stakeholder group. The criteria are derived from the Pathways Principles that stakeholders established and that have guided the process since the beginning. Please use these to prioritize Pathways' strategies for action.

Pathways Design Teams will prioritize strategies that:

Address racial, ethnic, socioeconomic and ability inequities

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

Are data- and research-driven and informed by developmental science

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

Consider the whole child and family

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

Are actionable and accountable

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

Address a critical gap in our system

Strategies build on what is already working in NC and advance what isn't yet being addressed in an impactful way.

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

Appendix C: Cross-Sector Themes Identified by Design Team Members

Forty-two Design Team members participated in the survey to address this question:

Which strategies improve outcomes across all three areas of Pathways focus, including children's social-emotional health, high quality birth-through-age-eight early care and education, and regular school attendance?

Cross-Sector Theme 1: Strategies that focus on equity across child-serving systems.

- Promote the benefits of diversity and increase understanding of other cultures in decision-making activities, schools, state agencies, policy makers, funders, parents, community members, and practitioners.
- More intentionally address racial equity needs, from recruitment of diverse providers to building awareness about implicit bias and cultural competence to ensuring communities of color are represented in decision making.
- Raise teachers' and leaders' capacity to effectively teach children of color, English-language learners, children with disabilities, and children from low-income families.
- Use of evaluation and measurement tools that are culturally, linguistically and developmentally valid when developing accountability system.

Cross-Sector Theme 2: Strategies that increase collaboration, communication, and accountability across child-serving systems.

- Build a strong integrated system of support that includes prenatal care, screening, assessment, treatment pipeline for identifying and addressing children's health and learning issues and includes mental health and ACEs screener as well as parent education.
- Integrated system for mental/behavioral health using primary care for identification, screening, assessment.
- Ensuring respectful and productive communication, understanding and appropriate follow-ups are occurring between all parties; parents and providers, schools and DSS, parents and schools, pediatricians and DSS, etc.
- Coordinated services and communication between medical/ social work/ therapy/ educators and families will provide more effective care for children's physical, social-emotional, educational needs.

Cross-Sector Theme 3: Strategies that ensure safe and supportive learning environments and positive school climates.

- Building the capacity and confidence of all educators in social-emotional health and pro-social teaching practices creates a foundation for learning.
- Pre-service training, continuing education, and high-quality parent support programs rich in information about health and mental health impacts on learning are equally important to all areas of focus.
- Ensure safe, secure, diverse and culturally-sensitive schools, districts and early childhood settings.
- Supporting specific efforts to recruit and professionally prepare, compensate and retain a well-qualified workforce across multiple birth through eight settings, including family and center-based child care as well as public and charter schools.

Cross-Sector Theme 4: Strategies that engage families across multiple environments to provide parent education and support.

- Authentically engage with parents and provide parent education and support around child development, parenting, school attendance, early literacy, and social-emotional health and learning.
- Increased effort to support families where they are by reaching out to them and providing community outreach services and trainings with the help of church groups, faith-based organizations, and other community groups.
- Addressing poverty/ family economic insecurity with wrap around services, family-friendly workplaces, support services like nutrition, health, transportation to help families thrive.
- Cross-sector policies that collectively lower the burden of stress on families.

Cross-Sector Theme 5: Strategies that improve data collection, analysis, and use data in informing decisions.

- Collect and use data on needs, resources, services, funding and outcomes.
- Improving data collection and analysis, and ensuring interventions and supports are evidence based should be a component of recommended strategies and tactics across all three sectors. Would be good to have a standard definition of what this looks like for all three.
- Continued assessment of the effectiveness of all programs, to ensure all services and interventions for families are evidence-based, with proven outcomes.

Appendix D: Top Strategies from Community Conversations

At Community Conversations in February and March 2018, cross-sector participants worked from strategies identified earlier in the Pathways process to prioritize the top eight strategies that were most important for children's social-emotional health, high quality birth-through-age-eight early care and education, and regular school attendance in the service of improving third grade reading proficiency. Participants considered the Pathways criteria and their own experience in the communities to determine the top strategies.

The aggregated top strategies include input from thirteen Community Conversations hosted by the following organizations:

Albemarle Alliance for Children and Families, Inc

Alliance for Children (Union County)

Beaufort/Hyde Partnership for Children

Blue Ridge Partnership for Children

Cabarrus County Partnership for Children

Chowan/Perquimans Smart Start Partnership

Durham's Partnership for Children

Onslow County Partnership for Children

Orange County Partnership for Children

Smart Start of Forsyth County

Smart Start of New Hanover County

Smart Start of Yadkin County

Wake Up and Read, Wake County Smart Start and Wake County Public School System

The following lists of strategies chosen by communities are in priority order, and each is followed by examples of the rationales communities shared for why they chose the strategies they chose. Full details will be reported in a Community Conversations report coming soon.

Social-Emotional Health Strategies Prioritized by Local Communities

The following nine strategies related to social-emotional health were regarded as most important in the Community Conversations.

Promote public awareness of the impact of early experiences on success in school and life.

Emphasize the importance of social-emotional development for children to succeed in school, be healthy, and enjoy financial stability in adulthood. *(11 out of 13 communities chose this strategy.)*

Sample Rationales:

- All children will benefit when caregivers (teachers and parents) understand the impact of early experiences on development through public awareness efforts. Public awareness may have an impact on future teachers and parents.
- Health data and ACE's feed the awareness and importance of social-emotional development, thus ensuring the continued success in school and life.

Integrate mental health, physical health and primary care, including using patient-centered medical homes. *(10/13)*

Sample Rationales:

- This addresses the whole child at one time and increases the opportunity to be screened and receive services in one location, reducing transportation issues.
- Integration of care would provide holistic care for children. Families are comfortable with their primary care provider reducing stigma and increase follow-through.

Address social-emotional health and social-emotional learning in schools, including building social-emotional skills and capacities of children, parents, teachers, service providers and school leaders. *(9/13)*

Sample Rationales:

- Must teach the whole child. Everyone needs to be informed. Soft skills, life skills, teach how to navigate the world.
- It takes a village to support children and families - we are all important in the equation. Helps teachers develop skills to support children and increase learning. Helps reduce absenteeism and expulsion. Equity – helps everyone who need services/support can access it.

Use a collaborative care model across child-serving systems to ensure attention to early childhood mental health is infused throughout. Build increased cooperation between mental health providers and the health, education, family supports, and child welfare systems at the community, county and state levels to implement a **comprehensive, shared framework for advancing young children’s mental health and social-emotional development.** (8/13)

Sample Rationales:

- We selected these because our current health care is very fragmented and it is very difficult for parents to access the child’s care in a convenient way.
- Collaboration benefits child, family, community because of its efficiency; collaborative reporting should be required for agencies using same funding source.

Use data to track community needs, available services, and racial disparities in service provision and outcomes, and use the data to adjust provision of services appropriately. (8/13)

Sample Rationales:

- Ensures that the best interventions are being chosen for the population served. Helps to identify needs and gaps, provides opportunity to track and measure.
- Data is important, as if you do not have a good gauge on what is being done currently and what is being done successfully, and what groups are being left out, we are not going to be able to make changes that will bring the desired outcomes.

Expand screening and early identification activities, using diagnostic and screening instruments that are valid for minority populations, to detect social–emotional problems in infants and toddlers, such as relationship disorders, depression, and self-regulation problems. **Include screening for family risk factors** that might affect children’s social–emotional development—for example, poverty, pre- and postnatal parental depression, family isolation, parental mental illness, or parental substance abuse. (7/13)

Sample Rationales:

- Early detection and intervention to address social-emotional issues in infants and toddlers improves outcomes for children and families. Early intervention works and saves the system money!
- Comprehensive and includes child and family. Early identification and intervention; actionable and data and research driven using valid instruments.

Improve access for parents and expectant parents to screening, services and supports for substance abuse and addiction, family violence, depression, and other adult mental health disorders, including by using two-generation strategies. (7/13)

Sample Rationales:

- Acknowledges that child can/will be a product of their environment and provides support so families don't feel alone.
- Includes child and family focus, more equitable, early identification and intervention.

Improve access to health insurance for children and parents and ensure that children's insurance and Medicaid payment policies provide coverage for developmental screening, including screening for social- emotional health, payment for preventive services, and payment for appropriate treatments (6/13)

Sample Rationales:

- Identify that parents won't do what they can't afford. Providers may not do what they are not reimbursed for (or not reimbursed for at a high enough rate).
- Cost savings if Medicaid is privatized should not be at the expense of our children and most vulnerable families; families should never be forced to choose which necessities to prioritize.

Ensure access to high quality parenting programs, adult education and workforce training supports. (6/13)

Sample Rationales:

- Parenting, adult and workforce supports address the whole family model of care and create a partnership between home and educational setting. Through parenting education, families at risk are provided resources and more importantly, opportunity for growth and empowerment.
- Assess the needs of the families within the community to ensure needed services are being provided.

Regular School Attendance Strategies Prioritized by Local Communities

The following eight strategies related to regular school attendance were regarded as most important in the Community Conversations. These are in priority order.

Authentically engage with parents and provide parent education and support around child development, wellness, early literacy, parenting and school attendance. (10 out of 13 communities chose this strategy.)

Sample Rationales:

- This encourages parent involvement, which will result in student achievement and decrease absenteeism and truancy.
- Truly engaging parents teaches our community how to grow children; home is the first learning environment and parents are first teachers.

Provide wraparound supports through schools, such as home visits, summer learning opportunities, housing supports and health and nutrition services, to help meet families' basic needs and support regular attendance and early literacy. (7/13)

Sample Rationales:

- Children learn better when housing and other basic needs are met. This will help families provide a more consistent, stable environment.
- These services areas are so important. Going to where they are is important, because parents may be intimidated by their own memories.

Support specific efforts to recruit, professionally prepare, compensate and retain a well-qualified workforce across multiple birth through eight settings, including family and center-based child care as well as public and charter schools. (7/13)

Sample Rationales:

- Highly qualified and appropriately compensated staff equal high quality educational experiences – can't have a quality program without quality people.
- A well prepared and adequately compensated workforce with expertise in child development across the age span (birth – grade 3) connects with families around developmentally appropriate practice and builds relationships with colleagues across systems in order to improve child outcomes.

Ensure safe and supportive learning environments and positive school climates, including focusing on social-emotional health and learning. (6/13)

Sample Rationales:

- Research is strong around social-emotional development as the foundation for academic and other skills. Safe and supportive environments include early educators and others as caregivers of children.
- This will encourage parental involvement, student centered schools, and increased student achievement. Children need to feel emotionally safe to express their needs.

Create policies across sectors that collectively lower the burden of stress on families due to the often-interrelated threats of poverty, crime, mental illness, substance abuse, discrimination, and community violence, and support parents and other caregivers in their roles as nurturers and providers. (5/13)

Sample Rationales:

- Policies and practices that address these barriers support the whole child and family approach to system change. The influence of stress on families and child well-being cannot be overstated.
- Systemic effects of community 'ills' on families must be acknowledged and addressed; families are experiencing too much stress and need support.

Ensure equitable and adequate funding for K-3 education, including investing in supports which are more likely to contribute to student academic success and decrease disparities, and monitor funding distribution. (5/13)

Sample Rationales:

- Need to put assistants back into the early grade levels and add more school social workers and counselors.
- Funding is a critical piece but this strategy needs to include Birth-5 early care and education to meet the criterion of whole child and family as well as addressing a critical gap in our system.

Conduct outreach to raise parent, policymaker, and broader stakeholder awareness about the causes and impacts of chronic absenteeism and the benefits of regular attendance. (4/13)

Sample Rationales:

- Need to reach parents without affecting their other responsibilities – work, caring for children, etc. We need to address root causes.
- Everyone needs to be on the same page. Education of parents on the importance of attendance is crucial. Conducting outreach – going TO parents is key.
- Helping people to recognize how important it is for kids to be at school. And just because they missed the bus, is not a reason for them to be absent. How can we resolve this?

Build a strong screening, assessment, and treatment pipeline for identifying and addressing children's health and learning issues. (4/13)

Sample Rationales:

- Allow for student's greatest needs to be identified.
- What is already in place? Not all schools screen at the same ages. No more screening for children of various ages. Nothing coordinated – health and development knowledge could help.
- Ensuring children have been assessed will allow them to get the appropriate services to help them be successful.

High-Quality Birth-Through-Age-Eight Education Strategies Prioritized by Local Communities

The following eight strategies related to high quality education were regarded as most important in the Community Conversations. These are in priority order.

Develop a comprehensive birth-through-third-grade system for young children's academic success. Advancing students' academic success in the early grades will require an intentional, comprehensive system that involves students, families and teachers working together at the school, community and state levels. *(10 out of 13 communities chose this strategy.)*

Sample Rationales:

- Starting at birth is vital. A comprehensive system should ensure learning expectations are developmentally appropriate. Use a care-management model for children from families with high stress. Family/teacher partnerships create a collaborative learning environment.
- How can we help prepare the birth to the preschool age, when the school system doesn't really have any control over that? How can we gain that continuum of services? How can we create a system that can be sustained and ensure success? The gap just keeps getting bigger unless we address.

Authentically engage with parents and provide parent education and support around child development, wellness, early literacy, parenting and school attendance. *(10/13)*

Sample Rationales:

- This encourages parent involvement, which will result in student achievement and decrease absenteeism and truancy.
- Truly engaging parents teaches our community how to grow children; home is the first learning environment and parents are first teachers.

Make high-quality early care and education more affordable for families. *(8/13)*

Sample Rationales:

- High quality care is expensive, often more than rent or mortgage, and parents have to choose care based on budget, and pay attention to availability of (especially) infant/toddler.
- Prioritizing funding for childcare subsidy is necessary to achieve this goal. Childcare facilities can't stay open because parents can't afford the tuition needed to maintain quality and increase teacher pay.

Provide wraparound supports through schools, such as home visits, summer learning opportunities, housing supports and health and nutrition services, to help meet families' basic needs and support regular attendance and early literacy. (7/13)

Sample Rationales:

- Children learn better when housing and other basic needs are met. This will help families provide a more consistent, stable environment.
- These services areas are so important. Going to where they are is important because parents may be intimidated by their own memories.

Support specific efforts to recruit, professionally prepare, compensate and retain a well-qualified workforce across multiple birth through eight settings, including family and center-based child care as well as public and charter schools. (7/13)

Sample Rationales:

- Highly qualified and appropriately compensated staff equal high quality educational experiences – can't have a quality program without quality people.
- A well prepared and adequately compensated workforce with expertise in child development across the age span (birth – grade 3) connects with families around developmentally appropriate practice and builds relationships with colleagues across systems in order to improve child outcomes.

Ensure safe and supportive learning environments and positive school climates, including focusing on social-emotional health and learning. (6/13)

Sample Rationales:

- Research is strong around social-emotional development as the foundation for academic and other skills. Safe and supportive environments include early educators and others as caregivers of children.
- This will encourage parental involvement, student centered schools, and increased student achievement. Children need to feel emotionally safe to express their needs.

Ensure equitable and adequate funding for K-3 education, including investing in supports which are more likely to contribute to student academic success and decrease disparities, and monitor funding distribution. (5/13)

Sample Rationales:

- Need to put assistants back into the early grade levels and add more school social workers and counselors.
- Funding is a critical piece, but this strategy needs to include Birth-5 early care and education to meet the criterion of whole child and family as well as addressing a critical gap in our system.

Raise standards and compensation for early care and education teachers to professionalize the early childhood workforce. (5/13)

Sample Rationales:

- Turnover rate is too high. Treat early education as a profession.
- We must attract and retain the best. Teachers who are well compensated have more interest and participation.

Appendix E: Regular School Attendance Strategies Prioritized at Attendance Works Meeting

On February 6, 2018 about 15 members of the Pathways to Grade Level Reading Regular School Attendance Design Team came together with representatives from Campaign for Grade Level Reading (CGLR) communities to hear from Hedy Chang, Executive Director of Attendance Works and discuss how North Carolina could begin addressing chronic absence from school in preschool and the early grades.

The strategies they prioritized from the Regular School Attendance strategy list included:

Adopt a standard, statewide definition of chronic absence for North Carolina and create **cross-agency policies and infrastructure** to support regular attendance.

Improve collection, analysis and use of chronic absence data to improve attendance.

Conduct outreach to raise parent, policymaker, and broader stakeholder awareness about the causes and impacts of chronic absenteeism and the benefits of regular attendance.

Ensure safe and supportive learning environments and positive school climates, including focusing on social-emotional health and learning.

Authentically engage with parents and provide parent education and support around child development, parenting and school attendance.

Provide wraparound supports through schools, such as home visits, summer learning opportunities, housing supports and health and nutrition services, to help meet families' basic needs and support regular attendance.

Build a strong screening, assessment, and treatment pipeline for identifying and addressing children's health and learning issues.

Raise teachers' and leaders' capacity to effectively teach children of color, English-language learners, children with disabilities, and children from low-income families.

Appendix F: Pathways Partners Input on Prioritizing Strategies

Attendees at the Institute of Emerging Issues Forum in February 2018 were invited to offer their input on the priorities of Pathways strategies. A similar survey was sent to the larger Pathways Partners stakeholder group. Their combined prioritized strategies are included below.

Social Emotional Health Strategies

Address social-emotional health and social-emotional learning in schools, including building social-emotional skills and capacities of children, parents, teachers, service providers, and school leaders.

Use a collaborative care model across child-serving systems to ensure attention to early childhood mental health is infused throughout. Build increased cooperation between mental health providers and the health, education, family supports, and child welfare systems at the community, county and state levels to implement a **comprehensive, shared framework for advancing young children's mental health and social-emotional development.**

Promote public awareness of the impact of early experiences on success in school and life. **Emphasize the importance of social-emotional development** for children to succeed in school, be healthy, and enjoy financial stability in adulthood.

Improve access for parents and expectant parents to screening, services and supports for substance abuse and addiction, family violence, depression, and other adult mental health disorders, including by using two-generation strategies.

Expand screening and early identification activities, using diagnostic and screening instruments that are valid for minority populations, to detect social-emotional problems in infants and toddlers, such as relationship disorders, depression, and self-regulation problems. **Include screening for family risk factors** that might affect children's social-emotional development—for example, poverty, pre- and postnatal parental depression, family isolation, parental mental illness, or parental substance abuse.

Build capacity and competence in infant and early childhood mental health practice among providers that serve young children and families by expanding professional development.

Encourage family-friendly employment policies that improve the stability of working hours, give parents more control over work times, promote bonding and attachment, improve conditions for young low-income parents, and help new parents get their babies off to a good start in life, including paid family leave for the birth of a child, paid sick leave, and predictable scheduling.

Create policies across sectors that collectively lower the burden of stress on families due to the often inter-related threats of poverty, crime, mental illness, substance abuse, discrimination, and community violence, and support parents and other caregivers in their roles as nurturers and providers.

High Quality Education Strategies

Support specific efforts to **recruit, professionally prepare, compensate and retain a well-qualified workforce** across multiple birth through eight settings, including family and center-based child care as well as public and charter schools.

Raise standards and compensation for early care and education teachers to professionalize the early childhood workforce.

Authentically engage with parents and provide parent education and support around child development, wellness, early literacy, parenting and school attendance.

Develop a comprehensive birth-through-third-grade system for young children's academic success.

Make high-quality early care and education more affordable for families.

Ensure safe and supportive learning environments and positive school climates, including focusing on social-emotional health and learning.

Ensure students of color, English-language learners, students with disabilities and other vulnerable students have the academic supports they need to succeed, including high quality early education, gifted education, remedial supports, tailored interventions, and access to technology.

Provide wraparound supports through schools, such as home visits, summer learning opportunities, housing supports and health and nutrition services, to help meet families' basic needs and support regular attendance and early literacy.

Regular Attendance Strategies

Support specific efforts to **recruit, professionally prepare, compensate and retain a well-qualified workforce** across multiple birth through eight settings, including family and center-based child care as well as public and charter schools.

Authentically engage with parents and provide parent education and support around child development, wellness, early literacy, parenting and school attendance.

Ensure safe and supportive learning environments and positive school climates, including focusing on social-emotional health and learning.

Ensure students of color, English-language learners, students with disabilities and other vulnerable students have the academic supports they need to succeed, including high quality early education, gifted education, remedial supports, tailored interventions, and access to technology.

Provide wraparound supports through schools, such as home visits, summer learning opportunities, housing supports and health and nutrition services, to help meet families' basic needs and support regular attendance and early literacy.

Create policies across sectors that collectively lower the burden of stress on families due to the often inter-related threats of poverty, crime, mental illness, substance abuse, discrimination, and community violence, and support parents and other caregivers in their roles as nurturers and providers.

Build a strong screening, assessment, and treatment pipeline for identifying and addressing children's health and learning issues.

Improve data collection and analysis and use data to ensure school quality and improve attendance, including equitable distribution of quality teachers, focus placed on school climate and non-academic measures of school success, and personalized education plans for individual students.

Ensure equitable and adequate funding for K-3 education, including investing in supports which are more likely to contribute to student academic success and decrease disparities, and monitor funding distribution.

Appendix G: Prioritized Strategies and Rationales Per Design Team

Social-Emotional Health

Design team members noted foundational recommendations that undergird all the strategies from their perspective:

- **Data.** We need to collect and use data to improve practice and outcomes.
- **Awareness.** Public awareness around social-emotional health is important; not just for providers and practitioners, but for all of us, where we live. We want to get to a place where social-emotional health is a social norm and is fundamental to what we do as a state and culture. We are all different, and those differences make us who we are. We need to normalize differences and different perspectives and support each other. We need a campaign to promote this message, along the lines of *wear your seatbelt, don't smoke, don't drink and drive*.

Integrate mental, physical health and primary care. In NC, efforts are underway to integrate and look at the whole child, but these efforts are disjointed and insufficient at this point. There are not enough services available to meet early childhood mental health needs. Now is an important time to focus on this integration model for two reasons:

- The state is moving to managed care for Medicaid, so how physical health and behavioral health is integrated in a managed care system is important.
- Primary care medical homes for children reduce stigma around mental health and behavioral health services because medical homes are also used for preventative care and immunizations. Integrating behavioral health providers into an expanded medical team in a primary care setting can improve equity.

Ensure equitable access for linguistically and culturally diverse children and families. Thinking about and focusing on equity, including race, (dis)abilities, and poverty, is important.

Expand screening and early identification activities, using diagnostic and screening instruments that are valid for minority populations, to detect social-emotional problems in infants and toddlers. We need to do better at getting to families early enough so that we can intervene wherever and however is most appropriate to improve child well-being. We see medical homes as critical for screening, including developmental screening through the ABCD program, social-emotional screening and maternal depression screening. Screening needs to be done with providers families trust, and families have close relationships with their primary care providers. ACEs screenings, for example, involve sensitive questions. We still have more work to do so that screenings are comprehensive and coordinated.

Build capacity and competence in infant and early childhood mental health practice among providers who serve young children. Addressing the mental health needs of young children isn't something that most providers consider on a daily basis. We need to build the capacity of our system to address the needs of those families in particular. We need to normalize these conversations and recognize that we all have certain adversities that we need to talk about and be comfortable talking about them. We need to recognize that it's not just having a place to go; it's a medical home with providers who know how to ask questions in a non-judgmental, non-rushed way.

Using the public health model when we talk about workforce development is so critical. Childcare providers need to understand social-emotional development and what it means within a childcare setting; pediatricians need to understand it within their setting; and then at the top of the public health pyramid, for families who are really at risk and have significant ACEs going on, we need trained clinicians certified who are able to provide young child mental health. We have a dearth of these trained clinicians in NC – we need to build up the workforce, especially those who work with children from 0-3 or 0-5.

Address social-emotional health and social-emotional learning in schools. This is another example of how we ask schools to do a lot of things, but we haven't fully supported these efforts. We haven't asked how we in communities support the emotional health of children and their families.

Create policies across sectors that collectively lower the burden of stress on families. If you have policies promoting social-emotional health, the stress on families will be reduced. Examples include health providers with after-hours practice hours or extended childcare hours.

A big part of this is basic financial security for families. NC is 8th in the nation for food insecurity among households with children. Making sure families have access to SNAP benefits and expanding childcare subsidies are basic family supports.

Eliminate lead hazards and other toxic substances. This is an entry point to the equity conversation because lead is concentrated in poor neighborhoods and in communities of color. Lead poisoning can cause permanent damage to children. You can't mitigate it. There is an effort to eliminate lead poisoning in NC in 10 years. It can be done – Maryland has done it. It's time for us to stop using young children as lead detectors. We wait until a child shows up with lead poisoning and then go and do remediation with their housing.

Prioritized Strategies and Rationales Per Design Team

High Quality Early Care

Design Team members noted overarching premises assumed in all the strategies:

- Everything should be birth-through-third grade. If the original strategies emphasized a segment of that, we rewrote it so that everything is covering the full spectrum.
- We would like to see an explicit focus on literacy in the tactics within each strategy.

Please note: Design Team changes to the wording of the strategies are noted in italics in the strategies themselves.

Build the capacity of leaders and staff to make educational equity a priority. Through the conversations on the Design Team this year, we have learned how important it is to be explicit about equity.

Develop a comprehensive birth-through-third-grade system for young children's academic success including ensuring equitable and adequate funding for birth-through-third grade education. We had a lot of discussion about whether this strategy should be an assumed strategy because it's what the whole initiative is all about. There was some agreement that it is indeed an assumed strategy, *and* it is important to name it because it's not what currently exists.

Make high-quality early care and education both more affordable *and accessible* for families. We added "*more accessible*" to this one because we felt having one without the other didn't solve the problem.

Authentically engage with *families* and provide parenting education and support around child development, wellness, early literacy and parenting. We changed "parents" to "*families*" to emphasize that it's not just about engaging with parents.

Build the capacity to provide wrap-around supports for birth-to-age-eight families. We wanted to emphasize that it's not just about supports happening in schools, but across the birth-through-third grade continuum.

Focus on social-emotional health and learning to ensure safe and supportive learning environments and positive school climates. We used the same words here, but switched the order so "*social-emotional health and learning*" comes first. This isn't about school safety in

terms of having more school resource officers. The focus is on having more social-emotional health and learning.

Support specific efforts to recruit, professionally prepare, compensate and retain a well-qualified, diverse, *equity-competent* workforce across multiple birth-through-eight settings. It is important to us that we include “*diverse*,” and also “*equity competent*.” Simply having diversity in your demographic data isn’t sufficient. It’s also not enough to assume that having diversity at the table equals having equity competence.

Build the capacity of teachers and leaders to effectively teach children of color, English-language learners, children with disabilities, and children from low-income families *to ensure that students have the academic support they need to succeed*. Added the phrase “*ensure that students have the academic support they need to succeed*” in order to embed the rationale within the strategy.

Improve data collection and analysis and use data to ensure quality *both as a program evaluation tool and as an instructional tool*. Our thinking with these recommended wording changes is that data is used at both the higher program level and also for measurement within the classroom so teachers can use that data to improve their instruction for individual students.

Prioritized Strategies and Rationales Per Design Team

Regular School Attendance

The Regular School Attendance Design Team noted several overall themes:

- Family Supports, including health and mental health.
- Equity.
- Teacher and leader capacity.
- Data collection.

From these themes, team members narrowed down which strategies they thought would best meet those needs.

Conduct outreach to raise parent, policymaker, and broader stakeholder awareness about the causes and impacts of chronic absenteeism and the benefits of regular attendance. The state has started working on policies to address chronic absenteeism, and some districts and communities are focusing on it, too. Continuing to raise awareness with parents, service providers on the local level and policymakers will be important as we move forward.

Authentically engage with parents and provide parent education and support around child development, parenting and school attendance. Parental buffering is the key to a lot of interventions, including those associated with school attendance. We need to support parents in getting their children to school.

Ensure students of color, English-language learners, students with disabilities and other vulnerable students have the academic supports they need to succeed. This includes some of the equity lens. We want to make sure measurement tools that are culturally appropriate is included as a tactic.

Support specific efforts to recruit, professionally prepare, compensate and retain a well-qualified workforce across multiple birth through eight settings. Our interest here is in having a trained workforce and building leadership capacity.

Raise teachers' and leaders' capacity to effectively teach children of color, English-language learners, children with disabilities, and children from low-income families. We want to make sure it's not just low-income or high needs schools, but all schools.

Ensure safe and supportive learning environments and positive school climates, including focusing on social-emotional health and learning. If children aren't healthy, they're not going to school.

Provide wrap-around supports for schools. Wrap-around services support parent engagement and address the health pieces we feel are important.

Improve collection, analysis and use of chronic absence data to improve attendance. We are interested in using the data to look at what is causing absences and finding trends, whether it be health, transportation or something else. For example, an observation was made that Head Start students weren't coming to school when their older siblings had teacher workdays. Once this was identified, many Head Start programs decided to align their workdays with their local school system.

Appendix H: Prioritized Strategies

Design Team members identified 13 strategies across Design Teams for consideration. Similar strategies were grouped together and voted on together, as noted below.

Key:

Orange = Attendance

Blue = High Quality

Green = Social-Emotional Health

1. **Support specific efforts to recruit, professionally prepare, compensate and retain a well-qualified workforce across multiple birth through eight settings, including family and center-based child care as well as public and charter schools.**
Support specific efforts to recruit, professionally prepare, compensate and retain a well-qualified, diverse, *equity-competent* workforce across multiple birth-through-eight settings, including family and center-based child care as well as public and charter schools. 40 votes.
2. **Ensure equitable and adequate funding for birth-through-third grade education, including investing in supports which are more likely to contribute to student academic success and decrease disparities, and monitor funding distribution AND Develop a comprehensive birth-through-third grade system for young children' academic success.** Advancing students' academic success in the early grades will require an intentional, comprehensive system that involves students, families and teachers working together at the school, community and state levels with the funding to support a birth-through-third grade system. 36 votes.
3. **Raise teachers' and leaders' capacity to effectively teach children of color, English-language learners, children with disabilities, and children from low-income families AND Ensure students of color, English-language learners, students with disabilities and other vulnerable students have the academic supports they need to succeed, including high quality early education, gifted education, remedial supports, tailored interventions, and access to technology.**
Ensure students of color, English-language learners, students with disabilities and other vulnerable students have the academic supports they need to succeed, including high quality early education, gifted education, remedial supports, tailored interventions, and access to technology AND Build the capacity of teachers and leaders to effectively teach children of color, English-language learners, children with disabilities, and children from low-income families to ensure children have the academic supports they need to succeed. 35 votes.

4. **Authentically engage with families and provide parenting education and support around child development, wellness, early literacy and parenting.**
Authentically engage with parents and provide parent education and support around child development, parenting and school attendance. 34 votes.
5. **Increase the supply of high quality early care and education services, including wrap-around services AND Make high quality early care and education more affordable and accessible for families.** 32 votes.
6. **Build capacity to provide wraparound supports to birth-through-eight children and families, such as home visits, summer learning opportunities, housing supports and health and nutrition services, to help meet families' basic needs and support early literacy.**
Provide wraparound supports through schools, such as home visits, summer learning opportunities, housing supports and health and nutrition services, to help meet families' basic needs and support regular attendance. 31 votes.
7. **Integrate mental health, physical health and primary care.** Integrated behavioral health care within the patient-centered medical home (PCMH) is a particularly promising strategy to reduce barriers and increase access to mental health care across pediatric populations. 30 votes.
8. **Build capacity and competence in infant and early childhood mental health practice among providers that serve young children and families by expanding professional development.** 27 votes.
9. **Create policies across sectors that collectively lower the burden of stress on families due to the often interrelated threats of poverty, crime, mental illness, substance abuse, discrimination, and community violence, and support parents and other caregivers in their roles as nurturers and providers.** 27 votes.
10. **Expand screening and early identification activities, using diagnostic and screening instruments that are valid for minority populations, to detect social-emotional problems in infants, toddlers and young children. Include screening for family risk factors that might affect children's social-emotional development.** 27 votes.
11. **Build the capacity of leaders and staff to make educational equity a priority and clearly communicate about race and equity with staff, students and parents.**
 - a. 27 votes.

12. Ensure that measurement tools for children and the classrooms in which they learn are culturally, linguistically and developmentally valid and reliable, and build culturally relevant accountability systems that measure student outcomes and classroom quality to ensure high quality education for children of color and those from low-income families AND Improve data collection and analysis and use data to ensure quality, including, among other things, equitable distribution of quality teachers, focus placed on school climate and non-academic measures of school success, and personalized education plans for individual students.

Improve collection, analysis and use of chronic absence data to improve attendance. 26 votes.

13. Focus on social-emotional health and learning to ensure safe and supportive learning environments and positive school climates.

Address social-emotional health and social-emotional learning in schools, including building social-emotional skills and capacities of children, parents, teachers, service providers and school leaders.

Ensure safe and supportive learning environments and positive school climates, including focusing on social-emotional health and learning. 25 votes.