

DRAFT

Pathways to Grade-Level Reading Action Framework

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

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

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

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

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

Pathways' Proposed Actions:

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

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

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

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

Child and family systems prioritize racial equity and cultural competence.

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

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

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

- **Action 2.1: Screen Children and Families for Social Determinants of Health and Connect them to Appropriate Services.** Screen all children and families for at-risk

circumstances and social determinants of health and connect them to appropriate services. Screens should include risk factors, such as Adverse Childhood Experiences (ACEs), trauma, poverty, and homelessness, and protective factors, such as capacity to recover from difficulties (resilience), social connections and supports, knowledge of parenting and child development, and children's social and emotional health.

- **Action 2.2: Invest in Two-Generation Interventions.** Invest in treatment and services that focus on creating opportunities for and addressing the needs of both children and the adults in their lives together. Home visiting is an example of a two-generation approach. Interventions could combine physical health, social-emotional health, child development, parenting education and social support. Address issues such as substance addiction, child abuse and neglect prevention, family planning, and supporting families of children with disabilities.
- **Action 2.3: Expand Maternal Depression Screening and Treatment.** Continue to track North Carolina's rates of maternal post-partum depression screening at well-baby visits and the amount and effectiveness of maternal depression and evidence-based two-generation (mother and child) treatment services. Determine the extent of racial, ethnic, and geographic disparities in screening and service delivery to mothers with depression. Expand access to screening and treatment services based on the results.

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

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

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

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

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

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

- **Action 3.6: Recruit and Retain Educators and School Leaders of Color.** Develop a state plan to recruit and retain birth-through-age-eight educators and school leaders of color using a variety of strategies, including financial incentives, recruitment legislation, recruitment centers, pre-college programs, and alternative certification programs targeting substitute teachers and mid-career paraprofessionals.
- **Action 3.7: Adopt Research-Based Standards for Culturally-Relevant Teaching.** Adopt research-based standards that connect to diverse cultures (are culturally relevant) to help birth-through-age-eight educators know what skills they need to effectively teach students of color, honor the customs, norms and traditions of all students, and include the diverse views and histories of communities of color within the curriculum.
- **Action 3.8: Provide Professional Development for Teachers on Cultural Competency and Working with Families.** Embed professional development opportunities that support a deeper understanding of race, culture and unconscious prejudices (implicit bias). Explicitly teach teachers and those seeking early education, B-K, and K-3 licenses how to develop and strengthen relationships with families of color, families with home languages other than English, and the community. Use Head Start standards and competencies as a model.
- **Action 3.9: Ensure Curricula and Materials are Culturally Relevant.** Support local school districts and child care centers to implement strategies that detect racial and cultural bias in curricula and materials, and to select high-quality, diverse, culturally-relevant instructional materials and ways of teaching (pedagogy) that are aligned to state standards.
- **Action 3.10: Ensure Education Accountability Systems are Culturally Relevant.** Ensure that the way effectiveness is measured in schools and early learning programs is relevant and meaningful to families, students, and other stakeholders. Engage people

from low-income communities and communities of color in the design, reporting, and fine-tuning of accountability measures.

- **Action 3.11: Adapt K-3 School Funding System to Increase Equity.** Use a weighted funding formula that takes into account the extra costs in districts with high numbers of low-income students or students with special needs in order to ensure that those with the most barriers to success have the most supports (achieve equity).

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

- **Action 3.12: Increase Standards and Compensation of Birth-through-Age-Five Educators.** Increase education standards and develop a sustainable plan (including incentives and loan forgiveness) to align birth-through-age-five educator compensation with that of K-12 educators.
 - **Expand WAGE\$ and T.E.A.C.H. for Birth-through-age-five Educators and Directors.** Expand WAGE\$ and T.E.A.C.H. early childhood scholarships statewide for teachers, directors, and family child care providers to earn Early Childhood Education certificates, Associate's and Bachelor's degrees, B-K licenses, preschool add-on licenses, and/or Master's degrees in early childhood leadership and management.
- **Action 3.13: Support Incentives to Ensure High Quality Educators in High Need Schools and Early Education Programs.** Support incentives for effective teachers to stay in or move to disadvantaged, low-performing schools and early education programs. Survey high quality teachers and leaders currently working in high-poverty schools and programs and look at national incentive-based programs to determine what type of financial compensation and other, non-monetary incentives may influence their decisions to move to or stay in high-need schools and early education programs.
- **Action 3.14: Adjust Hiring Practices to Ensure High-Quality Educators.** Examine hiring practices and other human resources policies and adjust as needed to ensure vacancies are filled with high quality educators. For example, in order to identify vacancies early and ensure that late hiring timelines are not a barrier to recruitment, provide a monetary incentive for early notification of resignation or retirement and a monetary penalty for late notice.
- **Action 3.15: Create Collaborative Birth-through-Third Grade Professional Development.** Create professional development opportunities for birth-through-third grade teachers, and for child care center directors and principals, to learn together.
- **Action 3.16: Provide Research-Informed Professional Development.** Align educator and school principal licensing and certification systems to the latest research on effective teaching and leadership. For example, require job-embedded professional development activities and performance evaluation, provide coaching, and follow implementation strategies.

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

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

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

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

- **Action 4.1: Recruit and Retain Infant and Toddler Mental Health Clinicians.** Recruit and retain more clinicians for infant and toddler mental health, including clinicians of color.
- **Action 4.2: Build a Pipeline of Health Providers of Color.** Invest in programs through public universities, community colleges, and historically black colleges and universities

(HBCUs) that build and maintain medical and health care profession pipeline programs for students of color.

- **Action 4.3: Expand the NC Child Treatment Program.** With a focus on racial and geographic equity, expand the NC Child Treatment program, which trains mental health clinicians in evidence-based child treatment models to serve children across NC.
- **Action 4.4: Create a Mental Health Professional Development System.** Create a broad, connected, trauma-informed mental health professional development system with individualized professional development plans.

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

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

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

- **Action 4.7: Use Data to Track Community Needs and Service Provision.** Use data to track community needs, available services, and racial/ethnic, linguistic and income disparities in delivery of services and children's outcomes. Use these data to determine whether enough services are available and whether access to high quality services is equitable. Adjust delivery of services as needed.
- **Action 4.8: Infuse Social-Emotional Health into Other Child-Serving Systems.** Create a state strategic plan to infuse infant and early childhood social-emotional health into primary and public health, early learning and development, child welfare, home visiting, and early intervention efforts. An infant and early childhood social-emotional health state plan should address promotion, prevention and treatment and include core components such as leadership, linking systems, public awareness, financing, improvement strategies, and professional development.

- **Action 4.9: Include At-Risk Children in Early Intervention.** Include at-risk children in North Carolina’s definition of eligibility for the Individuals with Disabilities Education Act (IDEA) Part C Early Intervention Program.
- **Action 4.10: Address Barriers in Health Insurance Coverage of Infant and Early Childhood Mental Health Services to Ensure Adequate Benefits.** Ensure that health insurance covers children’s mental health, including:
 - Language allowing use of and payment based on a diagnostic system that reflects the developmental needs of young children (the DC:0-5, rather than the DSM-5) and professional development for practitioners in the use of that system.
 - Language allowing the use of non-specific diagnosis codes for at least six initial visits when a diagnosis is uncertain, or when there are functional issues without a diagnosis.
 - A definition of “medically necessary services” to include prevention, diagnosis and treatment of infant and early childhood mental health concerns and conditions.
 - A requirement for evidence-based approaches appropriate for infants, toddlers, and their families, such as treating families and young children together and delivering infant and early childhood mental health services in primary care settings and home visits.
- **Action 4.11: Integrate Mental Health Providers with Pediatric and Other Primary Care Practices.** Put in place policies that remove barriers to integrated care, such as:
 - Eliminate systems that separate (or “carve out”) mental health care delivery from physical health care delivery.
 - Build health care systems that reward providers for providing high-quality healthcare (value-based payment systems).
 - Create payment incentives for practices with mental health professionals integrated as members of the medical home team.

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