Great Start, Great Investment, Great Future

The Plan for Early Learning and Development in Michigan

• Michigan Department of Education | Office of Great Start •

May 2013

THE KRESGE FOUNDATION

MICHIGAN Department of Education

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The Michigan Department of Education Office of Great Start (OGS) benefited from the time and talents of a wide range of stakeholders during the development of this report. OGS is grateful for the many people in the early childhood community who spent their time to participate in interviews and focus groups and to complete surveys. A special thanks to staff at the Departments of Community Health, Education, and Human Services and the Early Childhood Investment Corporation for their help throughout this report.

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STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING

RICK SNYDER
GOVERNOR

MICHAEL P. FLANAGAN
STATE SUPERINTENDENT

May 2013

Dear Governor Snyder, Michigan Legislators, and Citizens:

On behalf of the Michigan Department of Education's Office of Great Start, I am pleased to present Michigan's comprehensive plan for early learning and development. This plan includes a look at Michigan's current system and offers recommendations for ensuring that every Michigan child is born healthy; developmentally on track from birth through third grade; ready to succeed in school when they arrive; and reading proficiently by the end of third grade.

Redesigning a system that serves over one million children and invests $9.4 billion annually is a multi-year, multi-faceted effort. Achieving this task requires ongoing vision and support from people from all sectors across the state.

We thank the nearly 1,400 Michigan parents, service providers, policymakers, early childhood experts, and advocates from state, regional, and local levels who volunteered their time and talents to help develop this plan.

Simply creating a plan, however, does not improve outcomes for young children. The Michigan Department of Education and its many partners look forward to working with you to implement these recommendations and build a better future for Michigan.

Sincerely,

Susan K. Broman, Deputy Superintendent
Office of Great Start
Michigan Department of Education

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Executive Summary

Early childhood matters, and Michigan isn't doing enough to support young children.

Early childhood matters. Experts are able to quantify what parents and families already know. Children are learning from the moment they are born. Children's brains develop very quickly in their early years, and this development is not hardwired. It is dramatically affected by children's environment.

Michigan has numerous programs and services designed to set our youngest Michiganders on a path to success. Unfortunately, these programs and services are often uncoordinated, difficult to find, and all too frequently, they fail to serve children and families well.

In 2011, Governor Rick Snyder took bold steps by calling for an integrated, coordinated system of early learning and development in Michigan, and creating the Office of Great Start (OGS), located in the Michigan Department of Education (MDE). The creation of this office included a charge to lead efforts to coordinate and integrate Michigan's investments in children from before birth through age 8.

There are sound policy reasons for focusing public resources on Michigan's youngest children. Too many children arrive at kindergarten inadequately prepared, leading to greater future expenses in areas such as special education and grade repetition. Increasing public investment in younger children, particularly children whose families are unable to provide for some needs, offers an opportunity to leverage scarce public resources for great public good.

In order to realize Governor Snyder's vision of being one of the best states in the country to raise a child, OGS and its partners must implement a coordinated system and track progress toward the following outcomes:

1. Children are born healthy.
2. Children are healthy, thriving, and developmentally on track from birth to third grade.
3. Children are developmentally ready to succeed in school at time of school entry.
4. Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

This report reflects the voices of nearly 1,400 Michiganders.

In 2012, the Michigan Legislature required the Office of Great Start to create a comprehensive state plan for early learning and development. To meet this requirement, OGS has spent the past year engaging stakeholders across the state about ways to improve Michigan's early childhood system. Outreach included 48 interviews with policymakers, service providers, and advocates at the state and local levels; three focus groups with parents of young children; and nearly 1,300 online survey responses from early childhood educators, administrators, service providers, and parents and grandparents of young children.

What did Michiganders say? Some parts of the system are working well. There is an increasing awareness of the importance of early childhood. There are more efforts to coordinate, collaborate, and ensure program quality. And many participants mentioned specific programs that are working well for children and families. But there is work to be done. Parents need more information on early learning and development and more support in their role as their children's first teachers. And access to high-quality programs must be expanded. Certainly there are bright spots, but coordination, collaboration, and quality need to improve across the entire system.

Participants also offered advice on how to improve the system, and their ideas are woven throughout the vision and recommendations in this report. For example, many participants stressed the importance of parent voice in this effort, and the need for improved coordination among state, regional, and local service providers. They also urged the system to be keenly aware of local needs and allow for local flexibility in meeting outcomes when possible.

There are common principles that must guide every early childhood effort in Michigan.

In every conversation with stakeholders about early childhood, the values that people hold dear were evident. For

Michigan's system-building effort to succeed, all partners must incorporate these principles into their work:

- Children and families are the highest priority.
- Parents and communities must have a voice in building and operating the system.
- The children with the greatest need must be served first.
- Invest early.
- Quality matters.
- Efficiencies must be identified and implemented.
- Opportunities to coordinate and collaborate must be identified and implemented.

OGS and its partners must focus on six high-leverage areas to improve opportunities and outcomes for Michigan's young children.

Redesigning a system that serves over one million children a year, invests $9.4 billion annually, and includes 89 programs and services is a multi-year, multi-pronged effort. These recommendations outline a plan for achieving the four early childhood outcomes through a persistent focus on six high-leverage areas. By focusing on these high-impact areas, OGS and its partners will leverage resources for change in the most efficient manner possible.

1. Build Leadership within the System

- Ensure high-level administration commitment and accountability.
- Clarify the role of the Office of Great Start.
- Formalize early childhood leadership and collaboration among MDE, DCH, and DHS.
- Create an advisory body for OGS to ensure more meaningful state, local, and parent input.
- Identify and share best practices in local early childhood leadership, including exemplary Great Start Collaboratives (GSCs) and Parent Coalitions (GSPCs).

2. Support Parents' Critical Role in Their Children's Early Learning and Development

- Seek input from parents regarding their needs for information and parenting education, and strategies to increase parent involvement in their children's early learning and development.
- Strengthen a network for disseminating information to parents and families of young children.
- Expand and coordinate strategies to reach and connect with eligible families and children.
- Provide training and technical assistance on effective approaches for parenting education and strategies to increase parent involvement.

3. Assure Quality and Accountability

- Develop measures of system and program effectiveness tied to the four early childhood outcomes.
- Develop a coordinated early childhood data system.
- Support continuous quality improvement through training and technical assistance.
- Enforce program effectiveness measures.
- Require transparency.
- Disseminate information to parents and families.
- Use data to direct investments.
- Ensure early childhood service provider quality.

4. Ensure Coordination and Collaboration

- Foster system coordination and collaboration.
- Demonstrate collaboration by example.
- Promote local collaboration.
- Promote local flexibility.

5. Use Funding Efficiently to Maximize Impact

- Fund quality.
- Focus first on children with highest needs.
- Support common priorities through collaborative funding strategies.
- Blend and braid funding.
- Engage philanthropic partners.

6. Expand Access to Quality Programs

- Expand and enhance GSRP.
- Improve coordination between GSRP and Head Start.
- Increase access to developmental screening and early intervention.
- Increase access to and capacity of Early On®.
- Increase access to evidence-based mental health promotion, prevention, and intervention services.
- Redesign the child care subsidy to ensure access to high-quality providers.
- Increase access to home visiting programs.
- Expand evidence-based medical home initiatives.
- Expand access to Pathways to Potential.
- Improve access to transportation.

Building a strong early childhood system that achieves outcomes for children requires support from a range of partners.

The real success of this plan will be measured in its ability to achieve a meaningful impact on the lives of young Michiganders. Implementing this plan will require partners from all corners of the state to come together and invest in the strategies that nearly 1,400 stakeholders envisioned during the drafting of this report. Everyone—parents, community members, policymakers, advocates, service providers, staff at DCH, DHS, and ECIC, and elected officials—has an essential role in building this system.

Only by working together, through coordinated and intentional investment, can we ensure that every Michigan child is born healthy, developmentally on track from birth through third grade, ready to succeed in school when they arrive, and reading proficiently by third grade.

Acronyms to Know

Several acronyms are used throughout this report. Here are the most common.

DCH	Michigan Department of Community Health
DHS	Michigan Department of Human Services
ECIC	Early Childhood Investment Corporation
GSC	Great Start Collaboratives
GSPC	Great Start Parent Coalitions
GSRP	Great Start Readiness Program
GSST	Great Start Systems Team
ISD	Intermediate school district
K	Kindergarten
LHD	Local health department
MDE	Michigan Department of Education
OGS	Office of Great Start
P	Prenatal
PreK	Prekindergarten or preschool
PQA	Program Quality Assessment
RRC	Regional Resource Centers

The Challenge Facing Michigan

Early childhood matters. Experts are able to quantify what parents and families already know. Children are learning from the moment they are born. Children's brains develop very quickly in their early years, and this development is not hardwired. It is dramatically affected by children's environment. There are programs and services across Michigan designed to ensure that our youngest Michiganders are on a path to future success. Unfortunately, these programs and services are often difficult to find, uncoordinated, and, all too frequently, not serving children and families well.

In 2011, Governor Rick Snyder took bold steps to address these problems by calling for an integrated, coordinated system of early learning and development in Michigan. He created the Office of Great Start (OGS), located in the Michigan Department of Education, and charged the office with coordinating and integrating Michigan's investments in children from before they are born through age eight. He also set clear outcomes for OGS and Michigan's early childhood system. He said Michigan should be the best state in the country to be a child, and he set forth four early childhood outcomes to track progress in achieving this goal.

Exhibit 1. Early Childhood Outcomes

1. Children are born healthy.
2. Children are healthy, thriving, and developmentally on track from birth to third grade.
3. Children are developmentally ready to succeed in school at time of school entry.
4. Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

In 2012, the Michigan Legislature signaled its interest in early learning and development by commissioning this report. For the past year, the Office of Great Start has led an effort to ask parents, families, community members, policymakers, providers, advocates, and others how we can more effectively, and efficiently, serve young children and their families.

As this report makes clear, there are sound policy reasons for focusing more public resources on Michigan's youngest children. Many children arrive at kindergarten inadequately prepared, leading to greater future expenses in areas like special education and grade repetition. Increasing public investment in younger children, particularly for children whose families are unable to provide for some needs, offers an opportunity to more effectively leverage scarce public resources.

Governor Snyder and the legislature have acknowledged that the time to act is now. High-quality early investments work, and in a time of scarce resources they deliver a high return on investment not only for children and families, but for all Michigan residents.

This report makes the case for investing early and wisely and explains exactly what Michigan can do to act now to create a strong early learning and development system and a better future for Michigan's children.

Why Early Childhood Matters

Early investments are a crucial step to ensuring that every Michigan child is born healthy, developmentally on track, ready to succeed in school, and reading in third grade. There is a deep research base that demonstrates again and again that investing early in families and their young children is critical to help children—and their communities—not only succeed, but prosper.

Early Brain Development

In the first 1,000 days of life a child's brain develops very quickly. "What's most important for people to understand is that newborns have most of the brain cells that they will have for their entire life, but relatively little of the connections, the circuits among the different cells," says Dr. Jack Shonkoff, leader of The Center on the Developing Child at Harvard University. He goes on to explain, "What happens very, very rapidly is that the brain is building connections, it's building synapses."

Now here's the critical part. Dr. Shonkoff continues, "This process of building the architecture of the brain is dramatically influenced by life experiences. It is not genetically hardwired. Literally, our environment shapes the architecture of our brain in the first year of life."[1]

In other words early experiences—both positive and negative—lay the groundwork for the rest of a child's life. Researchers have seen the impact of early experiences from vocabulary development[2] to basic math knowledge.[3] How much of a difference can experiences make? Consider one study about vocabulary development. Researchers found that children who were engaged by adults regularly heard roughly thirty million more words in their first years of life than children who were not spoken to regularly.[4] Thirty million! As one researcher puts it, "Skills begets skill; learning begets learning."[5]

Success of Early Interventions

Research has shown that investments in high-quality early interventions work. Home visiting and preschool are only a couple of examples. Home visiting programs pair parents with a professional who provides them with support, knowledge, and resources to promote positive parenting practices, empower families to be self-sufficient, increase school readiness, and more.[6] Research has shown that home visiting programs lead to stronger relationships between parents and children as well as stronger early language and literacy skills. In the longer term, families that were involved in home visiting were less likely to be participating in welfare and it was more likely for the father to have a presence in the home.[7]

The research base for preschool is also strong. The Perry Preschool Project—a famous longitudinal study of the effectiveness of preschool—is cited frequently for its short- and long-term effects. Participants, when compared to non-program participants, were more likely to score well on achievement tests, graduate from high school on time,

1 Interview on Michigan Radio, November 14, 2012, *http://stateofopportunity.michiganradio.org/post/five-things-know-about-early-childhood-brain-development* (accessed 4/17/13).
2 B. Hart and T.R. Risley. (N.d.) The Early Catastrophe: The 30 million word gap by age 3. American Educator. *www.aft.org/newspubs/periodicals/ae/spring2003/hart.cfm* (accessed 4/17/13).
3 MU Math Study, University of Missouri-Columbia, *http://mumathstudy.missouri.edu/pubs.shtml* and Lauran Neergard, Early number sense plays role in later math skills, study finds, *The Detroit News* (March 26, 2013), *www.detroitnews.com/article/20130326/ SCHOOLS/303260371/1026/schools/Early-number-sense-plays-role-later-math-skills-study-finds* (accessed 4/17/13).
4 Hart and Risley.
5 James J. Heckman and Dimitriy V. Masterov, *The Productivity Argument for Investing in Young Children,* T.W. Schultz Award Lecture at the Allied Social Sciences Association annual meeting (Chicago: January 5–7, 2007), 3, *http://jenni.uchicago.edu/human-inequality/papers/Heckman_final_all_wp_2007-03-22c_jsb.pdf* (accessed 4/17/13).
6 In 2012, the Michigan Legislature passed Public Act 291 of 2012, which defines home visiting and its goals. The goals listed here are consistent with that legislation but are not inclusive.
7 The Pew Center on the States, *The Case for Home Visiting (N.p.: The Pew Center on the States, May 2010), www.pewtrusts.org/uploadedFiles/wwwpewtrustsorg/Reports/State_policy/067_10_HOME%20Moms%20Brief%20Final_web.pdf?n=9905* (accessed 4/17/13).

and be employed later in life.[8] Michigan's own state-funded preschool program, the Great Start Readiness Program (GSRP), has also undergone a rigorous 19-year evaluation (which started in 1994) with equally compelling short- and long-term effects. GSRP participants are more likely to be ready for kindergarten and proficient in math and reading, and they are less likely to repeat a grade. They are also more likely to graduate on time from high school.[9]

A growing body of research also suggests that early childhood interventions, particularly for young children with high needs, are more effective than efforts later in a child's life.[10] Nobel Laureate James Heckman explains, "Advantages accumulate; so do disadvantages. A large body of evidence shows that post-school remediation programs like public job training and General Educational Development (GED) certification cannot compensate for a childhood of neglect for most people."[11]

Return on Early Investments

Finally, early childhood investments have been shown to have a high return on investment. In other words, investing early works. Heckman has found that high-quality early interventions can help to reverse the effects of harmful experiences early in a child's life. These efforts, Heckman explains, "benefit not only the children themselves, but also their children, as well as society at large."[12]

Economists from the Minnesota Federal Reserve agree: "Dollars invested in ECD [early childhood development] yield extraordinary public returns."[13] Estimates of returns vary, ranging from a cost savings of $2.50 to $17 for every dollar invested.[14]

In 2009, Wilder Research looked at the return on investment of Michigan's commitment to young children and school readiness over the past 25 years. It estimated that these investments have led to $1.15 billion in cost savings and additional revenue. The study identified cost savings in the K–12 education system from fewer students repeating grades, reduced government spending, increased tax revenues, and reduced social costs (welfare, crime, incarceration) to the public.[15]

Researchers have found that return on investment is highest for investments made when children are youngest. Unfortunately, public investment is lowest for children from birth through age 4 and increases when they begin kindergarten.

8 L. Schweinhart, et al., *The High/Scope Perry Preschool Study Through Age 40: Summary, Conclusions, and Frequently Asked Questions (Ypsilanti, Mich.: High/Scope Press, 2005)*, www.highscope.org/file/Research/PerryProject/specialsummary_rev2011_02_2.pdf (accessed 4/17/13).
9 L. Schweinhart et al., *Attachment A: Summary of Great Start Readiness Program Evaluation Findings 1995–2011 (Ypsilanti, Mich.: High/Scope, March 2012))*, www.highscope.org/file/Research/state_preschool/MGSRP%20Report%202012.pdf (accessed 4/17/13).
10 Heckman and Masterov, The Productivity Argument.
11 Ibid.
12 Ibid.
13 Art Rolnick and Rob Grunewald, *Early Childhood Development: Economic Development with a High Public Return (Minneapolis, Minn.: Federal Reserve Bank of Minneapolis, December 2003), 7*, www.minneapolisfed.org/publications_papers/studies/earlychild/abc-part2.pdf (accessed 4/17/13).
14 U.S. Chamber of Commerce, Institute for a Competitive Workforce, *Why Business Should Support Early Childhood Education (Washington, D.C.: ICW, 2010,) 5*, http://icw.uschamber.com/sites/default/files/ICW_ EarlyChildhoodReport_2010.pdf (accessed 4/17/13).
15 R. Chase et al., *Cost savings analysis of school readiness in Michigan, prepared for the Early Childhood Investment Corporation (Minneapolis, Minn.: Wilder Research, November 2009), 2*, http://greatstartforkids.org/sites/default/files/file/ECIC_WilderStudy.pdf (accessed 4/17/13).

Michigan's Call to Action

> "Our goal must be to create a coherent system of health and early learning that aligns, integrates and coordinates Michigan's investments from prenatal to third grade. This will help assure Michigan has a vibrant economy, a ready work force, a pool of people who demonstrate consistently high educational attainment, and a reputation as one of the best states in the country to raise a child."

—Governor Rick Snyder, April 2011

In June 2011, under Executive Order 2011-8, Governor Snyder created the Office of Great Start within the Department of Education and charged it with refocusing the state's early childhood investment, policy, and administrative structures by adopting a single set of early childhood outcomes and measuring performance against those outcomes. The Michigan Department of Education Office of Great Start (commonly referred to as OGS) now serves as the leader of a statewide effort focused on early learning and development.

Currently, resources for families and children are spread across different levels of government and various agencies. Since its creation in June 2011, the Office of Great Start has been working to build upon Governor Snyder's vision for Michigan's children and has begun to create a coherent system of health and early learning that coordinates and integrates Michigan's investments for children before birth through age eight.

Reorganizing to Get the Job Done

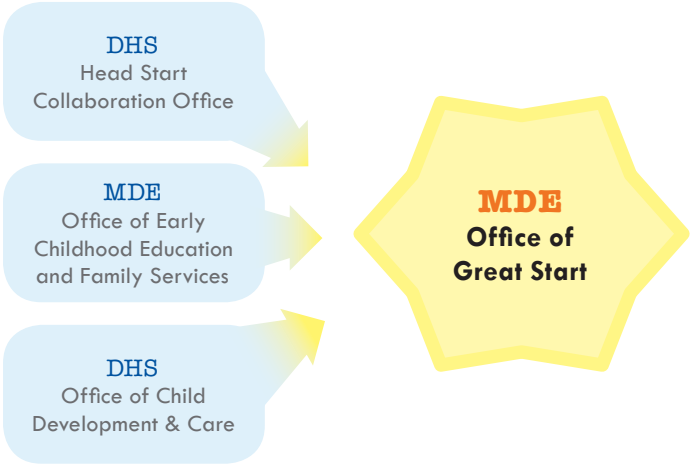
It is critical to recognize that the early childhood system envisioned for Michigan is not simply an early childhood education system. The four early childhood outcomes established by Governor Snyder reflect a far broader vision. Michigan can only achieve these outcomes through a comprehensive, collaborative effort spanning health, human services, and education at the state and local levels.

To this end, Executive Order 2011-8 consolidated responsibility for several early learning and development programs under a single agency to maximize positive outcomes for children, reduce duplication and administrative overhead, and reinvest resources into quality improvement and service delivery. All authority, powers, duties, functions, and responsibilities of the Office of Child Development and Care, the Head Start Collaboration Office, and the Office of Early Childhood Education and Family Services were transferred to the Office of Great Start. The executive order directs the Superintendent of Public Instruction and the Director of the Department of Human Services (DHS) to coordinate these transfers and develop a memorandum identifying any pending settlements, issues, or obligations to be resolved by the respective departments.

Executive Order 2011-8 also directs the director of the Department of Community Health (DCH) to coordinate with the Superintendent of Public Instruction concerning administration of the programs and services that DCH provides that affect early childhood development. The stated intent is that the programs and services that DCH provides should complement and support the efforts of OGS (and vice versa), and that the early childhood resources of both departments should be used in a coordinated fashion.

A memorandum of agreement developed in 2012 among the Governor's Office, MDE, OGS, and the Early Childhood

Exhibit 2. Early Learning and Development Programs Moved to OGS



Investment Corporation (ECIC) further clarifies the role of OGS. OGS is charged with administration of Michigan's public early childhood programs and

- aligns, consolidates, and/or integrates early childhood funding and related programs around the four outcomes for young children;
- coordinates the governor's policy, budget, and programs for early childhood issues; and
- acts as the governor's spokesperson for early childhood issues.[16]

ECIC takes its lead from OGS on policy, programming, and leadership in early childhood. The vast majority of ECIC's state and federal funding comes through the Office of Great Start.

The ECIC was created in 2005 under an interlocal agreement with the state's intermediate school districts and is governed by an independent board appointed by the governor. ECIC is charged with creating state-local and public-private partnerships to better serve and advance the interests of young children in Michigan. In that regard, ECIC:

- Serves as a contractor to the state for early childhood innovation, information, research, and program evaluation, subject to bids and selection, compensation, evaluation, and measurement in the same manner as any other contractor
- Through philanthropic funding, conducts independent advocacy efforts with Michigan's parent network and others, and undertakes other activities designed to inform the State of Michigan of evidenced-based research and community strategies that work and are important to support young children[17]

These specific relationships and programs are a foundation that spurs greater coordination and collaboration across the full system. Executive Order 2011-8 explains that "Michigan's early childhood development programs and funding are fragmented across state government;" and that there must be a more focused approach to investment, policy, and administrative structures. The creation of the Office of Great Start is a crucial first step toward a stronger, more efficient, integrated early childhood system.

Planning for Action

In 2012, the Michigan Legislature required the Office of Great Start to complete a report that contains a comprehensive state plan for early childhood learning and development. The legislature detailed several requirements that this report must fulfill, including specific fiscal components and an early childhood systems analysis.[18]

16 Memo from the Governor's Office, MDE, and ECIC, Early Childhood Partners (Lansing, Mich.: November 26, 2012).

17 Memo from the Governor's Office November 26, 2012.

18 PA 200 of 2012, 73, *www.legislature.mi.gov/documents/2011-2012/publicact/pdf/2012-PA-0200.pdf.*

The required fiscal components are:[19]

- Identification of funding sources and amounts supporting early childhood learning and development;
- Identification of the agency responsible for distributing funding;
- Identification of recipients of each type of funding;
- Identification of the dollar amount and percentage spent for administrative purposes;
- Recommendations that ensure funding is coordinated efficiently and effectively to achieve program outcomes; and
- A fiscal map of federal, state, local, and private expenditures on programs and services for children, from birth through age 8, and their families.

The required early childhood systems analysis components are:[20]

- Identification of programs that support early childhood learning and development;
- Identification of existing roles of state, local, and private partners related to the delivery of services, improving quality and increasing accountability;
- Identification of the number of children and families served, how many are eligible, and the capacity of programs to serve more; and
- Recommendations that align and integrate programs, services, and the roles of state, local, and private partners, including the Office of Great Start and the Early Childhood Investment Corporation, to eliminate administrative duplication and ensure cost-effectiveness, efficiency, and achievement of program outcomes.

The legislature also directed OGS to include performance metrics that should be used to measure progress toward achieving early childhood learning and development outcomes.

The Office of Great Start has spent the past year engaging stakeholders across the state about the best ways to improve Michigan's early childhood system. Outreach included 48 interviews with policymakers, providers, and advocates at the state and local levels; three focus groups with parents of young children; and nearly 1,300 online survey responses from early childhood educators, administrators, program service providers, and parents and grandparents of children under age 9. Coupled with the fiscal and systems analysis and expertise from professionals in the Michigan Departments of Education, Community Health, and Human Services and the Early Childhood Investment Corporation, these voices are the foundation for the guiding principles, leading indicators, and recommendations contained in this report.

The Office of Great Start has spent the past year engaging stakeholders across the state about the best ways to improve Michigan's early childhood system.

This engagement and research centered around six study components, described on the next page: a program inventory, fiscal analysis, key informant interviews, parent focus groups, a community survey, and leading indicators, or performance metrics, for the four early childhood outcomes. All of these components culminated in this report and recommendations.

19 For a discussion of some of the challenges encountered in addressing the components, see Appendix VII.
20 Ibid.

Exhibit 3. Areas of Study

Program Inventory: OGS completed an inventory of 89 programs, services, and efforts to serve young children and their families and improve system infrastructure that support early childhood learning and development. The Early Childhood Program Inventory (Appendix I) documents this work and provides an overview of each program, including its purpose, eligibility criteria, the number of children served, the amount of money used by recipients from federal and state investments, and the early childhood outcome(s) that it addresses.

Fiscal Map: To understand the investments that currently support children from birth through age 8 and their families, OGS gathered, estimated, and reviewed state and federal investments across 89 programs and services in four agencies. This analysis allowed OGS to review the total investment through several different lenses, including investment by age range and by department. The Fiscal Map can be found in Appendix II.

Key Informant Interviews: To document the best thinking from key stakeholders across the state, OGS conducted 48 hour-long interviews. The interview questions were designed to identify what key stakeholders believe children need to be healthy and succeed in school, what is working and not working right now in early childhood, how children who are "high need" should be identified, how public resources should be invested to ensure that children can be healthy and successful, how collaboration and coordination among stakeholders can be improved, what the role of OGS should be, how success should be measured, and how accountability can be ensured. A summary of the interviews is provided in Appendix III (along with a list of participants and interview questions).

Parent Focus Groups: To complement the interviews, three focus groups were held with parents across Michigan. One focus group was recruited through the Great Start Collaborative of Kent County in Grand Rapids, one through Starfish Family Services in Inkster, and the third through Traverse Bay Area Intermediate School District Early Childhood Services in Traverse City. Overall, 35 people participated. They were predominantly women, ranging in age from teenagers to adults in their mid-forties. These parents each have at least one child under age 9, and as many as four children under age 9. The report of the focus group findings can be found in Appendix IV.

Stakeholder Survey: Nearly 1,300 people responded to an online survey fielded by OGS to reach parents and other stakeholders. A link to the survey was sent by e-mail to several MDE e-mail lists and DCH, DHS, and ECIC were asked to distribute the survey as well. Respondents included parents, grandparents, and paid caregivers of children under age 9, early childhood educators and administrators, providers and administrators of other services for young children, and early childhood advocates. Survey respondents were asked what they believe is working well to ensure that young children are successful, what is not working as well as it should, and what could be done to address the problems identified. They were also asked to offer specific suggestions for improving access to programs and services. The summary of survey responses can be found in Appendix V.

Leading Indicators: Finally, OGS worked with MDE, DCH, DHS, and ECIC to develop a list of high-level performance metrics—an early childhood dashboard—to track progress toward achieving the four early childhood outcomes. A more detailed discussion of the performance metrics can be found on page 26 and Appendix VI.

OGS has worked closely with professionals within MDE, DCH, DHS, and ECIC to incorporate their expertise and experience in the development of this report. Professionals in many agencies helped to ensure accuracy of information, provided information and critiques (as appropriate) of the current system, and offered feedback on the recommendations.

OGS is committed to building a comprehensive early childhood system in Michigan, and this report is an essential step in the process. However, OGS acknowledges that development of an integrated system will take time and ongoing commitment by the Governor's Office, the legislature, MDE, DCH, DHS, and other state agencies. This report also takes into consideration that improving the well-being of Michigan's young children must be accomplished with limited public resources. The information and the recommendations presented in this report provide a strong foundation for continued efforts to improve outcomes for Michigan's young children and their families.

Michigan's Current Early Childhood System

As young children grow and develop, there are many programs and services available through the public and private sectors that work to ensure that every child achieves the four early childhood outcomes. The bulk of these services are administered by the Michigan Departments of Education, Community Health, and Human Services and delivered by regional and local partners. OGS met with professionals from each agency to better understand the programs, delivery mechanisms, improvement strategies, and accountability efforts that make up Michigan's current early childhood system.

Programs and Delivery Mechanisms

These three departments offer a wide range of programs and services. Some programs serve children directly, others serve parents or caregivers directly, while others do not provide direct services and instead support the infrastructure of the early childhood system. These programs address a range of service areas including health care and prevention services, developmental assessment and interventions, parent education and supports, and early learning and development. State agencies commonly partner with local or regional partners (such as schools, public health department, communities, and non-profit organizations) to deliver these services to young children and their families.

Michigan Department of Education

MDE relies on a large network of public schools and intermediate school districts (ISDs) to provide most of its programs and services to families. There are currently 549 school districts and 256 public school academies (commonly called charter schools) in Michigan.[21] Public schools offer K–3 instruction, but they also provide supplementary food programs (such as the National School Lunch Program and After-school Snack Program), and sometimes house services such as school-based health clinics.

Public schools are supported by a network of 56 intermediate school districts. ISDs focus much of their attention on the K–12 system, but they are also formally involved in early childhood services by administering several efforts including:

- Early On®—Michigan's statewide system of early screening and intervention for children from birth to age 3,
- Great Start Collaboratives (GSCs) and Parent Coalitions (GSPCs)—local organizations that support the development of a local early childhood system and ensure parent leadership and voice, and
- Great Start Readiness Program (GSRP)—the state-funded preschool program.

OGS also administers funding for child development and care. This funding stream supports both child care subsidy and early learning and development quality activities. Services are typically delivered through child care centers, family homes, group home and aides/relative providers statewide. Training and technical assistance is offered to these providers through 10 Regional Resource Centers across the state and links to educational opportunities through community colleges and universities.

Other department efforts, such as training and technical assistance, are often provided through other mechanisms such as ECIC or universities.

Michigan Department of Community Health

DCH is the umbrella agency for public health programs and the state's Medicaid program. The vast majority of these programs and services are delivered to children and families by local providers, including 45 local health departments (LHDs) serving Michigan's 83 counties, health plans, health systems, hospitals, community mental health service programs, physicians, universities, federally qualified health

21 Michigan Department of Education. (N.D). *Number of Public School Districts in Michigan www.michigan.gov/documents/numbsch_26940_7.pdf*, (accessed 4/17/13).

centers, and others. Thus, the majority of the department's budget is used to provide services through contracts with a full array of providers who interact directly with children and families. For example, DCH provides direct oversight and administration of programs such as Medicaid, MIChild, and Healthy Kids Dental, while the direct services associated with these programs are provided to children and families by health care providers. Many other DCH programs and services, such as prenatal care, hearing and vision screening, behavioral health services, services for children with developmental disabilities, and immunizations are provided directly to children and families by local health departments and other contracted providers.

Michigan Department of Human Services

DHS has two main service areas: "assistance" and "services." Under the assistance umbrella, DHS provides food assistance through the Supplemental Nutrition Assistance Program (SNAP), assists clients with Medicaid eligibility and enrollment, and provides temporary cash assistance to low-income pregnant women and families with minor children, among other things. Under the umbrella of "services," DHS provides children's services, adult services, and family and community services. This includes the administration of Children's Protective Services (CPS), foster care, child support, juvenile justice, and the family preservation program.

To deliver assistance and services, DHS contracts with providers at the county level. There are DHS offices in every county in the state. Clients can visit these offices to determine eligibility for and enroll in assistance programs. DHS contracts with private agencies and service providers for many of the services it administers, including CPS, foster care supervision, and services offered through the family preservation program.

Quality and Accountability

The agencies have a variety of mechanisms to support program and service quality improvement and accountability. Many programs must respond not only to state expectations, but, because they benefit from a federal grant, must also meet federal improvement guidelines. Efforts to improve quality and efforts to ensure accountability often overlap. For that reason, these issues are discussed together.

Michigan Department of Education

MDE promotes quality improvement primarily through training and technical assistance that is responsive to needs identified by teachers and other providers in the field, as well as through analysis of data and feedback received through federal monitoring of programs and services. The Great Start to Quality initiative is one example. It provides parents and families with information about the quality of child care and preschool providers across the state. This effort also helps child care and preschool providers improve the care and education they offer. The School Improvement Plan, required by the federal grant Title I, is another specific tool used to require continuous improvement at the school and district level. Through this planning process, schools and districts analyze data, identify areas of need and interventions, and implement improvement strategies. To spotlight schools that have overcome risk factors for low student achievement and demonstrated quality, MDE started recognizing schools that are "Beating the Odds" in 2009. These schools are recognized by the MDE and looked to as models for other schools across the state.

In recent years, efforts to promote accountability have been supported by greater access to technology and improved ability to use data to monitor quality. The MDE also ensures adherence to financial obligations associated with state and federal funding, and ensures compliance with all funding requirements. The MDE has established criteria for designating schools as Priority Schools (those performing in the bottom 5 percent of all Michigan schools) and Focus Schools (those with the largest achievement gap between high- and low-performing students). These designations allow MDE to identify which types of support are needed for schools facing challenges, and also to work with these schools to develop plans for improvement. A third school designation—Reward Schools (those performing in the top 5 percent of Michigan schools)—allows MDE to identify and highlight best and promising practices.

Michigan Department of Community Health

Quality assurance and improvement strategies vary by program in the Michigan Department of Community Health. There are performance reporting requirements for Medicaid health plans and Community Mental Health Services Programs, and program, budget, accounting, and legal staff within DCH work together to ensure that funds are spent appropriately and are accounted for across all programs.

Programs administered by DCH are guided by contracts and/or policies that specify how services are to be delivered. Because many of the programs administered by DCH are funded with both state and federal dollars, monitoring of program quality and cost occurs at both the state and

federal levels. For programs that receive federal funding, DCH requires reports on quality and outcome measures from local providers that, in turn, enable the state agency to provide data and information to the appropriate federal agency.

DCH is also required to submit reports to the state budget office regarding its expenditures on programs that are paid for with state funds. State and federal auditors are housed within DCH, and the number and intensity of audits has increased in recent years, leading to an increased emphasis on accountability for efficient use of program funds and achieving outcomes. Additionally, DCH is often required by law or regulation to prepare reports to the governor and/or legislature on a variety of programs. For example, the Public Health Code requires DCH to provide an annual report on child lead poisoning screening and prevention efforts.

The state's data warehouse is a large repository for a variety of program data from DCH and other departments. DCH can use the data to identify who receives services, which outcomes are achieved, and what the cost is to provide the program or service. Data systems such as this one allow for the identification of opportunities for quality improvement. The department also partners frequently with state universities, including Michigan State University, the University of Michigan, and Wayne State University, to evaluate pilot programs to establish evidence-based and best practices.

Michigan Department of Human Services

There are multiple levels of oversight for DHS programs and services, especially in children's services. There is a specified ratio of "front-line" workers to supervisors, and there are program managers who have oversight of supervisors, and program directors have overall responsibility for service delivery. Child welfare field operations staff address identified service delivery problems and also oversee county-level DHS offices.

The Office of the Family Advocate steps in when a negative or problematic interaction with a family occurs. This office is accountable to the DHS director, and provides recommendations to the director and the staff at the county level to address problems. The Office of the Children's Ombudsman reviews cases and client issues as they arise and provides recommendations to address challenges, which are filtered through the Office of the Family Advocate.

CPS and foster care advisory committees comprise supervisors from DHS and private agencies who have contracts with DHS to provide services. These committees are responsible for understanding current practices and reviewing policies as they are being developed and implemented to identify the impact the policies will have on the children and families served.

The development of policies within DHS entails an extensive, multi-level process to identify any potential negative effects and to ensure appropriate application of new policies. New policies are first reviewed by the relevant program office and then, with program feedback incorporated, the policy undergoes full departmental review, when every manager and director has an opportunity to review the policy and recommend any further changes.

In addition to program oversight and policy review, DHS uses its centralized intake system to monitor the quality of services provided. During quarterly meetings of intake staff and supervisors, cases that have been assigned for investigation are reviewed to ensure that program policy is being applied consistently.

Michigan's Investment in Early Childhood

A central part of understanding Michigan's early childhood system is understanding the fiscal landscape: how much money is invested, where it comes from, where it goes, and how public and private investments support the system. This report and fiscal analysis consider investments in 89 programs identified as serving young children (from birth through age 8) and their families across four areas: community health, education, human services, and tax credits. These areas are generally administered by DCH, MDE, DHS, and Treasury respectively. Two education programs, Head Start and Early Head Start, are included in the education investments, but are not administered by MDE. These local programs receive federal funding directly.[22] While it is beyond the scope of this report to look at the effectiveness of each of these programs and determine if they are the right investments, the Program Inventory (Appendix I) and Fiscal Map (Appendix II) provide a comprehensive look at each of Michigan's current early childhood investments.

Public Investment

Michigan's early childhood system is supported by an annual investment of $9.4 billion in state and federal resources. This investment represents approximately $8,800 per child from birth through age 8 in Michigan. Average public investment in children ages 5 through 8 is significantly greater ($11,500 per child) than the average investment in children from birth through age 4 ($6,500 per child).

K–12 public education represents the largest single investment in young children, with $3.4 billion invested annually in state School Aid Funding, all for children ages 5 through 8.

Medicaid represents the second largest investment at $1.6 billion, with $1.2 billion directed at children from birth through age 4, and $0.4 billion directed at children ages 5 through 8. Other large investments include the federal Earned Income Tax Credit ($0.8 billion), and the Food Assistance Program ($0.6 billion).

Exhibit 4. Summary of State and Federal Investment in Young Children in Michigan

Number of programs supporting children	**89 federal and state programs**
Total annual investment	**$9.4 billion**
Total state investment	$4.6 billion
Total federal investment	$4.8 billion
Total funding for children from birth through age 4	$3.7 billion
Total funding for children ages 5 through 8	$5.7 billion
Average funding per child	**$8,800 per child from birth through age 8**
	$6,500 per child from birth through age 4
	$11,500 per child for ages 5 through 8

22 A detailed profile on each of these programs and their annual spending estimates can be found in the Early Childhood Program Inventory (Appendix I).

The $4.6 billion invested in School Aid Funding and other education efforts represents nearly half (49 percent) of overall spending on young children. Of this investment, $0.6 billion supports children from birth through 4 and $4 billion supports children ages 5 through 8.

Community health investments are $1.9 billion, with $1.5 billion supporting children ages birth through 4 and $0.4 billion supporting children ages 5 through 8. There is $1.4 billion in investment in human services with $0.8 billion directed at children ages birth through 4 and $0.6 billion directed at children ages 5 through 8. Finally, the Michigan Department of Treasury and the U.S. Department of Treasury administered tax credits with an estimated investment of $1.5 billion toward young children in Michigan, with $0.9 billion directed at children from birth through age 4 and $0.6 directed at children ages 5 through 8.

Given the earlier discussion regarding the high rate of return on early childhood investment (page 7), it may seem puzzling that Michigan invests so much more in children ages 5 through 8 than it does in children from birth through age 4. However, the reason for this discrepancy is clear. Michigan supports free public education for children once they reach kindergarten age. Long ago, Michigan decided that a public investment in the education of all of the state's children was of fundamental importance, and this view is enshrined in the state constitution, which directs the legislature to maintain and support a free public school system. The state's support for K–12 education is by far the largest single investment Michigan makes in young children.

In 2012, the K–12 investment across the early childhood system (birth through age 8) totaled $3.4 billion, with all of this investment directed at children ages 5 and older.[23] The K–12 investment represents approximately $6,800 per child ages 5 through 8. It also represents 59 percent of spending on children ages 5 to 8, and 74 percent of state (i.e., nonfederal) resources invested in Michigan's early childhood system.

Traditionally, the state has not invested as heavily in early learning and care for young children from birth through age 4. The largest investment for this age group is Medicaid ($1.2 billion) followed by the federal Earned Income Tax Credit ($481 million) and the Food Assistance Program ($366 million).

Exhibit 5. Investment by Age and Type (in billions)

From birth through age 4, public investments are focused on health programs (generally administered by DCH). When children turn 5, investments shift to education programming (primarily administered by MDE).

	Community health	Education	Human services	Tax credits
Birth through age 4 *(range of 5 years)*	$1.477	$0.645	$0.777	$0.848
Ages 5 through 8 (range of 4 years)	$0.473	$3.982	$0.588	$0.622

Note: Exact figures are available in the Fiscal Map (Appendix II).

23 For the purpose of this analysis, children are assumed to be age 5 when they enter kindergarten.

Private Spending

Much of the investment in young children in Michigan is made by families with private dollars—particularly for children from birth through age 8. As any parent can attest to, raising children is an expensive proposition. To be successful, children need loving supportive homes, but they also need healthy food, a safe place to live, access to health care, high-quality child care (whether provided by family members or a nonrelated caregiver), and a high-quality early learning environment.

The federal government recently estimated that the cost of raising a child from birth through age 18 for a middle-income married couple is $234,900—and the first years of a child's life are especially expensive. On average, it costs $12,370 a year to support a child from birth to his or her second birthday.[24]

Spending on child rearing obviously varies with family income. For single-parent households with family income less than $59,410, the average annual spending to support a child from birth through age 2 was $7,760. However, even supporting this level of spending is difficult or impossible for many Michigan families. Approximately 4 in 10 Michigan children live in households below 200 percent of the poverty line, while 1 in 3 live below 150 percent of poverty and slightly more than 1 in 5 live below the poverty line.[25,26] Young children living in homes with incomes below these thresholds are more at risk of not achieving the early childhood outcomes of being born healthy; being healthy, thriving, and developmentally on track from birth to third grade; being developmentally ready to succeed at time of school entry; and being able to read proficiently by the end of the third grade. Michigan's early childhood system is aimed at ensuring that every young child can achieve these outcomes—regardless of family income.

Private philanthropy from foundations, corporations, and nonprofit corporations (such as United Way) is an important supplement to the early childhood programs and services that are provided by the government. Philanthropic efforts, ranging from direct services to families and children to system building, can at times look similar to programs supported by state and federal investments. A distinct advantage of private philanthropy is that it can fund innovative programs to show policymakers which types of programs are best at supporting young children.

Spending in the arena of private philanthropy helps thousands of children across Michigan. However, this level of spending is clearly a complement to, not a substitute for, public spending. Private philanthropy can fund innovation, model projects, and fill gaps in the social safety net, but the assets of private philanthropy are insufficient to replace public spending.

24 These estimates are from Mark Lino, *Expenditures on Children by Families, 2011* (Washington, D.C.: United States Department of Agriculture, Center for Nutrition Policy and Promotion, Miscellaneous Publication No. 1528-2011, June 2012). Note: some expenditures supported by government aid are included in the totals. Middle income was defined in the study as before-tax income of between $59,410 and $102,870.

25 Calculations by the Citizens Research Council of Michigan using the 3 percent American Community Survey sample for 2010, as compiled by Steven Ruggles, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek, *Integrated Public Use Microdata Series: Version 5.0* [Machine-readable database] (Minneapolis: University of Minnesota, 2010).

26 The poverty line varies with family size. For 2012, the poverty line for a family of four was $23,050. See: http://aspe.hhs.gov/poverty/12poverty.shtml.

Michigan Stakeholders' Perspectives

Nearly 1,400 stakeholders participated in interviews, focus groups, and an online survey about the state's early childhood system. They identified what is working well and what's not working as well as it should. They also offered suggestions for how to improve the system. This section summarizes their input and identifies key themes. A full summary of the interviews, focus groups, and survey can be found in Appendices III, IV, and V.

What Is Working Well?

Through key informant interviews, focus groups, and the online survey, all of the nearly 1,400 stakeholders engaged in the development of this report were asked what is working well to make sure the four early childhood outcomes can be achieved for young children in Michigan. These stakeholders—whether parents, service providers, or policymakers—all readily identified aspects of Michigan's early childhood system that are working well. In the comments they offered they included system features and state-level activities as well as specific programs and local interventions that support children and families.

Awareness of Importance of Early Childhood

Many of the key informant interviewees and more than 70 of the online survey respondents noted an increasing awareness of the importance of early childhood. A few said creation of OGS is evidence of this increased awareness, and a handful commented that the appointment of a deputy superintendent for early childhood is a step in the right direction. One survey respondent put it this way: "OGS firmly establishes that early childhood has a strong voice within MDE, public schools, business, and politically."

Some interviewees and survey respondents also pointed out that acknowledgement of the importance of the early years of a child's life can be found in widening circles. As one interviewee said, "The constituency of people who are interested in early childhood is expanding, including business and philanthropy." Some noted bipartisan support for early childhood among state legislators, and a few pointed to greater parent engagement in early childhood initiatives.

Education and Information on Child Development for Parents

Parents' understanding of early childhood development and involvement in their own children's education are critical to good outcomes, according to many stakeholders. Several interviewees noted parent education and involvement when asked what young children and their families need most; parents participating in the focus groups talked about parent involvement and strong parent-child relationships when they were asked about the characteristics of families that are doing well; and more than 100 survey respondents included education and information on early childhood development as an area that is working well with regard to early childhood.

Survey respondents said they are pleased with efforts to give parents useful information for raising their children and involve them in the education of their children. As one survey respondent commented, "Parents are educated on child development and what to look for as far as warning signs. Educators and parents work together closely to plan the child's education. Parents need to be as involved as possible in the education of their children." However, parent understanding of early childhood development was also identified as an area for improvement by many survey respondents and interviewees.

Coordination and Collaboration

More than 100 survey respondents and several interviewees commented on positive collaborative efforts and coordination to meet the needs of families and children, particularly in local communities. They emphasized the importance of local input and planning. Great Start Collaboratives were mentioned specifically. As one survey respondent put it, "The focus on local solutions delivered through a collaborative network supported by the intermediate school districts has been a positive combination."

While most of the comments about collaboration and coordination were general or with regard to efforts at the local level, some survey respondents identified positive steps toward coordination at the state level. One survey respondent said, "I think our state is doing a much better job with systems building and working on key infrastructure pieces."

Efforts to Ensure Quality

About 100 survey respondents and several interviewees spoke positively about efforts to improve the quality of programs and services available to young children and their families. Some noted that good provider training is available to help ensure quality. Great Start to Quality, an initiative to develop a quality rating system for early learning programs and child care settings, received the most mentions specifically. Comments made by survey respondents suggested it is a "good start" to setting standards and helping parents identify high-quality providers. However, a few of the parents participating in the focus groups mentioned their concern that the quality rating system is confusing and the website is awkward to navigate. A few interviewees also noted that more should be done to communicate information about the quality rating program to both parents and providers.

Programs and Services

More than 300 survey respondents identified health care services and supports that are working well, including prenatal care and education, well child visits, home visiting services, food and nutrition programs, and infant mental health services. The WIC (Women, Infants, and Children) program was mentioned specifically by more than 50 respondents. Several interviewees said they believe access to health care coverage for young children in Michigan is working well or trending in the right direction.

More than 200 survey respondents said early screening and intervention programs that help identify and address delays and other learning challenges among young children are working to ensure that children are thriving and developmentally on track. Some respondents named specific programs, including Early On, Head Start, and Early Head Start.

About 250 survey respondents offered comments on the ways in which early childhood education and care is contributing to children's success. About 100 of these respondents said that access to these programs and services is improving; another 150 said that the quality of available programs and services is good. The specific programs identified most often as providing a high quality preschool experience were the Great Start Readiness Program (GSRP) and Head Start, with each mentioned by about 100 participants.

In addition to survey respondents, a large number of interviewees also commented on the high quality of the Great Start Readiness Program. A few lamented that GSRP is not more widely available because the evidence shows such positive outcomes for the children served by the program. And several interviewees mentioned positive outcomes associated with the Head Start and Early Head Start programs. They spoke of the ability of Head Start to reach children at a young age with high-quality programming.

Some survey respondents said that high-quality child care is contributing to achieving positive outcomes for children. And both parents and administrators spoke highly of the dedication and qualifications of staff within child care and preschool programs as well as in the public school system.

Characteristics of Programs That Work Well for Parents

As parents in the focus groups described what they like about programs or services that are working well and what makes them work well, the following characteristics emerged:

- **Affordable.** Services are provided free, charges are based on family income, or scholarships are available.
- **Trustworthy.** Parents can build a relationship of trust with professionals who are consistently available and responsive.
- **Informal.** There are informal opportunities for parents to connect and interact with other parents, and opportunities for children to interact with other children.
- **Diverse.** There is diversity in the socioeconomic characteristics of the children and families participating in the program.
- **Easy to enroll.** Application requirements are simple to understand and complete.
- **Informative.** There are opportunities to learn about child development and available resources.
- **Safe.** Services are offered in a location or by an entity that feels safe and non-threatening to the parent.
- **Convenient.** Services are delivered in the family's home or neighborhood.
- **Welcoming.** An open-door policy and informal structures encourage parent involvement.

What Is Not Working as Well as It Should?

In the key informant interviews, parent focus groups, and online survey, when stakeholders were asked what is not working they identified many areas of Michigan's early childhood system that need improvement, including several of the same areas that some stakeholders had said are working well.

Consideration of Parent and Child Needs

Some interviewees said that efforts to serve children and families do not sufficiently take into account what parents or their children need or want, sometimes unfairly penalizing parents or presuming they are incompetent. A few suggested that efforts to engage community members and parents in the design of programs that will meet their needs have not resulted in genuine grassroots involvement.

Parenting Skills and Involvement

More than 200 survey respondents noted that more needs to be done to help parents fulfill their critical role in assuring their children's well-being, whether by providing training on appropriate parenting techniques, encouraging and supporting parent involvement in their children's education, or engaging parents in program planning and development. Many said that high-risk families are in need of far greater outreach efforts.

...more needs to be done to help parents fulfill their critical role in assuring their children's well-being.

Parents participating in the focus groups also discussed parenting skills and involvement as an area needing improvement. They identified parent involvement in their child's development as a characteristic of families that are doing well, but said that many parents need more information about child development and basic parenting skills. They pointed out that the challenges of parenting can be overwhelming for many parents that do not have a network of family and friends to provide information and support.

Coordination and Collaboration

Interviewees and survey respondents had similar concerns about the lack of coordination among early childhood programs and services. They identified a number of contributing factors, including separate lines of service, separate funding streams, lack of a shared vision, and competition among stakeholders.

Availability of and Access to Programs and Services

The availability of programs and services and access to them was identified as an area that is not working well by key informants, survey respondents, and parents participating in focus groups. Some interviewees expressed frustration with limited investment in early childhood programs and services, including limited funding for children from birth to age 3 and GSRP, low Medicaid reimbursement rates, and poor allocation of resources based on evidence and documented need. Nearly 300 survey respondents said that access to and availability of services is limited. The challenges noted were most often related to health care services, programming for children from birth to age 3, and preschool programs.

Some survey respondents noted that many children are not receiving appropriate developmental screenings and are, therefore, not being referred to or connected with necessary services. Many noted specifically that health care providers have an important role to play in screening and referral.

Parents participating in focus groups described difficulty finding out about programs and services, barriers that make it difficult to access services, and the limited availability of some services. According to survey respondents, the primary barriers to services are lack of awareness of services, limited availability of transportation, lack of affordability of programs (especially child care and preschool), and programs offered at inconvenient times and locations.

The state's child care subsidy received quite a bit of attention from interviewees as something that is not currently working well. Some interviewees said the child care subsidy, as it is currently formulated, is inadequate to promote the use of high-quality child care and early learning among low-income families.

Efforts to Ensure Quality

Concerns regarding quality of services were raised by key informant interviewees and survey respondents. Several interviewees said they believe that *high-quality* early childhood education and care are not widely available, and a few blamed low compensation levels for child care providers and preschool teachers as a barrier to improving quality. Survey respondents also said that there are many services for which quality could be improved.

A few interviewees suggested that lack of an effective data collection and evaluation system prevents the state from moving forward with development of a statewide system for

early childhood. These interviewees are seeking a way to assess quality of services and outcomes for individual programs as well as the development of a system that reaches across programs. Survey respondents also noted challenges that exist with current efforts to evaluate and monitor the quality of programs and services.

Availability of Funding

Of course, the availability of services and programs is directly linked to availability of funding. Survey respondents said that many programs are underfunded, limiting their scope and availability. They also noted that funding tends to be unstable, with budget cuts a constant worry. In one of the parent focus groups, participants said lack of continuity in program funding makes it difficult to keep parents and families engaged in programs, and differences in funded services between one geographic area and another can also be frustrating for families.

Some of the parents participating in the focus groups raised a concern related to funding requirements for some programs. They noted a lack of diversity among the families and children participating in programs. They said there are benefits from participation in programs with children and families who have different backgrounds and experiences, but because of income eligibility requirements for some programs, the children and families participating all tend to have the same socioeconomic background.

How Can Michigan's Early Childhood System Be Improved?

Stakeholders in key informant interviews, parent focus groups, and the online survey provided a wealth of suggestions for improving the system of early childhood services and supports in Michigan.

Their suggestions for how to make improvements in the early childhood system can be organized in six categories: building leadership; supporting parents' critical role; assuring quality and accountability; ensuring coordination and collaboration; using funding to maximize impact; and expanding access to quality programs and services. Not surprisingly, these six areas are very similar to the areas in which stakeholders said the early childhood system is not working as well as it should.

Building Leadership

Key informant interviewees and online survey respondents called for strong leadership at the state level to guide efforts to improve early childhood programming and services. Some said more needs to be done to build understanding of the importance of early childhood, develop a shared vision, provide clear guidelines, and clarify expectations for goals and outcomes.

When asked specifically what the role of the Office of Great Start should be in meeting the needs of young children and their families, interviewees offered a variety of ideas, but, collectively, their responses emphasize the importance of creating a focal point for early childhood.

Some described the role OGS should perform in ensuring a common purpose among early childhood efforts and setting a statewide agenda. Others described a role of convening stakeholders, coordinating financial resources, and clarifying roles and accountability among all early childhood partners. Several of these interviewees noted that OGS will need a high level of authority to enable it to effectively carry out these functions.

Some interviewees suggested that OGS should promote local control and flexibility in the implementation of early childhood programs and services, within a statewide framework for accountability. There were also several suggestions that OGS should set standards to which partners are held accountable and ensure best use of evidence-based practices. Some interviewees said it would be helpful for OGS to take the lead in sharing information with stakeholders regarding resources and latest research to support early childhood efforts.

Interviewees and online survey respondents suggested reaching out to parents and trusted community organizations and engaging them in making decisions about programs and services. As one interviewee said, parents need to "enlighten and inform professionals who make decisions. We need families to be a leading voice in discussions." Some interviewees suggested that reaching out to parents and families to involve them in identifying and creating solutions would be an effective way to begin addressing the wide disparities that exist among children of differing races and income levels.

Supporting Parents' Critical Role

About 130 survey respondents said parents need more information about child development and basic parenting skills. Many said this information should be provided in the prenatal period or even before, but many simply said that parents need to understand developmentally appropriate strategies for raising children. Many interviewees also

identified the need to educate parents and a few emphasized the need for a strategy that reaches both parents and their children.

Parents participating in the focus groups also talked about the difficulties of parenting and the need for parent education and information. Some of these parents said improving community outreach to parents and families would help solve problems such as lack of information on child development and awareness of services. They advised using a variety of outreach mechanisms with an emphasis on personal contact and creation of trusting relationships.

Assuring Quality and Accountability

Key informant interviewees, survey respondents, and parents participating in focus groups all offered suggestions for assuring quality and accountability in the early childhood system through evaluation, performance measurement, program requirements, provider incentives, training and technical assistance, and/or transparency in reporting.

Key informant interviewees were asked specifically how they would measure success for the four early childhood outcomes. They offered a variety of specific indicators and metrics. More than half of the interviewees also provided broad suggestions for how to go about measuring success. These include:

- Reaching agreement among state and local departments and agencies on what to measure and how to measure it
- Implementing a common, longitudinal data system that can be accessed and used by multiple stakeholders to assess effectiveness of individual programs and the system as a whole
- Measuring both process and outcomes to provide solid information regarding successes and setbacks
- Setting achievable short- and long-term goals

Parents participating in the focus groups were asked to consider what they would want to know or see graded if a "report card" existed to keep track of progress on early childhood in Michigan. By far, the first and most common response was that they would want to know about the availability of or access to high-quality early childhood learning programs. But several parents acknowledged that it would be difficult to define and track the *quality* of programs. One parent mentioned that it also would be important to track access to health care, and another suggested tracking availability of intervention services.

Quality and accountability are inextricably linked, and interviewees offered several suggestions for improving accountability among stakeholders who have a role in reaching the four early childhood outcomes. A majority of interviewees said that improving accountability among stakeholders is best facilitated through shared metrics and effective strategies for measuring and evaluating success. As one person put it simply, "Use the data. And if we don't have good data, get good data." Many interviewees also recommended the use of financial incentives to encourage providers of programs and services to achieve outcomes, suggesting that funding for providers who do not achieve expected outcomes should be decreased or discontinued.

Many survey respondents said the qualifications and credentials of service providers should be improved, and most said additional training should be provided. Some survey respondents echoed the interviewees and said that program providers should receive financial incentives for achieving quality goals.

Ensuring Coordination and Collaboration

Key informant interviewees and about 90 survey respondents said coordination and collaboration among state and local entities must be improved to support access to and quality of services. Some survey respondents specifically said that coordination and communication between PreK services and the K–12 system should be improved to ensure smooth transitions for children and parents.

> Many interviewees also recommended the use of financial incentives to encourage providers to achieve outcomes.

When key informant interviewees were asked how state and local partners can better work together to meet the needs of young children and their families, interviewees offered a variety of suggestions. Some suggested finding ways, across state departments, to make sure that people who have responsibility for meeting the various needs of children and families are communicating and working together. A few interviewees reiterated their hope that bringing education, human services, and health programming together under the auspices of OGS will improve coordination among these state departments in a way that will also improve coordination at the local level. Several survey respondents also called on state departments and agencies to model collaboration.

Some survey respondents said service providers at the local level should communicate with each other to better understand the services each delivers and reduce duplication. They also suggested collaborating at the local level to "share responsibilities" given shrinking resources. Some interviewees suggested forming "hubs" in local communities to bring together people from a variety of sectors to learn from each other about community resources and programs, and to coordinate early childhood initiatives. A few interviewees said the state should lead by setting guidelines or standards that support and promote collaboration, but should allow local flexibility in service delivery and program implementation.

Using Funding to Maximize Impact

As described under stakeholder suggestions for assuring quality and accountability, many interviewees recommended the use of financial incentives to encourage providers of programs and services to achieve outcomes. Some suggested that funding for providers who do not achieve expected outcomes should be decreased or discontinued. Some survey respondents concurred, saying that program providers should receive financial incentives for achieving quality goals.

Parents participating in focus groups suggested providing continuity in funding for programs so that families can count on the services being available and programs can reach out to families without uncertainty. Parents participating in focus groups also suggested revising program eligibility requirements and using payment mechanisms such as sliding fee scales to expand access to early childhood programs to families at all income levels and increase the diversity of children and families served.

Interviewees were asked how resources should be distributed for delivering services to children in the state—whether more intensive levels of programming should be offered to those with the highest needs, or whether less intensive services should be offered to all children. A large majority of interviewees indicated that the state should focus its resources on those who are at greatest risk of not achieving the four early childhood outcomes. Several interviewees argued for an approach that combines targeted services for a smaller number of children with some set of universal services for all children.

When interviewees were asked how they would define "high need" children, most suggested that a variety of risk factors should be considered, including income, family and home environment, developmental ability, and race or ethnicity.

Given the wide disparities that can be found in leading childhood indicators among children of differing races and income levels, interviewees were asked how these disparities might be addressed. The following ideas were mentioned repeatedly by interviewees:

- Reaching out to parents and families directly to involve them in identifying and creating solutions
- Targeting interventions to those at greatest risk
- Creating a coordinated, cohesive strategy to reach all children in the early years
- Offering universal PreK (potentially through the expansion of GSRP)

Expanding Access to Quality Programs and Services

Key informant interviewees were asked where the state should invest its resources to best meet the needs of children in Michigan, given the types of services and programs whose effectiveness is supported by evidence. The following ideas were promoted by interviewees:

- Creating a strong system infrastructure that includes coordination and collaboration, perhaps through the development and expansion of community access hubs
- Focusing resources on children from birth to age 3 and their families
- Ensuring that pregnant women have access to prenatal care and that young children have a regular source of medical care where providers are working to identify any developmental delays
- Making investments in high-quality preschool and child care programs, including GSRP and Head Start
- Providing professional development to child care and preschool providers

About 150 survey respondents also said preschool programs should be more widely available. While many respondents spoke generally of the need to expand preschool options, GSRP was the program mentioned most often by name (40 respondents). Survey respondent suggestions for expanding preschool programs included increasing the number of slots and locations available to serve children ages 3 and 4. Suggestions from parents participating in focus groups also included expanding access to early childhood programs for families at all income levels, including preschool programs.

About 50 survey respondents said that access to high-quality services would be improved with more effective and timely screenings and assessments leading to appropriate

referrals. More than 100 others said the availability of prevention and early intervention services should be increased. Nearly 50 of these respondents emphasized the need for prevention and early intervention through programs such as Early On. Approximately 35 respondents said home visiting provides a great way to reach parents with important information about development. Another 35 respondents called for a greater emphasis on services for children from birth to age 3, noting that most brain development occurs during this stage of growth.

About 100 survey respondents commented on the need for improved access to and availability of health care services. Nearly 40 of these respondents called for increased availability of mental health services for children and families. Several said that infant mental health services should be more widely available, and many said that mental health workers, including social workers, should be available in schools to assist teachers and students with mental health and behavioral challenges.

Nearly 70 survey respondents offered suggestions for improving the affordability of programs and services. Some of these respondents said the child care subsidy should be increased to allow parents to pay for higher quality care. One said, "Examine the current child care subsidy rate against the actual cost of care by area, and raise the subsidy rate as needed to make care more affordable." Another said, "Child care assistance should be funded to reflect quality care instead of custodial care." Parents participating in the focus groups suggested offering programs and services on a sliding fee scale, or providing scholarships or discounts.

Focus group participants also suggested improving community outreach through multiple mechanisms, including personal contact, going to where parents and families are apt to be, creating a central location or source for information about services, and providing navigators to help families understand the services available to them.

More than 100 survey respondents said that transportation should be provided to a variety of programs and services, including busing to and from preschool programs. Some said programs should have transportation built into their budgets and should provide the services directly. Others suggested offering gas vouchers or bus tokens.

High-quality early childhood education and care are not widely available.

Michigan's Vision for Early Childhood

Michigan: The Best State to Raise a Child

Governor Snyder's vision for Michigan includes "a coherent system of health and early learning that aligns, integrates and coordinates Michigan's investments from prenatal to third grade…and a reputation as one of the best states in the country to raise a child." If Michigan is to achieve this goal, what will that mean for young children and their families? In addition to outlining his vision for Michigan's early childhood system, Governor Snyder set his expectations in four outcomes to guide state, local, and private efforts affecting the health and well-being of children from the prenatal period through age 8. They are:

Early Childhood Outcomes

1. Children are born healthy.
2. Children are healthy, thriving, and developmentally on track from birth to third grade.
3. Children are developmentally ready to succeed in school at time of school entry.
4. Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

Guiding Principles

To achieve these four outcomes, the early childhood community must operate on a strong foundation that will support and guide all work across the system. Based on input from stakeholders across Michigan, OGS has defined the following guiding principles for Michigan's early childhood system. These principles can energize the public and private sector, span multiple agencies and service areas, and ensure that future efforts are positioned to meet the needs of Michigan's youngest children.

In every conversation with stakeholders about early childhood, the values that people hold dear were evident. For Michigan's system building effort to succeed, agencies and programs big and small must incorporate these principles into their work.

Guiding Principles

Children and families are the highest priority. Michigan's early childhood system was created to support children and families across the state. All efforts must consider the needs of children and families first and foremost.

Parents and communities must have a voice in building and operating the system. From Detroit to Grand Rapids and Harbor Beach to Iron Mountain, the shape and size of communities vary widely across Michigan and so do their needs. Through purposeful, ongoing parent and community involvement, the early childhood system can target interventions and supports that best meet local needs.

The children with the greatest need must be served first. Interviewees were asked whether Michigan should focus on serving as many children as possible with limited services, or on serving fewer children but with more comprehensive services. Overwhelmingly, interviewees chose the latter option. Children at the greatest risk for not achieving the four early childhood outcomes (based on income, family and home environment, developmental ability, and race or ethnicity) must be a priority across the system.

Invest early. Children's brains are developing fastest when public investment in that growth and development is lowest. The system must be oriented toward prevention and early intervention instead of remediation.

Quality matters. Again and again stakeholders said that high-quality programs and services are the key to improving outcomes for children and families. Without a focus on quality, the early childhood system will fall short.

Efficiencies must be identified and implemented. Both public and private resources must be spent wisely. At a time when there is more work to be done than funding to do it, agencies and programs must identify ways to streamline operations, while also maintaining high-quality services.

Opportunities to coordinate and collaborate must be identified and implemented. In order to spend resources wisely and improve services for children and families, agencies and programs must identify and implement new ways to coordinate efforts. This will no doubt require a change in current practice, but will pay dividends for children across the state.

Michigan's Early Childhood Dashboard

Leading Indicators of Young Children's Well Being

The Office of Great Start, the Departments of Education, Community Health, and Human Services, and the Early Childhood Investment Corporation worked collaboratively to propose a list of leading indicators of children's well-being. The list of indicators is presented in this report as Michigan's Early Childhood Dashboard, a shared dashboard that will be used by all three departments to track progress toward the four early childhood outcomes. Refer to Appendix VI for data sources and notes.

For some of the outcomes, there is no satisfactory current source of primary data and development of a new data source is proposed. As early childhood data systems and collection continue to improve, OGS and its key partners anticipate reevaluating the leading indicators to ensure they incorporate the best data available.

OUTCOME 1

Children Are Born Healthy

		MI	US
1.1	**Preterm Births** (percentage of live births before 37 completed weeks of gestation)	12.3% (2011)	11.7% (2011)
1.2	**Infant Mortality** (number of infant deaths per 1,000 live births)	7.1 (2010)	6.2 (2010)
1.3	**African American Infant Mortality Rate** (number of infant deaths per 1,000 live births)	14.2 (2010)	11.6 (2010)

OUTCOME 2

Children Are Healthy, Thriving, and Developmentally on Track from Birth to Third Grade

		MI	US
2.1	**Teen Births** (births per 1,000 women aged 15–19)	27.8 (2011)	31.3 (2011)
2.2	**Maternal Depression** (percentage of mothers experiencing postpartum depression)	11.3% (2010)	11.7% (2010)
2.3	**Child Abuse and Neglect** (rate of confirmed investigations of child abuse and neglect per 1,000 children aged birth to 8)	19.1 (2012)	***
2.4	**Medical Home** (percentage of children aged birth to 5 receiving care that meets the criteria of a medical home)	63.5% (2011–12)	58.2% (2011–12)
2.5	**Poverty** (percentage of children aged birth to 5 living below 100% Federal Poverty Level)	29.5% (2011)	25.6% (2011)

OUTCOME 3

Children Are Developmentally Ready to Succeed in School at Time of School Entry

		MI	US
3.1	**High-Quality Early Learning** (percentage of children aged birth to 5 who are in high-quality early learning settings, both preschool and child care)	TBD	
3.2	**Kindergarten Readiness** (percentage of children entering kindergarten who are developmentally ready to succeed in school)	TBD	

OUTCOME 4

Children Are Prepared to Succeed in Fourth Grade and Beyond by Reading Proficiently by the End of Third Grade

		MI	US
4.1	**MEAP Reading Proficiency** (percentage of children performing at or above proficient on the Michigan Educational Assessment Program 4th Grade Reading Assessment)	68.0% (2011–12)	***
4.2	**NAEP Reading Proficiency** (percentage of children performing at or above proficient on the National Assessment of Educational Progress 4th Grade Reading Assessment)	31.0% (2011)	32.0% (2011)

TBD—To be developed
***—Comparable data are not available at the national level.

Recommendations for Reaching Michigan's Early Childhood Outcomes

Redesigning a system that serves over one million children a year, invests $9.4 billion dollars annually, and includes 89 programs and services is a multi-year, multi-pronged effort. These recommendations outline a plan for achieving the four early childhood outcomes through a persistent focus on six high-leverage areas: leadership, parent education and involvement, quality and accountability, coordination and collaboration, efficient funding, and access to quality programs. By focusing on these high-impact areas, OGS and its partners will most efficiently leverage resources for system change.

Office of Great Start has spent the past year engaging stakeholders across the state about the best ways to improve Michigan's early childhood system. These recommendations are informed by a range of participants including 48 interviews with policymakers, providers, and advocates at the state and local levels; three focus groups with parents of young children; and nearly 1,300 online survey responses from early childhood educators, administrators, program service providers, and parents and grandparents of children under age 9. These voices, together with the fiscal and systems analysis, information on best practices, and expertise from professionals in the Michigan Departments of Education, Community Health, and Human Services and the Early Childhood Investment Corporation, are the foundation for the guiding principles, leading indicators, and recommendations presented in this report.

Each recommendation is followed by Priority Action Items that identify the initial steps required to make the recommendation a reality, and a Rationale describing the basis for the recommendation and priority action items.

Recommendations

1. Build Leadership within the System
2. Support Parents' Critical Role in Their Children's Early Learning and Development
3. Assure Quality and Accountability
4. Ensure Coordination and Collaboration
5. Use Funding Efficiently to Maximize Impact
6. Expand Access to Quality Programs

RECOMMENDATION 1.
Build Leadership within the System

Priority Action Items:

- **Ensure high-level administration commitment and accountability.** It is essential that the legislature, Governor's Office, the state superintendent, and the Governor's People, Health, and Education Executive Group demonstrate a strong commitment to building an early childhood system and take responsibility for implementing the recommendations of this report.
- **Clarify the role of the Office of Great Start.** The Michigan Department of Education's Office of Great Start must clearly articulate its role and how it will work with key partners. To refocus the state's early childhood investment and serve children and families most effectively, OGS, in collaboration with its key partners, will:
  - Set a statewide vision and agenda
  - Act as the state's spokesperson for early childhood issues
  - Coordinate the state's policy and align funding and programs to achieve early childhood outcomes
  - Establish statewide standards and metrics
  - Support local control and flexibility
  - Share information about research and resources
- **Formalize early childhood leadership and collaboration among MDE, DCH, and DHS.** A deputy director(s) from each department who reports to the agency executive should be assigned to champion early childhood and ensure progress toward the four early childhood outcomes. Together, these deputy directors should be responsible for ensuring coordination and collaboration and making cross-agency policy and funding recommendations to strengthen Michigan's early childhood system.
- **Create an advisory body for OGS to ensure more meaningful state, local, and parent input.** Office of Great Start should create a new advisory council that includes parents, local providers, and other community leaders from diverse economic and geographic backgrounds with a stake in early childhood efforts. This council should offer a regular forum for early childhood leaders from state agencies and community stakeholders to make decisions. The council will focus on (a) integrating programs across agencies at the state and local levels, (b) understanding local challenges, and (c) learning from successful local efforts. Along with creation of this new council, the state should consolidate, repurpose, or eliminate existing advisory bodies. For example, the Early Learning Advisory Council and the Great Start Operations Team, which have representation from MDE, DCH, DHS, and ECIC, could be combined.
- **Identify and share best practices in local early childhood leadership, including exemplary Great Start Collaboratives (GSCs) and Parent Coalitions (GSPCs).** Local leadership is a critical element of a broad statewide system. GSCs and GSPCs were designed to foster local leadership, but their effectiveness varies across the state. OGS should identify and share lessons learned and best practices from GSCs and GSPCs, at the same time holding them accountable for moving their communities toward the four early childhood outcomes. OGS and its key partners should also share best practices and lessons learned from other community efforts to develop early childhood leadership.

Rationale:

Governor Rick Snyder's Executive Order 2011-8 established the Michigan Department of Education's Office of Great Start with the express aim to "refocus the state's early childhood investment, policy, and administrative structures by adopting a single set of early childhood outcomes and measuring performance against those outcomes."[27] In this role, OGS is charged with:

- Aligning, consolidating and/or integrating early childhood funding and related programs around the governor's early childhood outcomes;
- Coordinating the state's policy, budget and programs for early childhood issues; and
- Acting as the state's spokesperson for early childhood issues.

27 Office of the Governor. (2011). Executive Order 2011-8: Executive Reorganization. *www.michigan.gov/documents/snyder/EO-2011-8_357030_7.pdf.* (accessed 4/17/13).

The need for this renewed focus on early childhood is supported in the leadership roles that many stakeholders articulated for OGS in the key informant interviews:

- Setting a statewide vision and agenda
- Coordinating activity and financial resources among various programs and initiatives
- Establishing statewide standards and metrics
- Supporting local control and flexibility
- Sharing information about research and resources

This report sets a clear vision and agenda that many early childhood stakeholders expect and desire from OGS. It reflects the perspectives, insights, and expectations of a wide range of parents and other community members who use or provide early childhood services, advocates, and state administrators. One interviewee explains:

> OGS is the portfolio manager of early childhood resources. That is, it makes investments that make the most difference for the four outcomes. The promise of the office is getting all government players on the same playbook—DHS, Medicaid, DCH, and the governor. Use metrics under each of the four outcomes to get to the whole child.

OGS's success in its leadership role will depend on strong coordination and collaboration among the three departments that administer the majority of programs for children from prenatal through age 8 and their families.[28] By identifying "a single set of early childhood outcomes" and establishing OGS, the governor took critical steps toward ensuring that the state departments will work toward common goals. Governor Snyder's executive order calls for transfer of specific programs to the Office of Great Start from the Michigan Department of Human Services, and coordination with the Michigan Department of Community Health "…concerning administration of the programs and services…that affect early childhood development."[29]

To put it bluntly, without true coordination and collaboration among MDE, DCH, DHS, and the legislature, efforts to improve the lives of young children will not succeed. Given the governor's priority on early childhood and the need for the highest level of collaboration, OGS recommends that the directors of DCH and DHS appoint an early childhood liaison at the deputy director level—a peer to the deputy superintendent of early childhood in MDE—to ensure that interagency coordination and collaboration are a reality.

Right now, the three departments do work together on several coordinating bodies, such as the Great Start Systems Team (GSST). And this report itself is evidence of meaningful collaboration among the agencies, as the leading indicators and program inventory could not have been completed without the active engagement of staff from all three departments. The key informant interviews suggest, however, that current efforts may not be as effective as they could be if recommendations from coordinating bodies (such as the GSST) had the attention of department deputy directors and directors. One interviewee explains:

> A strength is that the departments are all at the table now, but it has been a struggle to get them there. The Great Start Systems Team gives a sense of what could happen, but it hasn't been grounded in a supportive administrative structure at the upper levels. There needs to be a clear objective for each meeting and an end goal, not just sharing updates about what each department is doing. We don't share a common vision. We need to have a clearer idea of what our work plan is for early childhood.

The People, Health, and Education Executive Group—including the state superintendent and the directors of DCH, DHS, and Civil Rights—has made early childhood strategies and metrics tied to the four outcomes a regular agenda item. Having deputy directors responsible for early childhood policy development and implementation in each department, with regular reporting and discussion by the directors in the People, Health, and Education Executive Group, would be a sure sign that early childhood will have the leadership—and focus on outcomes—that Governor Snyder believes it should have.

In order to lead effectively, OGS's authority to adopt a single set of early childhood outcomes and measure performance against those outcomes must be recognized and supported. As OGS works with DCH, DHS, and other key partners to develop metrics, OGS must balance accountability for the four early childhood outcomes with local flexibility and control. On the one hand, the office must establish statewide standards and measures for the programs that it oversees, as this is essential to its accountability role. And DCH and DHS must do the same in a coordinated effort with OGS on initiatives that reach young children. On the other hand, as OGS heard from many interviewees and online survey respondents, OGS must also understand and encourage local flexibility to meet the unique needs of different communities. To guide the development and implementation

28 This is not to say that there are no other agencies with a critical role in the early childhood system. The State Budget Office and Department of Treasury are two additional examples. The three agencies referenced regularly in these recommendations—MDE, DCH, and DHS—are, however, the central focus of this report.

29 Office of the Governor. (2011). Executive Order 2011-8: Executive Reorganization. *www.michigan.gov/documents/snyder/EO-2011-8_357030_7.pdf*. (accessed 4/17/13).

of programs and services in local communities, interviewees said that the office should work hard to share best practices and lessons learned from state and national research and the experiences of Michigan communities. As one interviewee stated, "The role [of OGS] is to be able to capture what is occurring at the ground level—the realities for families and kids—and translate that to better policy." OGS must offer robust information on what works and what doesn't to local communities—and it must learn from the unique experiences of communities that have successfully begun to address the four early childhood outcomes.

Building leadership within the early childhood system must obviously go beyond state government. In fact, state and local interviewees and online survey respondents alike called for OGS to engage community leaders, especially parents, in decision making. As one interviewee put it:

> Frankly, OGS and the state would do well to develop partnerships with people in the community, not just their surrogates. If they are going to do that, they have to be purposeful about how they engage with the people in those communities.

This report's findings and recommendations reflect broad stakeholder input. But this input must not stop with the report. For this plan to make a meaningful positive difference in young children's lives, it must be implemented and modified with enthusiastic support and engagement from parents and other local community leaders. To ensure that the communication channels remain open and that regular opportunities for community input are available, OGS should establish an advisory council with parents and other community leaders as members. The council should also regularly hold community forums and conversations across the state to obtain insight from parents and other community leaders, including parents of children with high needs, on how best to implement this report's recommendations, how to identify and share best practices, and how to call attention to other issues that should be addressed in the early childhood system. The voices of parents must be heard relentlessly and seriously if communities and the state are to make meaningful progress toward the four early childhood outcomes.

The voices of parents must be heard relentlessly and seriously if communities and the state are to make meaningful progress toward the four early childhood outcomes.

GSCs and GSPCs are examples of local coordinating bodies that have played an important role in leadership, coordination, and collaboration at the local level. Michigan State University's recently completed evaluation of these initiatives offers a comprehensive view of "GSPC and GSC characteristics related to local success…and what propels the GSCs/GSPCs forward toward greater accomplishments."[30] For the evaluation, researchers asked parents who are members of the GSCs and GSPCs, local service providers, and "outside community members" a range of questions, including whether they think that GSCs and GSPCs have "improved outcomes for children and families."[31] Forty-seven percent of respondents answered this question "quite a bit" or "a great deal."[32] This member self-assessment provides useful information about the growth of collaboratives and parent coalitions, but the assessment of their role in improving outcomes for children and families is subjective and can only be validated by objective measures of children's well-being within each of the four early childhood outcomes.

Key informant interviews and online survey responses conducted for this report paint a mixed portrait of the effectiveness of the GSCs and the GSPCs. Some are clearly excelling while others are struggling. With the Michigan State University evaluation as one important resource, OGS should work with the GSCs and GSPCs to identify best practices that can be shared with the underperforming collaboratives and coalitions. This must be done, of course, as OGS, in its role of ensuring accountability, makes sure that GSCs are demonstrating how their work moves communities toward the four early childhood outcomes.

In addition to GSCs, there are many other local collaborative bodies, such as community collaboratives supported through DCH and United Way or by DHS. OGS should collaborate with state agencies and other key partners to identify and share best practices in local coordination and collaboration that can inform multiple collaborative efforts.

30 Pennie Foster-Fishman and the System exChange Evaluation Team, Michigan State University, *Evaluation of the Great Start Initiative: Statewide Feedback Report (East Lansing, Mich.: MSU, January 10, 2013), 7.*
31 Ibid., 20.
32 Ibid.

RECOMMENDATION 2.

Support Parents' Critical Role in Their Children's Early Learning and Development

Priority Action Items:

- **Seek input from parents regarding their needs for information and parenting education, and strategies to increase parent involvement in their children's early learning and development.** The Office of Great Start and its key partners, working through the newly formed advisory council (see Recommendation 1), should reach out to the parent community to find out what parents—particularly those who are not currently engaged in Great Start Collaboratives and Parent Coalitions or other parent efforts—want and need in the way of information, parenting education, and support. Regular community forums or conversations could provide a mechanism for an ongoing listening campaign to inform the work of OGS and its partners in the early childhood system.
- **Strengthen a network for disseminating information to parents and families of young children.** OGS, in partnership with MDE, DCH, and DHS, should identify the entities in local communities that are trusted advisors for parents and then use them as a core network to disseminate clear and concise information to families about the importance of early childhood learning and development and the services offered for young children.
- **Expand and coordinate strategies to reach and connect with eligible families and children.** Any program or provider that receives state funding for services for early childhood learning and development should be required to document how it informs potentially eligible families about the availability and eligibility criteria of its services, and how it establishes connections with eligible families. Programs and providers also should share information with each other and alter their activities as necessary so that outreach efforts at the community level address gaps, reduce duplication, and result in increased connections with parents and families.
- **Provide training and technical assistance on effective approaches for parenting education and strategies to increase parent involvement.** MDE, DCH, and DHS should collaborate to serve as a collective resource to local communities for information and training on effective approaches for parenting education and strategies to increase parents' involvement in their child's early learning and development. These efforts should identify and build on best practices at the local level.

Rationale:

Parents, grandparents, and other family members who are responsible for raising young children have the most important role in achieving the outcomes established for early childhood. They are the primary caregivers, first teachers, and greatest assets for young children. However, many of the parents participating in the focus groups and survey respondents said that parents need more information about early childhood learning and development and basic parenting skills.

Parents and families also know best what they need in terms of information, parenting education, and support, and they can provide the best advice on how to connect with parents and provide information. Through the newly formed advisory council, OGS will seek input from parents and other community leaders across the state, including parents of children with high needs, on how best to engage with parents and families of young children. An ongoing listening campaign will be used to seek input from parents and other caregivers on the most effective strategies for parenting education and outreach. OGS will use the input to shape, refine, and disseminate effective strategies.

While extended family members and friends are often the first source of advice and support for parents of young children, there are many service providers, organizations, or other entities that serve as trusted advisors and sources of information for families in local communities. Interviewees and focus group participants could name many such resources in their communities. These trusted advisors could provide a link to parents, particularly those who may be the most difficult to engage. By establishing a core network of trusted advisors, OGS, along with its key partners, will create a mechanism for dissemination of information about the importance of early childhood learning and development and the services available to support families with young children.

Many, but not all, state-funded programs include strategies for parent outreach. And some state-funded initiatives are designed expressly for the purpose of parent education and/or outreach. One example is Great Parents, Great Start. This effort works to improve school readiness for children and promote strong families by encouraging positive parenting skills.

However, many of the comments offered in parent focus groups and the online survey indicate that parents are not aware of all of the resources available to them. The difficulties that parents face in identifying and accessing resources vary by family and by community. For example, parents may perceive a stigma associated with requesting help; or there may be language or cultural barriers; or distance, hours of operation, or location of services may present challenges for parents. To expand parent awareness and use of available resources, every state-funded provider of services for young children should be required to document the strategies they have in place to reach and connect with families in their community that may be eligible for the services they provide. To address gaps in outreach efforts and reduce duplication at the community level, service providers should be encouraged to share information and even modify their outreach activities if necessary to improve accessibility to parents and families with young children.

The leadership roles articulated for the Office of Great Start in key informant interviews include coordinating activity among various programs and sharing information. As part of the resources made available to local communities, OGS, in collaboration with its key partners, should include training and technical assistance on best practices in dissemination of information, parenting education, and strategies to increase parents' involvement in their child's early learning and development.

Parents, grandparents, and other family members who are responsible for raising young children have the most important role in achieving the outcomes established for early childhood.

RECOMMENDATION 3.
Assure Quality and Accountability

Priority Action Items:

- **Develop measures of system and program effectiveness tied to the four early childhood outcomes.** MDE, DCH, and DHS must develop clear measures of effectiveness for every early childhood program and provider under their purview. These agencies must also coordinate efforts to ensure that consistent measures are applied across similar programs (for example, all three agencies have supplemental food programs).
- **Develop a coordinated early childhood data system.** To assess program effectiveness, OGS and its key partners must continue implementation of a coordinated early childhood data system focused on enabling real-time data exchanges; identifying service gaps; supporting capacity to view a child's longitudinal health and development from entry into a publicly funded early childhood service or program; and maintaining compliance with all state and federal regulations related to security, privacy, and confidentiality. This data system will allow greater use of existing and new data points for analysis of the early childhood system as a whole, including costs, utilization rates, capacity, and progress toward outcomes.
- **Support continuous quality improvement through training and technical assistance.** MDE, DCH, and DHS must identify opportunities for or provide training and technical assistance to programs and providers to improve performance on measures of program effectiveness. Additional training may focus on specific areas for improvement, such as assuring fidelity to evidence-based models that lead to improved outcomes.
- **Enforce program effectiveness measures.** If programs or individual providers fail to demonstrate effectiveness after receiving training and technical assistance, MDE, DCH, and DHS must require corrective action plans. Should corrective action fail to lead to improved outcomes, funding should be redirected to effective programs and providers.
- **Require transparency.** MDE, DCH, and DHS should require programs and providers that receive state funding and serve young children from prenatal through age 8 to publicly report available data about their enrollment, funding, service areas, eligibility criteria, administrative costs, and effectiveness (within the constraints of available data at that time). Much of these data are already reported to state agencies, but they are not easily available to the general public. This information will introduce a level of public accountability for state agencies, programs, and providers.
- **Disseminate information to parents and families.** OGS, with support from MDE, DCH, and DHS, must provide parents and families with useful tools to help them be informed consumers about the quality of early childhood services. This effort will build on the work of the Great Start to Quality initiative as well as the priority actions outlined for parent education and involvement in Recommendation 2.
- **Use data to direct investments.** High-quality programs are an essential, but insufficient, part of maintaining an early childhood learning and development system that drives outcomes for children and their families. OGS, and its key partners, must regularly review Michigan's portfolio of programs and statewide performance on the early childhood outcomes. If the current portfolio is not collectively improving outcomes for children, decisions must be made about how to use new funding and repurpose current investments to achieve the four early childhood outcomes.
- **Ensure early childhood service provider quality.** OGS, with support from MDE, DCH, and DHS, should evaluate recruitment practices, pre-service training, and ongoing professional development available to early childhood service providers who work directly with families and children.

Rationale:

Quality matters. Stakeholders said again and again that in order to create a strong early childhood system, the Office of Great Start—and its many partners—must focus on promoting and maintaining high standards for all programs and services. One interviewee said it best: "Research tells us if you don't have a quality program, it makes no difference. Whatever you do must be high quality."

OGS—with its peers at MDE, DCH, and DHS—must begin this enhanced focus on quality by developing criteria to determine program effectiveness that align with progress toward the four early childhood outcomes. Some programs, like the Great Start Readiness Program (GSRP), already have a tool in place to evaluate program effectiveness. The Program Quality Assessment (PQA) is currently used with all GSRP sites and helps assess program quality and identify possible staff training needs. Other programs will need to

develop tools that focus both on outcomes and progress. One interviewee expressed the importance of evaluating program effectiveness this way: "We need a quality rating and improvement system for every program. Otherwise, we don't know what to fix." Because this is a large, cross-agency undertaking, OGS should start with programs under its direct purview, and then reach out to other agencies to share lessons learned while developing effectiveness criteria.

Data collection and management will be a critical component of implementing program effectiveness criteria and improving overall program quality. One interviewee explained,

> We lack the resources to build the data system needed to track health and system outcomes—for both individual services and for a linked system to aggregate results for analysis/improvement and to assure information sharing across services in real time to manage care coordination.

Michigan's current data collection and management infrastructure for programs and services serving young children is limited. There are some bright spots where data collection is robust, but these instances are focused on one area (such as health or education), and data are not able to be easily cross-referenced with other essential information about children's well-being. Work is already under way to improve Michigan's early childhood data system, and this critical work will dramatically improve agencies' ability to use real-time information to guide decision making and streamline evaluation efforts.

Setting standards and collecting data alone, however, do not lead to improvement. OGS and its partners must identify opportunities for or provide training and technical assistance to programs and providers to improve knowledge of and performance on measures of program effectiveness. Providing access to high-quality training and technical assistance efficiently will be an essential, though challenging, undertaking for OGS and its partners. In addition to training and support around the effectiveness measures, the agencies should also identify other opportunities for improvement, such as assuring fidelity to evidence-based models that lead to improved outcomes. Many survey participants noted that some training is already available. As one stated, "I have been able to attend local classes that help me work/play better with the children in my care."

After providing the support necessary for improvement, the Office of Great Start and other agencies must also enforce program effectiveness criteria. Underperforming programs drain state resources and waste critical time in young children's lives. OGS should start this effort by requiring that funded programs provide evidence of progress toward outcomes. If adequate progress cannot be demonstrated, that provider will be required to complete corrective action. If improvement is still not evident, the program may not be granted state dollars. (There is an additional discussion about this approach under Recommendation 5.) Again, this is a critical component of not only the work of OGS, but also early childhood programs at DCH, DHS, and across MDE. The Office of Great Start will work closely with other agencies to create an informal community of practice around quality and accountability to help ensure that best practices are shared across the early childhood system.

Another accountability tool is to require programs and providers to be transparent and publicly report data about enrollment, funding, service areas, eligibility criteria, administrative costs, and effectiveness. While much of this data is already reported to the agencies, reporting is neither consistent nor public. The Early Childhood Program Inventory (included as Appendix I to this report) is a start toward this public reporting. Additional information could be included in the inventory to allow for easily accessible information about each program serving young children.

Such reporting is not only an accountability effort, but it also provides parents and community members with better information about the programs available to them. By collecting these data, and then disseminating it to the public—specifically parents—OGS and its partners are providing tools to help parents be informed consumers. This information will build on efforts like the Great Start to Quality initiative, an effort that provides parents with information about the quality of the child care and early learning options in their local community, as well as other parent education and involvement efforts outlined in Recommendation 2.

Program-level improvements alone are not enough to move the entire early childhood system toward achieving the four early childhood outcomes. OGS and its partners will need to regularly analyze performance data at the system level: What interventions are working? Where are children and families struggling? What new efforts should be introduced to address changing needs? How well are different programs complementing, not competing, with each other? This review and analysis will help ensure that resources are used effectively and that programs and services are available to the children and parents who need them to achieve the four early childhood outcomes.

An essential part of improving quality will be cultivating and supporting effective early childhood educators and providers. Several survey participants commented on the commitment of early childhood educators, and many parents attributed their children's learning to strong educators. Dedication is one component of effective early childhood educators, but this commitment must be complemented by coordinated recruitment efforts, quality pre-service training, ongoing professional development, and regular feedback to guide improvement. As two interviewees explained:

> Leadership across all spectrums—medical, education, nutrition—is one investment [that should be made]. [We should be] creating incentives to get the best and brightest to come to these areas. That will help make sure we have best and evidence-based practices. The neediest communities should get the best people to be able to close the gap more quickly.

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> There is good evidence within the professionalization of the early childhood field. Improving professional development in terms of degrees and how teachers and care providers work together and plan together and reflect on their practices on a weekly basis.

RECOMMENDATION 4.
Ensure Coordination and Collaboration

Priority Action Items:

- **Foster system coordination and collaboration.** State agencies must lead a system-wide focus on effective coordination and collaboration. These efforts will begin by implementing the high-level communications and community engagement strategies outlined in Recommendation 1.
- **Demonstrate collaboration by example.** MDE should lead by example by strengthening collaboration among programs within its purview, such as early learning and care programs (like GSRP, Head Start, and child care) and other programs within the department including special education, Title I, Section 31A, food programs, and K–12. Closer links among these programs will ensure that existing funding reaches more children more effectively. This work has begun with the creation of the Office of Great Start within MDE.
- **Promote local collaboration.** OGS and its key partners should support community efforts to develop local service "hubs" and/or identify community navigators and health workers that can help parents and families learn about and gain access to a variety of public and private services and supports at the state and local levels. By exchanging information about services and implementation models for robust outreach, referral, and follow-up across all providers, communities can establish a "no wrong door" policy for parents and families who need a range of services.
- **Promote local flexibility.** MDE, DCH, and DHS should set clear standards for program implementation, fidelity to the program model, and outcomes, but also allow flexibility in how those standards are achieved in local communities.

Rationale:

While coordination and collaboration are often identified as critical elements in any service delivery system—and the early childhood system is no exception—the terms are not always clearly understood in practice. Coordination and collaboration can be viewed along a continuum, beginning with regular communication to inform the efforts of another entity, program, or service provider. Real coordination begins when entities, programs, or providers agree to alter activities or policies for the mutual benefit of the target populations they serve. Collaboration is achieved when partners commit to share resources (such as time, personnel, and funds) to achieve a common purpose, and ultimately enhance the capacity of another entity for mutual benefit and a common purpose. Moving along this continuum to increase coordination and collaboration among early childhood efforts at the state and local levels is essential to achieving the four early childhood outcomes.

As work to build a coherent early childhood system begins, stakeholders must be cautious not to create an early childhood silo. The efforts described here must work to coordinate early childhood programs and services without isolating them from other services and systems that serve families and children.

Stakeholders in the interviews and the survey identified places where coordination and collaboration are working well in local communities to meet the needs of children and their families; several examples are discussed earlier in this report. More often, however, stakeholders observed a lack of coordination and communication among key stakeholders at all levels.

Efforts to strengthen coordination and collaboration should start at the state level with a single locus for communication about early childhood efforts. The governor's People, Health, and Education Executive Group, which includes representatives from the departments of Education, Human Services, Community Health, and Civil Rights, is the most logical location for these conversations and efforts (as discussed in Recommendation 1). This high-level support builds a foundation for efforts across state agencies and at the local level.

At the state level, there are a variety of similar services and supports that are provided by programs within MDE, DCH, and DHS. It is quite possible that a single family is served by multiple offices within one department or, in some cases, all three departments for a single type of service such as supplemental food services. OGS should start coordination efforts by developing demonstration projects with similar programs across MDE. Potential starting points may include early learning programs (such as GSRP, Head Start, child care, special education), school-based programs (such as Title I or Section 31A), and food programs. The demonstrations should lead to the development of models for staffing, funding, eligibility criteria, application processes,

data collection, service delivery, rules and regulations, and technical assistance. Closer links among these programs will ensure that existing funding reaches more children more effectively.

At the local level, stakeholders identified many communities where there is strong coordination and collaboration among agencies and service providers. But many also lamented the lack of even basic communication among agencies and service providers where they believe it would be beneficial to families. OGS should examine communities where access to services is simplified for families through coordinated eligibility and service delivery models. OGS should then select a small group of communities that appear to have infrastructure and relationships in place to support true collaboration and pilot the development of "hubs" to identify and develop models for this type of collaboration to be replicated across the state. OGS should look for opportunities to integrate with current efforts like DHS Pathways to Potential program, which places caseworkers, called "success coaches," in schools to work closely with students, their families, and teachers to connect them with programs they need, such as employment, food, or child care assistance. This effort began in fall 2012 in four communities and is expected to expand.

The development of local programs and services must carefully balance the need for state guidelines and accountability and respect the unique needs of communities across Michigan (also discussed in Recommendation 1). Stakeholders called for flexibility from the state entities that fund the programs. They note that each community has unique assets and challenges and that identifying how to meet local needs should be determined by local service providers. OGS and other state agencies must not be too prescriptive in delineating how programs and communities achieve the early childhood outcomes. As one interviewee said: "The state should focus on establishing goals for programs, providing adequate funding for those goals, and then having mechanisms for monitoring achievement of results. The state should not micro-manage the details."

The tension between the need for accountability and desire for local flexibility will be especially pronounced when programs are evidenced-based and rely on fidelity to ensure outcomes. The state should expect and require fidelity to evidence-based models, but work to ensure that models can be embedded within a local system responsive to the unique needs of a community.

RECOMMENDATION 5.
Use Funding Efficiently to Maximize Impact

Priority Action Items:

- **Fund quality.** MDE, DCH, and DHS must require all early childhood programs and providers to demonstrate evidence of progress toward outcomes before they are eligible to receive continued state funding. (See Recommendation 3 for details on how this should be done.)
- **Focus first on children with highest needs.** When determining how to use early childhood resources, MDE, DCH, and DHS should target funding in ways that will support children with high need. Evidence shows that there are disparities across leading indicators by race and income. Resources should be targeted to address these disparities.
- **Support common priorities through collaborative funding strategies.** MDE, DCH, and DHS must work together to identify collaborative funding strategies. This effort should start by introducing a cross-agency request for proposals.
- **Blend and braid funding.** Efforts to blend and braid federal, state, and local funding should begin by convening the budget directors of MDE, DCH, and DHS. These experts can create and establish common contract and grant requirements for local providers, including accountability measures and reporting requirements.
- **Engage philanthropic partners.** OGS and its partners at the state and local levels must also engage the philanthropic community in this work by sharing the statewide vision for early childhood and identifying innovative opportunities for partnership.

Rationale:

Like all state agencies and efforts, the early childhood system has an obligation to use state resources efficiently and effectively. Michigan currently risks diluting the impact of its early childhood resources by supporting programs that vary widely in terms of quality. In Recommendation 3, several strategies are outlined that will push programs to improve, and OGS and its partners must be willing to complement that with clear accountability. All agencies that administer funds to support programs and services for young children and their families should require that programs provide evidence of progress toward program effectiveness criteria as a condition of funding. This expectation ensures that valuable state and federal resources are supporting efforts that are continuously improving and achieving positive outcomes for children and families.

In addition to narrowing funding efforts based on quality, OGS should also focus on serving young children with the highest need first. While there is no doubt that some statewide efforts must continue to be universally available—such as hearing and vision screenings—more intensive services—such as home visits—should be available to children and families with the highest need. Key stakeholders overwhelmingly agreed with this approach during the interview process. They suggested identifying children with high needs by considering income, family and home environment, developmental abilities, and race or ethnicity. Interviewees generally agreed that several factors should be considered. One explained, "It would have to be a broad definition. I don't think there is one variable. I don't think labels are set in stone. Kids who come from high-concentrated poverty areas have a risk factor, but some perform very well."

Another way to think about children with the highest need is to look at disparities across the system. Leading indicators—such as infant mortality rates and performance on statewide math and reading assessments—regularly show a disparity in outcomes by race and income. OGS and its partners must identify these disparities and ask, "What can the system do to prevent these disparities? And how can it intervene when prevention efforts were unsuccessful?"

Funding quality and focusing efforts is not enough. The Office of Great Start and its partners at DCH and DHS should also focus on creating a united funding approach to meet shared outcomes. As discussed throughout this report, OGS was charged with four outcomes of early childhood well-being. While some aspects of the outcomes are under the direct supervision of OGS, achieving these outcomes will require cross-agency efforts. One way to start promoting these shared outcomes (and ensure efficient use of resources) is for MDE, DCH, and DHS to issue a joint request for proposals. This effort would work to envision a desired practice—such as community hubs—that the agencies collectively agree promotes progress toward the early childhood outcomes.

OGS and its cross-agency partners must also lead efforts to make it easier to combine traditionally distinct funding opportunities through braiding and blending funding to make progress toward the four early childhood outcomes. Braiding funding occurs when various funding streams support the same effort, but each fund source retains its unique requirements and expectations. Blending goes further and occurs when funding sources are combined into a single source with a single set of requirements. While both techniques can occur at the recipient (often local) level, state support is essential. As one interviewee explained, "At the local level we're trying to work around the system, rather than the system working for us." Efforts to make the system work more effectively for providers (and subsequently children and families) should begin by convening the budget directors of MDE, DCH, and DHS, experts from the State Budget Office, and local providers. These experts can identify and address: competing requirements and regulations, differing administrative structures (such as funds that flow through the state or an intermediary versus funds that are awarded directly to local grantees), varying goals, and other state/federal structures that make it difficult to combine various funding streams at the program level.

Another key partner in funding this statewide vision for Michigan's early childhood system is private philanthropy. Michigan is blessed with a strong philanthropic sector. The state has more than 2,000 foundations, and a recent estimate put total annual giving (for all purposes, not just early childhood) by Michigan foundations at $1.4 billion.[33] Spending by private philanthropy helps thousands of children across Michigan. OGS and its partners should engage the philanthropic community to share the state's vision for early learning and development and identify new opportunities to work together.

33 Statistics from the Council of Michigan Foundations, available at *www.michiganfoundations.org/*
s_cmf/*doc.asp*?CID=18668&DID=11412 (accessed 2/12/13).

RECOMMENDATION 6.
Expand Access to Quality Programs

Priority Action Items:

- **Expand and enhance GSRP.** Funding should be made available to allow for the expansion of the Great Start Readiness Program (GRSP), with a focus on reaching four-year-olds in households with a low annual income.
- **Improve coordination between GSRP and Head Start.** OGS should ensure meaningful coordination between GSRP and Head Start by promoting the development of a single application form and blending funding to create full-day preschool opportunities for children with high needs.
- **Increase access to developmental screening and early intervention.** Providers that come into contact with parents and young children on a routine basis (such as physicians and child care providers) should be provided with and trained in the use of standardized, reliable, and valid tools to conduct developmental screenings (including assessing social and emotional health and screening for maternal depression) and make referrals for service as appropriate. These providers should also work to ensure that families connect with necessary services so intervention is provided as early as possible.
- **Increase access to and capacity of Early On.** Early On builds public awareness of developmental delays, conducts initial evaluations, and works with families of children with development delays or disabilities to identify and enroll in the appropriate services.
- **Increase access to evidence-based mental health promotion, prevention, and intervention services.** Providers serving families and young children should have access to integrated and evidence-based early childhood mental health services to include mental health consultation in primary care, early care and education, home visiting, and child welfare programming. Services should increase provider and family knowledge and capacity to support social and emotional development of young children and increase access to mental health services, preventing longer-term familial mental health problems (maternal depression, at risk of expulsion from early care and education, trauma, etc.).
- **Redesign the child care subsidy to ensure access to high-quality providers.** The Office of Great Start should redesign the child care subsidy to ensure that recipients can access high-quality child care services. This subsidy should no longer be viewed as only a work support but as an early learning and development opportunity for low-income children aimed at improving outcomes and educational achievement.
- **Increase access to home visiting programs.** Home visiting programs with proven success for improving outcomes should be expanded to reach more families, consistent with Public Act 291 of 2012.
- **Expand evidence-based medical home initiatives.** OGS and its key partners should build on the success of evidence-based medical home models (such as CHAP and Michigan's Primary Care Transformation [MiPCT] project) to expand access to medical homes for children and their families.
- **Expand access to Pathways to Potential.** DHS is currently working in four communities to place success coaches in schools through its Pathways to Potential program. This prevention-focused effort connects students, parents, and teachers directly with coaches who can help students and families connect with the programs they need, such as employment, food, or child care assistance. Expansion plans are already developed and should be implemented.
- **Improve access to transportation.** Any program or provider that receives state funding for early childhood services must demonstrate how it addresses transportation barriers for families who are eligible to participate in the program. Increasing access to and improving coordination of transportation is a key consideration for ensuring access to programs and services for families in need.

Rationale:

Without access to high-quality early childhood programs and services, many children—especially those from families with low incomes and other risk factors—will struggle to achieve the four early childhood outcomes. These programs represent efforts that should be considered first for expansion as new funding becomes available. In its role monitoring and funding programs, the legislature should strongly consider funding programs that are making progress toward the four early childhood outcomes.

The Great Start Readiness Program (GSRP) has an evidence-based curriculum, and a rigorous, long-term evaluation has proven its effectiveness. The program, however, is not currently funded at a level that will allow the maximum number

of eligible children to participate. More than 29,000 four-year-olds are eligible but not currently served by the program. The governor has proposed additional funding of $65 million in FY 2014 and $130 million in FY 2015 for GSRP. This additional funding is critical to increasing the number of low-income children who are ready for school, are proficient in reading at the end of third grade, and graduate on time from high school.

There is considerable overlap in the eligibility criteria for GSRP and the Head Start program, and many children are eligible for both programs. Coordination must be improved, including the development of a single application form and promotion of blended funding to create full-day preschool opportunities for at-risk children. For example, if the additional GSRP funding is approved by the legislature, OGS intends to use up to half of it on four-year-olds in Head Start, giving a full-day of preschool to children living in households below the federal poverty line. If this blending occurs, classrooms will have to meet the higher GSRP standards (teacher qualifications and student-to-teacher classroom ratios), leading to more children who are ready to succeed at school entry.

In order to provide access to many of the supportive services available to children and families, certain risk factors must be identified. While many survey respondents noted that more providers, including family physicians, are conducting screenings and making referrals as appropriate, many more said they fear that children are falling through the cracks because problems are not identified at a time when intervention will be most beneficial. To ensure that children and families benefit from the services that will help them thrive, increased attention must be given to screening and early intervention. Progress on this effort is already under way; for example, DCH is currently providing training to pediatricians and family practice physicians who see children to support them in the use of objective developmental screening tools. This project currently is funded by private philanthropy and Medicaid. While more must be done, it is a step toward improving access to early screening and intervention.

Several interviewees focused on the need to increase funding for Early On, the state's early intervention program. One explained,

> It's our first opportunity to address developmental delays well so that kids start kindergarten ready. It's underfunded. A prevalence study showed that 7-8 percent of infants and toddlers have issues and we're serving only 2 percent.

Early On provides a range of services including public awareness campaigns ("Don't worry, but don't wait"), initial evaluations, and intervention services.

Mental health promotion, prevention, and intervention services should be more widely available to young children and their families, according to survey respondents. Some respondents explained that mental health services are limited and not enough attention is given to the mental health needs of young children and their parents. As expansion is considered, mental health efforts must be integrated and include consultations in primary care, early care and education, home visiting, and child welfare programming.

The child care subsidy has traditionally been seen as an effort to help parents reengage in the workforce. The goal of the program, however, should change to focus on early learning. To meet this goal, the policies behind the child care subsidy must change. Michigan currently has one of the lowest reimbursement rates in the nation. This means that qualifying families cannot afford to access high-quality care for their children. The reimbursement rate must be increased to be high enough to access high-quality child care. Stakeholders mentioned again and again (through the interview process, focus groups, and surveys) that the child care subsidy is not working for Michigan's children. One interviewee explained, "[The] child care subsidy isn't designed to get high-need kids into high-quality care and early learning." Another agreed, "We need to have higher standards with our child care providers—regardless of where [children] receive services." In addition to increasing the provider reimbursement rate, OGS must also review the eligibility criteria.

Home visiting is an early intervention that has much support from stakeholders. PA 291 of 2012 specifies the types of home visiting programs that can be supported with public funding from MDE, DCH, and DHS, requiring fidelity to evidence-based models or promising practices that have a solid evaluation component. While these types of programs tend to reach a limited number of families, they are designed to promote positive parenting practices, enhance social-emotional development, support cognitive development of children, and increase school readiness, among other things. These are all aims that are supported by a wide range of stakeholders.

Medical homes also received support from stakeholders. As one interviewee said, "If we're going to ensure kids are born healthy, we need a medical home for every pregnant woman, and then having a medical home as the child grows

is critical." Medical homes provide patients with all of the care they need to be and stay healthy. This comprehensive approach to health care allows care to be coordinated and has been shown to reduce costs and improve health outcomes for children and families. Stakeholders specifically mentioned CHAP (Children's Healthcare Access Program) and MiPCT (Michigan's Primary Care Transformations) as evidence-based models to follow.

Pathways to Potential was unveiled by DHS in summer 2012 and is an effort to place DHS case workers, called "success coaches" in this program, as close to children and families as possible. Success coaches work in Family Resource Centers located in the school. These hubs bring together resources ranging from job placement to child care and food assistance. While the effort is in its infancy, initial results are positive. Efforts should be made not only to expand the program to more communities, but also to link additional early childhood services (such as early screenings and early learning and care programs) to the Family Resource Centers. While survey respondents did not mention this program by name, many said that mental health workers, including social workers, should be available in schools to assist teachers and students with mental health and behavioral challenges.

Another important barrier to accessing services that was identified through the surveys is lack of options for transportation. Many parents and other stakeholders noted that lack of busing options for preschool presents a challenge to getting children to the program. They also said, generally, that limited public transportation options can make it difficult to access any programs—preschool or otherwise. Service providers should be required to demonstrate the efforts they are making to address transportation barriers or provide transportation to services. OGS must also work closely with experts from the Department of Transportation to identify possible statewide and local solutions to this problem.

Conclusion

The Office of Great Start is grateful to all of those who contributed to the development of this plan. Through a collaborative process, stakeholders with a range of experiences and expertise were able to concentrate on how Michigan can more effectively serve its young children.

The inventory of the current system, comprehensive dashboard to track improvement, and thoughtful reflection about the necessary changes required to build a system of support form the foundation for the hard work that is still to come. The real success of this plan will be measured in its ability to have a meaningful impact on the lives of young Michiganders. Implementing this plan will require partners from all corners of the state to come together and invest in the strategies that nearly 1,400 stakeholders envisioned during the drafting of this report. Everyone—parents, community members, policymakers, advocates, service providers, staff at DCH, DHS, and ECIC, and elected officials—has an essential role in building this system.

How can you help? Be a child's first teacher. Put children and families first. Speak up and listen. Serve the children with the greatest needs first. Invest early. Focus on quality. Identify and implement efficient programs. Look for opportunities to coordinate and collaborate.

Only by working together, through coordinated and intentional investment, can we ensure that every Michigan child is born healthy, developmentally on track from birth through third grade, ready to succeed in school when they arrive, and reading proficiently by third grade.

Great Start, Great Investment, Great Future

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