Appendices

I Early Childhood Program Inventory (available in a separate document)

II Fiscal Map

III Key Informant Interviews Summary

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V Stakeholder Survey Summary

VI Michigan's Early Childhood Dashboard

VII The Difficult Questions of PA 200 of 2012

Appendix II

Fiscal Map: Investment Detail by Program, Type, Age Range, and Source for FY 2012[1]

The Fiscal Map contains financial data for all programs included in the Early Childhood Program Inventory (Appendix I). Where possible, exact information is provided. If exact figures were not available, investments were estimated. See the methodology in Appendix I for a discussion of how each number was derived.

Community Health Programs - Program Name	Lead agency	Investment ages 0-4	Investment ages 5-8	Total investment Ages 0-8	Total federal investment	Total state investment
Childhood Lead Poisoning Prevention Program	DCH	$975,850	$0	$975,850	$860,950	$114,900
Children with Serious Emotional Disturbance Home & Community Based Service Waiver	DCH	$130,579	$540,969	$671,548	$441,811	$229,737
Children's Special Health Care Services (CSHCS)	DCH	$9,748,197	$5,084,814	$14,833,011	$8,490,018	$6,342,993
Children's Waiver Program	DCH	$48,870	$390,964	$439,834	$289,367	$150,467
Dental Services: Healthy Kids Dental	DCH	$18,553,406	$13,668,502	$32,221,908	$22,954,887	$9,267,021
Dental Services: SEAL! Michigan Program	DCH	$0	$701,418	$701,418[2]	$464,862	$92,244
Early Childhood Comprehensive System Grant	DCH	242,842	0	$242,842[3]	200,171	0
Early Hearing Detection and Intervention (EHDI)	DCH	$878,836	$0	$878,836	$511,682	$367,154
Family Center for Children and Youth with Special Health Care Needs	DCH	$95,052	$81,697	$176,749	$46,362	$130,387
Family Planning: Plan First!	DCH	$8,333,297	$0	$8,333,297	$7,398,932	$934,365
Family Planning: Title X	DCH	$8,385,109	$0	$8,385,109	$8,105,309	$279,800
Family Support Subsidy (FSS) Program	DCH	$4,640,997	$3,988,973	$8,629,970	$8,629,970	$0
Fetal Alcohol Spectrum Disorder (FASD)	DCH	$79,110	$79,788	$158,898	$158,898	$0
Fetal-Infant Mortality Review (FIMR)	DCH	$213,149	$0	$213,149	$213,149	$0
Hearing Screening	DCH	$619,104	$1,271,836	$1,890,940	$0	$1,890,940
Home-Based Services Intervention	DCH	$3,851,157	$5,559,447	$9,410,604	$6,191,236	$3,219,368
Home Visiting Initiative - MIECHV	DCH	$2,266,750	$0	$2,266,750	$2,266,750	$0
Immunization Program	DCH	$10,256,704	$4,482,062	$14,738,766	$10,570,384	$4,168,382
Infant Death Prevention and Bereavement	DCH	$172,046	$0	$172,046	$172,046	$0
Local Maternal & Child Health (LMCH) Medicaid Outreach	DCH	$1,478,860	$1,072,170	$2,551,030	$2,551,030	$0
Maternal & Child Health (MCH) Medicaid Outreach	DCH	$2,738,395	$1,976,116	$4,714,511[4]	$2,357,255	$0
Maternal Infant Health Program (MIHP)	DCH	$9,409,911	$0	$9,409,911	$7,057,433	$2,352,478
Medicaid Health Care	DCH	$1,203,543,687	$369,356,928	$1,572,900,615	$1,184,913,104	$387,987,511
Michigan Maternal Mortality Surveillance Program	DCH	$25,635	$0	$25,635	$25,635	$0
MIChild	DCH	$9,398,513	$10,193,809	$19,592,322	$14,899,961	$4,692,361
MI Healthy Baby	DCH	$664,593	0	$664,593	$664,593	0
Newborn Screening Program	DCH	$10,621,067	$0	$10,621,067	$0	$10,621,067
Nurse-Family Partnership	DCH	$3,604,039	$0	$3,604,039	$2,104,039	$1,500,000
Obesity Prevention in Early Learning and Development Programs Utilizing NAP SACC	DCH	$30,000	$0	$30,000	$0	$30,000
Michigan Maternal Mortality Surveillance Program	DCH	$25,635	$0	$25,635	$25,635	$0
Parent Leadership	DCH	$34,562	$29,706	$64,268[5]	$60,390	$0
Pediatric AIDS Prevention and Support	DCH	$976,471	$252,536	$1,229,007	$1,229,007	$0
Pregnancy Risk Assessment Monitoring System (PRAMS)	DCH	$201,935	$0	$201,935	$201,935	$0
Prenatal Smoking Cessation (PSC)	DCH	$10,482	$0	$10,482	$2,621	$7,861

Community Health Programs - Program Name	Lead agency	Investment ages 0-4	Investment ages 5-8	Total investment Ages 0-8	Total federal investment	Total state investment
Prevention Direct Services: Child Care Expulsion Prevention (CCEP) Program	DCH	$55,331	$0	$55,331	$36,402	$18,929
Prevention Direct Services: Infant Mental Health	DCH	$497,977	$0	$497,977	$327,619	$170,358
Prevention Direct Services: Other Models	DCH	$0	$392,594	$392,594	$258,288	$134,306
Project LAUNCH	DCH	$525,202	$451,415	$976,617	$976,617	$0
Safe Delivery	DCH	$69,703	$0	$69,703	$69,703	$0
Safe Sleep	DCH	$115,764	$0	$115,764	$115,764	$0
School-Based Services	DCH	$28,616,208	$50,908,021	$79,524,229	$79,524,229	$0
Shaping Positive Lifestyles and Attitudes through School Health (SPLASH)	DCH	$0	$515,003	$515,003	$515,003	$0
Substance Abuse Treatment: Designated Women's Programs	DCH	$1,334,819	$1,147,287	$2,482,106	$2,482,106	$0
Vision Screening	DCH	$414,953	$862,957	$1,277,910	$0	$1,277,910
WIC Project FRESH	DCH	$401,320	$0	$401,320[6]	$327,826	$0
Women, Infants, & Children (WIC)	DCH	$132,455,018	$0	$132,455,018	$132,455,018	$0
TOTAL Community Health Investment		**$1,476,715,500**	**$473,009,012**	**$1,949,724,512**	**$1,511,122,362**	**$435,980,539**

Human Services Programs - Program Name	Lead agency	Investment ages 0-4	Investment ages 5-8	Total investment Ages 0-8	Total federal investment	Total state investment
Adoption Services Program	DHS	$15,449,945	$8,970,072	$24,420,017	$8,243,172	$16,176,845
Adoption Subsidy	DHS	$24,795,640	$53,272,765	$78,068,405	$48,652,203	$29,416,202
Child Care Licensing	DHS	$9,156,298	$9,084,501	$18,240,799	$14,850,279	$3,390,520
Child Protective Services	DHS	$41,959,316	$29,399,252	$71,358,568	$47,260,943	$24,097,625
Children's Trust Fund Direct Service Grants	DHS	$198,262	$136,104	$334,366	$0	$334,366
Children's Trust Fund Local Councils	DHS	$257,257	$176,605	$433,862	$433,862	$0
Child Support Administration	DHS	$60,061,465	$51,623,308	$111,684,773[7]	$95,794,556	$15,739,518
Families First of Michigan (FFM)	DHS	$5,937,936	$4,160,479	$10,098,415	$10,098,415	$0
Family Independence Program (FIP)	DHS	$126,998,909	$78,702,168	$205,701,077	$76,317,796	$129,383,281
Family Reunification Program (FRP)	DHS	$1,315,590	$921,782	$2,237,372	$1,742,935	$494,437
Food Assistance Program (FAP)	DHS	$366,841,272	$281,065,954	$647,907,226	$646,626,947	$1,280,279
Foster Care	DHS	$117,138,406	$65,385,991	$182,524,397[8]	$100,809,877	$73,391,823
Guardianship Assistance Program (GAP)	DHS	$783,735	$437,476	$1,221,211	$585,731	$635,480
Refugee Assistance Program (RAP)	DHS	$1,822,189	$1,831,892	$3,654,081	$3,654,081	$0
Strong Families/Safe Children	DHS	$4,985,786	$3,493,345	$8,479,131	$8,479,131	$0
TOTAL Human Services Investment		**$777,702,006**	**$588,661,694**	**$1,366,363,700**	**$1,063,549,928**	**$294,340,376**

[1] When FY 2012 data were not available, the most recently available data were used. See the Appendix I for more detail.
[2] Total investment also includes $144,312 of private dollars.
[3] Total investment also includes $42,671 of private dollars.
[4] Total investment also includes $2,357,256 of local dollars.
[5] Total investment also includes $3,878 of private dollars.
[6] Total investment also includes $73,494 of private dollars.

Early Childhood Investment Corporation (ECIC) Programs	Lead agency	Investment ages 0-4	Investment ages 5-8	Total investment Ages 0-8	Total federal investment	Total state investment
Great Start Early Learning Advisory Council	ECIC	$987,923	$0	$987,923	$987,923	$0
TOTAL ECIC Investment		$987,923	$0	$987,923	$987,923	$0

Educational Programs - Program Name	Lead agency	Investment ages 0-4	Investment ages 5-8	Total investment Ages 0-8	Total federal investment	Total state investment
21st Century Community Learning Centers (21st CCLC)	MDE	$0	$12,084,695	$12,084,695	$12,084,695	$0
Afterschool Snack Program	MDE	$39,901	$555,652	$595,553	$595,553	$0
Child and Adult Care Food Program (CACFP)	MDE	$38,064,774	$20,618,419	$58,683,193	$58,683,193	$0
Child Development and Care (CDC) Program	MDE	$97,484,330	$38,993,462	$136,477,792	$102,358,344	$34,119,448
Commodity Supplemental Food Program (CSFP)	MDE	$1,101,888	$499,174	$1,601,062	$1,601,062	$0
Early Childhood Block Grant: Great Parents, Great Start	MDE	$5,000,000	$0	$5,000,000	$0	$5,000,000
Early Childhood Block Grant: Great Start Collaboratives (GSCs) and Parent Coalitions (GSPCs)	MDE	$5,900,000	$0	$5,900,000	$0	$5,900,000
Early Head Start	N/A[9]	42,455,432	$0	$42,455,432	42,455,432	0
Early On®	MDE	$11,852,205	$0	$11,852,205	$11,852,205	$0
Great Start to Quality	MDE	$12,723,000	$0	$12,723,000	$0	$12,723,000
Great Start Readiness Program (GSRP)	MDE	$104,275,000	$0	$104,275,000	$0	$104,275,000
Head Start	N/A[10]	$224,199,264	$0	$224,199,264	$224,199,264	$0
Head Start State Collaboration Office (HSSCO)	MDE	$281,250	$0	$281,250	$225,000	$56,250
K–12 Public School System	MDE	$0	$3,359,673,543	$3,359,673,543	$0	$3,359,673,543
Migrant Education Program	MDE	$2,482,306	$2,312,030	$4,794,336	$4,794,336	$0
National School Lunch Program (NSLP)	MDE	$6,421,894	$89,429,861	$95,851,755	$88,823,504	$7,028,251
School Breakfast Program (SBP)	MDE	$1,951,926	$27,182,085	$29,134,011	$28,003,287	$1,130,724
Section 31a—At-Risk	MDE	$2,766,931	$63,047,845	$65,814,776	$0	$65,814,776
Special Education	MDE	$78,605,821	$169,287,967	$247,893,788	$67,183,741	$180,710,047
Summer Food Service Program (SFSP)	MDE	$164,508	$2,290,901	$2,455,409	$2,455,409	$0
The Emergency Food Assistance Program (TEFAP)	MDE	$2,505,532	$1,926,541	$4,432,073	$4,432,073	$0
Title I, Part A—Improving Basic Programs	MDE	$7,077,403	$161,672,184	$168,749,587	$168,749,587	$0
Title II—Improving Teacher and Principal Quality	MDE	$0	$28,562,539	$28,562,539	$28,562,539	$0
Title III—Language Instruction for Limited English Proficient Students	MDE	$56,994	$3,753,811	$3,810,805	$3,810,805	$0
TOTAL Education Investment		**$645,410,359**	**$3,981,890,709**	**$4,627,301,068**	**$850,870,029**	**$3,776,431,039**

[7] Total investment also includes $150,699 of local dollars.
[8] Total investment also includes $8,322,697 of both local and private dollars.
[9] Early Head Start is not administered by MDE, rather local programs are funded and supported by the US Department of Health and Human Services.
[10] Head Start is not administered by MDE, rather local programs are funded and supported by the US Department of Health and Human Services.

Tax Credits	Lead agency	Investment ages 0-4	Investment ages 5-8	Total investment Ages 0-8	Total federal investment	Total state investment
Child Dependent Care Credit	Treasury	$45,980,311	$22,990,156	$68,970,467	$68,970,467	$0
Child Tax Credit	Treasury	$291,734,944	$229,284,775	$521,019,719	$521,019,719	$0
Earned Income Tax Credit - Federal	Treasury	$481,968,759	$349,426,179	$831,394,938	$831,394,938	$0
Earned Income Tax Credit - Michigan	Treasury	$27,854,809	$20,194,670	$48,049,479	$0	$48,049,479
TOTAL Tax Credit Investment		$847,538,823	$621,895,780	$1,469,434,603	$1,421,385,124	$48,049,479
Child Dependent Care Credit	**Treasury**	**$45,980,311**	**$22,990,156**	**$68,970,467**	**$68,970,467**	**$0**

Key Informant Interviews Summary

Appendix III

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Executive Summary

Introduction

The Michigan Department of Education's Office of Great Start (OGS) has been charged with developing a comprehensive plan for the well-being of children from prenatal through age 8. To support the OGS in the development of the plan, Public Sector Consultants Inc. (PSC) conducted interviews with 48 key stakeholders in early childhood at the state and local levels. The people PSC interviewed represented state government (the executive branch and the legislature), Intermediate School Districts (ISDs) and local school districts, programs that serve young children and their families, early childhood advocates, and philanthropy. A categorized list of people interviewed is included in Appendix A.

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 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 (see Appendix B). Interviewees were asked, broadly, to consider what will make the greatest progress toward achieving the early childhood outcomes established by the Office of Great Start:

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

This summary highlights key themes that emerged during the interviews. The comments and ideas offered by interviewees will be given careful consideration by the Office of Great Start as it develops recommendations on how to best support the interests of young children and their families.

The ideas highlighted here in the Executive Summary and detailed in the full report are presented in order of the number of times they were mentioned by interviewees from greatest to fewest.

What Michigan Families and Young Children Need Most

Interviewees said there are many "basic" needs that must be met to ensure that children can be healthy and successful in school. They offered a broad picture of what children and families need, including:

- Safe, stable, loving environments
- Primary health care services
- High-quality early childhood education and care
- Coordinated and easily accessible programs and services

- Communities and parents that are empowered to identify and participate in the development of community-specific solutions

What Is Working to Ensure Children Are Successful?

When asked to consider what is working well to make sure the early childhood outcomes can be achieved for young children, interviewees described system features and state-level activities as well as specific program and local interventions that support children and families.

System and state-level initiatives and activities identified by interviewees as working well include:

- The Office of Great Start and overall greater awareness of the importance of early childhood
- Great Start Collaboratives
- Great Start to Quality
- Access to health care coverage and services

Local programs and services identified by interviewees as working well include:

- The Great Start Readiness Program (GSRP)
- Head Start
- Home visiting, including the Nurse-Family Partnership
- Early On®
- The Children's Healthcare Access Program (CHAP) in Kent and Wayne Counties
- Women, Infants, and Children (WIC)

What Is Not Working?

Interviewees identified numerous areas for improvement in the existing early childhood system. Interviewees repeatedly mentioned:

- Silos and lack of coordination among departments, agencies, and programs at state and local levels
- Challenges related to the availability and allocation of financial resources for early childhood programs and services, including limited funding for children from birth to age 3 and GSRP, low Medicaid reimbursement rates, and generally inadequate and poorly allocated resources
- The state child care subsidy, which interviewees say is inadequate to promote the use of quality child care among low-income families
- Limited availability of high-quality early childhood education and care
- Lack of consideration of parent and child needs
- Lack of an effective data collection and evaluation system

Defining "High-Need" Children

Interviewees suggested a variety of risk factors that should be considered to identify "high-need" children. These include:

- Income
- Family and home environment
- Developmental ability
- Race/ethnicity

Most said that a variety of factors should be considered, and a determination of need should not be based on one factor alone.

Targeted Versus Universal Service Delivery

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 respondents indicated that the state should focus its resources on those who are at greatest risk of not achieving the early childhood outcomes, with only a few suggesting the alternative. Several respondents argued for an approach that combines targeted services for a smaller number of children with some set of universal services for all children.

Addressing Disparities

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 pre-Kindergarten (from now on referred to as "pre-K") (potentially through the expansion of GSRP)

Where to Invest Resources

Interviewees were asked to consider the types of services and programs whose effectiveness is supported by evidence and recommend where the state should invest its resources to best meet the needs of children in Michigan. 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

How to Improve Collaboration

When 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. The key ideas, however, revolved around the need for a clearly articulated goal or vision, having a way to share data and other information, and engaging community members. 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.

Coordination: Why it Occurred and How to Replicate It

Interviewees were asked to identify what they consider to be the best examples of coordination of services at the state or local level. They offered several examples, and many were identified by multiple people. These included the CHAP program in Kent County, coordination among GSRP and Head Start programs, and collaboration among early childhood programs in Holland. Interviewees were also asked to indicate why they believe the coordination occurred and how it might be replicated. Key factors in coordination and collaboration identified by interviewees include:

- Strong leadership
- A sense of common purpose (a shared vision or mission)
- Mechanisms to promote accountability
- Limited resources (which forces stakeholders to come together)
- Local flexibility

The Role of OGS

When asked 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. Specific suggestions include:

- Setting a statewide 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
- Advocating for early childhood at the state level

Measuring Success

The Office of Great Start has been charged with ensuring four outcomes for young children in Michigan. Interviewees were asked to recommend how to measure success toward these outcomes. While they offered a variety of recommendations for specific indicators and metrics to assess progress toward each of the four outcomes, more than half of the interviewees also provided suggestions for how and why 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
- Measuring both process and outcomes to provide solid information regarding successes and setbacks
- Identifying short- and long-term goals

Improving Accountability

Interviewees offered several suggestions for improving accountability among stakeholders who have a role in helping our youngest children reach the early childhood outcomes. The most commonly offered ideas were:

- Using evaluation and shared performance measures
- Incentivizing providers
- Creating a shared framework or vision for an early childhood system

Summary of Findings

The Michigan Department of Education's Office of Great Start (OGS) has been charged with developing a comprehensive plan for the well-being of children from prenatal through age 8. To support the OGS in the development of the plan, Public Sector Consultants, Inc. (PSC) conducted interviews with 48 key stakeholders in early childhood at the state and local levels. The people PSC interviewed represented state government (the executive branch and the legislature), Intermediate School Districts (ISDs) and local school districts, programs that serve young children and their families, early childhood advocates, and philanthropy. A categorized list of people interviewed is included in Appendix A.

The interview questions were designed to identify what people 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 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 (see Appendix B). Interviewees were asked, broadly, to consider what will make the greatest progress toward achieving the early childhood outcomes established by the Office of Great Start:

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

This summary highlights key themes that emerged during the interviews. The comments and ideas offered by interviewees will be given careful consideration by the Office of Great Start as it develops recommendations on how to best support the interests of young children and their families.

What Michigan Families and Young Children Need Most

Interviewees said there are many "basic" needs that must be met to ensure that children can be healthy and successful in school. They noted the importance of housing, nutrition, health care, and education. Many said all of these are essential to early childhood development. Interviewees offered a broad picture of what children and families need.

Safe, Stable, Loving Environments

Many interviewees said that what children need most is the comfort and predictability of a safe, loving family environment. This was stated over and over again by a variety of people who emphasized safety (freedom from violence), stability, and love and care from adults. These interviewees are advocating for a strong foundation for kids that starts in their homes and neighborhoods.

As one said, "If everyone had those things, that would be all we needed," acknowledging an underlying issue that a few people stated directly: Children are products of their environment and, thus, parents need support to enable them to help their children be healthy and successful. Another asserted, "It is not the role of the state to replace parents. We need to affect kids through their parents." Another said, "First of all, [children] need the foundation of a safe and secure home and a caring adult that can take care of their emotional and physical needs. If not, no matter what we are doing, we will not succeed."

Parent Education

Several interviewees noted that parents need to understand the importance of early childhood and their own role in educating their children in the early years. One interviewee noted that parents need to be connected with real strategies for parenting, not just access to information:

> We have to be better about the parent capacity piece…[by offering] programs that work directly with parents to help them be their child's best teacher. Sometimes that means not just how to parent, but how to deal with stressful situations. …We do a lot of information pushing, but we don't work on executive functioning skills to be able to manage the day-to-day care of a child.

Interviewees offered a handful of suggestions for when and how to reach parents. A few interviewees suggested reaching people before they become parents—in high school—to help young adults learn about the responsibility of raising children. Several recommended reaching out to new parents, at the hospital and at home. Some of these interviewees identified home visiting programs, including the Nurse Family Partnership, as a good way to help parents develop important skills for raising healthy and successful children. One suggested offering, or even requiring, a "baby boot camp" class for new parents, and emphasized the need to include fathers. Another suggested that schools could be open in the evenings for classes on parenting and other topics such as financial management.

Primary Health Care Services

Many interviewees spoke of the importance of access to primary health care services, beginning in the prenatal period. Several noted that it is very important for mothers to have access to early and adequate prenatal care to ensure that children are born healthy. As one said, "If moms' health care needs are not being met, then the kids' health care needs will not be met."

After children are born, others said, it is essential that they have access to routine preventive health care services. As one explained, "From the moment they're born, they need a safety net of health care. It's a huge issue in getting kids prepared for school. There are too many kids without access to preventive health care services."

Some of the interviewees stressed the importance of children having "medical homes" that help coordinate all health care services for a specific patient. But a few interviewees noted that a growing number of children are covered by Medicaid, and more than half of all births in the state are covered by Medicaid. This can limit access to health care for these children. One noted that "Michigan does a great job of getting kids covered by Medicaid, but a lot of doctors don't take Medicaid," and added, "[Some] families don't have transportation, and some doctors' offices don't have hours when families can make appointments or they don't offer same day appointments."

High-Quality Early Childhood Education and Care

Children also need access to high-quality early childhood education and care to bolster their chances for success in school, according to many interviewees. These interviewees called for high-quality and evidence-based programming in child care settings as well as preschools. They said that children need an environment that fosters language development and supports their emotional and physical development. Some emphasized the need for highly trained teachers and providers, specifically ones who can offer developmentally and culturally appropriate care.

A few interviewees indicated that the state should give serious consideration to the investments it makes in early education and care experiences. Some suggested that Michigan re-evaluate policies that allow child care subsidies to go to unregulated child care providers, and one remarked that moving the child care subsidy under the auspices of OGS will ensure that publicly funded child care in Michigan becomes "part of early learning, not just a welfare program." Another insisted, "For child care, we need an infusion of support. It's not babysitting, it's not nothing—it's serious preparation for our next generation."

Coordinated and Accessible Services

Interviewees said that services in the community should be easily accessible and coordinated. A few pointed to transportation challenges faced by some families, and others noted that because a true early childhood *system* does not exist, it can be difficult for families to figure out where to go. One remarked, "We say it's a system, but it's not. Parents aren't sure where to go for help or to appeal. There's not a principal or school board to help parents navigate." One interviewee asserted that the "biggest need is for resource coordination—the ability for a family to get into a system that coordinates resources."

Others said a *comprehensive, coordinated* system is what is needed to support families and children. One called it a "stable, coordinated service delivery system that comprehensively addresses health and educational needs." Another asserted that children and families need "a community of people that support the parents of young children beginning at the time that pregnancy occurs until their children are eight years old. There needs to be a focus on a *system* that provides that support."

A few interviewees suggested that the integration and coordination of services should be paramount in the design of early childhood programming. One recommended making it a condition of receiving public funds:

> Families need an integrated, comprehensive, coordinated system that is clear to everyone and has everyone on the same page….Programs must share information—local ISDs, DHS [Michigan Department of Human Services], CMH [Community Mental Health]. It must be part of their mission to connect to other services. Anyone who gets public money must do this.

Locally Developed Programs and Services

A few interviewees emphasized the importance of directly engaging community members to identify what they need. They also said the state should engage communities in identifying and implementing solutions to challenges. As one stated:

> What they need most [can differ] community by community. What would be most important would be to ask them….Parents don't always know what is in their own backyard. There is a

> paradigm out there that if parents want these things, they have to come to us [service providers]. That needs to be flipped on its head. Those agencies need to be reaching out to parents….Intervention is good to the extent that you develop public will for it.

What Is Working to Ensure Children Are Successful?

There is much that is positive within the world of early childhood, according to interview participants. When asked to consider what is working well to make sure the early childhood outcomes can be achieved for young children, interviewees described system and/or state-level activities as well as specific program and local interventions that support children and families.

Systemic and State-Level Activities

OGS and Greater Awareness of Importance of Early Childhood

Several interviewees indicated their belief that the creation of the Office of Great Start is a move in the right direction for early childhood. As one put it, "OGS offers a chance to better coordinate services, better evaluate services, and effectively advocate for expanding services." Many appreciate the governor's leadership in the creation of the office. As one said, "Governor Snyder has prioritized health and success in school."

Combining programs that serve children from multiple departments within state government, interviewees believe, will spur stronger collaboration. One interviewee said, "I think the biggest thing that is helpful is the creation of the Office of Great Start. When you consolidate oversight into one place, you cut down on bureaucracy. That is huge. It's a big, big step." A few of these interviewees said they are especially appreciative of the establishment of four outcomes that span early childhood needs, including two health-related outcomes and two education and development-focused outcomes.

Many interviewees described a greater recognition of the importance of early childhood among a broader audience. This is evidenced, in part, by the creation of the Office of Great Start, but acknowledgement of the importance of the early years of a child's life can be found in widening circles, they say. One noted that the "constituency of people who are interested in early childhood is expanding, including business and philanthropy." Others noted bipartisan support for early childhood among legislators, too. A few also pointed to greater parent engagement in early childhood initiatives, including Great Start Collaboratives.

Great Start Collaboratives

Several interviewees spoke positively of Great Start Collaboratives (GSCs) as a strategy for community collaboration. A few interviewees especially appreciate how the collaboratives provide an opportunity for local input and planning. As one stated, "There's still work to be done, but it's an effective mechanism for local community planning and assessing local needs to develop an early childhood plan." Another said "Great Start Collaboratives are a good move in the right direction. We really need to make sure that everything is well-coordinated at the local level."

Others said that GSCs present an avenue for building a system of early childhood care and services in the state. One suggested that the collaboratives offer a good opportunity for "statewide management of early childhood programs." And another said that "locating [GSCs] in the ISDs [intermediate school districts] seems like a good idea to position them to support consolidated programs for pre-K and parent education," adding, "It could be the kind of

oversight system that would support consolidated programs and promote collaboration across Head Start, GSRP, and other early childhood programs." Yet another said GSCs "help create a systems approach in Michigan…and have also introduced some accountability and allowed us to measure apples to apples across the state."

Great Start to Quality

Several interviewees described what they believe are important efforts to improve the quality of child care through Great Start to Quality, an initiative to develop a quality rating system for early learning programs and child care settings. They said quality improvement initiatives will reach all children, given that so many receive child care outside of their homes. As one said, "Great Start to Quality not only provides information families need to make good choices, but it also gives providers benchmarks for what quality should look like." A few noted that more should be done to communicate information about the quality rating program to both parents and providers.

Improving Access to Health Care Coverage/Services

Several interviewees said they believe that access to health care coverage for young children in the state is working well or trending in the right direction. They acknowledged that finding public coverage can be challenging, but said that implementation of federal health care reform should make it easier to access coverage. A few interviewees noted that the state is especially adept at providing prenatal care. One interviewee described work under way in Grand Rapids and Detroit to "establish a comprehensive medical home approach for kids" as an impressive model.

Programmatic Activities

In addition to activities and initiatives at the state level that are supporting early childhood, interviewees described multiple programs and services that are working well to ensure that children are healthy and successful. Those mentioned most frequently are the Great Start Readiness Program (GSRP), Head Start, and home visiting programs.

GSRP

A large number of interviewees commented on the high-quality preschool experience that is available through GSRP. One noted that "moving some of the work around the state preschool program [GSRP] to the ISDs has improved quality and consistency in delivery of programs and supports for the classroom level." Another added, "The curriculum is spot on, the instruction is getting better every year, and the administration of programs has been really efficient." A few interviewees lamented that GSRP is not more widely available because the evidence shows such positive outcomes for children served by the program. As one stated, "For the limited population it serves, the GSRP is working very well." Another noted, "GSRP works really well for the kids we're serving, which are 350 some [in our area], but we could double that easily [with additional funding]."

Head Start

Several interviewees mentioned the positive outcomes associated with the Head Start and Early Head Start programs. One said that "Head Start is a comprehensive program, whereas GSRP is not." The person also noted improved coordination between the two programs over the past few years, saying that "the competition issue was finally resolved." Interviewees who spoke of Head Start also said its ability to reach children at a young age with high-quality programming is a critical asset for those children. As one stated, "Head Start is doing a stellar job to prepare kids

for school and increasing the outcomes for third grade reading. When you expose kids early and often to educational experiences, you see a definite benefit to them starting to learn as soon as possible." Another interviewee emphasized the success of Head Start in helping improve literacy rates among the children it serves: "We have three years of research that says Head Start early literacy programming is effective."

Home Visiting

Several interviewees spoke highly of home visiting programs generally, and the Nurse-Family Partnership specifically. One said the "Nurse Family Partnership is excellent." Another said they are pleased that the "Nurse Family Partnership has been given greater support."

One interviewee, who is supportive of home visiting, bemoaned the fact that it is not more widely available, and suggested that the state explore additional models: "There is more than one model that works well. The Nurse Family Partnership works well, but it is the most expensive. There are a number of evidence-based models with strong outcomes." Another interviewee described the state's efforts to strengthen home visiting programs generally as a positive move for young children and their families.

> More emphasis and money has been poured into home visiting, which is helping strengthen the primary relationship and having an effect on children's school readiness. The state is currently creating core competencies and knowledge base for home visitors and that will lead to greater consistency and outcomes.

Other Programs

A handful of other programs, including Early On and WIC, received acknowledgement and kudos from interviewees.

Early On: Early On, which offers developmental screenings and provides services for children age 3 and younger with an identified developmental delay, was lauded by a few interviewees for its success in helping get children on track before they reach kindergarten.

CHAP: The CHAP (Children's Healthcare Access Program) that has been established in Grand Rapids and is now under development in Wayne County was identified as a positive program for children and families that helps families connect with the services that they need, including a medical home.

WIC: One interviewee noted that the WIC program, which is designed to promote good nutrition for mothers and young children, "works really well as an outreach avenue to get to really young families [and provides] an opportunity to be able to say, 'Here are the resources that are available to you.'"

What Is Not Working?

When asked what is not working well, interviewees identified numerous areas for improvement in the existing early childhood system. The most commonly identified issue is the abundance of "silos" and lack of coordination among departments, agencies, and programs. Other issues identified by interviewees included limited resources, poor allocation of resources, too few high-quality child care and early education options, poor policy decisions and limited involvement of community

members in the design of policies and programs, and lack of an effective data collection and evaluation system.

Silos and Lack of Coordination

More than half of the interviewees lamented what they view as a lack of coordination among early childhood programs and services and identified a number of contributing factors, including separate lines of service, separate funding streams, lack of a shared vision, and competition among stakeholders.

Separate Lines of Service

Several interviewees asserted that the underlying problem is a "silo" mentality that is reinforced by "compartmentalization of services." A few noted that this both stems from and contributes to limited consideration for the needs of families that come into contact with the various programs. As one person described the issue, "We have a service mentality, not a client mentality." A few interviewees emphasized the need for a family and child-centered approach to designing an early childhood system and said there appears to be little initiative on the part of stakeholders to move in that direction.

> We haven't figured out how to build a system for early childhood. Both local and state *systems* are siloed; both local and state *workers* are siloed. Whether we are talking about four state departments or 25 nonprofits at the local level, they are not talking and working together to say "How do we provide better service for families and kids rather than working individually?"

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> A huge improvement for all populations—both low-income and higher-income families—would be systems built around the child. Right now, fracture [in services] results in systems not communicating as a child transitions from one system to another—and that includes all transitions that occur during the period from birth to adolescence….We are focused on our systems and what the system needs, rather than what the child needs.

Two interviewees said they are concerned that health care services and other non-education services will not be fully integrated into a system of services and supports for early childhood.

> The focus is largely on educational services, which are greatly needed, but the critical role of health services, and, particularly, the comprehensive health care system being formed is not understood. Without this, early childhood is going against the flow with a resulting silo system.

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> There is still too much focus on early education. More emphasis is needed on other life domains, such as basic needs, health, family support, and social and emotional development.

Separate Funding Streams

A few of the interviewees blamed lack of coordination on funding streams that prevent effective use of resources.

> Pre-K resources should follow the child and their needs. Right now, the funding stream forces a specific placement. Income levels really drive what's available to kids. We're not structured in a way that supports inclusion and alignment.

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> The siloed approach that we use for support services has a lot to do with how the funding comes. We make funds available through our own funnel, if you will, rather than better integrating services that would benefit children and families. Family planning is a good example. Many of these women [who we are currently serving] already have children, and there may be information that we should be providing within family planning services that would affect the rest of a woman's family. There's room to blend the information and resources that are provided across networks. It doesn't happen because of funding.

Competition among Key Stakeholders

A few interviewees said competition among stakeholders prevents coordination and promotes silos.

> What I hear is that the competition for "control" between ISDs, ECIC, and other interest groups is just counterproductive.

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> There is too much in-fighting. Some ISDs aren't on board. ECIC and OGS could be doing a lot more to move on the path if organizations [were in agreement about the direction]. Roles haven't been completely clear and collaboration hasn't been there.

One interviewee suggested that a divergence of opinions and strategies in the advocacy community contributes to the problem:

> [The advocacy community] is not on the same page. They go in and out of money; there are turf problems; and their mission is not clear. They have a lack of pragmatism—there is not a balance between pragmatism and idealism. If they can't help every kid the way they want to, then they end up not doing anything. They end up not being extraordinarily effective.

Lack of a Shared Vision

Lack of coordination and the persistence of silos is reinforced by the lack of a shared vision for an early childhood system, according to a few interviewees. As one person stated, "We can't seem to get a handle on or agreement in how we define quality early childhood programming, how we're going to measure it, and how we're going to hold programs accountable when we don't have it." Another person described the problem as:

> Limited understanding and agreement on the part of many key players about the conceptual framework and the schematic for an integrated early childhood system that encompasses health care, education, child welfare, and other community resources.

One interviewee noted that recent efforts to bring major state departments together are positive, but suggested that lack of a common vision could impede success.

> A strength is that the four [sic] departments [MDE, MDCH, MDHS] and ECIC 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 is an uneven level of management for that team….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.

Resource Challenges

Interviewees identified several challenges related to the availability and allocation of financial resources dedicated to early childhood. Some were generally frustrated by the limited investment that is made in early childhood services. Others noted specific services and populations that they believe do not receive enough financial support. Some said that resources should be shifted and better aligned based on evidence and identified need.

Inadequate Resources

Some interviewees said that the resources that are dedicated to early childhood are simply insufficient to make significant headway in achieving the early childhood outcomes. As one said, "There are not enough resources to pay for everything we need to do." Another pointed out that "Even with all this interest, there's still no money being put into the system by the state legislature."

A few noted that limited resources can make it difficult to reach populations that need services most. As one stated, "With limited resources, I am concerned that we are not getting into all the areas that we need to."

Lack of Funding for Birth to Age 3

Several interviewees indicated that services for children from birth to age 3 receive inadequate funding. Some were troubled by an apparent lack of political or community will to invest in this age group.

> If you look at the DHS budget, they cut out all their 0–3 money. Where's the money that's supposed to help us in early childhood. It's nowhere.

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> We know that brain development is the most dramatic in the first 1,000 days [of life], but our public resources are the lowest for children. On a macro level we need to adjust how we're investing our resources.

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> We have systematically disinvested in children aged 0–3. The first 1,000 days of life are so important.

A few specifically identified the need to increase funding for Early On services, which are designed to reach children in this age group.

> We have very limited resources for kids 0–3. Our biggest investment at the state level (from the educational side) has been state preschool. The investment for younger children is a lot

> lower. We have some effective strategies for young children. Early On is one example. From a systems perspective, it's a good mechanism, but it's underfunded. It's all federal funding and there is no state support. That puts a lot of strain on the Early On system and has led to inconsistency in how services are provided at the local level. We shouldn't see that level of inconsistency.

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> Early On is the state's early intervention program. 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. Every other state uses Medicaid and state appropriations for Early On. We use only $13 million from the feds. Special education eligibility starts at birth, so the funding stream is there. OGS has a chance to remedy this.

Limited Funding for GSRP

Several interviewees identified inadequate resources for the state's public preschool program as a problem. They noted that current funding levels hinder quality and prevent the program from reaching as many children as are eligible.

> We have an evaluation that says that GSRP works when implemented as it's designed. But the program's not perfect because there isn't always enough support to be successful in every program or classroom. Fidelity is really important!

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> GSRP is struggling because the $3,400 [half-day per pupil grant] hasn't gone up in years. Some are thinking of cutting it because the subsidy is so high. Inflation eats away at a program that was underfunded to begin with. The legislature doesn't quite understand the importance of this. We need it to maintain quality.

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> The challenge is how to scale programs that work. GSRP has so many kids who are eligible but not enrolled.

Low Medicaid Reimbursement Rates

A handful of interviewees described low reimbursement rates for Medicaid providers as presenting a barrier to accessing care. As one person put it, "Medicaid reimbursement is low so the number of participating physicians is low and that degrades access." Another said, "40 to 50 percent of children [served in the early childhood system] are on Medicaid, but it doesn't cover the cost of providing preventive care. The resources aren't there to improve access and quality. There isn't an incentive for doctors to participate because they lose money."

Poor Allocation of Resources

A few interviewees said that poor allocation of existing resources is a problem. They suggested that resources could be better aligned to ensure that state and local agencies and programs are supported in working toward a common end. They also noted that resources are often allocated without attention to evidence or identified needs.

> Resources are not aligned to the documented need for identified target populations, and the use of true evidence-based programs implemented with fidelity is not well-established. We have to better align funding. Not necessarily new money, but how we can better align funding, both federal and state funding.

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> [The MDCH has] identified evidence-based practices like Bright Beginnings, Parents as Teachers, Healthy Families America, Early Head Start, and the Nurse-Family Partnership. They've identified the Maternal Infant Health Program as a *promising* practice. Because MIHP is in public health departments across the state, it's been funded by DCH over the years. Well there's a study done by someone at MSU that showed it didn't have good outcomes. As money comes from the feds to expand programming, they're going to keep funding this. What kind of thinking is this?

State Child Care Subsidy

The state's child care subsidy received quite a bit of attention as something that is not currently working well. Many interviewees said that subsidy will hinder efforts to improve the overall quality of early childhood education and care that is provided in the state. One person described the subsidy as "bad policy," saying that the "child care subsidy isn't designed to get high-need kids into high-quality care and early learning." Others had this to say of the subsidy.

> Child care subsidies are so low they are artificially suppressing quality in low-income communities. The [amount of the subsidy] does not allow the provider to earn a living wage. They can't afford to further their education. They certainly won't be able to provide a High Scope model.

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> Michigan has an inordinate number of family members that are receiving preschool support through child care subsidies. Just because someone is a relative doesn't mean they are qualified to teach young children. We need to have higher standards with our child care providers—regardless of where [children] receive services.

Some acknowledged and underscored the challenge facing OGS and the rest of the early childhood system with regard to the child care subsidy.

> Subsidizing unlicensed care is more of a public assistance concept than a quality concept.

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> When you start telling a grandmother that she's not eligible or capable of giving care to her grandkids, [the parent will] say I'm going to forget about the subsidy and go to my family rather than telling my mother that she's not capable. We've got to find a way to reach families where they are and build them up in a way that doesn't insult them—cultural humility.

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> Family support, home visiting—wherever the kid is, you can provide that kind of family support that's different than asking them to do didactic training.

Lack of High-Quality Early Care and Education

Regardless of the child care subsidy, several interviewees noted that high-quality child care and early education are not widely available.

> Infant-toddler care is just awful. We have really low quality childcare for children throughout the state. We have to figure that out.

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> We don't have enough culturally competent workers who can meet the needs of children and families. This can be cultural in terms of race or even socioeconomic status. If providers don't speak the same language—and I mean that broadly—as the people they serve, they can't be as effective.

A few interviewees blamed the low compensation that is often offered to child care providers and preschool teachers as a barrier to improving quality.

> It is hard to keep professionals in the field of early childhood; there is high staff turnover. I think it is financial. I don't like to make comparisons, but what we spend for K–12 per child is higher than what we spend for pre-K. It's an economic problem. When you don't have the resources, you can't pay staff a competitive wage.

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> Substandard pay for child care workers [is a problem]. They are paid less than parking attendants. Many have skills and training. This is important work, and people who do it often leave because pay is so low. We need to get to a living wage.

Lack of Consideration of Child and Parent Needs

Some interviewees contend that efforts to better serve children and families do not sufficiently take into account what parents or their children need or want. They suggest that some policies unfairly penalize parents while others presume they are incompetent.

> The new state law or policy around cutting off DHS benefits of families if their kids have more than 10 school absences is intended to get at dead beat parents, but we see it differently as a human services agency. There are so many factors that play into that. We don't need to penalize parents. We need to support them. We need policies that support children in being able to be okay.

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> We tend to focus so much on children by thinking about how to put them into quality childcare settings, which means taking them out of their homes, where parents are believed to be deficient.

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> The current system is focused on solving finite problems that fit into easy boxes. In other words, the state tries to force their models onto families regardless of their actual needs.

A handful of interviewees suggested that there has not been a full-hearted effort to reach out to communities to identify needs and to involve community members and parents in the design of programs that will meet their needs.

> The two major programs that oversee early childhood, ECIC and MDE, don't have enough grassroots advising them. I am not talking about the wealthy stakeholders. They need African Americans, Latinos, Native Americans reviewing those programs….They need to talk to parents, and I don't mean the parents who come to PTA meetings. Make sure that office is loaded with grassroots people; people that are involved in early childhood for the inner city. Grassroots need to be engaged in policy decisions. There needs to be ground-level community needs assessments.

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> The ECIC agenda is 20 years old; it's run by a small group of people, and it's the same agenda as national ideas. If you actually engage the community to find out what will work, often times that is wildly different from what the folks who have been doing this work for years will tell you what needs to happen. It's easy to ignore the end user in early childhood because they tend to be low-income, minorities, etc. who aren't necessarily going to take a stance one way or another.

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> The infant toddler period is such a personal and intimate time in a parent's life, for the mother in particular. You have to design [programs] with more than just those sitting in an office in Lansing. You have to talk with mothers who have an infant on their lap. We don't have the culture of how to make the system work in the home.

Lack of an Effective Data Collection and Evaluation System

A few interviewees suggested that lack of an effective data collection and evaluation system prevents the state from moving forward with the development of a statewide system of services and supports 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. As one said, "We need a quality rating and improvement system for every program. Otherwise, we don't know what to fix." Another stated more broadly, "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."

Defining "High-Need" Children

When asked how they would define "high-need" children, interviewees suggested a variety of risk factors that should be considered to identify these children. While some interviewees identified income as the sole indicator of need, most identified a number of other factors that should be considered along with income.

Income

Almost all stated that children in families with low or very low incomes should be considered at risk of not being able to meet the early childhood outcomes. One insisted, "Poverty is the biggest indicator. Kids living in poverty are less likely to have good nutrition or the number of books that people in higher income families have. The number of books in a house is a predictor of vocabulary." Another added, "Children in poverty are critically in need and are greater contributors to the achievement gap. They are in highest need."

Of those who identified a specific income level, most said that 200 percent of the federal poverty level (FPL) or below should be considered at risk. One said, "200 percent of FPL should be the cap; it's hard to serve those above it. And there are more and more kids in the 100 percent and below income level." Another added, "Maybe there are reasons to look at up to 300 percent of poverty, but I think we need to focus on the highest need children first; 300 percent of poverty is really close to median family income." A few, however, said the level should be as high as 300 percent of FPL because, even with an income at that level, it can be difficult to afford high-quality child care and preschool programs.

Family and Home Environment

In keeping with the idea that children need a safe and stable family, several interviewees identified children who have experienced or witnessed domestic violence or have been removed from their homes and are in the foster care system as high-need children. Others suggested that children living in single-parent, low-income households (especially where the parent has not achieved higher levels of education) are at risk of falling short of the OGS outcomes. One said that high-need children are "those that live in families with limited support—with priority given to first time moms without partners—and who live in neighborhoods that cause stress to families, like those with poor housing and few resources."

One interviewee described a challenging parenting scenario that is closely tied to poverty:

> The one that is killing my spirit is the four-year-old that has not had any preschool child development program and no quality environment at home because the mother is involved with so many other issues, like housing and transportation. How can a mother [in this situation] take advantage of teachable moments when she is walking home with her child, and the child is saying "look at that" or "what is that" and the mother is so tired and just trying to get home, so she just says, "come on, let's go"?

Developmental Abilities

Many said that those with developmental disabilities or identified delays should be placed in the high-need category. One said, "Poverty is a huge factor here, but developmental screening is really important as well." Another said the state should "focus on kids with developmental needs first—over income level." Another offered a similar comment:

> I'd be moving toward using a developmental test score. …I grew up in an income-deprived community, and a lot of us grew up just fine. There's an assumption that if you are poor that you need all of these services. I don't think that is necessarily true.

Race or Ethnicity

A couple of interviewees identified race or ethnicity as a potential indicator of need, but others balked at the idea that race would be a consideration, given that so much evidence suggests that income and other factors are far greater predictors of outcomes. As one said, "You can have kids of color, but if they are born into middle or upper income families, they don't have the same challenges as those who are poor."

A Multitude of Factors

Most interviewees offered a list of factors that should be considered, suggesting that they believe children are affected by multiple external and internal forces. Two interviewees crystalized this perspective:

> It would have to be a broad definition. I don't think there's any one variable. I don't think labels should be set in stone. Kids who come from high-concentrated poverty areas have a risk factor, but some perform very well.

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> High need children are [identified by a number of risk factors] coupled with a lack of family and community-based resources to ameliorate those things. …When you start to stack up risk factors, high need will flow along a gradient. There are multiple demographic risks. Each one you hit is sort of like a point, and more points will add up to higher risk.

According to a few interviewees, effective criteria for identifying high-need children may already be in place. Interviewees familiar with state and federal funding requirements said that the state's current at-risk criteria (Section 31A "at-risk" funding criteria) and GSRP criteria both offer a well-rounded list of factors for identifying high-need children. The risk factors included in the criteria are income, disabilities or developmental delays, the behavior of the child, parental educational attainment, abuse or neglect, and environmental risks. Echoing the sentiments of the interviewees, among these criteria, income holds the highest sway. The number of risk factors a child must have to be eligible for programming depends on where the family's income falls relative to the poverty level.

Targeted Versus Universal Service Delivery

Interviewees were also 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 respondents indicated that the state should focus its resources on those who are at greatest risk of not achieving the early childhood outcomes, with only a few suggesting the alternative. Several respondents argued for an approach that combines targeted services for a smaller number of children with some set of universal services for everyone.

More Services for Fewer Children

Among those interviewed, the vast majority agree that the state should focus its efforts on serving children who are at the highest risk of not succeeding in school and in life. They provided different

reasons for their choice and offered a variety of recommendations for how and where to focus resources.

Quality Is Paramount

Many interviewees offered as justification of their choice an emphasis on quality. They suggested that quality may be diminished if resources are spread too thin, and results for children would be negligible.

> Research tells us if you don't have a quality program, it makes no difference. Whatever you do must be high quality.

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> Given the limit on resources, we should focus on providing higher-quality services to fewer children. If we can't afford high-quality, evidence-based programs, we won't achieve the outcomes we want because we're not providing the rigor needed.

Focus on Children with Highest Need

Others said simply that not all children are in need of public programs; many children are in families that are able to provide for them and have the wherewithal to ensure their success. They said that focusing on children with the highest need will contribute to more widespread success among all children—a concept that a few interviewees referred to as "targeted universalism," which one interviewee defined this way: "The concept is we have universal, aspirational goals for all children, but because kids are situated differently, we have to target our resources to allow all kids to reach that aspirational goal." Other interviewees also offered thoughts on why it is important to target high-need children with services.

> If resources are limited, then let's use it to work with children that are most vulnerable….Who needs the most and how can we give them the most? We should be using targeted universalism.

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> Target kids at most risk of not being ready to read. Serve fewer and serve them right—that will be the biggest state ROI.

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> If parents have more resources, then we need to invest in those that don't have resources.

Focus on High-Need Areas

Several interviewees suggested focusing resources in areas where "the highest need is," such as "areas of concentrated poverty." One posited that "The bulk of high needs kids live in five counties; we must focus on them." Another recommended that the state "use data to be more laser-focused in where you put limited resources." A current example of this strategy described by one interviewee is a program being planned by the Michigan Department of Human Services that will target Muskegon, Kalamazoo, and Macomb counties based on factors including rates of substantiated child abuse and neglect, poverty, and food assistance.

Services for Everyone

A handful of interviewees said that services should be more widely available, without a specific target group. As one stated, "We shouldn't have to choose which children to support. We have to support all of them." Another suggested that "If we provide limited services for more children, that may generate the will that's needed to get more funding and resources into the system." And another added, "If you reach more kids, you will have broader reach in a population."

A Combined Approach

Despite broad agreement that high-quality services should be offered to those with the greatest need for intervention, many interviewees acknowledged that there are certain services that should be universally available. This was true even among those who argued for offering more services for fewer children. The notion of providing universal access to some services with targeted intervention for specific populations appears to have fairly broad support.

One interviewee equivocated,

> It depends upon the services. For outreach, screening, access and referral and other 'find and link' activities, the approach should be as broad as possible. Out of that comes…the ability to triage for more cost intensive services for the higher needs.

Another respondent offered a similar statement:

> My gut response is 'It depends.' …The priority needs to be giving more comprehensive services to the most at-risk children, but there are also some services that should be available to all children. For example, regardless of socioeconomic status, all children need immunizations, well-baby checks, and so on. We need to be able to provide those basic health care programs to all children.

One respondent offered a thorough analysis of the considerations that must be taken as decisions are made regarding which services should be offered more widely and which should be targeted to high-need children and families.

> First, you need to make sure that whatever is done is high-quality…. Second, you need to prioritize services that have the highest cost-benefit ratios, which sometimes means prioritizing services that are targeted on needy, and other times means prioritizing services that are universal; it depends on what the evidence says. Third, you need to consider the politics, and focus on providing services that either provide benefits for a broad range of Michigan citizens, or that are cheap for the average voter.

This interviewee went on to provide as an example that GSRP funding should be significantly increased so that it could reach more children, and said the evidence supports providing half-day services for both low-income and middle-income children. He added, however, that the "Nurse Family Partnership should be expanded in an income-targeted way" because it is most effective for low-income families and "the average voter won't mind paying for it."

Addressing Disparities

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. Many returned to the idea of targeting interventions to those at greatest risk, while others advocated for a universal approach that will reach all children including those who are high need. Some identified specific programs that should be made more widely available. Still other interviewees identified the need to solve some systemic issues at the state and local levels, including creating a coordinated strategy for serving children and families.

Parent and Community Engagement

Several interviewees said that addressing disparities would best be accomplished by reaching out to parents and trusted community organizations to learn more about what they need and how they can best be supported in raising healthy and successful children. Among those who promoted the involvement of parents in determining interventions, one said, "Parents need to be there to enlighten and inform professionals who make decisions. We need families to be a leading voice in discussions." Another said that evidence should play a key role in designing programs along with family input: "We can do some internal design work based on evidence-based practices, but we need to be open to hearing from families. It makes no sense to have no night time hours for home visiting programs. Parents shouldn't have to take time off work to have people come to their house."

One interviewee insisted,

> You cannot administer a program for a population you don't know a lot about without taking into account the view of people who know what is going on with people in that population. You can know the theory, but sometimes theory doesn't work. You have to go to the population. Also you might have to customize [a program]—one size does not fit all.

And another added,

> 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.

Target High-Need Children and Families

Several interviewees recommended identifying the populations most in need of intervention and providing targeted programs and services to those children and families. One suggested providing "Intensive, evidence-based programs with outreach to families, more programs, and quality center-based care." Two interviewees emphasized the need to better understand the needs of the populations and to target efforts based on data:

> [You can address the disparities] by understanding what the disparities are and tailoring targeted programs to address them.
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> You need to let data drive decisions. We need to figure out why kids in this neighborhood are struggling and then you can look at why things are working for some and not others.

Another interviewee suggested that

> Disparities can most effectively be addressed by adding learning time for low-income and middle-class kids at the pre-K level, adding learning time for kids who are behind in literacy in early elementary, and doing intensive parenting interventions for at-risk moms.

Create a Coordinated, Cohesive Strategy

Some interviewees said that coordination and collaboration founded on a common agenda and strategy for reaching children in the early years will contribute to decreasing disparities in outcomes. A few said this needs to occur at the state level among departments and agencies, including the development of "cross-agency approaches to addressing social determinants." One interviewee said that a "Collective Impact" approach has contributed to a more cohesive strategy in southeast Michigan:

> Collective Impact has been instrumental in raising awareness of how collaboration can affect positive outcomes for youth. This whole idea that agencies, non-profits, and schools are all measured on a common measurement system that includes program measures *and* outcomes for kids. Rather than do things we *want* to, we focus on research-based programs to help close gaps.

Another said that to address strategies you must "bring people together—physician leaders, service providers, health departments, hospitals, education. You must have them all sitting together literally at the same table. Early childhood should be a focus of such convenings. There are wonderful services out there, but doctors don't know about them. Doctors are only a spoke in the wheel of supports that families need."

Another added, "The agencies and institutions [involved in early childhood] have a responsibility to develop a tractable policy for 0–3. We know the brain science. We know it's real. We know we have to address kids at 0–3, but we don't know how to do it, other than some locally developed programs that are working. They are patchworks though; there is no cogent strategy for 0–3."

Universal Pre-K

Finally, a handful of interviewees advocated for universal pre-K and/or the expansion of the Great Start Readiness Program to help reduce disparities. Two interviewees advocated simply for increasing funding for GSRP to ensure it is accessible for every child who meets eligibility criteria. A few others went a step further and advocated for ensuring universal access to pre-K. One posited that this approach "reduces income disparities because it adds similar test score percentiles and, therefore, similar adult earnings benefits for children from different economic classes." Two others contemplated requiring parents to enroll their children in pre-K:

> I think everyone should have access at four years old to Pre-K, but I can't decide if you mandate that parents enroll their kids.

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> If we are going to be successful at achieving better outcomes, we have to get beyond the issue of voluntary programming. We have to have a policy that requires a family to participate. It needs to be compulsory for our highest need children.

Where to Invest Resources

Interviewees were asked to consider the types of services and programs whose effectiveness is supported by evidence and recommend where the state should invest its resources to best meet the needs of children in Michigan.

Create and Support a System

Several interviewees believe that an emphasis should be placed on creating a strong system infrastructure. Coordination and collaboration were key ideas promoted by these interviewees. One interviewee said "we need to assure we have in place what we know creates the foundation [of an early childhood system] and layer on from there." According to the interviewee, key components of a system include "a focus on good health, a collaborative service delivery approach at the state and local levels, and integrated system infrastructure and service delivery processes (including funding strategies across state and local and public and private entities)." This interviewee and two others suggested building community access hubs to ensure "coordination among human services organizations."

One interviewee advocated explicitly for using a Collective Impact approach to move partners forward in a coordinated fashion:

> In the work that we're doing right now in Detroit—using Collective Impact—we're setting indicators to look at the whole child and watching to see if they're improving and we have a more data-driven approach. Indicators allow for us to do two things—track children's progress and provide programs to meet the needs.

A few others described approaches to system building and collaboration that are compatible with the Collective Impact concept, emphasizing collaboration, use of data to make decisions, and the need for a neutral entity to convene partners.

> First you have to find one or two communities where people who control resources and impact public opinion trust one another and are willing to truly *collaborate* to invest in and develop *one system* of community support for families who are in the system.
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> You need to have some system that isn't there to make money or create turf but to support coordination of all the people who touch kids at different times.
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> Fund a linked IT [information technology] system, data analysis, evaluation, and implementation of improvement processes.

One interviewee suggested that the state look at how collaboration has worked in other areas to provide wraparound services: "Harlem Children's Zone, Catholic Services, Cincinnati STRIVE—look at how multiple organizations come together to meet the needs of specific groups or issues within a group. It's not only about what they're doing, but how they're doing it."

One interviewee recommended giving more support to ISDs, which have "taken a lot of interest in early childhood issues," because "they can help coordinate Great Start, Head Start, and other

birth to three programs." Another interviewee, however, advised against involving the ISDs too heavily in the design and implementation of the system:

> Because resources are limited, the investment should be made to grassroots that reach the most high need children—not local ISDs. They administer GSRP, but they are too top heavy. They are looking at it from the top rather than the grass root. They don't collaborate with organizations that serve the lowest of the low.

Focus on Birth to Age 3

Several interviewees said that resources should be focused on children from birth to age 3 and their families. They contend that the earlier children are reached, the better. As one remarked, "We need to start out when a kid is zero. My biggest frustration is all this talk about GSRP. I mean I think having preschool is a good thing, but there's more brain development in the first three years than when a kid is going to go to preschool." Another lamented, "There is not much for the 0–3 children unless there is something medically or physically wrong with the child. I am hoping we would look at more comprehensive services in the 0–3 age group."

Interviewees recommended several programmatic investments that could be made to better serve children in this age group.

> Look at home visiting programs; I am not advocating for any one in particular. Look at Early Head Start to get more three year olds into it. If we could go younger [for Early Head Start] that would be great.
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> I would fully fund Early On intervention. We can get kids on a productive path and ready to succeed so they can thrive in school and be on track to read.
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> If you have a high quality home visiting program that is evidence-based, you can provide support that leads to timely intervention.
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> For early childhood, the Nurse Family Partnership, Parents as Teachers, Healthy Families America, and Early Head Start are all reputable. We want to aspire to these programs, but [current] funding to implement those programs isn't enough to replicate them at [the necessary] level of intensity.

Preventive Health Care Services

Several interviewees also emphasized the need to ensure 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. As one 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."

Many interviewees made specific mention of a medical home as an essential element of a system that ensures that children are born healthy and are developmentally on track. Given that so many children are covered by Medicaid, one interviewee said "investment [is needed] to make sure that enough doctors and dentists accept Medicaid," noting that "access to care changes outcomes." This interviewee also said that "doctors should be required to complete a full EPSDT [Early and Periodic Screening, Diagnostic, and Treatment] service," and that children need "more vision and hearing screenings—not subjective assessments, but actual screenings done by qualified professionals."

High-Quality Preschool and Child Care

Several interviewees advocated for making investments in high-quality preschool and child care programs. Among these interviewees were proponents of specific programs, such as the state preschool program (GSRP) and Head Start. One mentioned both: "Being developmentally ready for school, that goes into having more Great Start slots. We also need to see if we can expand Head Start, and we need to look at other programs that serve kids ages 0–3."

One interviewee advocated for first increasing funding for GSRP to ensure it meets quality standards, and then expanding the program to reach more children.

> The first priority should be making sure that [GSRP] is high quality. If you can afford nothing else, expand pre-K funding for a half day from $3,400 to $4,500, coupled with standards and accountability for high-quality. The second priority is expanding half-day pre-K for four- year-olds to as many children as possible. …There is evidence that high-quality pre-K benefits middle class children about as much in dollar terms as poor children. Finally, universal pre-K allows for more income mixing of students, which is likely to have positive peer effects.

The interviewee went on to describe a third priority of expanding summer school services to students who are behind in literacy in grades K–3.

Another interviewee suggested a few potential evidence-based models for child care and preschool:

> In the target populations defined earlier, provide programs that emulate model programs that have shown long-term effects and strong return on investment—the HighScope Perry Preschool Program, the Abecedarian Child Care Program, the Chicago Child-Parent Centers, and any other program that meets the standard. Require and support local evaluations of program quality and effectiveness.

One interviewee cautioned that once programs are identified for implementation or expanded, they must be given adequate funding to be successful:

> We have a good robust body of research on high-quality, evidence-based approaches. We don't have to reinvent; we have the recipes. We know which programs work with which families and which children, …but it is really about making sure they are funded with fidelity….It has to be financed to reach the level of quality.

Ensure Teacher and Provider Quality

Providing professional development for day care and preschool providers was identified by a handful of interviewees as an important area for investment of resources.

> We need to provide professional development to all day care providers—licensed child care facilities, home day care, relative care provided in the home. We need to consider how we can provide support to ensure we are optimizing those experiences for young children.

A few focused more generally on recruiting and retaining high-quality talent in key areas of service provision. As one said,

> 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.

Support a Two-Generation Strategy

Many interviewees described the need to educate parents through programs such as home visiting. A few emphasized the need for a strategy that reaches both parents and children. One offered the following suggestion.

> [We should invest in] connecting all of the different services where we touch parents of young children to build parent capacity. I would love a governor's task force on this: How do we connect services to build capacity to stay in the work force and help them build their parent capacity? We have to have a two-generation strategy—to reach the children and the parents of the children under age 5, like the Frontier of Innovation work with demonstration projects across the country. Michigan should be at the table to figure out how to implement a two- generation strategy, because we have got it wrong.

How to Improve Collaboration

When 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. The key ideas, however, revolved around the need for a clearly articulated goal or vision, having a way to share data and other information, and engaging community members meaningfully.

A few interviewees reiterated their hope that bringing education, human services, and health programs together under the auspices of the Office of Great Start will improve coordination among these state departments in a way that will also improve coordination at the local level. As one put it, "We fought for an Office of Great Start to specifically address this question. We want all of the partners, funding, and agencies to all coordinate through the Office of Great Start." One interviewee recommended that this could be carried out best by having the three departments

> …issue a joint RFP [Request for Proposals] through the OGS, just like HUD [Housing and Urban Development] does with homeless money. The community has to tell HUD how we're going to spend our pro-rata need. We should have to say to OGS how we are going to spend it hitting

> these target areas. Give a planning grant one year, and the next year give implementation funding.

Another interviewee described how Great Start Collaboratives could be positioned to coordinate community responses to this type of block grant funding:

> Block granting is good because it puts money closer to the ground. It is not possible for Lansing to have a good understanding of needs in the local community. Great Start Collaboratives were intended to provide that pathway….Connect GSCs to block grant funding decisions and require that the collaborative sign off on programs before they are funded. Include decision makers from the local community on the collaborative. There are good people involved in the collaboratives, but they are not the decision-makers….Think about how great it would be if you had superintendents, mayors, and CEOs input on how early childhood dollars are spent.

A Shared View of the Way Forward

Using a variety of terms—vision, goals, theory of change—a few interviewees said that collaboration will not improve without a common view of where we are headed as a state.

> We don't have a shared understanding about what we're actually trying to do….What we're trying to do is not well-articulated in any one place….The Legislature doesn't communicate well to the state, the state doesn't communicate very well to the local level. The goals [four OGS outcomes] aren't enough. They're not clear.

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> Get alignment on vision. Agree on mutual accountability in terms of a) we're going to be accountable on this and you have shared outcomes and accountability, and b) dedicate enough resources to provide the right level of executive leadership. Draw a map of decision making from a neighborhood to the state, and see where are critical positions. We don't have the level of executive leadership that is required to really drive an early childhood movement in the state and within communities.

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> The collective Impact model aligns with what we've learned. We need to agree on the same set of outcomes, the same data, and aligning public and private programs and funding. We need a shared theory of change more than shared goals. This allows us to see how things are connected.

Bring People Together and Share Information

Interviewees 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. One interviewee noted that "the OGS is positioned to bring all the parties together." Others offered the following comments.

> Co-locate similar program people across departments. Put them together in an environment where they can 'play' together. We're speaking a similar language, but not always working

together. There could be early childhood departments in all of these agencies; just put them together.

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We could look at having a certain level of cross-agency participation in all of our work to reflect the areas that normally influence people's lives. For example, transportation comes up over and over and over. Yet, we don't work closely with transportation. …Requiring a cross- section of people in all of our work would give us a chance to develop a relationship and then better understand the various areas and languages. We can use the same word, but it can have a different meaning depending on the area you're working in.

They also 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 even to coordinate early childhood initiatives.

The United Way is playing a leadership role in convening key players who are working together to get smarter by learning from each other. They are sharing information about who's in which programs. This Early Learning Network is one example of how the state could work with other agencies to make sure we are efficient in the application of resources.

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We need to form hubs to meet and talk. These can be locally driven and state supported. You would have everyone at the same table. Some communities have coalitions who do this work. Those coalitions need to have CHAP-like hub resource coordination efforts. You need a neutral convener that everyone believes is neutral and cares only about kids.

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Each community—local or regional—needs a backbone organization to build capacity. This wouldn't be the ISD, but a neutral convener, which may vary from community to community….And then some entities should serve as hubs because that's where the kids are/go (pediatric practices, WIC, large child care centers). Under the neutral convener's guidance, hubs would exchange information about a child and make referrals.

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I'd build on Kent School Services Network and aim it at younger kids. It's a cross-disciplinary approach in 15 schools. Schools are community hubs: traditional education + private agency partners + health clinics + DHS social workers + job training for parents. Sibley School in Grand Rapids has gone quickly from low to high performing. Private philanthropy is helping too. I'd make this statewide.

A few interviewees stressed the importance of sharing data and "back office" functions to support collaboration.

Families may have multiple children enrolled in many different services, e.g., mental health, Head Start, and no one shares data and they don't all have the same information on needs of the child and family. There has to be more systematic coordination.

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> I think we need a common enrollment form for every early childhood program, including public and private—one point of entry for children and families.

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> We need to share data about developmental delays, child abuse situations, etc. We should share back office functions, share data, and align services.

Engage the Community

Several interviewees advocated for obtaining input from families and communities about what will work to serve their needs better. Some said that parents need to be reached out to directly, while others said that local organizations should be handed the reins in the design of collaborative community programs.

> I think it needs to start with thoughtful engagement at the community level. People served by programs need agency in creating them. It can't be a top-down approach. It really can't. If I were Susan [Broman], I would come to foundations and ask for money to do community engagement in 10 communities in Michigan—or whatever number she thinks appropriate. She should say, "I want to do community organizing strategies and get people to work hard together on how to implement early childhood programs in those communities." Once you get people bought into the notion that their voice has democratic relevance in the system, you will have parents who are invested in achieving the OGS goals.

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> We need to understand that family, friends, and neighbors are a strategic asset for us. They need to be part of shaping how strategies are built and resources are deployed. We do way too much of talking to ourselves.

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> Respect the community-based organizations because they are doing the brunt of the work. You may not like them, but you need to include them at the table. Make some time to communicate with each organization and ask them how to get information from them to the state. There will be one organization in the community that knows all the organizations. Meet with them at the design phase—one or two organizations at a time—and ask them how to get to most children. It is important to include them in the design phase, but it is important to include them in board meetings [on an ongoing basis], too.

One interviewee described a process for engaging the community developed by Penny Foster-Fishman that brings parents together with "doers" and policymakers:

> We have to have multiple tables where people can be included. For example, a table of all parents that is skewed to low income parents, a table of responsible government officials and policymakers, and a table of doers. It would be amazing to see what happens if the needs of parents get heard by the doers who then advocate with the policymakers….The beauty of the

> model is that community members and parents need an environment where they can express what they need. We typically don't ask people what they need.

State Guidance with Local Flexibility

A few interviewees said the state should lead by setting guidelines or standards, but should allow local flexibility in service delivery and program implementation. They said this approach would spur collaboration among local entities by holding them accountable for achieving outcomes.

> Balance the state roles, requirements, and expectations with the local flexibility needed to maximize how communities can incorporate their own community needs, resources, and choices.

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> 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. For example, I think the state should leave it up to individual intermediate school districts exactly how to divide GSRP funds among private versus public providers, and half-day versus full-day programs. But the state should make it clear what kindergarten readiness goals are important, and should dictate how progress in meeting those goals will be assessed in an objective manner.

Coordination: Why it Occurred and How to Replicate It

Interviewees were asked to identify what they consider to be the best examples of coordination of services at the state or local level. They offered several examples, and many were identified by multiple people. Interviewees were also asked to indicate why they believe the coordination occurred and how it might be replicated.

Examples of Coordination at the State and Local Levels

Interviewees described specific projects and initiatives and also named specific communities where they believe coordination has occurred in a meaningful way. Most of the examples offered involve local programs and services coming together to meet the needs of the community, although some have received, or were born out of, state and/or federal support. A handful of the initiatives and programs that were identified are described below.

Kent County and the CHAP Program

Several interviewees identified Kent County and its CHAP (Children's Healthcare Access Program) as an exemplar of coordination within a community. One person offered this description of the program's success:

> The program has gotten medical homes for kids and provided some navigation/hub services. Children and families are utilizing health services more appropriately. It has required involvement of many partners. Getting Priority Health to invest in that was a win.

Another noted the important role that the county's First Steps Commission—a group comprising community, business, and philanthropic leaders in the Grand Rapids Area—played in the development of CHAP:

> First Steps included health care [as a priority], which led to the design of CHAP, and the desire to integrate with other services—Early On, Great Start, etc. It has recognized and developed programs that are community wide. All the fitness centers are working together, and they're all free. Collaboration among competitors has been huge.

Livingston County

Livingston County was identified by multiple interviewees as having good examples of coordination among a variety of stakeholders. One interviewee who hails from the county said,

> I pride myself on bringing myself to the table and encouraging the right folks to focus on what they do well. We have a lot of collaboration happening in our county. We bring people to the table, find solutions, and implement them. This recently [happened] with the education budget.

Another interviewee described the county's human services collaborative body as an effective group of stakeholders.

> The Livingston County Human Services Collaborative Body was particularly effective. The county didn't get a lot of external funding, so we had to figure out on our own how to meet the needs of the community. Through directors of public health, human services, the United Way, the chamber of commerce—the level of cooperation and willingness to free up resources to do this important work was remarkable.

Great Start Readiness Program and Head Start Coordination

A few interviewees described consortia of GSRP programs that are sharing administrative responsibilities, as well as communities that are working to coordinate enrollment in GSRP, Head Start, and other early childhood programs.

One interviewee described a three-county ISD consortium in which

> One [ISD] serves as the fiduciary and has responsibility for monitoring compliance. We consolidated resources for administration of the programs. All [three ISDs] contribute to the infrastructure to handle the administration at one ISD. We would spend more if we administered GSRP separately.

Others described efforts in Midland and Kalamazoo working to bring GSRP, Head Start, and other early childhood programs together.

> All of the GSRP programs [in Midland] worked together and could develop a single point of entry that included GSRP, Head Start, and early childhood special education. There was one entry for families; there was one phone number to call.

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> The best example of coordination I know is the common application that KCReady4s (Kalamazoo County Ready 4s) developed in conjunction with local Head Start and local GSRP programs.

Holland-Zeeland Early Childhood Initiative

Two interviewees described collaborative early childhood efforts taking place in Holland and Zeeland. One said,

> There are elements of coordination in Holland. The Ready for School program is a fantastic collaboration between business and philanthropy. They identify high-risk neighborhoods, and they use Hispanic outreach workers to connect with families they are trying to serve.

Another commented on the way the initiative has been developed to meet specific community needs:

> There's one initiative in the Holland-Zeeland area. They have a pretty good early childhood initiative….They've tailored programs within the city to accommodate where parents were at.

Maternal, Infant, and Early Childhood Home Visiting Program

A few interviewees described the state's Maternal, Infant, and Early Childhood Home Visiting Program as a strong example of coordination across state agencies.

> The home visitation project is a really good example of how departments and key stakeholders, as well as private funders and communities are collaborating to improve critical indicators related to the four key outcomes. Management and program staff across all three departments and ECIC staff the various work groups and implementation activities, and work with local communities is shared across departments.

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> The work we're doing around home visiting is a good example. We're not totally there, but we have really worked to have many of the players at the table right at the beginning. This means the parties work together to develop the approach and share experiences about what works.

Early Learning Centers in Southeast Michigan

One interviewee described an initiative currently under way in southeast Michigan to create early learning centers as a good example of coordination, saying,

> It is a partnership at the federal level, through ECIC, through foundation support, corporate support, and individual support through the United Way. It is place-based in neighborhoods and it has the caregiver at the center of the conversation and focus, with measurement being how are we making quality improvements with children.

Why Coordination Occurred

When asked why they believe the examples of coordination occurred, a few common themes emerged. Interviewees identified the existence of a common mission and shared sense of purpose, limited resources, and mechanisms to ensure accountability among the key drivers of coordinated efforts.

Shared Mission

Some of the interviewees pointed to the identification of a shared mission or common purpose as a crucial factor in the coordination they described. As one stated, "If we have consensus on the target population and mission, it can really force people to work together. We don't often define success ahead of time, but if we do, it tends to lend itself to collaboration." Another said, "You need to align public and private residents behind an outcome and design work to represent that and carry that out."

Mechanisms to Promote Accountability

Some pointed to the existence of accountability mechanisms as a motivator for coordination. One said, "Reporting requirements have helped." Another noted that "Data is so important, [including] looking at indicators from programs." And another said that having "standards in community and parent engagement" was a useful component of coordination efforts.

One more person noted that the First Steps Commission in Kent County has a built-in "accountability factor" in its co-chairs. The interviewee described the commission as

> a private self-appointed group of people interested in early childhood. Doug DeVos and Kate P. Walters are co-chairs. If we can't get this stuff up and running, there are two powerful and influential people who are watching this. I think that provides a local contextual system change agent—a catalyst, if you will—to do something different.

Limited Resources

Some said that having limited resources and/or a single fiduciary can motivate stakeholders to work together.

> In smaller communities where there are less resources, people are forced to work well with each other. I think a scarcity model helps people work better together.

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> All of the money went to one place, so if someone wanted to participate then they needed to come to the table.

How Coordination Might Be Replicated

When asked how these examples of coordination might be replicated in other areas of the state, interviewees described the need for strong leadership (from state or elsewhere) along with local flexibility, opportunity for both public *and* private investment, and a shared vision as important factors.

Strong Leadership

Leadership is a key factor in replicating the examples of coordination identified by interviewees, many said. Noted one, "Good leadership is crucial." Another said, "You need some degree of civic leadership that is willing to commit to the effort and willing to have a system-building orientation." And one more stated that "Replication should only be allowed in communities that can exhibit that they have the commitment of their communities' formal and informal leaders to make the system successful. Who you choose will determine whether it is successful more than anything else."

Local Flexibility

Some noted that each community is unique, which makes it difficult to say exactly what is needed. A few suggested providing some guidance in communities, while also allowing some flexibility in implementation.

> I would like us to pick 10 communities and find neutral people that are trusted in the community, and then provide them with training on how to do collaborative work….The state should set the scope and allow creativity. We don't want to stop key things that are working.

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> I think each community is unique to itself. Each community needs to figure out [its own] solutions. But we can put a framework together to allow people to use their skills.

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> We need to be flexible enough to allow communities to identify key players and then tie compensation to delivering on outcomes.

A Shared Vision

While only one person directly identified the need for a shared vision to replicate the types of coordination initiatives described by interviewees, other comments hinted at this, including the ideas that collaboration and coordination are promoted when there is a common sense of purpose, a neutral entity that brings partners together (perhaps a centralized fiduciary), the promotion of partnerships between public and private partners, and an environment that fosters relationships among service providers.

> Constancy of the vision and purpose! Every single person involved needs to understand the purpose, intended outcomes, and their role, and be empowered to do what is needed to make the system successful.

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> It is also helpful to have the program operate under a unifying entity, like the United Way. When schools try to run it, it doesn't work. ISDs can coordinate it and deliver services, but they aren't part of the operating entity.

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> What is needed for [replication] to occur are strong relationships between different early childhood programs.

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> The private sector should be considered and be a joint partner. Private partners should be seen as team members. Government can't do it all. We provide limited services to a broader group of kids. We need to look at how we can round out what families and kids receive.

Additional Funding

A few interviewees identified the need for additional funding to replicate some of the efforts to coordinate services. One noted that "PEW has grant money that can be used for [identifying and training people in local communities to do collaborative work on early childhood]." Another said that "what's needed is more funding from the state. If a local community wanted a millage to support preschool or early childhood education, they cannot do it under current law."

The Role of the Office of Great Start

When asked what should be the role of the Office of Great Start 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.

Coordinating Activity and Financial Resources

The most commonly offered response by interviewees is that the Office of Great Start should play a strong role in coordinating early childhood efforts. According to interviewees, OGS might convene stakeholders, coordinate financial resources, or ensure clarity of roles and accountability among partners. One interviewee said, "We want all of the partners, funding, and agencies to all coordinate through the Office of Great Start." Another offered, "A specific role is coordinating state resources and putting the child at the center of the resources as opposed to part of multiple systems."

One interviewee described the Office of Great Start as a hub of activity: "Our hope is that OGS would serve as a hub for a unified system, for a pipeline of collaboration and resources that all can plug into." Another interviewee suggested that OGS "build a basic coordination model from birth to third grade…[to] focus on the public systems and public funding."

A few interviewees emphasized the financial aspect of coordination:

> The original intent [of OGS] was to take 83 funding streams and coordinate them to be more effective. I'd take all of the money for 0–5 and put it in a pot, and then make some decisions about how to spend it more effectively.

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> OGS is the portfolio manager of early childhood resources. That is, make 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.

Several interviewees noted that the office will need a high level of authority to enable it to effectively carry out the function of coordinating efforts.

> I think it [the role of OGS] should be as a convener. The governor should raise it to a cabinet level position and give it authority to convene the three public institutions—MDE, DCH, DHS— to figure out how to use their money and influence more effectively across the state.

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> More important than the role is the authority. The authority was established by the governor and it needs to be given the authority of the governor.

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> OGS needs to be an executive level office so it can be a powerful coordinator of all resources. The governor needs to instruct more strongly, bring over all resources that service children, and give OGS authority.

Setting a Statewide Agenda

Several interviewees indicated that they believe it will be important for the Office of Great Start to ensure common purpose among early childhood efforts by setting a statewide agenda or establishing a clear vision and goals. As one suggested, "[The OGS] could convene folks across agencies to move toward a shared vision, but [they] also need to integrate different perspectives to create a common agenda and common understanding about who is responsible for moving toward those goals." Another interviewee summed it up as identifying a common definition of the end goal: "All of us should define what is success for a child. This may be an opportunity for OGS to define what is a 'great start.'"

Interviewees emphasized the need to identify a common vision for early childhood. One suggested this could be achieved under the guidance of OGS:

> Right now OGS is largely looked at as an educational division [because it is] part of MDE. But OGS needs to align with DCH and DHS. There needs to be a single vision for coordinating those services. ...There are too many pots of money going to the local level and then administering those funds costs money. The system at the state level duplicates itself at the local level. OGS should be looked at as a conduit for the entire vision for issues related to early childhood and then going back to the four outcomes. Those outcomes are much broader than we can achieve in education.

Supporting Local Control and Flexibility

Several interviewees recommended that, within a statewide framework for accountability, the Office of Great Start should promote local control and flexibility in the implementation of early childhood programs and services. They posited that individual communities need individual solutions, and that those closest to the community are better able to understand what children and families need and want.

> I think the state should fund early childhood and there should be some compliance measures. But that should be kept to a minimum—quality standards, a kindergarten assessment. Otherwise, it should be run at the local level. It's okay to share some examples of how to implement at the state level, but [OGS] should allow vision work to be done at the local level.

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> I think you should adequately fund a variety of local programs, encourage coordination of services, allow local flexibility, and hold local programs accountable for results using reasonably rigorous yet practical methods of accountability.

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> There should be great latitude given to local communities in implementing the state's vision. Getting there is different in a lot of communities. Having one way of doing things is not effective. Then we can hold locals accountable.

A few interviewees challenged OGS to work with local entities to identify community needs and to match state policies and resources to those needs. One described the idea this way:

> 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. They have to be constantly rethinking about how to deploy programs that they have oversight over. Their role is ensuring the success of kids, and understanding the environment kids live in and be responsive to where they are. This is not impossible; it's one state. There are four big population centers and that's it. You could really do a huge service if you understood at the community level what the needs are rather than doing a push down from the state level.

Establishing Statewide Standards and Metrics

Several interviewees said the Office of Great Start should set standards to which partners can be held accountable and ensure the use of best and evidence-based practices.

> OGS needs to be the place that comes up with ideas—the regulations, standards and accountability for providers of services necessary to expand early learning opportunities.

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> [OGS should] identify the standards that we all should follow—the best practices, professional guidelines, whatever the current science says should be done in a particular area. Identify the metrics [for accountability] and impose the standards and metrics on different agencies.

A few emphasized the importance of using data to support accountability:

> We need an accountability structure for services and programming. Making the transition to accountable structures can be challenging and painful, but necessary. We have to drive everything we do by data. We can't go under the assumption that you're doing it. The only way is if we have data to back it up.

Advocating for Early Childhood at the State Level

A handful of interviewees see the role of OGS as the primary voice for promoting the importance of early childhood or, as one person said, "it should be the chief champion for all things early childhood." These interviewees emphasized the need for an informed legislature and public to create greater support for a strong early childhood system.

> OGS should articulate the importance of early childhood and create alignment between what happens in the first five years of life and when kids reach school. [Identify] what supports are necessary to ensure success. OGS can be a key player in articulating that vision and advocating for appropriate policies and funding.

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> OGS, by being located in the department, is a vehicle to get concrete policies and funding in place….[It] is a vehicle for getting into policy and the budget directly. There is more done that way rather than as a separate entity or just that early childhood thing that "everybody feels good about."

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> Advocate for children at the state level. Remind elected officials about what families and children experience every day.

Sharing Information about Research and Resources

A few interviewees said it would be helpful for the Office of Great Start to take the lead in sharing information with stakeholders regarding resources and the latest research to support early childhood efforts.

> [OGS should] be the lead on garnering and sharing research and resources…what research do they believe is critical for great start. What should be incorporated into a holistic approach. What should we be focused on.

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> Provide subject matter expertise relative to educational components and leadership in supporting integration of other health and welfare or protective strategies into child care and early childhood educational programming. Provide statewide leadership in early childhood systems services and cost and outcomes analysis as to what other states are doing that could be beneficially incorporated into Michigan's system, as well as to assure Michigan's [stakeholders] have access to information on national trends, opportunities, and best practices.

Measuring Success

The Office of Great Start has been charged with ensuring four outcomes for young children in Michigan. Interviewees were asked to recommend how to measure success toward these outcomes. While they offered a variety of recommendations for indicators and metrics to assess progress toward each of the four outcomes, more than half of the interviewees also provided suggestions for how and why to go about measuring success.

How and Why to Measure

Several interviewees said that reaching agreement on what to measure and how to measure it will be essential. A few of these interviewees noted that measuring progress would best be accomplished through a common data system, and others suggested that a common set of metrics will support a common system for evaluating programs and services.

> Indicators and metrics must be understood and supported by all, with each department or organizational unit able to state its role and accountability in overall achievement.

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> We have multiple tools for tracking outcomes across health and education, which makes it really difficult to align the various pieces of data on the child. It's difficult to see the full picture. We need a single longitudinal data system.

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> We have to come up with some agreement about how to measure the outcomes. The next step is to work with the different departments that are actually funding the programs. We need to make sure programs are achieving the outcomes they need to achieve. We don't have sufficient evaluations for many programs.

One interviewee advised against "going overboard on standards," and said the state should not "be too prescriptive." The interviewee recommended that the state "use metrics related to outcomes, not process." A few others, however, emphasized the need to measure process in addition to outcomes to enable a better understanding of the extent to which programs—as opposed to other factors—are having an impact on the child and family.

> I'm not a big fan of simply measuring overall performance. I think you should be measuring the value added by the program in affecting outcomes. The problem in focusing on overall performance metrics is that these are also affected by societal factors, so the change in overall metrics does not necessarily tell you whether the government is doing a good job.

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> We need to look at baseline and progress, but also look at what was done and were they done well. Outcomes come slowly. We need to look at how we're implementing programs and what we're funding. Are changes because of what we're doing or something else?

A few interviewees noted the importance of setting achievable goals, which, they said, can be done by identifying and measuring progress toward both short- and long-term goals. They also emphasized the importance of measuring across multiple domains.

> The key…is to establish outcome metrics using a life course framework that incorporates health, developmental, social emotional, learning and welfare/safety metrics. Indicators must be clearly understood in terms of setting short and long-term progress measures.

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> If reading at a certain level is going to be a measure, then [identify] what needs to be in place at earlier levels for parents and community organizations to see so that they know they are making progress to get to that goal in the future. Then ask what are the barriers to achieving [the measures] at each level. What has to be in place in kindergarten? In preschool? Etc. You can't set a lofty goal without breaking it down. All the domains need to be taken into consideration.

Specific Recommendations for Measuring Progress

Interviewees offered many recommendations for how to assess progress toward each of the four outcomes, although many admittedly struggled to identify metrics for the second and third

outcomes (Children are healthy, thriving and developmentally on track, and Children are developmentally ready to succeed in school).

Children are Born Healthy

A few interviewees said infant mortality rates are a useful indicator of infant health. A few also suggested that birth weight is an important indicator. Other indicators identified by interviewees include the gestational age of infants, maternal mortality rates, and whether pregnant women are obtaining early and adequate prenatal care.

One interviewee noted that "the mother carrying the child is the most significant piece," adding that the state should figure out "how to develop programs to support the mother and then figure out how to measure success." Another suggested creating an index: "There has to be some kind of maternal or child health index created. Grand Valley's Johnson Center has developed a maternal/child health index that takes into account several different factors."

Children are Healthy, Thriving, and Developmentally on Track

While a few interviewees noted that measuring progress toward this particular outcome will be challenging, several of those who offered suggestions identified the use of some type of developmental assessment or screening conducted by pediatricians or other professionals as the most effective strategy.

> On the very early side, it's very difficult [to assess children's development]. Young children can't write a five-page paper. We need to observe younger children. There are professionals that can assess if kids are learning earlier skills.

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> [Use a] developmental assessment conducted through their pediatricians and family practice. It is not yet reported to the state or analyzed in aggregate, though….If all kids have a developmental assessment according to American Association of Pediatrics standards, it can also be used right now at the local level to help connect kids with services.

One person who suggested using developmental screenings, noted that there is not universal agreement on when a true disability exists and when a child is progressing at a different pace than his or her peers.

> We need to proactively identify kids who are living with a developmental delay. Pediatricians often tell parents to wait when there is a concern. We need to get people on the same page. What are the metrics to help identify true delays versus kids on a different trajectory?

A few interviewees suggested specific tools for measuring progress toward the outcome:

> We really like this tool—EDI [early development instrument]. There's so much work on quality that is measuring the child. But we kind of forget to measure at a community level the readiness of children. We think this is a really important tool. It's widely used in Canada and Australia. Ten cities are working with USC on it.

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> Zero to five performance metrics could be pulled from the Head Start framework. This work has already been done at the national level….The state could validate and tweak the Head Start framework, but don't reinvent the wheel.

A couple people also identified the kindergarten readiness assessment that is under development as a potentially useful tool for measuring progress toward the outcome.

A few other interviewees identified immunization rates as a good indicator of children who are healthy, thriving, and developmentally on track. Said one, "I think we're losing track of immunizations. We need healthy kids….We need to find a measurement for immunizations."

Children are Developmentally Ready to Succeed in School

The vast majority of those who provided a suggestion for identifying whether children are developmentally ready to succeed in school called for implementation of a kindergarten readiness tool or assessment. Many also offered specific ideas for how best to implement and use such a tool.

> The work we've started related to kindergarten entry assessment is important for this. The intent is first to have a tool to allow us to gauge the level of readiness of kids based on the environment they come from—preschool, no preschool, daycare, etc. Two, it's for teachers to use the data to inform instruction. It is not intended to screen kids out of kindergarten. It's to make sure early childhood efforts are preparing kids for entry, and teachers have enough information to help kids be successful and are ready to master first grade material at the end of kindergarten.

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> A kindergarten assessment is important, but it shouldn't be just testing. Look at a large range of factors. Look at literacy and numeracy. There are lots of ways to measure the outcomes with behavior and observation. I wouldn't rely too heavily on testing.

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> [We need] a single kindergarten entry tool, as long as that entry assessment focuses on all developmental domains, and it isn't just an assessment of literacy, for example.

Children are Able to Read Proficiently at the End of Third Grade

Several interviewees noted that the MEAP (Michigan Educational Assessment Program) test administered to students in third and fourth grades provides readily available data on reading proficiency. A few interviewees indicated their belief that this outcome is the most important of the four.

> Third grade reading proficiency is the only one that matters. You can't have anything else without focusing on that.

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> The one that OGS should monitor is third grade reading. Realistically, with the resources it has available, how could OGS monitor and do anything about healthy births?

A few disagreed, however.

> I hear an awful lot of talk about [reading at third grade]. It's not the only one, and there are a lot of other important ones.

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> Kindergarten readiness must be number one. After that, third grade takes care of itself.

Improving Accountability

Interviewees offered several suggestions for improving accountability among stakeholders who have a role in helping our youngest children reach OGS's four outcomes. The most commonly offered ideas were using evaluation and shared performance measures, incentivizing providers, and creating a shared framework or vision for an early childhood system.

Evaluation and Shared Performance Measures

A majority of interviewees said that improving accountability among stakeholders is best facilitated through shared metrics and effective strategies for measuring and evaluating success. One person put it simply: "Use the data. And if we don't have good data, get good data."

According to many interviewees, a shared set of metrics or performance measures would support accountability in that everyone would be working toward the same end. Some also suggested that progress on the measures be reported not only to funders, but publicly, which would increase accountability.

> We need to arrive at consensus about what the benchmarks are. Let's agree on what those are, and have it be a relatively small set.

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> You have to have agreement on what you'll be held accountable for.

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> We need an annual report with goals, vision, metrics, and progress.

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> You must be able to measure what you are doing and report it to your constituents….You must be able to measure pre- and post-intervention, and you must be willing to report to the community and funders, too. You must have effective reporting with measures that the community can understand and relate to. That will just improve your quality and make your program better—and it will help you grow and be creative.

Several interviewees advocated for a statewide data system that could be used to bring together a variety of data and information from multiple programs. As one person stated, "OGS can work on the data system so they can communicate across departments to track kids. We don't have

data systems to do good evaluation, which is half the problem right there." Others offered the following comments.

> Improve accountability through a common data tracking system. Not just for the education system, but in health, mental health, and social services. It should include any system that touches children and families. They are not [currently] linked. In some states, they have linked systems so that they get a 360-degree picture. We have to have the ability to link data and track outcomes whether the service is provided by physician or home-visiting or some other program.

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> We need to do a better job of collecting data on the work we are doing….If a program is working with parents, it should know where their kids are and how they are doing. It could be all part of one data base. Create an identifier and enter data in the system beginning at birth in the hospital. We need to figure out how to track all kids…We can't know third grade literacy success unless we track that to the kid that you began serving at birth. Individual child outcomes will allow us to shift more quickly to what is working.

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> A longitudinal data system has been on the table for a long time and needs to be done. We need to see where children are before they get to third grade….We can use data in a number of ways if it is in one place. It needs to be warehoused together and use unique identifiers.

A few recommended that evaluation be used from a continuous quality improvement perspective. They suggested that state and local evaluations be used to develop plans and set expectations for improvement.

> What is sometimes perceived as lack of accountability is, in fact, a lack of a means to measure the impact of work done in such a way that resources and interventions can be continuously realigned and improved.

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> I believe in continuous improvement and in providing the opportunity to improve. In GSRP, that means providing feedback, support, a plan, and, if needed, professional development. If we don't see improvement after providing feedback and giving space to improve, like 2–3 years, we will find partners that are willing to ensure it's working and at a high quality.

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> It needs to be a culture of continuous improvement rather than a punitive culture. We need to be able to have continuous discussions about what the data means.

A few emphasized the need to dedicate resources to evaluation. A few also noted the need for independent, objective evaluations.

> There have to be resources available to review and assess data. We collect a lot of data, but nobody ever reviews it and provides feedback.

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> We need to have money built into any system for independent evaluation.

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> A non-involved entity needs to come in and do the assessment of whether the state is meeting the outcomes.

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> We need to…have mechanisms in place that let us conduct an assessment of quality. Too often the way the system is set up is that we use self-evaluations. It's difficult to be unbiased! Of course they were really effective.

Provider Incentives

Many interviewees recommended the use of financial incentives to encourage providers of programs and services to achieve outcomes. Several suggested that funding should be decreased or discontinued for providers who do not achieve expected outcomes. A few said that some type of plan for improvement should be an intermediate step.

> We must be doing ISD report cards and tie funding to how well they do by young children. Nothing gets attention like financial incentives. If the governor wants to get serious about this, we must reward and penalize.

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> Set performance measures and hold programs to them. If programs aren't working, help them improve, and if there still isn't improvement, shift funding (e.g., close the program or grantee).

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> There should be some repercussions if outcomes aren't being met….There could be some funding repercussions; though I hesitate to say that. We work on limited resources anyways, and once you start pulling the funding away, there is little chance at improving that performance. But maybe requiring an improvement plan or some formal response to addressing how the outcomes will be improved next time.

A few interviewees saw funding as more of a "carrot" than a "stick," and suggested using other ways to help programs achieve outcomes.

> It would be a mistake to do punitive things like taking money from providers who don't get exact results. OGS could be involved in helping to align [poorly performing] programs with what appear to be successful implementation models.

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> The only hook we seem to have is the ability to pass along our funding. There aren't very many sticks in this discussion. There are more carrots. I think we should highlight areas that have been successful and demonstrate what the impact has been. If we can demonstrate the cost savings, then a portion of that savings should go back into the community. There's almost a dividend program for successful programs.

One interviewee said it's important to incentivize GSRP providers to reach children who have the greatest need for the program.

> We should set up a system to pay teachers or other staff to go out and recruit kids and families for GSRP….These kids are not going to come to you! Go out there and find them!

Incentives for Families

A couple of interviewees noted that parents and families are also stakeholders in this system and offered thoughts on how to incentivize them to help their children succeed. One suggested tying access to human services benefits to some agreement to help improve their children's lives.

> Another stakeholder group is the families….Do we provide benefits with no strings attached? Or should we begin a conversation about saying, "Here is food assistance, and we ask something in return." This is different than saying, "Here are food stamps, now go get a job or go learn to read. This is more pragmatic. Let's think through ways you could help your child. Here are six or so options and you pick.

Another suggested there may be some non-financial incentives that would be attractive to parents.

> Incentives help. If you choose one of these, you get this. And it is not always cash that moves people. For example, if part of the day was a spa treatment, that might do it for me. It may not be about money incentives, it may be "me" time."

Shared Framework and Vision

A handful of interviewees suggested that accountability among stakeholders would be improved with a shared framework or approach to achieving the four outcomes. While shared measures are part of this idea, it is bigger than that, according to interviewees.

> Increase the understanding of a shared framework for how the system, community, and roles across stakeholders need to be realigned for success.

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> We won't make it to our early childhood outcomes through the discretionary effort or good will of individuals or institutions. We have to tie the self-interest of individual organizations to the collective interest.

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> I would encourage [OGS] to explore the concept [of Collective Impact]. The idea is convening, leading from behind, and creating [a common agenda] and shared measurement tools.

One interviewee suggested that OGS take a lead in identifying partners and roles for them within an early childhood system.

> Some of it is identifying what roles need to be played and inviting people to play a role. Some people aren't involved because they haven't been asked. I think some of that is incumbent on [OGS] to identify actionable opportunities to be part of a system to help kids grow healthy and strong.

Conclusion

The wide-ranging questions asked in the interviews drew equally wide-ranging responses from the people who participated. Several common themes emerged, however. Interviewees clearly see the need for a common vision for early childhood across all stakeholders. Several called for strong leadership, at the state level from OGS as well as in local communities. While most interviewees would agree that all children will benefit from some level of public services, most also support targeting resources and interventions to children and families who are at greatest risk for not achieving the four OGS outcomes.

Interviewees are clearly concerned about the availability and promotion of high-quality health care and early childhood care and education programs. Most are supportive of expanding GSRP, and many also spoke highly of Head Start, Early On, and home visiting programs.

Many interviewees see a clear need for directly engaging parents and other community members in the development of early childhood programs and services. This, they say, will ensure the diversity of input that is needed for policy development at the state and local levels.

To ensure that progress is made toward the four outcomes, many interviewees called for the development of a longitudinal data system that is easily accessible to a variety of stakeholders for inputting and gathering data.

The ideas and suggestions offered throughout the interviews were given careful consideration by the Office of Great Start as it developed a comprehensive plan for the well-being of Michigan's children from prenatal through age 8.

Appendix A:
List of People Interviewed

State Government

- Duane Berger, Michigan Department of Human Services
- Lisa Brewer-Walraven, Michigan Department of Education
- Susan Broman, Michigan Department of Education
- Lindy Buch, Michigan Department of Education
- Suzanne Stiles Burke, Michigan Department of Human Services
- Alethia Carr, Michigan Department of Community Health
- Maura Corrigan, Michigan Department of Human Services
- Brenda Fink, Michigan Department of Community Health
- Michael Flanagan, Michigan Department of Education
- Jim Haveman, Michigan Department of Community Health
- Jeremy Reuter, Michigan Department of Education
- Bill Rustem, State of Michigan

State Legislature

- Sen. Hoon-Yung Hopgood
- Sen. Roger Kahn
- Rep. Bill Rogers
- Sen. Howard Walker

ISDs and School Districts

- Steve Cousins, Traverse City Schools
- Dan DeGrow, St. Clair County RESA
- Scott Menzel, Washtenaw Intermediate School District
- Bill Miller, Michigan Association of Intermediate School Administrators
- Alan Oman, Washtenaw Intermediate School District
- Rich Vantol, Saginaw Intermediate School District

Program Directors and Coordinators

- Michael Brennan, United Way for Southeastern Michigan
- Sharlonda Buckman, Detroit Parent Network
- Nkechy Ezeh, Aquinas College
- Rebekah Fennell, First Steps Kent
- Kirk Mayes, Brightmoor Alliance
- Tom Peterson, Children's Healthcare Access Program
- Denise Smith, Excellent Schools Detroit
- Matthew Vanzetten, Kent County

State and Local Advocates

- Advocates focus group
- Tim Bartik, W.E. Upjohn Institute
- John Bebow, The Center for Michigan
- Joan Blough, Early Childhood Investment Corporation
- Robin Bozek, Michigan Health Start
- Debbie Dingell, d2 Strategies
- Doug Luciani, Traverse City Chamber of Commerce
- Keith Myers, Michigan Association for the Education of Young Children
- Doug Paterson, Michigan Primary Care Association
- Judy Samelson, Early Childhood Investment Corporation
- Larry Schweinhart, HighScope
- Marianne Udow-Phillips, Center for Healthcare Research & Transformation

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- Kristen McDonald, The Skillman Foundation
- Ali Webb, W.K. Kellogg Foundation

Appendix B:
Key Informant Interview Questions

Background

The Michigan Department of Education's Office of Great Start (OGS) has been charged with preparing a comprehensive plan for the well-being of Michigan's children from prenatal through age 8. Public Sector Consultants and the Citizens Research Council are completing a study, as laid out in the MDE's budget language, to support the development of the comprehensive plan. In the coming months, we will be conducting research on early childhood programs and services; funding; roles of state, local, and private partners; and developing recommendations to align and improve the efficiency and effectiveness of programs, services, and partners in the best interests of young children and their families.

As part of our work, we are conducting interviews with key stakeholders in early childhood at the state and local levels. Thank you for agreeing to participate in this interview. Please consider the questions below on behalf of our youngest children—that is, what will make the greatest progress toward achieving the four outcomes established by the Office of Great Start:

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

For this interview, we ask that you consider "early childhood" broadly to include developmental screening and support, early intervention, child care, education, health care, and family support for children from prenatal through age 8. In other words, even though OGS is carrying out this study, the resulting plan will explore how best to address children's well being across all state and local agencies that deliver and coordinate services.

Interview Questions

1. What do Michigan families and young children need most for every child to be healthy and succeed in school?

2. What 2–3 things are working well to make sure the four outcomes can be achieved for young children in Michigan?

3. What's not working well?

4. When resources are limited, choices may come to providing more service—in terms of quality and comprehensiveness—for fewer children or providing limited services for more children. Do you think Michigan should focus on providing limited services for more children or more service for fewer children? Please provide an example of how the approach you recommend would be applied.

5. How would you define Michigan's "high-need" children?

6. How can the wide disparities in well-being among young children of different races and income levels best be addressed? Please be as specific as possible.

7. Based on science and evidence-based practice, and given limited resources, what investments should be made to achieve the four outcomes for young children in Michigan? Consider programs, services, or approaches.

8. How can state and local partners better work together to support and complement each other to meet the needs of young children and their families? Please give specifics.

9. Please identify what you consider to be the best example of coordination of services at the state or local level.
   - Why did this coordination occur?
   - What would be needed to replicate this coordination in other areas?

10. What should be the role of the Office of Great Start in meeting the needs of young children and their families now and in the future?

11. The MDE budget language calls for "performance metrics to measure progress…toward outcomes."
    - How should success in meeting the four OGS outcomes be measured, in the near term and the long term?
    - What specific metrics would be most useful?

12. How can accountability be improved for all stakeholders who have a role in helping our youngest children reach OGS's four outcomes?

Thank you for your time and insights.

Parent Focus Group Summary

Appendix IV

Prepared for
Office of Great Start
Michigan Department of Education
Lansing, Michigan

Prepared by
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Introduction

To support the Office of Great Start (OGS) in the development of a comprehensive plan for the well-being of children from birth through age 8, Public Sector Consultants Inc. (PSC) conducted three focus groups with parents of young children in Michigan to seek their input. One focus group was convened through the Great Start Collaborative of Kent County in Grand Rapids, one through Starfish Family Services in Inkster, and one 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, who currently have at least one child under the age of nine, and, in a few cases, as many as four children under age the age of nine. The annual household income of participants ranged from less than $20,000 to more than $75,000. Demographic information about the parents who participated in the focus groups is presented in Appendix A.

The purpose of the focus groups was to find out what parents believe works best for young children and their families, and what might work better to make sure that every child can be successful. The discussion questions were designed to explore the strengths of families and the challenges they face in raising young children, discover what programs or services are working well, what is not working well and why, and what could be done to address the problems identified, determine where they turn for help or advice, and learn how they would want to track the progress of early childhood programs if they could. Participants were asked to keep in mind the four outcomes established for the Office of Great Start:

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

This report presents key themes that emerged during the focus group discussions. Many, but not all, of the comments made by parents are included to illustrate the findings. The comments and ideas offered by focus group participants were given careful consideration by the Office of Great Start as it developed its report on strengthening Michigan's early childhood system.

Strengths of Young Children and Their Families

Adults know when young children are doing well and when they are not. Parents said they know because they are attuned to the signs of their own child's physical and emotional well-being. But parents also judge how other children are doing by observing obvious, outward signs. Participants in the parent focus groups told us they notice if children are "engaged in whatever they are doing," comfortable exploring their surroundings, and confident. They said children who are doing well interact positively with other children and adults. Children who are doing well are "playful, joyful, and smiling."

When asked how they know when young children are doing well, one participant said that it starts with the parents and the child's environment. Another commented, "A child who is doing well is a sign of a healthy, loving environment." Yet another said she looks to see if the parents are supported, because if the parents are supported, the child feels supported.

Given this perception that families need to be doing well in order for children to be doing well, what do families of young children have going for them? What are their strengths? Parents in the focus groups said that families that are doing well have the following qualities:

- A network of friends or family that provides advice and social-emotional support

  I know not everyone has this luxury, but my network is huge. I'm able to address something like a sick child very quickly. That support network is essential. It can't just be you every minute of every day. It's me most of the time, but it can't be every minute of every day.

  * * *

  I have a group of friends where I can talk about what a struggle it is to be a parent. They tell me it's okay to feel overwhelmed. You need people to help you bounce back and be real about how difficult it is to be a parent. It's that social/emotional support.

- A strong parent-child relationship and place a priority on parenting

  We are open and we listen to our kids. We have a strong relationship with our kids. We can listen to our kids to hear what problems they are having.

- Connections to support and resources in the community

  It can be easier in smaller communities because you have more connections to people who are in the know that can help you. It's not always true, but it can be easier.

  * * *

  I've learned how to ask for help. I thought I could do it on my own. I have a husband, but we couldn't do it on our own. I see that in other parents—that willingness to ask for help is important. Not in an over-the-top way, but admitting you need help can be difficult.

  * * *

  In our community, we have more groups teaching us how to be more active with our kids. Believe to Become comes to the schools to teach us how to be a part of the life of our children. I feel it's important to look for groups like the Great Start Parent Coalition, to learn how to help my kids.

- Parent involvement in the schools and community

  I see parents actually trying to do activities, having more concern with their children's behavior in the school, and making relationships with teachers and being seen in the schools. They are letting people know that their children are cared about, and they support teachers and other school staff.

- Financial resources

> If you have the financial resources, you're able to take care of things in the way you want to that helps. There is a family I know that was able to have the mom stay at home because they could afford to go without her income. That can really help.

One of the parents familiar with the program called Strengthening Families said the framework for that program sums it up well. She said families that are doing well have five characteristics: parents who are resilient and able to handle crisis; an understanding of child development so they have realistic expectations; concrete supports that address basic needs; social and emotional skills to support their children to be on track; and social connections and networks that provide support and knowledge for the parents.

Challenges for Young Children and Their Families

When parents participating in the focus groups were asked what the greatest challenges are for families with young children in their neighborhood or community, some commented on struggles associated with day-to-day family life, while other parents highlighted difficulties accessing early childhood programs and resources. The access and resource issues that were mentioned most often are listed first, followed by the challenges of family life listed in order of the amount of discussion devoted to them.

Limited Access to Programs and Services

Several participants said families have limited access to early childhood programs and resources. Preschool, child care, before- and after-school care, and "back-up" or support networks for working parents were all mentioned as resources for which access is limited. Difficulty finding a pediatric dentist was mentioned in each of the three focus groups

> The expectations in kindergarten are so much higher. Kids have to be on task so much more. My kids weren't ready for that. They couldn't stay on task as long as it was required. There were challenges finding the right fit for them in that "between" year. Do I have them repeat preschool? Or struggle in kindergarten? I wish there had been an alternative. He was so bored in preschool. They weren't challenging him enough behavior wise. There isn't anything that fills that gap.

* * *

> I've heard a lot of people say they have family support, but I don't. My friends are great, but they're working moms. I don't have anyone to call when my children are sick. There's no back-up for me. It's been a huge challenge for our family. If a child is sick one or two days we can make it work, but then it gets very difficult. There's a huge struggle. There's no drop-in care, I can't just drop them off anywhere.

* * *

> It's so hard to find before- and after-[school] care for children in our community. For my school age kids that's a huge struggle. My child comes home on the bus at three o'clock and someone needs to be there. There's nothing at the school and no private options.

Difficulty Navigating Early Childhood Services

Several focus group participants said that many parents have difficulty navigating early childhood services, particularly for children with special needs A few participants said lack of awareness of services or cultural barriers can make it even more difficult.

> I have been told by friends that I seem to find everything that is free. There are even resources for discounted car seats and parenting classes, but people don't know how to get to them.
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> * * *
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> My son has some issues. It was a hearing problem, but we didn't know what it was. We had trouble navigating the early childhood system. It was complex, and made my head spin. Where do I go next? Who do I talk to? Luckily I had some touch points that helped me connect, but I would have been lost otherwise. If I hadn't been familiar with those networks or hadn't been the type of person I was, I would have just trusted the professionals that said, "He's probably okay." But we addressed the issue early on, and now we're doing great.
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> There is a language barrier to finding resources. My son had speech problems and the doctor didn't tell me early enough so that I could get help for my son. The first evaluation they said that he was okay; a second place told me he needed help. I speak some English, but I can't imagine how someone who doesn't speak English at all handles this.

Poor Quality Early Elementary Education

In one of the focus groups, a couple of parents mentioned that they were concerned about the quality of education available in kindergarten through third grade.

> High-quality kindergarten is lacking. I'm doing everything I can as a parent, but I'm worried already about the handoff to a high-quality K–3. I know class sizes are big, and school funding is being cut. That high-quality kindergarten option needs to meet the needs for all kids. I hear about stressed out teachers and big class size, and that leaves me with a lot of questions about what I'm handing off to in the future. I'd like to send my children to public education, but I struggle with that.
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> I gave my son to schools ready to go, and now he's not reading proficiently. When I ask for more support or resources for my child, they ask me if I'm doing things like talking to him. Of course I'm doing those things. What are THEY doing about it?

Difficulties of Parenting

The day-to-day business of family life presents particular challenges for families with young children, and the task of parenting itself was mentioned most often as one of the biggest challenges. Some parents in the focus groups said it is difficult to balance love and discipline, set

boundaries for children, and then adhere to those boundaries. Other parents mentioned that it bothers them to observe poor parenting skills in other parents. And a few parents pointed out a need for parenting education of some sort, although they recognized that this would require sensitivity to cultural differences.

> A challenge that I see is setting boundaries and following through with it. You can tell your child a certain thing, but you need to follow through with it.
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> Honestly, my biggest challenge is watching other people with their kids. I don't always like some of their decisions. I hang around a lot of younger parents, and I struggle to be quiet about how they raise their kids. I try not to mother their kids.
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> It's about the example that people have. Just because you grew up one way, doesn't mean you have to stay that way, but what happens is you do it subconsciously. You need to recognize and evaluate yourself. Just because your parents did it that way, doesn't mean you need to do it that way. It's so different now. If you learn how to change and evolve it's better for the kids in the household. Then your kids can influence their friends.
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> I cringed when I saw a comment on Facebook from my brother-in-law, he said something like, "We have this great baby without a license or classes." It made me think, for most things in life you need a license or some counseling. There is a lot of information out there, but how do we get it out to all of the families that need help— like my brother-in-law and sister who have no clue.
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> Several people have said parenting classes, but you have to be careful. …. Not everyone parents the same way.
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> Yes, parenting classes could cause problems for various cultures. It could set people off the wrong way. I know if someone who was Caucasian told me how to parent, I would think, "How can you tell me how to raise my African American children."

In one of the focus groups, a few of the participants talked about their concerns that many parents today are "selfish" and do not place a high priority on parenting.

> I think most people today are selfish, and they're not putting their kids first. TV is watching their kids. They just say, "Go get out of my hair." The biggest problem is parents are too selfish to do it right.
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> * * *

> There's a sense of entitlement in this generation. They don't want to work for anything. They just want to have it.

* * *

> You need to understand what [your parents] had to do to get what they got. Why do I see older people having a nice car? Because they worked for it. They raised their kids, and now they can live and do what they want. We want to get to the point where we can have those things. This generation wants everything now—like a microwave.

Difficulty Balancing Demands of Work and Family

Some parents who participated in the focus groups said the biggest challenge for families with young children is balancing the demands of work and family—and many participants nodded in agreement. The competing demands of raising young children and working to support the family financially are difficult for every family, but especially difficult for single parents with multiple children.

> My biggest challenge is balancing everything in the household. My husband, children, house. Every day is different.

* * *

> Right now, I try to schedule certain things in. If I write it down, it helps. I try to take an hour when I get home, and I go over a certain subject with my daughter. I try to teach her how to read. I've been learning how to schedule and organize better to try to balance everything better. I go to school full time, and it takes a lot of effort to do everything.

* * *

> I work 3 jobs. They're in school. We come home, and I only see them for a few hours. I'm only off one day a week. Finding the time to fit that all in so I can find time for my kids is really hard. I'm a single parent. Everything is on me. I would love to have one job financially, but I can't. My ten-year-old is fighting in school, and she said I'm never there. I'm crying. She's crying. I had to leave my kids' dad, but there were major issues. Now, he's not involved. I'm on my own. My biggest thing is time. I only get five or six hours of sleep and I'm up doing the same thing again.

Financial Burden

One parent mentioned that, even for families with two working parents, the financial demands associated with raising young children can be a significant burden.

> Not having resources or the income to do what you need to do is one of the biggest challenges. We both have got jobs that are stressful. When I had my boys I was feeling like I can't afford multiples. We need resources or help that consider some of the hardships we have.

What Makes Programs and Services Work Well?

Parents in the focus groups were asked what programs and services are working well for young children and their families in their neighborhood and community, and even more importantly, what is making these programs work well. The programs or services that were mentioned specifically were WIC (Women, Infants, and Children program), Way to Grow Playgroups, Great Start Early Childhood Scholarships, Gleaners Community Food Bank, Bright Beginnings, Great Start Readiness Program (GSRP), KinderCamp, Kindermusik, Gymboree Play & Music, Children's Healthcare Access Program (CHAP), Welcome Home Baby, Safe Kids Greater Grand Rapids, Pregnancy Resource Center, Starfish Family Services, MOMS (Mothers Offering Mothers Support) program, Great Start Connect, Ken-O-Sha Center, and programs at public libraries. The specific programs mentioned are related to the geographic area where the focus groups were held and the experiences of the participants. But as parents described what they like about these programs or services and what makes them work well, the following general characteristics emerged from the discussions. Programs that work well are:

- **Affordable.** Services are provided free, charges are based on 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 in.** 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.

Several of the comments made by parents about specific programs are reported below to illustrate these important characteristics:

> We did those [Way to Grow Playgroups], too. They were fantastic! And they were free! Kids are playing safely. They have cool, new toys to try. I was **able to connect with parents with similar aged children**. I also learned a lot about my kids. Whether it's about sharing or gross motor skills. **I learned a lot**. It was a good way to **help my kids find friends**, too. You could also **connect with a professional** that could answer questions.

* * *

> WIC is working well. The **application is easy**. They don't go into too many details about your income, and they provide you with food. They also **send reminders**.

* * *

An open door policy at school works well. I can sign in at the desk at school, and go see my son. There's no policy that keeps me out. That open door policy really helps. It's the same at Starfish Family Services. Being **open to involving parents** is good.

* * *

The Great Start Parent Coalition **scholarship** works well. I have an aunt who works with them and that's how I found out. My daughter gets **school and child care that is diverse**. It helps pay for day care with a curriculum. When she started they sat us down it was like an interview, they wanted to know my daughter. It is a Christian-based program. Her teacher is Caucasian and her second teacher is bi-racial. Her classmates are children of doctors and children who live in the inner-city. I like that.

* * *

Bright Beginnings is a **home visiting program** that works well. The Great Start Readiness Program is a bit **more diverse** versus Head Start where you are all the same low income and high risk. The Great Start Readiness Program does a nicer job getting diversity.

* * *

Welcome Home Baby is a great program. I had a nurse **come to my house** to explain to me about latching on for breastfeeding. WIC support makes a big difference to my groceries. I was adamant about breastfeeding and WIC provided me with an electronic pump so I could continue to nurse when I went back to work.

* * *

The Children's Health Access Program (CHAP) **gave me information** and sent me to a nurse to see if he had asthma and let me know that I had access to physicians. I didn't know that I could call my doctor at any time.

* * *

My kids are enrolled in a class at Starfish Family Services, and I get a lot of support from the family service workers for Early Head Start and Head Start. Starfish asks what issues you may need help with, and they'll provide **information about the services** you ask for help with. For example, I get a list of dentists or a list of counselors. They **connected me with services** I needed for my child. They showed me a program that helped him read.

What Is Not Working Well and Why Not?

Parents in the focus group were also asked what is *not* working well and why they think it is not working well.

Poor Access to Resources

Access to resources was mentioned most often by focus group participants as something that is not working well. They talked about difficulties finding out about programs and services, barriers that

make it difficult to access services, and the limited availability of some services, including medical and dental services.

> It seems like WIC offers all these great programs, but people only get told about the other resources if they can get into WIC.
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> Access to affordable, quality child care is a problem. Infant and toddler care is especially expensive, like $2,000 a month, so parents have to work more instead of spending more time with their kids. There are some quality home day cares, but still, for two children in care, [the expense] is crazy. If you are forced to go with a home day care that is not as expensive, you are forced to go with sub-par care and not giving your children these benefits in life. Centers can take only wealthy families. A low- income family even with DHS help, has to pay $100 per child per week to make up any tuition difference.
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> There are resources all over the place, but there is not one stop to get the help you need. I have to call, Google, e-mail, etc.
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> Even if [the resources] can't all be in the same geographic location, agencies need the knowledge [about available resources] to pass along to people.
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> Access to free or affordable healthcare is a problem. The information for these programs needs to be kept updated. It took forever for me to switch my daughter's Medicaid over because when I called providers they said they weren't accepting Medicaid patients, but the information I had said they were, otherwise I wouldn't have called them.
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> Access to dental care is not good. There are not dentists here who take Medicaid. My cousin has to go to Lansing for her daughter to be seen. The dental care access for Medicaid is non-existent. There is a clinic at Cherry Street, but the waiting list is horrible.

Lack of Continuity in Funding

A few parents mentioned lack of continuity in program funding, which makes it more difficult to keep parents and families engaged in programs. Differences in the availability of services between one geographic area and another can also be frustrating for families.

> Lack of funding and lack of consistency. Parents get really excited about a program and then it falls apart. The effort to re-engage parents over and over is exhausting. Stability and sustainability are really important.

* * *

> For people who are trying to implement programs, there's a jaded point of view. How long will this be around?

* * *

> That [continuity] is why I cling to libraries. Unless the library building crumbles to the ground, story time is going to be there. And those events are always there.

* * *

> We couldn't open enroll for the speech services our son qualified for [that were offered in a different school district]. We attended a different school district, but we had to pop-in for an hour a week to get the service we needed. It was a struggle. We could make the change [to the other school district] when he was in kindergarten, but not in pre-K.

Ineffective Communication with Parents

Communication between parents and teachers was mentioned by a few parents as another area that is not working well.

> I don't like parent-teacher conferences. You need to wait in a long line to see the teacher. And they don't always know which child is yours. Most of the time, I don't even get the chance to talk to the teacher. There is still a line, but they shut it down. And if you do get to talk to the teacher, they just give you a piece of paper about your child. Can't they just send that paper home with my child? They should just contact the parents that need to talk to the teacher. It's very important to know what's going on and communicate with the teacher. They should send notes, or e-mails, or make a blog about what's going on with my child, instead of going to conferences for nothing. I don't even go anymore.

Lack of Diversity

A few parents also talked about the lack of diversity among families participating in early childhood programs. They said they enjoy programs where there are families with different backgrounds and experiences, and they also think children benefit from more diversity. They explained that because of income eligibility requirements, the children and families participating in programs all tend to have the same socioeconomic background.

> There is no diversity with programs like Head Start, and that is important for those children and their families, too. They aren't seeing other possibilities.

Suggestions for Improving the Early Childhood System

Parents were asked for ideas that could solve the problems they mentioned during the discussion. Their suggestions largely mirror what was identified as working well and can be categorized into five strategy areas: continuity in funding; replication of characteristics of successful programs; expanding access for families at all income levels; increasing the diversity of families served; and conducting community outreach.

Provide Continuity in Program Funding

Parents said it is important to provide stable funding for programs so that families can count on the services being available. Continuity of funding also allows programs to reach out to families without uncertainty. One program that was mentioned specifically regarding continuity of funding was Way to Grow in the Traverse City Area.

> Refund Way to Grow! Make sure it has consistent funding. That could be—and it was—a great investment. It was a pot of money that went to ISDs [intermediate school districts]. There's a similar infrastructure now, but it hasn't quite come around again since funding was cut. It was basically universal services for children from birth through age five for health, education, and parent education.

Replicate Characteristics of Successful Programs

Some of the comments made by parents in the focus groups highlighted program characteristics that they said should be replicated. These parents appreciated the informal program structure of Way to Grow Playgroups that allowed them to participate in the way that is most comfortable for them as an individual, whether that is simply observing, mingling with other parents, or actively engaging in activities. They also like program eligibility requirements to be very open so that any family feels welcome to participate and there is no stigma associated with the program. Some parents said it is important to have a consistent staff person with whom parents can build a trusting relationship. Parents also value opportunities to get together with other parents to learn from each other and for social-emotional support.

> My husband would attend Way to Grow without question, and there are other programs that he won't attend. It was informal and parents could choose how they wanted to participate. It was universal access, too, so it was easy to attend. There were very limited requirements to participate. It was available at all different times, but it was consistent. It was also based in the school so there was some consistency with who was running the program. I got to know the staff. I had a lot of interactions with one person. There was more trust because of that. It was really easy to connect with the program, too. They shared the information with you right at the hospital.

* * *

> It helps to get parents together. I get a lot of good ideas from other parents about what to do.

Expand Access to Early Childhood Programs for Families at All Income Levels

During each of the focus group discussions, parents spoke about limited access to early childhood programs and services. They commented that access to and affordability of high-quality early childhood services is an issue, even for families with two incomes.

> This has been interesting. I didn't know about any of these programs [discussed today] because our income is too high. But we need help and information about early childhood and the services that are available, too.
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> There are lower income families that both parents are working. Instead of saying "you don't qualify" maybe provide coupons or something to help those who don't fall in the income range. Instead of getting the full amount, you could still get something.
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> We qualified for WIC when I stayed home for seven months after my son was born, but when I went back to work they cut us off. Shouldn't the programs be helping families to get better? If I stay home we get the help; if I work we are on our own.
>
> * * *
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> Programs need to be available to families that are seeking different resources, but also families at a higher level income who don't qualify. It [the program] needs to be open for all income levels and feel comfortable for everyone. People with higher incomes still need the education.

Parents made the following suggestions to expand access to early childhood programs and services:

- Offer services on a sliding scale based on income
- Provide scholarships for families unable to afford the program
- Provide discount coupons for families that don't fall within the income eligibility requirements
- Consider all family expenses, not just food and shelter, when determining eligibility for programs
- Include the hours a parent commutes to and from work in subsidies for childcare
- Provide free pre-school for all children aged four and five

Increase Diversity of Children and Families Served By Programs

Parents in two of the three focus groups brought up the importance of diversity among the children and families served by early childhood programs. They said that diversity is important for all children because then they are exposed to different ideas, cultures, and perspectives. They said that diversity is important for families, too, because parents can learn from the experiences of other parents. They suggested that the eligibility requirements and funding mechanisms be revised to support more diversity in the programs that serve young children.

Instead of putting money into stand-alone programs for just children with high risk, they should be putting that money into a successful, tiered system and allowing the families to choose different places. The tiers would be based on Michigan's quality rating system. If a center has reached a certain tier within the quality rating system, a family can choose that center instead of segregating the children. Another idea, since the cost of infant and toddler care is so high for programs that are good quality, offer a subsidy or grant to offset the cost of quality day care for parents that are at higher income levels.

* * *

One of the biggest barriers is access to quality, affordable child care. We have a system, like Head Start where all the money goes to high-risk families, so high-risk children are with other high-risk children. Their only experiences are with families who are high risk and low income. Money should go to other daycares to spread those children out, allowing them to mingle with other children who are not high risk.

Conduct Community Outreach

Improving community outreach was another strategy proposed by parents as a way to solve some of the problems with the early childhood system. They suggested sending program staff into the community and maintaining ongoing outreach. One suggestion was to create an early learning hub, such as a central location or phone number to call, with a focus on early learning resources.

Have people from programs go out to where people are anyway, like church or community centers. What I'm hearing is that people know about programs because they are already here. But the programs should go outside of their comfort zone and go into the community.

* * *

Community colleges are another good place to go. It should also be more than once a year to do outreach. It would be helpful if they were there more often. McDonald's still advertises. They don't have to, but they want you to always be thinking about it. Programs need to do the same. It needs to be on people's mind all the time. At bus stops, benches, and libraries, too.

* * *

Create early learning hubs, a central location or have a number to call, similar to how 211 is set-up, that is focused on services in the area that are targeted for early learning.

* * *

Have something like the women's expo that caters to parents and provides information about resources. All information is then housed in one central location.

Outreach and Information Sharing

Outreach strategies were discussed at length in response to follow-up questions. First, when parents participating in the focus groups were asked who they turn to when they need advice or help for their young children, the first response was usually "mom," followed by other family members and friends. Only a few participants mentioned a specific service provider in their community, such as a WIC program, early childhood center, home visiting program, or a health clinic. When participants were asked for suggestions on how programs that serve young children could reach families, parents advised using a variety of outreach mechanisms: "You need a little bit of everything."

One method parents emphasized was personal contact:

> When people feel like someone is personally reaching out to them, it helps them attend. It also needs to feel like a safe place—I mean emotionally safe.
>
> * * *
>
> You have got to go where parents are—schools, churches, the mall—and forge some type of relationship. People need to see that you genuinely care, not just doing your job. There is a need for creating a relationship to get the results you are looking for.
>
> * * *
>
> A parent would probably be a lot more likely to go somewhere if you can take your child and it is child friendly. People feel comfortable and don't feel intimidated by someone who they can relate to and is not looking down on you.

Parents said that one of the best ways to reach families that are not connected to services or support networks is through word of mouth, but they also suggested some ways to publicize services. The ideas that were shared included putting information and flyers in places frequented by families with young children, such as grocery stores, pediatricians' offices, WIC offices, libraries, schools, churches, and hospitals. Several parents agreed that neighborhood events hosted by service providers, such as carnivals with activities for children and information for parents, are a good way to reach families. One parent suggested going door to door with information. Another parent suggested contacting the human resource departments of employers to get information to working parents. Some of the parents pointed out that it is not enough to just display flyers, the information should be presented in an engaging way and staff at the location should be familiar with the information so that they can respond to questions from parents.

> I worked with a group that made up little bags for families while they were waiting for the doctor. It's reused, and there is a backpack with some toys and books to entertain your child. It had some flyers, too.
>
> * * *
>
> If you just drop pamphlets off somewhere, that's not enough. You need to teach the receptionist or front line worker about your program so that they can talk about it.
>
> * * *

> Maybe the family service workers can go to the schools and share information. It would only take a few hours to share that information with teachers and put it in public places.

Parents also said it would be helpful to have one source for information about all available services. Some parents suggested using online systems, social media, or call centers as a way to centralize information, but others said current online information is confusing and call centers such as the 211 system don't offer enough help for parents who are trying to sort through service information.

> There's no one place to go. [Through the Great Start Collaboratives] we try to build websites to do that, but efforts like Great Start Connect aren't working in the way we had hoped. The quality rating system is confusing and the website is awkward to maneuver. You jump around to all of these sites within the site. It's for parents. It's for providers. It tries to do too much. And accessing a website is a huge problem for us in northern Michigan.

* * *

> [In our community]we are working to create a 211 system. We just need early childhood programs to connect with the 211 provider, either through the operator or website. Hopefully, that will be a good place to have that information.

* * *

> Regarding the 211 model, people who answer the phone aren't helping you get to the resources. What is needed is having someone who understands the list of everything that is available and helping you [the parent] understand the list.

While parents did not use the term in vogue today to describe their need for help locating services, the function they described is that performed by a "navigator."

> Starfish Family Services asks what we need help with when I enroll and every three months they check-in. Teachers also call family service workers to help me get what I need. I can ask a family service worker anything. Their office is in the same hallway as my classroom, and her door is always open.

* * *

> I also think it's outside sources that really help connect you with programs. It helps when a person talks you through some of the options.

* * *

> There should be lower case loads for those who work with parents so they can spend more time to explain services and build a relationship.

* * *

> At least, when you give me a list, let me know if I would qualify. I need someone knowledgeable about any qualifications for programs.

* * *

> When you go to the doctor's office, there should be some questions they ask parents so they can connect you with what can help your children. They should want to create a good home environment, too.

Tracking Progress

At the close of the discussions, parents 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 availability of or access to high-quality early childhood learning programs. One parent said she would want to know the number of Early Head Start programs specifically, saying that "it's a travesty how few Early Head Start programs there are; it would make our state better if there were more programs in places like Inkster." One parent mentioned that it would be important to track access to health care, and another suggested tracking availability of intervention services.

Parents noted, however, that it would be difficult to define and track the *quality* of programs.

> Do all of our kids have access to quality preschool? As parents can we say what that [quality] is, and know that the state is listening to what we think is quality, not just what the state says is quality.

* * *

> Quality is different from child to child, too. Different experiences are needed for different kids. Quality changes depending on which child you're talking about. It's hard to make all programs and kids fit the same definition of quality. It's tough because I don't think we need all of our preschool teachers and day care providers to have a degree. Does not having a degree mean you're not high quality?

* * *

> Part of that is helping parents understand the quality rating system and how parents are connected to that system. Parents need to be heard and they need to understand their role in child care, preschool, etc.

Only a few parents suggested that they would want to include children's performance on a report card for early childhood in Michigan. One of these parents summed it up this way:

> It would be helpful to look at how kids are performing and whether or not they were in early childhood programs. Also, we should keep an eye on how kids are doing after they get in kindergarten. I'm a substitute teacher, and I see kids who aren't on track. Even if kids can read, they may need more help.

Conclusion

The parents who participated in the focus groups offered personal insights and experiences that highlighted strengths and weaknesses in Michigan's early childhood system, and they also offered strategies to address their concerns. When parents described programs and services that are working well for young children and their families in their neighborhood and community, several important characteristics emerged from the discussions. Parents said programs and services that are working well:

- Are affordable for families at all income levels
- Create relationships of trust
- Offer informal opportunities to connect and interact with other families
- Include a socioeconomically diverse population
- Make enrollment easy
- Provide information about child development and available resources
- Offer a safe, non-threatening environment
- Are conveniently offered in the home or neighborhood
- Create a welcoming, open-door policy

When the parents were asked what is *not* working well, the issues that received the most discussion were poor access to resources, lack of continuity in funding, ineffective communication with parents, and lack of diversity among the families and children participating in programs.

To improve the early childhood system, parents suggested the following strategies:

- Provide continuity in funding for programs so that families can count on the services being available, and programs can reach out to families without uncertainty.
- Replicate program characteristics that parents appreciate, such as informal program structures, open program eligibility requirements, consistent staffing, and opportunities to connect with other parents.
- Expand access to early childhood programs for families at all income levels through sliding-scale fees, scholarships, discounts, and free preschool for all children aged four and five.
- Increase the diversity of children and families served by revising program eligibility requirements and funding mechanisms.
- Improve 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.

The ideas and suggestions offered throughout the focus groups were given careful consideration by the Office of Great Start as it developed a comprehensive plan for the well-being of Michigan's children from prenatal through age 8.

Appendix A:
Demographic Characteristics of Participants

Thirty-five people participated in the focus groups. The demographic information collected from the participants is presented below. Note: The sum of numbers below does not equal 35 since some people did not provide complete demographic information, and some may have selected more than one response option.

Demographic Characteristics of Participants	
Gender	
Female	30
Male	2
Age	
18 or younger	1
19–24	2
25–34	14
35–44	17
45–54	0
55–64	0
65 or older	0
Race	
White/Caucasian	14
Black/African American	13
American Indian	0
Asian Pacific Islander	1
Multiracial	2
Other	2
Ethnicity	
Latino/Hispanic	1
Non-Hispanic	16
Annual Household Income	
Less than $20,000	9
$20,000–34,999	8
$35,000–49,999	2
$50,000–75,000	7
More than $75,000	7
Number of Children in Household Who Are:	
Under one year old	9
One year old to 3 years old	23
3 to 5 years old	19
6 to 8 years old	14
9 to 17 years old	23

Appendix B:
Focus Group Protocol and Discussion Guide

Facilitator Instructions: Introduce yourself and welcome participants individually as they arrive; thank each of them for coming. Start the discussion when all expected participants have arrived. Even if it appears everyone has not arrived, start the discussion within a few minutes of the scheduled start time and tell the parents that you want to get started to be respectful of their time.

Thank all participants again as a group for agreeing to participate in the discussion. Reintroduce yourself and introduce the person who will be taking notes and explain your roles. Tell the group that you are from Public Sector Consultants, a private research and consulting firm based in Lansing that has been asked to do research for the Michigan Department of Education. Then follow the script below.

Facilitator's Script: *The Michigan Department of Education's Office of Great Start is interested in learning what works best for young children from birth through age 8. They want to make sure families of young children have easy access to the programs and services they need so that every child can be successful. To do that, they need to understand what works well now for families with young children and what might make it work better. We are meeting with groups of parents in different parts of the state to ask what you think works well now in your community and what needs to be improved. You know best what it is like to be raising young children, and you know what it is really like to try and find services and get support when you need it. We want to learn from your experience and expertise in raising your children.*

Everything you say will be anonymous; you will not be identified by name in our report. We may include some of your specific comments, but we will not attribute them to you.

Before we go farther, let's take a few minutes for introductions. We would like everyone to have a sense of who is in the room. Please take a minute or two to share your name, the number of children in your family and their ages, and whether you live around here or nearby.

Facilitator Instructions: Invite introductions in a round-robin format. The scribe should take notes on demographics of the group that come out informally during the introductions.

When introductions are finished, point out the four OGS outcomes posted on easel paper and expand upon them using the following script.

Facilitator's Script: *Please look at these posters. There are four goals listed for young children in Michigan.*

- *The first goal is that all children be born healthy. To reach this goal, women need to receive appropriate health care, good nutrition, and support before, during, and after pregnancy.*
- *The second goal is that all children are healthy, thriving, and developmentally on track from birth to third grade. This means paying attention to a lot of things that can affect how well young children are doing—including making sure they are safe; get good physical, mental, and dental health care; have easy access to quality child care when away from home; eat food that is good for them; find time for active play; know how to communicate and interact*

with other children; and get lots of love and attention. All of these things will affect their ability to do well in school.

- *The third goal is that all children are developmentally ready to succeed in school at time of entry. Whenever children begin school, they should have confidence and all of the skills they need to do well.*
- *And the fourth goal is that all children are able to read proficiently at the end of third grade. We know how important it is to be good readers throughout our lives, and this goal recognizes that the best time to get the skills needed for that lifetime of reading is in these very early years.*

As we talk with you, please keep in mind these four goals for children from birth through age 8.

Facilitator Instructions: Begin with the first question in a round robin format. Once parents are comfortable talking, do not use the round-robin approach but make sure that everyone has an opportunity and is encouraged to speak.

Facilitator's Script:

1. *When you think of your own young children and the children of your friends and neighbors, how do you know when they are doing well? What do you see?*
2. *Tell us about the families with young children in your neighborhood or community. What are some of their strengths? [Probe: What are some of the best things families with young children have going for them?]*
3. *In your opinion, what are the greatest challenges that families with young children have to deal with in your neighborhood or community? [Do not probe. Allow participants to respond with either broad family life challenges, or challenges specific to helping children be ready to succeed in school, or both. The direction that participants go on this question will be informative.]*
4. *Who do you turn to when you need advice or help for your young children? [Probe: How do you learn about programs and services that are available and might benefit your child(ren)?]*
5. *What programs and services for young children and their families are working well in your neighborhood or community? What is happening that makes these programs work? [Ask parents to give you more detail or specific examples if necessary.]*
6. *What's not working well, and why do you think it is not working well? Who do you call or where do you go for help when this happens? [Probe for specific examples.]*
7. *What ideas do you have that could solve some of the problems you mentioned? [Probe: What would work better for your family or in your neighborhood or community?]*
8. *How could programs that serve young children connect and reach families in your neighborhood or community? [Probe for specific examples. Record names of programs that are mentioned specifically.]*
9. *If we could create a report card for early childhood in Michigan, what would you want to know or see graded? [Probe: Is there some specific information or numbers that you think should be made public so everyone can keep track of progress?]*

Facilitator's Script: *That is the end of our questions. Do you have any other comments or ideas that you want to add?*

Thank you again for taking the time to share your ideas with us.

Stakeholder Survey Summary

Appendix V

Prepared for
Office of Great Start
Michigan Department of Education
Lansing, Michigan

Prepared by
Public Sector Consultants Inc.
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Introduction

To support the Office of Great Start (OGS) in the development of a comprehensive plan for the well-being of children from birth through age 8, Public Sector Consultants Inc. (PSC) conducted a survey of early childhood stakeholders. The survey was intended to reach teachers, administrators, program service providers and, especially, parents.

Nearly 1,300 people responded to the survey. To gain a sense of the perspectives represented in the survey responses, respondents were asked to indicate which one of 5 categories *best describes* them. Of the 1,039 respondents who answered the question, a plurality are early childhood educators or administrators (38 percent). At 23 percent, parents and grandparents of children under age 9 represent the next largest group of respondents. The categories and the number of respondents in each are presented below.

Stakeholder category	Number of respondents	Percentage of respondents
Early childhood educator or administrator	397	38.2%
Parent or grandparent of one or more children under age 9	234	22.5
Other service provider or administrator for young children	169	16.3
Other	131	12.6
Early childhood advocate	69	6.6
Paid caregiver for one or more children under age 9	39	3.8

The purpose of the survey was to find out what stakeholders believe is working well for young children and their families, 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. Participants were asked to keep in mind the four outcomes established for the OGS:

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

The survey questions were open-ended, which led to wide variety in the level of detail provided in responses, and allowed respondents to offer more than one idea in a single response. To the extent possible, multiple ideas presented in a single response were parsed out and comments were categorized into broad themes. Generally, if an idea was mentioned more than 20 times it is included here, although often sub-categorized within a much broader theme that received attention from hundreds of respondents.

To simplify analysis of the survey, the responses to each question were considered separately, and the report is organized by the four questions. The survey design allowed for a significant amount of overlap in responses across questions. That is, programs, services, and other system

components that respondents identified as working well in question one were often among the problem areas identified by respondents in question two. Furthermore, questions three and four, which asked respondents what could be done to improve the system and how access to programs and service could be improved, elicited very similar responses. And, not surprisingly, the responses to both of these questions overlap significantly with the description of problem areas identified in question two.

This report presents key themes that emerged from the survey responses. The comments and ideas offered by survey respondents were given careful consideration by the OGS as it developed recommendations on how to best support the interests of young children and their families.

What Is Working to Ensure Children Are Successful?

Survey respondents were first asked to identify what they believe is working right now to ensure that children are successful. Some noted an increase in the awareness of the importance of early childhood. Others described specific aspects of the system that are working, including prenatal care and supports, early screening and intervention, and high-quality child care and preschool programs. And others noted the importance of parent involvement and parent education as well as access to a wide variety of services and supports that are well-coordinated, especially at the local level.

Health Supports

More than 300 respondents described health care services and supports as working well for children and families. Many respondents noted progress toward the goal of children being born healthy. They credited prenatal care and education, home visiting programs, access to health care after birth, nutrition services and food supports, and mental health services.

Prenatal care and education: More than 150 respondents described positive efforts around prenatal care and supports, including access to services at a variety of locations, including local health departments. Many said that the availability of Medicaid coverage for low-income pregnant women greatly improves access to prenatal care. Others said that more pregnant women are being reached with education and other supportive services during the prenatal period, which improves birth outcomes and reduces infant mortality.

Health care: Respondents said that children and their families are also supported by access to health care services beyond prenatal care. More than 50 respondents said that children are receiving appropriate immunizations and well-child visits. A handful of respondents said more children have access to a "medical home," an approach to providing comprehensive primary care.

Home visiting: Home visiting services, especially those that start during pregnancy, were mentioned by more than 50 respondents as a successful strategy for improving birth outcomes and infant health. Those that were mentioned by name include the Maternal Infant Health Program (MIHP), Parents as Teachers, the Nurse-Family Partnership, and Healthy Families America.

Food and nutrition: Nutrition is another critical support for families, according to respondents. More than 50 respondents noted the importance of the WIC (Women, Infants, and Children) program. Others noted that food pantries and the SNAP program for help parents feed their children.

Mental health: Nearly 20 respondents commented on the availability of infant mental health services as supporting positive parenting and early childhood development.

Early Screening and Intervention

More than 200 people said that programs to identify and address delays and learning challenges early in a child's life are working to ensure that children are thriving and developmentally on track. Respondents credited programs such as Early On® (91), Project Find

and Child Find (10), and Head Start and Early Head Start (7). Some (18) noted that health care providers who interact with young children appear to be more aware of the need for early screening and intervention and are also becoming more familiar with resources to which they can refer families. Several respondents (10) identified the Ages and Stages Questionnaire as a useful tool that is used by a variety of agencies and individuals, including primary care providers and parents, to screen children for delays.

Access to and Availability of High-Quality Child Care and Preschool Programs

In total, about 250 respondents submitted comments about the ways in which early childhood education and care is contributing to the success of children. About 100 of these respondents said that access to these programs and services is improving. And another 150 believe that available programs and services are of good quality. Many identified specific programs such as Great Start Readiness Program (GSRP) and Head Start as good-quality preschool programs for children. Some said that high-quality child care is available as well. Some also spoke highly of the dedication and qualifications of staff in early childhood education and care programs.

GSRP and Head Start

While some respondents offered general comments about the availability of good preschool programs, many named specific programs they believe are successful at helping young children prepare for school and life. Programs mentioned most often by respondents are Head Start and GSRP, with about 100 mentions each (many mentioned both). One parent described this experience with GSRP:

> In the preschool setting, my son's teacher incorporates gross motor and fine motor skills into activities and approaches each moment as a teaching opportunity. As a family we have seen so much growth in our son's development since starting our school district's great start readiness program.

Of Head Start, another parent had this to say:

> My children go to the Head Start program, and I feel that their program is very effective. They have individual plans for each child and numerous screenings, which helps educators and parents to work together if their child may need special programs and resources.

Literacy Programs

Programs that focus on literacy also received quite a bit of attention from respondents. More than 60 respondents said that an increase in programs with a focus on literacy as well as the practice of ensuring that reading is incorporated into preschool and child care programs are improving reading proficiency. Specific literacy programs mentioned include the Dolly Parton Library, Imagination Library, Reach Out and Read, and Raising a Reader. Many said that simply an increased emphasis on literacy and promoting daily reading times at school and at home have been important.

Dedicated and Qualified Providers

More than 30 respondents pointed to the high-quality providers and teachers within child care and preschool programs as well as in the public school system. Many of these comments were submitted by parents, who have had good experiences with their children's providers and teachers and have observed positive results in their children's learning. Teachers and administrators also commented on the dedication of staff to helping children achieve the outcomes.

Child Care

Nearly 20 people identified high-quality child care as a contributing factor to achieving positive outcomes for children. One said that "Any childhood center that is nationally accredited is addressing all of these issues [the four Early Childhood Outcomes], and much more." Another said, "Our county has several excellent options for child care and preschool that allow children to have the best opportunities for learning prior to entry to kindergarten."

Efforts to Ensure Quality

About 100 respondents spoke positively of efforts to improve the quality of programs and services available to children and families. Many respondents indicated that they believe the bar for quality is being raised for child care and preschool providers. One said, "Child care providers (in centers and homes) are being expected to have a higher level of education." Another noted a "focus on raising the quality of child care and education programs."

Quality Improvement Strategies

Nearly 50 respondents commented on efforts to improve quality in child care and early education programs. The Great Start to Quality initiative received the most attention as a specific effort to assess and improve quality, with 20 mentions. Those who commented on the Great Start to Quality initiative said that it is a good start to setting standards and helping parents identify high-quality providers. A few said that education requirements have resulted in more highly qualified teachers. The Preschool Program Quality Assessment (PQA) and Classroom Assessment Scoring System (CLASS) were also mentioned by a few respondents as good quality assessment and improvement tools. The PQA is a rating instrument for assessing the quality of early childhood programs, and CLASS is an observational assessment tool.

Provider Training and Resources

Another 50 respondents noted that good provider training is available to help ensure quality. One provider said, "I have been able to attend local classes that help me work/play better with the children in my care." Another said, "We have been given many instructional materials in order to enhance phonemic awareness and to help instill a love of reading in the students."

Parental Education and Involvement

Educating parents and involving them in their children's education and development are critical to good outcomes, according to many respondents. More than 100 respondents indicated being pleased with efforts to give parents useful information for raising their children and to involve them in the education of their children. Several respondents named specific programs and

services, including Great Parents Great Start, home visiting services, and Parents as Teachers. Said one parent:

> There seems to be a subject matter expert for each stage of early childhood that my child is in. For example, during pregnancy, my mid-wife is an expert. For after birth, my family practitioner is an expert. For my preschooler, the teacher is the expert.

Another respondent noted that, "Parents are educated on child development and what to look for as far as warning signs. Educators and parents work together closely to plan out the child's education. Parents need to be as involved as possible in the education of their children."

Collaboration/Coordination

More than 100 respondents commented on positive efforts at collaborating and coordinating to meet the needs of families and children, especially in local communities.

Great Start Collaboratives: More than 50 respondents spoke highly of the Great Start Collaboratives in their communities, saying they "help to bring all of the programs and services together" and engage in "system building efforts."

Local groups work well: Many respondents commented that collaboration is working well in local communities. Several areas of the state were mentioned by name, including Grand Rapids, Grand Blanc, Saginaw, Iosco County, Wayne County, Eaton County, Kalamazoo County, Midland County, and northwest lower Michigan. A few of the comments that identified local community collaboration emphasized the importance of local solutions to local challenges. One said: "The focus on local solutions delivered through a collaborative network supported by ISDs has been a positive combination." Another said: "Good community collaboration on community-specific goals related to these [early childhood] outcomes."

State-level collaboration: While most of the comments about collaboration and coordination were general or suggested that it is occurring at the local level, a handful also identified positive steps toward coordination at the state level. For example, "Central collaboration of early childhood agencies is critical to moving Michigan forward in positive early childhood outcomes." Another said, "I think our state is doing a much better job with systems building and working on the key infrastructure pieces."

Greater Awareness of Importance of Early Childhood

More than 70 people commented that awareness of the importance of early childhood appears to be increasing. They noted that early childhood is receiving a lot of attention in the state, and that it seems more people are calling for greater availability of high-quality early childhood programs.

A handful of respondents say the creation of the Office of Great Start and appointment of a deputy superintendent is a step in the right direction toward elevating the importance of early childhood. One said, "The OGS firmly establishes that early childhood has a strong voice within MDE, public schools, business, and politically."

What Is Not Working as Well as it Should?

Respondents were also asked to describe what is *not* working in the current system of early childhood education, care, and supports. Many respondents said that too many children are not meeting OGS's early childhood outcomes. They noted high infant mortality rates and continued challenges with getting women into prenatal care. They said many children are not ready to succeed at school entry, and they also noted continued challenges with literacy that prevent children from reading proficiently in third grade. Some noted racial and economic disparities in the outcomes.

Hundreds of respondents offered specific examples of problems in the current early childhood system. Major problems identified include limited availability of programs, barriers to access, inadequate funding and other resources, limited quality, poor parent education and engagement, and lack of coordination.

Limited Availability of Programs and Services

Nearly 300 respondents offered comments that indicate access to and availability of services are limited. They noted challenges especially related to health care services, programs and services for children from birth to age 3, and preschool programs.

Health Care Services

More than 100 respondents spoke of problems related to access and availability of health care services. About 20 people suggested access to prenatal care and education is limited. Nearly 30 said providers who accept Medicaid are difficult to find, especially due to low Medicaid reimbursement rates. Another 30 said that mental health services are limited and not enough attention is given to the mental health needs of young children and their parents. A handful noted limited access to dental care.

Programs for Children From Birth to Age 3

More than 70 respondents said there are not enough programs and services reaching children from birth to age 3. While about half of these comments were fairly general, nearly 20 respondents said there are too few home visiting programs and 15 said Early On is not accessed as much as it should be because of limited screening and referral. Another 15 respondents said that 3-year-olds, in particular, have limited access to services. They feel that this is the age when Early On services tend to phase out and preschool services are harder to come by for this age group.

Preschool Programs

More than 100 respondents said that the availability of preschool programs is limited. Nearly 70 respondents said, in general, that access to preschool or pre-K programs is limited. About 20 respondents noted the limited availability of the programs due to capacity problems and waiting lists to get into the programs. About 30 respondents specifically noted limited availability of GSRP programs and slots, and another 13 specifically mentioned limited Head Start availability.

Barriers to Access

Nearly 200 respondents identified specific barriers to access beyond limited availability and capacity of programs.

Awareness: More than 60 respondents said a major barrier to accessing programs and services is lack of awareness of the programs. If people do not know about the programs or know whether they qualify, they cannot participate, respondents asserted.

Inadequate screening/referral/early intervention process: Nearly 60 respondents pointed to inadequate screening, referral, and early intervention services. This means that many children who may be eligible for services that can have a positive impact on their development do not receive them because processes to identify and refer them are not widely available. Many identified pediatricians and family doctors as a gap in the referral process, since these providers may not be screening patients and/or they are not aware of referral guidelines or available services. A few noted that hearing and vision screenings are not offered early enough; a couple of respondents said teachers may not be recognizing developmental delays. Respondents also noted that the DHS may not make necessary referrals to Early On, and school districts' guidelines for referral for further diagnostic assessment vary. Also, once problems are identified, the capacity/availability problem discussed above means that services are not always readily available.

Cost: Another 40 respondents noted that child care and preschool can be cost prohibitive for parents. Many said that quality child care is not affordable for many working families who are not eligible for GSRP or Head Start. About 15 respondents also noted that the state child care subsidy is inadequate to help families afford high-quality child care for their children.

Transportation: More than 30 respondents said that transportation can be a problem for parents. Some said that parents do not have adequate public transportation options to get to programs; others said that limited or non-existent busing for preschool programs makes it difficult for parents to get their children to and from school.

Restrictive eligibility criteria: More than 30 respondents said that the restrictive eligibility criteria for some programs (especially the income guidelines for Head Start and GSRP) can leave some parents with limited options for preschool.

Challenging application process: Approximately 15 respondents said enrolling in programs can be challenging. Some said eligibility criteria can be confusing for parents. A few noted incompatibility between Head Start and GSRP eligibility criteria as a problem. Others said "there are too many hoops to jump through" and "parents have to make too many phone calls to get help."

Service hours: A handful of respondents (8) noted that programs are often offered at inconvenient times. The GSRP schedule and half-day programs are difficult to manage for parents who work during the day.

Language and cultural barriers: Another 8 respondents said that cultural barriers, especially language barriers, make it challenging for families to access services and/or feel accepted by providers.

Quality

More than 200 respondents offered comments related to quality of programs and program content as well as efforts to improve quality and accountability.

Program Quality and Content

More than 50 respondents described being disappointed with the quality of care and education provided in the pre-K years, or they said that quality programs and services are not widely available, which limits access to quality.

Another 73 identified specific problems with programs, including too much academic emphasis with little emphasis on social/emotional development (39), lack of attention to the individual needs of children (17), and large class sizes (17).

According to nearly 30 respondents, quality suffers due to staffing and provider challenges, including understaffing, high caseloads, limited number of staff who have appropriate training and education, high staff turnover rates, and limited planning time for teachers.

Efforts to Improve Quality and Accountability

About 40 respondents commented on existing efforts (or the lack thereof) to improve quality and hold providers accountable. A few noted generally a lack of clear guidelines for quality and unclear expectations for early childhood education providers. A couple of respondents said that "evaluation of programs is substandard" and there is "a lack of a continuous process for evaluating programs to ensure quality is demanded and maintained." Most of the comments on quality improvement focused on the state's quality rating and improvement system, the PQA, and provider training.

Quality rating and improvement system: More than 30 respondents said that implementation of the state's quality rating and improvement system is problematic. More than 20 named Great Start to Quality or the star rating system specifically. There were very few specific challenges identified. Those that offered detail said that the "new rating system promotes university and state-funded programs and hurts the little guy" and there is "lack of interest and support by family and home child care providers for the new rating system."

Preschool Program Quality Assessment (PQA): A few respondents said using the PQA for evaluating programs is not working well, noting that it is "geared only for the High Scope curriculum" and it is "hard to find Early Childhood Specialists that have a master's degree to do the PQA."

Provider training: More than 40 respondents offered comments related to provider training. Some commented that training is not available. Others said it is available, but it is ineffective or difficult to access. They said it tends to be expensive or offered at times and locations that are inconvenient.

Burdensome administration and bureaucracy: More than 20 respondents criticized the state and other administrative entities for overly burdensome paperwork, administration, and licensing requirements, which many say take away from the time and effort providers can give to teaching and caring for children.

Lack of Coordination and Collaboration

Nearly 200 respondents offered comments that suggest the lack of a collaborative approach to the development and delivery of programs and services affects access to programs as well as the quality of services provided. Respondents blamed limited coordination and communication among providers (49), lack of a shared vision for early childhood (21), competition among key stakeholders (15), separate funding streams (6), and lack of strong coordination between Head Start and GSRP (7). About 10 respondents said that limited coordination and collaboration prevents seamless access to services for families.

More than 30 respondents said that goals and expectations for preschool programs are not well-connected to K–3. One said, "There is a gap in expectations between preschool and kindergarten." Another added, "Preschool is not in sync with expectations for incoming kindergartners." Respondents suggested there is not enough communication between pre-K and kindergarten to ensure the two systems have the same expectations or goals and are in coordination with one another.

Several respondents (9) said that lack of a standard system for collecting and reporting data on early childhood outcomes and on children's involvement in early childhood services creates a barrier for tracking and monitoring child outcomes.

Funding Challenges

Nearly 200 respondents identified challenges related to funding as major barriers to expanding availability of and access to programs. The majority of these comments suggested that current funding is inadequate. Others said funding is unstable, poorly allocated, and cannot be easily coordinated.

More than 110 identified lack of adequate funding or resources as a primary barrier. They said more resources and funding are needed to support community outreach, parent education, adequate staffing, program supplies and equipment, program accreditation, Great Start Collaboratives, and preschool programs.

Another 40 respondents said that funding that *is* available tends to be unstable. They noted budget cuts as a constant concern. A few noted that K–12 funding is inadequate and continues to be cut in the state budget. Others said funding tends to be time limited; and a few said that grants to early childhood programs have seen recent cuts.

Nearly 20 respondents identified a lack of support for early childhood in the legislature and limited understanding among the public of the importance of early childhood as primary barriers to greater investment in early childhood.

Poor Allocation of Resources

More than 30 respondents said that funding is not allocated or used effectively. Many asserted that too much money funds administrative functions rather than reaching children and families directly. A few respondents are unhappy with the fact that GSRP funding is funneled through ISDs. Others said that Great Start Collaboratives use money for too many activities that are not direct service. Some of the respondents expressed displeasure with per pupil and population-based funding allocations, while some felt that too much money is spent on rating programs rather than helping them improve.

Separate Funding Streams

A handful of respondents (6) said that separation of funding streams can present barriers to effective programming. They said there are "too many funding streams with too many stipulations" and "early childhood rules limit braiding of funding." They also noted that the funding streams are "complicated" and "not coordinated well at the state level."

Parent Education and Involvement

More than 200 respondents said that parent education, engagement, and involvement need to be improved. Many said that far better outreach efforts are needed for those families with high needs.

Nearly 80 respondents said that more parent education is needed to ensure that parents are aware of developmental milestones and understand positive parenting practices that will improve their children's chances of success in life. They also said that parents need to be held accountable and take more responsibility for the early care and education of their children.

About 75 respondents said that efforts to engage parents and involve them in their children's education are inadequate. Providers said it can be challenging to engage parents, noting that many parents do not seem interested in being involved. While they believe parent involvement is essential, they feel limited in their ability to get the parents involved.

Nearly 50 respondents said that the families and children at highest risk for poor outcomes are not being reached by programs and services, and that efforts to reach out to these families should be improved. Another 40 said that many families are struggling with basic needs, which likely prevents them from investing as much energy as they otherwise could in their children's education. Families are struggling with poverty, substance abuse and addiction, housing, and hunger, according to respondents.

What Improvements Could Be Made?

Based on the challenges and problems respondents identified in the second question about what is not working as well as it should, they were asked to suggest the types of improvements that could be made. Respondents offered suggestions for expanding program and service availability, improving access to services, ensuring quality and accountability, increasing funding for services, improving parent education and engagement, improving coordination and collaboration, and improving leadership.

Expand Availability of Quality Programs and Services

Nearly 450 respondents called for expanding the availability of quality programs and services. They described the need for greater prevention and early intervention efforts, more preschool options, special education services, and health care services.

Health Care Services

About 100 respondents commented on the need for improved access to and availability of health care services. More general comments made by about 30 respondents included the need for more health care providers and provider locations throughout the state, as well as more providers who accept Medicaid. A few said that health care services should be available in schools.

Nearly 40 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.

A handful of respondents also noted the need for better access to prenatal care (5), immunizations (4), and dental and vision services (4).

Prevention and Early Intervention Programs and Services

Nearly 130 respondents 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, Special Education Part C, and the child care expulsion prevention program. Approximately 35 said home visiting provides a great way to reach parents with important information about development, and these services should be offered more widely through programs such as the Maternal Infant Health Program, the Nurse- Family Partnership, and Great Start.

Another 35 respondents called for a greater emphasis on services for children from birth to age 3. They noted that most brain development occurs during this stage of growth. More than 20 of these respondents noted a lack of options for children once they reach age 3. Several said that the number of openings for 3-year-olds in Head Start should be expanded, and several others suggested expanding GSRP to reach 3-year-olds.

Availability of Preschool

Another 150 respondents said preschool programs should be more widely available. While 35 respondents spoke generally of the need to expand preschool options, 40 said that GSRP should be expanded to reach more children, and 13 said the Head Start program should be more widely available. Commenters suggested increasing funding to support expansion of these programs, including increasing the number of slots and locations available to serve children ages 3 and 4. More than 60 additional respondents said there should be universal access to preschool, especially for 4-year-olds.

Special Education Services

More than 30 respondents identified several problems with special education services that should be addressed to ensure these services are available to the children who need them. Most noted that state funding for special education is insufficient to meet the needs of all children who qualify. A few noted that some school districts have cut funding for special education, and others said there are not enough special education teachers and paraprofessionals. They also said that non-special education teachers should receive training on how best to work with children with special needs.

Improve Access to Services

Nearly 400 respondents suggested ways to remove barriers to accessing services for families and children. They noted the need for transportation, increased awareness of resources, improved screening and referral, and services that are affordable. Respondents also said outreach to families with high needs should be improved, and that programs should focus on high-need areas of the state. Access in rural areas can be particularly challenging, according to some respondents.

Transportation

Nearly 60 respondents said that transportation should be provided for families to get to programs and services, and for their children to attend preschool. In some areas, public transportation services are inadequate, which can make travel to doctor appointments and other services challenging. Because of the hours that preschool is offered (especially when it is only a half-day program), parents have trouble working out transportation to the program, according to many respondents. They said two-way transportation for preschoolers would help many parents who want to enroll their children. One respondent suggested providing a stipend to districts that provide transportation for the families who have students enrolled in GSRP.

Communication/Awareness About Available Resources

To increase access to services, nearly 60 respondents said that more people must be made aware of the services that are available. They suggested pediatricians and child care providers as potential sources of information for parents. They also suggested sending information home from school in children's backpacks. Another idea was using PSAs and advertising on public radio and television, or on billboards.

Centralized Intake and Seamless Access

More than 50 respondents said that access to services for families would be greatly improved if the avenues for enrolling in and obtaining services were more consumer friendly.

Centralized and universal application: More than 30 respondents said that the application process is often confusing and cumbersome for parents. They suggested the development of a universal application process and a single point of access for determining eligibility for programs and services.

Service hubs and navigators: About 20 respondents suggested creating service hubs where people can go to learn about and access a variety of services, or at least identifying "navigators" to assist parents and families with identifying and enrolling in services for which they are eligible.

Screenings/Referrals

Nearly 50 respondents said that more effective and timely screenings and assessments would help improve referrals—and therefore, access—to services. Many of these respondents suggested that physicians and other health care providers should be made more aware of developmental screening assessments and tools and should have the information they need to make appropriate referrals. Other respondents indicated that better information on where and how to refer parents and children should be made available. One provider said, "We are doing the screenings, but need more support on what to do next, and how to support parents to take the next steps."

Outreach to Families and Children With High Needs

About 50 respondents said that greater outreach should be conducted to families with high needs and that services should be focused on meeting the needs of children in these families. A few noted that the families most in need are those who are "falling through the cracks." Respondents suggested going directly into low-income neighborhoods to share information, offering information when state aid is provided for other services, and offering events where families can learn about Great Start opportunities and also learn from each other.

Make Programs and Services More Affordable

About 70 respondents said that programs and services need to be made more affordable for families. Many suggested expanding the eligibility criteria for GSRP and Head Start so more children can qualify. They noted that many families make too much money to qualify for the free programs under the current guidelines, but find it difficult to afford preschool otherwise.

One solution offered by more than 20 of these respondents is to provide public funding to support preschool programs other than GSRP and Head Start. They contend that other programs can provide a high-quality product, and public funding to support these programs would make them more affordable for more families. A few respondents suggested providing funds to families to support the purchase of preschool services. For example, offering scholarships to pay for student tuition or a tax credit for private child care.

Another 20 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, "DHS child care assistance should be funded to reflect quality care instead of custodial care."

Ensure Quality and Accountability

More than 300 respondents spoke of the need for improved quality and better efforts to monitor quality and increase accountability. They described the types of program and service features that would lead to higher quality, and also offered more specific suggestions for making improvements in this area.

Components of Quality Programs and Services

Nearly 100 respondents offered comments suggesting ways the quality of current programming could be improved.

Offering research-based and developmentally appropriate curricula: Nearly 50 respondents said that preschool programs should be required to use a developmentally appropriate curriculum. Many of these respondents are concerned that current preschool programming has a strong focus on academics and rote learning. They emphasized that strategies for teaching young children should allow for play and experience-based learning. Many said there should be an increased emphasis on developing positive social-emotional health in children.

Individualized instruction and service delivery: Nearly 30 respondents suggested that children should be given more individual attention. Respondents said "One size does not fit all" and "developmentally appropriate for the *individual* is key." One suggested developing individualized learning plans for all children, not just those with special needs.

Smaller class size: Nearly 20 respondents said that smaller class sizes would help teachers work better with their students, and would likely help increase individualized instruction.

More staff to work with children: Approximately 15 respondents said that more aides should be hired to assist in classrooms, and that child care providers should have better caregiver-to-child ratios.

Improving Quality and Accountability

More than 200 respondents offered suggestions for improving quality system-wide, with more than half of these comments relating to provider training, supports, and incentives (140). And nearly 80 offered comments related to evaluation and monitoring.

Provider Training

About 60 respondents said that the qualifications and credentials of service providers should be improved, and most said additional training should be provided. Respondents said training should be provided on early childhood development, how to recognize delays, how to work with children with a variety of special needs, and infant mental health, as well as training on any changes to rules and practices based on system reform.

Another 20 noted that training currently offered to providers needs to be more accessible. They said it is often unaffordable and offered at inconvenient times and locations. The respondents suggested offering training online, in the evenings, or on the weekends to make it more accessible for service providers.

Provider Compensation

More than 40 respondents said that pay for child care providers and preschool teachers should be increased to attract the highest quality staff and to prevent staff turnover. Many noted that preschool teachers are often required to have the same credentials as K–12 teachers, but are paid far less. One said, "I have a master's degree in Early Childhood Education, but still fail to make a decent living to raise my children."

Provider Incentives

More than 20 respondents said that program providers should receive financial incentives for achieving quality goals. One suggested offering "financial incentives for expanded hours and transportation for preschools who can meet quality standards and demonstrate affordability." Another said, "Funding should be tied to [program quality] ratings to incentivize programs to improve quality."

Evaluation and Monitoring

About 70 respondents spoke of the need to improve accountability and offered suggestions for strengthening current efforts.

Child readiness and achievement standards: About 25 respondents said that child readiness and achievement standards should be developed and widely promoted. They said this will support selection and use of appropriate curricula as well as help child care providers and teachers in their efforts to support children in day care, preschool, and school settings.

Great Start to Quality and the Quality Rating and Improvement System (QRIS): Nearly 20 respondents offered comments related to the Great Start to Quality initiative. Commenters suggested clarifying the requirements related to the star ratings, speeding up the process for being evaluated against the requirements, and dropping the requirement that teachers have bachelor's degrees.

Reporting requirements: About 20 respondents also said that the reporting requirements for quality improvement and accountability initiatives should be minimized. Many said that current reporting requirements take up an inordinate amount of time and can limit planning time for preschool teachers.

Increase and Improve Funding

Nearly 150 respondents offered suggestions for improving the financial picture for early childhood programs and services. The vast majority (about 120) said that more money should be dedicated to early childhood programs and services, including mention of a few specific programs such as GSRP and Early On.

Nearly 30 made suggestions regarding administrative expenses and blended funding. About 15 said that too much money is spent on administration and administrative staff. Another 14 suggested creating more opportunities for blending or braiding funding, saying it would allow for full-day preschool opportunities and better leverage of federal funding. A few of these suggested consolidating funding for local communities at the state level.

Improve Coordination and Collaboration

About 90 respondents said coordination and collaboration among state and local entities, and between pre-K services and the K–12 system, must be improved to support access and quality. Some respondents said that the existence of a database or tracking tool would support better coordination among programs.

Local Coordination and Collaboration

About 30 respondents said that coordination and collaboration should be improved at the local level. They said service providers should communicate with each other to better understand the services each delivers, and reduce duplication where possible. They also suggested collaborating to "share responsibilities" given shrinking resources. A few emphasized the need for increased communication between schools and community resources and services.

Communication Between Pre-K and K–12

About 30 respondents said that communication and coordination should be improved between the pre-K system and the K–12 school system. One said, "there is a big disconnect between the work that is done on behalf of children aged 0–5 and the K–12 system." There is a sense among some participants that administrators and teachers in the K–12 school system resist collaboration with programs for children aged 0–5. Some suggested that there should be more input from pre-K programs into school district expectations. One suggested that "The state…require certain stakeholders to get together to create age appropriate school readiness goals. This would include school principals, Head Start directors, GSRP administrators, school curriculum specialists, and superintendents."

State-Level Coordination and Collaboration

Several respondents (10) called on state departments and agencies to model collaboration. One said, "[There should be] collaborative partnerships with DHS and other state agencies to support education, families and each other. MDE shouldn't be the only state agency that shoulders this issue. There are multiple resources that can be shared across the board if the government would allow it to occur."

Database/Tracking Tool

About 15 respondents said coordination and collaboration could be supported by the existence of a database or tracking tool that would allow providers to track children and families across services. One described it this way: "We need a data system that begins at birth and a central resources and referral system beyond birth. As referrals are made, agencies would report back when services are started. They would also report back when services terminate and if the goals were met. We would have common assessments that could also be stored in this system."

Parent Education and Involvement

More than 200 respondents said more should be done to educate parents about child development and to engage them in their children's education. Some said parents should be held more accountable for ensuring their children's success in early childhood. Some also said parents should be included in discussions about program development and administration.

Parent Education About Parenting and Child Development

About 130 respondents said parents need more education and information about child development and basic parenting skills. Many said this information should be provided in the prenatal period or even before, and that parents need to understand developmentally appropriate strategies for raising children. Some suggested that this type of education could be offered along with a play group or other program that also involves the children. Parents as Teachers was identified as a good model program for parent education by a handful of respondents.

Parent Involvement in Education and Programming

About 30 respondents said parents should be engaged in their children's education and in identifying ways to strengthen and improve early childhood services and programs. They said that parents should "have a voice in shaping programs and services," and that program administrators should be "more intentional about seeking out authentic parent input." A few suggested using parent liaisons to seek input from parents.

Although engaging parents in their children's education seems to be especially challenging for preschool and K–12 teachers and administrators, respondents identified the need for improved communication between home and school; one suggested some type of "daily communication log." Another noted that "There is a mandatory family engagement piece with early childhood, but it is not required in K–12, and it is really necessary for children to succeed."

Parent Accountability

Another 20 respondents said parents need to be held more accountable for ensuring their children receive the education and services they need. Many suggested tying early childhood program participation to government assistance. One said, "Families that are getting other forms of government assistance should be required to take part in order to qualify for other support from government agencies."

Leadership

More than 100 respondents offered a variety of comments that suggested better leadership will be necessary to guide statewide efforts to improve early childhood programming and services. The suggestions offered below will require state-level leadership and input.

Increase awareness of the importance of early childhood: About 45 respondents said more needs to be done to build understanding of the importance of early childhood. They said legislators, the general public, and many providers who reach children in the early years need to understand this message. They said legislative support for early childhood will be imperative for increasing public investment.

A shared vision and clear roles: About 15 respondents said a shared vision or model for early childhood must be developed to guide efforts. Another 5 emphasized the need for clear roles for the stakeholders within the early childhood system.

Clear guidelines and local flexibility: About 20 respondents said that the state should allow for local flexibility in the design and implementation of programs and services. A few also said the

state should provide clear guidelines on how best to set up programs for all children and provide clarity around the expected goals and outcomes of programs and services.

How Can Access Be Improved?

Finally, respondents were asked to comment more specifically on how access to programs and services can be improved. They identified strategies for increasing awareness of programs and services, removing specific barriers, and expanding program availability. The ideas promoted here echo many of those offered in the previous section.

Increase Awareness

More than 300 respondents offered suggestions for increasing awareness of the programs and services that are available to young children and their families.

Marketing and advertising: About 100 said that marketing and advertising strategies should be used to reach parents and others with information about early childhood and the availability of services.

Build awareness among families: Nearly 200 said it is especially important to increase awareness among families. About half of these suggested providing information through a variety of venues, including hospitals, community-based organizations, child care homes and centers, and others. Many suggested that an online directory of information or a hotline or telephone clearinghouse could be a good resource for parents to find out more about available services.

Build awareness among community partners: Nearly 30 respondents said it is also important to build awareness of services among community partners. For example, many said that health care providers do not have enough information about the types of services to which they can refer parents and their children. Community providers and partners could also benefit from the type of directory or telephone clearinghouse described above, according to respondents.

Reduce Barriers

Nearly 300 respondents offered specific strategies for reducing barriers to accessing services, including providing transportation, making programs more affordable, and centralizing information and services, among others.

Provide transportation or assistance with transportation: More than 100 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 service directly. Others suggested offering gas vouchers or bus tokens.

Improve affordability of programs: About 60 respondents said that many families are unable to afford services, especially child care and preschool. Nearly 40 of these respondents said that the cost of child care and preschool should be subsidized for families, with 30 suggesting that the eligibility criteria for GSRP and Head Start is too restrictive to meet the needs of many families who would benefit from the programs.

Centralize information and services: About 55 respondents said that accessing services should be much more straightforward for families. Many suggested creating service hubs or a "one-stop shop" where parents can learn about and enroll in services. Several suggested using local school buildings as hubs since it is an easy place to reach children and families.

Improve early screening and intervention: More than 40 respondents said improving and expanding early screening and intervention will improve access to services. Many of these respondents suggested that the medical community has an important role to play in screening and referral.

Other barriers: Respondents identified a handful of other barriers that they believe should be addressed to improve access to services. They said that enrollment applications should be simplified and consolidated (19), programs should be offered at more convenient times (14), child care should be provided during programs (10), and providers should make services and materials available in languages other than English (5).

Expand Programs and Services

More than 200 respondents said that services need to be made more widely available to improve access.

Funding: More than 100 respondents commented on the need to increase funding and make a real investment in early childhood if access to services is to be improved. They said funding is needed to expand programming, and that current funding for many services is inadequate.

Preschool expansion: Nearly 80 respondents specifically commented on the need to make preschool services more widely available. They said that the capacity of programs such as GSRP and Head Start should be increased by increasing the number of slots, classrooms, and sites (32). Many said they believe public preschool should be available to all children regardless of income or other criteria (26). A few suggested allowing 3-year-olds to enroll in GSRP (5).

Home visiting services: About 25 respondents said that home visiting services should be offered to and be made available to more families. One said, "Reaching families of infants and older children in their homes with parenting advice and developmentally appropriate ideas will help children before they are in a group setting."

Health care and mental health services: More than 20 respondents recommended improving access to health care services generally (12) or early mental health services specifically (11).

Improve Program Coordination and Collaboration

Nearly 60 respondents suggested that improving coordination and collaboration among the various system stakeholders will improve access to services. They suggested that collaboration among a multitude of providers that serve young children and their families would help ensure that families are connected with appropriate services. Many identified the need for a central database that would enable tracking of children and families across services.

Conclusion

The survey drew a large number of responses from a broad cross-sector of early childhood stakeholders, including educators and administrators, service providers, and parents. While this broad sample of respondents elicited a multitude of perspectives, a handful of key themes clearly emerged across stakeholders.

Respondents identified many early childhood services and supports that are working well, including health services such as prenatal care and education, home visiting services, and mental health services; screening and early interventions that help identify and address delays and other challenges among young children; high-quality early childhood care and education; efforts to improve quality; and efforts to educate and engage parents.

When asked to describe challenges in the system of early childhood services and supports, however, respondents identified many challenges, including in the same areas that so many said are working well. They identified the need for:

- **Increased availability of high-quality programs and services.** The types of programs and services mentioned most often are health care services, programming for children from birth to age 3, and preschool programs.
- **Improved access to services.** The primary barriers to access, according to respondents, 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.
- **Better screening, referral, and early intervention.** 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.
- **Efforts to improve the quality of care and services provided.** Respondents said that quality could be improved in the delivery of many services. They also noted challenges that exist with current efforts to evaluate and monitor the quality of programs and services.
- **Coordination and collaboration among program and service providers.** Respondents suggested that there is limited coordination and communication among providers, lack of a shared vision for early childhood, competition among key stakeholders, and poor coordination of separate funding streams at the state level.
- **Increased funding for programs and more effective use of resources.** 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.
- **Better parent education and involvement.** Many respondents noted that more needs to be done to help parents fulfill their critical role in assuring their children's well-being, whether through appropriate parenting techniques, involvement in their children's education, or engagement in program planning and development.

Given the large number of responses to this survey, it would be impossible to capture every specific challenge and suggestion for improvement. There are clearly broad areas, however,

where there is significant agreement among many stakeholders about what challenges exist in the system and what might be done to address them.

The ideas and suggestions offered throughout the survey were given careful consideration by the Office of Great Start as it developed a comprehensive plan for the well-being of Michigan's children from prenatal through age 8.

Appendix A: Survey Questions

Welcome!

Over the past six months, the Michigan Department of Education's Office of Great Start (OGS) has been preparing a plan for how to improve the well-being of Michigan's youngest children from birth through age 8. To do this, the OGS has partnered with Public Sector Consultants and the Citizens Research Council to study Michigan's current early childhood system and develop recommendations on how to best support the interests of young children and their families.

An important part of this work is your voice! Please complete the following questions no later than Friday, February 8. All feedback will be summarized and carefully considered by the Office of Great Start as we develop our recommendations.

Important Note: Throughout this survey we refer to "early childhood." We ask that you consider "early childhood" broadly to include programs and services like developmental screening and support, early intervention, child care, education, health care, and family support for **children and their families from birth through age 8**.

Question #1

When the Office of Great Start was created, the office was charged with achieving four 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 your experience, what is working well in our current early childhood system to make sure these four outcomes can be achieved?

Question #2

In your experience, what is not working as well as it should?

Please briefly describe up to three items that are not working well, and then suggest how each item could be improved.

What's not working well?	***How can it be improved?***

Question #3

What can be done to improve access to programs and services for children from birth through age 8 and their families?

Question #4

To help us categorize responses, please tell us a little bit about yourself.

1. I am a … (Select the option that ***best* applies** to you.)

- Parent or grandparent of one or more children under age 9
- Paid caregiver for one or more children under age 9
- Early childhood educator or administrator
- Other service provider or administrator for young children
- Early childhood advocate
- Other _____

2. What county do you live in? _____

If you'd like to receive a copy of the final report, please enter your e-mail address below. Your email address will not be linked to your responses.

_____

Thank you for taking the time to provide your ideas for improving our early childhood system in Michigan!

Appendix VI

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.

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.

Indicator	Michigan	US	Why it Matters
1.1 **Preterm Births** (percentage of live births born before 27 weeks of gestation)	12.3%[1] (2011)	11.7%[2] (2011)	Preterm birth (before 37 weeks of gestation) is a key risk factor for infant mortality, Neonatal Intensive Care Unit admissions, and other medical complications.
1.2 **Infant Mortality** (number of infant deaths per 1,000 live births)	7.1[3] (2010)	6.2[4] (2010)	Infant mortality is a critical indicator of the overall population health, welfare, and access to health care in Michigan.
1.3 **African American Infant Mortality Rate** (number of infant deaths per 1,000 live births)	14.2[5] (2010)	11.6[6] (2010)	The infant mortality rate for African Americans is an example of the significant racial and ethnic disparities in outcomes that exist among different population groups.

Outcome 2. Children are healthy, thriving, and developmentally on track from birth to third grade.

Indicator	Michigan	US	Why it Matters
2.1 **Teen Births** (births per 1,000 women aged 15-19)	27.8[7] (2011)	31.3[8] (2011)	The children of teenage mothers are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.
2.2 **Maternal Depression** (percentage of mothers experiencing postpartum depression)	11.3%[9] (2010)	11.7%[10] (2010)	The emotional well-being of young children is closely tied to the emotional functioning of caregivers and families that care for them. When children grow up in an environment of mental illness, the development of their brains may be seriously weakened with implications for their ability to learn, as well as for their own later physical and mental health.

Indicator	Michigan	US	Why it Matters
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[11] (2012)	***	Abused and neglected children are not only at risk for injury and death, but also are more likely to perform badly in school, to be substance abusers as adolescents, to be arrested for violent crime, and to abuse their own children. Young children under 3 years of age are the most vulnerable to abuse and neglect.

Outcome 3. Children are developmentally ready to succeed in school at time of entry.

Indicator	Michigan	US	Why it Matters
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[16]		High-quality preschool and child care, especially for four-year olds from at-risk, low-income families, helps lead to kindergarten readiness, grade-school reading and math proficiency, and future student success. Efforts aimed at children aged birth to 3 years old also are necessary to assure that toddlers get the strong start they need to be ready to learn when they enter kindergarten.
3.2 Kindergarten Readiness (percentage of children entering kindergarten who are developmentally ready to succeed in school)	TBD[17]		If children are ready for school, they are more likely to be successful. Readiness for school influences performance throughout the academic experience and success in the workplace during adulthood.

Outcome 4. Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

Indicator	Michigan	US	Why it Matters
4.1 MEAP Reading Proficiency (percentage of children performing at or above proficient on the Michigan Educational Assessment Program 4th Grade Reading Assessment)	68%[18] (2011–12)	***	Failure to read at grade level can lead to grade retention and, in turn, loss of interest and motivation to succeed in school.
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%[19] (2011)	32%[20] (2011)	Failure to read at grade level can lead to grade retention and, in turn, loss of interest and motivation to succeed in school.

[1] Michigan Resident Birth File, Division for Vital Records and Health Statistics, Michigan Department of Community Health.
[2] Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary Data for 2011. National Vital Statistics Reports; Vol. 61, No. 5. Hyattsville, MD: National Center for Health Statistics. 2012.
[3] Michigan Resident Birth File, Division for Vital Records and Health Statistics, Michigan Department of Community Health.
[4] Hoyert DL, Xu JQ. Deaths: Preliminary Data for 2011. National Vital Statistics Reports; Vol. 61, No. 6. Hyattsville, MD: National Center for Health Statistics. 2012.
[5] Michigan Resident Birth File, Division for Vital Records and Health Statistics, Michigan Department of Community Health.
[6] Hoyert DL, Xu JQ. Deaths: Preliminary Data for 2011. National Vital Statistics Reports; Vol. 61, No. 6. Hyattsville, MD: National Center for Health Statistics. 2012.
[7] Michigan Resident Birth File, Division for Vital Records and Health Statistics, Michigan Department of Community Health.

[8] Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary Data for 2011. National Vital Statistics Reports; Vol. 61, No. 5. Hyattsville, MD: National Center for Health Statistics. 2012.
[9] Michigan Department of Community Health (MDCH). *Michigan Pregnancy Risk Assessment Monitoring System Data*. Lansing, MI: MDCH, Lifecourse Epidemiology and Genomics Division, 2010. [95% Confidence Interval: (9.5, 13.4)]
[10] Centers for Disease Control and Prevention. *Pregnancy Risk Assessment Monitoring System Data (Data collected for 40 states and New York City, representing approximately 75% of U.S. births in 2010)*, Reproductive Health Branch. Atlanta, GA. Personal Communication, 4/1/13. [95% Confidence Interval: (11.1, 12.3)].
[11] Michigan Department of Human Services Data Warehouse Repository, received 12/18/12. U.S. Census Bureau, 2007–2011 American Community Survey [accessed 12/18/2012] Rate calculations by Public Sector Consultants Inc. Confirmed investigations are when a preponderance of evidence of child abuse and/or neglect is found and includes Category I, II, and III case dispositions. For both state and national data, it is important to note that the numbers presented here cannot include victimized children who have never been made known to the system through a maltreatment report. Because of differences among states in policies and practices—including variations in reporting and definitions of maltreatment—making state-by-state comparisons or comparison to a national rate is not advised.
[12] National Survey of Children's Health. NSCH 2011/12. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 04/23/13 from www.childhealthdata.org.
[13] National Survey of Children's Health. NSCH 2011/12. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 04/23/13 from www.childhealthdata.org.
[14] U.S Census Bureau (2011). *Poverty Status in the Past 12 Months by Sex by Age*. American Community Survey, 1-Year Estimates. Universe: Population for whom poverty status is determined, Table B17001. [Accessed January, 2013.]
[15] U.S Census Bureau (2011). *Poverty Status in the Past 12 Months by Sex by Age*. American Community Survey, 1-Year Estimates. Universe: Population for whom poverty status is determined, Table B17001. [Accessed January, 2013.]
[16] The State of Michigan Great Start to Quality program has begun assessing the quality of early learning settings. A data source will need to be developed to track the percentage of children enrolled in high-quality early learning, particularly for high-risk children.
[17] The State of Michigan is embarking on a project to develop a measure of kindergarten readiness that can be used to track progress on this indicator.
[18] Michigan Educational Assessment Program (MEAP), 2011–2012, 4th Grade Reading Assessment. Note: Data includes students who scored at or above proficient. A comparable data source is not available at the national level.
[19] National Assessment of Educational Progress (NAEP), 2011, 4th Grade Reading Assessment. Note: Data includes students who scored at or above proficient.
[20] National Assessment of Educational Progress (NAEP), 2011, 4th Grade Reading Assessment. Note: Data includes students who scored at or above proficient.

Appendix VII

The Difficult Questions Posed by PA 200 of 2012:

Administrative Costs, the Number of Eligible Children and Families, and Program Capacity

Overview

Over the past year, the Office of Great Start (OGS), Public Sector Consultants (PSC), and the Citizens Research Council (CRC) have analyzed the requirements outlined in Section 1002 of Public Act 200 of 2012, which calls for the OGS to address (1) the administrative costs of early childhood programs; (2) the number of children and families eligible for these programs; and (3) the capacity of programs to serve more children and families.

These requirements pose important policy concerns and have considerable budgetary implications. As the OGS, PSC, and CRC embarked on this research, however, it became apparent that given the complexity of the existing system, particularly differing program requirements and lack of reporting requirements (and therefore lack of existing data), and resource constraints, review of every program could not be carried out.

At this time, the OGS can report on where information gaps exist and recommend steps to address these gaps in the future. Overall, OGS sees opportunities for improvement in data collection practices and policies that should lead to reports being available in the future on administrative costs, eligible children and families, and the capacity to serve more children and families. Included in the present document are examples of actionable steps designed to help move toward measurable outcomes, which in turn would lead to more transparent reporting:

1. **Administrative costs.** Agencies would need to normalize the definition of allowable administrative costs for early childhood programs. Service providers would need to be required to report costs based on this definition and be monitored for compliance within the category of an allowable cost.
2. **Program eligibility**. Programs can determine on a case-by-case basis whether a child is eligible for a particular program. However, because of complex and diverse eligibility criteria and the limitations of current data systems it is virtually impossible to look across a community and determine how many children and families are potentially eligible but not being served. Interagency data-sharing arrangements are an important start to more accurate modeling of the number of children eligible for programs administered by the Michigan Departments of Community Health, Human Services, and Education. Although currently reported data exist within these agencies, their utility is limited without a concerted effort to align these systems.
3. **Capacity**. Reporting requirements for service providers would need to be expanded to gather timely and accurate information on current and future program capacity. For reasons discussed below, it is difficult and time consuming for many programs to assess capacity at any point in time.

Administrative Costs

Concerns about administrative costs are reflected in Section 1002(1)(d) of Public Act 200 of 2012, which calls "*for each recipient identified in subdivision (c), the dollar amount and percentage of funding spent on administrative costs.*" The recipients identified in subdivision (c) are those receiving funding from the state to provide programs supporting early childhood learning and development. Following is a brief overview of how administrative costs are defined, who incurs them, and why they are difficult to report.

What Are Administrative Costs?

Although there is no single definition of administrative costs, they typically include:

- Program management tasks, including program planning, determining program eligibility, contract oversight, travel, supplies, and disbursing funds, among others
- Purchase and maintenance of information technology and building space
- Personnel costs for program staff
- Quality and accountability tasks, including quality control, program evaluation, training, and fraud monitoring

In an efficiently administered program, administrative costs should not be viewed as waste, but rather as an essential part of effective program administration. For example, oversight is necessary to make sure that programs that serve children directly are conforming with evidence- based models of high-quality care. Inefficient and excessive spending on administration, however, does constitute waste and ultimately reduces the quality of services and the number of people served.

Administrative Cost: Excessive or Essential?

There is always a tension between controlling administrative costs and running a high-quality program. This tension was captured in a study of the administrative costs of the Food Stamp Program, now called the Supplemental Nutrition Assistance Program, or SNAP.[1] The report found that administrative costs for the program were relatively high, with 15.8 cents of every food stamp dollar issued spent on administration. In contrast, the Earned Income Tax Credit (EITC) spent only 1.5 cents for every dollar of tax credit awarded.

This study makes it seem that the EITC is run much more efficiently than SNAP. Yet the study also revealed that the gross improper payment rate of the food stamp program was 5.8 percent compared to an EITC overpayment rate of 23–28 percent. The combined costs of the administrative expenses and overpayments were actually larger in the EITC program (24.5–28.5 percent of benefit expenditures) than in the food stamp program (20.3 percent of benefit expenditures). This example demonstrates the difficulty of interpreting administrative costs in a vacuum. High or low administrative costs are only one factor in evaluating overall program efficiency.

[1] Julia Isaacs, *The Cost of Benefit Delivery in the Food Stamp Program*, Contractor and Cooperator Report No. 39. (Washington, D.C.: U.S. Department of Agriculture, March 2008).

Who Incurs Administrative Costs?

For early childhood programs, administrative costs are incurred at several levels. Michigan's state government incurs administrative costs, and in cases where the state is administering a federal program, the federal government also incurs administrative costs.

In some cases, state programs provide services to individuals directly, while in others the programs fund an intermediary between the state and the individual who ultimately receives the services. This intermediary might be a local government, a school district, or a nonprofit organization, for example. When the state funds an intermediary, the intermediary typically incurs administrative costs as well. Public Act 200 of 2012, which requires a reporting of the dollar amount and percentage of funds spent on administrative costs, appears to be directed at these intermediaries since it is seeking the administrative costs of the *recipients* of state funding that *provide programs* for early childhood learning and development.

Why Are Administrative Costs Difficult to Report?

There are several reasons why administrative costs are challenging to report. Some are specific to program type and others are related to the number of programs serving young children.

Challenges Related to Program Type

Because PA 200 of 2012 seeks information about the administrative costs of the recipients of the funds allocated to early childhood programs, it is helpful to analyze administrative costs by dividing the programs into three categories based on how dollars are expended:

1. Programs for which the state directly provides the service
2. Programs for which the state funds program infrastructure, quality assurance, or a similar function
3. Programs for which the state provides funds to an intermediary that administers the program for local service providers or provides the services itself

Programs for which the state provides service directly to individuals are not "recipients of funding" as defined in subdivision (c) of Public Act 200 of 2012. Examples of programs that would not be included in a review of the administrative costs of recipients of state funding to support programs for early childhood learning and development are the Food Assistance Program (FAP) and the Family Independence Program (FIP).

State funding for the second type of program must be used for program infrastructure or quality control to help promote consistency, accountability, and quality—essential elements to building a robust system that supports children and families. Program dollars cannot provide a direct service to children or families. Some of these administrative activities, such as the reporting required under this act, would be considered administrative cost.

The third category of early childhood programs consists of those that are funded by the state, but whose services are provided by another entity. The administrative costs of these intermediate service providers appear to be the costs contemplated in Section 1002(1)(d) of Public Act 200 of 2012. An example of such a program would be the National School Lunch Program. The state provides federal and state dollars to Michigan school districts to provide free and reduced-price

school lunches to low–income children. Unfortunately, it is simply not practical to estimate the administrative costs of programs such as these because school districts are required to report such costs in aggregate only and not at the program level. The same is true of the state's immunization program, which is administered by county health departments. There is no current methodology that allows state agencies to estimate the administrative costs incurred by every county health department or all the childhood programs in which they are involved.

Challenges Related to Number of Programs

Another challenge in reporting administrative costs is the sheer number of programs and the labor required to complete this task. An estimate of administrative costs would require a review of the 89 programs identified in the Program Inventory. A single review would currently consist of contacting and requesting data from one or more of the following entities: state agencies, grantees/fiscal agents, and individual program sites. For example, consider the National School Lunch Program. This program is administered by the Michigan Department of Education and is available in more than 800 public school districts, public school academies (PSAs), private schools, and residential child care institutions. Many of these sites serve lunch at several school buildings, each of which may incur some level of administrative cost. The estimate below is conservative and assumes that the 800 districts, PSAs, etc. would be the only points of contact. Even this conservative estimate would require 448 hours—or more than twelve 40-hour weeks of work. This, of course, presumes that the correct data are available and able to be collected—and this estimate is for only one program.

Task	Estimated Time
Identify contact information	5 minutes x 800 = 4,000 minutes (66 hours)
Contact each site	10 minutes x 800 = 8,000 minutes (133 hours)
Data analysis (conducted by staff at each site)	15 minutes x 800 = 12,000 minutes (200 hours) (because data are unlikely to be readily available)
Follow-up with half of the sites	5 minutes x 400 = 2,000 minutes (33 hours)
Compilation	16 hours
Total	**448 hours**

Options for the Future

The lack of a common definition of an administrative cost, lack of reporting mechanisms and requirements, and the sheer number of programs and services provided make questions about administrative costs unanswerable at this time. Each of those challenges could be addressed by future requirements and guidelines. It should be noted that compliance with the requirement to report program administrative costs, once defined, would itself increase administrative costs, as it would require a more intensive level of reporting than is now required.

Number of Children and Families Eligible

Questions about the number of children and families eligible for current programs are reflected in Section 1002(2)(c) of Public Act 200 of 2012 which seeks to know "how many children and families are eligible to be served" in each program.

On the surface it seems simple enough to ask how many children or families are eligible for early childhood programs. Due to complex eligibility criteria and limited data, however, the number of children and families eligible for a particular program, but not currently served, is impossible to discern.

Complex Eligibility Criteria

Young children and their families must meet multiple criteria to be eligible for a particular program or service. Federally funded programs such as the Afterschool Snack Program and the Commodity Supplemental Food Program require that children be of a certain age and come from families below a certain income level to receive services. Other programs, such as the Family Independence Program, require children and families to demonstrate specific characteristics (such as participating in employment and training programs or school attendance) in addition to age and income requirements. Several programs, such as the Local Maternal & Child Health (LMCH) Program and the Children's Trust Fund Service Grants, allow state or local grantees to establish eligibility criteria, which means that each funded program has a slightly different set of criteria.

When children are enrolled in these programs, families typically provide documentation that their family meets the eligibility criteria. The challenge comes not in knowing the number of eligible children that are served by the program (these figures are included in the Program Inventory), but in determining the number of eligible children who are not being served.

Limitations with Current Data Systems

Varying eligibility criteria make quantifying participation or potential participation very time consuming, but current limitations in the state's data systems render the task impossible. Three key limitations hinder the ability of Michigan's data systems to determine the number of eligible children who are not currently served: silos, privacy restrictions, and lack of individualized information.

First, while many data on children and families are collected, they are collected through a variety of data systems. Because these data systems were programmed to collect data for specific programs and at different intervals, these systems are often "siloed" not only across state departments but frequently within state agencies (that is, data are viewed at a program, not agency-wide, level). Second, even if the data systems could transmit and receive data, both state and federal laws and regulations tightly restrict the ability of agencies to share data across programs absent very specific scenarios and written agreements. Finally, even when data sharing agreements are in place, much of the data is reported in aggregate and not available at the child or family level. For example, data are often reported by age group (such as 0–5, or 6–18) rather than as a headcount for each individual age, which makes it impossible to calculate, for example, the percentage of children with special health care needs accessing a particular service by age and income bracket.

Options for the Future

Program accountability is dependent on data collection and program reporting. Unfortunately, as programs have grown, program reporting goals and data collection do not often align across programs. The first step in remedying this problem is to create an inventory of what data exist and what entity owns/controls the data. The next step is to determine what privacy policies and/or laws prevent sharing of the data, and whether the practice of "siloing" data occurs "because we've always done it that way" or because wider distribution is restricted by statute. Beyond that, system infrastructure must be built to compile and report the collected data.

Capacity of Programs to Serve More Children and Families

Concerns about the capacity of programs are reflected in Section 1002(2)(c) of Public Act 200 of 2012, which seeks "the capacity of programs to serve more children and families."

Capacity has two common definitions. First, it can mean the ability of a program to address unmet need given current resources. In other words, do programs have the space to serve more children or families right now? Or capacity can be viewed as a program's ability to address unmet need given additional resources. In other words, if more funding/resources were available, could the program serve more children? There are challenges associated with determining capacity using either of these definitions.

As the legislature considers opportunities to expand funding for the early childhood system, policymakers are right to be concerned about the capacity of programs to serve more eligible participants. Programs are not currently required to report data about capacity.

Determining Unused Capacity with Current Resources

There are several ways to determine whether programs can serve additional children and families given their current resources because different programs have different funding mechanisms. For example, many programs receive a fixed amount of resources to deliver services, and staff members know how many participants they are able to serve with those resources. In other words, there is a well-established "cost per participant." These might be home visiting programs, children's protective services, or other types of programs where there is an established caseload. If staff have room to add more "cases," they have unused capacity. To determine the extent of this unused capacity, program directors would have to survey every current or potential service provider and ask them if they could serve more children or families. There are no mechanisms in place to carry out this labor-intensive task.

Another type of program is one that receives funding for a specific number of participants. For example, a formula is used to award funding to local Great Start Readiness Program (GSRP) classrooms to provide pre-kindergarten education to a certain number of four-year-olds. This formula takes into consideration available qualified staff, space, and program licensure. Capacity here is driven by the formula, which is based on research that lays out the requirements for a high-quality program.

There are other programs, such as Medicaid, for which it is very difficult to estimate capacity. Theoretically, everyone who is eligible but not enrolled *could* be enrolled in the program. But not everyone eligible for Medicaid is enrolled, as the state and private health plans and providers have limited resources to find and enroll those who are eligible. Moreover, enrollment does not

ensure an adequate number of health care providers willing to serve program participants given the level of reimbursement they receive for their services. Higher enrollment of eligible adults and children would expand the need for capacity, and higher provider reimbursement for Medicaid would likely create greater capacity to serve these new enrollees.

Determining Future Capacity

The identification of future capacity is especially problematic, and a major component of this difficulty is related to funding. Because of state budget cycles, it is impossible to know whether resources will be increased, remain flat, or decrease at any point in the future. If the existing funding level is the barrier to expansion, then providing increased funding is the answer. But if other external factors are affecting capacity (such as the availability of required staff or transportation), funding alone won't answer the future capacity question. For example, the Nurse Family Partnership (NFP), a well-defined evidence-based home visiting program, is dependent on a supply of highly trained nurses to implement the program. While it might be assumed that additional funding will allow for increased capacity, a shortage of nurses who are capable of providing the service would be a serious impediment to expansion. Given the range of external factors affecting expansion, therefore, it is well beyond the scope of this project to ascertain how such external factors might influence a program's ability to increase capacity quickly.

A recent example is a study completed by the Center for Michigan to determine future capacity of the Great Start Readiness Program.[2] In his FY14 executive budget proposal, Governor Snyder proposed expanding GSRP to serve some of the approximately 29,000 four-year-olds who are eligible for the program but are not enrolled. Should the legislature choose to adopt an expansion, intermediate school districts and private providers would have to identify additional capacity to serve these children while meeting certain quality standards (teacher qualifications and student-to-teacher ratios, for example). There is evidence that such capacity exists now, according to the study. This example is an exception, however, and the study required more than 100 hours of work to complete. Most programs do not anticipate increases in funding and most local providers do not have unused capacity—in the form of staff, buildings, and technology— that they can mobilize quickly.

Options for the Future

While these obstacles make the task of determining capacity currently impossible, steps could be taken to make this information more readily available in the future. The primary mechanism would be to require programs to assess and report their unused and future capacity, given different funding levels and other external factors (such as space or staff availability). The need for this information would have to be balanced with the cost of collecting the data. It may be more helpful to require programs under consideration for significant increases in funding to provide solid estimates of available capacity.

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[2] Center for Michigan and Public Sector Consultants, *The Pre-K Capacity Question* (Ann Arbor, Mich.: CRC and PSC, January 2013).

Conclusion

The OGS respects the efforts in the legislature to ensure program accountability and the desire to match outcomes with value. Unfortunately, there are significant limitations to the state's existing program requirements and data collection methods that present insurmountable barriers to accurately defining and calculating administrative costs, the number of children and families eligible for programs, and the capacity of programs to serve more children and families at this time.

Improvements in reporting and data sharing are certainly possible, but will involve creating an integrated data system, which has been called for in the recommendations, and time to collect and report new information. The challenge in establishing such a system is to find the sweet spot that holds programs and providers accountable without making reporting requirements onerous. To fail to do this shortchanges young children and their families.