

Great Parents, Great Start Evaluation Report

2006-2008 Program Years

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Overview

The Great Parents, Great Start program allocates funds to eligible intermediate school districts (ISDs) for parenting education and involvement programs to improve school readiness, encourage mathematics and early reading, and affect the maintenance of stable families through fostering positive parenting skills. Coordination and cooperation with the local early education and care system and community organizations are methods that allow Great Parents, Great Start (GP,GS) grantees to leverage their funds and services. The GP,GS Program Grants specifically require grantees to provide universal and targeted services that align with, and are part of, the broader community early childhood collaborative plan.

The evaluation of the Great Parents, Great Start programs covering the 2006-2007 and 2007-2008 grant years was primarily oriented toward understanding how the collaborative structure used by the intermediate school districts (ISDs) affected the partners involved in community delivery of early childhood services. This report combines the requirements for both the original agreement with the Midland County Educational Services Agency (MCESA) covering the period October 1, 2007 to September 30, 2008 for the 2006-2007 grant year and the Amendment dated April 13, 2008 covering the 2007-2008 grant year.

Highlights of the Evaluation

Collaborative structures and partners

- When grantees reported on the kind of model they were using to organize and deliver their parenting education and family support services, more GP,GS grantees said they used community systems models (57%) than educational systems models (40%). However, the use of any specific model was not related to the intensity of services provided, number of children in the target area, or use of fee structures.
- Without regard for the system model used, when asked which agencies they were working with to organize and deliver their parenting education and family support services, almost all GP,GS grantees worked with their Local Education Authority or school district and most with *Early On*[®]. Over 75% worked with their local public health department.
- Almost a third (30%) of the GP,GS grantees reported no link to any local collaborative body.
- When these organizations participated, the United Way, Head Start and Early Head Start were almost always involved in both planning and service delivery.

Comparison to communities in other states

- GP,GS grantees used similar collaborative structures and involved the same agency partners as did communities around the country. A few grantees did not involve universally available early education programs, such as *Early On*[®] and Michigan School Readiness Program (MSRP), in collaborative leadership roles.
- Fewer GP,GS grantees involved private health care organizations, government, foundations, and business in leadership roles. These are key stakeholders who can act as champions for local initiatives.

Services and service populations

- The intensity of services offered varied widely; this was not unexpected because the funds available to grantees also varied widely. However, there was no discernable relationship between the intensity level of services and the model used with the child population in the target area or the amount of funds for universal services.
- Grantees generally identified their target populations using a combination of three basic strategies: 1) community assessment or some form of group decision making; 2) filling gaps in early childhood services (such as families on waiting lists for other services); and 3) family and/or child characteristics (such as high risk, teenage parent, low income, or non-native English speaker).
- Parent fees were rarely charged by GP,GS grantees. For some grantees it was a value or philosophical decision (low income parents should not be expected to pay; all education should be free) and for others it was a practical decision (for example, the costs of setting up the system could not be offset by funds collected).
- Collaborative structure had little relationship to types or intensity of services provided or to size of the service population.

Links to other early education and care providers

- GP,GS grantees reported using a variety of strategies to link with preschools in 2006-2007. Almost two thirds used approaches that were largely impersonal (distribution of brochures, information on Web sites) or entirely hands off (linkages made directly by the preschools themselves).
- Many, but not all, of the GP,GS grantees reported being linked to a specified list of other early childhood programs in their community.

Michigan compared to “best practice”

Best practice in early childhood systems involves service components in these areas:

- **Health and nutrition** (in particular, access to insurance and a medical home). Our data do not tell us if grantees assisted families to enroll in public health insurance or find a medical home.
- **Early education and care.** Few grantees involved private child care providers.
- **Parent education/family involvement and support.** The majority of grantees provided parent-child play groups, a form of parent education, for families receiving universal and/or targeted services. A number offered home visiting, particularly for targeted populations, but intensity varied.
- **Early intervention.** Most worked with *Early On*® but only a few engaged in universal screening to identify children at risk.
- **Mental health and social-emotional health.** About two thirds included community mental health as a partner and a few grantees used curricula designed to address socio-emotional health.

Use of evidence based service models and evaluation

- In general, grantees chose service models based on research, and some had evaluation data to demonstrate their effectiveness in improving parent or child outcomes. They used a variety of models to assist specific target populations or address specific issues.

Observations and Recommendations

- **Diversity of approaches.** This document illustrates the amazing diversity of approaches that GP,GS grantees reported using to organize and deliver their parenting education and family support services. While this diversity makes grantees' efforts more difficult to describe, compare and evaluate, it also allows them to respond to their unique local conditions through connecting with their specific local resources. We consider this to be a positive approach to be taken under this situation of widely varying funding amounts.
- **Better definition of terms.** This evaluation report was composed almost completely using information taken from GP,GS grantees' Continuation Grant Proposals. When the single source is self-report data, as was true here, it is very important that everyone answer the same questions using the same frame of reference. It is our impression from the responses that many different interpretations occurred. We have previously recommended that more definitions or a greater level of specificity be given to guide grantees and the Michigan Department of Education Office of Early Childhood Education and Family Services. Staff from that unit have already incorporated that recommendation into the 2008-2009 Continuation Grant Application instructions and proposal forms.
- **Plans for sustainability.** It was difficult for us to tell what GP,GS grantees were doing to further the sustainability of their programs and we know that many grantees received small amounts of funds. For example, with regard to parents' participation in supporting the programs they received, we know that almost no grantee charged a fee. We also know from their comments that some grantees felt they were doing a very good job of funding through grant writing. In addition to getting better information, which will occur in the 2008-2009 Continuation Grant Application, this might be one worthwhile topic for general grantee discussion, perhaps through a listserv.
- **Incentives for collecting evaluation data.** Partners in these GP,GS initiatives depend on a substantial amount of goodwill over and above any dollars exchanged for the implementation of their plans. Data collection strategies that require any additional investment of time from GP,GS partners must be accompanied by tangible incentives.

Introduction

The Great Parents, Great Start program allocates funds to eligible intermediate school districts (ISDs) for parenting education and involvement programs to improve school readiness, encourage mathematics and early reading, and affect the maintenance of stable families through fostering positive parenting skills. Coordination and cooperation with the local child care system and community organizations are methods that allow Great Parents, Great Start (GP,GS) grantees to leverage their funds and services. The GP,GS Program Grants specifically require grantees to provide universal and targeted services that align with, and are part of, the broader community early childhood collaborative plan. In the initial round of funding (2003-2004), grantees were encouraged to integrate their programs with those already being offered by schools and communities and to link with community services that already work with families with preschool children rather than creating new ISD programs with the limited funds. In addition, eligible grantees are required to submit documentation indicating that they will collaborate with community entities, and that these partners will also sign Assurance of Commitment to Collaborate documents.

Eligible grantees are encouraged to collaborate with specific organizations, such as the local community collaborative, the regional 4C association, county departments of public health, human services, community mental health, Head Start, MSU Extension, local school districts (LEAs), and early childhood organizations. However, these organizations may not be part of, nor see themselves as involved in, the early education and care service system. Furthermore, depending on the type of universal and targeted services being offered through the GP,GS grant, these organizations may be playing different roles.

This evaluation sought to document the relationships among the ISD, the local early education and care service community, and others with the types of universal and targeted services provided. In addition, if the findings from the ASAP-PIE evaluation held true, the configuration of decision-making structures (shared project leadership, joint project decision making, etc.) was predicted to be related not only to the types of targeted services provided but also to the volume of families receiving the services. The evaluation also collected data on the extent to which families are paying for the various services they receive. Finally, the evaluation placed Michigan's GP,GS efforts in the context of best practices described in the early childhood literature.

The evaluation of the Great Parents, Great Start programs covering the 2006-2007 and 2007-2008 grant years was primarily oriented toward understanding how the collaborative structure used by the intermediate school districts (ISDs) affected the partners involved in community delivery of early childhood services. This report combines the requirements for both the original agreement with the Midland County Educational Services Agency (MCESA) covering the period October 1, 2007 to September 30, 2008 for the 2006-2007 grant year and the Amendment dated April 13, 2008 covering the 2007-2008 grant year.

The original agreement required that the evaluation answer a series of questions and produce three products:

- A review of the early childhood community systems literature.
- A review of approaches taken by states to serve families with young children.
- A verification survey designed to confirm that the planned services were being delivered.

In the April 13, 2008 Amendment, the Verification Survey of Delivered Services was deleted because the 2007-2008 proposals contained most of the information sought. The amendment added two other products:

- A Partners' Survey (network analysis) that focused on the strength of relationships among those agencies that had signed on as GP,GS collaborative partners.
- An optional opinion survey for families receiving universal and targeted parent-child play groups and/or home visiting services, which asked them for feedback on their satisfaction with, and the usefulness of, the services received.

This report contains the following sections:

1. Collaboration addresses the following questions, as proposed in the original agreement. However, it uses data from both the 2006-2007 and the 2007-2008 grant years:

- **Collaborative structures**

What collaborative structures are used by GP,GS grantees?

With which agencies and organizations are the ISDs collaborating to provide those services?

Which agencies and organizations appear to be the key partners in project leadership and decision making? In service provision?

What roles do the ISDs play in the collaboration and provision of services?

How do the approaches being taken by ISDs in Michigan compare to those being taken by school districts and/or communities in other states?

- **Differences among collaborative structures in service provision**

Does the form of the collaborative structure have any relationship to the services being provided? To the number of families receiving targeted services?

Do stronger collaborative structures result in more or different types of services being provided? To the number of families receiving those services?

Do different collaborative structures use different fee structures?

2. Services addresses the following questions, again combining data from the two grant years:

- **Services and service populations**

What targeted and universal services are being provided by the grantees through the early childhood network?

How are the populations for each of these two types of services being identified?

To what extent and for what types of services are families paying for services?

How do the approaches being taken by ISDs in Michigan compare to the strategies and approaches considered to be "best practice" in the literature?

- **Funding levels**

How does the level of funding affect collaborative services and the number of families served?

3. Surveys provides information on the two sets of surveys described in the Amendment.

The review of early childhood community systems literature and the review of approaches taken by states to serve families with young children are provided as separate documents and thus are not part of this report.

Method

Data presented in this report came primarily from information submitted via the Continuation Grant Plan for 2007-2008 Great Parents, Great Start Program Grants. Supplementary data came from the 2006-2007 Continuation grants. Fifty-six (56) intermediate school districts (ISDs) were awarded continuation grants in both years. For one ISD another ISD serves as the fiscal agent and contracts to provide services to its families with young children.

The data are almost solely self-reported. There were very few instances where it was possible to check on the authenticity of the data provided by grantees.

For the analysis, various types of information were either entered directly or coded into categories in a series of Excel files. By contractual agreement these files were sent to both the Midland County Educational Service Agency and the Michigan Department of Education, Office of Early Childhood Education and Family Services.

Program data was augmented with population estimates from the U.S. Census, retrieved from http://factfinder.census.gov/home/en/official_estimates.html.

1. Collaboration

This section includes questions about the collaborative structures used by grantees and their impact on services provided.

Great Parents, Great Start Collaborative Structures

The evaluation of the much more substantially funded precursor ASAP-PIE Program identified two basic types of collaboration structures used by ISDs in delivering early childhood services. In turn, each of these overarching structures had two separate patterns, for a total of four different collaborative structures.

- **Education system** models, including those that provided services:
 - a. Through the ISD itself; or
 - b. Through the local school district (referred to as Local Education Authority [LEA] models)
- **Community system** models, including those that gave primary roles to community agencies in carrying out the initiative:
 - c. Led by the ISD in partnership with community agencies, or
 - d. Led by the community agencies with the ISD functioning as an equal partner.

The evaluation of the ASAP-PIE Program found that among these four types, the collaboration structure made a difference in the areas in which children improved and the extent to which different services were offered.

While the GP,GS Program is not funded to provide the same level and types of service as the ASAP-PIE programs were, it has some of the same requirements. Therefore, this evaluation sought to document the relationships among the ISD, the local early education and care service community, and other agencies. Because these four collaborative structures did not encompass all the GP,GS Program's delivery systems, a fifth structure was added. In this new model:

- e. **ISDs contracted directly** with another agency to deliver early childhood services.

What collaborative structures are used by GP,GS grantees?

Grantees were asked to select the leadership structure they used from among the five options. Table 1 shows the distribution among the five models. Models A and D were selected most frequently. Therefore the roles most often played by the ISD were direct delivery of most services or as one among a network of service deliverers. Model C, where the ISD may deliver services itself but primarily partners with community agencies, was the third most often used structure. Model B, where the ISD transfers money to the LEA for service delivery, and Model E, where the ISD transfers funds to one agency, were used the least.

One ISD did not participate directly in the GP,GS grant program. Its funds flowed to another ISD that assures early education and parenting services are provided in that ISD's jurisdiction.

Table 1
Great Parents, Great Start organizational structures

<i>Model</i>	<i>Description</i>	<i>Number</i>	<i>Percent of all grantees</i>
A	ISD directly delivers most of the service	20	36%
B	ISD flows funds to LEA for service delivery	2	4%
C	ISD may deliver some services but primarily partners with community agencies	12	21%
D	ISD is one among a network of agencies delivering services	20	36%
E	ISD flows funds to one agency; that agency delivers all the services	2	4%
TOTAL		56	100%

Source: 2007-2008 Great Parents, Great Start Continuation Grant Proposals: 2.b. Great Parents, Great Start Organizational Structure.

With which agencies and organizations are the ISDs collaborating to provide grant-funded services?

The proposal asked grantees to identify the extent to which community organizations, LEAs, other ISD units and the local Great Start Collaborative worked with them in the following ways: planning, decision-making, service implementation, and outcome assessment (see Table 2). They were also invited to name other ways of working together. The answer given most often was providing referrals. It is important to remember that not all of the organizations or services are available in all grantees' jurisdictions. For the purpose of clarity, we separated "other community agencies" into four groups: collaborative bodies, to which the Great Start Collaborative was added; county-level public agencies (human services, public health and community mental health); other community agencies; and the early education and care providers most often named.

Findings:

- 17 (30%) of the grantees did not report a link to any coordinating body.
- 2 (4%) of the grantees reported no public agency partners and an additional 7 (13%) reported no public agency participation independent of their presence on the coordinating bodies. (This is based on our understanding of who the usual partners are in the human services collaborative bodies.)
- LEAs were almost always partners (93% of grantees) as was the *Early On*® Program (89%) and the local public health department (77%). Most of the time, the 4C association, local human services program, and community mental health agency were partners (an average of 60% of the time).

Other community organizations often mentioned included:

- Libraries
- Child and Family Service providers
- Health organizations (hospitals, pediatricians, family health care centers)
- Child Abuse and Neglect Councils, CA/N service providers, and domestic violence service providers and shelters

Given the emphasis on literacy partners, the participation by libraries is not surprising. The inclusion of CA/N and domestic violence programs shows attention to specific high risk populations.

Rarely did grantees mention working with their public transportation authority, local government, or foundations. These organizations might not be critical to the delivery of services in the present, but may well be critical to the eventual sustainability of the programs.

Table 2
Organizations participating by providing leadership (planning, decision making, service implementation, and/or outcome assessment)

<i>Organization</i>	<i>Number</i>	<i>Percent of all grantees</i>
Collaborative bodies		
Great Start Collaborative*	20	36%
Human Services and/or community-wide	14	25%
Early Childhood (0-5, etc.)	9	16%
County public agencies		
Public Health	43	77%
Community Mental Health	34	61%
Human Services	33	59%
Other community agencies		
Community Coordinated Child Care (4C)	33	59%
Michigan State University Extension	27	48%
United Way	14	25%
LEAs	52	93%
Early education and care providers		
<i>Early On</i> [®]	50	89%
Head Start	27	48%
Special Education	24	43%
Early Head Start	12	21%
MSRP	7	13%

Source: 2007-2008 Great Parents, Great Start Continuation Grant Proposals: 2.a. Leadership.

* According to the Early Childhood Investment Corporation (ECIC) Web site (<http://www.ecic4kids.org/>), 21 collaboratives were funded in 2007-2008; 24 reported working with these collaboratives but one ISD that had a Great Start Collaborative did not report working with them.

Which agencies and organizations are key partners in project leadership and decision making? Which agencies and organizations are key partners in service provision?

With the exception of the coordinating bodies, almost every organization or program named is as likely to be involved in leadership/decision making as in provision of services. Table 3 shows the extent to which each type of organization is involved in both planning and service delivery. It should be noted that the total number of each type of agency varies widely; therefore, while the percentages are the same or similar for some community agencies, their participation in GP,GS initiatives varied widely.

Table 3
The extent to which identified organizations participated
in planning and service implementation

<i>Organization</i>	<i>Proportion of total number</i>	<i>Percent of total number</i>
Collaborative bodies		
Early Childhood (0-5, etc.)	7/9	78%
Great Start Collaborative	12/24	50%
Human Services and/or community-wide	4/14	29%
County public agencies		
Public Health	32/43	74%
Community Mental Health	22/34	65%
Human Services	21/33	64%
Other community agencies		
United Way	14/14	100%
Michigan State University Extension	20/27	77%
4C (Community Coordinated Child Care)	25/33	76%
LEAs	47/52	90%
Early education and care programs		
Head Start	26/27	96%
Early Head Start	11/12	92%
Special education	19/24	72%
MSRP	5/7	71%
<i>Early On</i> [®]	35/50	70%

Source: 2007-2008 Great Parents, Great Start Continuation Grant Proposals: 2.a. Leadership.

Michigan Compared to Other States

How do the approaches taken by ISDs compare to those being taken by school districts and/or communities in other states?

It is difficult to make direct comparisons between what ISDs in Michigan are doing and actions that other communities are taking because of variations in funding levels, community characteristics, and state mandates. However, a recent survey of 32 local communities around the country on characteristics of their system building activities does offer some basis for comparison of approaches to building systems for families with young children. Specifically, we examined their collaborative structures and governance, the focus of the service system, and leadership. A summary of the characteristics of the community systems surveyed nationally can be found in Table 4.

Table 4
Characteristics of early childhood system building initiatives in communities

<i>Departments/ agencies involved*</i>	<i>Focus of services</i>	<i>Leadership</i>	<i>Common characteristics</i>	<i>Structure and governance</i>
<ul style="list-style-type: none"> • Health • Child care • Child welfare • TANF/income security • Education • Special education/early intervention • Mental health 	<ul style="list-style-type: none"> • General population of children from birth to 5 yrs. • A cohort within the birth to 5 population 	<ul style="list-style-type: none"> • Hospitals • School districts • United Way • Community foundations • Universities • City government • County government 	<ul style="list-style-type: none"> • Centralized information and referral • Enhanced access to needed services • Staff redeployment and interdisciplinary team approaches • Shared administrative costs across agencies • Use of common data systems • Shared training opportunities • Joint development of funding proposals • Engagement of broad-based group in planning and development • Availability of coordinated array of services 	<ul style="list-style-type: none"> • A collaborative body involving multiple partners • Varying governance structures (designated lead agency, new nonprofit or admin. office, nonprofit board, network of partners)

* Two or more per community.

Source: Zero to Three Policy Center. (2007, May). *Characteristics of early childhood system building initiatives in communities: A summary of the scan of thirty-two local early childhood initiatives conducted by Zero to Three.* Washington, DC: Author.

Collaborative structure and governance

Collaborative structure. Like other communities around the country, GP,GS grantees involved agencies from a number of different sectors in their collaborative systems. A majority of ISDs reported involvement with local collaborative bodies and partnerships that included a wide range of agencies; however, 30% of the GP,GS grantees reported no coordinating body participants. In the overwhelming majority of the jurisdictions that had Great Start Collaboratives, the GP,GS grantee was a participant.

Communities around the country used different collaborative structures, two of which apply to the Great Parents, Great Start models. These are the **designated lead agency model**, in which one agency takes primary responsibility for the initiative, and the **network of partners model**, in which responsibility is shared among several agencies or organizations.

GP,GS organizational models, shown in Table 1, can roughly be divided into two groups, those who functioned under a **lead agency** (Models A and E) and those who used a **network of partnerships** (Models B, C, and D). In the case of Model B, the partnerships are all with school districts.

- 39% of GP,GS grantees used the lead agency model (22 of 56)
- 61% of GP,GS grantees used the network of partnerships model (34 of 56)

Leadership. Leadership at the state and local levels is often cited as an important element of successful early childhood system initiatives. Nationally, communities involved leaders from a number of sectors (see Table 4) that could be influential in garnering support and resources for the initiative. The Great Parents, Great Start grantees indicated which agencies in their communities were

involved in both planning and decision making, and thus could be considered key leaders of their community efforts. Table 5 shows the proportion of the organizations in their system involved in planning and decision making.

Table 5
Agencies and organizations involved in planning and decision making

<i>Agency/ organization</i>	<i>Proportion of group involved in leadership activities</i>	<i>Percent</i>
Collaborative bodies		
Community	14/14	100%
Early Childhood	9/9	100%
Great Start Collaborative**	24/24	100%
County public agencies		
Human Services*	29/33	88%
Public Health*	39/43	91%
Community Mental Health*	34/34	100%
Early education and care		
Head Start	26/27	96%
Early Head Start	12/12	100%
4C Association	32/33	97%
<i>Early On</i> [®] *	50/50	100%
MSRP*	7/7	100%
Special education*	23/24	96%
LEAs*	43/50	86%
Other community partners		
United Way organizations	14/14	100%
Hospitals, doctors, health care*	14/16	88%
Foundations	2/2	100%
Local government*	1/1	100%
Universities*	25/28	89%

Source: 2007-2008 Great Parents, Great Start Continuation Grant Proposals:
2.a. Leadership.

*All 56 ISDs had access to this service; some did not include them as partners.

**Four GP,GS grantees who did not have funding for Great Start Collaboratives reported involvement with them, and one ISD that had a collaborative did not list them as a partner.

Almost all ISDs who worked with a collaborative body involved them in planning and decision making. Most programs that involved public sector agencies and early learning organizations in their system used them in leadership roles. However, given that the public sector agencies, *Early On*[®], MSRP and special education function in all counties, it is surprising that more GP,GS grantees did not involve them in leadership roles. In addition, only 43 of the 56 ISDs involved LEAs in leadership. Fourteen communities involved United Way organizations in planning and decision making, and many involved higher education, largely through MSU Extension involvement.

GP,GS grantees differed from the other communities surveyed in the extent to which they involved private health organizations, foundations, and local government in leadership roles. These organizations can be effective champions for early education programs and contribute significantly to building public support.

- 14 grantees mentioned hospitals, doctors, child health, or health care organizations
- 1 involved county government
- 2 involved foundations
- 2 mentioned local business

Foundation support is not available in some smaller counties; however, the other entities are present in all counties in the state.

Focus of services

Local early childhood systems around the country tended to focus their system building activities on either the general population of children birth to 5 years of age or on a specific subset of children within that population (e.g., children at risk of abuse and neglect). However, GP,GS grantees were required to provide services to both the general population and a specific target population.

2. Services

This section includes the questions about services offered, target populations, and fees charged for services provided.

Services and Service Populations

What targeted and universal services are being provided by grantees through the early childhood network?

As might be expected, not all of the ISDs offered the same level and type of service; after all, they had different numbers of children to serve, different partners available to work with them, and different amounts of money to fund services. There were four common program elements, however: information and materials distribution, referrals, home visits, and parent-child play groups.

Grantees provided information in many different ways: through their Web sites, in newsletters, in the form of R.E.A.D.Y. Kits¹, at family fun or health fairs or other events, in pediatricians' offices, in libraries, and elsewhere. The provision of referral services depended somewhat on the target populations and grantees' partners. Many also provided some form of parent education; the most often named program was Love and Logic.

We coded the ISDs' services and assigned each an intensity level based on the amount of home visits and parent-child play groups available to families (see Table 6). Only one ISD offered neither home visits nor parent child play groups to their targeted families; they are not represented on this intensity level scale.

Table 6
Intensity level assigned based on the ISDs' combination of universal and targeted high-intensity services

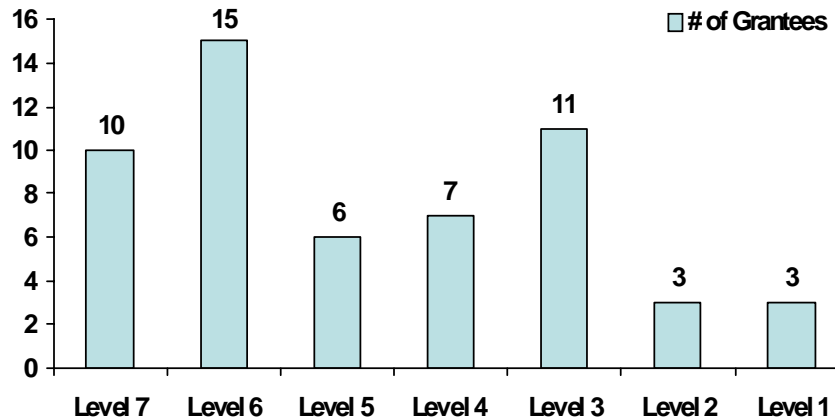
<i>Intensity</i>	<i>Description</i>
7	Parent-child play groups offered universally and as a targeted service component; home visits offered as a targeted service on a weekly basis; an array of parenting education and other services offered to parents who participated in either universal or targeted services.
6	Parent-child play groups offered as a universal service; home visiting offered initially on a weekly basis. Some other services available.
5	Parent-child play groups offered as a universal service; home visits offered as a targeted service but on a modest schedule such as several times per month or monthly.
4	Other activities provided as a universal service; play groups and home visits offered only to targeted families on a variety of schedules.
3	Other activities provided as universal service; weekly home visits only for targeted families.
2	Other activities provided as universal service; home visits offered as a targeted service on a modest schedule (several times per month or monthly).
1	Other activities provided as a universal service; parent-child play groups offered as a targeted service.

Source: 2007-2008 Great Parents, Great Start Continuation Grant Proposals: 1.a. Universal Services and 1.b. Targeted High-Intensity Services.

¹ A kit developed for the Read, Educate, and Develop Youth (R.E.A.D.Y.) program. These kits are available for parents of infants (ages 0-1), toddlers (ages 1-2), and preschoolers (ages 3-4), and contain over a dozen high-quality educational and early childhood development materials including a child development video, a children's book, a Sesame Street music cassette, parent/child learning activities, and much more.

Across the state, Figure 1 represents the numbers of ISDs at each service delivery intensity level. As can be seen, the most common intensity levels are 6 (universal play groups and targeted home visits) and 3 (other activities as a universal service and targeted home visit), followed closely by intensity level 7. In these three groups, home visits were a primary service to targeted groups.

Figure 1
Number of ISDs at each service delivery intensity level



How are the target populations being identified?

Grantees reported using one or more of the following strategies to identify their target populations. These were based on:

- A community needs assessment, coalition decision or in combination with other services providers
- Filling gaps in services, including unserved geographic areas, families wait-listed for other childhood services (such as Early Head Start or Head Start), or families referred to but not eligible for services
- Client circumstances, including high risk (child abuse/neglect, low birth weight/medically fragile, risk assessments, etc.); teen or single parent; low income; and non-native English speaker (usually but not always native Spanish speakers)

Because most grantees used a combination of approaches, it wasn't possible to assign frequencies.

To what extent are families paying for services, and what types of services are they paying for?

Only one grantee mentioned using a sliding scale for their universal services. Because this grantee was using their targeted services to recruit non-English speaking parents who had not been using the array of early childhood services in their community, they did not charge for those services. Six other grantees mentioned that a sliding fee was either under discussion or would be considered during the 2007-2008 grant year. Eight grantees charged fees for workshops, seminars, conferences, or special speakers, and another three got donations or had people volunteer for specific tasks. One mentioned that if the referred-to agency required families to pay fees, their families were expected to do so.

The following reasons were given most often for why grantees did not charge fees; some of these overlap.

- Fees were seen as barriers to families' use of services and were antithetical to grantees who were trying to encourage people to use these services.
- The families the services were targeted toward were all low income. One proposal said, "\$3 (the nominal fee they were considering for their play group) is the cost of a gallon of milk." Several gave the poverty rates for their county as additional information to bolster this argument.
- The ISD/grantee had a long-standing philosophy or practice of not charging fees (that is, public schools are free).
- The cost and inconvenience of setting up a system could not be offset with the amount of funds likely to be raised from fees.

A few made comments such as "the grant pays for the services we offer" or "we haven't needed to yet," which we consider to be somewhat limited in thinking. In contrast, two grantees commented that they had been very successful with grant writing and/or local foundation support and did not feel that they needed to ask families to pay for the services. (In the Great Parents, Great Start Continuation Grant Table 2.a Leadership, several other grantees also mentioned that their local United Way provided financial support.)

Links with Other Early Childhood Programs and Initiatives

Grantees were encouraged to link with other early childhood programs and initiatives. In the 2006-2007 Continuation Application they were asked to comment on how they linked with high quality preschools; in the 2007-2008 Continuation Application grantees were given a specific list of programs, asked if those programs were available in their community, and asked how they were connected.


Preschool linkages

The linkages with preschools were arrayed along a continuum that ranged from the preschools themselves taking the lead with recruitment and enrollment to the GP,GS staff being highly involved. Table 7 (next page) illustrates the range of activities taken by the GP,GS staff when connecting parents with quality preschools.

The grantees gave 66 responses that were sorted into one of these four categories:

- 7 (11%) of the responses did not answer the question or gave general answers such as "we are continually working on this" or "the Head Start and MSPR coordinators are members of our collaboration."
- 16 (24%) were "hands off" contacts made directly with families by other agencies
- 18 (27%) were information shared through Web sites, media, print
- 11 (17%) were referral information given to families by GP,GS staff
- 14 (21%) were "hands on" approaches with families taken by GP,GS staff

Table 7
Reported GP,GS staff links with preschool programs

<i>"HANDS OFF"</i>			<i>"HANDS ON"</i>
<i>Linkage made by other organizations</i>	<i>Information shared through media, print or training</i>	<i>Families referred by GP,GS staff</i>	<i>Families directly supported by GP,GS staff</i>
<ul style="list-style-type: none"> • Preschools do their own recruitment and enrollment • Information available to families at day care network meetings and hearing/vision screenings • Other agencies provide information directly to GP,GS families 	<ul style="list-style-type: none"> • Advertise preschools via GP,GS Web site, inserts in parent newsletter, information in local newspapers or on radio • ISD brochure on "what to look for" distributed at all GP,GS activities • Lists of preschools provided to parents • Parents receive parent education program on how to choose a preschool 	<ul style="list-style-type: none"> • GP,GS staff refer families to MSRP, Special Ed & HS • GP,GS staff refer families to local 4C association for private preschools • Parent educators/home visitors receive training from GP,GS on how to link families 	<ul style="list-style-type: none"> • Recruitment by GP,GS staff in every school district • Do intake and enrollment for families • Deliver preschool info at home visit • Have tuition grants available for families on wait list for HS or MSRP • Work directly with families to develop best option when don't get accepted by HS or MSRP

Source: 2006-2007 Great Parents, Great Start Continuation Grant Proposals: Part B, Question 5.

Links with other early childhood programs

In the 2007-2008 Continuation Grant grantees reported on other early childhood programs and initiatives that were available to families with young children in their communities. Table 8 shows the extent to which those programs were available and the GP,GS families were linked to them.

Table 8
Reported links with other early childhood programs and initiatives

<i>Programs</i>	<i>% Available</i>	<i>% Linked¹</i>
Born Learning (with United Way)	82	78
Early Head Start	79	77
SAFE KIDS (for car child safety restraints)	79	72
SAFE SLEEP (for infants)	75	67
Michigan Free Books (with Michigan Friends of Education and Public Enrichment Foundation)	66	55
Reach Out and Read (with the medical community)	55	48
Parenting Counts (with PBS stations)	45	38
Imagination Library (with the Dollywood Foundation)	41	37

¹ A subset of the % available.

Source: 2007-2008 Great Parents, Great Start Continuation Grant Proposals: 1.f. Linkage of Great Parent, Great Start Services to Other Early Childhood Programs and Initiatives.

The distribution of these programs and initiatives varied among ISDs. Only 10 ISDs had all these programs available for families and young children. The other 46 ISDs ranged from a high of 87% availability of programs to a low of 25% of the programs available.

Differences Among Collaborative Structures in Service Provision

Does the form of the collaborative structure have any relationship to the services being provided?

The short answer is “no.” We compared collaborative structures with service intensity and also the population of children under age 5 in each service area and found little correspondence among these three characteristics of communities and services provided.

Table 9
A comparison of organizational structure models used by ISDs, the number of children under age 5 in the county(ies), and intensity level of services offered

<i>Model</i>	<i>Pattern of use</i>		<i>Intensity level of ISD service offered</i>
	<i>Number and percent of ISDs</i>	<i>Children < 5 yrs in ISD</i>	
A	20 ISDs 36%	Mean = 7,972 Range = 880 – 45,915	7 (6 ISDs) 6 (6 ISDs) 5 (2 ISDs) 4 (2 ISDs) 3 (1 ISD) 2 (2 ISDs) 1 (1 ISD)
B	2 ISDs 4%	Mean = 40,110 Range = 30,037 – 50,183	7 (1 ISD) 4 (1 ISD)
C	12 ISDs 21%	Mean = 17,529 Range = 1,158 – 138,200	7 (1 ISD) 6 (2 ISDs) 5 (1 ISD) 4 (2 ISDs) 3 (3 ISDs) 2 (1 ISD) 1 (1 ISD) 0 (1 ISD)
D	20 ISDs 36%	Mean = 9,044 Range = 1,385 – 75,683	7 (1 ISD) 6 (7 ISDs) 5 (3 ISDs) 4 (2 ISDs) 3 (7 ISDs)
E	2 ISDs 4 %	Mean = 4,693 Range = 4,110 – 5,275	7 (1 ISD) 1 (1 ISD)

Sources: 2007-2008 Great Parents, Great Start Continuation Grant Proposal: 2.b. Great Parents, Great Start Organizational Structure; 2006 Census Data (population estimates); 2007-2008 Great Parents, Great Start Continuation Grant Proposals: 1.a. Universal Services and 1.b. Targeted High-Intensity Services.

Model A, where the ISD delivers the services itself, had the most high-intensity services. However, this model wasn't generally related to the size of the population of children age 5 or younger; that is, both large and small counties were represented in these groups. There was no pattern among those ISDs using Model C, where the ISD mainly partners with community agencies to deliver services. There was a general pattern among ISDs using Model D; the larger ISDs tended to offer more high intensity services and the smaller ISDs more low intensity services. However, this tendency may also be related to the amount of resources available to deliver services. ISDs using Models B and E were close to each other in child population but further away in level of intensity of services offered.

Does the form of collaborative structure have any relationship to the number of families receiving targeted services?

As has been seen by the range of children in the ISDs using any one model, we infer that there is no relationship between structure and number of families served.

Do different collaborative structures use different fee structures?

Because we've seen that no grantee is charging for the majority of GP,GS services, the issue of collaborative structure does not apply.

Does the level of funding affect collaborative services and the number of families served?

Unfortunately, we did not have the necessary data to answer this question. First, we believe that "services" should be "structures" since this is the only place referring to collaborative services. Second, we know that ISDs using the same structures provided different levels of services to different child population sizes. Finally, there is no data on number of families served. In 2006-2007 the data reported to MDE was for all families served in Michigan; there is no way for us to disaggregate it.

Michigan Compared to "Best Practice"

How do the approaches being taken by ISDs compare with the strategies and approaches considered to be "best practice" in the literature?

Reviews of system building for young children identify a similar set of essential service components:²

- Health and nutrition (in particular, access to insurance and a medical home)
- Early education and care (child care and preschool)
- Parent education/family involvement and support
- Early intervention
- Mental health and social-emotional health

² Zero to Three Policy Center. (2007, May). *Characteristics of early childhood system building initiatives in communities: A summary of the scan of thirty-two local early childhood initiatives conducted by Zero to Three*. Washington, DC: Author.

Bassok, D., Stipek, D. J., Inkelas, M., & Kuo, A. A. (2005). *Building community systems for young children: Early childhood education*. Los Angeles: University of California, National Center for Infant and Early Childhood Health Policy.

Coffman, J., Wright, M. S., & Bruner, C. (2006, September). *Beyond parallel play: Emerging state and community planning roles in building early learning systems*. Des Moines, IA: SECPTAN.

Table 10 shows the agencies and organizations with which GP,GS grantees were collaborating to provide services and for outreach and referral. Table 5 shows those groups involved in planning and decision making.

Table 10
Agencies and organizations collaborating
on outreach/referral and service

<i>Agency/Organization</i>	<i>Outreach/ Referral</i>	<i>Service</i>
Collaborative bodies		
Community collaborative	1	3
Early childhood collaborative	5	7
Great Start Collaborative	1	10
Public agencies		
Human Services	16	23
Public Health	19	34
Community Mental Health	16	23
Early education and care		
Head Start	11	26
Early Head Start	7	11
Michigan School Readiness Program (MSRP)	2	5
4C Association	14	26
<i>Early On</i> [®]	18	41

Source: 2007-2008 Great Parents, Great Start Continuation Grant Proposals: 2.a. Leadership

Programs offered

Health and nutrition. Most GP,GS grantees worked with public health entities to provide services; however, few programs included private health care providers in the collaborative mix. Nineteen collaborated with public health on outreach and referral, and 23 listed public health as a service provider. However, we do not know from the data available whether these collaborations involved outreach and enrollment in public health insurance or connecting families with a medical home.

Early education and care. Grantees named a number of early learning and preschool programs with whom they collaborated to provide services. About half used Head Start programs in the service mix but only 21% collaborated with Early Head Start programs. However, not all communities had Early Head Start programs. Despite the fact that all grantees had MSRP programs in their area, only seven noted them as service or planning partners. Local 4C associations were involved as service providers and in planning in 33 counties; however, none of the grantees noted any involvement of individual child care providers.

Parent education/family involvement and support. Parent-child play groups are one avenue for providing education and/or support to parents. Forty-one grantees offered parent-child play groups, either for all children and families or for specific target groups. Thirty-one grantees offered some parent-child play groups as a universal service, and 20 offered them as a service to a targeted population. Other universal parent services were offered by a few counties, such as monthly family events, phone lines, or information and referral services. A number of grantees offered some schedule of home visits to universal or targeted populations, but given the small amount of money some counties received, there was great variation in the intensity of services offered.

Early intervention. Almost all of the grantees (89%) collaborated with *Early On*® programs to provide services. Fewer (43%) mentioned special education programs. Vision, hearing, and developmental screening are essential component of an early intervention system, as they help to identify children in need of remediation.³ However, the authorizing legislation does not mandate screening as part of GP,GS services; only two grantees offered hearing and vision screening as a universal service and only one of those also offered developmental screening. An additional seven used a curriculum-based developmental assessment model with targeted populations. Eighteen grantees reported linking with *Early On*® around outreach/referral and 41 listed them as a partner in service.

Mental health and socio-emotional health. Almost two thirds (60%) of grantees named community mental health as a part of their service system and the same number of grantees involved them in planning. Several grantees specifically mentioned program models that target children who are at risk of abuse or who have emotional or behavioral problems. A number of grantees were using parenting curricula designed to deal with relationship issues and two were employing the *Infant Mental Health* model.

Early education model or curriculum

Best practice in selecting a model of intervention is a curriculum or program model that is evidence based and appropriate to address the strengths and needs of the target population. Some models are designed for universal services to parents of young children, while others target particular groups or parenting problems. For example, a curriculum may be designed for special groups, such as parents with low literacy or parents whose first language is not English. Other models target specific issues, such as prevention of child abuse or early literacy. The model or curriculum should be research based and demonstrate evidence of effectiveness with the target population or issue of interest.

Although 70% of the grantees were using the Parents as Teachers curriculum—a universal parenting curriculum—for some part of their services, many combined it with other programs that target different populations or different parenting issues. Examples are curricula designed to prevent child abuse and neglect, such as *Nurturing Parenting Programs*® (6 grantees) or Healthy Families America (8 grantees), and models designed to build healthy parent-child relationships, such as Growing Great Kids. Two grantees were using the *Infant Mental Health* model, which specifically targets parent-infant/toddler relationship difficulties. Others were using models designed to help parents cope with difficult behavior, such as Love and Logic. Several grantees were using the Hawaii Early Learning Profile (5) or the Ages and Stages Questionnaire and Activities (2) curriculum-based assessment systems. These approaches use periodic developmental assessment, provision of developmentally appropriate activities, and tracking of progress over time. Only three grantees did not mention any specific curriculum or program model; one of those stated that services are individualized to family needs.

In general, grantees chose service curricula based on research, and some had evaluation data to demonstrate their effectiveness in improving parent or child outcomes. It was not always clear, however, that the model demonstrated effectiveness with the target population, such as teen parents or Spanish-speaking parents. The fact that the curriculum has been adapted for a specific population does not necessarily mean that it has been evaluated for effectiveness with that population. Overall, grantees appeared to be taking a thoughtful approach to program selection.

³ Reed, C. S., Tableman, B., Bates, L. V., Egeren, L. A. V., with Fitzgerald, H. E., et al. (2004). *All Students Achieve Program-Parent Involvement in Education (ASAP-PIE) Final Evaluation Report: Highlights and Policy Implications*. East Lansing: Michigan State University, Institute for Children, Youth & Families and University Outreach & Engagement.

3. Surveys

Partners' Survey/Social Network Analysis

This evaluation report focused almost entirely on the collaborative models used by GP,GS grantees and the impact of the model chosen on various aspects of their programming. As part of the Amendment covering the 2007-2008 Continuation Grant year, we committed to do a social network analysis as another way of understanding how the agencies and their staff worked together in the community.

Social network analysis defined

Social network analysis (SNA) is a statistical approach used to map and measure the flows between people, groups, and organizations or other entities. It provides a graphic illustration of the way that actors (organizations and/or people) interact as the defined members of a group. SNA shows who is central to the interaction, who is tangential, and who is not connected at all to the process under study. We considered this analysis to be particularly relevant to the GP,GS grantees because they were required to perform their work in the context of the local childhood service system (a network of agencies) and the service delivery staff of participating organizations that shared information on families (such as referrals).

The structure of a collaboration does not necessarily reveal the relationships and interactions among participants, whereas SNA allows us to map those relationships. As an example, we compare and contrast two ostensibly different ISD collaboration models: Model A, where the ISD delivers services itself; and Model C, where the ISD mainly delivers services through its community partners. An SNA might have shown us a Model A grantee where the ISD GP,GS staff members did in fact deliver the services themselves and were part of a highly interconnected inter-agency referral network that allowed families to walk through many doors in the community—the library, where story hours were provided, as well as the public health center, where the well baby clinic was—and still be able to access the home visits provided by the ISD staff. In contrast, a community using Model C and involving many community agencies in service delivery might have operated as many different silos, where families who came through one agency's door received those services, but were not, or not very often, connected with other services for the parents or children.

It must be noted that these are purely hypothetical examples, and the former rather than the latter is likely to represent the way in which services are actually being provided in communities. However, they do illustrate the type of information that could have been discovered through performing an SNA.

The GP,GS social network analysis enacted

Because of the Headley Amendment (which requires that the state not adopt new or expand present local programs without full state funding), we, as evaluators, were left with persuasion as the sole means to gain ISDs' participation in a network analysis survey. However, we had personal relationships with a number of the grantees and had already provided two Parent Opinion Surveys (discussed below) to all grantees for their use. We anticipated that while not all of grantees would be willing to work with us on this, some would be willing and we could learn from whomever answered.

We sent out an invitation to all grantees, describing the survey, and received an affirmative response from 20 grantees. Subsequently, we made a request for their staff and partner e-mail addresses because this survey was to be completed online. At that juncture, the number dropped to 14 who

responded, primarily with their staff e-mail addresses. We began an extensive search for the e-mail addresses of their partners listed on the Commitment to Collaborate forms attached to the grant. As each community's list was completed we designed their unique survey, putting their agencies in the template found in Appendix A. Several dropped out during this phase due to one of three factors: 1) they changed their mind about participating; 2) there were not enough local agencies to design a proper network survey (two agencies do not make a network); or 3) we were unable to successfully acquire all their partners' addresses.

Eventually we designed nine ISD-specific sets of Partners' Service Provider surveys: one set each for those people involved at the leadership level and one set each for staff (of all collaborating agencies) providing direct service. As mentioned above, we could only request grantees' and community partners' participation as well as provide assurances that we would report their responses all together, thus ensuring each person's confidentiality. After several e-mails encouraging their participation, we determined that any more contact might be seen as harassment and discontinued communication with them. Unfortunately, we did not receive every response from any single ISD; the most was 7 leadership surveys (out of 12; an average of 3) and the least was no (0) staff surveys (an average of 2 out of 6). Because SNA requires that all participants in each group respond, we were unable to perform any analyses as a result. The survey template is included as Appendix B.

In retrospect, including this survey as a component of the evaluation plan was not adequately considered. While there was sufficient goodwill on the part of the ISD GP,GS grantees to agree to do the survey, we overestimated the extent to which their partners would be willing to cooperate too. And their cooperation was essential to the process. Without some tangible enticement, people did not have time to move this up to the top of their "to-do" lists even though the survey was easy to complete. We discovered once again that "learning more about..." isn't a compelling reason for many people.

Home Visit and Parent-Child Play Group Parent Opinion Surveys

Although a few GP,GS grantees have well-developed evaluation systems and others use regular informal feedback to get improvement information about their program, many grantees do not have an internal system for evaluation. Therefore, we committed to designing two generic surveys for grantee use. One survey was developed to be used by parent educators/home visitors with their individual families and the other by staff facilitating regular parent-child play groups. The surveys were anonymous, although the home visitor certainly knew the identity of the person receiving the survey. We worked with the MDE GP,GS Consultant on the wording of both surveys and e-mailed them to each of the grantees. The survey forms can be found in Appendices C and D.

The surveys were received with mixed reactions. One grantee said they used their own, normed survey and didn't want this. The following were the questions asked and answered in a series of e-mails:

Q1. May we revise the surveys to delete services that aren't provided in our area? For example, we don't want parents to think they haven't been referred to a service when that service isn't actually available to them.

A1. Yes, you may. We designed these surveys generically to include all possible programs, knowing that not all GP,GS grantees would be providing every service.

Q2. We really like these surveys and want to require them of all our partners. Can we change your letter (the MSU letter) to agencies to require them to use these?

A2. No, you may not. MSU, as the state evaluator, does not have the authority to require grantees and partners to take on additional tasks that were not part of the negotiated grant. If you are able to change the contracts or agreements you have with your partners, you certainly may do that, but you must send that requirement out on your own letterhead.

Q3. At some time in the future will we be required to use these forms? We'd like to get ready now if we will be asked to do that.

A3. No, a standardized evaluation won't be required. There are two reasons for this. First, grantees receive widely different amounts of money, so what might be possible for an ISD receiving substantial funds would be a real burden for grantees receiving small amounts of money. Second, this could not be mandated under the Headley Amendment.

Q4: Are these surveys available in Spanish?

A4: No, they're not. Because MDE is not requiring them, we weren't budgeted to have them translated. (Note: Eventually one ISD did translate the play-group survey into Spanish for use with their families.)

Q5: Can the play-group survey be modified so families can open it electronically, answer the questions via computer, and then send it back to us? We have quite a large e-mail database of families who attend our play groups. Sending this electronically might give us better return results.

A5: We could—but are reluctant to—insert check-off boxes in the Word document. The difficulty we found on another project (working with agency staff people) is that many people who complete the forms aren't really adept at saving the form and then sending back the copy with the data in it. But this is an option we could provide if enough ISDs requested it.

Q6: OR, could we transfer the questions to a *Zoomerang* file, thus compiling our own results?

A6: You are more than welcome to adapt it to a *Zoomerang* file (or any other simple online survey, like *Survey Monkey*) that would also let you easily compile the results yourself.

We also offered to analyze the data from any surveys sent to us on or before June 30, 2008, the last contractual day for data collection. Nine ISDs sent their parent-child play group data to us for analysis and summarizing and seven ISDs sent home visit data. Because all use of the surveys was necessarily voluntary, we have not included any data from those reports here.

Appendices

Appendix A. Partners' Leadership Survey Template

Appendix B. Partners' Service Provider Survey Template

Appendix C. Home Visitor Parent Opinion Survey

Appendix D. Parent-Child Play Group Parent Opinion Survey

APPENDIX A
Partners' Leadership Survey Template
Great Parents, Great Start
Administrator Survey

Your name: _____

Your title: _____

The name of your organization: _____

The purpose of this survey is to explore the patterns of relationships among ISDs, local early childhood service organizations and other community groups and organizations in order to understand how these patterns are related to the types and volume of early childhood services provided within communities.

One way of understanding the relationships between organizations is to examine the kinds of resources they exchange with each other. Some examples of the kinds of resources that might be exchanged between organizations include: in-kind resources, personnel, facilities, supplies, transportation, funds, etc. Another example of a resource exchange between organizations is joint involvement in projects.

Below, we ask about the kinds of resources that are exchanged between your organization and other organizations in the early childhood service network in your community. First, we ask about the kinds of resources your organization *provides to* other organizations. Second, we ask about the kinds of resources your organization *receives from* other organizations. Finally, we ask about whether your organization is involved in *joint projects* with other organizations, excluding GP, GS leadership and planning projects.

From my organization

In the following table, please indicate whether your organization *provides* any resources (in-kind, personnel, facilities, supplies, transportation, funds, etc.) to the organizations listed below. In addition to the organizations listed below, you may add other organizations to which your organization provides resources.

Organization:	<i>My organization provides resources to this organization</i>	
	Yes	No
1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>

To my organization

In the following table, please indicate whether your organization receives any resources from the organizations listed below. In addition to the organizations listed below, you may add any other organizations from which your organization receives resources.

Organization:	<i>My organization receives resources from this organization</i>	
	Yes	No
13.	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>
21.	<input type="checkbox"/>	<input type="checkbox"/>
22.	<input type="checkbox"/>	<input type="checkbox"/>
23.	<input type="checkbox"/>	<input type="checkbox"/>
24.	<input type="checkbox"/>	<input type="checkbox"/>

Joint ventures

Please indicate whether your organization engages in joint ventures or projects (excluding GP, GS leadership and planning projects) with the organizations listed in the table below. Examples of joint ventures or projects include: working together on a service delivery plan, developing a new program, or collaborating on a grant application.

Organization:	My organization engages in joint ventures with this organization	
	Yes	No
25.	<input type="checkbox"/>	<input type="checkbox"/>
26.	<input type="checkbox"/>	<input type="checkbox"/>
27.	<input type="checkbox"/>	<input type="checkbox"/>
28.	<input type="checkbox"/>	<input type="checkbox"/>
29.	<input type="checkbox"/>	<input type="checkbox"/>
30.	<input type="checkbox"/>	<input type="checkbox"/>
31.	<input type="checkbox"/>	<input type="checkbox"/>
32.	<input type="checkbox"/>	<input type="checkbox"/>
33.	<input type="checkbox"/>	<input type="checkbox"/>
34.	<input type="checkbox"/>	<input type="checkbox"/>
35.	<input type="checkbox"/>	<input type="checkbox"/>
36.	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX B

Partners' Service Provider Survey Template

Great Parents, Great Start
Service Provider Survey

Your name: _____

Your title: _____

The name of your organization: _____

The purpose of this survey is to explore the patterns of relationships among ISDs, local early childhood service agencies and other community groups and organizations in order to understand how these patterns are related to the types and volume of early childhood services provided within communities.

One way of understanding the relationships between organizations is to examine the kinds of exchanges they have with each other. Among service agencies/organizations, some of the most important exchanges involve parents and families (referrals) and service-related information.

Below, we ask about referrals between your organization and other organizations in the early childhood service network in your community. We also ask about the degree to which your organization shares service-related information with other organizations in this network.

Parent and family referrals

Please indicate how often your organization *refers parents and families to* the organizations listed in the table below.

Organization	<i>My organization refers parents and families to this organization...</i>				
	Never	Once per month	Once every two weeks	Once every week	Daily
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how often your organization *receives parent and family referrals from* the organizations listed in the table below.

	<i>My organization receives parent and family referrals from this organization...</i>				
Organization	Never	Once per month	Once every two weeks	Once every week	Daily
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exchange of information

Please indicate how often you *give* service-related information to someone in the organizations listed in the table below. Examples of service-related information include availability of services, eligibility criteria, etc.

	<i>I give service-related information to someone in this organization...</i>				
Organization	Never	Once per month	Once every two weeks	Once every week	Daily
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exchange of information

Please indicate how often you **receive** service-related information from someone in the organizations listed in the table below. Examples of service-related information include availability of services, eligibility criteria, etc.

	<i>I receive service-related information from someone in this organization...</i>				
Organization	Never	Once per month	Once every two weeks	Once every week	Daily
37.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX C

HOME VISITING OPINION SURVEY – County (Please name): _____

Please help us improve our program and assess our network of services by answering the following questions.

1. How old is your child/children receiving home visits? _____ Total number (#) of your children receiving home visits
 Birth to 12 months ___ # 1-2 years ___# 2-3 years ___# 3-4 years ___ # 4-5 years
2. How often do you receive home visits? *Mark the **one** that best describes your schedule.*
 Weekly Every other week (or 2-3 times per month) Monthly Some other schedule (what schedule?):
3. What subjects do you and your home visitor discuss? *Check all the ones you talk about.*
 Parenting Skills Health & Nutrition Behavior & discipline Your child’s development Preparing for school
 Safety Other _____
4. How satisfied are you with your home visitor doing the following things?

<i>You and your home visitor may not talk about some of these. If that’s the case; circle NA in the No answer column.</i>	Very dis-satisfied	Somewhat dis-satisfied	Somewhat satisfied	Very satisfied	No answer	If you marked dissatisfied (you circled 1 or 2), why is that?
2.1 Improving your skills as a parent	1	2	3	4	NA	
2.2 Helping you understand your child’s development	1	2	3	4	NA	
2.3 Answering your questions about how to help your child	1	2	3	4	NA	
2.4 Giving you ideas for activities to do with your child	1	2	3	4	NA	
2.5 Discussing the importance of your family’s culture and values and how that affects your parenting	1	2	3	4	NA	
2.6 Preparing your child for preschool or kindergarten	1	2	3	4	NA	
2.7 Helping you become more involved with other parents or groups in your community	1	2	3	4	NA	
2.8 Helping you get connected to other services that your family or child needs	1	2	3	4	NA	

5. Have you received any other services with your home visitor's help? yes no

6. If you answered yes, what services did you receive? *Please write in below.*

7. How did your home visitor help you get these services?

- Helped make the appointment for me Drove me to the service Had the service person contact me directly
 Gave me information and asked about it the next time they visited Gave me information and let me decide for myself

8. In the last 12 months have you received any additional early childhood services that **were not** specially arranged by your home visitor?
Check as many as apply.

- | | |
|---|--|
| <input type="checkbox"/> Welcome Baby materials, R.E.A.D.Y. kits | <input type="checkbox"/> <i>Early On</i> services for children with disabilities or developmental delays |
| <input type="checkbox"/> Well-child visits at your family doctor or the Health Department | <input type="checkbox"/> Literacy services, such as Imagination Library, Road to Reading and library programs for young children |
| <input type="checkbox"/> Screening to see how your child is developing | <input type="checkbox"/> Free pre-school like Head Start & Michigan School Readiness Program |
| <input type="checkbox"/> Vision and/or hearing screening | <input type="checkbox"/> Other Pre-school |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Family events, like Family Discovery Nights and Family Fun Fairs |
| <input type="checkbox"/> Child health insurance such as Medicaid or MICHild | <input type="checkbox"/> Parent education workshops or classes |
| <input type="checkbox"/> Other home visits, such as from Early Head Start | <input type="checkbox"/> Specialized services such as Early Childhood Mental Health Services |
| <input type="checkbox"/> Parent-child play groups | |

9. How easy is it to get the early childhood services you want and/or need in your community?

- Very easy Easy Kind of hard Very hard

10. If you checked "kind of hard" or "very hard" above, please tell us what made it that way. *For example: services weren't available; the services were available but I would have to pay; my child didn't qualify for it; I didn't know where to get them; I didn't have transportation*

11. Is there anything else you would like to tell us?

THANK YOU!

APPENDIX D

PARENT-CHILD PLAY GROUP OPINION SURVEY – County (Please name): _____

Please help us improve our program and assess our network of services by answering the following questions.

1. How old is your child/children participating in the play group? _____ Total number (#) of your children in play groups
 Birth to 12 months 1 year old 2 year old 3 year old 4 year old 5 year old
2. Are all the children in the group roughly the same age as your child?
 Same age (within 12 months) Different ages (more than 12 months difference)
3. Think about the play group you most recently attended. How satisfied are you with how well the play group is doing each of these?
Circle your choice.

<i>Your playgroup may not talk about some of these. If that's the case; circle NA in the No answer column.</i>	Very dis-satisfied	Somewhat dis-satisfied	Somewhat satisfied	Very satisfied	No Answer	If you marked dissatisfied (you circled 1 or 2), please explain below.
1.1 Teaching you about your child's development	1	2	3	4	NA	
1.2 Answering your questions about how to help your child	1	2	3	4	NA	
1.3 Improving your skills as a parent	1	2	3	4	NA	
1.4 Helping your child develop skills in playing & being with others	1	2	3	4	NA	
1.4 Discussing the importance of your family's culture and values and how that affects your parenting	1	2	3	4	NA	
1.5 Providing you with ideas for activities to do with your child at home	1	2	3	4	NA	
1.6 Treating all parents as important people	1	2	3	4	NA	
1.7 Helping you connect with other parents who can support you	1	2	3	4	NA	
1.8 Helping you get other services that your family or child needs	1	2	3	4	NA	
1.9 Providing time for parents to share their ideas and thoughts about being a parent	1	2	3	4	NA	

4. In addition to the play group you described in the chart, has that child attended any other play group with different parents and children?
 yes no

5. If you answered yes, how many different play groups (different groups of parents and children) have you and your child attended?
 2 different play groups 3 different play groups more than 3 play groups
6. Counting all the play groups you go to with your child, how often do you and your child attend a play group session?
 Weekly Every other week (or 2-3 times per month) Monthly Some other schedule (what schedule?): _____
7. If there were one thing that could be improved in your play group, what is it?
8. Have you received any additional services **as a result of information or a referral from the play group**? yes no
9. If you answered yes, what services did you receive?
10. In the last 12 months have you received additional early childhood services that **were not** related to participating in a play group?
 yes no
11. If you answered yes, check all those that apply:
- | | |
|--|--|
| <input type="checkbox"/> Welcome Baby materials, R.E.A.D.Y. kits | <input type="checkbox"/> <i>Early On</i> services for children with disabilities or developmental delays |
| <input type="checkbox"/> Well-child visits at your family doctor or the Health Department | <input type="checkbox"/> Literacy services, such as Imagination Library, Road to Reading and library programs for young children |
| <input type="checkbox"/> Screening to see how your child is developing | <input type="checkbox"/> Free pre-school like Head Start & Michigan School Readiness Program |
| <input type="checkbox"/> Vision and/or hearing screening | <input type="checkbox"/> Other Pre-school |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Family events, like Family Discovery Nights and Family Fun Fairs |
| <input type="checkbox"/> Child health insurance such as Medicaid or MICHild | <input type="checkbox"/> Parent education workshops or classes |
| <input type="checkbox"/> Home visits, such as from the Intermediate School District, MSU Extension or Early Head Start | <input type="checkbox"/> Specialized services such as Early Childhood Mental Health Services |
12. How easy is it to get the early childhood services you want and/or need in your community?
 Very easy Easy Kind of hard Very hard
13. If you checked “kind of hard” or “very hard” above, please tell us what made it that way. *For example: services weren’t available; the services were available but I would have to pay; my child didn’t qualify for it; I didn’t know where to get them; I didn’t have transportation*
14. Is there anything else you would like to tell us?

THANK YOU!