

MICHIGAN'S **COLLECTIVE EARLY** CHILDHOOD ACTION PLAN





STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING

GRETCHEN WHITMER
GOVERNOR

MICHAEL F. RICE, Ph.D.
STATE SUPERINTENDENT

August 2, 2022

Dear Early Childhood Partner,

We are pleased to unveil *Michigan's Collective Early Childhood Action Plan*, which is shaped by the experiences of families, early childhood providers, and other community and state leaders. This plan represents an opportunity to strengthen connections between all aspects of the early childhood system and work collaboratively to improve young children's learning and growth.

This plan culminates a two-year needs assessment and action planning process facilitated by School Readiness Consulting on behalf of the Michigan Department of Education's (MDE) Office of Great Start and the early childhood system as part of the Preschool Development Grant Birth-Five (PDG B-5). The plan builds on the work that has been initiated through Michigan's prior and current early childhood strategic planning efforts, such as Great Start, Great Investment, Great Future: The Plan for Early Learning in Michigan and the Mother Infant Health & Equity Improvement Plan. In addition, this plan is fully consistent with Michigan's Top 10 Strategic Education Plan which was approved by the State Board of Education in August of 2020. Specifically, this action plan outlines contributions to Goals One, Two, and Three of Michigan's Top 10 Strategic Education Plan which are: to expand early childhood learning opportunities, to improve early literacy achievement, and to improve the health, safety, and wellness of all learners, respectively.

Michigan's Collective Early Childhood Action Plan provides a comprehensive approach to meeting the following four priorities:

1. The early childhood system is aligned, adequately funded, and data driven.
2. Families can access the services they need to help their young children thrive.
3. Early childhood services meet high standards of quality.
4. The workforce is diverse, prepared, and well-compensated.

For each of these priorities, MDE and our early childhood system partners have developed strategies and activities designed to strengthen the early childhood system. Therefore, the priorities, strategies, and actions within the action plan reflect current opportunities to expand and enhance programming; address the challenges that are common across all programs and sectors; and create the necessary infrastructure for a coordinated, sustainable network of services and supports for young children.

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August 2, 2022


Based on the current landscape of progress, challenges, and opportunities in the state, this plan will provide a clear and practical approach to maximizing local, regional, and statewide resources to serve children ages birth through five and their families.

By implementing this plan, Michigan has the opportunity to create a family-centric system that is inclusive, responsive, efficient, and evidence-informed across all functional areas of governance, policy, financing, data, workforce development, and family engagement. We recognize that families serve a dual role within the early childhood care and education system as both recipients and providers of services; the priorities within this plan, therefore, aim to build the capacity of all families to be a part of that system.

We hope readers will share our excitement at the opportunity to dig into the document, build out the strategies, and take collective action on behalf of Michigan's children, families, and early childhood providers.

As a member of the early childhood community, you have an important role in helping to achieve successful implementation of our collective early childhood action plan. We are grateful for the valuable stakeholders who have contributed to this plan and look forward to deepening our partnerships across the birth to five mixed delivery system.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott M. Koenigsknecht". The signature is fluid and cursive, with the first name "Scott" being the most prominent part.

Dr. Scott M. Koenigsknecht
Deputy Superintendent
P-20 System and Student Transitions

ACKNOWLEDGMENTS

Michigan's Collective Early Childhood Action Plan has been developed with the support of a wide range of stakeholders. The Michigan Department of Education (MDE), Office of Great Start (OGS); the Michigan Department of Health and Human Services (MDHHS); and their partners at School Readiness Consulting (SRC) acknowledge the considerable time, talent, and perspective offered by the early childhood community, who participated in a variety of ways.

This strategic action planning effort would have been impossible without the participation of **Michigan families, providers, and community leaders**, whose willingness to candidly share the triumphs and challenges of the early childhood system was key to the development of child- and family-center- ed strategies to move the state forward.

Family and community input in this report was made possible by the **Great Start Collaboratives (GSCs) and Great Start Parent Coalitions (GSPCs)** across the state who generously shared their insights throughout the action planning process and worked within their communities to elevate local voices.

Furthermore, this report results from ongoing work with state leaders representing the **MDE, OGS, MDHHS, Department of Civil Rights, Department of Licensing and Regulatory Affairs (LARA), Michigan Association for the Education of Young Children (MIAEYC), and Early Childhood Investment Corporation (ECIC)**

at collaborative tables such as the Great Start Operations Team (GSOT), Great Start Steering Team (GSST), the Office of Great Start Advisory Council, and the Preschool Development Grant (PDG) Implementation Team.

Michigan's Collective Early Childhood Action Plan was informed by and developed in conjunction with other activities related to the Preschool Development Grant Birth through Five (PDG B-5), including the needs assessment conducted by **American Institutes for Research (AIR)**, the long-term communications strategic plan conducted by **Advocacy & Communications Solutions (ACS)**, and support for culturally and linguistically responsive family outreach provided by **The Yaffe Group**.

MDE wants to acknowledge the leadership of Dr. Noel Kelty and Dr. Joy Milano as they were instrumental in planning, organizing, and leading this work. Their efforts and the efforts of everyone involved in the development of this plan are to be commended.

MDE and its partners across Michigan are grateful to be among the recipients of the PDG B-5, which funded the action planning process and other key activities to advance the early childhood system and ensure all young children have the support needed to reach their full potential.

This report was prepared by SRC,
in partnership with Foresight Law
+ Policy (FLP) and Third Sector
Intelligence, Inc. (3Si).



3Si

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THE EARLY YEARS MATTER

Children are born with great potential for development and learning . . .

The first five years are a time of rapid brain development, and this development is guided by each young child's environment and experiences. The experiences that children have during the first five years have a profound impact on the architecture of the brain, which forms the foundation of all future development and learning.¹

Barriers exist that prevent equitable access to positive early childhood experiences . . .

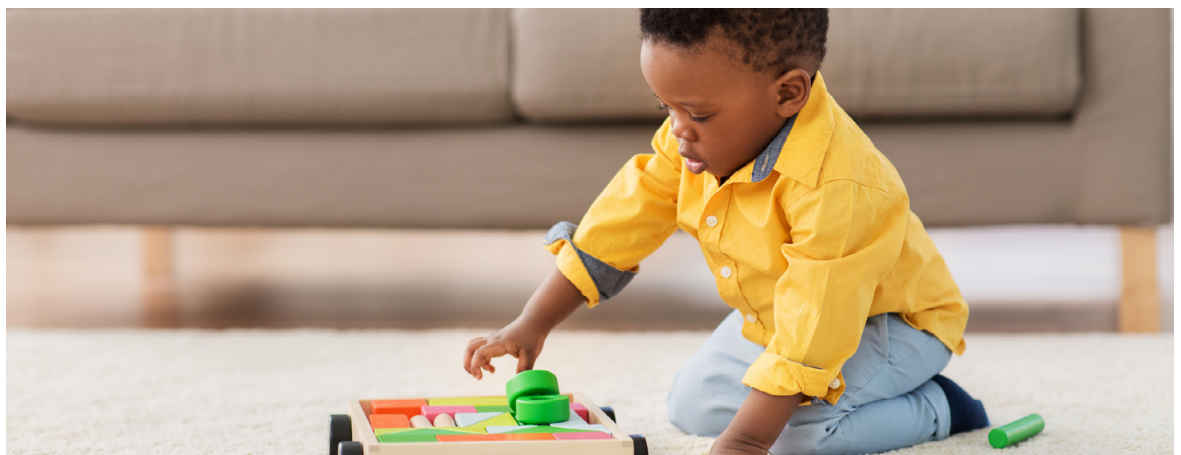
Despite these realities, society and the systems that support it have often been shaped in ways that limit access to positive and productive early childhood experiences, particularly for those who are Black, Indigenous, and other People of Color (BIPOC). Racial segregation across communities, perpetuated by discriminatory and exclusionary policies around housing, education, and employment, and chronic underfunding of the early childhood system have systematically prevented BIPOC children and families from reaching their full potential for learning, prosperity, and self-actualization. In addition, economic disadvantages exacerbated within rural and blighted communities contribute to opportunity gaps for young children and their families. For these reasons, high-quality early childhood experiences have remained out of reach for many children.

Early childhood programs and services make a difference . . .

Among other experiences, high-quality early childhood programs and services make a difference for young children. Children who participate are often more prepared to succeed in school, lead healthier lives, and contribute to creating stronger communities.² Research conducted by Nobel Laureate James Heckman also demonstrates that high-quality birth-through-five programs for children experiencing poverty and related social factors can provide a return of \$6.30 in benefits on each \$1 invested—delivering a 13% per year return on investment over time.³

Michigan has an opportunity to improve child outcomes by strengthening early childhood programs and services . . .

Knowing that the early years matter, the state of Michigan offers numerous early childhood programs and services, each designed to meet the needs of young children and their families and to set the state's youngest residents on the path to success in school and life. Maximizing the benefit of these programs and services requires a continued focus on resources and coordination across the system. This effort includes a targeted and strategic push to elevate access to the system by addressing access gaps and other inequities for the children, families, and communities who have historically been excluded from high-quality early childhood programming and services.



BUILDING A STRONGER EARLY CHILDHOOD SYSTEM FOR ALL

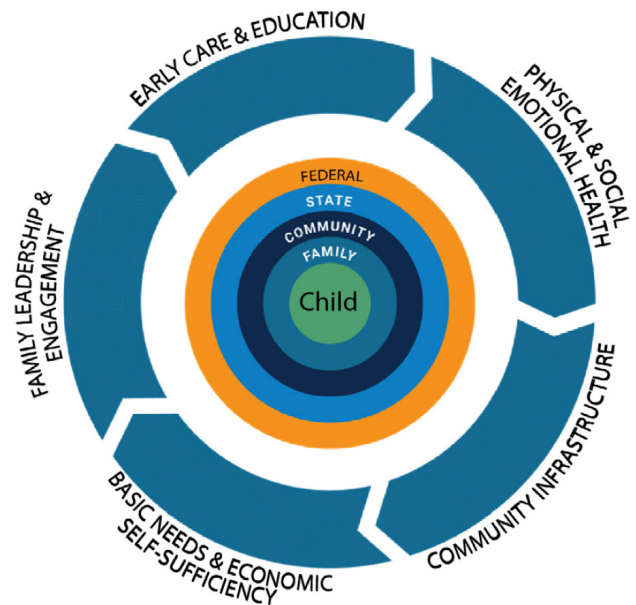
The priorities, strategies, and actions within the plan reflect current opportunities to expand and enhance programming; address the challenges that are common across all programs and sectors; and create the necessary infrastructure for a coordinated, sustainable network of services and supports for young children.

Based on the current landscape of progress, challenges, and opportunities in the state, this plan will provide a clear and practical approach to maximizing local, regional, and statewide resources to serve all children ages birth through five and their families. This effort builds upon a long history of investment and support for young children and their families, and is aligned to related prior and ongoing strategic efforts, including:

- Michigan's Top 10 Strategic Education Plan;
- Great Start, Great Investment, Great Future;
- The Plan for Early Learning in Michigan; and
- The Mother Infant Health & Equity Improvement Plan.

Michigan was awarded federal funding through the Preschool Development Grant Birth through Five (PDG B-5) and subsequent Preschool Development Grant Renewal (PDG-R)—competitive federal grants designed to improve states' early childhood systems. The grants aim to build upon existing federal, state, and local early childhood investments to strengthen the statewide infrastructure and programming needed to facilitate healthy early childhood development. For Michigan, the PDG B-5 and PDG-R represent an opportunity to strengthen connections between all aspects of the early childhood system and work collaboratively to improve the conditions in which young children learn and grow. The grants provide resources and a call to action to elevate the standard of access and the overall outcomes of the full birth-through-five system. Among other activities, this infusion of federal resources supported the development of *Michigan's Collective Early Childhood Action Plan*, a unifying document designed to strengthen Michigan's early childhood system focused on the critical birth-through-five years. For the purposes of the grant, "B-5" specifies programs and services for children and families from birth to kindergarten entry. B-5 spans the developmental continuum of infants, toddlers, and preschoolers and includes multiple entities focused on early care and education (ECE), physical and social-emotional health, community infrastructure, basic needs and economic viability, and family leadership and engagement.


MICHIGAN'S EARLY CHILDHOOD SYSTEM



WHAT'S NEXT FOR MICHIGAN

Michigan is leveraging the current push for planning and systems-building as an opportunity and a call to action to create the best conditions for young children to thrive. The state's planning efforts are built upon a broad and ambitious vision and oriented toward four shared child outcomes. To realize this vision means bridging the gaps that the current system has created for children and families by strengthening the network of early childhood services, elevating the standard of access, and improving outcomes for all of Michigan's young children. The plan that follows represents a great deal of effort, collaboration, and commitment on the part of all early childhood stakeholders. Future phases of work associated with this action plan and the PDG include continued planning for implementation. Among other priorities, this involves decisions about which stakeholders and entities are best positioned to lead the way on each strategy, and how responsibility and mutual accountability will be balanced between state and local entities. Focused and ongoing efforts will be integral to advance a cohesive early childhood system that ensures all children and families in Michigan are able to thrive.

MICHIGAN'S COLLECTIVE EARLY CHILDHOOD ACTION PLAN FRAMEWORK

PRIORITY AREAS & STRATEGIES If we work to make sure...	CHILD OUTCOMES It will mean...	VISION Ultimately leading to...
Priority #1. The early childhood system is aligned, adequately funded, and data-driven. 1.1 Improve state and local coordination to achieve strategic goals 1.2 Maximize funding to achieve equitable outcomes for young children 1.3 Strengthen data-driven decision-making and accountability	1. Children are born healthy.	 MICHIGAN BEING ONE OF THE BEST STATES IN WHICH TO RAISE A CHILD
Priority #2. Families can access the services they need to help their children thrive. 2.1 Increase understanding of the capacity of the early childhood system 2.2 Expand the supply of programs—starting with communities with the highest need 2.3 Eliminate obstacles to enrollment and participation 2.4 Strengthen communication and outreach to connect families to services	2. Children are healthy, thriving, and developmentally on track from birth through third grade.	
Priority #3. Early childhood services meet high standards of quality. 3.1 Expand resources that value families as partners and experts on their young children 3.2 Ensure equitable experiences for children and families in programs 3.3 Strengthen programs to fully support children's health, well-being, and learning 3.4 Increase alignment and collaboration to ensure continuity of services 3.5 Increase support for children and families to successfully navigate transitions	3. Children are developmentally on track and ready to succeed in school at the time of school entry.	
Priority #4. The workforce is diverse, prepared, and well-compensated. 4.1 Ensure equitable compensation for the early childhood workforce 4.2 Advance career pathways that address historical and systemic inequities 4.3 Ensure a well-prepared workforce across all early childhood settings	4. Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.	



A photograph of a family—a man, a woman, and a baby—sitting in a field of tall grass. The image is covered with a semi-transparent blue filter. A large, light-blue number '1' is positioned on the left side, partially overlapping the man and the text.

1 THE OPPORTUNITY

THE EARLY YEARS MATTER

The evidence is clear—experiences during the first few years of life have a profound and lasting impact. During the period from birth to age three, the developing brain forms more than one million new connections per second to form the basic architecture of the brain and the foundation for all future learning and development.⁴ As a result, positive early childhood experiences—especially within high-quality early childhood programming—are linked to lifelong benefits such as higher earnings, improved health, lower participation in social service programs, and lower chances of involvement with the criminal justice system.⁵ The benefits of effective and responsive early childhood services within communities even extend beyond children, enabling families to participate in the workforce and creating jobs in local communities. Research conducted by Nobel Laureate James Heckman demonstrated that effective birth-to-five programs for children experiencing poverty and related social injustices can provide a cost-benefit ratio of \$6.30 in returns on each \$1 invested—delivering a return on investment of 13% per year over time.⁶ For this reason, Michigan is among many states seeking to both increase overall investment in the early childhood system and promote positive outcomes for children starting before birth.

Even while the importance of early life experiences is well-supported by research, the reality is that society has been shaped in ways that significantly undermine child outcomes, particularly for those in Black,

Indigenous, and People of Color communities. Racial disparities and segregation—once sanctioned by law and now perpetuated by racist policies and practices around housing, education, employment, policing, criminal justice, and other systems—have stood between

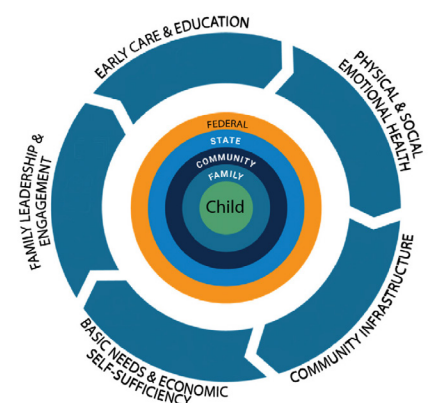
BIPOC individuals and their potential for learning, prosperity, and well-being for generations.⁷ At the same time, these and other injustices have long led to disparities in access to early childhood services, not only for BIPOC families but also for rural and low-income families and others who experience socioeconomic disadvantages. To this day, systemic racism, intergenerational poverty, and chronic underinvestment in young children are the primary factors that perpetuate opportunity gaps and stand in the way of a thriving Michigan community made up of well-supported and prosperous families. Recognizing this fact, early childhood systems leaders have committed to putting policies and practices in place that prioritize supports for the children, families, and communities who have been most impacted by opportunity and service gaps and other injustices.



BUILDING A STRONGER EARLY CHILDHOOD SYSTEM FOR ALL

The state of Michigan offers numerous early childhood programs and services, each designed to meet the needs of young children and their families and set the state's youngest citizens on the path to success in school and life. To fully maximize the benefit of these programs and services will require a continued focus on advancing equity. **Equity in early childhood means that every child has a fair and just opportunity to reach their full potential and succeed. It is the result of the undoing of racism, nationalism, poverty, and other systemic injustices that have long undermined developmental and educational success.** With this goal in mind, Michigan is committed to advancing equity by narrowing opportunity gaps for young children and their families. This means distributing services and allocating resources so that every child receives the opportunities they deserve as a valued member of society and ensuring that supports build on the developmental strengths and assets often overlooked in children, families, and communities. Advancing equity necessitates acknowledging racism, sexism, and economic injustice as the root causes of inequities and as current barriers that will require an intentional, systemwide effort to dismantle. This is the effort needed to ensure that every child has the support they need to learn, grow, and thrive in the context of their community and culture.

MICHIGAN'S EARLY CHILDHOOD SYSTEM



THE POWER OF LANGUAGE: DISCUSSING THE USE OF “BIPOC” THROUGHOUT THIS ACTION PLAN

MDE, MDHHS, and other leaders within the state early childhood system are committed to using language that honors the identities and experiences of all people. This is particularly important when discussing the impact of system conditions on groups of people who face historical and current injustices within society and the systems that support it.

Throughout this report, the authors reference Black, Indigenous, and other People of Color (BIPOC). This term, used in the context of early childhood discourse, is meant to convey the nuanced and varied ways children of color and their families experience the early childhood system and broader society. This report reflects a belief in centering the experiences of Black and Indigenous children and families based on a truthful account of our nation’s history. Our country was founded on the genocide of Indigenous communities and enslavement of Black people, and as a result, Black and Indigenous people continue to face systemic inequities, presented in various overt and covert ways across circumstances and time. The term is also intended to acknowledge that all nonwhite people are targeted by structural and interpersonal racism, though not all people of color experience the same types of injustice today.

As this plan and the actions that follow work to advance equity in Michigan’s early childhood system, it is important to include this historical and current context in the conversation—giving special consideration to the ways Black and Indigenous communities experience injustice within the system. To advance equity, leaders in Michigan must honestly contend with a history of Native invisibility and the unique experiences of Black Michiganders. Being intentional with this language gives us the opportunity to lean into more specific strategies for systemic and institutional change. Just as there is a need for tailoring across geographies in Michigan, there is also a need to create strategies to address the specific ways in which communities of color experience injustice.

Language is a powerful tool, and the language used to discuss topics of racial and cultural identity is ever evolving. The authors elected to use the term “BIPOC” for this report at this time, recognizing that there is not broad consensus on any single term, and that this term itself is limited in its ability to convey the nuances of racial identity and racialized experiences. Some degree of dissent is expected, welcome, and necessary as we collectively participate in progress.

In 2018, Michigan was awarded federal funding through the Preschool Development Grant Birth through Five (PDG B-5) and subsequent Preschool Development Grant Renewal (PDG-R) as a key opportunity to elevate access to the early childhood system by addressing access gaps and other inequities for the children, families, and communities who have historically been excluded from high-quality early childhood programming and services. This opportunity has included a targeted and strategic push to strengthen the statewide infrastructure and programming needed to facilitate healthy early childhood development. Among other activities, the infusion of federal resources supported the development of a comprehensive action plan designed to strengthen Michigan’s early childhood system focused on the critical birth-through-five years. For the purposes of the grant, “B-5” specifies programs and services for children and families from birth to kindergarten entry. B-5 spans the developmental continuum of infants, toddlers, and preschoolers and includes multiple entities focused on perinatal, maternal and child health; infant, early childhood, and family mental health; early care and education; early intervention and early childhood special education (ECSE); child welfare; benefits such as the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and other supports for families of young children.

The PDG B-5 and PDG-R represent an opportunity to strengthen cross-system connections and work across agencies and with communities to improve the conditions in which all young children learn and grow. The grants provide resources and a call to action to address existing inequities and elevate the standard of access and overall outcomes of the full birth-through-five system. Therefore, the priorities, strategies, and actions in this plan reflect current opportunities to expand and enhance programming; address the challenges common across all programs and sectors; and create the necessary infrastructure for a coordinated, sustainable network of services and supports for young children. Based on the current landscape of progress, challenges, and opportunities in the state, this plan will provide a clear and practical approach to maximizing local, regional, and statewide resources to serve children ages birth through five and their families. The pathway to stronger families and communities across the state begins with equitable investments in all young children, guided by respect for families, communities, and culture.

THE PRESCHOOL DEVELOPMENT GRANT BIRTH THROUGH FIVE

The state of Michigan was awarded the PDG B-5 in 2018 and the subsequent PDG-R to continue the work through 2022. This infusion of federal resources was designed to support states in a comprehensive statewide birth-through-five needs assessment followed by in-depth action planning to include a wide range of early childhood provider types and settings. The PDG work has been led by the Michigan Department of Education, Office of Great Start, which is charged by executive order with overseeing early care and education in the state and partnering with state and local entities focused on the full range of child and family well-being.

PDG B-5 RENEWAL PROJECTS

Activity 1 Needs Assessment	Activity 2 Strategic Plan	Activity 3 Family Knowledge/ Choice	Activity 4 Provider Best Practices	Activity 5 Improve Quality/ Access	Activity 6 Data and Evaluation
Root Cause Analysis of Barriers Whole Child/Family Needs Child Care Supply/Facilities	Implement Year 1 Plan Phase II Plan, Child Outcomes 1, 2 Targeted Technical Assistance	Communications Projects Parent Leadership Family Transitions Trusted Advisors Cafes Talking Is Teaching/Early Literacy and Nutrition Family Navigation Support Recruitment and Enrollment	Transitions Workforce Building Racial Equity Community of Conversation Early Literacy Support Home Visiting Professional Development (Michigan Association for Infant Mental Health, Inclusion, Brazelton Touchpoints Center, WIDA) Infant and Early Childhood Mental Health Consultancy MiRegistry	Strong Beginnings Family Child Care Networks Rural Child Care Innovation Project Homeless Task Force Relationship Building Universal Screening Whole Child	Connect MDE and MDHHS Data Increase Data Gathering (Home Visiting, Head Start) Cross-Agency Coordination Data Literacy Evaluation of Projects and Impact



EARLY

CHILDHOOD IN MICHIGAN

As the state works to advance the early childhood system to fully support families, it is important to have a clear picture of what the early years are like for young children and what systemic factors are at play. This requires a hard look not only at the strengths and capacities of families, but also at the significant barriers being faced as a result of racial, economic, gender, and other injustices embedded within the economic, health, education, and social systems. These inequities can result in persistent poverty, lack of access to health care, disparate educational opportunities and outcomes, underemployment or unemployment, and unstable housing. The COVID-19 pandemic has introduced additional challenges. Overall, young children and families across Michigan are facing inequities that have deep historical roots and are being exacerbated by the COVID-19 pandemic, leading to an increased and urgent need for the redesign of early childhood services. This snapshot emphasizes the critical need to challenge the role of systemic oppression while building on the strengths of family and community and offering early childhood supports that lead to positive outcomes for all young children.

EARLY CHILDHOOD IN THE MIDST OF A GLOBAL PANDEMIC

In March 2020, the nation experienced an unprecedented economic and social upheaval as COVID-19 began to take hold in the United States—leaving no state or jurisdiction unaffected. In a matter of weeks, the disease had spread globally and impacted the lives of millions of people. In an effort to slow the spread of the highly contagious and deadly virus, the closure of state agencies and many nonessential businesses has had ripple effects on the local economy—and on tens of thousands of individuals who found themselves facing job loss, lack of childcare or schooling, and disruptions in routines and access to needed items. All of these challenges occurred alongside a widespread fear of illness and, for many, the loss of loved ones.⁸

Although the COVID-19 pandemic is a collective traumatic experience, it is clear that those who are BIPOC and those living in poverty are impacted at a much higher rate than their white counterparts and more affluent counterparts.⁹ This difference is the result of systemic racial and social injustice that leads to avoidable health disparities—leaving historically marginalized communities more vulnerable to COVID-related complications and death. Furthermore, the overrepresentation of those who are BIPOC in “essential” (and frequently lower-paying) jobs such as retail, food service, home health care, and childcare contributed to racial disparities in the risk and reality of exposure to the virus. Indeed, COVID-19 has laid bare a widespread public health crisis that has been building throughout the United States for generations. At once, we are experiencing the COVID-19 pandemic and a deeper understanding of structural racism that has infected our systems and structures—keeping individuals, families, and communities from reaching their dreams and goals for prosperity, health, education, and well-being.

Early childhood care and education is one of many critical systems that has been severely impacted by the unpredictable and seemingly relentless trajectory of the COVID-19 pandemic. As a result of factors including job loss, program and agency closures, and other disruptions, the early childhood landscape continues to change at an unprecedented rate. Early care and education programs and other community-based agencies have been forced to close their doors as a result of loss of funding. Children have had to navigate the challenges of schooling from home and disruptions to their care routines. Rates of job loss increased in all 83 Michigan counties, placing families under deep economic strain.¹⁰ All forms of health care became more challenging to access than ever. Despite state agencies working diligently to create responsive solutions to keep families and systems afloat, the impact has been devastating.

Even as this plan is set in motion, there is still tremendous work to do to understand the full impact that the COVID-19 pandemic has had and will have on the early childhood landscape. Therefore, much of the data described in this report reflects realities of the early childhood system as they were understood prior to the onset of the COVID-19 pandemic. It is important to note that the challenges raised here, particularly around child and family well-being, access to high-quality early childhood opportunities, and workforce support, are likely exacerbated by the current conditions—particularly for communities that were already facing social and economic hardships. Yet, the message and call to action remain the same. As Michigan seeks to recover and heal in the coming years, it is more urgent than ever to create a sustainable system of early childhood services and supports. Early childhood system leaders are called upon to focus on rebuilding a better, more equitable reality with families and communities for Michigan’s young children.



HOW FAMILIES INVEST IN THEIR YOUNG CHILDREN

Stable and connected families; safe, valued, and well-resourced communities; and high-quality early childhood programs and services are all essential to forming a strong, supportive ecosystem for children as they grow and learn. Michigan families and communities show that they prioritize young children and work hard to create the conditions for them to thrive. Families (i.e., parents, relatives, guardians, and other adults who act as primary caregivers for young children) take their role as their children's first teachers and primary caregivers seriously and are dedicated to giving their children a strong start. The following data is based on the state's best understanding of the characteristics and well-being of children and families and may be evolving as COVID-19 continues to impact families and communities.

Michigan is home to 674,000 children birth through age five.¹¹

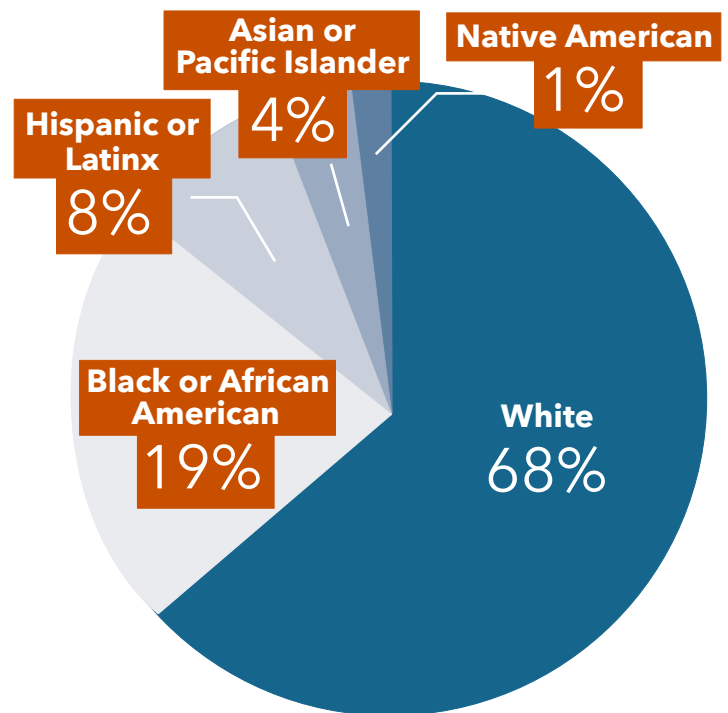
Two-thirds of children ages birth through five demonstrate secure attachments to their primary caregivers and other key indicators of social and emotional health.¹² Social and emotional health begins with strong parent-child bonds and increases the likelihood of positive outcomes like school success, strong relationships, and overall health.¹³ For many young children, strong parent-child bonds can be a critical factor to protect children against the impacts of hardship and enable children to approach learning and relationships with confidence.¹⁴

More than 70% of parents read to their children at least five days per week.¹⁵ When families spend time reading together, they help children develop stronger oral language and literacy skills, deeper connections to culture and heritage, and a lifelong love of learning.¹⁶

Two-thirds of Michiganders with children birth through age five report living in a community where they feel connected to their neighbors and know where to turn when they need help. Eighty-eight percent of parents with children ages birth through five have someone they can turn to for day-to-day emotional and practical support with parenting.¹⁷ The availability of social and practical support when it comes to child-rearing and the challenging parts of family life has a positive impact on children's learning, development, and quality of life. For that reason, a successful early childhood system includes supports not only for young children, but also for the adults who care for children and the communities that form the backdrop of children's early lives.

Among households with children birth through age five, 66% have all adults working or attending school outside of the home.¹⁸ This reality makes early care and education placements an absolute necessity, not only for the well-being of children, but also for the economic vitality of Michigan families.

Michigan Children Ages 0-5 by Race/Ethnicity



THE CONSEQUENCES OF INEQUITY FOR YOUNG CHILDREN AND THEIR FAMILIES

While the earliest years of a child's life hold great potential for learning and development, they are also some of the most vulnerable. Children who experience vulnerability factors can be at risk of lifelong developmental consequences, even if their circumstances improve later in life.²⁰ The economic, social, and health-related barriers that systemic injustices have created do not stand in isolation, but instead are often correlated and mutually reinforcing—causing deep and layered inequities that erode the prosperity and well-being of families, communities, and the state as a whole. The following data is based on the state's best understanding of the characteristics and well-being of children and families and may be evolving as COVID-19 continues to impact families and communities.

For the purpose of the PDG B-5, MDE/OGS has identified the following conditions as **"vulnerability factors"**: low family socioeconomic status (i.e., income, education, migrant and seasonal worker status); geographical location (e.g., rural communities and those experiencing blight); racial, ethnic, linguistic, and religious minority backgrounds (e.g., BIPOC, dual language learners); children with disabilities; children experiencing homelessness; children in foster care; and children with adverse childhood experiences (ACEs) and exposure to toxic stress.¹⁹

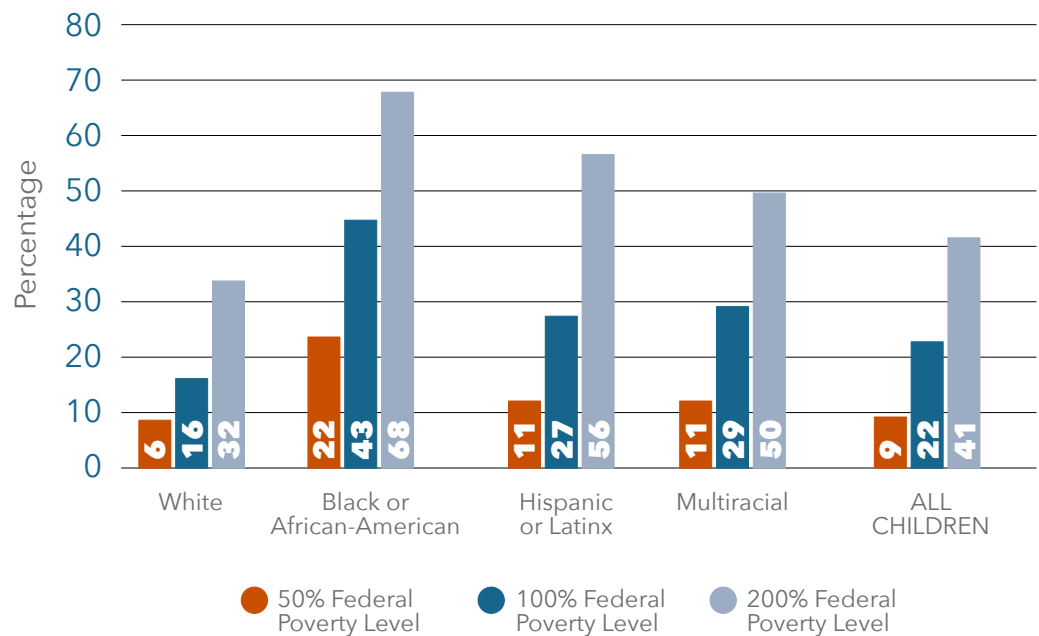
Twenty-two percent of children from birth through age five live below the federal poverty level, and 15% live in high-poverty communities.²¹ Poverty is a

profound and unnecessary social injustice—the result of an economy defined by the inequitable distribution of wealth and resources. A society that allows poverty to persist places its members at risk of hunger, inadequate housing, and other traumatic experiences that impact children, families, and society as a whole. For young children, growing up in these conditions can contribute to poor health and impede social, emotional, physical, and cognitive development.

BIPOC children and families in Michigan are significantly more likely to be living in poverty or low-income conditions and

within communities characterized by high rates of poverty. Such communities are likely to experience systematic economic divestment, which can limit local access to vital resources such as fresh foods, adequate housing, health care, and jobs. These community factors undermine child and family well-being and create barriers to school readiness.

Michigan Children Ages 0-5 by Poverty Level and Race/Ethnicity



Eleven percent of families primarily speak a language other than English at home.²² For young children, bilingualism is a significant strength when it comes to language development and executive functioning skills. However, many parts of the early childhood and related systems do not have adequate resources to reach and support linguistically diverse families—and for that reason, limited English proficiency within families often means limited access to early childhood programs and supports.

Fourteen percent of Michigan’s children come from immigrant and migrant families.²³ Immigrant and migrant families often demonstrate and pass on to their young children immense reserves of personal strength and resilience in the face of adversity. And yet, immigrant and migrant families often face significant challenges, like integrating new cultural expectations and ways of life, finding and maintaining adequate employment, and in some cases managing the reality or the ever-present threat of family separation.

Approximately 21,000 young children are not covered by health insurance.²⁴ For families, a lack of health care coverage is often the result of poor access to information about how to enroll and what financial and other supports are available. Children who are not covered by health insurance are less likely to access continuous and preventative health care in the context of a medical home and are therefore less likely to receive appropriate immunizations and developmental screenings that lead to timely interventions.

Twenty percent of children have chronic illnesses or other special health care needs.²⁵ Chronic health and occupational barriers can erode children’s quality of life and limit their ability to participate in early learning experiences. These special health care needs often require specific and ongoing interventions to ensure that children can achieve their maximum potential for development, learning, and well-being.

Twenty-three percent of children have emotional or behavioral health conditions.²⁶ These challenges can be the result of developmental delays, trauma and toxic stress, or any other type of disruption to children’s social and emotional well-being. These conditions affect all developmental domains and often call for additional services in order for children to be well-supported within their families, programs, and communities.

Four percent of children under the age of five, or about 28,000 children, are receiving early intervention or special education services.²⁷ Services for children with disabilities and developmental delays are critical to ensuring that children meet developmental milestones on time and can reach their full potential for learning and growth. However, early intervention and special education services are not distributed in equitable ways. Too often, bias and inadequate communication surrounding the child assessment and screening processes undermine trust between families and providers, and can result in Michigan children who belong to certain racial, linguistic, and cultural groups being under- or over-referred—and ultimately not accessing the services these children need and deserve.





MICHIGAN'S COLLECTIVE EARLY CHILDHOOD ACTION PLAN

In the ongoing effort to build a stronger and more equitable early childhood system, there is significant momentum within the state to improve resources directed toward families and the healthy development of Michigan's youngest residents. The PDG provides resources and support for the state to continue its work to address the systemic barriers that have created opportunity gaps for many young children. The PDG enables the statewide early childhood community to build on the work that has been initiated through prior strategic planning efforts such as *Great Start*, *Great Investment*, *Great Future: The Plan for Early Learning and Development in Michigan*, *Michigan's Top 10 Strategic Education Plan*, and the *Mother Infant Health & Equity Improvement Plan*. Based on the current landscape of progress, challenges, and opportunities in the state, this plan will provide a clear and practical approach to maximizing local, regional, and statewide resources to serve children ages birth through five and their families. Michigan's aspirations for this work rest on the belief that strengthening the system and connecting children and families to the programs and services they need and deserve at the appropriate time will lead to better outcomes for those children and families.

Specifically, *Michigan's Collective Early Childhood Action Plan* will provide:

- An overview of the planning process
- A brief synthesis of the existing needs shared by Michiganders to improve support for children and families
- A theory of change to strengthen Michigan's early childhood system
- Detailed strategies and action steps for the state to pursue over the next five years

DEVELOPING THE ACTION PLAN

To lead the action planning effort, MDE/OGS partnered with School Readiness Consulting (SRC) and its partners at Foresight Law + Policy (FLP) and Third Sector Intelligence, Inc. (3SI) to facilitate a collaborative action planning process. The resulting plan was developed in close coordination with and was informed by guidance from statewide advisory tables; an in-depth stakeholder engagement process; and findings from the needs assessment, communications projects, and other PDG-related activities. The planning process included the following steps.

IDENTIFYING EFFORTS TO BUILD ON

An inventory of key policies, priorities, and strategies at play in the early childhood system illuminated opportunities to build on prior and current efforts. This inventory involved:



review of key documents detailing prior and ongoing strategic efforts to build on, and system realities to consider;



interviews with state and local leaders, including members of the Great Start Operations Team (GSOT), Great Start Steering Team (GSST), the PDG B-5 Implementation Team, Great Start Collaboratives (GSCs), and others with awareness of early childhood systems-building efforts; and



participation in other emerging and ongoing PDG-funded activities to implement initial strategies and gain additional context—including leadership of the data system work group, coordinated eligibility and enrollment efforts, racial equity training for early childhood program leaders, statewide early literacy scan and investment strategy, and review of early learning curricula approved by Michigan's quality rating and improvement system (QRIS).

IDENTIFYING THE GAPS AND OPPORTUNITIES

A series of stakeholder engagement activities identified the most pressing needs of those whom the system is intended to serve and inventoried promising strategies and lessons learned from states with similar demographic, geographic, and/or political contexts. Stakeholder engagement activities included the following efforts:

- **Listening sessions** were conducted in collaboration with GSCs and GSPCs. GSCs and GSPCs created dedicated spaces for families, providers, community leaders, and local agency leaders to freely share their experiences with the early childhood system and their knowledge of what matters most for children, families, and communities. Listening sessions were designed to identify broad themes from the perspectives of these essential stakeholders and to deepen local awareness of the action planning process.
- **Family and provider interviews** were carried out to build on initial listening session themes, elevate local stories and lived experiences, and gather insight into potential solutions from those who interact with the early childhood system most regularly.
- **Collaboration with other PDG activity leads** conducting needs assessment and communications efforts ensured that all findings are aligned and represented in the action plan.
- **Interviews with leaders of other state B-5 systems** were done to gather strategies and lessons learned and to examine how these leaders have addressed similar challenges and enacted promising strategies on behalf of young children and families, including approaches to supporting implementation, benchmarking progress, and securing resources.



DEVELOPING THE STRATEGIC PLAN

A set of strategies and action steps was developed to create a shared purpose and path forward for the multiple sectors that make up Michigan's early childhood system. The co-creative process included

- **meetings with the GSOT and GSST** at key points during the planning process to elicit input and prioritize strategies and action steps and evaluate progress;
- **interactive Advisory Table meetings** with key representatives of state-level decision-making bodies to contextualize findings and advise on the development of proposed strategies and action steps;
- **development of key strategies and supporting rationale**, ensuring that the voices and needs of all stakeholders are well represented, as are the findings from the needs assessment and communications efforts;
- **feedback loop with families, providers, and other stakeholders** to assess the responsiveness and efficacy of proposed strategies; and, finally,
- **presentation of Michigan's Collective Early Childhood Action Plan.**

WHAT FAMILIES AND PROVIDERS WANT

An initial activity required under the PDG was the completion of a statewide needs assessment of the state's early childhood system to inform in-depth planning to increase the availability and quality of programs and supports for children birth to age five (B-5) and their families. Michigan contracted with the American Institutes for Research (AIR) and its partners to complete the statewide needs assessment.

AIR and its partners utilized a mixed methods approach to complete the statewide needs assessment. The team

- reviewed existing needs assessments;
- gathered and analyzed quantitative data from existing data sources;
- collected and analyzed qualitative data from interviews, focus groups, and a town hall with families, early childhood providers, systems leaders, and other key stakeholders;
- conducted a second round of qualitative and quantitative research to revisit and expand on initial themes;
- completed an equity assessment of early childhood programs and services;
- conducted interviews with innovative programs; and
- assessed changes in the early childhood landscape resulting from the COVID-19 pandemic.



KEY THEMES FROM THE NEEDS ASSESSMENT

The resulting needs assessment provided an analysis of qualitative and quantitative data to describe the most pressing needs of Michigan's birth-through-five system. The overarching themes from the needs assessment are as follows:



Availability: There are large gaps in the availability of programs and services for children ages birth through five and their families. This pattern is consistent for all ages of children served, from infants to preschool-age children, and across service types.



Affordability: A lack of affordable childcare is a pressing issue for nearly all families in Michigan. The high cost of services is a challenge across the state, especially for infant and toddler childcare.



Quality: Program costs and workforce issues limit providers' ability to offer high-quality programming. For programs that rely primarily on subsidy reimbursement to operate their programs, the costs of maintaining facilities and improving the quality of care are often out of reach.



Family Choice: Family choice is severely limited by the lack of available options for early childhood services in most communities.



Equity: Gaps in the early childhood system more severely impact specific groups. Families from BIPOC communities, families living in rural areas, families of children with special needs, and families experiencing other risk factors (e.g., poverty, homelessness, and immigrant/refugee status) face exacerbated access, quality, and affordability gaps.



Workforce: Developing and sustaining a pipeline of early childhood professionals is costly and remains a challenge across the state. There is also a lack of providers who represent the culture, language, and racial identities of the children served within the system.



Transitions: Transition processes are inconsistent across the state. While some regions have high-quality supports for transitions, there is no systematic statewide approach to transitions. This inconsistency applies to transitions within the B-5 system and between B-5 and K-12 settings.



Data: Data gaps exist across the early childhood system. Challenges with existing data limit Michigan's ability to understand the number of children served and awaiting services. Such data gaps also limit the ability to make informed decisions about service provision at both the state and the local levels.



Alignment: Systems-level coordination and alignment remain a challenge. There is a need to improve connections between local providers and to strengthen statewide interagency collaboration to improve recruitment, enrollment, and service delivery across early childhood programs.

The needs assessment findings helped inform the development of the strategies and action steps featured in *Michigan's Collective Early Childhood Action Plan*. The rationale described for each of the strategies in this plan represents a synthesis of findings from the needs assessment with findings from the planning process described earlier. Each strategy indicates its connection to the needs assessment themes through the use of the icons above.



THE THEORY OF CHANGE

Michigan is leveraging the current push for action planning and systems-building as an opportunity and a call to action to create the best conditions for young children to thrive. The state's planning efforts are built on a broad and ambitious vision: **to be one of the best states in which to raise a child.** To realize this vision means bridging the gaps that the current system has created for children and families by strengthening the network of early childhood services and improving outcomes for all of Michigan's young children. *Michigan's Collective Early Childhood Action Plan* provides a framework oriented around the state's four child outcomes set forth to track progress toward achieving Michigan's vision and guided by a set of unifying principles. The plan additionally provides strategies and action steps for the state to pursue over the next five years to improve the health, well-being, and early education of all young children, leading to a stronger, healthier, and more prosperous Michigan.

GUIDING PRINCIPLES

The following guiding principles have been defined for the state's early childhood system to ensure that future efforts are positioned to meet the needs of Michigan's youngest children. The principles were central in developing the action plan's priorities, strategies, and action steps. As the plan is implemented, the principles will continue to act as a standard for those entrusted with leading this important work.



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

Parents and communities must have a role in building and operating the system. The characteristics of Michigan communities vary greatly, as do their strengths and needs. Through purposeful, ongoing collaboration with families and communities, the state can individualize early childhood resources and supports that respond to community values and meet local needs.

The state must prioritize antiracism in order to advance equity. To deconstruct racialized policies and practices, expansion of early childhood opportunities for children who have been most impacted by systemic factors—such as racial segregation and intergenerational poverty—must be a priority across the system. By elevating the standard of access and service provision for the most chronically underserved populations, the state will improve early childhood outcomes for all.

Data must be used to identify inequities, track progress, and inform decision-making. Data that is meaningful, accessible, and of high quality will be a necessary driver of progress.


Investments in young children pay off. Children's brains are developing most rapidly during the first five years of life, and public investment in learning and development should respond commensurately. When the state prioritizes giving children the strongest possible start, the state will adequately invest in the early years.

Quality programming leads to strong child outcomes. High-quality programs and services are the key to improving outcomes for children and families. Without a well-supported focus on continuous quality improvement, the early childhood system will fail to deliver lasting positive outcomes for young children.

Efficiencies must be identified and implemented. Both public and private resources must be spent wisely. As the state works to increase overall investment in the early childhood system, agencies and programs must also be supported to streamline operations while ensuring high-quality services.

Opportunities to coordinate and collaborate must be identified and implemented. To streamline and improve services for families and create efficiency, there must be adequate infrastructure and support for cross-agency coordination.





MICHIGAN'S COLLECTIVE EARLY CHILDHOOD ACTION PLAN FRAMEWORK

PRIORITY AREAS & STRATEGIES If we work to make sure...	CHILD OUTCOMES It will mean...	VISION Ultimately leading to...
<p>Priority #1. The early childhood system is aligned, adequately funded, and data-driven.</p> <p>1.1 Improve state and local coordination to achieve strategic goals 1.2 Maximize funding to achieve equitable outcomes for young children 1.3 Strengthen data-driven decision-making and accountability</p>	1. Children are born healthy.	 <p>MICHIGAN BEING ONE OF THE BEST STATES IN WHICH TO RAISE A CHILD</p>
<p>Priority #2. Families can access the services they need to help their children thrive.</p> <p>2.1 Increase understanding of the capacity of the early childhood system 2.2 Expand the supply of programs—starting with communities with the highest need 2.3 Eliminate obstacles to enrollment and participation 2.4 Strengthen communication and outreach to connect families to services</p>	2. Children are healthy, thriving, and developmentally on track from birth through third grade.	
<p>Priority #3. Early childhood services meet high standards of quality.</p> <p>3.1 Expand resources that value families as partners and experts on their young children 3.2 Ensure equitable experiences for children and families in programs 3.3 Strengthen programs to fully support children's health, well-being, and learning 3.4 Increase alignment and collaboration to ensure continuity of services 3.5 Increase support for children and families to successfully navigate transitions</p>	3. Children are developmentally on track and ready to succeed in school at the time of school entry.	
<p>Priority #4. The workforce is diverse, prepared, and well-compensated.</p> <p>4.1 Ensure equitable compensation for the early childhood workforce 4.2 Advance career pathways that address historical and systemic inequities 4.3 Ensure a well-prepared workforce across all early childhood settings</p>	4. Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.	

WHO IS LEADING THE WAY?

No single agency or organization within the state holds the resources or capacity to achieve the state's vision. Instead, success lies in a coordinated cross-system effort in which state and local leaders in all agencies and at all levels have a role—a **collective commitment to take action for early childhood**. Recognizing the connections between children's health, well-being, access to opportunities, and school success, there is no time to waste in building a comprehensive system that helps young children and their families thrive during the early years. The plan that follows represents a great deal of effort, collaboration, and commitment on the part of all early childhood stakeholders. Future phases of work associated with this action plan and the PDG include continued planning for implementation. Among other priorities, this involves decisions about which stakeholders and entities are best positioned to lead the way on each strategy, and how responsibility and mutual accountability will be balanced between state and local entities. Focused and ongoing efforts will be integral to advance a cohesive early childhood system that ensures that all children and families in Michigan are able to thrive.

EARLY CHILDHOOD STAKEHOLDERS IN MICHIGAN*

 State Agencies	 Local Leaders	 Collaborative and Decision-Making Bodies	 Public and Private Sector Partners
<p>Michigan Department of Education, Office of Great Start (MDE/OGS)</p> <p>Michigan Department of Health and Human Services (MDHHS)</p> <p>Department of Licensing and Regulatory Affairs (LARA)</p>	<p>Families</p> <p>Early learning professionals (e.g., Michigan's state-supported pre-K, Great Start Readiness Program [GSRP]; Head Start/Early Head Start; childcare; private preschool)</p> <p><i>Early On</i>® and early childhood special education (ECSE) providers</p> <p>Intermediate School Districts (ISDs)</p> <p>Local Education Agencies (LEAs)</p> <p>Maternal, infant, and child health care providers</p> <p>Child welfare providers</p> <p>Home visitors</p> <p>Social service providers (e.g., WIC, SNAP, TANF [Temporary Assistance to Needy Families])</p> <p>Community leaders</p>	<p>Great Start Steering Team (GSST)</p> <p>Great Start Operations Team (GSOT)</p> <p>Great Start Collaboratives (GSCs)</p> <p>Great Start Parent Coalitions (GSPCs)</p> <p>MDE/OGS Advisory Table</p>	<p>K-12 districts and schools</p> <p>Institutes of higher education</p> <p>Workforce development partners</p> <p>Legislators and policymakers</p> <p>Advocates</p> <p>Researchers</p> <p>Philanthropy</p> <p>Business leaders</p>

*This list is not exhaustive but is intended to provide a high-level overview of the range of early childhood stakeholders in the state.

HOW TO READ THE PLAN

The following sections provide a deeper dive into the priority areas, strategies, and action steps the state will pursue over the next five years.

Priority Areas

Broad statements that describe the intended results of strategic efforts

By the Numbers

Key data to provide additional context on Michigan's early childhood landscape

Strategies & Action Steps

Specific activities that must take place to achieve set priorities

Related Needs Assessment Findings

Icons that show the connection between strategies and needs shared by early childhood stakeholders

Measures of Success

Key indicators that can be used to measure results, drive decision-making, and communicate impact

COMMUNITY SPOTLIGHT

Great Start Collaboratives and Great Start Parent Coalitions, Muskegon and Genesee Counties

Across local communities, OGS supports 54 GSCs and 61 GSPCs, each of which is responsible for local planning and implementation of strategies to advance the four child outcomes in their respective communities. The state funds part-time or full-time leadership positions within each local organization, plus staff at the state level to facilitate connections vertically (to the state) and horizontally (across communities). This local governance structure provides a strong foundation for elevating a variety of stakeholder perspectives and streamlined implementation at multiple levels. Through a balance of state support and local autonomy, Michigan has taken the opportunity to highlight and learn from effective, locally developed practices around some of the most prominent challenges facing the early childhood system. Their work is critical to increase outreach and collaboration, as well as to create mechanisms to elevate family and community voice in systems development.

Through interviews as part of the strategic planning process, GSC and GSPC leaders from Muskegon and Genesee Counties shared with us their perspectives on promising strategies, opportunities for improvement, and important considerations around family and community engagement.

Provide concrete support for families with diverse voices to be at the table. In order for Michigan's families to be able to participate and take on leadership roles, supports like stipends are helpful to offset the cost of transportation, child care, and missed work. Stipends not only help families to be able to participate, but also show that the collaboratives and the broader early childhood system value families' time, experience, and voice. GSC leaders recognize that not all parents are the same and that they shouldn't have to lose pay in order to have their voices heard.

Ask for community voice only when the work is responsive to community influence. GSC leaders also recognize the importance of continuous feedback from parents and communities, particularly for programming and policies that will impact families and communities the most.



For families, especially our most marginalized community members, participating in these meetings is a really great way to get them involved in the conversation and the community may lead to them taking more leadership in their own community in the future.

—Allison Kowalen, Muskegon GSC Director

"I think it's important not to ask for their voice unless there's actually work being done in response to their influence."

—Autumn Dagley, Genesee GSPC Liaison

Priority Area #1: THE EARLY CHILDHOOD SYSTEM IS ALIGNED, ADEQUATELY FUNDED, AND DATA-DRIVEN.

STATE CONTEXT: UNDERSTANDING STRENGTHS, CHALLENGES, AND OPPORTUNITIES

For children to benefit from high-quality early childhood programs and services, programs must be available, accessible, and affordable to all families with young children—and this need has been a long-standing priority for Michigan. The state recognizes that to continue making progress will involve a twofold effort—mitigating barriers to enrollment and participation in early childhood programs overall, and leveraging GSO and other continuous quality improvement efforts.

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BY THE NUMBER

Early Data on the Racially Disparate Impact of the COVID-19 Pandemic on Childcare Access

The COVID-19 pandemic had the unfortunate consequence of temporarily or permanently separating many young children from their childcare settings, and emerging data indicates that BIPOC children have been disproportionately impacted. During peak COVID-19 months, as many as 34% of Black children were separated from their childcare settings because of the pandemic—compared with about 24% of white children.

WHAT ACTIONS WILL MICHIGAN TAKE?

WHAT'S FIRST?	WHAT'S UP NEXT?
<ul style="list-style-type: none">• Leverage opportunities to promote more efficient uses of funds, including improving cross-agency communication to share how funding is currently being allocated, increasing transparency across agencies regarding use of unrestricted funds, and so on.	<ul style="list-style-type: none">• Establish clear messaging and communication strategies to secure continued funding and additional resources for the entire early childhood system that reflect the urgency of the need, the importance of alignment across programs, and the state's commitment to advancing equity.

HOW WILL WE KNOW WE ARE SUCCESSFUL?

We'll see...

- Increased ability of state-level tables to coordinate to make timely decisions that lead to changes in policy and practice
- Increase in families actively and regularly participating in state-level decision-making processes for the early childhood system
- Increased ongoing alignment and capacity to support local collaborative work, making it easier for providers to deliver services effectively

RELATED NEEDS ASSESSMENT FINDINGS



Community Spotlights

Stories from communities that highlight local innovations and successes to inform next steps for the state

Stakeholder Quotes

Insights directly from families, early childhood providers, and state leaders sharing their experiences with the early childhood system

Note: Throughout this document, stakeholders and decision-makers are referred to collectively as "the state of Michigan" or "the early childhood system." Preceding detailed planning and distribution of leadership responsibilities to specific entities, these references indicate that there is a need for action by state and/or local leadership and others whose daily efforts influence opportunities and outcomes for Michigan's young children.





Priority Area #1: THE EARLY CHILDHOOD SYSTEM IS ALIGNED, ADEQUATELY FUNDED, AND DATA-DRIVEN.

Key to the success of the system and the execution of the action plan is the state's ability to increase alignment and effectively coordinate efforts, ensure adequate funding is channeled into the system, and have good information to make timely and conscientious decisions.

WHAT WORK CAN WE BUILD ON?

In order for young children and families in Michigan to access the wide range of available early childhood services, a strong and comprehensive statewide infrastructure will be required. This means cross-agency linkages and state-community connections must be deepened to provide a more seamless experience for families as they participate in programming and navigate the early childhood system. Funding must be increased and investments prioritized in support of equitable outcomes for young children. Further, the available data must be improved to provide the necessary information to support service delivery, drive continuous quality improvement, and monitor progress. Recognizing these requirements, the state has taken some important initial steps to strengthen these foundational components supporting the early childhood system in ways that benefit families and the programs and agencies that serve them.



Michigan has established state and local coordinating structures meant to support efficient operations for the early childhood system. In the past two decades, the state has taken significant steps to promote systems alignment. In 2011, former governor Rick Snyder created OGS within MDE by combining the MDE Office of Early Childhood Education and Family Services with the former Department of Human Services (DHS) Head Start Collaboration Office and Office of Child Development and Care. OGS was charged with refocusing the state's early childhood investment, policy, and administrative structures around a single set of early childhood outcomes. This change consolidated responsibility for several early learning and development programs under OGS to maximize positive outcomes, reduce duplication and administrative overhead, and reinvest resources into quality improvement and service delivery. To further unify efforts and promote alignment among state agencies within OGS, Michigan has established the Great Start Steering Team and Great Start Operations Team to address challenges from both a programmatic and a systems perspective. As part of the Great Start Initiative, Great Start Collaboratives were also established as local cross-sector coordinating bodies that focus on local planning and implementation of strategies to advance the four child outcomes. GSCs work alongside their associated Great Start Parent Coalitions, designed to ensure that family voice is considered in local strategic efforts. OGS has expanded its investment in recent years and currently supports 54 GSCs and 61 GSPCs. This local governance structure provides a strong foundation for elevating a variety of stakeholder perspectives and streamlined implementation at multiple levels. Through a balance of state support and local autonomy, Michigan has taken the opportunity to highlight and learn from effective, locally developed practices around some of the most prominent challenges facing the early childhood system (e.g., outreach, transitions, coordinated enrollment).



COMMUNITY SPOTLIGHT



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Provide concrete support for families with diverse voices to be at the table. In order for Michigan's families to be able to participate and take on leadership roles, supports such as stipends are helpful to offset the cost of transportation, childcare, and missed work. Stipends not only help families to be able to participate but also show that the collaboratives and the broader early childhood system value families' time, experience, and voice. GSC leaders recognize that not all parents have the same resources and that they shouldn't have to lose pay in order to have their voices heard.

Ask for community voice only when the work is responsive to community influence. GSC leaders also recognize the importance of continuous feedback from parents and communities, particularly for programming and policies that will impact families and communities the most. However, feedback alone isn't sufficient for authentic engagement. If communities are asked to share their lived experiences and expertise, it is crucial that the state and regional programs be responsive to community suggestions.

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—Allison Keessen,
Muskegon GSC Director

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—Autumn Bagley,
Genesee GSPC Liaison



Michigan has leveraged opportunities to secure funding from multiple sources to expand and strengthen early childhood initiatives.

As in any state early childhood system, Michigan administers resources to support birth-through-five programming from a variety of state and federal funding streams. As one of the primary mechanisms of improvement for the early childhood system, funding is an immediate and ongoing priority. State and local leaders have leveraged a variety of opportunities to secure funding from both the public and private sectors for the purposes of expanding programming, improving quality, supporting the early childhood workforce, and creating the infrastructure needed to pursue system priorities. One important example of this is the Race to the Top Early Learning Challenge (RTT-ELC) grant, which was instrumental in initiating early childhood system improvement efforts. More recently, the state has leveraged the PDG B-5 and subsequent PDG-R, which have enabled the development of this action plan and allowed the state to begin implementing key strategies to expand and enhance the full early childhood system. The early childhood system has suffered serious fiscal challenges related to the COVID-19 pandemic, and the American Rescue



Plan—signed into law on March 11, 2021—presents an opportunity not only to preserve existing infrastructure, but also to think differently about how the system might function in the future. Initial progress has also been seen with increases in state funding allocated to early childhood programs, such as with the state more than doubling its investment in GSRP to pursue ongoing expansion of state-supported pre-K and a 50% increase in ongoing state supplemental investments in *Early On* as a step toward reducing disparities in access to early intervention services. In addition, the state of Michigan receives significant support from the philanthropic sector, including investments from the W. K. Kellogg Foundation and the Kresge Foundation, among others. The infusion of federal and philanthropic dollars into the system represents an important opportunity to create infrastructure and build sustainability as Michigan works to coordinate and increase sustainable funding streams.

The state has made significant advances in data system efforts, and continuing work is underway.

Without a culture of data-driven decision-making—and timely data that can inform important decisions—Michigan will be consistently frustrated in its pursuit of system-wide goals. The needs assessment and action planning processes surfaced many concerns about the existing system and proposed many promising practices for addressing those concerns. However, without better data, it will be difficult to quantify those concerns and measure the impact of revised practices. Recognizing this need, the state has made some important steps to prioritize data usage and address data gaps. For one, the state made strides with the support of RTT-ELC funds to integrate existing administrative data from multiple sources into the Michigan State Longitudinal Data System (MSLDS) and the MiSchool Data Portal. This effort connected early childhood data with the existing K-12 databases—enabling the state to better understand the impact of differing early childhood placements on outcomes in kindergarten through grade three, and opening channels for ongoing P-20 data alignment. This updated system is maintained by the Center for Educational Performance and Information (CEPI) and is updated annually and as additional data becomes available. Through the PDG, the state is supporting the work of an Early Childhood Integrated Data System (ECIDS) work group, with multiple agencies engaging to try to improve data use to support improved child outcomes. This is a timely effort, as the field of data use has advanced significantly since the RTT-ELC funds ran out. Technology has advanced rapidly, to the point that it is far less cumbersome—and less expensive—to bring together data from multiple agencies. Technology also offers the promise of delivering data quickly enough for it to be useful for ongoing decision-making. The current opportunity for the ECIDS work group is to develop the human systems to produce data quickly and to then use the information produced effectively.



COMMUNITY SPOTLIGHT



Supporting Indigenous Communities through Better Data: Michigan Public Health Institute and Inter-Tribal Council

Data for Native and Indigenous families can be complex and is not always adequately captured in state data collection. Native and Indigenous people are often misclassified in data, especially individuals who are not members of federally recognized tribes and those who identify as multiracial.²⁸ Additionally, many datasets do not include Native and Indigenous identities because the numbers are claimed to be “too small to be included,” and therefore data is not available for analysis or reporting.²⁹ In partnership with the Inter Tribal Council of Michigan, the Michigan Public Health Institute (MPHI) has designed and hosts a web-based data collection tool for the Healthy Start Project. Looking specifically at trends and infant mortality over time, this tool allows the Inter Tribal Council’s Healthy Start program to add different data collection forms to clients as they progress through the program. Only specific forms are available to different types of clients. Permissions are configured to allow access only to needed data. Data is downloadable, and the application receives imports from the state’s MIHP system, which reduces the need for double data entry, into both systems. This tool allows Native communities the opportunity to better assess their data and the impact on Native children and families.

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“Data’s always complicated when you’re talking about these big state or national datasets for Native folks, both in terms of definitions, but also in terms of the fact that they’re often just left out because they say, ‘Oh, the numbers are too small, so we’re suppressing,’ which is really not helpful and it really makes the disparities invisible because they’re literally not in the charts and stuff that people see.”

–Health Systems Leader

MOVING FORWARD

As in any state system, challenges often persist in building overall system capacity to address issues related to alignment, funding, and data. Changes in leadership and funding opportunities have resulted in a variety of concurrent and disconnected strategic initiatives and diminished engagement and collaboration among state agencies. Part of the challenge is that the federal government supports many of the available services through a range of funding streams distributed and overseen independently of one another. This issue has, at times, led to role confusion among state-level decision-making bodies and highlighted a need for dedicated leadership to define and ensure streamlined execution of roles. While this issue creates challenges for families, communities, and programs across the state, this lack of coherence has the most pronounced implications for families who experience poverty, racial discrimination, and other “vulnerability” factors, as the need for coherence may be greatest in the communities with the lowest levels of local resources to support access and quality. The more the state can do to bring coherence to its oversight, the more navigable the system will be for both providers and families.

Creating the early childhood system that Michigan envisions for its young learners will also require enhanced coordination of funding streams. To better position programs to create such efficiencies and utilize existing funding more effectively would require effort at the state level to streamline regulations, communicate funding opportunities, and provide ongoing technical assistance. Regardless of efficiency, however, to make progress toward a stronger and more equitable early childhood system, the state must increase the overall level of funding allocated; the existing resources in the system are simply not sufficient to provide high-quality services to all children who need them. Doing so will mean prioritizing and working alongside communities that have been historically underserved to increase targeted investments in culturally relevant, high-quality service provision and unencumbered access to resources. A fully resourced early childhood system creates the conditions in which families and providers can make choices that are best for young children and communities to thrive.

Additionally, a lack of reliable, useful data creates challenges at all levels of the system and for all stakeholders. Many of the operational systems currently in use at the agency level are outdated or not as user-friendly as they could be. The data being collected and communicated through those systems is not reliable and consistent enough to measure progress toward the four child outcomes and other state priorities, or to



“I really wish we could just be more collaborative and be more open to sharing as opposed to trying to fight for the same piece of the pie. And I think that does trickle down into the end user to the community in terms of it's wasted resources, because you've got people spending. I mean, forget about the grant dollars there are available, think about the human power we spend just fighting over the money. If I could redirect those man hours, those person hours to other focus, other things to the work, to the actual work, you know how much farther I think we'd be? And I think that the person who ends up paying for that is the end user because there's less resources in the community. There's less focus on the real goal, which is serving those people. And I think the duplication, the competitiveness, I just think it all ends up affecting the people that need it the most, really.”

—State Nonprofit Leader



drive sound decision-making. Furthermore, the state lacks the infrastructure to share data across programs and agencies and make useful data accessible to those who need it. To be successful, Michigan needs to identify the key data needed in order to improve the state's ongoing decision-making and then put in place the capacity needed to collect, report, and make meaning of that data.

Through this strategic effort, the state has an important opportunity to address these challenges head-on. A renewed commitment to supporting children and families in comprehensive ways rests on coordinated efforts to increase alignment and connections between early childhood services. The state has an essential role in adequately resourcing and providing the information needed to provide equitable opportunities in the early years at the local level, and having aligned systems with adequate supports is a key to success in that role. The true challenge is that change requires a multifaceted commitment and persistence to see the commitment through by informed leaders with the power to make decisions. Building on a commitment to equity, there must be action now and in the future to overcome existing barriers within the system. This action will require the vision and courage to challenge the status quo on behalf of children and families.

STRATEGIES AT A GLANCE

- 1.1** Improve state and local coordination to achieve strategic goals
- 1.2** Maximize funding to achieve equitable outcomes for young children
- 1.3** Strengthen data-driven decision-making and accountability

RELATED NEEDS ASSESSMENT FINDINGS



AVAILABILITY



FAMILY CHOICE



TRANSITIONS



AFFORDABILITY



EQUITY



DATA



QUALITY



WORKFORCE



ALIGNMENT



WHAT ARE THE GAPS AND OPPORTUNITIES?

The existing governance system was not set up to address Michigan's current priorities. While many of Michigan's core values and goals have remained consistent over the years, the nature of its work has evolved as a result of progress made in the decade since the OGS was created. This action plan articulates goals and strategies for the state that build on those successes and reflect Michigan's bold ambitions for the future. A fresh look at the state's systems is needed to identify exactly what the key gaps are for Michigan's current work and what it will take to close those gaps. One major purpose of systems alignment is to support communities and providers. Through the needs assessment and action planning processes, these local implementers and beneficiaries of the early childhood system have made it clear that the system is not as aligned as it could be, despite efforts to make it so. Increasing local engagement in state-level alignment processes is an important approach to ensuring that the system meets the needs of communities on an ongoing basis.

The state's current approach to interagency coordination has not been effective. While agencies strive to be good partners, there is not strong enough coordination among agencies. MDE/OGS has a clear leadership position within early education and care.³⁰ But the interagency collaboration needed for consistent cross-sector communications and alignment has been an ongoing challenge. For example, interagency structures have often struggled to identify leaders who are both empowered and informed. Because early childhood services are embedded within larger agencies, the senior staff (those who are empowered as decision-makers) of those agencies may not have a strong focus on early childhood policy. At the same time, the leaders whose work is primarily focused on early childhood may not be empowered to act on behalf of the agency. This disconnect is an impediment to interagency collaboration, as the current collaborative structures are likely to lack the expertise and the decision-making authority to create substantive change within the early childhood system.

State and local connectivity is fragmented across programs. The state does not deliver services directly; it supports and facilitates community-level providers. As such, the struggles to coordinate among state agencies make the work more difficult for community providers. The lack of coherence at the state level is reflected at the local level, where each program has its own state-level points of contact. Thus, providers in each community may each feel accountable to carry out the priorities of different agencies at the state level—and if the priorities and practices of those state-level agencies are not well-aligned, that makes it harder to create alignment at the local level. As a result, the strength of alignment within local communities rests primarily on the varying levels of resources and expertise available within those communities. This fact is an often-overlooked driver of inequity, as communities who have faced decades of inequitable access to resources are the ones least likely to achieve aligned systems in the absence of strong state-level support and facilitation, which creates another factor undermining access to quality services in those communities.



"I think it takes broadening people's understanding of all of the components and opportunities within the system and having a focus on how we are aligning and utilizing those to better serve children and families. If we can continue to just see everything as our program or as a separate functioning program, we're not really creating that system for children and families that has an impact that utilizes every resource that we have efficiently and effectively. We're not really moving forward."

—State Early Education Leader



"How do you get everybody to move under the same tent to be talking with each other on a regular basis and exploring those opportunities? We all have limited bandwidth."

—State Coalition Leader



"The services between DHHS and the people that work there and the people that work in the early childhood field, there's no community. You have to really work at trying to get to know anybody to understand their job, and they understand our job."

—Early Childhood Provider

Local collaborative structures are poorly resourced and incentivized to support the full range of early childhood services toward the four child outcomes.

The GSCs and GSPCs are responsible for local work across all four child outcomes but to date have not been able to engage consistently with the health sector. Great Start Network is funded primarily by MDE, which may create a stronger impetus for local collaboratives to focus on early learning efforts. As a result, maternal, infant, and child health professionals; child welfare; and other related sectors see the Great Start Network as focused on early learning and are, therefore, often disconnected from local early childhood system efforts. Local collaboration is challenging under the best of circumstances, given that nonprofits and community-serving programs experience pressure to compete for resources. So, where the state does not create the accountability structure to support and incentivize cross-sector efforts, local collaboration is even more unlikely.

Additional resources are needed to ensure equity is consistently centered in decision-making for the system.

It's critical that ongoing statewide efforts and decisions do not perpetuate existing inequities and disparities. Michigan stakeholders are calling on statewide and local leaders to leverage this strategic effort as an opportunity to create more equitable systems. Doing so means that those who lead the early childhood system—whether through state government, local coalitions, or service provision—must prioritize the interests and needs of young children and families furthest from opportunity. Prioritizing those interests and needs will require that statewide decision-making tables and subsequent actions are informed by the wisdom and experiences of a range of voices that reflect the full diversity of Michigan's young children, families, providers, and communities. Further, prioritizing the needs and interests of those furthest from opportunity will require that those who have decision-making power are prepared to create equity-informed agendas and to prioritize policy, practice, and systems change that leads to more equitable opportunities for young children and their families.





COMMUNITY SPOTLIGHT



Creating Systems Change through a Focus on Racial Equity: Raising Up Healthy Babies Taskforce, Berrien County

The Berrien County Health Department, in partnership with other community organizations and individuals, aims to decrease infant and maternal mortality through the Raising Up Healthy Babies Taskforce. The Raising Up Healthy Babies Taskforce is a well-established collaborative that has served Berrien County with education initiatives, community outreach, and additional community-driven supports. This taskforce has partnered with the Michigan Public Health Institute and the Achieving Birth Equity through Systems Transformation program to address the root causes of racial inequities in maternal and infant outcomes by developing systems change strategies that shift relationships, power, mental models, and narratives that drive sustained change. The taskforce is participating in a series of capacity-building workshops around health equity, structural racism, and leading systems change. This learning will culminate in a plan to address the racial inequities in maternal and infant outcomes in Berrien County and Benton Harbor through community-driven systems change strategies.

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“A key theme in terms of how racism functions as a root cause of health inequity [in] access to quality care is tracing back to policies that have shaped where people of color live in our state, such as like redlining and forced removal and stealing of land from Native folks and all these policies that have really led to people of color being concentrated in certain areas and then the systematic deprivation of those areas. That impacts access to care in terms of what's even available and resources that are available in those areas. But then also part of that access to quality care is about the care that Black and Native folks experience when they go into medical settings, the ways in which the policies of hospitals are not respectful of culture all the way to implicit bias and just outright discrimination and racist treatment that people are experiencing. All of that really plays into the quality-of-care piece and so that's a big part of outcomes for moms and babies.”

—Health Systems Leader



WHAT ACTIONS WILL MICHIGAN TAKE?

WHAT'S FIRST?	WHAT'S UP NEXT?
<ul style="list-style-type: none"> • Evaluate the state's existing decision-making structure (including GSST and GSOT) and determine changes that are needed to strengthen cross-agency alignment • Establish dedicated staff capacity embedded in state government to support cross-system collaboration, including dedicated personnel whose role it is to ensure that interagency work is prioritized and executed • Allocate additional resources to build capacity of local leadership and leverage progress of GSCs and GSPCs • Provide leadership training focused on equity, diversity, and inclusion for key staff responsible for state- and local-implementation of the early childhood system to prepare leadership bodies to set equity-informed agendas and priorities; examine and ensure active membership reflects diverse identities and voices; and create intentional space for authentic, ongoing collaboration 	<ul style="list-style-type: none"> • Establish a time-bound task force that includes a diverse group of stakeholders to produce recommendations for the state to successfully achieve the goals identified in the strategic plan • Ensure representation and meaningful participation of families as integral to informing decision-making and future directions of the early childhood system • Develop and implement a multiyear plan to strengthen the ongoing alignment of state and local systems, reflecting their revised roles in meeting state goals and community-driven priorities

STRATEGY 1.2 MAXIMIZE FUNDING TO ACHIEVE EQUITABLE OUTCOMES FOR YOUNG CHILDREN

WHAT ARE THE GAPS AND OPPORTUNITIES?

The current system does not have enough money. In Michigan, public investments before the COVID-19 pandemic totaled approximately \$6,500 per child per year for birth through age four, compared with \$11,500 per child age five through eight.³¹ Given the comparatively high cost of high-quality care and education for the youngest learners and the potential benefits of health and educational interventions during the early years, this disparity in investment levels represents a clear opportunity to increase investments in the early childhood system. The infusion of federal funds will help in 2021, but in the long run the state will need to increase its financial commitment to young children. Increased funding will be the primary lever for expanding access, advancing quality, and improving conditions for the early childhood workforce. The cost of establishing and operating the system that Michigan envisions is high—but the cost of an inadequately resourced system to children, families, and the state as a whole is higher. Without increased funding, access will remain inequitable, and early childhood professionals will continue to work for near-poverty wages. This is a particular problem for infant-toddler programs, which are the most underfunded programs with the most underpaid staff.



"We will never have a quality early childhood system with equitable access and availability for all families until we have a sufficient amount of funding from a consistent funding stream."

—Community Member

The current funding system is not maximizing efficiency. Where the state has flexibility to administer funding streams, there are opportunities to better align eligibility thresholds, reimbursement rates, and other policies and practices with the state’s vision for an early childhood system that serves all children well. Additionally, there could be untapped potential to increase financial support from both the public and private sectors. However, without transparency, clear communication, and a unified message about the need for additional system-wide support across state agencies, the system lacks the mechanisms to advocate for and utilize unrestricted funds in ways that tap the potential and interests of multiple funding sources and create the maximum benefit for children and families.

There is a lack of understanding about the real cost of high-quality early childhood services.

If Michigan’s early childhood system defines quality broadly as the degree to which programming meets the need, improves equitable conditions, and drives positive outcomes for all children, then the state must determine the cost of quality, as well as the differential costs of supporting quality service provision in different Michigan communities. Indeed, the cost of quality will vary based on the levels of financial and nonfinancial resources that communities possess and the degree to which inequitable systems design and modes of funding have eroded quality over generations. Currently, early childhood services are funded based, not on need, but on available resources. This fact can lead to some communities and agencies being under-resourced and overextended, while children and families are not necessarily getting the services they need. To make equity-informed decisions about funding that move the system forward, the state needs a complete and nuanced understanding about what is needed to create a high-quality early childhood system. In the near term, the state is leveraging PDG resources to identify levels of funding required to meet the need for additional high-quality early childhood care and education settings and home visitation. In the coming years, it will also be important to identify the per-child investment needed to expand all parts of the system (commensurately with the needs of varying communities) and fully fund the network of supports that Michigan’s young children need to thrive.

WHAT ACTIONS WILL MICHIGAN TAKE?

WHAT’S FIRST?	WHAT’S UP NEXT?
<ul style="list-style-type: none"> • Leverage opportunities to promote more efficient uses of funds, including improving cross-agency communication to share how funding is currently being allocated, increasing transparency across agencies regarding use of unrestricted funds, and so on • Conduct a cost study to quantify how much it will cost to fully administer the state’s childcare and home visitation programming commensurately with the current need and taking into account revised strategic goals for the state and the impacts of the COVID-19 pandemic 	<ul style="list-style-type: none"> • Establish clear messaging and communication strategies to secure continued funding and additional resources for the entire early childhood system that reflect the urgency of the need, the importance of alignment across programs, and the state’s commitment to advancing equity • Strengthen partnerships with the business and philanthropic communities to deepen support and increase investment in the early childhood system overall and to make specific investments in research, evaluation, and innovation to guide state investment and address inequities in the system • Expand the cost study to determine how much it will cost to fully administer the early childhood system and develop a multiyear plan to address the long-term needs of the system, drawing on multiple funding streams to increase overall funding levels and encouraging innovation, collaboration, and long-term sustainability • Implement the proposed funding plan to achieve long-term solutions, ensuring a clear process for ongoing evaluation of implementation and outcomes to ensure alignment with the state’s commitment to advancing equity, expanding resources for infants and toddlers, and other priorities

WHAT ARE THE GAPS AND OPPORTUNITIES?

Capacity is needed to ensure that available data is timely, reliable, and utilized for decision-making.

Historically, the early childhood system has been challenged to produce data in a timely manner, so that even when data emerges, it is often out of date. The reason is partly that state agencies are using outdated systems and partly that the providers who report data do not always have the capacity and support they need to do so successfully. As a result, policy and program leaders are generally accustomed to operating programs and making decisions without the benefit of good data, and there is little demand for improvement. If the state is to move forward, it will be critical to break this cycle. If the state can establish a system and usership that produces useful data, demand will increase, and the momentum to support the system will grow. The key is to tie better data to ongoing decision-making processes at the state and local level, so that decision-makers expect the data and are willing to support the infrastructure needed to produce it. Doing so will require building understanding of how integrated data can be used and identifying some critical decisions that would benefit from improved data.



"Our data systems don't connect. So sometimes we don't know if there is a disconnect in our service programs or the data just isn't there. So until then, we think of creative ways to make connections to source families at a local level. The reality is young families and children don't cost the system enough to make them a priority."

—State Early Education Leader

There is no cross-agency infrastructure for sharing data.

Each agency has its own data, but there is not adequate infrastructure in place to share data across agencies. There are also important privacy and security concerns related to all data use—particularly when data is being shared across agencies. Thanks to improved technology, it is now easier than ever before to create a shared data environment where data can be brought together from multiple agencies and then used collaboratively to support improved decision-making. But that process requires centralized capacity at the state level to execute successfully. Such capacity would need to be focused on ensuring privacy and security while still meeting the needs of end users to produce timely information. The lack of infrastructure follows naturally from the lack of shared vision for collaborative data use; if there is insufficient demand for shared data, then the perception will remain that it isn't worth the cost of an up-to-date data environment to support shared data use.



"Just trying to access the information we need is a challenge. And so we do get data from MDE about children, but it's aggregate information and we only get it once a year. And so what we're just trying to come up with ways that we can get information that we need about child-specific outcomes, information, just to help make better decisions about our program, but then also try to assist families as well."

—State Health and Human Services Leader

There is a lack of data use capacity at the local level.

Even if the state can produce better and more timely information from a shared data environment, this will not translate into local action unless communities have the capacity to use that data effectively. To participate meaningfully in the collection, reporting, and usage of data requires capacity and expertise that many communities do not yet possess. This is potentially another issue driving inequities in the early childhood system, as analytic capacity may be hardest to come by in the communities with the most limited resources because local agencies are already stretched thin. Furthermore, communities whose characteristics do not reflect the dominant culture may not have experienced seeing their own values and interests well represented in data efforts to date. This issue only deepens the chasm of understanding and trust, which the state will have to bridge to establish an



"Transparency comes with accountability to keep things moving forward . . . We need more publicly available data and ways of sourcing public comment."

—State Early Education Leader

inclusive culture of data collection and use at the community level. For community-level data use to succeed will require bringing together multiple stakeholders—including local agencies, institutions of higher education (IHEs), communities, Tribal leaders, programs/providers, advocacy groups, community-based organizations (CBOs), families, and more—with sufficient guidance from the state to help each community plan for how to use data to improve outcomes and then to support each community in executing its plans effectively. Additionally, engagement with communities and providers could help state leaders understand how they could better support their local partners and could help communities and providers see how improved data could positively impact their day-to-day work. In particular, better data is needed to understand the inequities that exist between communities by identifying gaps in access and quality, as well as trends in effective practices that lead to progress for programs and communities. A vital part of developing an improved data culture that supports stakeholders at multiple levels is understanding the needs of communities, what outcomes communities value most, and how community-level work aligns to the state’s priorities.

WHAT ACTIONS WILL MICHIGAN TAKE?

WHAT’S FIRST?	WHAT’S UP NEXT?
<ul style="list-style-type: none">• Assess the data landscape and create a plan to address the state’s most important unanswered data questions	<ul style="list-style-type: none">• Establish a shared data environment with new management structure to improve the linkages of data across agencies• Foster a shared culture of data use in state agencies that prioritizes use of data to drive continuous quality improvement, equity, and cross-system collaboration• Support the capacity of local communities to inform data collection, contextualize data analysis, and utilize data to support delivery of more effective early childhood services• Produce and disseminate statewide data reports, using clear language, that are useful to all stakeholders

HOW WILL WE KNOW WE ARE SUCCESSFUL?

We’ll see . . .

- Increased ability of state-level tables to coordinate to make timely decisions that lead to changes in policy and practice
- Increase in families actively and regularly participating in state-level decision-making processes for the early childhood system
- Increased ongoing alignment and capacity to support local collaborative work, making it easier for providers to deliver services effectively
- Increased state-level investment in early childhood and a concurrent increase in access to high-quality services
- Increased equitable distribution of early childhood funds to the communities and families that need the most support
- Increased coordination between state government and its outside partners, including business and philanthropic leaders
- Increase in integrating and sharing data through use of a high-functioning statewide data system
- Increased capacity to use data regularly to inform critical decisions of state agency leaders, policymakers, community leaders, providers, researchers, advocates, and more



Priority Area #2: FAMILIES CAN ACCESS THE SERVICES THEY NEED TO HELP THEIR YOUNG CHILDREN THRIVE.

When children have healthy, safe, and positive experiences during the early years, they have some of the most important building blocks for long-term well-being and success. In order to create these conditions, families need and deserve access to a range of early childhood services that meet their needs during the prenatal-to-five years.

WHAT WORK CAN WE BUILD ON?

The state has an important role—not only to offer early childhood programs and services, but also to ensure that all families are reached in a timely way by services that promote children’s healthy development and well-being. There are a variety of initial strategies enacted at the state and local levels to expand the availability and accessibility of services for young children and their families.

The state has taken some important steps in recent years to increase the presence and capacity of key early childhood programs. To date, these efforts have focused on early learning and related programs within the mixed delivery system. In 2013, the expansion of GSRP increased the total number of children served and increased pre-K opportunity from half- to full-day. As a result of the expansion, full-day, state-supported pre-K programs are more accessible to Michigan families than ever. The state also supports Early Head Start-Childcare Partnerships (EHS-CCPs)—a promising delivery model that brings together the best of EHS and Childcare and Development Fund-supported childcare to streamline and expand infant and toddler care for low-income families while connecting more children from birth through age three to comprehensive services. And, in 2018, the state appropriated \$5 million to supplement early intervention services for infants and toddlers with disabilities and developmental delays through *Early On*, representing a 50% increase in funding. This was an important step toward eliminating disparities in early intervention access and expanding the overall capacity of early intervention services for infants and toddlers with disabilities and developmental delays. For many families, early learning is an initial access point and an ongoing source of connection to the full range of child and family supports. For this reason, increasing the capacity of these settings has been a focal point of Michigan’s effort to improve the early childhood system.

Recognizing the diversity of Michigan communities and their needs, the state invests in statewide, regional, and community-based efforts to disseminate information and link families with comprehensive services. Through the PDG, the state is working toward coordinated eligibility and enrollment and convening systems leaders to assess and potentially revise the functioning of state structures according to the most current opportunities and pressing needs of the system. In addition, examples of state-level support for community-based approaches to improving coordinated access and enrollment are evident across multiple sectors. One such effort is the Trusted Advisor grant, which offers flexible resources enabling GSPCs to employ local liaisons to help families navigate the system of available supports. In recent years, Michigan has also invested in Community Health Innovation Regions (CHIRs), which engage local stakeholders to implement strategies aimed at evaluating and increasing access to resources like health care, nutrition, transportation, and more for Michigan families. To support maternal and perinatal outcomes, MDHHS and the Michigan State University Institute for Health Policy work with the Regional Perinatal Quality Collaboratives (RPQCs) to implement the Michigan Collaborative for Contraceptive Access (MICCA)—an effort to expand access to a range of resources that families need to promote intended pregnancies and positive birth outcomes. These and other locally implemented efforts recognize that families often require tangible supports to meet their needs and help their children thrive, and that the most relevant supports are best identified and delivered within local communities.



COMMUNITY SPOTLIGHT



Leveraging the Strengths of Local Partners to Meet Families' Needs: Seeds for Success, Kalamazoo County

Seeds for Success is a consortium of five agencies—the Comstock Community Learning Center, Elizabeth Upjohn Community Healing Center, Catholic Charities Caring Network, and Kalamazoo Regional Educational Service Agency (RESA)—providing an array of in-home services to families of young children across Kalamazoo County. As a Parents as Teachers (PAT) Blue Star affiliate, the consortium of agencies reaches more than 350 families across Kalamazoo County with evidence-based PAT curriculum delivered through more than 2,000 home visits per year.³² In addition, agencies collaborating with Seeds for Success provide families with developmental screenings, parent education, referrals to resource connections, and community playgroups for children 0-3.³³ By creating connections between agencies and the services they provide, Seeds for Success is increasing the accessibility and navigability of community-based services. Among other efforts, a common intake form for services, streamlined referrals, close collaboration across the consortium, and intentional connections with other local early childhood programs have been instrumental to ensuring that (1) agencies can focus on the contributions they are best positioned to make; (2) efforts are not duplicated in the care of children and families; and (3) families receive tailored support to meet their needs.³⁴

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“I’m on a team and the one thing I really like about the team that I work on is that you are given families based on your skill set. If you’ve got kiddos, maybe somebody on our team is really good with preschoolers. Maybe that three-to-four is their sweet spot and that’s something they really enjoy, and they feel that. Maybe they will get assigned that family. I say all that to say, I feel when we receive families our areas of expertise are really considered to determine what’s a good fit for this family based on what’s going on or what they need.”

—Provider

“Sometimes there are more than early education needs for families. [It’s important to] be able to go into homes and sit down and talk to parents and bring activities and assess their needs. I enjoy helping children and parents learn. Knowing that I am bringing in tips and tools that foster a child’s development and help pour into the parent so they can pour into their child.”

—Provider

The state has elevated the need for expanded access—particularly for infants and toddlers—as a top priority for PDG and other strategic efforts. Through the needs assessment effort and other PDG-supported activities, hundreds of Michigan families across racial and cultural identities, income levels, and geographic locations have voiced their experiences and needs when it comes to accessing services and supports for their infants and toddlers. The perspectives of families and other key stakeholders through these activities have informed a set of strategies to increase access to the early childhood system. In a concurrent planning and implementation effort beginning in 2019, Michigan was among a handful of states to be awarded a nine-month \$100,000 planning grant from the J. B. and M. K. Pritzker Foundation to develop a prenatal-to-age-three policy agenda, create a coalition to support that agenda, and establish a plan for implementation. As a result, the state was awarded the implementation grant and has established the Think Babies Policy Initiative, focused on the need to better engage families and expand access to infant and toddler services as key policy priorities.³⁵ Acknowledging the need to ensure that infants, toddlers, and their families are connected to essential services and supports during this critical period, this effort reflects the state’s commitment to expanding access to infant and toddler programming that responds to the needs, values, and preferences of Michigan’s families.

MOVING FORWARD

Access to services that support young children and their families is impacted by a variety of factors. Therefore, increasing access will require a multifaceted approach. This includes improving communication, building trust with communities, and increasing awareness of available programs and their eligibility requirements; understanding where capacity gaps exist and who is most impacted; strategically increasing the supply and capacity of programming; and systematically removing barriers that have kept programs and resources out of reach for many families. Strategies for increasing access must recognize that programs and services have been designed and distributed in ways that have limited access for communities who have historically been marginalized within early childhood and other systems, creating profound access gaps by socioeconomic status, geography, and other factors. For early childhood services to be truly accessible across all Michigan communities, special attention must be given to building trust where it has been eroded and prioritizing additional resources to communities that have faced generations of injustice in health care, education, and other related sectors. Furthermore, the most urgent and relevant needs of communities must be understood with respect to the immediate challenges families are facing because of the COVID-19 pandemic, long-standing systemic issues that have been brought to light as a result of multiple pandemics, and the lasting health and economic ripple effects of this moment in history that remain to be seen.

Through this strategic effort and the ongoing needs assessment process, the state has an important opportunity to identify the root causes of access gaps and to address the barriers that are common across all sectors representing the early childhood system. A renewed commitment to supporting children and families in comprehensive ways rests on coordinated efforts to link families with appropriate early childhood services and supports.

STRATEGIES AT A GLANCE

- 2.1** Increase understanding of the capacity of the early childhood system
- 2.2** Expand the supply of programs—starting with communities with the highest need
- 2.3** Eliminate obstacles to enrollment and participation
- 2.4** Strengthen communication and outreach to connect families to services

RELATED NEEDS ASSESSMENT FINDINGS



AVAILABILITY



FAMILY CHOICE



TRANSITIONS



AFFORDABILITY



EQUITY



DATA



QUALITY



WORKFORCE



ALIGNMENT

WHAT ARE THE GAPS AND OPPORTUNITIES?

State and local systems leaders lack a holistic and dynamic understanding of supply and demand for early childhood services.

In recent years, the state, local leaders, and agencies have led a variety of efforts to assess the availability of early childhood services, particularly in the parts of the state where services have been most lacking. Most recently, the PDG-supported needs assessment examined the best available data around availability and utilization of early childhood programs and services across the state. The

needs assessment notes that while these inquiries can provide a snapshot of available services relative to the eligible population, there remains only limited existing data to help the system understand the complex and evolving picture of supply and demand. To date, system capacity has not been analyzed with a focus on equity (i.e., identifying unmet need across multiple facets of diversity), and in a multisector way that reflects the full range of early childhood services that families need and deserve. Furthermore, recent fluctuations in availability and utilization of services as a result of the COVID-19 pandemic call for renewed efforts to understand how both the landscape of available services and the most pressing needs of families have changed. Such efforts would provide foundational data to drive targeted and equitable expansion of the early childhood system. Beyond identifying current unmet need, the state lacks a reliable cross-system mechanism to track the availability, utilization, and capacity gaps of services over time. This lack creates conditions in which systems leaders are liable to be working with obsolete, siloed, or incomplete data when making critical decisions about programs and services.



"How do you think about access? Because there's lots of different ways you could think about it. It could be the number of clinics, but then when you think about the number of clinics to their location, it's like, well, how often are they open? How many providers do they have available? We have to think deeper about what it means to provide services to children and families."

—State Health and Human Services Leader

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BY THE NUMBERS

Early Data on the Racially Disparate Impact of the COVID-19 Pandemic on Childcare Access

The COVID-19 pandemic had the unfortunate consequence of temporarily or permanently separating many young children from their childcare settings, and emerging data indicates that BIPOC children have been disproportionately impacted. **During peak COVID-19 months, as many as 34% of Black children were separated from their childcare settings because of the pandemic—compared with about 24% of white children.**³⁶ As additional data becomes available about the impacts of COVID-19 on access to childcare and other parts of the early childhood system (particularly for racial minorities and other populations that have been historically marginalized), it will be important for the state to consider prioritization of COVID-19 relief funds and other funding sources toward strategic solutions to this unjust widening of the early childhood opportunity gap.

WHAT ACTIONS WILL MICHIGAN TAKE?

WHAT'S FIRST?	WHAT'S UP NEXT?
<ul style="list-style-type: none">• Utilize existing needs assessment findings to inform decision-making and address participation gaps in early childhood services by community, considering the impact of the COVID-19 pandemic on availability, accessibility, and usage of programs and on a range of related community characteristics	<ul style="list-style-type: none">• Conduct a cross-system analysis to examine and create recommendations to increase the supply of early childhood programs and services, particularly where gaps have been identified, in order to reduce existing inequities• Advance the ongoing collection and use of disaggregated data to identify disparities in access and enrollment and determine the true need for additional capacity across the full range of early childhood programs and with a focus on priority populations identified by the state

STRATEGY 2.2 EXPAND THE SUPPLY OF PROGRAMS—STARTING WITH COMMUNITIES WITH THE HIGHEST NEED

WHAT ARE THE GAPS AND OPPORTUNITIES?

The overall presence and capacity of vital early childhood services in Michigan does not accommodate the numbers of eligible families. The undersupply of early childhood services across the state was a key concern of nearly all families and providers whose perspectives and experiences are reflected in the needs assessment. The needs assessment showed that this issue is especially prevalent in rural communities, where low population density has kept services sparse and spread over large geographic areas. In these communities, families face challenges that put them and their young children at risk of adverse health outcomes—such as a lack of hospitals, birthing centers, and pediatric care providers in proximity to many rural families. In many locations across the state, there is also a shortage of home visitation, home-based early intervention, and infant and early childhood mental health options, creating conditions in which families experience isolation and young children are less likely to receive adequate services to support healthy, on-track development in the earliest years of life. Relatedly, broad swaths of families in Michigan are living in childcare deserts (i.e., a census tract with more than 50 children under age five that either contains no childcare providers or has more than three times as many children as licensed childcare slots).³⁷ According to the needs assessment, the gap is even more pronounced when it comes to infant, toddler, and three-year-old settings; settings that can adequately accommodate children with special needs; and settings with the capacity to integrate mental health services. A lack of appropriate early care and education settings not only limits early learning opportunities for young children but also has major economic impacts for families who need reliable care in order to work. And where families are cut off from other vital resources and service providers, communities see higher rates of child hunger, abuse and neglect, and a range of preventable and treatable health conditions.³⁸



“In our area [Houghton County] the lack of childcare . . . has been clearly seen during the pandemic. It existed prior to the pandemic but has now been brought even clearer. There are too few providers for the amount of children that are in need. This has also highlighted the funding—people are struggling financially in the Upper Peninsula and with limited daycare/programs available already it is even worse.”

—Parent, Houghton County

Early Childhood System Capacity

Needs assessment findings revealed that . . .

About 50% of three- to five-year-olds can be served through existing early care and education facilities, and the gap is significantly greater for infants and toddlers. The gap varies significantly by county (from only 5% of children served in Keweenaw County to 79% of children served in Midland County).³⁹

Forty-four percent of families are living in childcare deserts, and 10 Michigan counties contain no infant and toddler childcare slots.⁴⁰

Existing home visitation slots can serve 15% of eligible families.⁴¹ In many communities, there are no home visiting programs available for families with older infants, toddlers, and preschoolers, causing a gap in home visiting services for families until children turn two.⁴²

A disproportionate number of three-year-olds lack access to ECSE (Individuals with Disabilities Education Act [IDEA], Part B) services. This lack of access could be caused by inadequate overall capacity of ECSE (IDEA, Part B), challenges transitioning to ECSE (IDEA, Part B) from *Early On* (Part C) among those who are eligible to do so, or the relatively low access of three-year-olds to formal early childhood care and education settings that often link children to ECSE (IDEA, Part B).⁴³ A targeted approach to expansion of ECSE (IDEA, Part B) will require improved data to better understand the prevalence and impact of these and other barriers, along with strategic solutions to identifying and connecting eligible children with services.

Across the state, 39.1% of mothers stated that a barrier to accessing prenatal care was the inaccessibility of services in their communities.⁴⁴ As a result, there continue to be disparities in access to maternal and perinatal health across the state.

Undersupply of early childhood services limits families' ability to make choices and be well supported in the context of their communities. All families deserve to make choices about the services and service providers that best meet their needs. But a lack of options leaves families without the opportunity to choose service providers who possess the expertise, experience, and dispositions that families are looking for. During the needs assessment and action planning processes, this theme was especially prevalent among families of children with special needs; supporting these children's health and development requires specialized expertise and attention. Families and providers shared that over time, this issue has created a cyclical dynamic in many communities, in which families who can afford to leave the community do so, further reducing the population density and eroding the supply of services in proximity to families.



"We had to move for services. Our best option was to put him in a special education classroom and he couldn't start till three, versus if we moved, we could start him at two and a half, be with peers who are similar in diagnoses and get direct instruction in language development. It was a huge emotional thing for us to realize that. And then to know that we had the means to move to provide our kid better opportunities. And that's not realistic for everyone."

—Parent, Ingham County

WHAT ACTIONS WILL MICHIGAN TAKE?

WHAT'S FIRST?	WHAT'S UP NEXT?
<ul style="list-style-type: none"> • Increase capacity of Early On (Part C) by sustaining and building on state investments to reach and serve families of children with developmental delays, disabilities, and established health conditions • Advance efforts to expand preschool opportunities for three-year-old children, including expanding blended program models (e.g., GSRP and Head Start blended classrooms) and piloting new family coaching/classroom hybrid programs aligned with GSRP • Increase the presence of community-based health care for mothers, infants, and children in partnership with local hospitals, local health departments, and other key partners 	<ul style="list-style-type: none"> • Increase capacity of evidence-based, culturally responsive home visiting programs according to demonstrated need by community/region • Expand infant and early childhood mental health services focused on promoting social-emotional learning and supporting children and families with increased risk factors for mental health challenges (e.g., historical and intergenerational trauma, poverty and low-income conditions, threat of family separations, racial violence) • Build on existing efforts to expand infant-toddler early learning programs, including the Early Head Start-Childcare Partnership model, to increase supply and capacity to serve the state's youngest children

STRATEGY 2.3 ELIMINATE OBSTACLES TO ENROLLMENT AND PARTICIPATION

WHAT ARE THE GAPS AND OPPORTUNITIES?

The cost of childcare is a significant challenge for the majority of Michigan families. The standard of affordability for childcare for low- and middle-income families established by the U.S. Department of Health and Human Services is 7% of the family's annual net income. However, the financial burden of childcare on Michigan families is much greater, especially for those with infants and toddlers. Care for one infant averages \$10,861 per year in parent costs. This level of costs means that for a family at the median income, childcare would consume 19% of the family's annual gross income. For a parent who is a minimum wage worker, the cost of care for one infant could consume more than 50% of the parent's income.⁴⁵ For some Michigan families, these costs are simply beyond their means, especially for families who already struggle to afford secure housing, transportation, and the other necessary expenses of family life. Families earning below a certain income threshold are eligible for the state's childcare subsidy, Child Development and Care (CDC), supported by the Child Care and Development Fund (CCDF). However, the reimbursements to providers through CDC are not sufficient to offset the cost of high-quality care, leaving many families with unaffordable copays.⁴⁶ During the needs assessment, the issue of childcare affordability was identified as one of the most pressing concerns for families, providers, and systems leaders across the state.



"Childcare is not financially feasible for us—we can't afford \$1,000 a month!"

—Parent, Wayne County

Initial Steps to Improve the Child Development and Care Subsidy

Families and providers who rely on a childcare subsidy have long voiced challenges when it comes to accessing and delivering high-quality care, and CDC has taken steps in recent years to improve the system:

An increase in the income eligibility threshold for families seeking financial support to afford childcare. As of 2021, access to childcare subsidies has been extended to families earning up to 150% of the federal poverty level (FPL)—representing an increase from 130% of the FPL under prior legislation and thereby enabling access to financial assistance for approximately 5,900 additional Michigan children.

Program supports to mitigate the impacts of the COVID-19 pandemic through the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Coronavirus Relief Fund.

- Six rounds of grants, ranging from \$500 to nearly \$6,000, for a total of 27,455 grants, were made to childcare providers according to program type and demonstrated need—offering financial support for operational costs and tuition credits.
- A temporary exception allowed providers to bill for higher than usual absence hours—maintaining the stability of programs while absences were unusually high.

A transition from hourly billing to “block” billing. Provider reimbursements are scheduled in time blocks within which providers can round up to receive a higher reimbursement rate than they would by billing on an hourly basis—providing more flexibility for both providers and families.

Improvements to the CDC application supported by MDHHS. Along with other public benefit applications, the initial and renewal applications for childcare subsidy have been significantly improved through Project Re:Form and Project Re:New—increasing the number of successfully completed applications and streamlining access for programs and eligible families.

More Is Needed to Meet the Needs of Families and Providers

Despite these positive changes to CDC, high costs of care and the policies around the childcare subsidy established by the state legislature continue to be challenges in making high-quality childcare more accessible for families and providers. At the heart of the issue is that early childhood care and education, unlike K-12 education, is largely paid for by families and is not considered an entitlement. This public and political mindset has perpetuated an under-supported system that does not work for providers, families, employers, or the Michigan economy. In 2021, the Michigan League for Public Policy and Think Babies Michigan partnered to raise key issues that remain related to CDC and to childcare overall:

An income eligibility threshold that leaves low- and middle-income families with no way of affording high-quality childcare. An eligibility threshold of 150% FPL means that a family of four with two childcare-age children earning as little as \$32,941/year would be ineligible to receive CDC assistance.⁴⁷ Indeed, while there has been progress, Michigan still has the second-lowest income eligibility threshold in the nation and falls well below the national median eligibility threshold of 180% FPL.⁴⁸

Decline in family participation in CDC during the COVID-19 pandemic. The number of children benefiting from childcare subsidies fell from 34,837 to 25,631—a decline of 26%—between March and September 2020. This decline has both immediate and long-term consequences, not only for children and families, but also for the local economy, as Michigan business owners struggle to hire and retain workers amid an exacerbated childcare shortage.⁴⁹

Insufficient allocation of Temporary Assistance for Needy Families (TANF). Under federal law, states can direct up to 30% of TANF funding to supporting childcare. Michigan has a history of being among the lowest contributors of TANF funds to childcare. In 2018, the state legislature allocated 2% of TANF funding to childcare, compared with a national average of 17%.⁵⁰

Faced with unrealistic costs, many parents of young children must make the difficult decision to select care settings of lesser quality and consistency for their children or to leave the workforce altogether to care for their children at home. Parents' leaving the workforce has a detrimental impact not only on the stability of the family but also on the local workforce economy. This long-standing issue, highlighted and exacerbated by the repercussions of the COVID-19 pandemic, has begun to call leaders of Michigan's business and economic development communities to action in support of solutions for more affordable childcare. Building on this and other burgeoning cross-sector support for childcare, there is an opportunity for the early childhood community to strategically engage "nontraditional" partners as allies in this work. Early childhood leaders must consistently send the message that access to affordable, high-quality childcare is not just a family problem—it is a necessary part of the foundation on which Michigan will rebuild and advance its workforce and economy.



Families face barriers to enrollment in services resulting from ineffective system design and lack of coordination. Currently, income and other eligibility requirements are poorly aligned and based on antiquated assumptions about the characteristics and needs of families. This problem creates conditions in which many families who need services are ineligible and are left with a lack of affordable or accessible options. Families shared that the system lacks mechanisms to be proactive about financial supports for early care and education, services for children with special needs, family health, mental health, benefits, and child welfare—failing to offer supports that expand access, promote well-being, and prevent families from entering crisis. In many cases, families cannot access services until they have met extreme eligibility criteria, at which point families may already be facing significant financial and other hardship, and children may have already experienced trauma and other disruptions to their healthy development. A lack of responsiveness to family circumstances and needs can lead to costly delays in the services that young children urgently need and countless missed opportunities to promote the development, learning, and well-being of Michigan's young children.

There is a need for tangible supports to enable families to get connected and remain engaged in early childhood services. Even when services exist and families are eligible for them, that does not always mean services are accessible. Many families face several logistical barriers, often resulting from a complex web of social inequities that limit access to early childhood services. Through the needs assessment and action planning processes, families noted factors such as uneven distribution of programs, leaving many families without access to services close to home; lack of transportation options; hours of operation that fail to accommodate families with "nontraditional" work schedules; lack of childcare supports to enable full participation; and, in many communities, limited internet access to facilitate timely communication with service providers. Furthermore, many families face economic and community hardships that make it challenging to prioritize regular participation in early childhood services while experiencing instability, struggling to meet the basic needs of their families, or dealing with the direct and indirect effects of discrimination and violence against those who are BIPOC in their daily lives. One example is lifted in the stories from families detailing the impact of the ongoing water crisis in Flint. As a result of these and other factors, families often cannot sustain participation in early childhood services for the long term because of the need to make difficult decisions about how to spend limited time and family resources.



"There is responsibility that falls on the systems and the powers that be, how can you expect the mom to go to those appointments if she can't get there, if it's too far for her to get there or if you're only doing . . . And I get the purpose of the virtual appointment, but people don't feel like they're real appointments or people . . . That's also an assumption that someone has access to the internet to be able to do a virtual appointment. In rural areas like the one that I'm in, it's not uncommon for someone to not have access to internet."

—Parent, Kalamazoo County



COMMUNITY SPOTLIGHT



Barriers to Meeting the Most Basic of Needs: The Water Crisis in Flint, Michigan

It is difficult to talk about access to early childhood programs and services without acknowledging the ways in which society and the systems that support it have fallen short of ensuring access to even the most basic resources that children and families need. One example is the reality that Michiganders living in Flint are still in the throes of a water crisis. When systems create the conditions in which children and families lack access to the resources they need, it has obvious and direct impacts on their well-being and the vitality of Michigan communities overall. But these conditions also erode the trust of those who experience their impacts, creating deep chasms between families and the systems that have a role in supporting child and family well-being. As a result, families who are already bearing the weight of social and economic injustice are driven further to the margins, and the cycle continues.

There is a critical opportunity at this moment for early childhood systems leaders to begin rebuilding trust where it has been lost. Michigan families need leaders across sectors to see and value them, to come together and make decisions, and to put resources in place that deliver more equitable access and improve outcomes for their children. For families in Flint and across the state, there is no time to waste.

Childhood lead exposure, at any level, can result in damage to the brain and nervous system, slowed growth and development, learning and behavior problems, and hearing and speech problems.⁵¹

Researchers estimate 14,000 children in Flint under the age of six may have been exposed to lead in their water.⁵²

Before the crisis, about 15% of the children in Flint required special education services. But of the 174 children who went through the extensive neuro-exams, specialists determined that 80% will require special education services, suggesting a sharp increase in language, learning, and intellectual disorders as a result of lead exposure.⁵³

“

“Well so here in the Flint community, the first challenge that we face is access to clean water. That’s the first thing I want to say because that seems to get lost in the discussion when we are talking about Flint. We are not in a post-water-crisis existence in Flint, Michigan. Without a complete transformation of infrastructure, that means we’re still vulnerable to unsafe water . . . So to me, the first difficulty as a parent that we have is making sure that we and our children have access to clean water. Then that also lends itself to potentially mental health issues, not necessarily just because of exposure, when I say ‘just because’ it’s not to make light, I want to say it’s not only because of the exposure or potential exposure to lead, but the trauma, the emotional trauma of the worry about the whole thing. Imagine living your life day-in, day-out, having to use bottled water and you’re afraid for your life and your child’s life. You’re paranoid. Every time your child gets a rash, you’re thinking it could be because of lead or something else. That’s no way for any human being to live, okay? So just living in the environment, in and of itself, I believe is most likely triggering emotional mental health issues, challenges. People are living with post-traumatic stress syndrome as a result of the water crisis.”

–Parent, Flint, Michigan

WHAT ACTIONS WILL MICHIGAN TAKE?

WHAT'S FIRST?	WHAT'S UP NEXT?
<ul style="list-style-type: none">• Expand support for families to enroll in childcare, including continuing to improve initial application and redetermination processes, considering community-based eligibility to expand access in high-poverty communities, and taking other critical actions that directly affect equity in access• Implement changes needed to increase access to more affordable childcare, including raising the income level for eligibility, operationalizing the state's flexibility in provider reimbursement, and implementing other financial supports for low- and middle-income families• Increase outreach and enrollment of eligible families in WIC, SNAP, Medicaid, and other benefit programs aimed at meeting the basic needs of children and families	<ul style="list-style-type: none">• Improve alignment of eligibility requirements across the continuum of child and family supports to facilitate enrollment of families at all entry points of the early childhood system• Advance "no wrong door" initiatives within local communities to streamline the overall intake process and coordinate enrollment for families entering the early childhood system• Strengthen cross-agency partnerships to address other economic and structural barriers to participation, such as the need to improve access to reliable transportation and secure housing, to address public safety, and to offer support for families to access employment, education, and job training• Engage leaders in business, economic development, and other sectors in seeking innovative childcare solutions—finding common ground in the clear connections between access to affordable, reliable childcare and the stability of the workforce economy and other civic interests

STRATEGY 2.4 STRENGTHEN COMMUNICATION AND OUTREACH TO CONNECT FAMILIES TO SERVICES

WHAT ARE THE GAPS AND OPPORTUNITIES?

The system does not currently offer a centralized source of reliable information for families. An analysis of families’ primary sources of information revealed that access to information about child development and early childhood services is limited and uneven across communities.⁵⁴ While the state works to centralize this information through platforms such as the Great Start to Quality (GSQ) website and MiKidsMatter, families pointed to inconsistencies in messaging and gaps in translation, readability, and other culturally responsive communication supports. This issue results in broad swaths of Michigan families being consistently unreached and under-connected to the early childhood system. Families reflected that the information that they access is often confusing, conflicting, and difficult to act on. As a result, families rely primarily on word of mouth to find out about programs. While these informal networks are important and highly valued, families also expressed the need for a centralized source of reliable information about what services are available and how to qualify.



“I know that when I first became a mom, I had no clue, no clue of these resources. There were no billboards, there wasn’t advertising. There was nothing. Everything that I heard about came from another parent’s mouth.”

—Parent, Kent County

Not all providers and agencies are well prepared to ensure services are accessible and to connect families to the services they need.

Messaging and outreach to families to support access is a challenge across all sectors. Families can connect with the system through a wide variety of entry points, including health care, economic supports, child welfare, and any number of community-based programs with which families interact in the prenatal-to-five years. This range of entry points implies a clear need to prepare providers within all agencies and program types to give families consistent information about healthy child development and the full range of services that exist to support it. Furthermore, while in some communities the supply of services falls short of the demand, other communities see underutilization of services by eligible families. This suggests that providers may need additional support to build visibility and trust within their communities or to offer tangible supports such as transportation and childcare to make services more accessible to families.



"I think we need to be a little bit more creative about how we reach out to people who have children from zero to, let's say, zero to five. So I think we've just got to do a better job meeting people where they are, because nine times out of 10, the people who need these services the most don't use these services because they either don't know about them, either don't trust them, or they don't have relationships with people who are using the services, so we've just got to find ways to bridge that gap."

–Parent, Genesee County

WHAT ACTIONS WILL MICHIGAN TAKE?

WHAT'S FIRST?	WHAT'S UP NEXT?
<ul style="list-style-type: none">• Create consistent, easy-to-use, relevant messaging about child- and family-focused services and disseminate related materials through local networks, such as GSCs, GSPCs, GSQ Resource Centers, and RPQCs• Expand local programs that support the people and institutions that families turn to most for timely and accurate information about early childhood programs and services (and support alternative approaches as needed considering the COVID-19 pandemic), including support for GSPC Trusted Advisor grants and other relationship-based outreach through community partners• Strengthen and systematize outreach and communication materials, practices, and policies that are culturally responsive and reflective of differing reading proficiency levels, home languages, and other characteristics of Michigan's children and families	<ul style="list-style-type: none">• Increase accessibility and awareness of tools developed by the state to centralize resources and streamline information about child- and family-focused services, such as the GSQ and MiKidsMatter websites• Advance the use of data to inform statewide outreach efforts to engage families who have not consistently been reached and to identify opportunities for meaningful bidirectional communication with families and communities to generate family engagement solutions• Support marketing and recruitment across child- and family-serving programs through the development of predesigned templates, guidance on leveraging apps and social media, and training and technical assistance for service providers in best practices for marketing and communication

HOW WILL WE KNOW WE ARE SUCCESSFUL?

We'll see . . .

- Increase in the number of messages, materials, page views, and so on distributed and consumed by families to advance key messages about child development and available services
- Increase in the presence and capacity of early childhood services within communities according to community needs assessments
- Increase in the number of families who enroll in services, either through a coordinated state or local enrollment system or through individual program outreach efforts
- Increase in the percentage of eligible families receiving early childhood services
- Improvement in the longevity (and, when applicable, successful completion) of families participating in early childhood services
- Reduction in waiting periods and lag times for families to gain access to the programs they choose



Priority Area #3: EARLY CHILDHOOD SERVICES MEET HIGH STANDARDS OF QUALITY.

Across the programs and services that make up the early childhood system, quality standards are defined in a variety of ways. However, for the purposes of cross-system work, quality can be understood as the degree to which services meet the values and expressed needs of children and families and lead to positive outcomes.

WHAT WORK CAN WE BUILD ON?

Beyond ensuring that children and families are linked with early childhood services, the quality of these services will determine the degree to which children benefit. For early childhood services to meet the high standard of quality that Michigan envisions for its young children, services must consistently respond to family voice, engage in continuous quality improvement, and provide supportive transitions across programs. For this reason, early childhood program quality has been a long-standing priority for Michigan and a focal point for PDG efforts.

Michigan has stated a commitment to family engagement as a way of promoting and assessing quality.

The state has identified families as key stakeholders and advisors in both programmatic and strategic efforts and has worked to support local agencies and programs in effective family engagement. Historically, family engagement has been a key feature in the state's planning and implementation of federal programs such as Mother, Infant, and Early Childhood Home Visiting (MIECHV); early intervention (IDEA, Part C); and ECSE (IDEA, Part B). In recent years, MDE has developed *MiFamily: Michigan's Family Engagement Framework*, designed to provide programs and schools with research-backed guidance to improve family engagement practices. Building on these efforts, Michigan Home Visiting Initiative and the Early Childhood Investment Corporation (ECIC) have recently partnered to develop *Stepping Up and Speaking Out: The Evolution of Parent Leadership in Michigan*. This document defines the historical context, the current conditions, and the state's aspirations for meaningful family engagement in all sectors, providing recommendations for making ongoing improvements in this area.

The state has taken some important steps to ensure program effectiveness and drive continuous quality improvement. State resources to support early learning are consistently administered with attention to quality assurance and improvement. Through GSQ, the state offers quality monitoring and technical assistance to early care and education programs that are designed to be community-specific and relevant across settings. This assistance includes focused supports for special populations such as programs in Indigenous communities, home-based providers, and infant and toddler providers. Building on the commitment to expand culturally relevant, high-quality early learning practices and recognizing the important role of local communities in informing solutions to quality and access issues, the ECIC has recently partnered with the W. K. Kellogg Foundation to initiate the *Childcare Innovation Fund*. This initiative is designed to support local and regional demonstration projects that reimagine high-quality childcare with an equity lens. Quality assurance and improvement are demonstrated priorities within the maternal, infant, and child health sectors as well. As long-time leaders and key partners in the implementation of the 2020-2023 *Mother and Infant Health and Equity Improvement Plan*, the state supports RPQCs with the role of improving birth outcomes through data-driven quality improvement projects that are tailored to the strengths and challenges of each region. In addition, quality is a stated consideration in policy priorities to expand access to infant and toddler supports through the *Think Babies Policy Initiative*. These and other quality improvement efforts are built on the recognition that access and quality go hand in hand to ensure that program and service offerings meet the needs of children, families, and communities.



COMMUNITY SPOTLIGHT



Leveraging Local Innovation: The Head Start Innovation Fund, Eastern Michigan

The Head Start Innovation Fund is an \$11 million effort, launched in 2013, aimed at improving the quality of Head Start services and outcomes for children and their families. Ten regional and national funders combined resources in the Tri-County Area of Oakland, Wayne, and Macomb and Detroit to support early childhood quality enhancement opportunities. The Innovation Fund awards competitive grants to Head Start providers, as well as strategic support for system-wide needs, such as oversight of a monthly Learning Network, creation and administration of a common enrollment campaign, comprehensive data collection, and provision of collaborative access to shared resources, such as quality training. Flexible funding for local innovation is an opportunity for communities to generate solutions that build upon strengths and respond to specific challenges—and an opportunity for the state to learn about what it takes to bring viable solutions to scale.



"We can have all the money that we're asking for, but I think the communication has to be consistent from the state. The collaboration with communities has to start at the top. I know the Great Start to Quality was birthed for this purpose, but I still see communities and the state working in our own bubbles, and they need to be popped."

—Local Leader, Oakland County

State and local leaders work to enhance quality service delivery by supporting children and families through transitions. Ongoing conversations with state and local leaders throughout the needs assessment and action planning process pointed to several communities that have leveraged strong relationships and effective local leadership to improve transitions at the program and community levels. Building on exemplary local work, MDE/OGS has provided a platform for communities to elevate and learn from community-driven innovations in this area. In addition, the state has begun to address transitions through family resources available on the MDE website, designed to supply families with the information they need to navigate transitions successfully. The importance of supportive transitions is clear among stakeholders: when processes are in place to move families seamlessly between settings and service providers, they are more likely to have continuous services.

MOVING FORWARD

At the program level, quality is defined and measured in a variety of ways across the settings and sectors that make up the early childhood system. However, within a comprehensive early childhood system, quality can be understood through the experiences of families as they interact with services and through evaluation of progress toward the child outcomes with an equity lens. That is, through strategic integration of diverse family and community perspectives, the state can move toward a shared understanding of quality that aligns the program characteristics and outcomes that are most important to the state with those that are most important to families—and enact strategies for advancing quality that are responsive and meaningful for families. Reimagining and building the high-quality early childhood system that the state envisions for young children must begin with the recognition of how systems have been designed, resourced, and implemented in ways that have limited quality overall and especially as it impacts communities that have been historically marginalized. This recognition will require the willingness to rethink long-standing definitions of quality that center dominant culture values and potentially exclude key quality factors that lead to positive outcomes for diverse families. This effort will require a deepened commitment among state and local systems leaders not only to listen to families, but also to work toward substantive changes based on family and community voice—particularly those voices that have most often been excluded.

The current strategic effort is an opportunity to move the state forward in improving quality across the full range of child and family supports by looking beyond discrete program evaluation, toward approaches to quality that are system-wide, outcomes-focused, and equity-informed. The strategies described here focus on efforts to break agency and program “silos,” increase the effectiveness and connectedness of all early childhood sectors, and elevate child outcomes and family voice as key measures and drivers of quality.

STRATEGIES AT A GLANCE

- 3.1** Expand resources that value families as partners and experts on their young children
- 3.2** Ensure equitable experiences for children and families in programs
- 3.3** Strengthen programs to fully support children’s health, well-being, and learning
- 3.4** Increase alignment and collaboration to ensure continuity of services
- 3.5** Increase support for children and families to successfully navigate transitions

RELATED NEEDS ASSESSMENT FINDINGS



AVAILABILITY



FAMILY CHOICE



TRANSITIONS



AFFORDABILITY



EQUITY



DATA



QUALITY



WORKFORCE



ALIGNMENT

STRATEGY 3.1 EXPAND RESOURCES THAT VALUE FAMILIES AS PARTNERS AND EXPERTS ON THEIR YOUNG CHILDREN

WHAT ARE THE GAPS AND OPPORTUNITIES?

Families are not always treated as partners in the development of an effective early childhood system.

Michigan families are their children’s first caregivers, teachers, and advocates—holding unmatched wisdom and context about their children’s development, strengths, and needs. Many providers and systems leaders made it clear that they share this belief as a guiding principle for their work on behalf of children and families. And yet families are not always honored as partners in services for their own children and in broader efforts to improve the early childhood system. Although family engagement is a commonly stated priority for program and systems development across the state, it is often unclear to families and providers alike how to ensure that family voices are driving individual services and systems, and what channels of communication and engagement exist for families to get involved in decision-making in meaningful ways. Where opportunities do exist, families have reported barriers to engagement such as inconvenient or inflexible location and scheduling. *Stepping Up and Speaking Out: The Evolution of Parent Leadership in Michigan* presented the need for a system-wide “shift in mindset” when it comes to family partnership—moving beyond top-down, funder-driven program design, toward processes that engage families as equals in the design of programs and policies that are important to families.⁵⁵ To make this shift a reality, decision-makers need clear and direct channels through which to learn from the experiences and expertise of families; providers need consistent guidance and support to engage families in meaningful partnership; and families need more opportunities to build leadership and advocacy skills.



“I think we need to have both the financial supports as well as supports to help parents feel comfortable in this role. Especially when you’re trying to get a diverse audience of parents, because not all parents are the same. We want to make sure if they have to take time off from a job to be here, they’re not losing out just to have their voice be at the table.”

–Local Leader, Genesee County

WHAT ACTIONS WILL MICHIGAN TAKE?

WHAT’S FIRST?	WHAT’S UP NEXT?
<ul style="list-style-type: none">• Expand support to enhance multigenerational parenting education and other peer supports in partnership with families and within trusted community-based organizations• Scale established state-led initiatives and tools that provide local guidance and resources to support families in fostering their children’s development and learning across a range of cognitive, socioemotional, and physical skills• Provide training for early childhood providers focused on authentic pathways for family engagement, building on principles identified in <i>MiFamily: Michigan’s Family Engagement Framework</i>• Provide guidance and resources focused on supporting families’ advocacy and leadership skills, including implementation of the Parents for Leaders in State Government (PLISG) Shared Leadership Curriculum and other related efforts	<ul style="list-style-type: none">• Expand ongoing feedback loops and authentic opportunities for families to meaningfully contribute to decision-making for early childhood programming and policies

STRATEGY 3.2 ENSURE EQUITABLE EXPERIENCES FOR CHILDREN AND FAMILIES WITHIN PROGRAMS

WHAT ARE THE GAPS AND OPPORTUNITIES?

Children and families sometimes experience racial and other types of discrimination when interacting with the system. This issue pervades the entire early childhood system, impacting families as they interact with the early learning, health care, child welfare, and other related sectors. While the Michigan State Board of Education has strongly urged against suspensions and expulsions for all students, and there are policies in place at Head Start and GSRP against exclusionary discipline, there are limited statewide supports to restrict exclusionary discipline in private preschool and other community-based settings and during the early elementary school years. In the absence of such protection, it is highly likely that BIPOC children, children with special needs, and children from low-income backgrounds will continue to be suspended and expelled at a much higher rate than their peers—causing major disruptions in children’s learning and development, deepening disparities in early learning outcomes, and increasing the likelihood of long-term adverse outcomes such as dropping out of school or incarceration.⁵⁶ Another prominent place where racial discrimination shows up for Michigan families is in the maternal and perinatal health sector. Families of color report being met with prejudice and overall poor standards of care during this highly sensitive period. These reported experiences are borne out by the data, which demonstrates that inequitable clinical care is a significant factor in creating conditions in which Black mothers are more likely than white mothers to suffer pregnancy-related deaths and also shows that infant mortality is more prevalent among Black babies.⁵⁷ The needs assessment revealed that the experience of racial discrimination within community-based health care providers drives many Indigenous families to travel far outside their communities in search of adequate perinatal care. The needs assessment also describes how persistent racial discrimination and lack of cultural responsiveness among early childhood providers has eroded trust in child- and family-serving institutions, particularly within the Black and Latinx communities. All of these factors and more illustrate an urgent reality for Michigan’s early childhood system—that systemic racism and other injustices continue to pervade the practices and interactions that characterize the early childhood system and undermine positive outcomes for young children.

Conceptions of quality—as well as accountability for high-quality service delivery across implementing agencies—must fully recognize the impacts of programming on children and families across racial, linguistic, and cultural groups. Advancing program quality therefore requires leaders to take direct action to revise policies and practices that marginalize families and lead to disparate outcomes. Simply put, equity is a necessary condition for quality. Early childhood services cannot be considered “high-quality” without a clear emphasis on providing a culturally relevant experience that is free of bias and attuned to the nuances of racial identity, language, and culture, as these factors create the context for all of children’s development and learning.



“There’s a bit of frustration with the level of care I see here within Michigan and the lack of wanting to advance. It’s like, ‘what we’re doing is good enough so we’re going to continue doing it until enough people die.’ We have to realize that it starts at the hospital . . . Really, until programs are restructured, we’re not going to see those deaths decrease, because moms aren’t getting the education necessary to be able to make the proper decision so that they can save their lives and save their baby’s lives. That’s what it comes down to.”

—Parent, Van Buren County



“[In northern Michigan and the Upper Peninsula,] we have incredibly high statistics of out-of-home placement for foster care. And that’s another problem here because we don’t have enough foster families to take in all of the foster kids that are being removed from their homes. They’re getting sent two and a half hours away, which then doesn’t allow the parents because most of them don’t have enough money, might not have a good vehicle, on and on and on. They can’t even do their visits with their kids because they can’t get there. People are losing their children because of issues like this.”

—Early Childhood Provider

Those who provide care and other services to young children need additional training and resources to address bias and provide equitable services. Early childhood professionals across the system serve young children and families who have experienced family separations related to immigration and mass incarceration; increased prevalence of poverty and financial strain; ongoing violence against Black and Indigenous communities; isolation and lack of resources in rural communities; and other historical and current inequities. Roughly 26% of children in the United States witness or experience a trauma before the age of four,⁵⁸ and BIPOC and other historically marginalized families in Michigan and beyond have been disproportionately placed at risk for increased stress and trauma. Understanding the high prevalence of early childhood trauma and homelessness and the rise in visibility of racialized violence, Michigan's early childhood system must provide substantial, high-quality professional development for early childhood professionals, building their capacity to provide equitable experiences for all children.

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BY THE NUMBERS

Racial Inequities in the Four Child Outcomes

Children born healthy . . .

Black women in Michigan are the least likely to have access to high-quality prenatal care, which can result in avoidable poor health conditions and other barriers to maternal and infant well-being.⁵⁹

Black women are three to four times more likely to suffer pregnancy-related deaths than white women, as a result of lack of access to quality health care and discriminatory interactions and practices.⁶⁰

Children healthy and thriving . . .

Families of color are more likely to be separated by law enforcement, and children of color are more likely to experience the short-term distress and long-term trauma stemming from separation.⁶¹

Infant mortality affects Black babies at three to four times the rate of white babies, often because of a lack of reliable information and resources and other preventable conditions.⁶²

Children ready to succeed in school . . .

African American preschoolers are about twice as likely to be suspended or expelled as white preschoolers for the same (often developmentally appropriate) behaviors, which undermines their development of socioemotional, academic, and other key school readiness skills.⁶³

Children reading proficiently . . .

Recent studies in Michigan have shown pronounced racial gaps in third grade reading proficiency because of poor access to high-quality, culturally responsive early learning opportunities.



WHAT ACTIONS WILL MICHIGAN TAKE?

WHAT'S FIRST?	WHAT'S UP NEXT?
<ul style="list-style-type: none"> • Conduct and act on findings from existing system-wide assessments specific to addressing equity in early childhood programming, particularly focused on identifying and strengthening existing cross-system initiatives • Increase professional development opportunities on reducing bias and inequitable practice, including providing training on trauma-informed care, implicit bias, and culturally responsive discipline 	<ul style="list-style-type: none"> • Support development and scaling of local innovations to expand promising policies and practices that center equity and learnings from culturally specific communities (e.g., Indigenous nations, racialized minorities, immigrant and migrant families, rural populations, disability communities) • Strengthen and disseminate state-developed guidance to prevent exclusionary policies and practices, including suspension and expulsions of young children in all early childhood care and education settings and extending to the early elementary school years • Advance the use of disaggregated programmatic and child-level data to identify disparities in child outcomes and to guide program implementation and inform decision-making for improving outcomes for all children

STRATEGY 3.3 STRENGTHEN PROGRAMS TO FULLY SUPPORT CHILDREN'S HEALTH, WELL-BEING, AND LEARNING

WHAT ARE THE GAPS AND OPPORTUNITIES?

There is a need to improve early intervention services for infants and toddlers with developmental delays and social-emotional needs. During the early years,

when development is occurring most rapidly, milestones approach quickly and are essential to create a strong foundation of knowledge and skills. Therefore, children who experience behavioral or developmental challenges early in life are at risk of missing developmental milestones that can be difficult to recover. For this reason, timely developmental and behavioral screenings—followed by appropriate referrals, assessments, and placement in early intervention and behavioral health services as needed—are critical to supporting strong child outcomes. Despite recent statewide efforts to improve the screening and referral process, too many young children continue to fall through the cracks. For example, there are few screening and assessments tools available for use with culturally and linguistically diverse children, presenting the possibility that in a sector of the young child population (including those who may be most at risk), children are not being identified and as a result are not receiving appropriate services and supports.⁶⁴ Challenges also result from a lack of coordination within and between sectors, and many providers report that they themselves often feel underprepared to identify what services would be most beneficial to families and where those services are located. The reality is that no single agency has the resources or capacity to meet all of the needs of families. For this reason, an important indicator of quality is the degree to which early childhood service providers are prepared to see the whole child, utilize culturally and linguistically appropriate screening practices, collaborate with families to identify and offer appropriate resources, and integrate care across multiple settings.



"I don't know that health care providers are necessarily well aware of what they can do to refer people. That's been a concern. It's been a consistent struggle for us working because I've worked with the Great Start Collaborative, and that was part of our mission, in the beginning, was try to make providers more aware to be able to refer and even identify developmental issues."

—Early Childhood Provider

There is a need to increase the preparedness of early childhood programs to meet the needs of diverse populations—including skills to work effectively with dual language learners and children with diverse cultural experiences and strengths. Across sectors, early childhood professionals share common needs for additional supports to be culturally responsive in their practice. The highest-performing early childhood programs not only provide professional development, but also promote effective leadership and facilitate educators and families working together toward positive outcomes for all young children.⁶⁵ However, providers across all roles in Michigan report feeling least prepared to support dual language learners and children with special needs. Providers also report a need for support to work effectively with diverse populations.⁶⁶





COMMUNITY SPOTLIGHT



Cultural Competence as a Primary Lever of Success: Michigan's Healthy Start for Indigenous Communities

Michigan's Healthy Start program provides infant mortality prevention implemented within several Indigenous communities across the state. The program focuses on access to and use of health services for women and their families, strengthening local health systems, and increasing stakeholder input into local systems of care. Healthy Start uses the Family Spirit home visitation curriculum developed by Johns Hopkins University in partnership with Indigenous families and community leaders to address intergenerational behavioral health problems, apply local cultural assets, and overcome deficits in under-resourced communities. Healthy Start is the only evidence-based home visiting program ever designed with Indigenous families. For Indigenous families, the balance of traditional teaching and mainstream health care information is key to building strong families and nations from birth. Among other positive outcomes, since the introduction of Healthy Start in 1997, there has been a steady downward trend in infant mortality within the project area, with the disparity gap narrowing between White and Indigenous infants.⁶⁷

Culturally responsive programming is key to improving outcomes for Indigenous families and children—and therefore, the preparedness of the workforce to carry out culturally responsive practices is essential. Knowing this, training in cultural competence has been an important feature of Healthy Start since its inception. When providers are prepared and committed to providing culturally responsive programming and interactions, families are strengthened, and cultures are valued and preserved.

“

“Our staff completes trainings to be more culturally sensitive. We also work with our language and culture department to be sure that we include some cultural teachings and things like that when we do our education. We also use the Family Spirit Curriculum, which is culturally tailored. It was actually made for the Native American population.”

– Early Childhood Provider

Families face barriers in choosing high-quality early childhood settings—particularly in rural and low-income communities and for infant-toddler services. Through the needs assessment, families shared that they find the quality of services for their young children to be inconsistent and unreliable, creating frustration and eroding families’ trust in service providers across early care and education, home visiting, health care, early intervention and special education, and more. Families noted significant gaps in perceived quality between center-based and home-based early care and education settings, suggesting a need for additional quality supports for family childcare and family, friend, and neighbor care providers. Families also described a lack of consistency in their experiences with home visitation, early intervention, early childhood special education services, and pediatric health care. In rural regions, families and systems leaders attributed this issue in part to the overall lack of facilities, along with the inability of these under-resourced areas of the state to attract a broad range of specialists to live and work in the area.⁶⁸ This issue points to a clear need to incentivize consistency and ensure quality in ways that are meaningful to both families and providers.

The needs assessment findings emphasized the issue of quality in the early care and education sector. Childcare providers—particularly those serving families who are socially and economically disadvantaged—typically operate their programs on razor-thin margins, leaving little flexibility for efforts to improve quality and undermining administrative capacity to seek additional supports. This is one reason many community-based providers have declined to participate in GSQ and, of those who are participating, only about 50% have achieved a “high-quality” rating (at least three out of five stars). The issue of low participation in GSQ is also related to low overall supply of early care and education slots, as many existing providers continually operate with waiting lists and therefore may lack the incentive to prioritize deep engagement with the GSQ system amid other mounting requirements and regulations. Furthermore, the particular undersupply of infant and toddler care settings means that this issue is exacerbated for the state’s youngest children. One of the key intended functions of QRIS (GSQ) is to enable family choice by signaling which programs meet quality standards—so when the quality of available programs is low or undocumented, families lose the opportunity to choose.

Childcare settings are frequently under-resourced and need tangible supports to maintain and expand quality programming.

In particular, community-based programs (i.e., private preschools, childcare centers, and home-based early care and education programs) are faced with limited and inconsistent funding, as they rely heavily on tuition payments and reimbursements from CDC. Without adequate funding for the entire system, programs often must often make the difficult choice to either get by with less or pass the high cost of quality onto families. Programs that rely heavily on CDC and cannot demand higher tuition rates to close the gap between reimbursement rates and the true cost of quality continuously struggle to meet GSQ benchmarks. During the needs assessment, providers noted that one of the biggest barriers to quality and expansion is the high cost of capital improvements to childcare facilities. While many providers would like the opportunity to reach higher GSQ levels and/or occupy additional spaces, these providers would need financial support to make the necessary updates and improvements.⁶⁹

As in many states, in Michigan higher QRIS (GSQ) ratings are linked with higher CDC reimbursement rates. While this tiered reimbursement structure is intended to incentivize quality, it also has the effect of perpetuating quality and resource gaps between providers in higher-income communities and those in lower-income communities.⁷⁰ This system design perpetuates conditions in which socioeconomic background determines programs’ access to supports and resources and thus the quality of programming children and communities can access.



“I think one of the biggest issues from a systems level is the inequity in funding and perception around that, that drives the inequity. And it’s historical and pervasive that childcare, early childhood, just doesn’t cost as much when in fact, it actually costs more for quality.”

–State Early Education Leader



“We are a small childcare center in a needed community. We struggle not to fall through the cracks, especially during this pandemic. Support is our biggest demand.”

–Early Childhood Provider

WHAT ACTIONS WILL MICHIGAN TAKE?

WHAT'S FIRST?	WHAT'S UP NEXT?
<ul style="list-style-type: none"> • Increase timely and culturally responsive identification, enrollment, and retention of infants and toddlers with delays and disabilities to receive early intervention services through <i>Early On</i> (Part C) through increased awareness and partnership among a full range of programs and services that interact with infants, toddlers, and their families • Advance program quality through statewide quality rating and improvement efforts, including conducting a revisioning process for Great Start to Quality, expanding the reach of training and technical assistance, and increasing access to other participation-based incentives 	<ul style="list-style-type: none"> • Strengthen programming to support diverse children and their families, including expanding specialized training for providers and leaders across the early childhood system to support dual language learners, working with children with special needs in an inclusive environment, and so on • Expand resources for home visiting programs to improve quality by meeting fidelity standards of evidence-based models that best match their programs • Set policy and direct resources to increase capacity and quality of childcare programs, including increasing reimbursement rates and expanding local shared service networks that support consolidation of a range of fiscal, administrative, and program services • Advance support for family childcare home providers and family, friend, and neighbor (FFN) caregivers, such as through expanding Family Childcare Networks in providing technical assistance, training, and/or peer support • Conduct statewide assessment of early childhood facilities to understand existing needs, drive policy change, and target investment in capital grants or other facilities-related financing—drawing on existing state support for small business and rural development as appropriate

STRATEGY 3.4 INCREASE ALIGNMENT AND COLLABORATION TO IMPROVE CONTINUITY OF SERVICES

WHAT ARE THE GAPS AND OPPORTUNITIES?

While there are coordinating bodies working to oversee alignment and quality assurance across birth-to-five services, this is not happening as consistently or effectively as it could. As a result of siloed funding and program oversight structures, the programs intended to support children and families have not been designed in ways that enable coordinated efforts toward positive child outcomes. Michigan families and providers specifically pointed to a lack of alignment in early learning targets and practices among early care and education settings and as children transition to elementary school. The state has made some initial efforts to support alignment, particularly around early literacy practices, including efforts to centralize early literacy resources and engage birth-through-five and early elementary teachers in shared professional learning opportunities. Through the PDG, the state is also currently working to improve coordinated eligibility and enrollment to address the access and transitions issues raised through the needs assessment and action planning processes. Nonetheless, without a broad-based approach to alignment of early learning targets and strategies, the system lacks a key mechanism to improve third-grade reading—an outcome influenced by learning experiences from birth and a stated priority for Michigan—among other statewide priorities. Misalignment in program design, implementation, and evaluation also creates a barrier to consistent quality assurance, not only for early learning settings but also across the full early childhood system. To make “big picture” decisions about the expansion of the birth-through-five system, leaders need a mechanism to demonstrate how well all programs and services contribute to a high-quality system—that is, the degree to which they collectively advance progress toward the child outcomes and meet the needs of children and families.

Providers in early learning, health care, and other community-based settings find it challenging to create meaningful partnerships that lead to equitable, family-centered service provision. This issue leads to countless missed opportunities, both for more supportive interactions with families and for collective impact and resource sharing among providers. Families described several experiences interacting with providers who use differing language when discussing children's development, learning, and health and who message competing priorities around what children need to thrive. Families expressed the need for common language and consistent messaging as a first step toward coordinated, family-centered supports. Providers within local agencies value and recognize the benefits of collaborative local

partnerships to their own programs, as well as to the families the providers serve. However, faced with the daily realities of limited funding and capacity, local agencies often experience a culture of resource scarcity, which undermines effective partnership. Although improving quality through enhanced collaboration is an important strategy that requires a commitment on the part of individual service providers, they cannot be expected to make that commitment without support. As a "local control" state, much responsibility rests on local leadership to ensure streamlined service delivery for young children and their families. Nevertheless, the state must do more to build local capacity, create pathways for effective community partnerships, and otherwise ensure that community-based organizations are adequately resourced to engage meaningfully in collaborative efforts.

Alignment between early learning and K-12 settings depends heavily on the level of support. ISDs offer local K-12 districts and schools to align with local early childhood programs. In support of local alignment, there are plans and early efforts associated with PDG-R to develop Early Childhood-Early Elementary Learning Communities—implementing strategies such as shared

professional learning, information sharing among agencies, and strong family engagement practices. However, the state has not yet laid out a systematic approach to implement or pilot this strategy within local communities and learn what conditions and community factors are necessary to bring the strategy to bear. The opportunity exists to leverage PDG resources to lay the groundwork for this strategy and learn more about what it would take to scale effective approaches to Early Childhood-Early Elementary Learning Communities toward stronger alignment. Furthermore, the Every Student Succeeds Act (ESSA) includes flexible resources to improve alignment and transitions across the K-12 years. Given the right guidance and incentives from the state and clear pathways to partnership with the ISDs' respective local early learning communities, ISDs can focus these same resources on the early elementary years and, specifically, alignment of curriculum, instruction, and assessment practices between early learning and K-12 settings.



"I just think about how overwhelmed I was . . . I just remember those first couple of months and all of the phone calls and appointments that I had to get, and it would be really nice to coordinate those services into one visit . . . by the time early intervention called me, I initially refused them because I was like, 'okay, we're already doing all of these other things. I don't have time for one more thing.' If we're feeling overwhelmed, trying to make everything happen, I can't imagine somebody who's a single parent, no support, no familial support or friend support who's trying to work full-time or full-time plus, multiple kids, whatever the situation is. If I'm refusing, then what are they thinking?"

—Parent, Gogebic County



"[There is] little coordination between preschool and [the] K-12 system. Some districts do this better than others, but generally childcare and preschool operate in isolation from the K-12 system."

—Early Childhood Provider

WHAT ACTIONS WILL MICHIGAN TAKE?

WHAT'S FIRST?	WHAT'S UP NEXT?
<ul style="list-style-type: none">• Implement Early Childhood-Early Elementary Learning Communities to strengthen partnerships between K-12 districts and schools and local early childhood networks• Increase alignment and expand training on early literacy to ensure early childhood programs implement high-quality, research-based, and culturally and linguistically responsive early literacy curricula for all children• Continue building the capacity of local entities leading systems change work (e.g., Early Childhood Support Networks [ECSNs], Resource Centers, GSCs, GSPCs, and RPQCs) to improve coordination and collaboration across the continuum of early childhood programs to streamline health, mental health, and early learning service delivery	<ul style="list-style-type: none">• Align health, safety, and quality expectations to reduce barriers and streamline accountability standards for providers across the early childhood system• Develop common terminology and improve mechanisms for resource and information sharing across early childhood programs to increase the coordination and quality of services experienced by families• Implement policies and resources that increase support for enhanced care coordination and colocation of behavioral health, prenatal care, primary care, and other early childhood programs for communities and parts of the state that have historically lacked access• Provide sufficient resources to strengthen alignment of curriculum, instruction, and assessment across B-5 and into K-12 learning settings, including leveraging the state's ESSA plan and school improvement strategies to incentivize school districts to focus on the early elementary grades and the transition from early learning into kindergarten

STRATEGY 3.5 INCREASE SUPPORT FOR CHILDREN AND FAMILIES TO SUCCESSFULLY NAVIGATE TRANSITIONS

WHAT ARE THE GAPS AND OPPORTUNITIES?

Too often, the early childhood system fails to consistently support families throughout the years from birth to age five.

The needs of children and families can evolve significantly in the first five years and may require multiple placements over time to support children's healthy development and well-being. Transition points can offer important and timely opportunities to reassess needs and celebrate progress—but transitions also bring a substantial degree of risk. When families pass through multiple providers and settings without strong transition supports, it is likely that there will be missed opportunities for family partnership that leads to responsive, family-centered services. During the needs assessment, families and providers were vocal about the confusion and other challenges that surround transitions. Families described the need for additional clarity as to what transitions may be approaching, what assessments and enrollment processes are required, and the roles of each partner in the transition process (i.e., families, programs, local and state entities, etc.). To support transitions, families and providers alike called for unified and reliable information about developmental expectations and a systematic approach to communicating transition processes and timelines. Without this support, families are at risk of losing contact with the system, which creates lapses in the services that children need. This risk is most pronounced for children who experience poverty, homelessness, and the challenges associated with limited English proficiency and immigration, as these children are among the



"Making the transition from Head Start to school with special education with an individualized education program (IEP) was very slow. I should have kept the old IEP in place. In the meantime, my son got no services!"

—Parent, Gogebic County

most likely to be unreachable by communication and other supports surrounding transitions. In addition to communicating information about transitions, there could be untapped opportunities for local programs to bridge relationships with families through a “warm hand-off” process. To do so would require increased partnership, communication, and shared commitment across the local continuum of B-5 and K-12 entities.



“Families do not understand what is expected of them or their kids. They do not know what ‘kindergarten ready’ means. They want to be able to help their child be kindergarten ready so it’s not such a hard transition, but they don’t know how to go about it.”

–Parent, Wayne County

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BY THE NUMBERS

B-5 to K-12 Transition Gaps

Needs assessment data shows that about half of children entering kindergarten do not participate in “kindergarten round-up” activities.⁷¹ Kindergarten round-up is an annual event held locally to inform and prepare families to enroll their children in kindergarten—so when families are not engaged in this event, they can miss out on important and timely information about enrollment. While kindergarten round-up is a routine and efficient way to address the logistics of getting children enrolled in kindergarten, the “one-off” event can be confusing or intimidating for families—especially those with limited or challenging prior experiences with the school system, and those who fear detainment or deportation based on immigration status.

The best available data indicates that 51% of children entering kindergarten have no prior early learning program reported, and for another 21%, GSRP (at age four) is their first contact with the early learning system.⁷² This statistic represents a significant number of young children who may not have had the opportunity to benefit from formal programming focused on their learning and developmental outcomes in their earliest years.*

Available data shows that at least 7% of children who interact with the system prior to age three experience some type of service gap before entering kindergarten (e.g., no program reported between *Early On* and kindergarten or GSRP).⁷³ For these children and families, it is likely that they are not in contact with the early childhood system for a year or more and, therefore, not accessing early childhood development resources, timely referrals, and other supports.*

* It should be noted that this is an area where reliable data is lacking, and a first step to mitigating this issue would be to better understand its prevalence and impact on young children.



Many children and families experience gaps in services specifically along the early intervention-ECSE continuum. These disruptions in special services for children with delays and disabilities points to a need for stronger alignment between *Early On* (IDEA, Part C) and ECSE (IDEA, Part B). The two funding streams vary in the types of services they cover, the ways they evaluate and classify need, and the resulting determinations of eligibility. This variance creates conditions in which about 32% of children who age out of *Early On* are ineligible for continued services through ECSE. The needs assessment revealed that among three-year-old children who are eligible for ECSE, many experience a gap in services of one year or longer, often because they are not connected to an early learning program during their three-year-old year.⁷⁴ Furthermore, practices vary considerably between the two programs, causing undue challenge and frustration for families and discontinuity for transitioning children. The state has an important opportunity to better support children with special needs through targeted action to create alignment and ensure that the hand-off from *Early On* to ECSE occurs as seamlessly as possible.



“Our eligibility criteria for *Early On* is very broad. And [for] special education, many children will qualify, but there is not anything to capture [those children who do not] concretely at age three unless there are some small programs in the area.”

–State Early Education Leader

WHAT ACTIONS WILL MICHIGAN TAKE?

WHAT’S FIRST?	WHAT’S UP NEXT?
<ul style="list-style-type: none">• Revise content of existing state-wide kindergarten transition guidance for families (i.e., Parent Guides) in order to increase accessibility, improve cultural responsiveness, and expand the reach and usage of guidance• Support the continued development of professional learning communities at the local level to support child and family transitions by sharing effective practices, lessons learned, and opportunities for improvement	<ul style="list-style-type: none">• Systematize support for three-year-old children and their families entering into ECSE (IDEA, Part B) by ensuring that children who are eligible to transition from <i>Early On</i> can do so, strengthening continuity of practices, and improving referrals to other early childhood services as families exit the early intervention system• Identify best practices and innovations for transitions from both state and local levels that support equity, multilingualism, and inclusion• Engage state and local leadership—including family representatives—to develop comprehensive local guidance for effective transitions within and outside of the early childhood system to ensure (1) “warm hand-offs” between B-5 programs and services and (2) successful transitions as children and families move into K-12 settings—with an emphasis on building and bridging relationships with families through high-impact family engagement strategies

HOW WILL WE KNOW WE ARE SUCCESSFUL?

We’ll see . . .

- Increase in the number and percentage of programs meeting quality benchmarks
- Improvement in the equitable distribution of high-quality programs across Michigan communities
- Increase in competencies for early childhood professionals working with BIPOC children, dual language learners, and children who have special needs
- Increase in the number and percentage of children who are ready for kindergarten when they enter school and reduced disparities among groups of children who are ready for kindergarten when they enter school
- Increase in third-grade reading proficiency and reduced disparities among groups of children who demonstrate third-grade reading proficiency
- Reduction in the number and percentage of children who experience service gaps in the birth-through-five years, particularly among families with one or more “vulnerability” factors
- Increase in families participating in activities designed to facilitate and ease the transition into kindergarten
- Increase in accessible communications delivered to and consumed by families regarding timelines, processes, and expectations surrounding transitions



Priority Area #4: THE WORKFORCE IS DIVERSE, PREPARED, AND WELL-COMPENSATED.

Among the most powerful predictors of early childhood outcomes are the characteristics and professional preparation of the adults who interact with children across the system. To be effective in driving high-quality service provision and strong child outcomes, the workforce must be diverse, fully prepared, and adequately compensated.

WHAT WORK CAN WE BUILD ON?

The state of Michigan values its early childhood workforce and seeks solutions that improve the working conditions of early childhood providers. Acknowledging the importance of a prepared, professional workforce to promote strong early childhood outcomes, Michigan has taken significant steps to support the workforce by strengthening the pipeline of early childhood professionals entering the field and offering ongoing professional learning to incumbent early childhood professionals. This effort includes a recognition that a prepared workforce requires paying specific attention to developing a diverse and culturally competent early childhood workforce.

The state has initiated efforts aimed at expanding and enhancing the workforce pipeline. These efforts have focused on apprenticeship models as a pathway to Child Development Associate (CDA) and associate degrees in partnership with higher education and the “cadet” teacher model implemented in secondary schools. Michigan has leveraged RTT-ELC and other funding sources to offer continued education and training, including expanding the reach of CCDF-funded TEACH scholarships for professionals pursuing advanced degrees and the implementation of cohort-based professional learning to support home-based and license-exempt providers.



The state has established key partnerships to support the continuing education of early childhood providers. The initiation of MiRegistry—through which providers can access and track professional development—will be a critical building block for a statewide effort to develop and enhance career pathways. MDE has also recently initiated partnerships with the Brazelton Touchpoints Center at Boston Children’s Hospital and EarlyEdU Alliance at the University of Washington to access additional teacher training, particularly for infants and toddlers, and has become a WIDA Early Years state partner to access supports for young dual language learners. In a partnership between MDE and the Michigan Association for Infant Mental Health (MI-AIMH), the state is on track to support nearly 200 infant and early childhood professionals to earn the MI-AIMH Endorsement® credential by the end of 2022. Home visitation programs across the state differ in structure and priorities for provider continuing education by purpose and funding stream, but all participate in continuous quality improvement activities aimed at increasing the quality of services provided. These expanded opportunities recognize the importance of professional preparation and connectedness among the early learning workforce. They align with the state’s priorities around infants, toddlers, and dual language learners and represent progress toward the development of an effective early childhood workforce pipeline.

MOVING FORWARD

To ensure quality service delivery that moves the state closer to the four child outcomes, there must be a strong pipeline of diverse, culturally competent, prepared individuals who are well-compensated and incentivized to remain and grow in their field. However, the recruitment, preparation, and retention of a qualified and talented early childhood workforce continues to be a challenge. The challenge is underpinned and exacerbated by the impact of the racism and sexism that have shaped the field and continue to perpetuate barriers and inequities, particularly for BIPOC providers. At the root of this issue is underfunding of the system, which has kept wages low across all sectors of the early childhood system and near poverty levels for teachers in community-based early care and education settings.

Inadequate support of early childhood professionals is a key factor driving sweeping inequities in the early childhood system. Focused efforts to increase support for the workforces will be a critical lever to improve outcomes, not only for the children in programs, but also for the families of the thousands of primarily women in the early childhood field in Michigan. For this reason, the strategies that follow charge the state to examine and mitigate barriers to diverse and committed providers entering, remaining, and advancing in the workforce—including low compensation, inequitable access to career pathways, and role disparities by racial and linguistic background. To fully address Michigan's workforce capacity issues in ways that will be sustainable and drive toward improvement across all child outcomes, the state's efforts must both focus on the professional advancement of workforce members across all sectors and address the root causes of barriers and inequities.



STRATEGIES AT A GLANCE

- 4.1** Ensure equitable compensation for the early childhood workforce
- 4.2** Advance career pathways that address historical and systemic inequities
- 4.3** Ensure a well-prepared workforce across all early childhood settings

RELATED NEEDS ASSESSMENT FINDINGS



AVAILABILITY



FAMILY CHOICE



TRANSITIONS



AFFORDABILITY



EQUITY



DATA



QUALITY



WORKFORCE



ALIGNMENT

STRATEGY 4.1 ENSURE EQUITABLE COMPENSATION FOR THE EARLY CHILDHOOD WORKFORCE

WHAT ARE THE GAPS AND OPPORTUNITIES?

The COVID-19 pandemic has had significant impact on the early childhood workforce.

The well-being of the early childhood workforce is essential for children's early learning and development, as well as critical to the economy. The COVID-19 pandemic has illuminated the complexities and challenges of the early childhood workforce and compounded the evidence that early childhood providers are among the most under-supported and undervalued members of the workforce.

Early in 2020, as childcare and early learning programs closed as a result of the COVID-19 pandemic, lowered attendance and other reductions or delays of funding meant that early childhood professionals often went without pay and benefits, unlike their kindergarten-teaching peers.⁷⁸ As childcare began to reopen later in the spring, early childhood educators, unlike K-12 educators, were identified as "essential" workers, putting the lowest-paid members of the early childhood workforce and those with the least access to high-quality health insurance and care at increased risk of contracting COVID-19. Even as childcare workers provide some of the most critical infrastructure for the economy, the pay and working conditions afforded them have clearly failed to reflect this reality.⁷⁹

Michigan, like other states, must advance solutions that reflect the importance of the early childhood workforce. As additional data emerges about the impact of the COVID-19 pandemic on both the health of early childhood providers and the economic viability of community-based early childhood programs, there could be opportunities to make substantive progress on this long-standing issue. Because of recent events, it is increasingly clear that marginal and surface-level improvements will not suffice. Instead, solutions must include structural changes to the early childhood system in Michigan to create more just working conditions and compensation commensurate with the essential contributions of the early childhood workforce.

National data shows . . .

2/3

Almost two-thirds of childcare centers are small businesses serving less than 75 children and are struggling, now more than ever, to break even.⁷⁵

47%

Providers are facing, on average, a 47% increase in operating costs during the pandemic, with the highest increases for programs serving three- and four-year-olds.⁷⁶

60%

Sixty percent of parents will need to change their current childcare arrangement within the next year.⁷⁷

“

“Before everything, we must address the teacher compensation and pipeline issue. Without that, there is no high quality or other items to build on. In Kalamazoo County, ECE staffing is the single biggest problem that private providers are facing—and it's because it can't be done remotely and there are many other higher-paying jobs available.”

—Local Leader

Early learning is the most diverse sector of the teaching workforce, yet continues to provide the lowest pay.⁸⁰

The median wage for early childhood providers working directly with young children is between \$9.25 and \$15.50, depending on degree and role, and the lowest wages go to assistant teachers and home-based providers.⁸¹ Low wages and lack of benefits (e.g., health insurance, paid time off) lead to turnover, which puts additional financial strain on programs and creates discontinuity for children and families. Low pay not only discourages Michiganders from entering the early childhood field, but also keeps qualified professionals from staying and advancing inside the system. This issue is particularly problematic for infants and toddlers, for whom a primary developmental task is to form trusting connections with caregivers—and whose early childhood teachers are the most underpaid and prone to leaving their positions. In order for Michigan to attract and retain high-quality and diverse professionals, the system must be reshaped to center reasonable working conditions and pay that is commensurate with the level of knowledge and skills needed to facilitate the learning of Michigan's youngest residents.



"So it's an issue of the pay, the professional development requirements, finding what the seat pays, the four-year degree, they're just really not in the market. And, you're competing with Target, that's opening up at \$12 to \$15 and all the grocery stores that are paying \$12 to \$13 to start."

–Early Childhood Provider

Compensation disparities exist by role, community, and racial identity.

Disparities in pay exist across GSRP, Head Start, Early Head Start, private preschool, and other community-based settings. Similarly, compensation levels of GSRP educators vary across the state, as does compensation parity between GSRP and kindergarten educators. However, GSRP educators typically earn more than Head Start and Early Head Start peers, despite doing similar work and maintaining similar standards. Community-based providers, including home-based providers, generally earn the least. Overall, Michigan early educators with a bachelor's degree are paid 21.5% less than their K-8 counterparts.⁸²



"There are some local districts that pay their GSRP teachers the same as elementary. Other small districts do not. This seems like an opportunity to prioritize funding to bring consistent pay parity, starting with GSRP."

–Local Leader

Disparities in pay also exist by racial identity. Nationally, Black early educators who work with infants and toddlers earn \$0.77 less per hour on average than white infant-and-toddler teachers; among preschool teachers, the wage gap widens to \$1.71 per hour. Black early educators are 50% more likely to live in poverty than their white peers.⁸³ This wage disparity holds true even when controlling for role and educational attainment and clearly demonstrates the systemic injustice that characterizes the early childhood system. National data on stratification often obscures unique state and local experiences of BIPOC early childhood professionals, highlighting the need for the collection and analysis of state-specific early childhood workforce data disaggregated by key factors of diversity. To date, the state of Michigan has not thoroughly examined wages across settings and sectors and by teacher background to understand the gaps and set priorities to advance equity in compensation.



"Building capacity in the workforce and advancing equity, I believe they go hand in hand. The workforce is largely made up of minority staff who historically are not valued or paid enough for what they do. This also includes elevating and promoting people of color instead of 'hand-picking' those who look like the status quo."

–Community Member

Compensation Disparities in Early Childhood Education

Michigan's state profile in the Early Childhood Workforce Index 2020 revealed deep disparities in the median compensation across early childhood education settings:

\$11.13 per hour	Childcare Worker
\$14.89 per hour	Preschool Teacher
\$21.70 per hour	Center Director
\$34.08 per hour	Pre-K/Kindergarten Teacher
\$38.09 per hour	Elementary School Teacher

Michigan early educators with a bachelor's degree are paid 22% less than their colleagues in the K-12 system.

The poverty rate for early care and education providers in Michigan is 19%, which is nearly double the poverty rate for Michigan workers in general (11%).

Source: Center for the Study of Child Care Employment, "Early Childhood Workforce Index 2020: Michigan," University of California, Berkeley, https://cscce.berkeley.edu/workforce-index-2020/wp-content/uploads/sites/2/2020/11/2020-Index_StateProfile_Michigan.pdf.

WHAT ACTIONS WILL MICHIGAN TAKE?

WHAT'S FIRST?	WHAT'S UP NEXT?
<ul style="list-style-type: none"> • Conduct statewide analysis of cross-sector compensation levels across race, language, role, and other priority characteristics of the early childhood workforce—with a particular focus on how the COVID-19 pandemic has impacted compensation and job loss among these groups 	<ul style="list-style-type: none"> • Strengthen messaging and communications efforts to support increased investment and create a broad understanding of the importance, role, and impact of the early childhood workforce among state agency leaders, policymakers, community stakeholders, and the general public • Develop a comprehensive policy and investment strategy that addresses compensation disparities across multiple diversity factors in order to ensure equitable compensation and benefits across all sectors of the early childhood system

WHAT ARE THE GAPS AND OPPORTUNITIES?

The costs and time commitment associated with obtaining advanced degrees are often prohibitive. The high cost of traditional early childhood education pathways in combination with the low pay can render advanced degrees inaccessible to early childhood providers. In 2018, 76% of Michigan's providers expressed an interest in pursuing a higher education degree. The most common barriers that providers reported were cost and lack of coverage to take time away from their positions (especially community-based and home-based providers).⁸⁴

These barriers are especially pronounced for BIPOC providers, who are more likely to be placed in the lowest-paying positions (i.e., as assistant teachers and home-based providers) and within community-based settings where resources are especially limited and where financial resources and coverage to support continuing education are virtually nonexistent.⁸⁵ Additionally, rural parts of Michigan, particularly the Upper Peninsula, have a shortage of

"I'm a Black woman, and even though, and the majority of the families that, not the majority, but a lot of the families I serve are Black, but I'm also in the agency that I work in am one of the only people who look like me doing this. You know what I mean? I'm not the only, but one of the only . . . That is not uncommon and that's not necessarily uncomfortable because that's just reality."

—Early Childhood Provider

There is a need to address the racial and linguistic diversity of the workforce. While the diversity of young children and families in Michigan has steadily increased, the diversity of the early childhood workforce has not kept pace. BIPOC individuals are underrepresented in Michigan's early childhood workforce, making up only 10% of direct service and administrative positions.⁸⁶ The issue of underrepresentation undermines the system's ability to make decisions that respond to the strengths, needs, and experiences of those who have historically borne the consequences of racial and social injustice. Furthermore, children and families need and deserve to see professionals who share their racial and cultural characteristics in a broad range of direct service and leadership roles. Additional statewide and local research is needed to better understand barriers to professionalization across multiple facets of diversity and to identify innovative approaches to addressing these challenges.

“

"They're not retaining young professionals or bringing them back. They're not being able to recruit people to come . . . I went through the Early Childhood Education Program and graduated from the community college. But then I had to leave the area to get a four-year degree. I happen to be one that came back. But once you leave after two years, how many people come back? Very few."

—Early Childhood Provider

“

existing higher education opportunities to support the recruitment and retention of highly qualified early childhood professionals. Overall, there is a need for additional pathways and "on-ramps" to qualifications that provide enough flexibility for the broad range of circumstances and challenges facing a diverse population of professionals. Differentiated career advancement pathways are an important strategy to build the capacity of the early childhood workforce and increase quality professional practice.

“

"To increase access to early intervention and special needs it's going to take getting trusted people implementing it for you to see more people of color accessing it. You may have it available, but because they 'don't feel like I trust the person I am showing up for' and 'my child is going to be marked for a long time, it's going to follow them'—parents get scared and they don't follow through with certain things."

—Early Childhood Provider

There are also profound gaps in linguistic representation within Michigan’s early childhood workforce. Only 8% of Michigan’s early educators speak a language other than English. For this reason, 10% of early childhood programs report working with children whose primary language was not spoken by any staff in the program.⁸⁷ To advance equity, the state must address the lack of linguistic representation while bolstering the skills of educators who speak only English serving children whose primary language is not English. Research shows that when educators value a child’s culture and language, the child develops a positive and confident self-image, and the child’s later academic success is impacted.⁸⁸

WHAT ACTIONS WILL MICHIGAN TAKE?

WHAT’S FIRST?	WHAT’S UP NEXT?
<ul style="list-style-type: none">• Implement nontraditional pathways, such as stackable credentials, credit by evaluation of prior learning, or micro-credentials to prioritize professionals who have historically been denied access to traditional degree paths• Expand on-ramps to the early childhood field through “grow your own” programs embedded in high schools, “cadet” teacher models, and other pathways that widen established workforce pipelines	<ul style="list-style-type: none">• Collaborate with higher education institutions to advance recruitment and retention strategies to increase admissions and meet the needs of culturally and linguistically diverse students participating in preparation programs for occupations related to early childhood• Develop goals with targeted and time-bound policies and practices to address systemic barriers and increase diversity of the workforce across race, ethnicity, culture, language, income, geography, and other priority characteristics

STRATEGY 4.3 ENSURE A WELL-PREPARED WORKFORCE ACROSS ALL EARLY CHILDHOOD SETTINGS

WHAT ARE THE GAPS AND OPPORTUNITIES?

There is a lack of coordination of professional development across early childhood settings. Differing professional standards, qualifications, and focal points for continuing education lead to missed opportunities to collaborate and improve practices across early childhood services. Stakeholders shared not only the complexity of funding streams but also how these financial resources determine the type of professional development (PD) and quality enhancement work that is required and implemented. Best practices for early childhood are complex and evolving, and early childhood professionals often lack the leadership support needed to ensure access to timely and relevant PD opportunities.⁸⁹ This lack impacts provider preparedness within individual programs, as well as the strength of connections and alignment of practices between service providers across settings. Indeed, aligning and supporting cross-sector PD opportunities that span the continuum of early childhood professionals working with children birth through age eight is a key role of system and program leadership. Additionally, effective leadership around the improvement and coordination of professional learning includes a robust system to gather feedback on existing opportunities to ensure that they are continuously relevant and impactful. For these reasons, the state can strengthen the collective preparation and advancement of early childhood professionals statewide through a comprehensive professional learning system.

There is a need to increase the accessibility of professional learning offerings to meet differing needs.

Professional learning can be one of many important mechanisms to create a more equitable early childhood system. However, in order to play this role, professional learning must be designed to be universally accessible and inclusive of those providers who have traditionally had the least amount of access to professional learning opportunities. Through the needs assessment and action planning processes, Michigan's early childhood providers have shared that those who work nontraditional hours and those in settings without the financial and personnel resources to provide coverage for providers to attend professional learning events are the least likely to access current offerings. In addition, providers in rural communities shared that the timing and distance often make it impossible to attend in-person professional learning—limiting these providers' opportunities for advancement and increasing their isolation. These access barriers have been especially pronounced during the COVID-19 pandemic and have highlighted the need for online and asynchronous learning, collaborative strategies (e.g., shared service models, substitute pools) within communities to build connection and capacity, and other responsive approaches to increasing accessibility.

WHAT ACTIONS WILL MICHIGAN TAKE?

WHAT'S FIRST?	WHAT'S UP NEXT?
<ul style="list-style-type: none">• Improve and streamline state-supported, job-embedded coaching and other professional learning opportunities to promote developmentally appropriate practice across early childhood settings, such as through GSRP coaches, Infant/Toddler Learning Communities and Infant-Toddler Specialists, Early Childhood Support Network/Resource Centers, Infant and Early Childhood Mental Health Consultants, and GSQ Quality Improvement Consultants• Expand models to deliver professional development in home and virtual settings to offer opportunities to participate outside of traditional offerings, particularly for providers working nontraditional hours and those in geographically isolated areas• Increase investment in collaborative strategies (e.g., use of shared service models) directed toward creating substitute pools to support educators pursuing higher education and participating in professional development opportunities	<ul style="list-style-type: none">• Expand and enhance Core Knowledge and Core Competencies (CKCC) to support the birth-to-age-five continuum and create alignment among professional standards for early learning, health, human services, and K-12 providers• Develop a feedback system that centers early childhood professional voice to improve updates on professional development content, delivery, and accessibility that reflect community needs

HOW WILL WE KNOW WE ARE SUCCESSFUL?

We'll see . . .

- Increase in messages disseminated and consumed about the role and importance of early childhood professionals to a variety of stakeholders
- Increase in racially, culturally, and linguistically diverse emerging professionals initiating and completing preparation programs
- Increase in racial, cultural, and linguistic diversity of early childhood providers at all levels of the system
- Increased availability of qualifiable data to reflect compensation by role, racial identity, and other key characteristics
- Increased participation in professional learning opportunities, especially among groups who have historically lacked access
- Increased presence and visibility of community-based solutions for capacity-building



WHAT'S NEXT

WHAT'S NEXT?

As the tide of the COVID-19 pandemic seems to ebb, the state works to rebuild and create a new and better normal for young children and the adults who care for them. Indeed, this is a challenging moment for all who support and interact with the early childhood system—but within these circumstances lies a unique opportunity to respond to the issues that have historically limited the reach, equity, and effectiveness of early childhood services, especially as these issues have been exacerbated by the pandemic. There is an opportunity to take on these issues with more urgency and perspective than ever, to set clear targets for implementation and impact, and to take bold steps toward the state's goals and priorities.

The work does not end here. *Michigan's Collective Early Childhood Action Plan* represents an important starting point and outlines initial steps for advancing the system. In the remaining years of the PDG-R and beyond, the state transitions to the dissemination and implementation of this plan. A successful approach to the next phase of action planning and implementation will involve increased role clarity, accountability, and cross-system collaboration. Success will require a continued commitment to stakeholder engagement—especially centering family, provider, and community voices and the interests of children and families who have had the least amount of access to opportunity. Moving forward, the state of Michigan will utilize this action plan as a living document responsive to the evolving needs of the early childhood system—and as a unifying framework to advance the four child outcomes and pursue the state's vision of being one of the best states in which to raise a child.



APPENDIX

GLOSSARY OF TERMS

The following definitions were created to guide development of the PDG B-5 needs assessment and have also been used to inform design of the strategic plan to promote alignment of efforts.

The following is an excerpt from the “Needs Assessment of Michigan’s Prenatal through Age Five Mixed Delivery System” by the American Institutes for Research:

Definitions of Terms: *To develop a set of common definitions to apply to Michigan’s mixed delivery system, the needs assessment included a review of existing federal, state, and local definitions of each term. This included several existing definitions from MDE, Head Start, the U.S. Census, U.S. Department of Agriculture, and U.S. Department of Education. The definitions were developed in collaboration with the Michigan PDG Implementation team. In general, these definitions do not differ from those used in the past. Exhibit 1 defines each of the key terms identified in the HHS federal guidance.*

Exhibit 1

Term	Definition
Key Terms Required by the Federal Guidelines	
Quality EC	High-quality programs and services have well-trained, competent, and caring staff who provide to children and families responsive experiences and supports that meet their needs to ensure that they thrive and succeed. High-quality features include providing meaningful family engagement opportunities; using a comprehensive program assessment to engage in continuous quality improvement through leadership focused on workforce support that includes professional development and reflective practice; using appropriate child/family assessments to inform instruction and provide ongoing support for the diverse needs of each child; and empowering families to choose the right program or service, at the right time, in the right place.
EC Availability	Availability is the access to, easy retrieval of, communication of, and knowledge about appropriate supports, services, and material resources needed for all children, families, and communities to thrive and succeed.
Vulnerable Children	Vulnerable children are children exposed to environments and experiences that make them vulnerable to poor and maladaptive functioning and well-being. Vulnerable children are placed at risk of low educational attainment or poor health and well-being because of systemic inequities of biological, environmental, and social risk factors. These factors include low family socioeconomic status (i.e., income, education, migrant and seasonal worker); geographical location (e.g., rural); racial, ethnic, linguistic, and religious background (e.g., American Indian, dual-language learners); children with disabilities; children who are experiencing homelessness; children in foster care; and children experiencing adverse childhood experiences and toxic stress.
Children in Rural Areas	Rural is defined in two ways: rural metro (<25 miles to an urbanized area) and rural nonmetro (>25 miles to an urbanized area). Rural communities have less than 500 people per square mile or less than 2,500 residents.*

*The rural definition did not align completely with quantitative data used in the needs assessment from the U.S. Census Bureau. Specifically, the U.S. Census Bureau defines urbanized areas and urbanized clusters based on geographic distance and population density. However, when defining urbanicity in a larger area, such as a county, the designation is based on the percentage of each county’s population that is rural, which may mask a large rural population who live far from an urbanized area. For example, the U.S. Census Bureau defines a “mostly rural” county as one where 50% to 99.9% of the county’s population is rural. Following these guidelines, some counties in northern Michigan, such as Chippewa and Marquette, may be classified as “mostly urban” (counties where less than 50% of the population is rural), while close to half of the population live in rural areas with very limited access to services such as transportation within the county. Because of this challenge, we analyzed urbanicity using ZIP Code Tabulation Areas (ZCTA) rather than county level for a number of analyses within this report. We plan to continue to examine this challenge and refine the definition of children in rural areas in future iterations of the needs assessment.

In addition to the four key terms within the federal guidelines, we developed a set of guiding definitions for (1) equity, (2) transitions, and (3) birth to five as requested by MDE (Exhibit 2).

Exhibit 2

Term	Definition
Other Key Terms Developed to Guide the Michigan PDG Needs Assessment	
Equity	Equity means every child has a fair and just opportunity to reach their full potential and succeed. Equity includes providing services according to the needs of each child in the interest of producing better outcomes for all children and families. Equity requires an acknowledgment of racism, sexism, and classism as the root causes of inequities and promotion of increased access to the social determinants of health and well-being, including but not limited to culturally responsive health care and services, safe and affordable housing, and high-quality early learning opportunities.
Transition	Transitions in early childhood occur when families and children experience a change within their birth-to-five programs and services, between birth-to-five programs and services, and from birth-to-five programs into kindergarten.
Birth to Five (B-5)	Programs and services that serve children and families from birth to kindergarten entry. B-5 spans the developmental continuum of infants, toddlers, and preschoolers and includes multiple sectors such as health, mental health, early care and education, early intervention, and family support.

ACRONYMS TO KNOW

ACS	Advocacy & Communications Solutions	MSLDS	Michigan State Longitudinal Data System
AIR	American Institutes for Research	MICCA	Michigan Collaborative for Contraceptive Access
CCDBG	Childcare Development Block Grant	MIHEIP	Mother Infant Health & Equity Improvement Plan
CHIR	Community Health Innovation Region	OGS	Office of Great Start
ECIC	Early Childhood Investment Corporation	PLISG	Parents for Leaders in State Government
ECSE	Early Childhood Special Education	PDG B-5	Preschool Development Grant Birth through Five
ECSN	Early Childhood Support Networks	PDG-R	Preschool Development Grant (Birth through Five) Renewal
GSC	Great Start Collaboratives	QRIS	Quality rating and improvement system
GSPC	Great Start Parent Coalition	RTT-ELC	Race to the Top-Early Learning Challenge
GSOT	Great Start Operations Team	RPQC	Regional Perinatal Quality Consortium
GSRP	Great Start Readiness Program	RRC	Regional Resource Center
GSST	Great Start Steering Team		
GSQ	Great Start to Quality		
IDEA	Individuals with Disabilities Education Act (Part C, early intervention; Part B, ECSE)		
MISG	Maternal Infant Strategy Group		
MDE	Michigan Department of Education		
MDHHS	Michigan Department of Health and Human Services		

MICHIGAN'S COLLECTIVE EARLY CHILDHOOD ACTION PLAN: FULL FRAMEWORK

PRIORITY AREA #1: THE EARLY CHILDHOOD SYSTEM IS ALIGNED, ADEQUATELY FUNDED, AND DATA-DRIVEN.

Needs Assessment Alignment:     

STRATEGIES	WHAT'S FIRST?	WHAT'S UP NEXT?
1.1 Improve state and local coordination to achieve strategic goals	<ul style="list-style-type: none"> • Evaluate the state's existing decision-making structure (including GSST and GSOT) and determine changes that are needed to strengthen cross-agency alignment • Establish dedicated staff capacity embedded in state government to support cross-system collaboration, including dedicated personnel whose role it is to ensure that interagency work is prioritized and executed • Allocate additional resources to build capacity of local leadership and leverage progress of GSCs and GSPCs • Provide leadership training focused on equity, diversity, and inclusion for key staff responsible for state- and local-implementation of the early childhood system to prepare leadership bodies to set equity-informed agendas and priorities; examine and ensure that active membership reflects diverse identities and voices; and create intentional space for authentic, ongoing collaboration 	<ul style="list-style-type: none"> • Establish a time-bound task force that includes a diverse group of stakeholders to produce recommendations for the state to successfully achieve the goals identified in the strategic plan • Ensure representation and meaningful participation of families as integral to informing decision-making and future directions of the early childhood system • Develop and implement a multiyear plan to strengthen the ongoing alignment of state and local systems that reflects their revised roles in meeting state goals and community-driven priorities
1.2 Maximize funding to achieve equitable outcomes for young children	<ul style="list-style-type: none"> • Leverage opportunities to promote more efficient uses of funds, including improving cross-agency communication to share how funding is currently being allocated, increasing transparency across agencies regarding use of unrestricted funds, and so on • Conduct a cost study to quantify how much it will cost to fully administer the state's childcare and home visitation programming commensurate to the current need, and taking into account revised strategic goals for the state and the impacts of the COVID-19 pandemic 	<ul style="list-style-type: none"> • Establish clear messaging and communication strategies to secure continued funding and additional resources for the entire early childhood system that reflect the urgency of the need, the importance of alignment across programs, and the state's commitment to advancing equity • Strengthen partnerships with the business and philanthropic communities to deepen support and increase investment in the early childhood system overall and to make specific investments in research, evaluation, and innovation to guide state investment and address inequities in the system • Expand the cost study to determine how much it will cost to fully administer the early childhood system and develop a multiyear plan to address the long-term needs of the system, drawing on multiple funding streams to increase overall funding levels, and encouraging innovation, collaboration, and long-term sustainability

PRIORITY AREA #1: THE EARLY CHILDHOOD SYSTEM IS ALIGNED, ADEQUATELY FUNDED, AND DATA-DRIVEN.

Needs Assessment Alignment:       

STRATEGIES	WHAT'S FIRST?	WHAT'S UP NEXT?
1.2 Maximize funding to achieve equitable outcomes for young children		<ul style="list-style-type: none"> • Implement the proposed funding plan to achieve long-term solutions, ensuring a clear process for ongoing evaluation of implementation and outcomes to ensure alignment with the state's commitment to advancing equity, expanding resources for infants and toddlers, and other priorities
1.3 Strengthen data-driven decision-making and accountability	<ul style="list-style-type: none"> • Assess the data landscape and create a plan to address the state's most important unanswered data questions 	<ul style="list-style-type: none"> • Establish a shared data environment with new management structure to improve the linkages of data across agencies • Foster a shared culture of data use in state agencies that prioritizes use of data to drive continuous quality improvement, equity, and cross-system collaboration • Support the capacity of local communities to inform data collection, contextualize data analysis, and utilize data to support delivery of more effective early childhood services • Produce and disseminate statewide data reports, using clear language, that are useful to all stakeholders

PRIORITY AREA #2: FAMILIES CAN ACCESS THE SERVICES THEY NEED TO HELP THEIR CHILDREN THRIVE.

Needs Assessment Alignment:      

STRATEGIES	WHAT'S FIRST?	WHAT'S UP NEXT?
2.1 Increase understanding of the capacity of the early childhood system	<ul style="list-style-type: none"> • Utilize existing needs assessment findings to inform decision-making and address participation gaps in early childhood services by community, considering the impact of the COVID-19 pandemic on availability, accessibility, and usage of programs, and on a range of related community characteristics 	<ul style="list-style-type: none"> • Conduct a cross-system analysis to examine and create recommendations to increase the supply of early childhood programs and services, particularly where gaps have been identified in order to reduce existing inequities • Advance the ongoing collection and use of disaggregated data to identify disparities in access and enrollment and determine the true need for additional capacity across the full range of early childhood programs and with a focus on priority populations identified by the state

PRIORITY AREA #2: FAMILIES CAN ACCESS THE SERVICES THEY NEED TO HELP THEIR CHILDREN THRIVE.

Needs Assessment Alignment:      

STRATEGIES	WHAT'S FIRST?	WHAT'S UP NEXT?
2.2 <i>Expand the supply of programs—starting with communities with the highest need</i>	<ul style="list-style-type: none"> • Increase capacity of <i>Early On (Part C)</i> by sustaining and building on state investments to reach and serve families of children with developmental delays, disabilities, and established health conditions • Advance efforts to expand preschool opportunities for three-year-old children, including expanding blended program models that are designed for three-year-olds (e.g., EHS-CCP) and piloting Strong Beginnings—a family coaching/classroom hybrid program aligned with GSRP • Increase the presence of community-based health care for mothers, infants, and children in partnership with local hospitals, MIHIP/MiChild, MDHHS, local health departments, and other key partners 	<ul style="list-style-type: none"> • Increase capacity of evidence-based, culturally responsive home visiting programs according to demonstrated need by community/region • Expand infant and early childhood mental health services focused on promoting social-emotional learning and supporting children and families with increased risk factors for mental health challenges (e.g., historical and intergenerational trauma, poverty and low-income conditions, threat of family separations, racial violence) • Build on existing efforts to expand infant-toddler early learning programs, including the Early Head Start-Childcare Partnership model, to increase supply and capacity to serve the state's youngest children
2.3 <i>Eliminate obstacles to enrollment and participation</i>	<ul style="list-style-type: none"> • Expand support for families to enroll in childcare, including continuing to improve initial application and redetermination processes, considering community-based eligibility to expand access in high-poverty communities, and other critical issues that directly affect equity in access • Implement changes needed to increase access to more affordable childcare, including raising the income level for eligibility, operationalizing the state's flexibility in provider reimbursement, and implementing other financial supports for low- and middle-income families • Increase outreach and enrollment of eligible families in WIC, SNAP, Medicaid, and other benefit programs aimed at meeting the basic needs of children and families 	<ul style="list-style-type: none"> • Improve alignment of eligibility requirements across the continuum of child and family supports to facilitate enrollment of families at all entry points of the early childhood system • Advance “no wrong door” initiatives within local communities to streamline the overall intake process and coordinate enrollment for families entering the early childhood system • Strengthen cross-agency partnerships to address other economic and structural barriers to participation, such as the need to improve access to reliable transportation and secure housing, to address public safety, and to offer support for families to access employment, education, and job training • Engage leaders within the business, economic development, and other sectors in seeking innovative childcare solutions—finding common ground in the clear connections between access to affordable, reliable child care and the stability of the workforce economy and other civic interests



PRIORITY AREA #2: FAMILIES CAN ACCESS THE SERVICES THEY NEED TO HELP THEIR CHILDREN THRIVE.

Needs Assessment Alignment:      

STRATEGIES	WHAT'S FIRST?	WHAT'S UP NEXT?
2.4 Strengthen communication and outreach to connect families to services	<ul style="list-style-type: none"> • Create consistent, easy-to-use, relevant messaging about child and family-focused services and disseminate related materials through local networks, such as GSCs, GSPCs, GSQ Resource Centers, and RPQCs • Expand local programs that support the people and institutions that families turn to most for timely and accurate information about early childhood programs and services (and support alternative approaches as needed considering the COVID-19 pandemic), including support for GSPC Trusted Advisor grants and other relationship-based outreach through community partners • Strengthen and systematize outreach and communication materials, practices, and policies that are culturally responsive and reflective of differing reading proficiency levels, home languages, and other characteristics of Michigan's children and families 	<ul style="list-style-type: none"> • Increase accessibility and awareness of tools developed by the state to centralize resources and streamline information about child- and family-focused services, such as the GSQ and MiKidsMatter websites • Advance the use of data to inform statewide outreach efforts to engage families who have not consistently been reached and to identify opportunities for meaningful bidirectional communication with families and communities to generate family engagement solutions • Support marketing and recruitment across child- and family-serving programs through the development of predesigned templates, guidance on leveraging apps and social media, and training and technical assistance for service providers in best practices for marketing and communication

PRIORITY AREA #3: EARLY CHILDHOOD SERVICES MEET HIGH STANDARDS OF QUALITY.

Needs Assessment Alignment:      

STRATEGIES	WHAT'S FIRST?	WHAT'S UP NEXT?
3.1 Expand resources that value families as partners and experts on their young children	<ul style="list-style-type: none"> • Expand support to enhance multigenerational parenting education and other peer supports in partnership with families and within trusted community-based organizations • Scale established state-led initiatives and tools that provide local guidance and resources to support families in fostering their children's development and learning across a range of cognitive, socioemotional, and physical skills • Provide training for early childhood providers focused on authentic pathways for family engagement, building on principles identified in <i>MiFamily: Michigan's Family Engagement Framework</i> • Provide guidance and resources focused on supporting families' advocacy and leadership skills, including implementation of the Parents for Leaders in State Government (PLISG) Shared Leadership Curriculum and other related efforts 	<ul style="list-style-type: none"> • Expand ongoing feedback loops and authentic opportunities for families to meaningfully contribute to decision-making for early childhood programming and policies

PRIORITY AREA #3: EARLY CHILDHOOD SERVICES MEET HIGH STANDARDS OF QUALITY.

Needs Assessment Alignment: 

STRATEGIES	WHAT'S FIRST?	WHAT'S UP NEXT?
3.2 <i>Ensure equitable experiences for children and families in programs</i>	<ul style="list-style-type: none"> • Conduct and act on findings from existing system-wide assessments specific to addressing equity in early childhood programming, particularly focused on identifying and strengthening existing cross-system initiatives • Increase professional development opportunities on reducing bias and inequitable practice, including providing training on trauma-informed care, implicit bias, and culturally responsive discipline 	<ul style="list-style-type: none"> • Support development and scaling of local innovations to expand promising policies and practices that center equity and learnings from culturally specific communities (e.g., Indigenous nations, racialized minorities, immigrant and migrant families, rural populations, disability communities) • Strengthen and disseminate state-developed guidance to prevent exclusionary policies and practices, including suspension and expulsions of young children in all early childhood care and education settings and extending to the early elementary school years • Advance the use of disaggregated programmatic and child-level data to identify disparities in child outcomes, guide program implementation, and inform decision-making for improving outcomes for all children
3.3 <i>Strengthen programs to fully support children's health, well-being, and learning</i>	<ul style="list-style-type: none"> • Increase timely and culturally responsive identification, enrollment, and retention of infants and toddlers with delays and disabilities to receive early intervention services through Early On (Part C) through increased awareness and partnership among a full range of programs and services that interact with infants, toddlers, and their families • Advance program quality through statewide quality rating and improvement efforts, including conducting a revisioning process for Great Start to Quality, expanding the reach of training and technical assistance, and increasing access to other participation-based incentives 	<ul style="list-style-type: none"> • Strengthen programming to support diverse children and their families, including expanding specialized training for providers and leaders across the early childhood system to support dual language learners, working with children with special needs in an inclusive environment, and so on • Expand resources for home visiting programs to improve quality by meeting fidelity standards of evidence-based models that best match their programs • Set policy and direct resources to increase capacity and quality of childcare programs, including increasing reimbursement rates and expanding local shared service networks that support consolidation of a range of fiscal, administrative, and program services • Advance support for family childcare home providers and family, friend, and neighbor (FFN) caregivers, such as through expanding Family Childcare Networks providing technical assistance, training, and/or peer support • Conduct statewide assessment of early childhood facilities to understand existing needs, drive policy change, and target investment in capital grants or other facilities-related financing—drawing on existing state support for small business and rural development as appropriate



PRIORITY AREA #3: EARLY CHILDHOOD SERVICES MEET HIGH STANDARDS OF QUALITY.

Needs Assessment Alignment: 

STRATEGIES	WHAT'S FIRST?	WHAT'S UP NEXT?
3.4 Increase alignment and collaboration to ensure continuity of services	<ul style="list-style-type: none"> • Implement Early Childhood-Early Elementary Learning Communities to strengthen partnerships between K-12 districts and schools and local early childhood networks • Increase alignment and expand training on early literacy to ensure early childhood programs implement high-quality, research-based, and culturally and linguistically responsive early literacy curricula for all children • Continue building the capacity of local entities leading systems change work (e.g., ECSNs, Resource Centers, GSCs, GSPCs, and RPQCs) to improve coordination and collaboration across the continuum of early childhood programs to streamline health, mental health, and early learning service delivery 	<ul style="list-style-type: none"> • Align health, safety, and quality expectations to reduce barriers and streamline accountability standards for providers across the early childhood system • Develop common terminology and improve mechanisms for resource and information sharing across early childhood programs to increase the coordination and quality of services experienced by families • Implement policies and resources that increase support for enhanced care coordination and colocation of behavioral health, prenatal care, primary care, and other early childhood programs for communities and parts of the state that have historically lacked access • Provide sufficient resources to strengthen alignment of curriculum, instruction, and assessment across B-5 and into K-12 learning settings, including leveraging the state's ESSA plan and school improvement strategies to incentivize school districts to focus on the early elementary grades and the transition from early learning into kindergarten
3.5 Increase support for children and families to successfully navigate transitions	<ul style="list-style-type: none"> • Revise content of existing statewide kindergarten transition guidance for families (i.e., Parent Guides) in order to increase accessibility, improve cultural responsiveness, and expand the reach and usage of guidance • Support the continued development of professional learning communities at the local level to support child and family transitions by sharing effective practices, lessons learned, and opportunities for improvement 	<ul style="list-style-type: none"> • Systematize support for three-year-old children and their families entering into ECSE (Part B) by ensuring that children who are eligible to transition from <i>Early On</i> can do so, strengthening continuity of practices and improving referrals to other early childhood services as families exit the early intervention system • Identify best practices and innovations for transitions from both state and local levels that support equity, multilingualism, and inclusion • Engage state and local leadership—including family representatives—to develop a comprehensive framework for effective transitions within and out of the early childhood system to ensure (1) "warm hand-offs" between B-5 programs and services and (2) successful transitions as children and families move into K-12 settings—with an emphasis on building and bridging relationships with families through high-impact family engagement strategies



PRIORITY AREA #4: THE WORKFORCE IS DIVERSE, PREPARED, AND WELL-COMPENSATED.

Needs Assessment Alignment: 

STRATEGIES	WHAT'S FIRST?	WHAT'S UP NEXT?
4.1 Ensure equitable compensation for the early childhood workforce	<ul style="list-style-type: none"> • Conduct statewide analysis of cross-sector compensation levels across race, language, role, and other priority characteristics of the early childhood workforce—with a particular focus on how the COVID-19 pandemic has impacted compensation and job loss among these groups 	<ul style="list-style-type: none"> • Strengthen messaging and communications efforts to support increased investment and create a broad understanding of the importance, role, and impact of the early childhood workforce among state agency leaders, policymakers, community stakeholders, and the general public • Develop a comprehensive policy and investment strategy that addresses compensation disparities across race, language, and other priority characteristics in order to ensure equitable compensation and benefits across all sectors of the early childhood system
4.2 Advance career pathways that address historical and systemic inequities	<ul style="list-style-type: none"> • Implement nontraditional pathways, such as stackable credentials, credit by evaluation of prior learning, or micro-credentials, to prioritize professionals who have historically been denied access to traditional degree paths • Expand on-ramps to the early childhood field through “grow your own” programs embedded in high schools, “cadet” teacher models, and other pathways that widen established workforce pipelines 	<ul style="list-style-type: none"> • Collaborate with higher education institutions to advance recruitment and retention strategies to increase admissions and meet the needs of culturally and linguistically diverse students participating in preparation programs for occupations related to early childhood • Develop goals with targeted and time-bound policies and practices to address systemic barriers and increase diversity of the workforce across race, ethnicity, culture, language, income, geography, and other priority characteristics
4.3 Ensure a well-prepared workforce across all early childhood settings	<ul style="list-style-type: none"> • Improve and streamline state-supported, job-embedded coaching and other professional learning opportunities to promote developmentally appropriate practice across early childhood settings, such as through GSRP coaches, Infant/Toddler Learning Communities and Infant-Toddler Specialists, Early Childhood Support Network/Resource Centers, Infant and Early Childhood Mental Health Consultants, and GSQ Quality Improvement Consultants • Expand models to deliver professional development in home and virtual settings to offer opportunities to participate outside of traditional offerings, particularly for providers working nontraditional hours and those in geographically isolated areas • Increase investment in collaborative strategies (e.g., use of shared service models) directed toward creating substitute pools to support educators pursuing higher education and participating in professional development opportunities 	<ul style="list-style-type: none"> • Expand and enhance Core Knowledge and Core Competencies (CKCC) to support the birth-to-age-five continuum and create alignment among professional standards for early learning, health, human services, and K-12 providers • Develop a feedback system that centers early childhood professional voice to improve updates on professional development content, delivery, and accessibility that reflect community needs

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