



# KALAMAZOO GREAT START COLLABORATIVE STRATEGIC PLAN / 2017

GREAT START. GREAT INVESTMENT. GREAT FUTURE.



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# KALAMAZOO COUNTY GREAT START COLLABORATIVE MISSION AND VISION

## **Vision**

All Kalamazoo County children have the social, emotional, physical, and intellectual foundation to be successful in education and in life.

## **Mission**

The purpose of the Great Start Collaborative is to assure a coordinated system of community resources and supports to assist all families in Kalamazoo County in providing a great start for their children prenatally and beyond.

# KALAMAZOO COUNTY GREAT START COLLABORATIVE EXECUTIVE SUMMARY

The Great Start Collaborative (GSC) is charged with creating and maintaining a cohesive system of early childhood supports for every family in Kalamazoo County. This system includes every aspect of a family's life, prenatally through age 8. One aspect of the work that makes the Great Start Collaborative uniquely powerful is the structure of the Great Start Parent Coalition (GSPC). Unique and dedicated efforts are made to remove barriers to participation for parents and to work creatively to ensure authentic parent voice at the table.

The Kalamazoo County Great Start Collaborative and Parent Coalition began our strategic planning process in October 2016. We were offered training and assistance through the Early Childhood Investment Corporation using the ABLe Change Framework.

As we met with stakeholders throughout this year-long process of strategic planning, several ideas emerged over and over again. Some of the ideas expressed simply affirmed the work we have been doing for years as part of the Great Start Collaborative and the Great Start Parent Coalition. Others were relatively new concepts to many of us. The key themes that emerged during our Kalamazoo County GSC Strategic Planning Process were:

- Racial Equity
- Trauma and Toxic Stress
- Bias
- Early Literacy
- Strengths-Based Perspective

Once we further explored these issues, the following goals emerged as the most feasible to accomplish and, when achieved, would be the most likely efforts to achieve the most equity among our community. Therefore, the following five goals are our goals for the next three years of our work. Our strategies and activities may change over time, but the goals listed below will remain consistent over the next several years and will be the driving force behind all initiatives and decisions.

1. Reduce bias towards families of young children.
2. Include the parent voice in the design and implementation of early childhood programs and services.
3. Improve early childhood services and supports so that they are responsive to the evolving needs of families.
4. Ensure that all Kalamazoo County children are adequately prepared to meet literacy benchmarks.
5. Ensure all babies born in Kalamazoo County have the healthiest start possible.





# KALAMAZOO COUNTY GREAT START COLLABORATIVE HISTORY AND PROFILE

The Kalamazoo County Great Start Collaborative was founded during the State of Michigan's first phase of Great Start Collaboratives, in 2006. Prior to that, Kalamazoo County had a dedicated group of people working on similar initiatives called the Early Childhood Steering Committee. This was funded by Greater Kalamazoo United Way and partners included Head Start, Child Care Resources, Kalamazoo Public Schools and Kalamazoo RESA. In short, the Kalamazoo County early childhood community has a long history of collaboration and dedication to children and families.

When the Great Start Collaborative began in Kalamazoo County, Jacque Eatmon was hired as the coordinator, with support from multiple agencies and individuals. In the fall of 2016, we celebrated our 10-year celebration anniversary and had in attendance former GSC chairpersons, several of the original members of that early steering committee, as well as retired coordinator, Ms. Eatmon. The current GSC Coordinator, Sarah Drumm, has been with the organization in some capacity since 2010. We are proud to have such long-term involvement of several people and organizations, and consistency in leadership here in Kalamazoo County.

Over the years, we have had many successes and learning moments. They include:

- Advocated for the funding of the Nurse-Family Partnership and the Great Start Readiness Program state-wide.
- Participated in the piloting of the Quality Rating Improvement System.
- Revised and distributed 20,000 Kid Builder Books — high-quality, no-cost activity books.
- Developed and funded 400 medical folders to support family visits to doctors' appointments.
- Initiated an early version of the Children's Healthcare Access Program.
- Served as the early childhood experts and assisted in developing the Kalamazoo County Ready 4s preschool program.
- Convened a group of early childhood leaders to develop the common application, brochure and recruitment campaign, now called "Kalamazoo County Pre-K" currently in its fifth year.
- Facilitated and secured funding for a local three-year-old scholarship program.

- Established a committee to organize and sponsor an annual early childhood conference called "Early Childhood Rocks" for 275 early childhood providers. This continued for seven years and has now shifted into a biannual event called the "Early Childhood Institute".
- Established an on-going relationship with Kalamazoo Public Library which includes planning for and staffing their "Party in the Park" with 3000 attendees, as well as having the Parent Coalition co-host an annual "First Saturday" event.
- Facilitated several community conversations during the difficult transition of our Head Start program from the County to our ISD.
- Facilitated community conversations and shared professional development opportunities between kindergarten teachers and the preschool community to create smoother transitions for families.
- Hosted several system scans and focus groups with families and other key stakeholders to identify root causes, design strategies and measure successes.
- Hosted annual events bringing parents together with legislators, including Star Power events in Lansing, and local Legislative Cafes.
- Presented at North Carolina's 2016 Smart Start Conference on Parents Facilitating Legislative Cafes.
- Partnered with Community Mental Health Department on Neo-Natal Abstinence Project.
- Currently working alongside Cradle Kalamazoo to reduce racial disparities in our infant mortality rates.
- Offered "Community Early Childhood Tours" to local legislators and decision-makers.
- Initiated county-wide promotion of "TEXT4BABY" in English and Spanish.
- Participated in various community forums on healthy food and Parent Coalition members launched a county-wide initiative called "Healthy Foods in Schools".
- Provided training on the Strengthening Families Framework to over 300 Kalamazoo community members. This initiative is on-going and we continue to offer opportunities for trainees to expand their learning and practice.

# KALAMAZOO COUNTY COMMUNITY NEEDS AND STRENGTHS ASSESSMENT

Like many counties in Michigan, Kalamazoo is rich in resources but our outcomes for children are still not what we would hope. We have made some great headway in recent years in how many children are enrolled in preschool and have contact with home visitors. Based on our data, though, we have a long way to go as a community to make sure that all children are born healthy and are developmentally on track. Much of the work before us is connected to larger systemic issues of generational poverty and institutional racism. The Great Start Collaborative has spent the past year, and many years previous, looking at data, engaging stakeholders and trying to find solutions that will make the most significant impact on Kalamazoo County children.

We officially began our Strategic Planning process in October 2016 when our training began for the ABLe Change Process. The **ABLe Change Framework** is designed to help communities take an accurate look at their systems and develop powerful and feasible strategies to address problems.

Developed by Dr. Pennie Foster-Fishman and Dr. Erin Watson at Michigan State University, the ABLe Change Framework is organized around six “simple rules”:

1. Think Systemically
2. Engage Diverse Perspectives
3. Incubate Change
4. Implement Change Effectively
5. Adapt Quickly
6. Pursue Social Justice



As a GSC, we spent several months learning about the ABLe Change Framework. Additionally, members of GSC staff attended 4 days of training with the lead trainers from the ABLe Change team.

When looking at several sets of quantitative data, we saw several data points that emerged when considering the state of young children in Kalamazoo County.

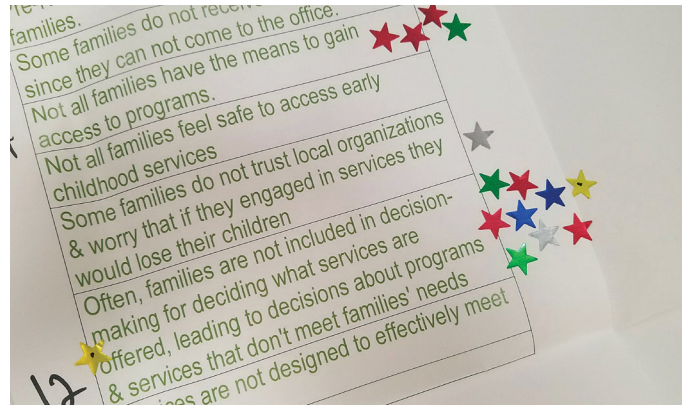


We shared these data points with our community members in the fall of 2016. Several of our GSC members really enjoy exploring data in-depth and formed a Developmental Pathway Work Group. This group met during winter 2016/2017 to plan how to deliver this information to the larger Kalamazoo County community in a way that provides the information but does not overwhelm the System Scan Process planned for January 2017.

On January 2017, we hosted a System Scan looking at the problem of our Early Childhood services being difficult to access. We purposely kept our framing questions broad. We had a powerful group of over 40 people in attendance. Participants were asked to work with their self-identified affinity group and seasoned GSC members served as Table Facilitators. We had groups of parents, home visitors, early childhood educators and administrators, social service providers, community members and health care professionals. For this session, we reintroduced the data and briefly discussed all the System Components. We asked them to focus only on MINDSETS, POWER and CONNECTIONS. The conversations were rich and the data we collected was critical.

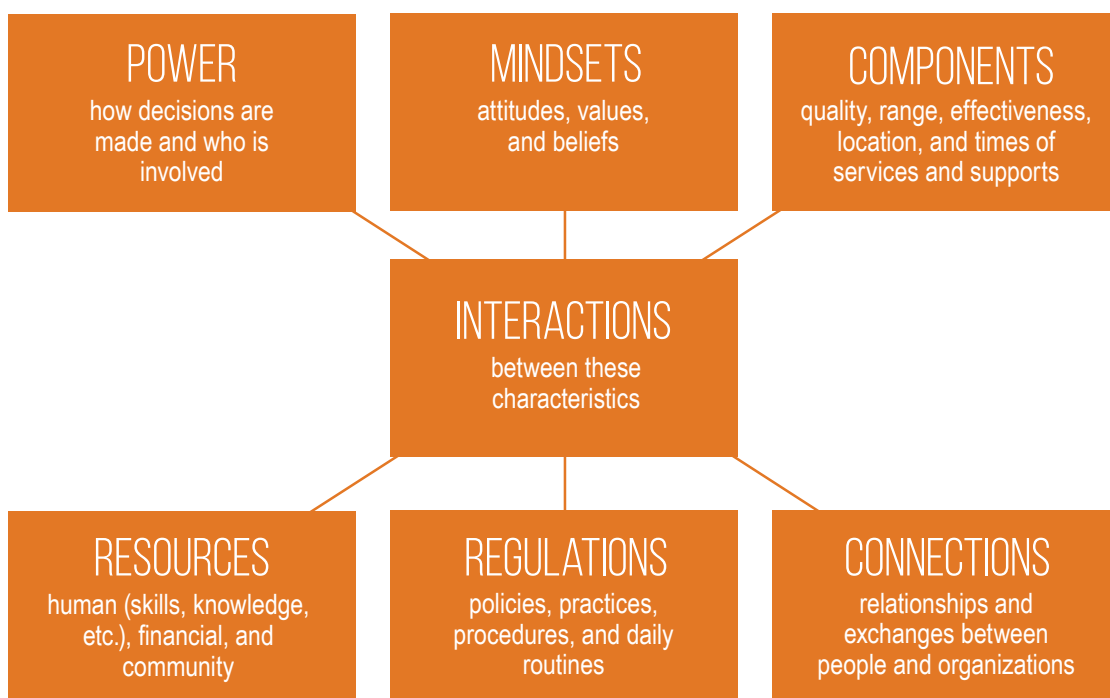
In addition to this large session, we conducted smaller community-wide sessions focused on RESOURCES, COMPONENTS and REGULATIONS. These were held with our Early On staff, parents from throughout the community, and medical providers. According to the ABLe Change Framework, a system is a set of six interacting characteristics. Using these six characteristics, we asked people to look at a problem or issue from several different perspectives.

After the large System Scan sessions concluded, a small team of people prepared the data according to the guidelines given to us by ABLe Change. There was a great deal of rich data that we then needed to organize. We hosted several “sense-making” meetings open to our entire GSC and the larger early



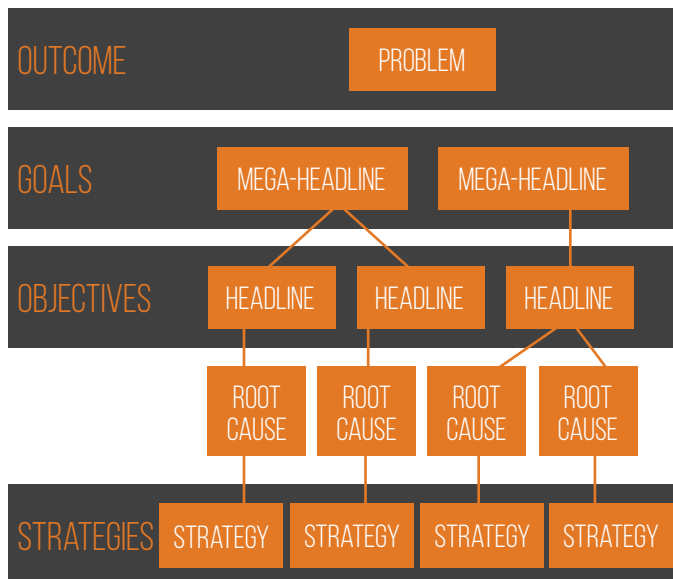
childhood community. These small groups of people worked diligently toward organizing our data under several headings and mega-headlines. Throughout March and April, we held several meetings with the community to follow-up on refining the category headlines and mega-headlines. For example, if we weren't sure from the data why families struggled to enroll their children in preschool, we surveyed families and administrators in charge of preschools about what was meant by the feedback. We held many of these small meetings and conversations to dig deeper into the large quantity of data we gathered.

We invited additional community members to join us at our May GSC meeting and were pleased to have over 40 attendees again. At this meeting, we discussed the headlines and mega-headlines in small groups. Groups were asked to look at whether addressing specific topics was feasible, powerful and would promote equity. After this, we asked individuals to prioritize the headlines. They were each given three stars for voting purposes, and in the end, it was clear that the group prioritized topics related to parent engagement, bias towards families, early literacy, breastfeeding support and becoming a trauma-responsive community.





Once we understood which headlines were prioritized by our early childhood community, we spent the summer exploring the various root causes. Many of these discussions took place at regularly scheduled GSC meetings.



Additionally, we asked a few local parents of young children to facilitate discussions with community groups and individuals in July and August of 2017. Targeted populations included Spanish-speaking families, fathers, teen parents, and mothers regarding breastfeeding. These populations had previously been identified as marginalized in that they face unique obstacles and challenges that often prevent them from utilizing early childhood (EC) services and programs.

Common themes included: having no knowledge of such services or having inaccurate information regarding services, Spanish-English language barriers, gender bias among professionals as well as their own perceived limitations, and additional mindset struggles such as lacking confidence and self-worth in their role as a parent, and fear of looking foolish/uninformed/uneducated in a group setting of other parents, or among professionals. Specific findings and remarks of particular interest are indicated below.

### Dads: obstacles to participation in EC services

The dads interviewed offered a variety of reasons as to why they may not participate in early childhood development services. Most dads reported being the “secondary” caretaker or decision-maker for their child, and acquiesced to the mother for care decisions, thus, they were often uninformed of existing opportunities. This also seemed to create a dynamic that affected their mindset about their role and expertise. Most of the comments related to lacking personal confidence in their role, or perceptions that others might judge them as inadequate or even with suspicion (if they are a dad among moms at a program). They all reported experiences of being either ignored or at least mildly disregarded by early childhood or medical professionals if the mother was present during an appointment.

*“I have lots of experiences of doctors or nurses introducing themselves to my partner – but not to me. Or, they don’t make eye contact with me or treat me as an equal. Part of me feels like, maybe my role is not that important.”*

*“When times get hard with my ex-wife, it’s easy to start to think I’m not needed. If (child care or health) workers don’t consider me important, and things with my ex sucks... I can see why dads bow out.”*

*“There is a lot of stigma being a man among women at a playgroup. Often people don’t talk with me, or they wonder why I am there, and I feel they look at me suspiciously. When I tell them that I am a teacher, I often feel the suspicion is alleviated.”*

*“The traditional roles in society make things difficult. (It’s ok to be a stay at home mom, but weird to be a stay at home dad.)”*

*“I feel like his mom is better at doing this sort of stuff. I get worried that it won’t go well with me (maybe my son won’t behave well) and that people will perceive me poorly as a parent. I don’t think my wife has these worries. There’s definitely a lack of confidence and fear of looking foolish.”*

### Spanish-speaking parents: obstacles to participation in EC services

Spanish-speaking parents gave primarily two reasons for lack of participation: language barriers and lack of awareness of services. Many suggestions were offered for where to place informational brochures or posters on services: Hispanic grocery stores, WIC offices, El Sol Elementary, nurseries and greenhouses, and also Medicaid, Delta Dental and Healthy Kids (as lots of Spanish-speaking parents utilize these). Additionally, there are lots of online groups focused on Spanish-speaking families, such as those connected to the Hispanic American Council.

*“People don’t participate in the programs because they don’t know about them. They don’t know that there are programs that just anyone can access. I speak English and what Great Start does is really confusing. Is it preschool? Is it services for slow kids? Who do I call? Do I have to have a referral?”*





*“Many people are really concerned about letting people into their homes especially in this political climate. What will happen if they find out if I’m undocumented? Will I be reported?”*

*“It’s the language. And it’s also cultural. We come from cultures where these types of services are not offered for free. If you emphasize the fact that it’s free, and also say that you offer materials for children, that will get people’s attention.”*

*“Language is the primary barrier. Everything you share has to be in Spanish, and the people who work for Great Start have to speak Spanish. People are too nervous to speak English.”*

*“If I call somewhere and the person doesn’t speak Spanish, I hang up. If someone calls me, and doesn’t speak Spanish, I hang up. The person has to be bilingual. We get scared if we have to speak English. Some of us don’t know how.”*

### **Young parents: obstacles to participation in EC services**

Primarily, teens spoke of three obstacles: lack of knowledge of services or programs, lack of transportation or time, indifference and laziness, and fear of looking foolish among professionals or other parents.

*“We already feel like we don’t know as much as we should. We know we’re in this situation. We know people look down on us. We don’t want to feel like we don’t know enough or aren’t good enough (at being a parent).”*

*“I go to school and I work a job. I don’t have time to do more. I also have to take care of my siblings and I don’t have a car.”*

*“I never hear about this stuff in school. No one talks to me about what’s available.”*

### **Moms: obstacles to breastfeeding**

Moms reported their personal experiences with their introduction to breastfeeding in the hospital setting. It was clear improvements had been made over the course of the last decade, and in particular during the last five years. There seems to be much more consistency among staff and messaging regarding breastfeeding from the hospital upon giving birth. However, moms indicated the lack of support upon leaving the hospital setting. Drop-in lactation specialist services were deemed as especially helpful, however it was noted not everyone has the ability to take advantage of this. Some moms went so far as to hire their own in-home lactation specialist during the weeks following birth, which certainly most moms would be unable to afford. Of particular note, was the discovery that pediatrician offices were not effective in offering help to moms who struggled with breastfeeding. In regards to breastfeeding support within the workplace, direct quotes are as follows:

*“I had to pump in my classroom at work and was walked in on a couple times, by janitors and support staff, even with a sign on the door and the door locked (they had keys.)”*

*“...Pumping at work in general just made me anxious. Felt like I was losing work time, and I was never going to catch up from being on maternity leave. Pumping was nearly an hour ordeal for me, so that just added to the pressure. Have a male supervisor, and the idea of a conversation on pumping was just uncomfortable.”*

*“One of the reasons I didn’t return to work was because of how frustrating pumping was going to be - I would be in a gross basement room, wouldn’t be able to have regularly scheduled breaks without sometimes causing great inconvenience, and no one had ever done it at the workplace so the whole ordeal and education was going to be a giant pain.”*

*“At work my job was very accommodating with pumping, even going so far as to install a lock on the door. I will say it was very easy to skip pump sessions because of limited time and lots of things to do at work but that was my fault, not theirs.”*

*“...I do think it would be helpful to have promotional materials both for parents and for employers as to exactly what the law says and how they are or aren’t protected. There seems to be lot of confusion over what types of employees and employers are included.”*

*“The struggle of pumping in the workplace is a significant reason why I have not returned to the workforce.”*

*“Had I not been very assertive and demanding about pumping time at work I know it wouldn’t have worked out. And that’s sad to me.”*

Throughout the summer months, we hosted several root cause analysis conversations. Some of these were embedded in already existing GSC team meetings such as our School Readiness Team and our Executive Team. Additionally, we sought parent input from the wider community and invited people into the process to develop powerful and feasible strategies.

In the end, much of the writing, correcting and drafting was conducted in August and September between GSC staff, Kalamazoo RESA staff, GSC Executive Team and several GSC Parent Members. We are proud of our efforts and we learned a great deal while employing the System Scan, Root Cause Analysis and Strategy Development processes.



# KALAMAZOO COUNTY GREAT START COLLABORATIVE STRATEGIC PLANNING PARTNERS

In addition to our own GSC Strategic Teams, we sought input from numerous groups across the community. They include:

Kalamazoo RESA Early On Staff

El Sol Elementary Play Group

Spanish-speaking Soccer League (interviewed parents)

Kalamazoo RESA's Community Summer Play Group

Fatherhood Network

Kalamazoo Public Library's Teen Parent Group

Zoo Mama (online Facebook group)

Kalamazoo Families in Community (online Facebook Group)

## **Child Care Resources**

Gail Lager

Ella Ryder

Pam Sward

## **Community Member**

Rosalie Novara

## **Comstock Community Center**

Mary Gustas

Serena Wolf

## **Curious Kids**

Tammy Karmon-Hoffman

Ashley Russell

## **DHHS**

Jane Conner

## **Department of Health & Human Services-CPS**

Steven Zimmerle

## **Great Start Parent Coalition**

Beth Allen

Tianna Harrison

Katherine Mills

Candice Moore

Rebecca LaDuca

Kim Ritter

## **Hartsough Consulting**

Denise Hartsough

## **KCHCS-MCH**

Carol Lassitter

## **KCMHSAS**

Dianne Shaffer

## **Kalamazoo First Congregational Church**

Sarah Schmidt-Lee

## **Kalamazoo Public Library**

Susan Warner

## **Kalamazoo Public Schools**

Elizabeth Spaner

Loy Norrix

Mary Hentschl-Early

## **Kalamazoo RESA - Early Childhood**

Mirinda Amthor

Andy Birt

Jaquelyn Borman

Shacara Burrel

Sarah Drumm

Jessica Firth

April Goodwin

Corissa Griffey

Aubrey Hassenger

Tiffany Irvine

Stephanie Lemmer

Stacy Schmitzer

Joy Smith

Jen Sova

Kathy Stuby

Kendra Woods

Laura Yncian

## **Kalamazoo Ready 4s**

Therese Armstead

Joda Grimes (Northside Preschools)

## **United Way**

Jennifer Nottingham

## **YWCA**

Jasmine Jefferson

Trina Jones

Nichole Weststrate

Briana Wolverton

# KALAMAZOO COUNTY GREAT START COLLABORATIVE GOALS AND OBJECTIVES



In 2013, the Michigan Department of Education released the “Great Start, Great Investment, Great Future” document. This 50-page document was designed to serve as a guide for all early childhood programming statewide and was based on conversations and data gathered from across Michigan. Contained within that report was a set of Guiding Principles which we have used to inform our work. They are as follows:

## **“Children and families are the highest priority.**

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

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

## **The children with the greatest need must be served first.**

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

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

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

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

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



Here in Kalamazoo County, we have worked hard to keep these at the forefront of our minds throughout this strategic planning practice. We have been able to discuss and focus on each of these as we have developed our goals, objective and activities.

#### **Goal 1:**

**Reduce bias towards families of young children.**

Oftentimes, early childhood professionals approach families with their own set of biases, about a family's habits, behaviors or norms. These innate biases can be prohibitive to growing a trusting and beneficial relationship, sometimes resulting in fewer gains or goals achieved, and if sensed by a family, can lead to fewer points of interaction or even an end to services received. We look forward to increasing our staff's awareness of such innate biases and to helping them work from a strengths-based approach, as opposed to a deficit-based approach.

#### **Goal 2:**

**Include the parent voice in the design and implementation of early childhood programs and services.**

We have learned we must increase the opportunities for parent input to achieve greater participation in early childhood services. Just recently, through a variety of contacts and one-on-one interviews with parents, we were surprised to learn of certain barriers to participation as well as unique recommendations for specific strategies and programs. Across the board, parents want to have input and they require a variety of methods in which to offer it. From simple paper surveys offered at current programs, to online inquiries made within distinct groups, to postings offered at frequented places of business and schools, parents require a multitude of methods and strategies to gain their input and participation.

#### **Goal 3:**

**Improve early childhood services and supports so that they are responsive to the evolving needs of families.**

Meeting the evolving needs of our families is critical. We can't provide meaningful influence or services if we are unaware of changes to the challenges and needs of our families. We know from our parent interviews and facilitated groups that the current political climate and its impact on immigrant or Spanish-speaking families has taken its toll on their willingness to participate in program offerings. Fears related to shifting immigration policy directly effects how "involved" a parent wants to be in the public arena. We must commit time and resources to effective outreach that builds trusting, long-term relationships with this particular population. We must also regularly survey and interview populations, particularly marginalized families, to assess for emerging and unaddressed challenges. We look forward to increasing these strategies during this next phase of implementation.

#### **Goal 4:**

**Ensure that all Kalamazoo County children are adequately prepared to meet literacy benchmarks.**

There is so much energy around Kalamazoo County to focus on early literacy and our partners at the Kalamazoo Public Library are doing it so well. We are always looking for ways to better serve families. Families often hear about reading books to their children but the newest research is telling us that real progress is made when families can infuse literacy into their everyday moments. Using the "Every Child Ready to Read" initiative of the Public Library Association as a model, we will work with families to develop tools that will excite families about early literacy.

#### **Goal 5:**

**Ensure all babies born in Kalamazoo County have the healthiest start possible.**

We are committed to ensuring that babies born in Kalamazoo County are given the healthiest start possible. Evidence-based data demonstrates that breastfeeding is a critical component of this healthy start. We have already taken great strides in addressing the systemic challenges to breastfeeding, including informing institutions and businesses about the legal rights of working women regarding breastfeeding, and by creating an award system for those institutions who champion this with their employees. However, duration of breastfeeding an infant, across the county, remains low. Based on strong feedback and input from mothers, we are poised to double-down on these efforts that will provide greater supports to breast-feeding mothers.

The strategic planning process has helped us become targeted in our efforts to create lasting, systemic change. Our internal assessment shows we have the tools and resources necessary to achieve, what are demonstrable, specific goals that will greatly impact those whom we serve. We are excited to see the gains made during this next three-year phase, and to reporting our challenges, findings and achievements.

# KALAMAZOO COUNTY GREAT START COLLABORATIVE FINANCING AND FUNDING

The work of the Kalamazoo County Great Start Collaborative is supported in large part by 32P funding from the Michigan Department of Education. Additionally, we receive federal block grant funding. These funds are meant to support the staffing and work of the Great Start Collaborative and the Parent Coalition. We also support some early childhood programming in the form of paying for two full-time Parents As Teachers home visitors. We develop or partner with projects and initiatives that are evidence-based and reflect the true collaborative nature of our membership. All the work of the GSC and GSPC is in line with achieving the 4 early childhood outcomes set forth by Governor Snyder.

In addition to our work dictated by the Michigan Department of Education and determined by our community members, we also applied for and received some additional funding. We applied to the Kalamazoo RESA Foundation for a small grant that supported a portion of the fee for the Strengthening Families Train-the-Trainer program. For the past 4 years, the GSC has contracted with a local consultant who conducts our Strengthening Families trainings. As the demand for these

trainings has increased, we are discussing ways to continue to offer this at an affordable price for members of our early childhood community. When we learned that the training was being offered in Michigan this past spring, we immediately chose to participate.

In 2017 and 2018, GSC initiatives throughout Michigan were invited to submit to MDE for additional dollars to support Trusted Advisor work in our communities. We are delighted that we were awarded the full amount of \$60,000 two complete funding cycles. Based on data gathered and parent focus groups, we determined that we would work on outreach to several marginalized groups. Although there are many groups with whom we could serve, for the duration of this grant, we are focused on working with Dads, Teen Parents and Spanish-Speaking Parents and Urban Native American Families. In 2019, we secured local grant funding to continue this work and will continue to do so. We work alongside trusted community members within these targeted groups to increase parental knowledge of early literacy skill-building, the Protective Factors and early childhood services. This is entirely aligned with the work set forth in our Strategic Plan and is complimentary to the plans set forth in our 32P application.



# APPENDICES

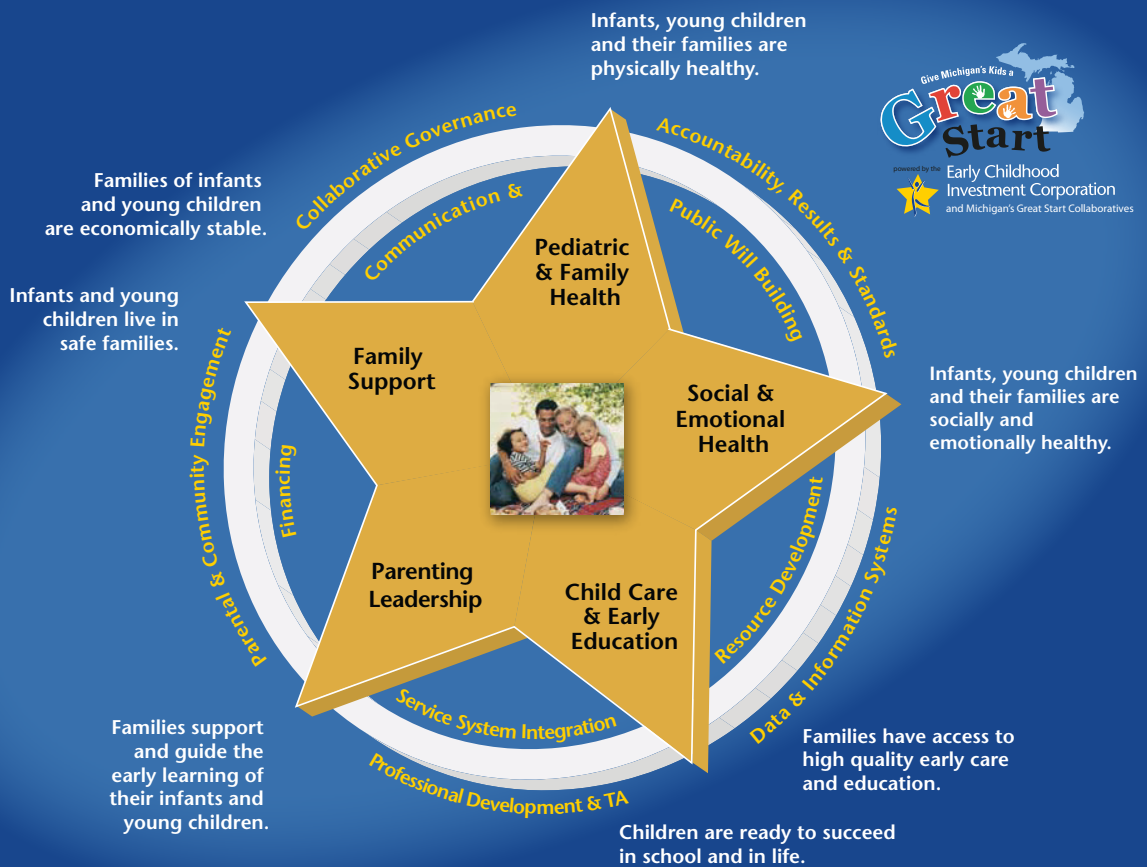
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# APPENDIX A

## Michigan's Great Start Initiative

Vision: A Great Start to make every child in Michigan safe, healthy, and eager to succeed in school and in life.



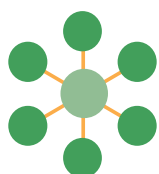
## APPENDIX B

# ABLE CHANGE SIMPLE RULES For Systems Change



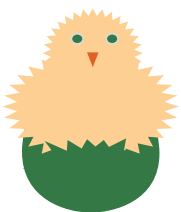
### ENGAGE DIVERSE PERSPECTIVES

Diverse stakeholders hold unique perspectives on the system, its problems, and possible solutions. Engaging diverse perspectives leads to a more comprehensive understanding of the system and how to change it.



### THINK SYSTEMATICALLY

Change efforts often target the surface of problems, not the underlying systemic conditions causing local problems. Thinking systemically attends to and shifts system characteristics and their interactions, and the more effective the solutions.



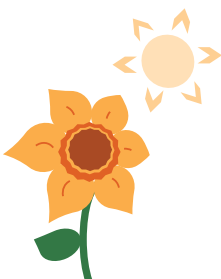
### INCUBATE CHANGE

Transformative change is accelerated when communities create the conditions for rapid innovation to occur across the community system. Incubating change includes fostering small actions across multiple community layers as well as leveraging systemic feedback loops to reinforce the change.



### IMPLEMENT CHANGE EFFECTIVELY

Great strategic designs for promoting community change are not enough; systems change efforts must also attend to how effectively their proposed strategies are carried out by assessing and building a climate for effective implementation.



### ADAPT QUICKLY

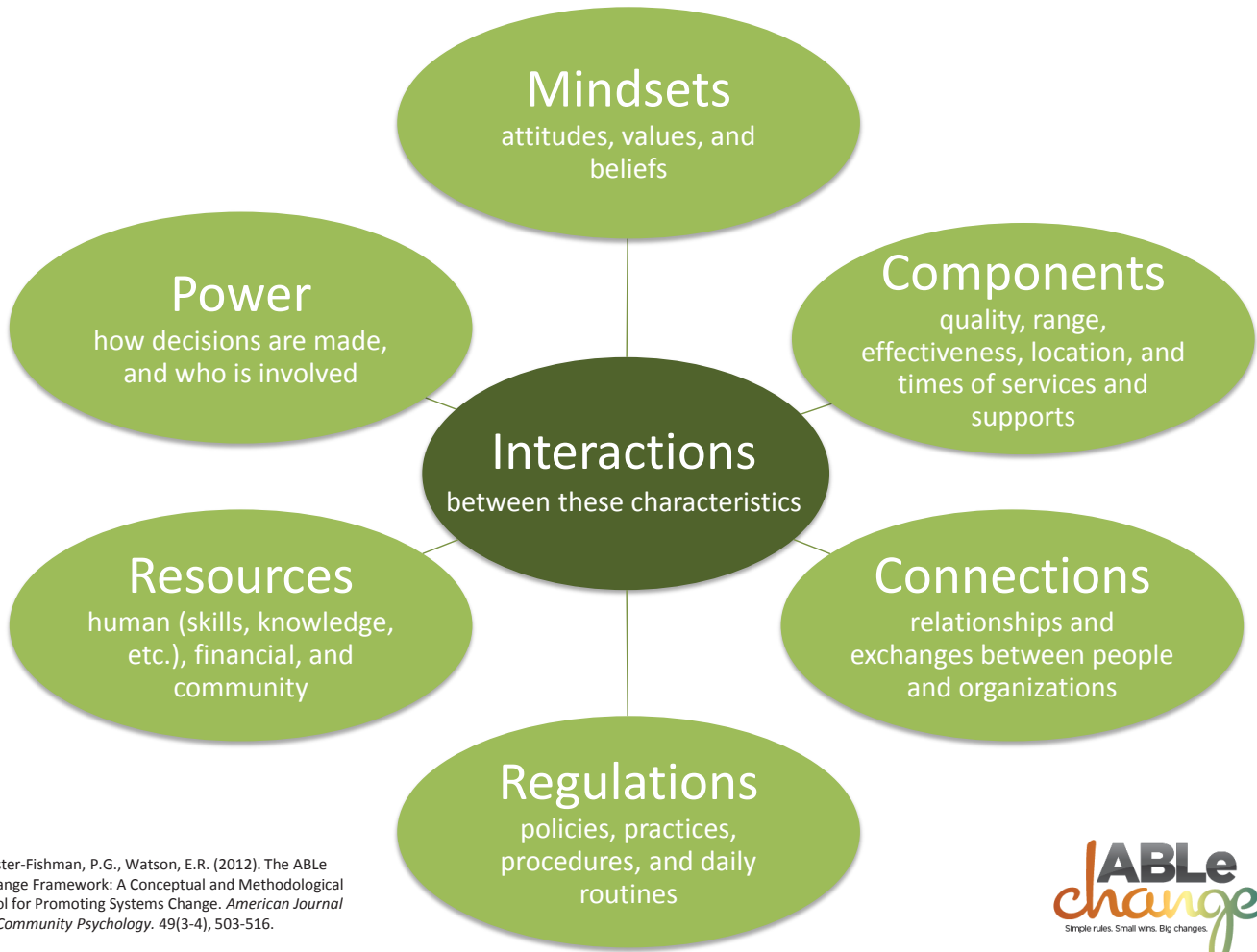
Problems facing our communities today are complex and ever-changing. Transformative change requires an ongoing, dynamic process, where understanding, learning and adapting become more important than planning. To adapt quickly, you must identify and quickly respond to emerging problems and opportunities.



### PURSUE SOCIAL JUSTICE

In order to really shift the status quo, one must understand disparities in outcomes and opportunities. Pursuing social justice includes identifying, acknowledging, and tackling the inequities that exist.

# APPENDIX C





## Michigan's Vision for Early Childhood



### Michigan: The Best State to Raise a Child

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

#### Early Childhood Outcomes

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

### Guiding Principles

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

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

### Guiding Principles

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

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

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

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

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

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

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

# Michigan's Early Childhood Dashboard

## Leading Indicators of Young Children's Well Being

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

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

### OUTCOME 1

#### Children Are Born Healthy

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

### OUTCOME 3

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

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

TBD—To be developed

\*\*\*—Comparable data are not available at the national level.

### OUTCOME 2

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

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

### OUTCOME 4

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

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

# Recommendations for Reaching Michigan's Early Childhood Outcomes



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

Office of Great Start has spent the past year engaging stakeholders across the state about the best ways to improve Michigan's early childhood system. These recommendations are informed by a range of participants including 48 interviews with policymakers, providers, and advocates at the state and local levels; three focus groups with parents of young children; and nearly 1,300 online survey responses from early childhood educators, administrators, program service providers, and parents and grandparents

of children under age 9. These voices, together with the fiscal and systems analysis, information on best practices, and expertise from professionals in the Michigan Departments of Education, Community Health, and Human Services and the Early Childhood Investment Corporation, are the foundation for the guiding principles, leading indicators, and recommendations presented in this report.

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



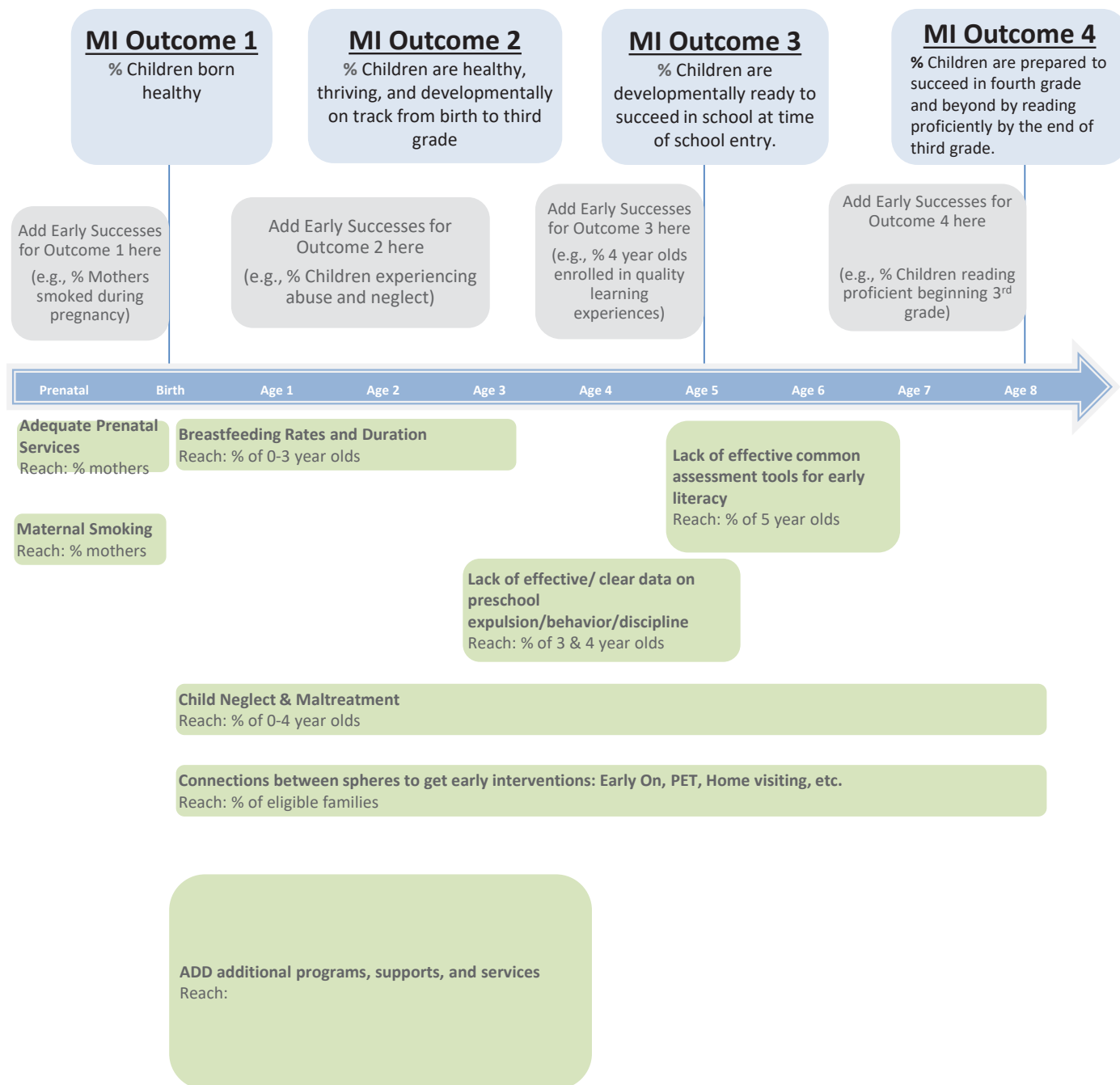
## Recommendations

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



# APPENDIX E

## KALAMAZOO COUNTY's Developmental Pathway



# APPENDIX F

## Kalamazoo County Early Childhood System Scan

Welcome!

Hosted by the  
Kalamazoo County  
Great Start Collaborative

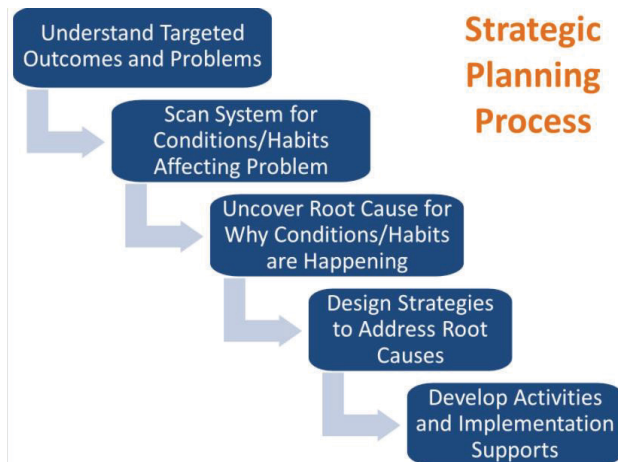


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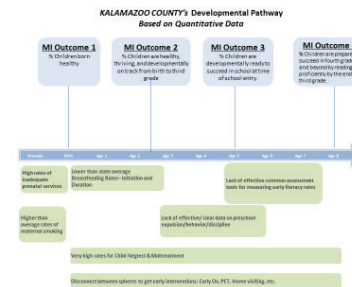
## Ground Rules

1. Be honest, creative and think outside the box
2. Everyone in this room is committed to children and families, has the best intentions, and has something this group needs to move forward
3. There are no bad ideas.
4. Let's have fun!

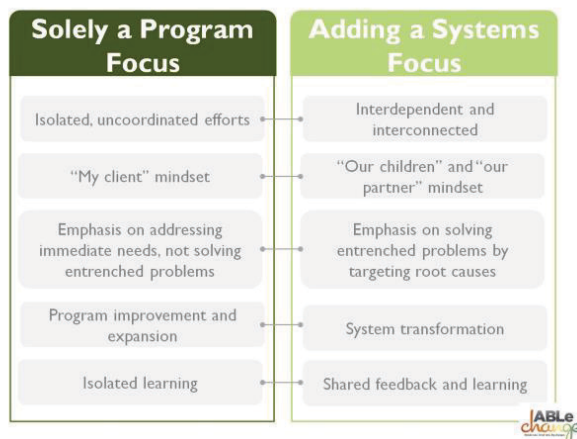
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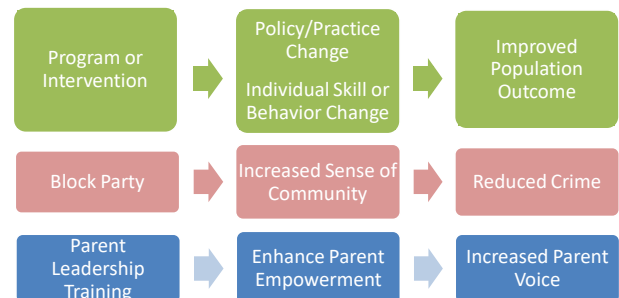


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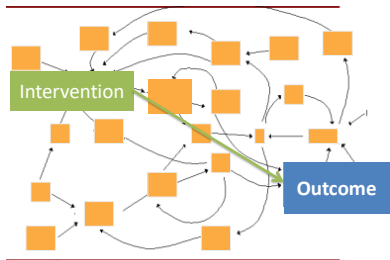
5

## Typical Simple Approach to Community Change



6

What do Complex Problems Really Look Like?



Foster-Fishman, et al., 2007



System Component	Definition
Mindsets	Attitudes, values, and beliefs about problem that shape behavior
Components	Range, quality, effectiveness, and location of services
Connections	Relationships and connections across different system components and actors
Policies	Policies, practices, procedures, and daily routines that shape system behavior
Resources	Human, financial, and social resources that are used within the system
Power	How decisions are made and who participates

Foster-Fishman, et al., 2007

Instructions

- You will be working in groups of similar people.
- There is a Group Leader for each table.
- We have allowed a limited amount of time for each page.
- Timekeeper will signal when time to move to next step.
- If you have more to say after time is up, we can email you the form or you can send us an email.

System Scan Process

- You will be asked to answer questions that are related to THREE of the system characteristics presented earlier.
  - Connections
  - Mindsets
  - Power

System Scan Instructions

- We will be using worksheets to explore a targeted problem.
- Remember this is a needs based process- the goal is to find gaps and areas for change, avoid taking comments personally
- Focused activity- have post it notes for questions or parking lot items to discuss later.



System Scan Worksheet

Foster-Fishman & Watson  
Michigan State University

Name: \_\_\_\_\_

Targeted Problem:	What? What is the situation?	Why? Why is this happening?
<b>System Characteristic</b>  <b>Mindsets</b>  <b>Definition</b> Attitudes, values, and beliefs that shape behavior.  <b>Unaligned Examples</b> <ul style="list-style-type: none"><li>• Healthcare service providers believe early hearing experiences are not that important for long-term child developmental outcomes, making them less likely to prioritize referring families to early hearing settings.</li><li>• Preschool service providers believe parents from low-income neighborhoods are unable to provide good parenting, leading them to treat parents as part of the problem vs. partners in helping children succeed.</li><li>• Parents in the Hill neighborhood believe their neighborhood service organizations are looking for ways to support families to child protective services, making families less likely to trust and engage with these organizations.</li></ul>		



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Process Overview

- Orient to Question
- Individual Writing
- Prioritize as an individual and write on card
- Sharing and clarification

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Important Notes!

- Be specific-
  - What is happening
  - To who is it happening (is there a population group)
  - Where is it happening? (Are the geographic needs)
  - Who in the system is involved? (i.e. is it all home visiting programs or just one?)
  - Are there needs related to something shared in the data summary?

14

Specific- means actionable!

**Not Specific**

Poverty is a problem in our community.

**Better**

Providers in our community don't have the skills to communicate with those in poverty.

**Even Better**

Preschool providers in our community don't have the skills to communicate with those in poverty.

15

System Scan Worksheet  
Foster-Fishman & Watson  
Michigan State University

Name: \_\_\_\_\_

System Characteristic	What? What is the situation?	Why? Why is this happening?
<b>Mindsets</b> Definition Attitudes, values, and beliefs that shape behavior.  <b>Unaligned Examples</b> <ul style="list-style-type: none"><li>• Healthcare service providers believe early learning experiences are not that important for long-term child developmental outcomes, making them less likely to prioritize referring families to early learning settings.</li><li>• Preschool service providers believe parents from low-income neighborhoods are unable to provide good parenting, leading them to treat parents as part of the problem vs. partners in helping children succeed.</li><li>• Parents in the Hill's neighborhood believe that home visiting service organizations are looking for ways to report families to child protective services, making families less likely to trust and engage with these organizations.</li></ul>	<p>Definition</p> <p>Specific Examples</p>	<p>Main Questions &amp; follow up questions</p>

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**Number any items that are connected between columns!  
Fewer examples, more specific!**

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(Circle One)

Mindsets Components Connections Regulations Resources Power

What is the prioritized issue? **Childcare providers do not have the practice of making referrals to prenatal services.**

What specific stakeholders/settings are involved? **Childcare; FQHC; Free Clinic; OB-GYN**

Why is this issue happening (if time allows)? **Childcare providers don't see it as their role to make prenatal referrals. Childcare providers do not have information on where to refer or how to refer.**

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- Instructions (18 minutes per round)
1. Instructions and examples for 2 minutes.
  2. Write answers to questions for 7 minutes.
  3. 4 minutes to circle most important item and write on priority cards
  4. 15 minutes to share priority cards and add more details.
  5. Submit cards to group facilitator.

Note: Timekeeper will signal when time to move to next step.



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## Important Notes!

- Watch for assumptions
- Don't jump to solutions (write on parking lot post it notes)
- Be careful about falling into a pattern of blame
- Focus on system issues- what is happening in the system?
- Write clearly

19

## Getting Specific

- Providers don't make referral.
- We don't have enough information to make decisions.
- Families don't make it a priority.
- There is not enough childcare.
- Your examples:

20

## Ground Rules

1. Be honest, creative and think outside the box
2. Everyone in this room is committed to children and families, has the best intentions, and has something this group needs to move forward
3. There are no bad ideas.
4. Let's have fun!

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## Wrap Up

- What do you think about today's meeting?
- We will be looking through the priority cards and parking lot items to determine
  - Items for immediate action
  - Items that need more exploring
  - Themes that are emerging
- Pass your parking lot items and worksheets to your group leader.



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# APPENDIX G

	MEGA HEADLINES	HEADLINES
OUTCOME 1: Children are born healthy.	Families often do not know about available resources.	Some parents do not have the information they need to be fully engaged in their child's education.
		Referral & follow-up process are not aligned across services
		Connections & communications among organizations are not effective
		There is ineffective communication about available services between agencies & outside organizations
		There is a lack of medical provider awareness of relevant resources
		Key information about available services is not reaching families or being shared with service providers
		Non-English speaking families do not have access to information OR services for 0-3.
	Not all babies born in Kalamazoo County have the healthiest start possible.	
		Kalamazoo County has higher than average rates of inadequate prenatal care.
		Kalamazoo County has higher than average rates of maternal smoking.
		Kalamazoo County has lower than average rates of breastfeeding initiation and duration.
		Food deserts in both rural and urban areas contribute to poor health and developmental delays.

	MEGA HEADLINES	HEADLINES
OUTCOME 2: Children are healthy, thriving, and developmentally on track from birth to third grade.	In some cases, early childhood services are not meeting the needs of families.	Playgroups and other programs are not accessible to all families— not diverse and often only in one location across the county (out-lying areas).
		Some families do not get enough Early On visits due to staff shortage.
		The early childhood system is not meeting the needs of homeless families.
		Parents of 0-3 year-olds need a centralized site to find early childhood information.
		Early On is not serving African-American families reflecting the county population.
		When families miss visits or get exited from programs, the children fall through the cracks.
		There is a lack of high-quality, affordable childcare, especially in rural areas.

	MEGA HEADLINES	HEADLINES
OUTCOME 3: Children are developmentally ready to succeed in school at the time of school entry.	Parents and staff have limited input into services.	Eligibility policies are rigid and do not account for families when they fall into the "gray areas".
		Direct service staff have limited input & decision-making power regarding how services are provided
		Diverse perspectives are not included in decision making
	Not all services, supports and opportunities are responsive to the evolving needs of families.	
		In many cases, the Pre-K schedule does not meet the needs of families (full-time, year-round, later hours, etc.)
		The long wait time to find out about GSRP/ Pre-K over the summer is a challenge for families.
		Some families do not receive PET services since they can not come to the office.
		Not all families have the means to gain access to programs.
		Not all families feel safe to access early childhood services
		Some families do not trust local organizations & worry that if they engaged in services they would lose their children
		Often, families are not included in decision-making for deciding what services are offered, leading to decisions about programs & services that don't meet families' needs
		Services are not designed to effectively meet family needs

	MEGA HEADLINES	HEADLINES
OUTCOME 4: Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.	Not all Kalamazoo County children are adequately prepared to meet literacy benchmarks.	4th graders in the State of Michigan ranked 41st out of 50. (Early Literacy Ranking— NAEP Data Explorer, 2003-2015)
		Only 48% of Kalamazoo County 3rd graders were proficient or better in 2015/2016 M-STEP Language Arts Assessment.

	MEGA HEADLINES	HEADLINES
ALL OUTCOMES	There is bias toward families in the community.	There are some bias in the community about families that have an effective on service delivery
		Some service providers have negative attitudes toward families, failing to use a strength perspective
		Some providers have preconceived notions that hinder quality connections with families
		Minority views are not understood
		There is a lack of understanding of & commitment to addressing systemic racism by the decision-making in our community
	Not all families get the positive support they need to eliminate and bounce back from trauma.	
		There is a serious shortage of mental health services for families, with or without Medicaid.
		Kalamazoo County has very high rates for child abuse and neglect.
	Services are not designed with the parent voice in mind.	There is a need for trauma-responsive practices in Early Childhood community— classrooms and home visiting.
		Parent voice is not being heard or valued
		Some decisions affecting early childhood efforts are being made without the perspectives of families in target population, front-line service providers, or cross-sector partners



# APPENDIX G

## OUTCOME 1

### Children are born healthy.

Families often do not know about available resources.

- Some parents do not have the information they need to be fully engaged in their child's education.
- Referral & follow-up process are not aligned across services.
- Connections & communications among organizations are not effective.
- There is ineffective communication about available services between agencies & outside organizations.
- There is a lack of medical provider awareness of relevant resources.
- Key information about available services is not reaching families or being shared with service providers.
- Non-English speaking families do not have access to information OR services for 0-3.

Not all babies born in Kalamazoo County have the healthiest start possible.

- Kalamazoo County has higher than average rates of inadequate prenatal care.
- Kalamazoo County has higher than average rates of maternal smoking.
- Kalamazoo County has lower than average rates of breastfeeding initiation and duration.
- Food deserts in both rural and urban areas contribute to poor health and developmental delays.

## OUTCOME 2

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

In some cases, early childhood services are not meeting the needs of families.

- Playgroups and other programs are not accessible to all families — not diverse and often only in one location across the county (out-lying areas).
- Some families do not get enough Early On visits due to staff shortage.
- The early childhood system is not meeting the needs of homeless families.
- Parents of 0-3 year-olds need a centralized site to find early childhood information.
- Early On is not serving African-American families reflecting the county population.
- When families miss visits or get exited from programs, the children fall through the cracks.
- There is a lack of high-quality, affordable childcare, especially in rural areas.

### OUTCOME 3

#### Children are developmentally ready to succeed in school at the time of school entry.

##### Parents and staff have limited input into services.

- Eligibility policies are rigid and do not account for families when they fall into the “gray areas”.
- Direct service staff have limited input & decision-making power regarding how services are provided.
- Diverse perspectives are not included in decision making.

##### Not all services, supports and opportunities are responsive to the evolving needs of families.

- In many cases, the Pre-K schedule does not meet the needs of families (full-time, year-round, later hours, etc.).
- The long wait time to find out about GSRP/ Pre-K over the summer is a challenge for families.
- Some families do not receive PET services since they can not come to the office.
- Not all families have the means to gain access to programs.
- Not all families feel safe to access early childhood services.
- Some families do not trust local organizations & worry that if they engaged in services they would lose their children.
- Often, families are not included in decision-making for deciding what services are offered, leading to decisions about programs & services that don't meet families' needs.
- Services are not designed to effectively meet family needs.

### OUTCOME 4

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

##### Not all Kalamazoo County children are adequately prepared to meet literacy benchmarks.

- 4th graders in the State of Michigan ranked 41st out of 50. (Early Literacy Ranking—NAEP Data Explorer, 2003-2015).
- Only 48% of Kalamazoo County 3rd graders were proficient or better in 2015/2016 M-STEP Language Arts Assessment.

## ALL OUTCOMES

### There is bias toward families in the community.

- There are some bias in the community about families that have an effective on service delivery.
- Some service providers have negative attitudes toward families, failing to use a strength perspective.
- Some providers have preconceived notions that hinder quality connections with families.
- Minority views are not understood.
- There is a lack of understanding of & commitment to addressing systemic racism by the decision-making in our community.

### Not all families get the positive support they need to eliminate and bounce back from trauma.

- There is a serious shortage of mental health services for families, with or without Medicaid.
- Kalamazoo County has very high rates for child abuse and neglect.
- There is a need for trauma-responsive practices in Early Childhood community—classrooms and home visiting.

### Services are not designed with the parent voice in mind.

- Parent voice is not being heard or valued.
- Some decisions affecting early childhood efforts are being made without the perspectives of families in target population, front-line service providers, or cross-sector partners.