STRATEGIC PLAN
January 2017-December 2019

Our Children, Our Community, Our Future

Contents

September 15, 2016

Dear Community Members of Livingston County,

The members of Great Start Livingston present to the greater community a call to action on behalf of our youngest citizens: children from birth to eight years of age. Great Start Livingston's intent is to promote an understanding of the importance of the first eight years in a child's life and to work together to build a network of public and private programs, services and support for young children and families. Our focus is to use this collaborative and systemic approach to provide community-based strategies that will enable all of Livingston County's children to achieve success in school and later in life.

The membership of Great Start Livingston endorses the following strategic plan. Great Start Livingston spent the last year gathering feedback from parents of young children, community leaders, early childhood providers, stakeholders and local organizations. Local and statewide data pertaining to early childhood issues was also collected. This feedback and data were used as framework to identify the key issues and develop the goals and strategies that are detailed in the enclosed report.

Our focus has been to build a coordinated system of community resources and support whereby all Livingston County families have knowledge of, and access to, the services they need. Investment in families through the provision of jobs, health care programs and parent education is key to ensuring a future of Livingston County.

We expect our efforts will result in more children beginning kindergarten ready and eager to learn. Our vision is: "A great start for every child in Livingston County: safe, healthy and eager to succeed in school and in life." To achieve that vision, collaboration among the entire Livingston County community is essential. We can create a brighter future when all segments of our community work together to support a mutual goal.

It is our collective hope that all residents will respond to this call to action and support our children as they grow, learn and achieve to their fullest potential. Let us know your thoughts and where you would like to become involved in ensuring a Great Start for all of the children living in Livingston County. We must commit to preparing our next generation so that they can lead productive, meaningful lives as contributing members of our community.

Sincerely,

Holly Ward Lamb, GSC Chair   Robin Schutz, GSC Coordinator

Livingston County

SPECIAL THANKS TO

Great Start Livingston Members

Arc of Livingston

Brighton Area Schools

Brighton District Library

Brighton Sylvan Learning Center

Child Abuse Prevention (CAP) Council

Catholic Charities

Child Connect for Family Success

Citizens/Hanover Insurance

Community Mental Health

Early On

Fowlerville Community Schools

Great Start to Quality Regional Resource Center

Cromaine Library – Hartland

Hartland Consolidated Schools

Head Start/GSRP

Heart of the Shepherd Child Development Center

Howell Carnegie Library

Howell Public School District

Human Services Collaborative Body

LACASA – Healthy Families

Little Howeller's

Livingston County Department of Public Health

Livingston County United Way

Livingston Educational Service Agency

MSU Extension

Parent Representatives

Pinckney Community Schools

Pregnancy Help Clinic

Salvation Army

UM Pediatrics – Howell

United Healthcare

Executive Summary

Introduction

Raising children today is harder than ever. The first five years of a child's life are a time that impact the development of his or her brain. Everything children see, every word they hear, everything they do…from their first breath…shapes the development of their brains. According to the Zero to Three National Center for Infants, Toddler and Families, 90% of a child's brain capacity is built by the time a child is five years old. In less than 2,000 days when they enter kindergarten, the foundation for language, social behavior, problem solving ability and emotional health will be mostly created, or not.

> There are **less than 2,000 days** from the time a **child** is born until he or she **enters kindergarten.**

To be successful in school and in life, Livingston's estimated 11,435 children ages 0-5 need to grow up in a supportive environment that develops self-confidence, positive social emotional skills and a love for learning. There is much we can do as a community to make sure that every young child has this foundation. Leaders, locally and across our state, are working together in new ways to ensure every infant, toddler and preschooler has the opportunity to achieve his or her full potential. Great Start Livingston is guided by local vision and mission statements that have been developed by the Great Start Collaborative and Great Start Parent Coalition. Together, the Great Start Collaborative and Great Start Parent Coalition are Great Start Livingston.

GREAT START COLLABORATIVE

The Great Start Collaborative (GSC) is a partnership of local professionals, educators, community leaders, local agency leaders, charitable and faith-based organizations and parents. GSC is committed to establishing and maintaining a comprehensive early childhood system that will address all factors influencing a young child's readiness for school and life. The goal of the collaborative is to provide a network of resources and support for children and their families to help ensure children enter kindergarten ready to succeed in school and in life.

GREAT START PARENT COALITION

The Great Start Parent Coalition (GSPC) recognizes parent involvement as the key to children's success in school and in life. GSPC is made up of families who are actively engaged in advocating and promoting early childhood. They are dedicated to improving the responsiveness and performance of programs and services that are needed to support the needs of all children pre-birth through age eight and their families.

VISION

A great start for every child in Livingston County: safe, healthy and eager to succeed in school and in life.

MISSION

To assure a coordinated system of community resources and supports to assist all Livingston County families in providing a great start for children from prenatal through age eight.

Alignment with Office of Great Start

Great Start Livingston utilized the guidance provided through the Office of Great Start and **Great Start, Great Investment, Great Future** publication. Funding for the Great Start Collaborative and Great Start Parent Coalition efforts are provided by a grant from the Michigan Department of Education, Office of Great Start. The ABLe Change framework is aligned with six characteristics of system change. The Office of Great Start has utilized this diagram to show how many of these frameworks are aligned.

MICHIGAN'S 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.
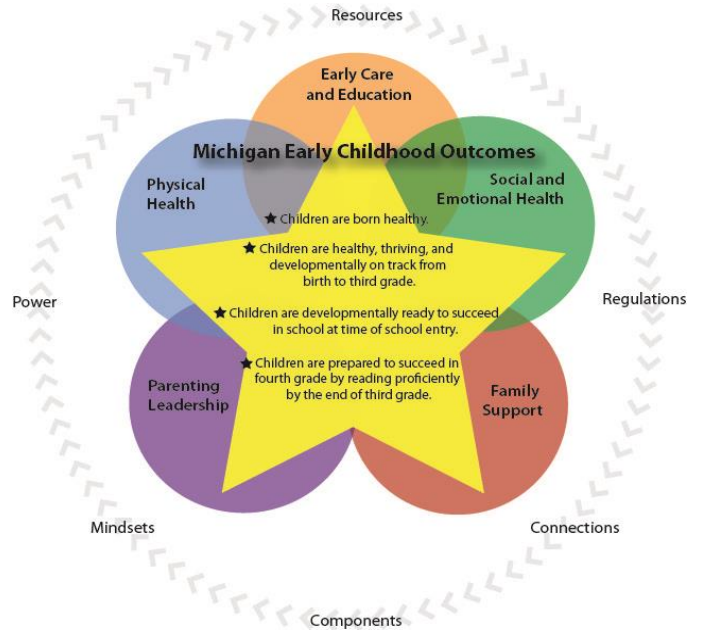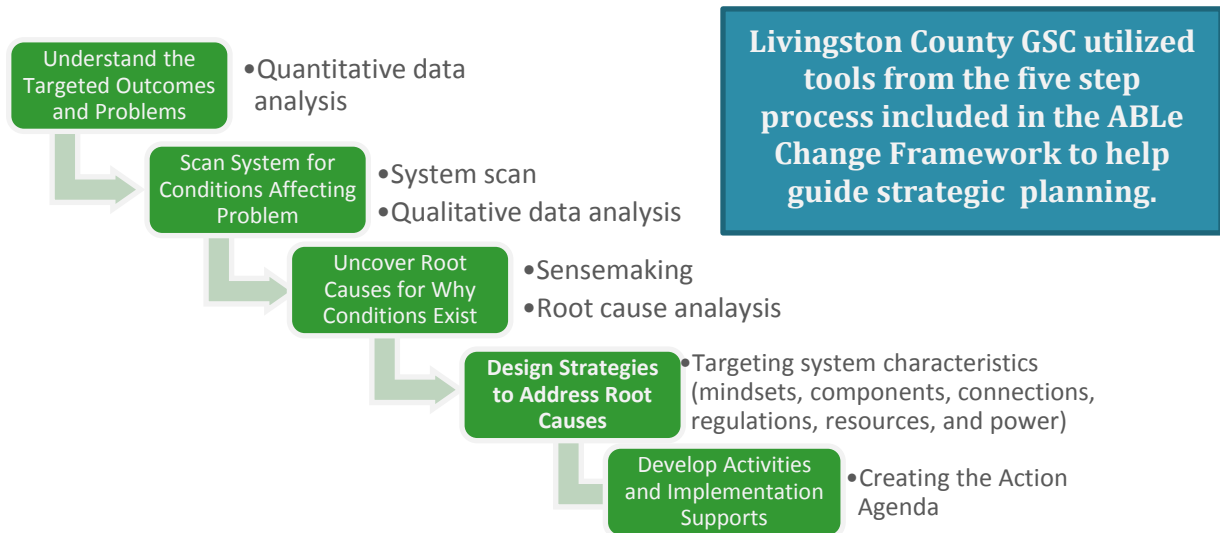
KEY FOCUS AREAS

★ Early Care & Education
★ Family Support
★ Parent Leadership
★ Physical Health
★ Social & Emotional Health

Strategic Planning Process

Between September 2015 and August 2016, Great Start Livingston began an extensive strategic planning process with guidance from the ABLe Change Framework provided by Pennie Foster Fishman, Ph.D. and Erin Watson, Ph.D. of Michigan State University, as well as consultation and support from the Early Childhood Investment Corporation.

Understand the Targeted Outcomes and Problems
• Quantitative data analysis

Scan System for Conditions Affecting Problem
• System scan
• Qualitative data analysis

Uncover Root Causes for Why Conditions Exist
• Sensemaking
• Root cause analaysis

Design Strategies to Address Root Causes
• Targeting system characteristics (mindsets, components, connections, regulations, resources, and power)

Develop Activities and Implementation Supports
• Creating the Action Agenda

Livingston County GSC utilized tools from the five step process included in the ABLe Change Framework to help guide strategic planning.

The strategic planning process included a comprehensive collection, review and analysis of both quantitative and qualitative data of Livingston County. Qualitative data was gathered from an intensive System Scan and analysis of community conditions, surveys and small group discussions.

The process helped us to identify strengths and needs that impact the lives of young children and families in Livingston County. The needs were further explored through root cause analysis, which lead to the development of five goals. Objectives, strategies and activities were organized into an action agenda that will guide the work of GSL during 2017. An annual review of the root cause analysis and action agenda progress will be completed which will allow us to respond to lessons learned and emerging needs as they determine strategies and activities for 2018 and 2019.

Goal A: Children and families have access to high quality early childhood services.	Goal B: Cross-sector services, supports and opportunities are coordinated & aligned to support school readiness.	Goal C: Services, supports and opportunities are responsive to evolving needs of children and families.	Goal D: Quality early learning experiences increase school readiness.	Goal E: There is community support of quality early learning experiences impacting school readiness.
★ **Objective A-1** A family-friendly intake & eligibility process is in place for families to access and navigate. ★ **Objective A-2** Resources & supports are in place to address gaps in the 0-8 continuum. ★ **Objective A-3** A family friendly info & referral system is in place for families and providers to access information about services & upcoming programs/events.	★ **Objective B-1** A system is in place for regular communication between cross-sector service providers at the local level. ★ **Objective B-2** The early childhood and K-12 systems are aligned to support successful transitions to kindergarten.	★ **Objective C-1** Increase the amount of input from families regarding decisions about their child and services.	★ **Objective D-1** Early childhood programs meet quality guidelines.	★ **Objective E-1** Community partners have a shared understanding of the importance of school readiness. ★ **Objective E-2** Community members have a shared understanding of how developmental milestones impact school readiness.

GREAT START COLLABORATIVE
Livingston County

Strategic Plan Summary
2017-2019

Great Start Collaborative Profile & History

GREAT START SYSTEM

The Great Start System is an initiative that was launched in Michigan in 2003 as a movement that challenges us all to recognize that learning begins at birth, not when a child enters school. In 2005, the first phase of Great Start Collaboratives were funded in select counties. Great Start identifies the importance of early childhood experiences in five key areas: Pediatric and Family Health, Social and Emotional Health, Childcare and Early Education, Parenting Leadership and Family Support.

GREAT START LIVINGSTON

Great Start Livingston is a local organization that supports the development of a local early childhood system and ensures parent leadership and voice. Our local administrator and fiduciary is the Livingston Educational Service Agency. We are funded through the Michigan Department of Education – Office of Great Start (MDE - OGS) block grant and local donations. The Early Childhood Investment Corporation, who was integral in the development of the Great Start System, provides us with oversight, training and technical assistance. Great Start Livingston consists of the Great Start Collaborative, Great Start Parent Coalition, Steering Committee and Workgroup Committees.

GREAT START COLLABORATIVE

Livingston County was awarded a start-up grant in the fall of 2008. In September 2009, the Collaborative created its operating guidelines, including a vision, mission and purpose of the local Great Start System. Great Start Collaborative of Livingston County (Great Start Livingston) is a partnership of local parents, service organizations, business leaders, libraries, faith-based organizations, schools, individual community members and other stakeholders dedicated to the success of our youngest citizens. The focus of our work is aimed at developing a single, interconnected network of public and private services and supports to help achieve our mission to support the development of all children ages birth through eight for success in school and in life.

GREAT START PARENT COALITION

This Coalition provides parents and caregivers a chance to have a voice in a truly 'grassroots' effort to advocate for the children of Livingston County. Parents have access to training in leadership and advocacy to empower them to speak out on behalf of Livingston County's children, as well as providing them with a supportive network of friends and the opportunity to have fun and make a difference in the community. The Great Start Parent Coalition works closely with the Great Start Collaborative with the common goal of providing a great start for all the children of Livingston County. Parent Coalition members offer input and also experiences of the programs and/or services they receive from the GSL member organizations across the five key component areas. Success of GSL depends on a strong leadership and voice of the Parent Coalition.

ACCOMPLISHMENTS

Since 2013, Great Start Livingston (Collaborative and Parent Coalition) has worked to improve the well-being of children. A wide variety of initiatives and events have been utilized towards this outcome.

> **Livingston County ranked #1 in the overall rankings for child well-being.**
> *Kids Count Data 2016*

Parenting University

Partnered with University of Michigan to offer Parenting University – a 3-session skill building series for parents, early childhood providers and teachers to gain practical skills promoting positive behavior skills and strengthen family bonds developing skills that are linked to success in school and in life.

New Mom Bag

Collaborated with local agencies to reach new moms through distribution of a New Mom Bag through a local pediatrician, Early On and WIC.   Items include a Halo Sleep Sack, 'Sleep Safe & Snug' book, Early On Developmental Wheel and various other items.

Free Little Library

Collaborated with Hartland Cromaine Library, Howell High School – Family Career & Community Leaders of America and Livingston Educational Service Agency to offer a Free Little Library to encourage the importance of reading and increase the accessibility of books to young children in our community.

Strengthening Families

Designed a Strengthening Families website for Livingston County to aid parents and families in finding local community resources, positive supports and coping strategies. Strengthening Families is an evidence-based framework.

Community Baby Shower

Partnered with United Healthcare and Child Abuse Prevention Council (CAP) to host a Livingston County Community Baby Shower with information on community resources and supports, health information, fun activities, prizes, refreshments and giveaways.

Preschool Scholarships

Partnered with Livingston Promise to provide 28 preschool scholarships to at-risk 3-year-old children in Livingston County who otherwise may not have had an opportunity to attend a quality preschool.

Annual Kindergarten Summit

Since 2011, an annual summit has been held to connect early childhood and K-12 providers together to provide education and collaboration about school readiness.

Livingston Parent Resources Website

Developed a family-friendly website for new parents with local resources, supports and activities.

Preschool to Kindergarten Transition Form

Connected early childhood providers and parents with kindergarten teachers and elementary principals to help with the placement and transition of young children into kindergarten.

Preschool teachers and parents provided input regarding child's strengths, challenges, concerns and successful strategies which were shared with kindergarten teachers and principals to assist with placement and the individual child's transition.

Summer Outings with Early On

Parent Coalition partnered with Early On for community outings during the summer for fun and socialization.

Backpacks for Kids/Connect for Kids

Worked together with community partners and members to distribute backpacks and school supplies at no-cost to Livingston County students whose families may be experiencing financial difficulties. Local partners and agencies distributed other resources and giveaways during the Connect for Kids while families waited their turn to choose a backpack.

United Way Grant Collaboration

Collaborated with Great Start Livingston partners to apply for and manage United Way Collective Impact Grant – Every Child Ready.

Community Needs and Strengths Assessment

An Early Childhood System Assessment was conducted to determine the needs and strengths of the current system. Goals of the assessment were to:

1. **Describe the problem** and to clarify to what extent children in the county are experiencing Michigan's early childhood outcomes. Understanding which children are not experiencing these outcomes is critical to develop an intentional response to the system conditions that are not aligned.
2. **Identify local system conditions** that are aligned and unaligned with promoting early childhood outcomes. Understanding how the system is impacting early childhood outcomes leads to a system based response.
3. The assessment conveys to the reader the **"thinking behind the plan"** and outlines the connections between system conditions, root causes and the response.

Great Start Livingston utilized both quantitative data about the community (e.g., number of available childcare slots, rates of child abuse and neglect, etc.) and qualitative data collected through a system scan process. Quantitative data was compared to Michigan and peer counties. Midland, Clinton and Ottawa counties were selected as peer counties based on similar economic indicators and demographics. Surveys and conversations provided feedback and input from four key perspectives:

1. Families;
2. Direct service providers;
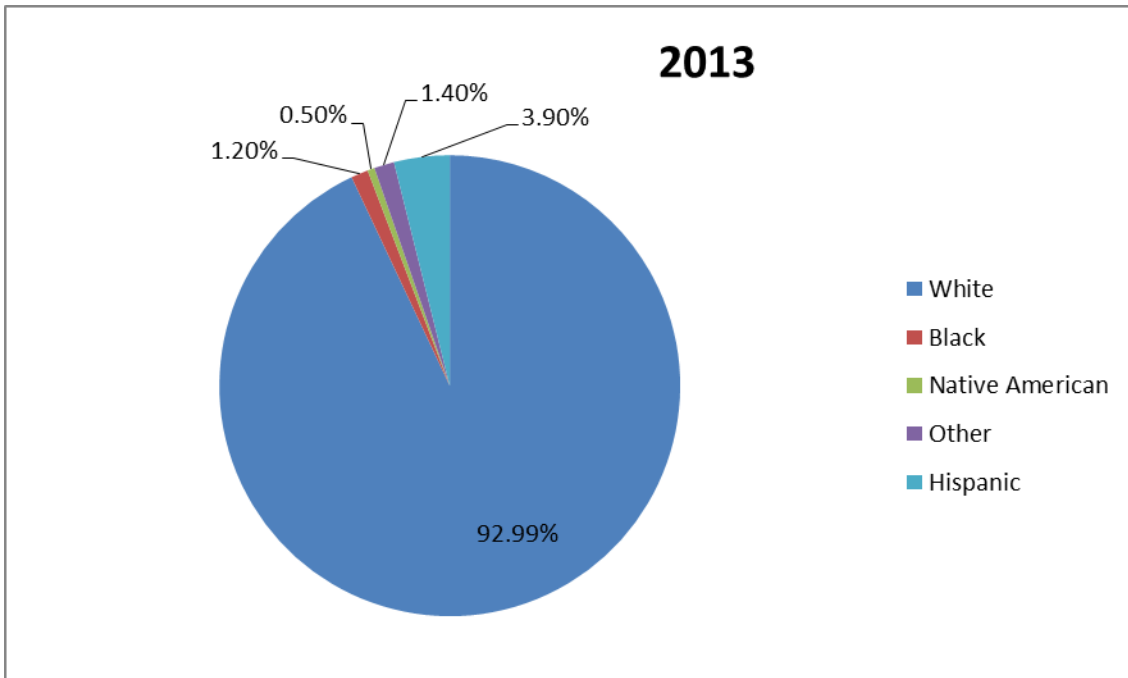3. Community Members; and
4. Decision makers.

Demographically, Livingston County has seen a decrease in the number of young children.

Livingston County- Children
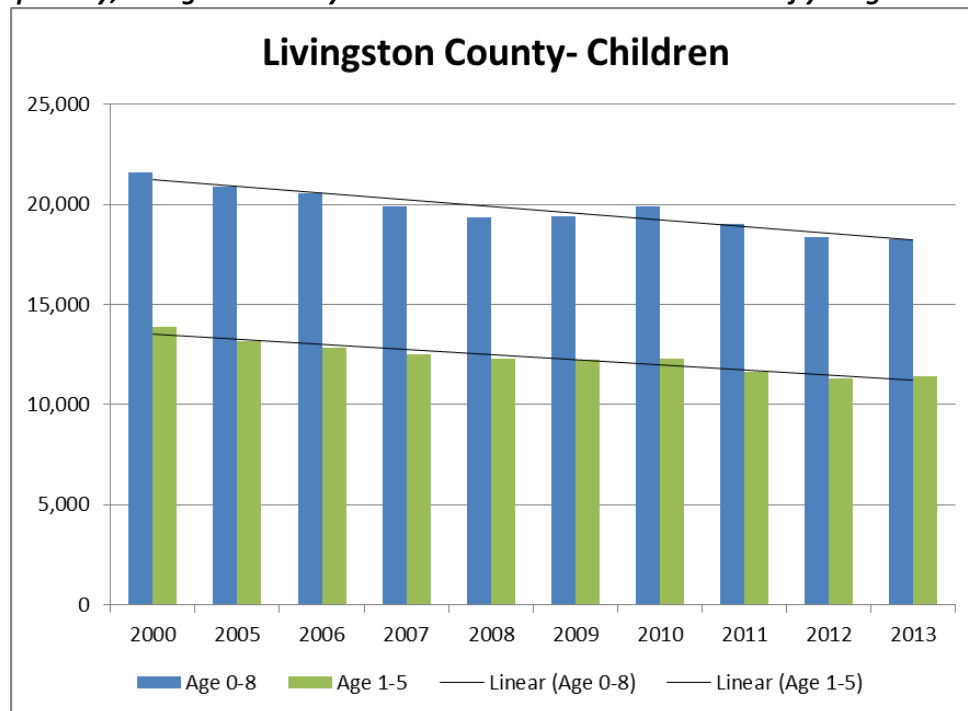
In 2013,   Age 0-8 = 18,246   Age 1-5= 11,435

There was minimal change in racial composition with slight increases in Hispanic and African American children.

2000

1.00%
0.50%
0.40%
1.70%

96.40%

- White
- Black
- Native American
- Other
- Hispanic

2013

1.40%
0.50%
1.20%
3.90%

92.99%

- White
- Black
- Native American
- Other
- Hispanic
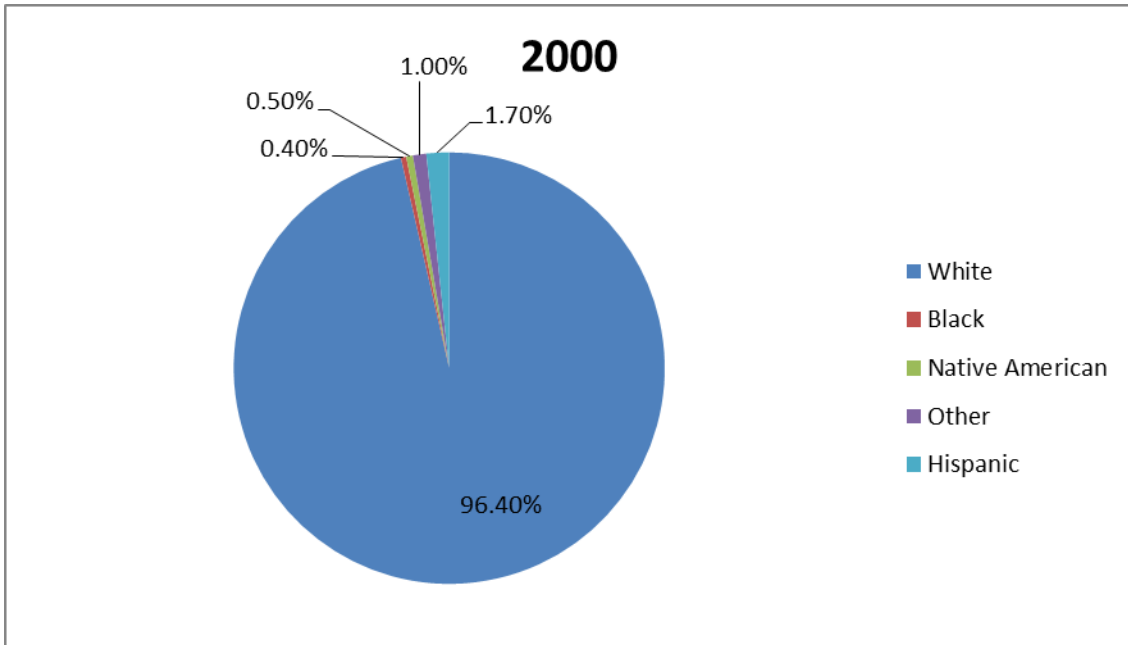
A GREAT START Matters in Livingston County!

→ **It matters to <u>families</u>!** Being a parent has never been easy. However, the increasing social challenges in today's world, economic conditions and higher school expectations have left many families struggling. Families are and will always be a child's first teacher and paramount to a child's success.

→ **It matters to <u>educators and service providers</u>!** When children have a great start they are more likely to enter school ready to learn, reach education milestones along the way and are less dependent on social programs.

→ **It matters to our local <u>community and businesses</u>!** Children who have a great start are more likely to graduate from high school, go on to higher education, be gainfully employed and own their own homes.

How are children currently doing?

Livingston County has some of the best economic indicators in Michigan, however many children are faced with difficult economic situations!

→ Poverty rates for young children indicated that families with young children are not experiencing the recent improvements in income and unemployment.

→ Almost 10% of children age 0-5 live in poverty.

→ More than 25% of children under age 6 are low income (below 200% poverty). →
The Hispanic poverty rate is two times higher than the rate for non-Hispanic white children.

→ 20% of children under 18 live in single parent families which increases the likelihood of living in poverty.

What makes it difficult to achieve Michigan's early childhood outcomes?

Outcome 1: Children are born healthy.

→ Among births in 2013, 24% of women did not get adequate prenatal care.

→ Of women who gave birth, 22% reported smoking during pregnancy in 2013.

→ Preterm births have increased and are higher than peer counties, but lower than Michigan.

→ Infant mortality is on a downward trend since 2011; an annual rate of 5 per 1000 births.

→ Teen births are lower than peers and the state.

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

→ Livingston County ranks # 1 in the state for Social and Economic Indicators.

→ Almost 70% of women initiate breastfeeding.

→ Provider access for primary care, dental and mental health is slightly worse than the state and one peer county.

→ Of adults surveyed in Livingston County, 16% indicated that they did not have adequate social support.

→ The excessive drinking rates is 23% which is higher than the state (18%) and peers.

Investments that support a child's healthy development pay substantial dividends in the future: More than $8 return for every $1 spent[1].

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

→ There was an increase in center based care, those accepting infants and full day continuous care. Licensed home and group home child care settings decreased from 74 to 63 from 2011 to 2015.
→ Preschool enrollment was almost 80%; higher than Michigan and peers.
→ The rate of mothers with a diploma or GED was almost 96% which is higher than Michigan and peer counties.
→ Kindergarten data also showed that 74% of children ranked proficient overall (score 80% or higher).

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

→ Five out of six school districts in Livingston County had 4th grade reading and math proficiency rates higher than the state average.
→ Proficiency rates for 4th grade students were 80% for reading and 60% for math in 2013.
→ Kindergarten data indicates proficiency has increased from 2013-2015.

You can help! Get Involved!

Families can…
⭐ Read to your child often.
⭐ Obtain a screening for your child.
⭐ Tell your pediatrician about any learning or social concerns you have about your child.
⭐ Learn about what your child needs to know for kindergarten.

Educators and providers can…
⭐ Communicate with families.
⭐ Participate in professional development.
⭐ Work with other educators to ensure the transition to kindergarten is successful.
⭐ Learn about community services and make referrals.

Community and businesses can…
⭐ Adopt family friendly policies for employees.
⭐ Work with schools and colleges to help bridge the school to work gap.
⭐ Contribute to early learning efforts.
⭐ Consider how you can help your employees meet childcare needs and increase your staff attendance.
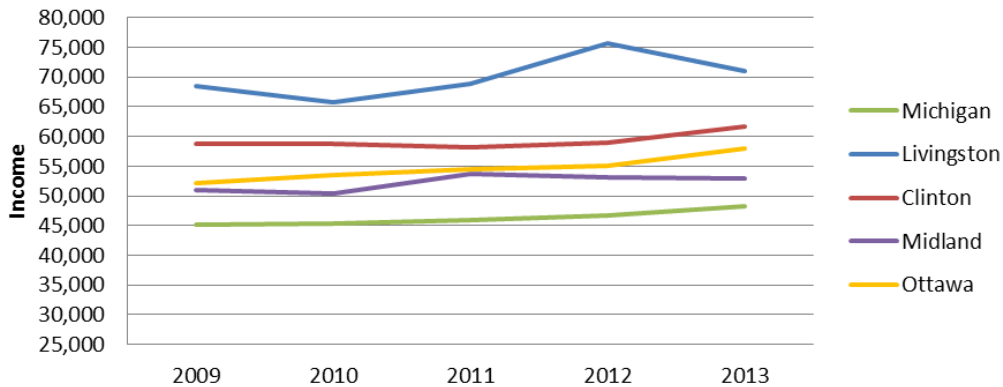
For more information contact

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Economic Indicators

Median Income

Income / 80,000 / 75,000 / 70,000 / 65,000 / 60,000 / 55,000 / 50,000 / 45,000 / 40,000 / 35,000 / 30,000 / 25,000
2009 2010 2011 2012 2013
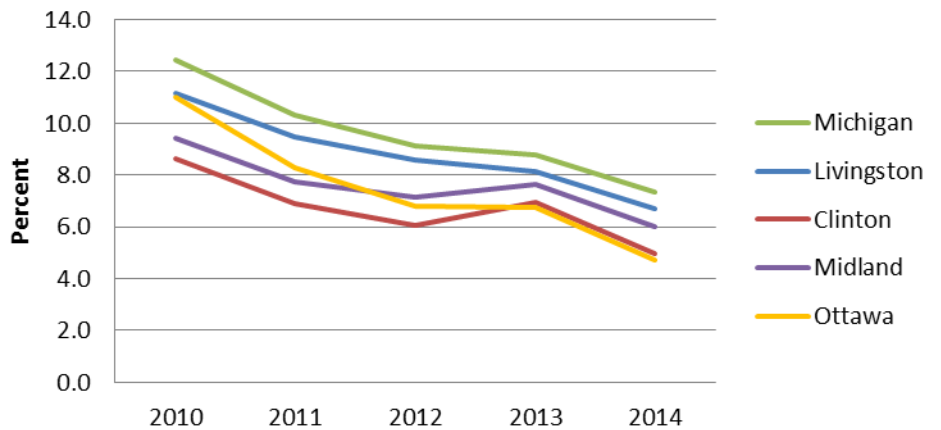
— Michigan
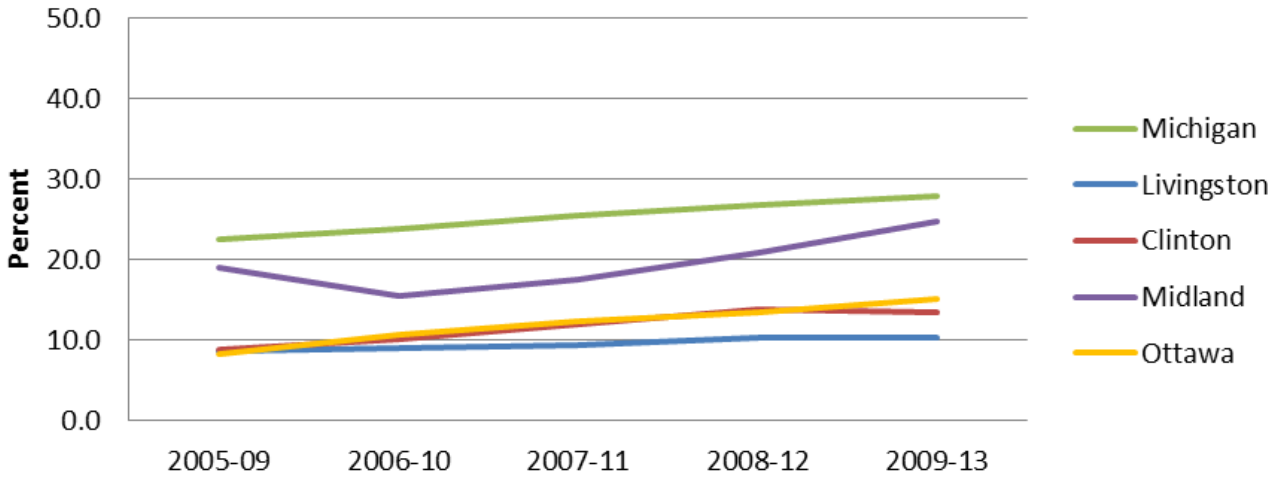— Livingston
— Clinton
— Midland
— Ottawa

Economic factors have a major influence on a child's well-being and school readiness.

An increase in median income and decrease in unemployment are positive signs for the overall economy.
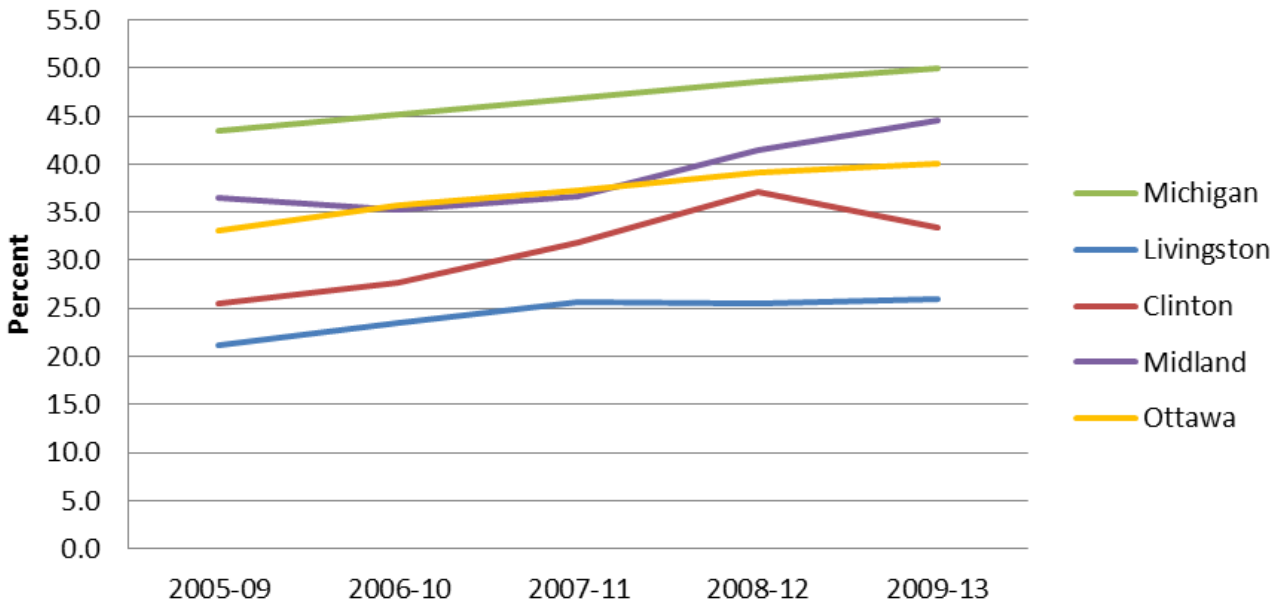
% Unemployment

Percent / 14.0 / 12.0 / 10.0 / 8.0 / 6.0 / 4.0 / 2.0 / 0.0
2010 2011 2012 2013 2014

— Michigan
— Livingston
— Clinton
— Midland
— Ottawa

Poverty Rate, % of Children age 0-5

Legend: Michigan, Livingston, Clinton, Midland, Ottawa

X-axis: 2005-09, 2006-10, 2007-11, 2008-12, 2009-13

Y-axis (Percent): 0.0, 10.0, 20.0, 30.0, 40.0, 50.0

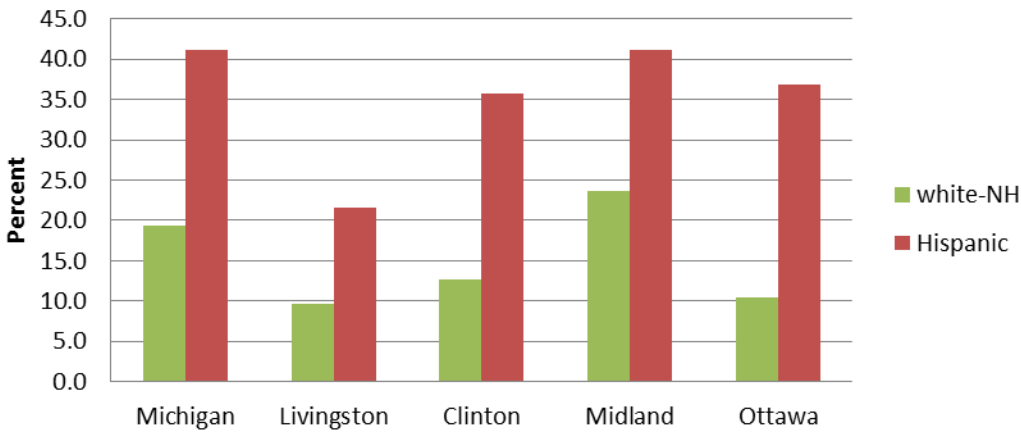> *Poverty rates for young children indicate that families with young children are not experiencing the recent improvements in income and unemployment.*

% Children under age 6, below 200% Poverty

Legend: Michigan, Livingston, Clinton, Midland, Ottawa

X-axis: 2005-09, 2006-10, 2007-11, 2008-12, 2009-13

Y-axis (Percent): 0.0, 5.0, 10.0, 15.0, 20.0, 25.0, 30.0, 35.0, 40.0, 45.0, 50.0, 55.0
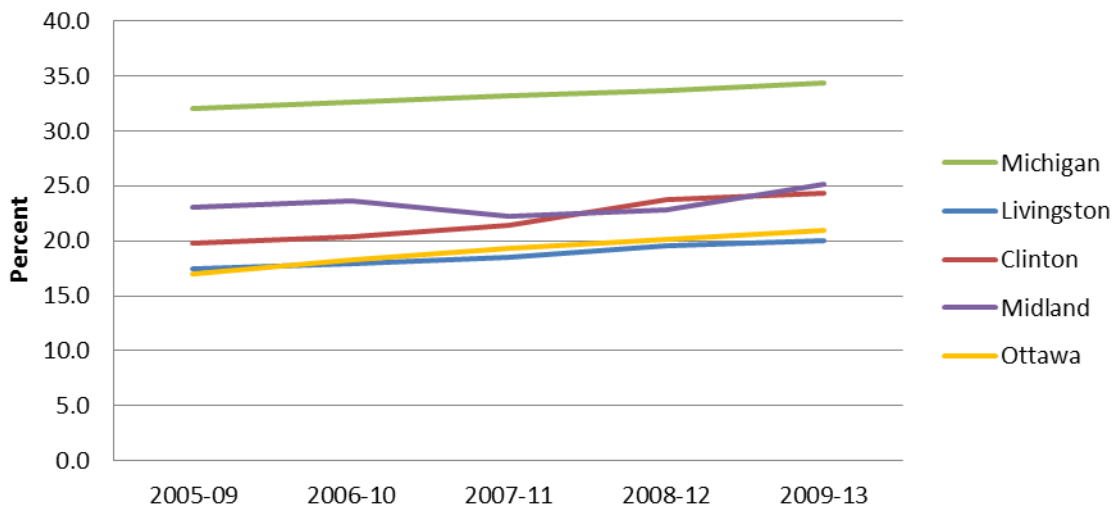
Poverty Rate, % of Children by ethnicity

> *Poverty rates for children are significantly different for children that have a Hispanic ethnicity.*

The rate of children under 18 in single parent families in Livingston County increased from 2005 to 2013. Rates are lower than the state and peer counties.

Percent of Children Under 18 in Single Parent Families

> *Supports for families in difficult economic times is critical. In Livingston County utilization of supports have remained relatively constant from 2010-2014, despite increasing poverty.*

WIC Utilization, age 0-4

% of Children 0-5 Receiving Food Assistance
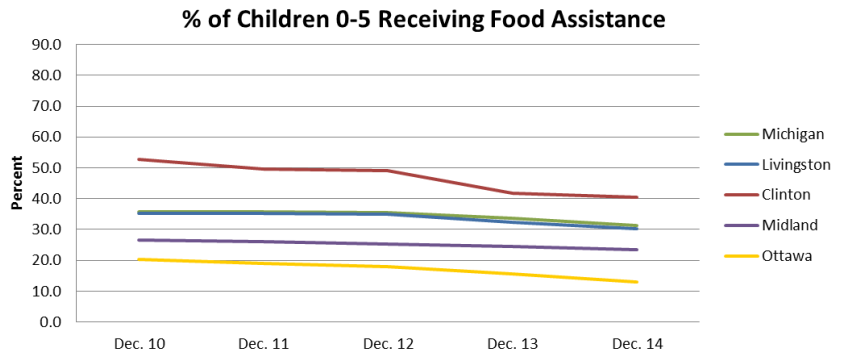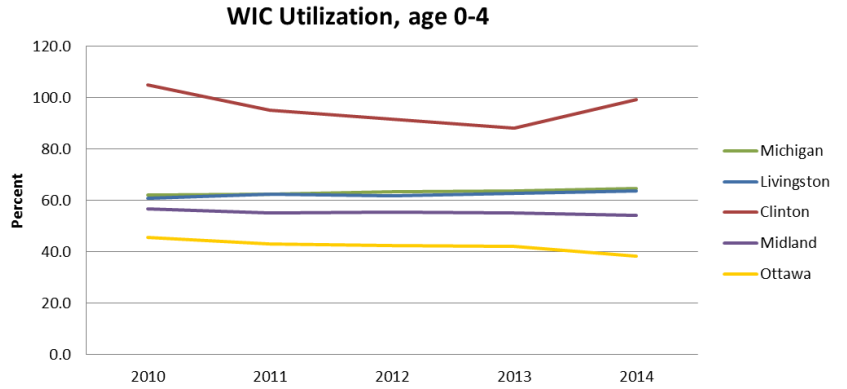
Neglect, child abuse and foster care placement have been linked to family economic conditions. Foster care placement trends in Livingston County closely follow an increase in substantiated child abuse and neglect cases.

Rate per 1000 of children ages 0-5 in Foster Care

Outcome 1: Children are Born Healthy

% of Births With Less Than Adequate Prenatal Care
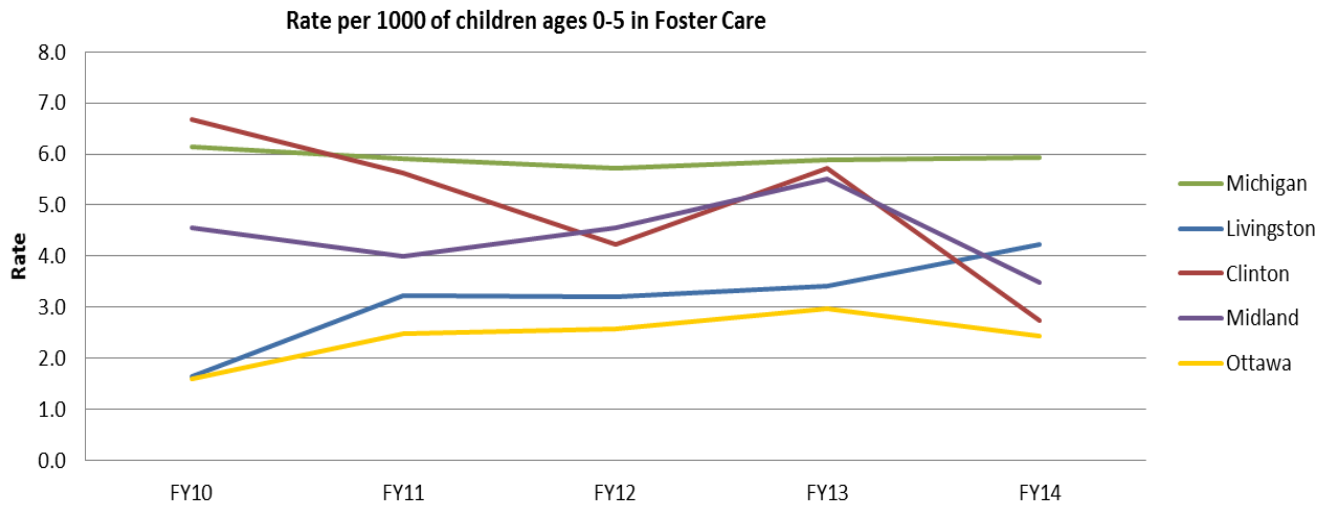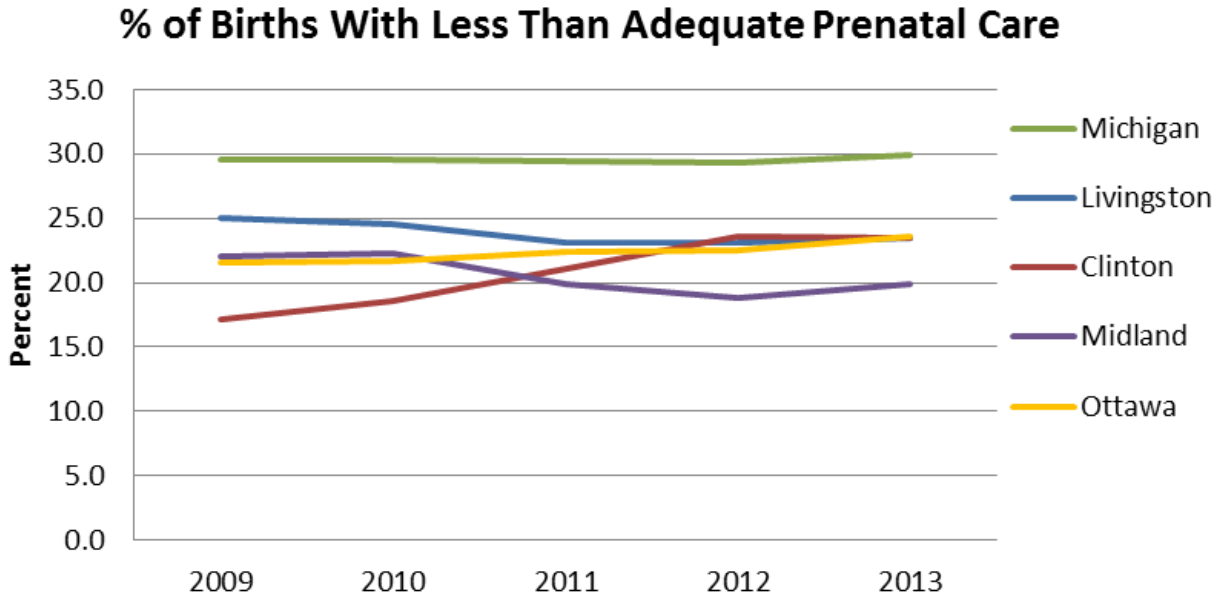
> *Healthcare during pregnancy and the health of the mother during pregnancy are significant factors to ensure that a child is born healthy.*

% Live Births to Women Who Smoked During Pregnancy
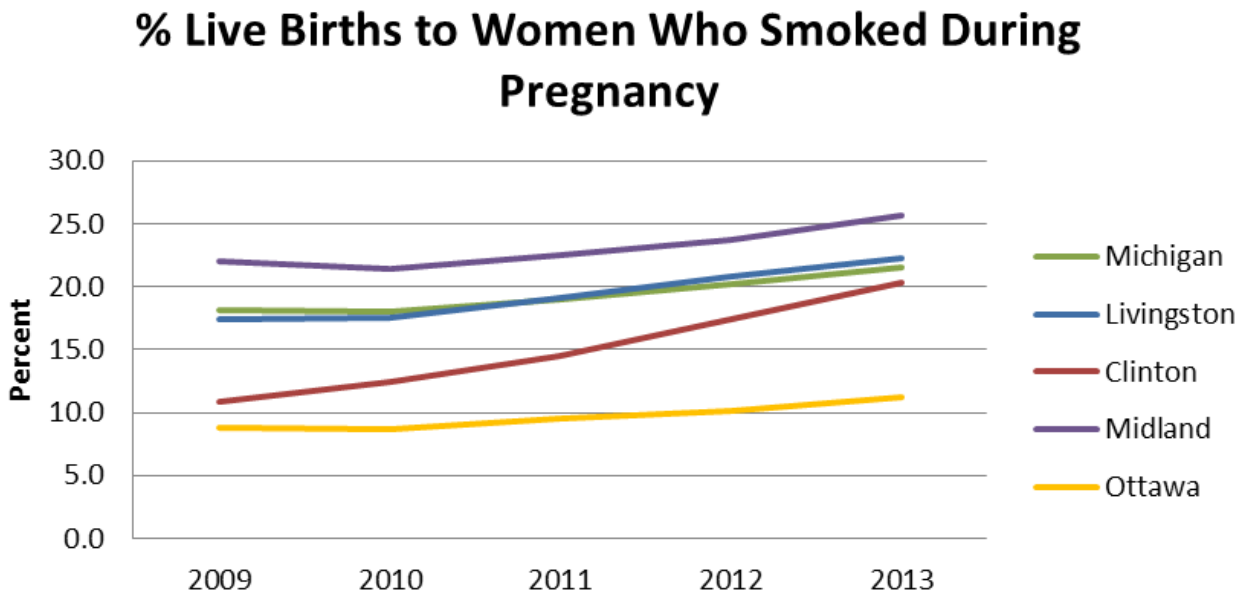
Prenatal/Infant Risk Factors

Legend:
- Inadequate Prenatal
- Smoking During Prenancy
- Low Birthweight

Preterm Births

Legend:
- Michigan
- Livingston
- Clinton
- Midland
- Ottawa
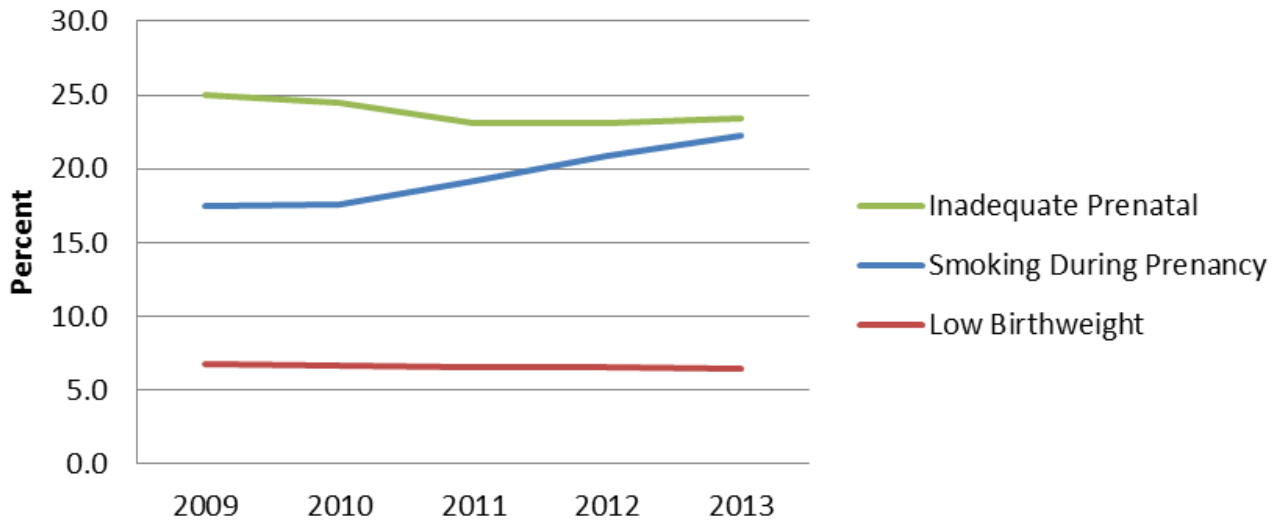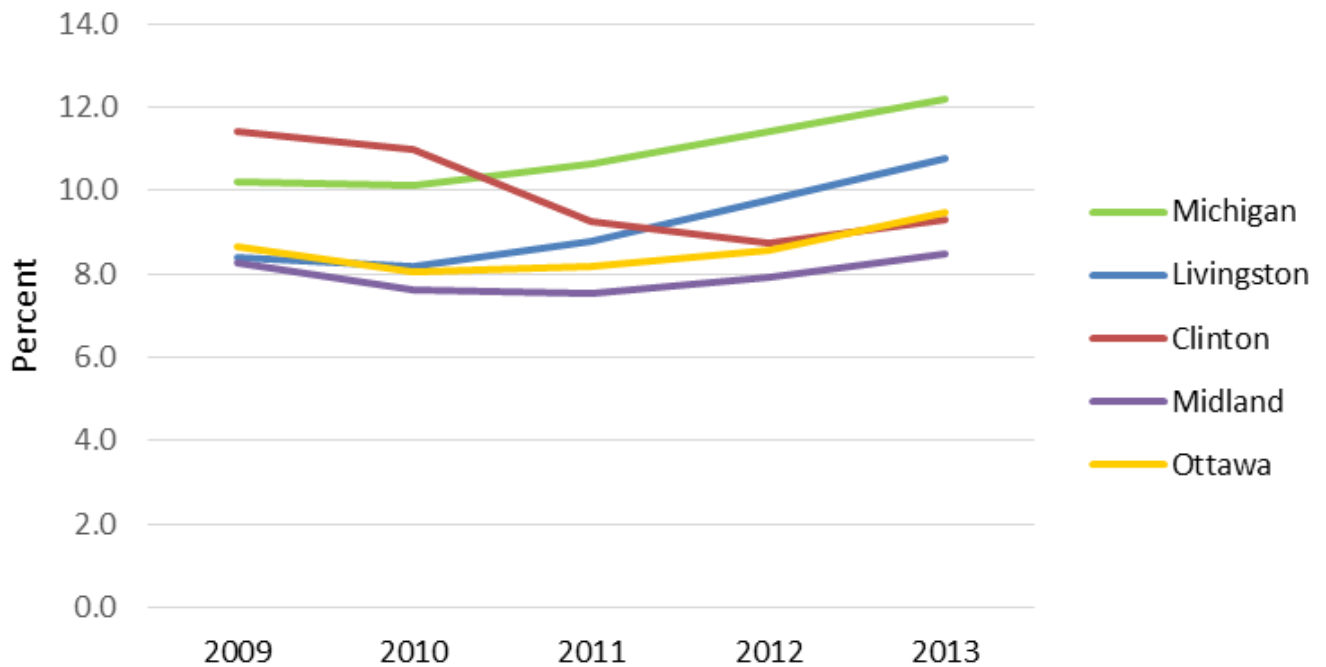
Outcome 2: Children are healthy, thriving and developmentally on track birth to 3rd grade.

Many factors influence a family and their ability to meet all the needs of their children. Early care can directly influence development and health of infants. The age of the parent can impact the health of the child. Teen parents can face additional stress and challenges in providing for the needs of their children.

Infant Mortality
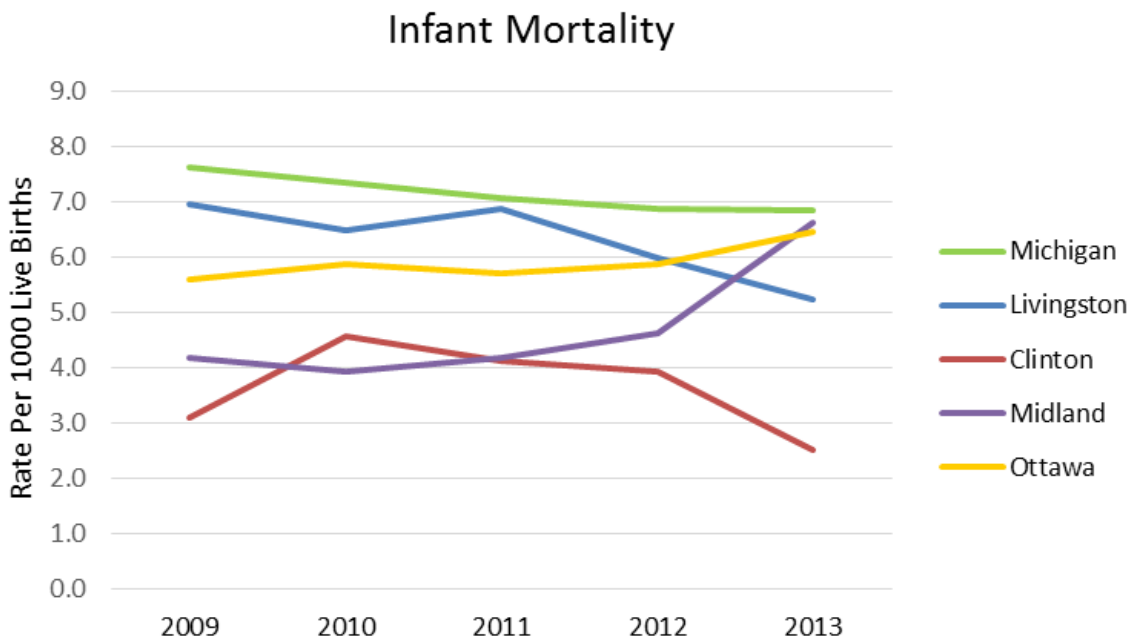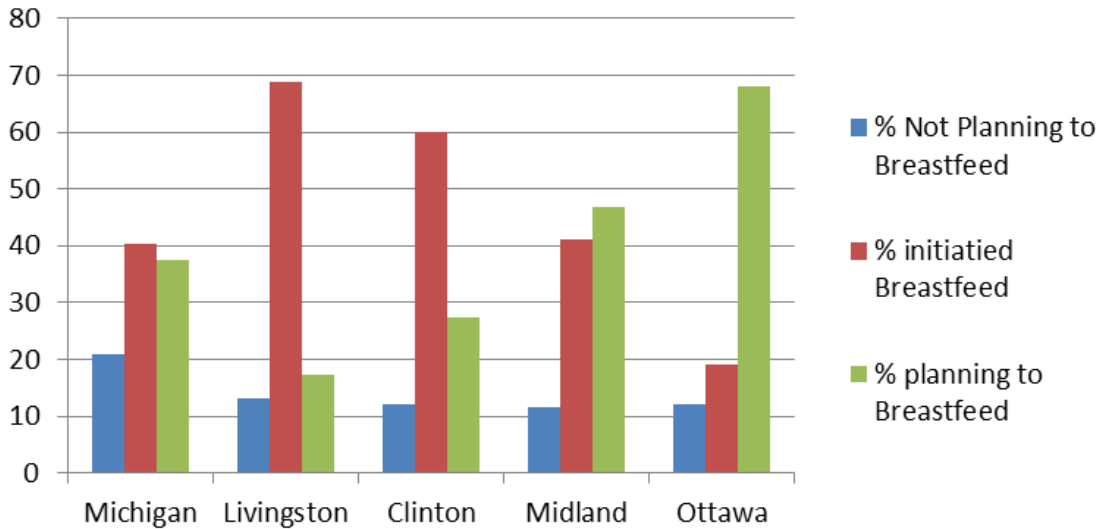
Early indicators for health of infants have been improving for Livingston County. Repeat teen births have shown some increase from 2011 to 2013 to 10.5%.
This rate is still lower than the state and peers.

Mother younger than age 20

Repeat Teen Births
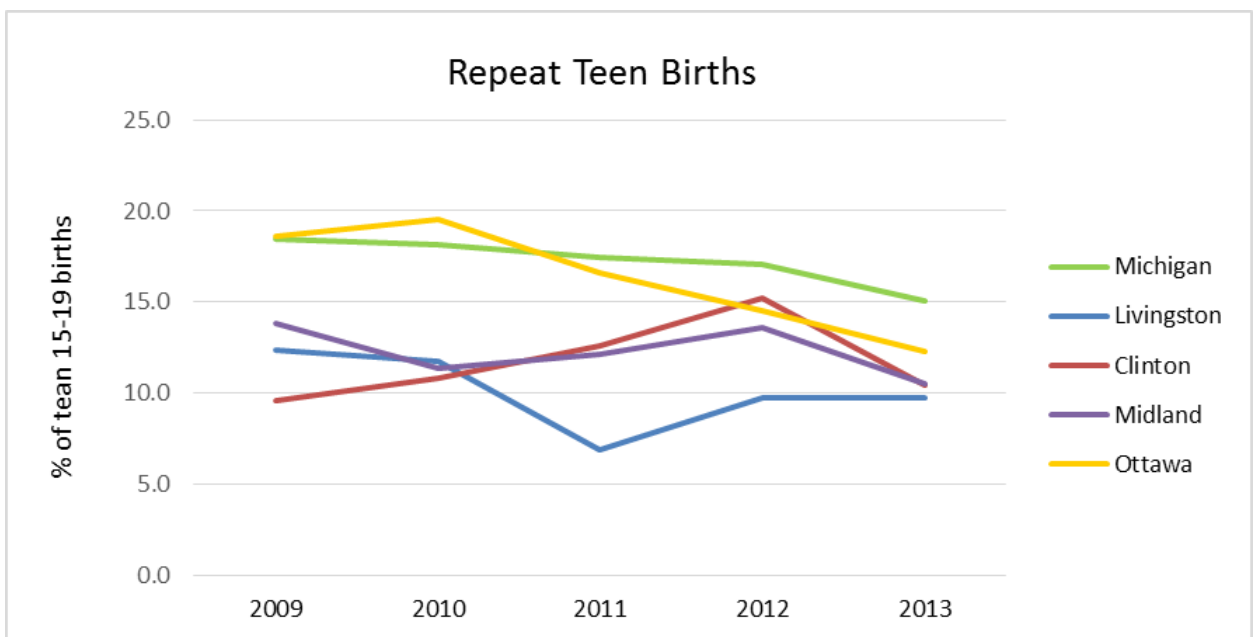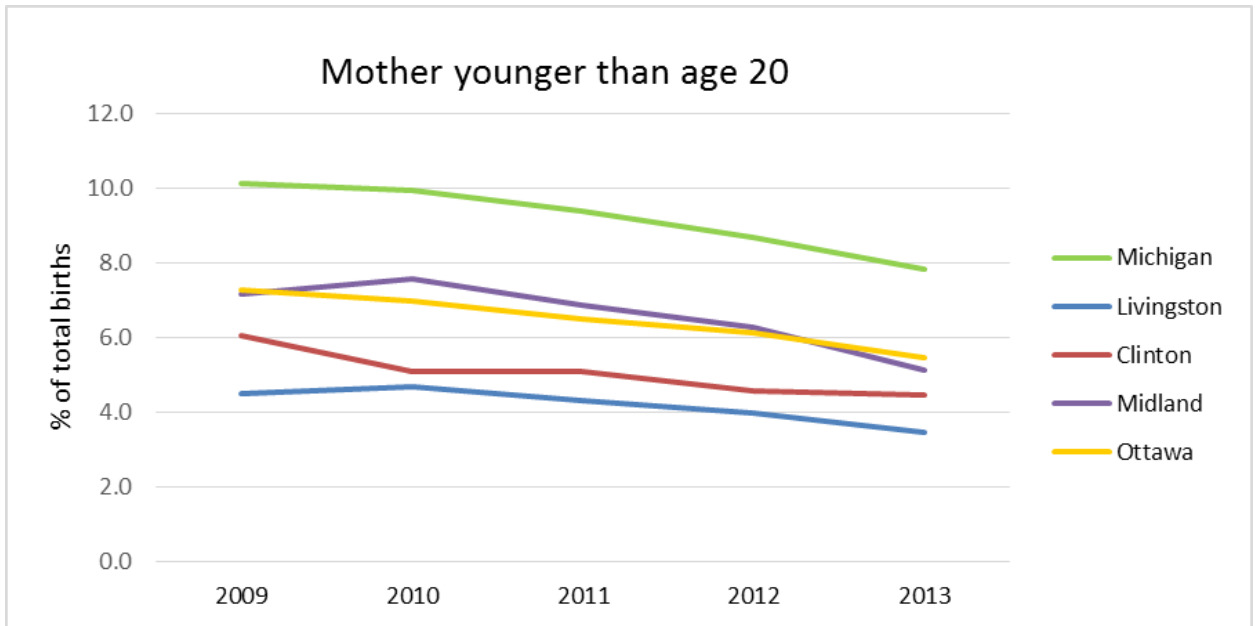
Provider ratios can point to potential access to care issues. A higher rate indicates that there are more people per provider. This can lead to waiting lists, limited providers accepting Medicaid or private pay patients and transportation barriers if accessible providers are not located in outlying areas. Livingston County has provider ratios slightly higher than Michigan and two peers.

Provider Ratio (lower indicates greater access)

Legend: Primary Care, Dental, Mental Health

Categories: Michigan, Livingston, Clinton, Midland, Ottawa
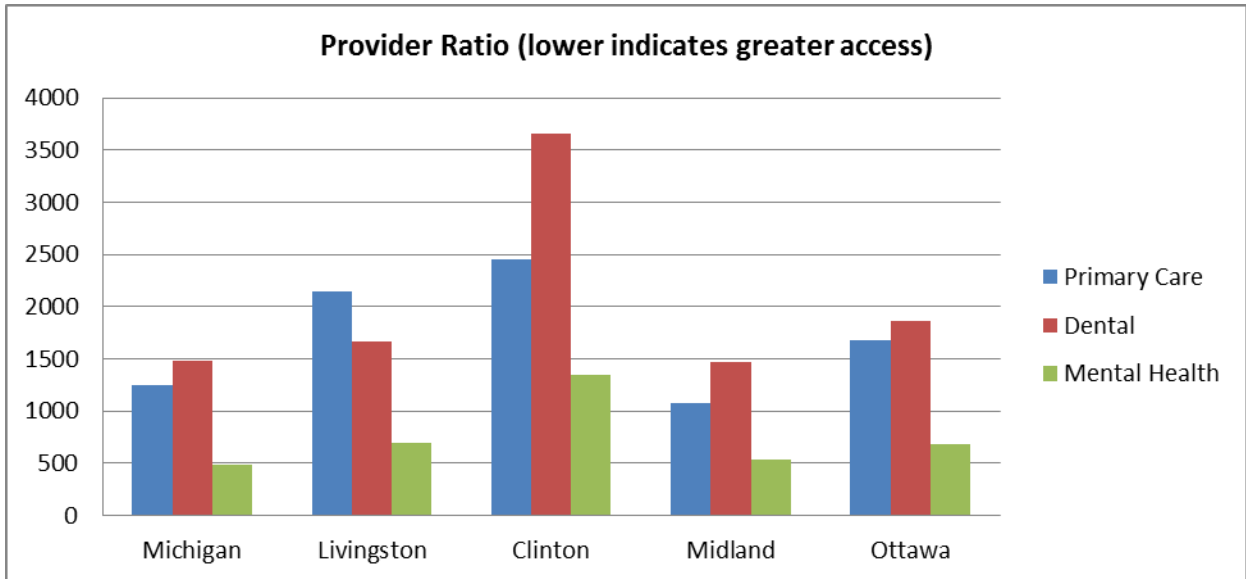
Children who experience child abuse or neglect have greater physical and social emotional health needs.

Rate per 1,000 Children Ages 0-5 Who Are Substantiated Victims of Abuse or Neglect.

Legend: Michigan, Livingston, Clinton, Midland, Ottawa

X-axis: FY10, FY11, FY12, FY13, FY14

County Health Ranking- Social & Economic Indicators
(# 1 is best ranking-82 Michigan counties were ranked)

Legend: ■ Livingston ■ Clinton ■ Midland ■ Ottawa

- Livingston: 3
- Clinton: 1
- Midland: 6
- Ottawa: 2
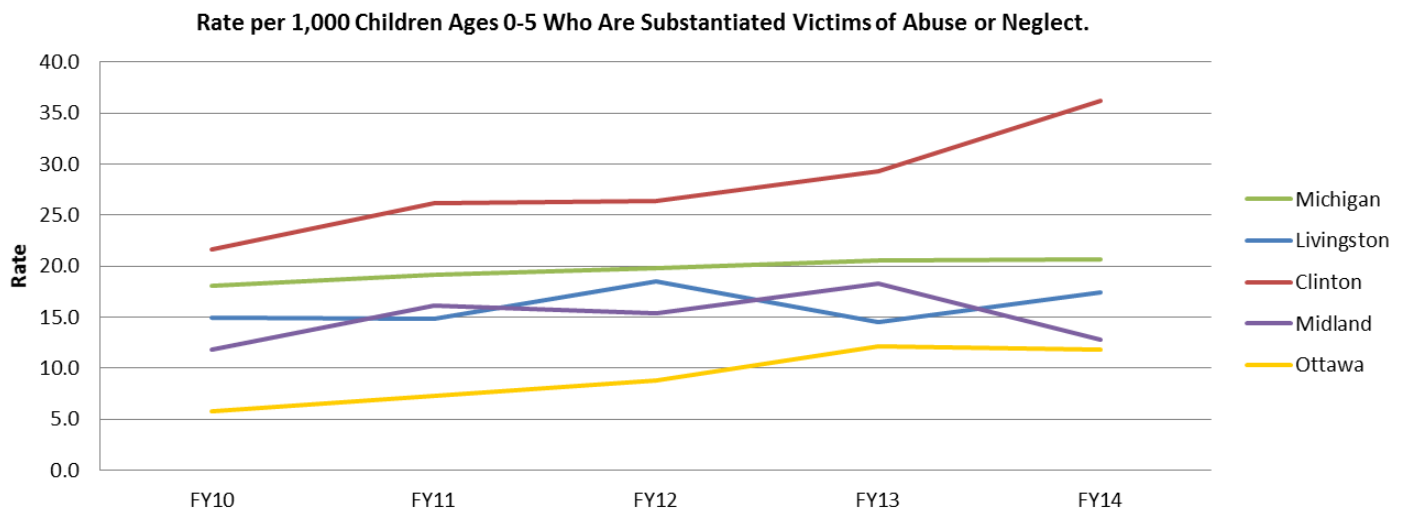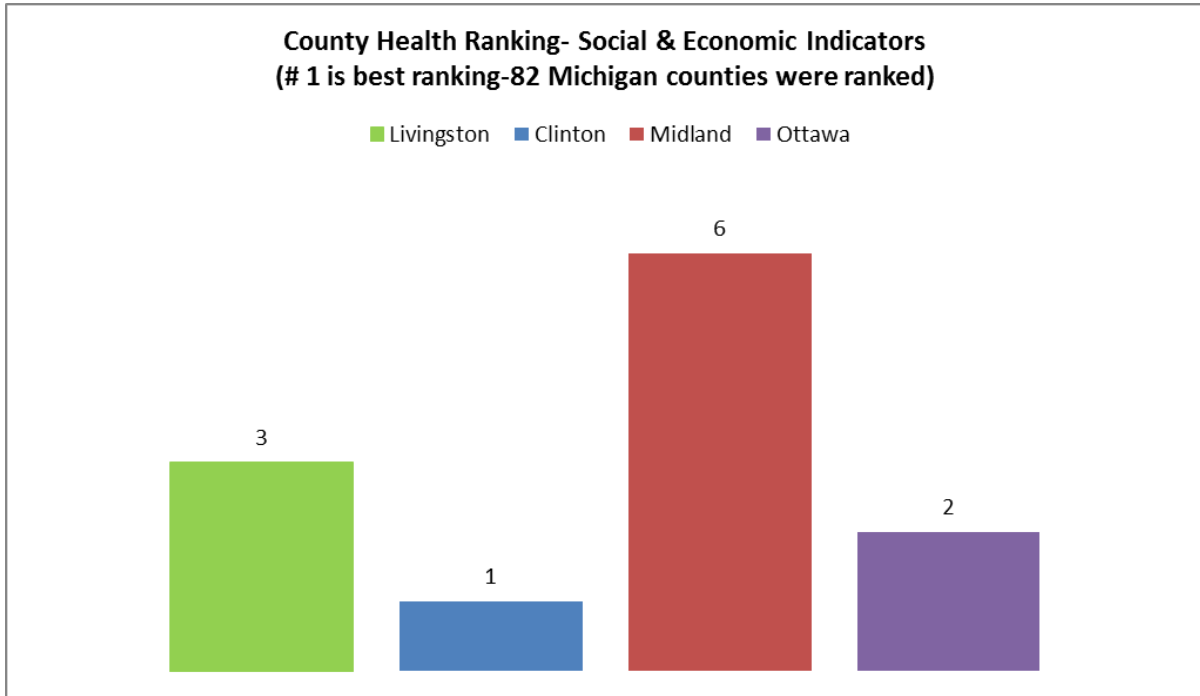
Social Emotional Health Indicators may also point to possible needs in the system

Social Emotional Indicators

Legend: ■ Michigan ■ Livingston ■ Clinton ■ Midland ■ Ottawa

% with Inadequate Social Support
- Michigan: 20
- Livingston: 16
- Clinton: 16
- Midland: 15
- Ottawa: 14

% Excessive Drinking
- Michigan: 18.0
- Livingston: 23.0
- Clinton: 17.0
- Midland: 15.0
- Ottawa: 19.0
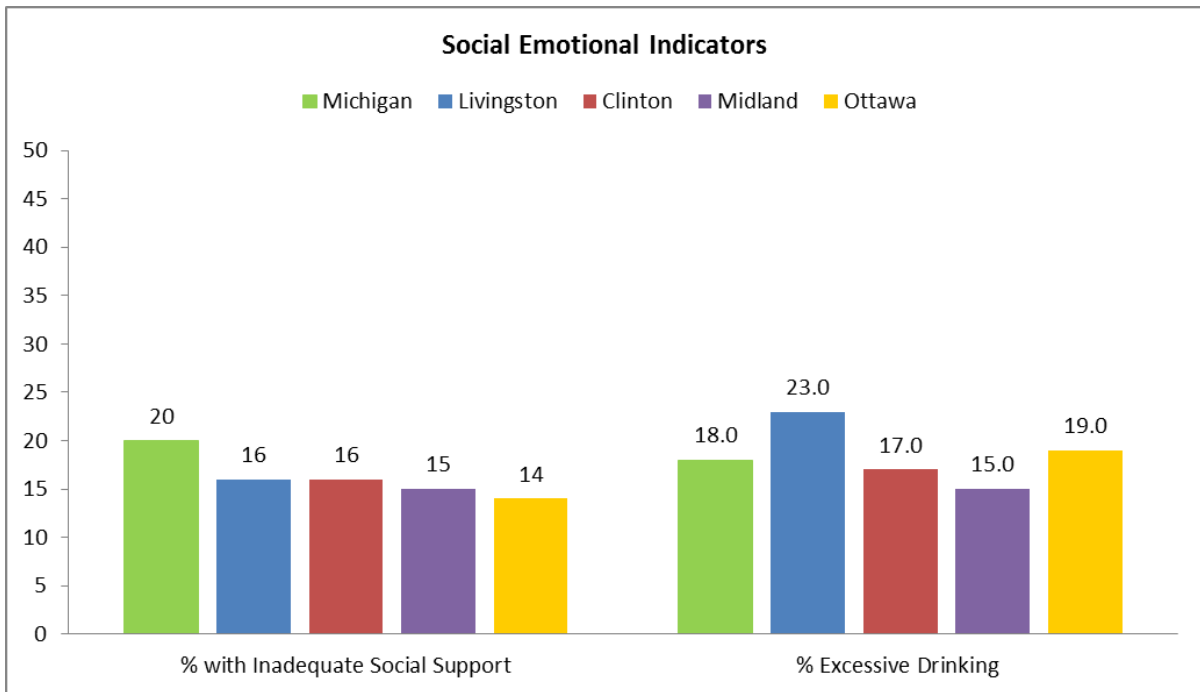
Outcome 3: Children are developmentally ready to succeed at time of school entry.

Number of Licensed Childcare by Type

- Total # Child Care Centers
- # Child Care Centers Accepting Infants
- # of Centers Offering Full Day Continuous Care
- Total # of Group Homes (Max 12 children)
- Total # of Family Homes (Max 6 children)
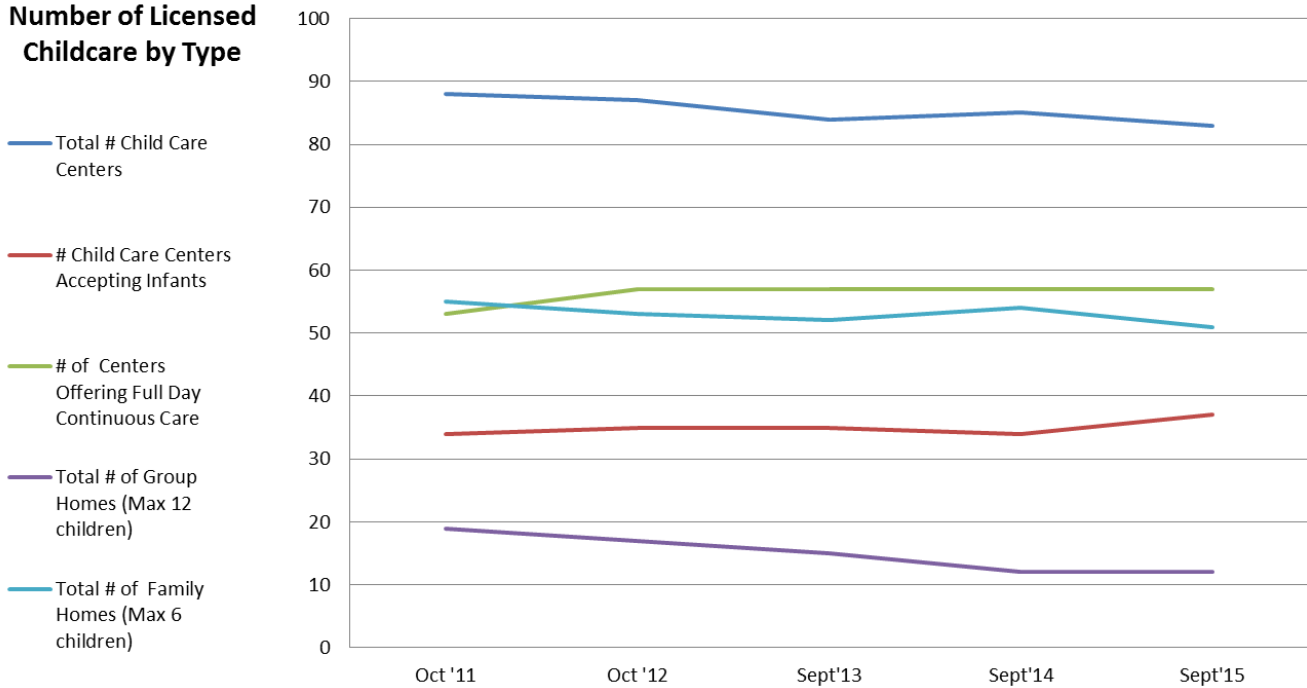
Although there was an increase in center based care, those accepting infants and young children has decreased. 69% of Children in Livingston County < Age 6 have Both Parents in Labor Force.

	Oct '11	Oct '12	Sept'13	Sept'14	Sept'15
Percent of Children < Age 6 With All Parents in the Labor Force.	61.4	63.8	65.7	68.4	69.2
Estimated # of children with both parents in labor force	7,800	8,241	8,173	8,181	8,009
Total # Child Care Centers	88	87	84	85	83
# Child Care Centers Accepting Infants	34	35	35	34	37
# of Centers Offering Full Day Continuous Care	53	57	57	57	57
Total # of Group Homes (Max 12 children)	19	17	15	12	12
Total # of Family Homes (Max 6 children)	55	53	52	54	51

Quality of childcare is also important to preparing children for school. Of the 142 childcare and preschool settings, 22% participate in the five star rating system. Of those participating, 8% are four star rated, 12% are three star rated and 2% are 2 star rated.

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

Mother without High School or GED
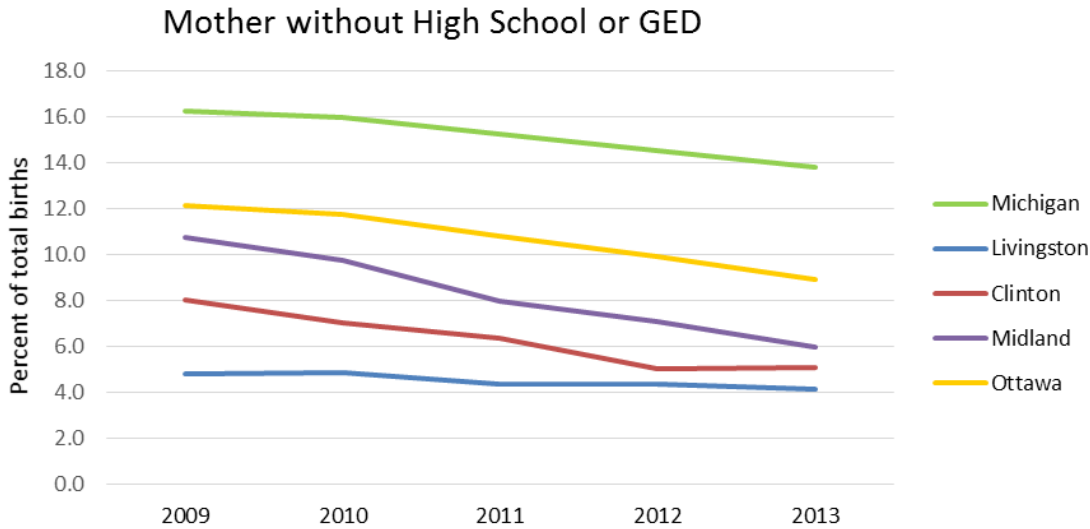
Preparing a child for school requires a partnership between families, schools, childcare providers, support services and the community.

PreSchool Data

Estimated Preschool Enrollement Rate- US Census (2012)

Percent of all four-year-olds served in GSRP (2014-2015)

Michigan   Livingston   Clinton   Midland   Ottawa
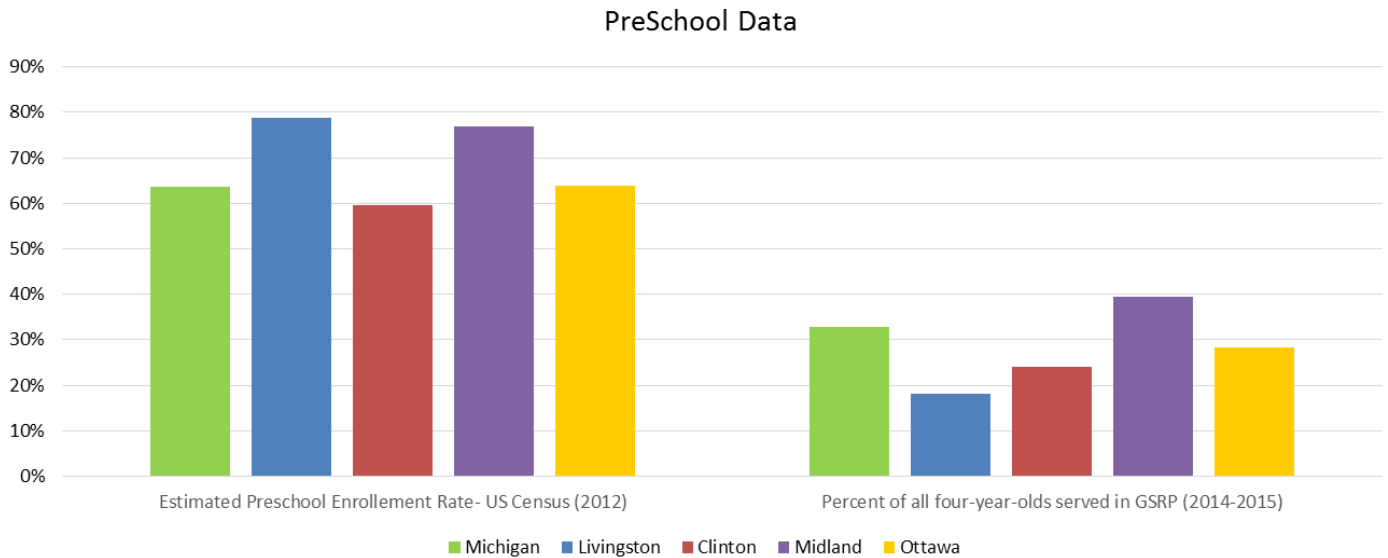
Kindergarten Observation Data is also indicating that proficiency has increased from 2013-2015.

2013

▶ 9.88% of children rank proficient in all 15 areas

▶ 35% of children rank proficient in at least 12 areas (proficient in 80% or more of the areas)

▶ 64% of children rank proficient overall (score 80% or higher in overall score)

2014

▶ 16.5% of children rank proficient in all 15 areas

▶ 42.6% of children rank proficient in at least 12 areas (proficient in 80% or more of the areas)

▶ 72.5% of children rank proficient overall (score 80% or higher in overall score)

2015

▶ 18.6% of children rank proficient in all 15 areas

▶ 46% of children rank proficient in at least 12 areas (proficient in 80% or more of the areas)

▶ **74.7**% of children rank proficient overall (score 80% or higher in overall score)

4th Grade Reading Proficiency

4th Grade Math Proficiency
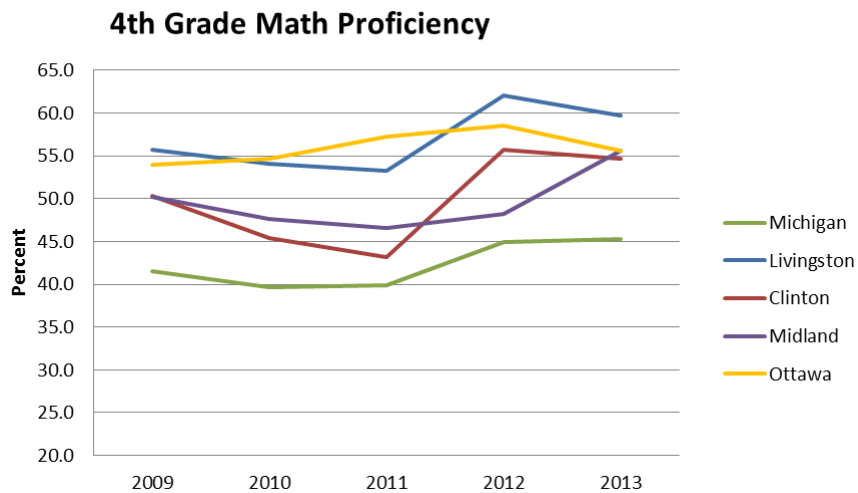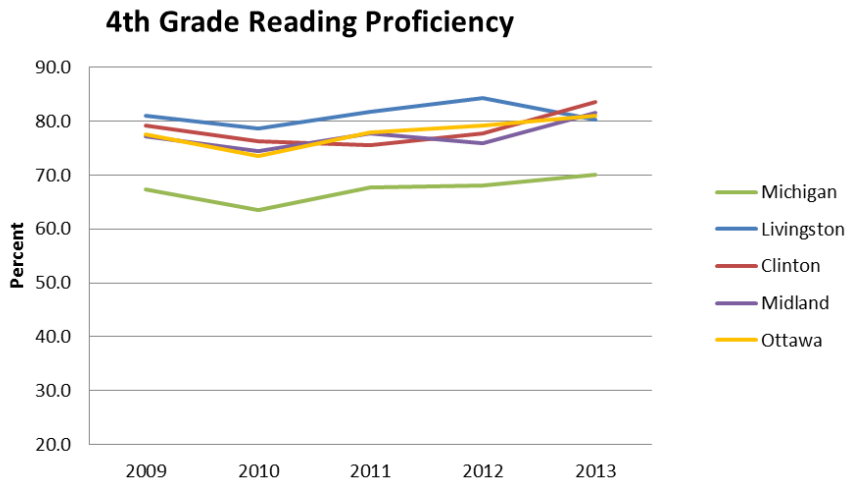
Five out of six school districts in Livingston County had proficiency rates higher than the state average.

Strengths

★ **Economic indicators** overall are positive:
  ○ Unemployment has improved and is better than Michigan, but worse that peers.
  ○ Median income has increased from 2009 to 2013 with some variance during the years in between.
  ○ Median income is higher than Michigan and peers.
  ○ Single parent family rates are lower than Michigan and peers.
★ **Utilization of services** is not a positive or negative indicator by itself. While poverty has increased, the utilization of school lunches has not increased. This may indicate a need to outreach to families who are eligible.
★ **Prenatal care** improved from 2009 to 2011 and has remained constant. The rate is better than Michigan and about the same as peers.
★ **Breastfeeding** planned or initiated is better than the state.
★ **Obesity** indicators are mostly positive.
★ **Childhood** insurance rates have remained constant and are about the same as peers, but better than Michigan.
★ **Infant mortality** numbers are low and the rate has a slight downward trend that is better than the state and peers.
★ **Lead testing** rates improved in 2012 and 2013 but decreased significantly in 2014. In 2014, the rates were better than Michigan and two peers. The number with high lead levels is small.
★ **Violent crime rate** was lower than the state and peers.
★ **Social support** is better than Michigan.
★ **Teen birth** statistics are positive indicators:
  ○ Births to **mothers without a HS Diploma** have decreased slightly and is better than Michigan and peers.
  ○ Births to mothers less than age 20 have decreased slightly and is lower than Michigan and peers.
  ○ There has been a general decreasing trend in repeat births to teens with a low of 6.9 in 2011. The rate is lower than Michigan and peers
★ There has been a slight increase in childcare centers **accepting infants**.
★ The estimated **preschool enrollment** for Livingston County is around 79% and is higher than Michigan and peers.
★ Proficiency levels appear positive:
  ○ The 2013 **reading proficiency** rates are higher than the state and slightly lower than two peers.
  ○ The 2013 **math proficiency** rates are higher than the state and peers.
  ○ **Kindergarten observation** data shows increases in proficiency from 2013-2015.

Indicated Needs

→ **Poverty rates** have seen an increase for children:
  ○ Child poverty rates have increased, but are better than Michigan and peers.
  ○ Hispanic children have a poverty rate twice that of other children in Livingston County, although it is still lower than Michigan and peers for Hispanic poverty.
  ○ Single parent family rates have increased.
→ **Smoking during pregnancy** increased and is worse than the state and two peers.
→ **Pre-term births** have increased and are slightly worse than peers but better than Michigan.
→ **Breastfeeding** planned or initiated is slightly worse than peer counties.
→ **Obesity** indicators are high for low income residents.
→ **Primary care, mental health** and **dental** provider rates are worse than Michigan and two peers.

→ **Excessive drinking** rate was higher than Michigan and peers. This was also listed as a need on CDC profile.
→ **Alcohol impaired driving** deaths is higher than Michigan and peers.
→ **Drug poisoning death** rate was higher than two peers and Michigan.
→ **Social associations** per person can be an indicator of community connectedness. Livingston's rate is lower than Michigan and peers.
→ **Access to childcare** may be decreasing:
  o Percent of children with all parents in the labor force by itself is not negative or positive. The increase along with the decline in licensed care, however, may point to system concerns and access to quality care as an issue.
  o GSRP slots were 369 in School Year 2014-2015 which represents 18.2% of children age four. The rate of children under 200% poverty under age 6 is 26.1%.

Unclear Data

Some observations in the data are not clearly positive or negative:

- The rate of **low infant birth weight** has remained constant.
- **Utilization of services** is not a positive or negative indicator by itself.
  o There are significant differences in the rate of Medicaid insured children.
  o There have been changes in Early On **utilization** as well as Childcare Subsidies.
  o There has been a decrease in Medicaid births, FIP Assistance and food assistance. This data is neither positive nor negative by itself, but could impact the system of care or be an indicator of access to care.
  o WIC utilization remained constant and increased slightly at the end of this same time period.
- In general, an increase in **child abuse rates** suggests a negative trend. However, changes in the system may point to increased reporting rates, improved reporting and investigation process or increased awareness of abuse indicators, leading to higher substantiation rates. Livingston saw a variation in rates of the years.
- There was a significant increase in both number and rate for **foster care**. This data is not positive or negative by itself. It could indicate a higher incidence of abuse or an increase in caseworkers and access to foster care.
- **Emotional impairment** as a primary disability is low, but has increased. The rate is about the same as Michigan or peers. This data by itself is not positive or negative.

System Scan & Root Cause Analysis

In order to better understand the strengths and needs illustrated by the quantitative data, Great Start Livingston members conducted a system scan of the early childhood services and programs. Using a combination of meetings, surveys and focus groups, input was sought from multiple perspectives: families, direct service providers, community members and decision makers. Data collected through the system scan process was analyzed and compared to quantitative data. Data was organized into mega-headlines and headlines[1]. Through a group prioritization process, goals were developed from mega-headlines and headlines were identified for root cause analysis:

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[1] See Appendix for complete list of Mega Headlines and Headlines and prioritization results.

Goal A: Children and families have access to high quality early childhood services.

- There is no centralized source of information. (COMPONENT)
- Current system is time consuming to navigate (COMPONENT)
- Information is overwhelming (COMPONENT)
- Some eligibility requirements only serve children of a certain age. (i.e. Early On, Head Start) (REGULATION/COMPONENT)
- Eligibility requirements create a gap between income and ability to pay. (COMPONENT/REGULATION)
- There are not enough Home Visiting opportunities to serve children ages pre-natal to age 5. (COMPONENT)
- Agency language and jargon is difficult for families to understand. (CONNECTION)

Goal B: Cross-sector services, supports and opportunities are coordinated and aligned to support school readiness.

- Lack of combined professional development and sharing opportunities across the cross-sector service system (i.e. CMH, Home Visiting, etc.) (CONNECTION)
- Lack of combined professional development and network opportunities between Pre-K and Kindergarten (CONNECTION)
- Different administrators have different goals and priorities (MINDSET)
- Lack of a consistent K Readiness Transition practice (REGULATION)

Goal C: Services, supports and opportunities are responsive to evolving needs of children and families.

- Programs don't require family input (POWER)
- Some early childhood providers don't know how to get family input (RESOURCE)
- Programs don't require family input (POWER).
- Families lack confidence providing input. (MINDSET)

Goal D: Quality early childhood experiences increase school readiness.

- Early childhood/preschool providers lack resources to make quality changes. (RESOURCE)
- Professional development is not offered at convenient times. (COMPONENT)
- Lack of knowledge of Great Start to Quality System (RESOURCE)
- Providers feel there is no incentive to entering the Quality Rating System. (MINDSET)

Goal E: There is community support of quality early learning experiences impacting school readiness.

- Lack of a clear definition of school readiness/no standardized set of Kindergarten Readiness Criteria (REGULATION – policy of practice)
- Some community members do not understand how early childhood education supports developmental milestones and success later in life. (RESOURCE)

Connecting Root Causes to Strategies:

As a result of root cause analysis[2], Great Start Livingston gained a deeper understanding of conditions that were contributing to the community needs. The root causes were labeled by the system characteristics: Mindsets, Components, Connections, Resources, Power and Regulations.   Utilizing reference materials from the ABLe Change manual, members selected strategies that were most likely to impact the cause based on its system label. The strategies were then assembled into an action agenda with goals, objectives, activities, timelines and person responsible. Root cause charts will be utilized at the end of year 2 and 3 to review progress and assess readiness to address additional conditions in the system.

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[2] See Appendix for root cause analysis charts

Goals and Objectives

Alignment with Office of Great Start

Great Start Livingston utilizes the guidance provided through the Office of Great Start and **Great Start, Great Investment, Great Future** publication. The ABLe Change framework is aligned with six characteristics of system change. The Office of Great Start has utilized the diagram on the right to show how these frameworks are aligned. The Great Start Livingston Action Agenda utilizes the following frameworks:

Michigan Office of Great Start Early Childhood Outcomes
1. Children are born healthy.
2. Children are healthy, thriving and developmentally on tract 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.

Key Focus Areas
1. Physical Health
2. Early Care & Education
3. Social & Emotional Health
4. Parent Leadership
5. Family Support

ABLe Change System Characteristics
1. Mindsets
2. Components
3. Connections
4. Regulations
5. Resources
6. Power
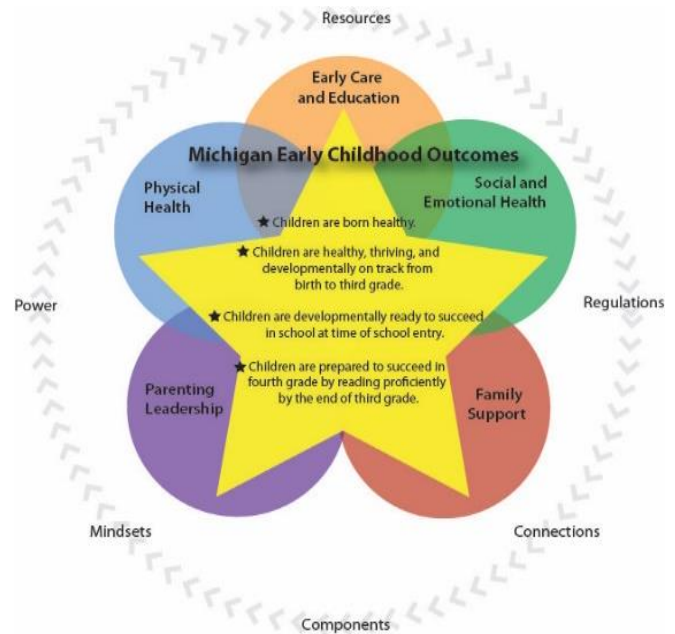
Infrastructure Priorities

Great Start Livingston (GSL) also follows the Levers for Change[3] model developed by Michigan State University during the 2012 GSC Evaluation. To ensure that the strategic plan is aligned with research that supports collaborative work, GSL incorporated the Levers for Change into the strategic planning process.

Support and Maintain
→ *Root Cause Focus*
→ *Effective Partnerships*
→ *Readiness for Change*
→ *Diverse Perspectives*

Focus Areas for Year 1
→ *Active Constituents*
→ *Parent Leadership and Voice*
→ *Strong Relational Network*
→ *Local Champions*

Future Areas for Discussion
→ *Equity Orientation*

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[3] Foster-Fishman and Watson, 2012. Summary of check in report included in appendix.

Goals, Objectives, & Strategies

Goal A: Children and families have access to high quality early childhood services.

✓ **Objective A-1:** A family friendly intake and eligibility process is in place for families to access and navigate.

⭐ Strategy 1: Embed family-friendly practices and language in community partners & agencies.
Prioritized root causes:
• Agency language and jargon is difficult for families to understand (CONNECTION)

✓ **Objective A-2:** Resources and supports are in place to address gaps in the 0-8 service continuum.

⭐ Strategy 1: Expand and leverage informal sources of support and services for children ages 0-8 to address the gaps.
Prioritized root causes:
• Some eligibility requirements only serve children of a certain age. (i.e. Early On, Head Start) (REGULATION/COMPONENT)

⭐ Strategy 2: Implement practices which enable non-eligible families to participate in alternative programs.
Prioritized root causes:
• Eligibility requirements create a gap between income and ability to pay. (COMPONENT/ REGULATION)

⭐ Strategy 3: Pursue Home Visiting opportunities through local resources as well as state and federal funds.
Prioritized root causes:
• There are not enough Home Visiting opportunities to serve children ages pre-natal to age 5. (COMPONENT)

✓ **Objective A-3:** A family friendly info and referral system is in place for families and providers to access information about services and upcoming programs/events.

⭐ Strategy 1: Align existing info & referral resources in response to family input.
Prioritized root causes:
• There is no centralized source of information. (COMPONENT)
• Current system is time consuming to navigate (COMPONENT)
• Information is overwhelming (COMPONENT)

Goal B: Cross-sector services, supports and opportunities are coordinated and aligned to support school readiness.

✓ **Objective B-1:**   A system is in place for regular communication between cross-sector service providers at the local level.

⭐ Strategy 1: Align and integrate shared trainings, events and networking opportunities across the entire cross-sector service system.
Prioritized root causes:
• Lack of combined professional development and sharing opportunities across the cross-sector service system (i.e. CMH, Home Visiting, etc.) (CONNECTION)

✓ **Objective B-2:** The early childhood and K-12 systems are aligned to support successful transitions to kindergarten.

⭐ Strategy 1: Adopt policies and practices to support communication between early childhood providers and K-12 providers.
Prioritized root causes:
• Lack of combined professional development and network opportunities between Pre-K and Kindergarten (CONNECTION)

★ Strategy 2: Implement a Community-Wide Kindergarten Transition Plan.
Prioritized root causes:
- Different administrators have different goals and priorities (MINDSET)
- Lack of a consistent K Readiness Transition practice. (REGULATION)

Goal C: Services, supports and opportunities are responsive to evolving needs of children and families.

✓ **Objective C-1:** Increase the amount of input from families regarding decisions about their child and services.

★ Strategy 1: Services are designed to gather and use family input.
Prioritized root causes:
- Programs don't require family input (POWER)
- Some early childhood providers don't know how to get family input (RESOURCE)

★ Strategy 2: Great Start Livingston will create a consistent, feasible process to gather family input regarding overall needs/concerns via a variety of surveys.
Prioritized root causes:
- Programs don't require family input (POWER)
- Some early childhood providers don't know how to get family input (RESOURCE)

★ Strategy 3: Empower parents to provide input.
Prioritized root causes:
- Families lack confidence providing input. (MINDSET)

Goal D: Quality early childhood experiences increase school readiness.

✓ **Objective D-1-**Early childhood programs meet quality guidelines.

★ Strategy 1: Offer professional development and networking opportunities throughout the year for local early childhood providers.
Prioritized root causes:
- Early childhood/preschool providers lack resources to make quality changes. (RESOURCE)
- Professional development is not offered at convenient times (COMPONENT)

★ Strategy 2: Encourage more licensed child care providers to engage in the Quality Rating System.
Prioritized root causes:
- Lack of knowledge of Great Start to Quality System (RESOURCE)
- Providers feel there is no incentive to entering the Quality Rating System (MINDSET)

Goal E: There is community support of quality early learning experiences impacting school readiness.

✓ **Objective E-1:** Community partners have a shared understanding of the importance of school readiness.

★ Strategy 1: Establish a common school readiness message.
Prioritized root causes:
- Lack of a clear definition of school readiness/no standardized set of Kindergarten Readiness Criteria (REGULATION – policy of practice)

✓ **Objective E-2:** Community members have a shared understanding of how developmental milestones impact school readiness.

★ Strategy 1: Increase knowledge of developmental milestones and delays.
Prioritized root causes:
- Some community members do not understand how early childhood education supports developmental milestones and success later in life. (RESOURCE)

Secondary Priorities and Partnerships

Great Start Livingston is also connected with various community efforts and we would like to highlight two of them: *Backpacks for Kids/Connect for Kids* **and** *Livingston Promise***.**

Backpacks for Kids/Connect for Kids
GOAL: Provide basic school supplies at no cost to Livingston County students whose families are experiencing financial difficulties.

Each year since 2010, Great Start Livingston has helped with the annual Backpacks for Kids/Connect for Kids event. Livingston Educational Service Agency started this project in 2002 with just a few donations of backpacks and school supplies. Through support of local businesses, organizations and families, it has grown to an annual distribution of over 1,000 backpacks. All of the backpacks and supplies come strictly from donations. The backpacks are filled with school supplies by volunteers from the Livingston County United Way Day of Caring event. In 2011, local community partners joined the effort by adding Connect for Kids to the event. This event provides additional resources for families as they prepare for the upcoming school year. Past events have provided families with items such as: toothbrushes, produce, clothes, helmets, car seats and information from local organizations. The Great Start Livingston Coordinator chairs this project along with the much appreciated help from Livingston Educational Service Agency and local community partners. For more information, please go to http://www.livingstonesa.org/parent___community_resources/backpacks_for_kids.

Livingston Promise
Goal: All children in Livingston County have the opportunity to obtain a quality education, the foundation for building a talented, globally-competitive workforce.

Livingston Promise members continue to develop and grow the preschool scholarship program. They are committed to: high-quality education, accessible and affordable early education, parent engagement, building community awareness, collaboration, youth and sustainability. The preschool scholarship program piloted in Fall 2013. Since then, over 30 children have received a preschool scholarship. For more information, please go to http://www.livingstonpromise.org/.

Objectives & Strategies:

- Fill gaps to reduce the number of children on the Head Start wait list in Livingston County.
    - Provide preschool scholarships for three-year-old children who are on the Head Start wait list within Federal Poverty Level 101% – 250%.
- Encourage two years of quality preschool for children in Livingston County.
    - Transition Livingston Promise Scholarship recipients into a Great Start Readiness Program as a four-year-old.
- Increase the number of quality Livingston Promise Preschool Providers.
    - Identify providers who meet quality standards established by the Great Start Livingston Early Education and Community Professionals Committee.
    - Support professional development and quality standards for private early childhood programs, i.e. local CDA program.
- Advocate for quality preschool education for all children in Livingston County.
    - Disseminate consistent message to community partners and legislators.

Goal A: Children and families have access to high quality early childhood services.	Goal B: Cross-sector services, supports and opportunities are coordinated & aligned to support school readiness.	Goal C: Services, supports and opportunities are responsive to evolving needs of children and families.	Goal D: Quality early learning experiences increase school readiness.	Goal E: There is community support of quality early learning experiences impacting school readiness.
Objective A-1: A family-friendly intake & eligibility process is in place for families to access and navigate.	**Objective B-1: A system is in place for regular communication between cross-sector service providers at the local level.**	**Objective C-1: Increase the amount of input from families regarding decisions about their child and services.**	**Objective D-1: Early childhood programs meet quality guidelines.**	**Objective E-1: Community partners have a shared understanding of the importance of school readiness.**
Strategy 1: Embed family-friendly practices & language in community partners & agencies.	**Strategy 1:** Align and integrate shared trainings, events and networking opportunities across the entire cross-sector service system.	**Strategy 1:** Strategies are designed to gather and use family input. **Strategy 2:** Great Start Livingston will create a consistent, feasible process to gather family input regarding overall needs and concerns via a variety of surveys. **Strategy 3:** Empower parents to provide input.	**Strategy 1:** Offer professional development and networking opportunities throughout the year for local early childhood providers. **Strategy 2:** Encourage more licensed child care providers to engage in the Quality Rating System.	**Strategy 1:** Establish a common school readiness message.
Objective A-2: Resources & supports are in place to address gaps in the 0-8 continuum.	**Objective B-2: The early childhood and K-12 systems are aligned to support successful transitions to kindergarten.**			**Objective E-2: Community members have a shared understanding of how developmental milestones impact school readiness.**
Strategy 1: Expand & leverage informal sources of support & services for children ages 0-8 to address the gaps. **Strategy 2:** Implement practices which enable non-eligible families to participate in alternative programs. **Strategy 3:** Pursue Home Visiting opportunities through local resources as well as state & federal funds.	**Strategy 1:** Adopt policies & practices to support communication between early childhood providers and K-12 providers. **Strategy 2:** Implement a Community-Wide Kindergarten Transition Plan.			**Strategy 1:** Increase knowledge of developmental milestones and delays.
Objective A-3: A family friendly info & referral system is in place for families and providers to access information about services & upcoming programs/events.				
Strategy 1: Align existing info & referral resources in response to family input.				

Implementation Considerations

GSL members were committed to developing a plan that would be actionable, feasible, powerful and mission-aligned. These criteria were discussed at planning meetings. Members were reminded to scan the strategies and activities they selected to make sure that …

1. The target audiences were ready for the change or that there were steps to build readiness for change.
2. GSL and partners had the capacity for the activity or that there were activities planned such as training or acquiring resources to build capacity.
3. There was enough communication, promotion and training planned to achieve diffusion and integration of the strategy.
4. Sustainability was considered early in the process to ensure that policies, training and stable funding were planned to support continuation of the change.

Action Agenda

(Agency language & jargon)
Early Childhood Action Agenda – Great Start Livingston Collaborative

Targeting the following early childhood outcomes:	Addresses the following early childhood components:
☐ Children are born healthy. ☒ Children are healthy, thriving, and developmentally on track from birth to third grade. ☒ Children are developmentally ready to succeed in school at time of school entry. ☐ Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.	☒ Pediatric and Family Health ☐ Social and Emotional Health ☐ Parenting Leadership ☐ Child Care and Early Learning ☒ Family Support

% and # of children not reaching targeted outcome(s), broken down by demographics when possible (Targeted Problem(s)):
- The Livingston County rate of children under 18 in single parent families increased from 2005 to 2013.
- In Livingston County utilization of supports have remained relatively constant from 2010-2014, despite increasing poverty.
- Inadequate prenatal care rates are better than the state, but equal to or higher than peer counties.
- In the 2016 family survey, the top two sources of information for information about their child's development were doctors and teachers/school staff.
- In a survey of 133 families, 15% reported recent experiences where they needed services or supports for their child but were unable to get them.
- Of the parents not getting services, reasons that parents reported not being able to access services included:
  - We were not eligible for services (45%)
  - I did not know where to get the services or supports (35%)
  - The cost was too high (25%)
  - I did not get a response about the service in time (25%)
  - There was a waiting list (20%)

Goal A: Children and families have access to high quality early childhood services.

Objective A-1: A family friendly intake and eligibility process is in place for families to access and navigate.

| **Strategy 1:** Embed family-friendly practices and language in community partners & agencies. | **Prioritized root causes related to the objective and addressed by this strategy:**
• Agency language and jargon is difficult for families to understand (CONNECTION) | **Performance Measures (outcomes of strategy 1):**
➢ Partners and agencies are utilizing family-friendly practices and languages in their application process, making it easier for families to navigate and enroll. |

Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
1. Research and identify family-friendly language/communication practices for documents and initial screening & enrollment processes to more clearly and effectively communicate with families. Identify evidence-based practices if possible. i.e. – use of acronyms , readability (6th grade level), use of family-friendly bullets, basic tips, etc.	Pediatric & Family Health Committee (PFH), GSL – Coordinator, Parent Coalition, Support Staff	January 2017	Staff Time GSL Meetings	Material identified and consolidated
2. Distribute suggestions through multiple avenues including newsletters, social media, community trainings, staff meetings, etc. a. Use Constant Contact to create on-line short 'newsletter' with tips; send to Collaborative distribution	PFH, GSL - Collaborative, Coordinator & Support Staff	September 2017	Staff Time GSL Meetings Collaborative Meetings Printed Materials	Suggestions distributed through: E-mail, social media, community trainings
3. Encourage community partners to incorporate practices and material with their staff during meetings, trainings and professional development. a. Incorporate acronym 'tip jar' at meetings.	PFH, GSL - Collaborative, Coordinator	September 2017	Staff Time Printed Material	Partners are utilizing and sharing information with staff and families

(Eligibility Criteria)

Early Childhood Action Agenda – Great Start Livingston Collaborative

Targeting the following early childhood outcomes:	Addresses the following early childhood components:
☒ Children are born healthy. ☒ Children are healthy, thriving, and developmentally on track from birth to third grade. ☒ Children are developmentally ready to succeed in school at time of school entry. ☒ Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.	☒ Pediatric and Family Health ☒ Social and Emotional Health ☒ Parenting Leadership ☒ Child Care and Early Learning ☒ Family Support

% and # of children not reaching targeted outcome(s), broken down by demographics when possible (Targeted Problem(s)):

In a 2016 survey of 133 families…

- 15% reported recent experiences where they needed services or supports for their child but were unable to get them.
- 8% of families reported that their childcare needs were not being met.
- When asked "What are the TOP 3 ISSUES impacting children that you feel our community should focus on?", 28% reported meeting basic needs of children and 22% indicated access to affordable childcare.
- 19% of families indicated that they would not be able to afford to send their child to preschool.
- Of the parents not getting services, reasons that parents reported not being able to access services included:
  - We were not eligible for services (45%)
  - I did not know where to get the services or supports (35%)
  - The cost was too high (25%)
  - I did not get a response about the service in time (25%)
  - There was a waiting list (20%)

Goal A: Children and families have access to high quality early childhood services.

Objective A-2: Resources and supports are in place to address gaps in the 0-8 service continuum.

Strategy 1: Expand and leverage informal sources of support and services for children ages 0-8 to address the gaps.	**Prioritized root causes related to the objective and addressed by this strategy:** • Some eligibility requirements only serve children of a certain age. (i.e. Early On, Head Start) (REGULATION/COMPONENT)	**Performance Measures (outcomes of strategy 1):** ➢ There are more services and supports available for children and families.

Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
1. Research work that has been previously done in mapping the gaps/resources and complete a Developmental Pathway.	GSL – Steering, Collaborative, Coordinator	February 2017	Staff Time	Gap work identified & noted Developmental Pathway created
2. Research & identify program and service gaps within the ages 0-8 cross-sector service system. a. Are programs evidence-based? b. Are these programs reaching the families they are designed to? c. What is the eligibility range? d. What is the impact of existing programs/services? e. Gather disaggregate data.	GSL - Parent & Family Committee (PFC), Early Childhood Committee (ECC), Pediatric & Family Health Committee (PFH) Collaborative, Steering, Coordinator, Support Staff	September 2017	Staff Time Committee Time	Chart of 0-8 cross-sector service system is completed
3. Partner with Medical Community to offer services and promote literacy a. Research Reach Out and Read program b. Present Reach Out and Read to local pediatric providers, partnering with current Reach Out and Read providers	GSL – Parent Liaisons, Parent Coalition, Pediatric & Family Health Committee, U of M Pediatrics - Brighton & Howell	May 2017	Staff Time Committee Time	# pediatric providers who are presented with Reach Out and Read information # pediatric providers who become Reach Out and Read providers

Strategy 2: Implement practices which enable non-eligible families to participate in alternative programs. (Preference for evidence-based practices.)	Prioritized root causes: • Eligibility requirements create a gap between income and ability to pay. (COMPONENT/REGULATION)		Performance Measures (outcomes of strategy 2): ➢ Practices are in place to enable more children (%) access to programs and/or services.	
Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
1. Identify current practices for non-income eligible families. (i.e. CMH, Head Start, DHHS Child Care subsidy, etc.)	GSL – Collaborative, PFH, ECC, PFC, Coordinator; HSCB	May 2017	Staff Time GSL Meeting Time	Local current practices identified & documented

Activities (small wins promoting the strategy and <u>addresses root causes</u>)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
2. Work with agencies to create new practices around referring to alternate services. a. Coordinate with Head Start to offer Livingston Promise Preschool Scholarships to children on the Head Start Over-Income Wait List	Livingston Promise, Head Start, GSL – Coordinator, Support Staff, Head Start/GSRP Director, Head Start Staff	September 2017	Staff Time Funds – Scholarships	# Preschool Scholarships offered per year
3. Look into available on-line resources for families.	GSL – PFH, ECC, Collaborative	September 2017	Staff Time GSL Member Time	# credible on-line resources identified
Strategy 3: Pursue evidence-based home visiting opportunities through local resources as well as state and federal funds.	**Prioritized root causes related to the objective and addressed by this strategy:** • There are not enough Home Visiting opportunities to serve children ages pre-natal to age 5. (COMPONENT)	**Performance Measures (outcomes of strategy 2):** ➢ Additional home visiting opportunities are available for targeted children and families.		
Activities (small wins promoting the strategy and <u>addresses root causes</u>)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
1. Pursue funding through the Michigan Home Visiting Initiative Partnership to expand Healthy Families of America.	GSL Coordinator, LACASA/Healthy Families	December 2016	Funds - State of Michigan Staff Time	Application & necessary information completed & submitted. Grant received
2. Continue efforts to maintain/increase availability of current evidence-based home visiting programs.	GSL Coordinator, LACASA/Healthy Families, Head Start/GSRP Director	Ongoing	Staff Time 32p Program Funds 32p(4) Home Visitation Grant	Program slots are available

Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
3. Increase participant pool by partnering with community partners such as WIC, schools, churches, etc. (Especially in the Fowlerville area)	GSL – Collaborative & Coordinator, LACASA/Healthy Families, Fowlerville Schools Administrators & community leaders , Early On, Head Start Start/GSRP Director, courts, DHHS	September 2017	Staff Time Community Partner Engagement	Met with Fowlerville community partners & Fowlerville Schools Administrators Fowlerville families are enrolled in home visiting
4. Include question in Focus Group (From Info Referral) *How can we reach out to more families/Fowlerville families to fill Home Visiting slots?*	GSL – Coordinator, Support Staff, Parent Coalition, Healthy Families	April 2017	Staff Time	Feedback/ideas received from Parent Focus Group regarding reaching more families to fill home visiting slots

Potential Year 2

- Research potential central intake process for home visiting.
- Identify agencies interested in revising practices to include alternative services.

(Info-referral)

Early Childhood Action Agenda - Great Start Livingston Collaborative

Targeting the following early childhood outcomes:	Addresses the following early childhood components:
☒ Children are born healthy. ☒ Children are healthy, thriving, and developmentally on track from birth to third grade. ☒ Children are developmentally ready to succeed in school at time of school entry. ☒ Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.	☒ Pediatric and Family Health ☒ Social and Emotional Health ☒ Parenting Leadership ☒ Child Care and Early Learning ☒ Family Support

% and # of children not reaching targeted outcome(s), broken down by demographics when possible (Targeted Problem(s)):
- In Livingston County utilization of support have remained relatively constant from 2010-2014, despite increasing poverty.
- Inadequate prenatal care rates are better than the state, but equal to or higher than peer counties.
- In the 2016 family survey, the top two sources of information for information about their child's development were doctors and teachers/school staff.
- In a survey of 133 families, 15% reported recent experiences where they needed services or supports for their child but were unable to get them.
- Of the parents not getting services, reasons that parentss reported not being able to access services included:
  - We were not eligible for services (45%)
  - I did not know where to get the services or supports (35%)
  - I did not get a response about the service in time (25%)
- System Scan data showed that lack of adequate connections and resources were barriers to families accessing services (see root causes listed for each strategy).

Goal A: Children and families have access to high quality early childhood services.

Objective A-3: A family-friendly info and referral system is in place for families and providers to access information about services and upcoming programs/events.

Strategy 1: Align existing info & referral resources in response to family input.	Prioritized root causes:	Performance Measures (outcomes of strategy 1):
	• There is no centralized source of information. (COMPONENT) • Current system is time consuming to navigate • Information is overwhelming. (COMPONENT)	➢ Families and providers are able to easily access information regarding resources, programs and services available in the county.

Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):

1. Recruit additional parent for the Parent & Family Committee with the specific task of exploring the best way for families to access information about resources, services, programs and events in Livingston County.
   a. Define requirements for participation
   b. 8-month requested commitment for members to focus on this issue
	Parent & Family Committee (PFC), GSL - Parent Liaisons, Parent Coalition (PC), Coordinator	November 2016	Staff Time
			Parent Commitment
				Additional parents recruited

2. Investigate the effectiveness of the 2-1-1 process in Livingston County & the feasibility of promoting this resource for early childhood resources and supports.
   a. Develop a relationship with 2-1-1 rep to discuss effectiveness.
   b. Have parents call 2-1-1 with predetermined questions.
	PFC, GSL Collaborative, 2-1-1 Rep, Livingston County United Way	Questions completed by January 2017
		Calls completed by March 2017
			Staff Time
			GSL Meetings
			2-1-1 Engagement & List of Current Agencies
				Report from parents on accuracy of the information

3. Promote the current Livingston Parent Resources (for new parents) & Strengthening Families websites to Livingston County families and providers.	PFC, GSL - Parent Liaison, Parent , Parent Coalition, Coordinator & Support Staff	September 2017	Staff Time Funds – Create/print promotional materials	Google Analytics –Site visits
4. Identify other referral processes in Livingston County.	PFC, GSL Collaborative, Community Partners	March 2017	Staff Time	Referral processes identified and noted in researching best way to create a family-friendly version

5. Continue to reach new moms/parents by distributing the New Mom Bag.
   a. Utilize community partner resources
   b. Develop relationships with medical community to distribute New Mom Bags
	GS Pediatric & Family Health Committee, Parent Liaison, Support Staff	Ongoing	Medical Community Champions
			Funds – Items for bag
				# Bags distributed

Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):

6. Utilize parent input & GSPC to research the best way to format/layout a simple, centralized continuum of services for parents and providers.
   a. Develop strategies to address issues.
   b. Align with Strengthening Families
	PFC, GSL – Parent Coalition, Parent Liaison, Coordinator, GSL Support Staff, GSL Collaborative	September 2017	Funds – Parent Honorariums Staff time	Format/layout identified

Potential Year 2

- Develop the centralized tool (for parents and providers) to access information about services and upcoming programs.
  - Possibly multiple tools/avenue
    - Look at on-line, QR Code
  - Imbed the 'No Wrong Door' approach
- Research ways to bridge the communication gap between Early On and referring agencies to allow follow up for families who do not accept referral appointment.

Potential Year 3

- Implement tool and spread awareness to parents and providers.

(Combined PD across entire EC system)

Early Childhood Action Agenda - Great Start Livingston Collaborative

Targeting the following early childhood outcomes:	Addresses the following early childhood components:
☐ Children are born healthy. ☒ Children are healthy, thriving, and developmentally on track from birth to third grade. ☒ Children are developmentally ready to succeed in school at time of school entry. ☐ Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.	☒ Pediatric and Family Health ☐ Social and Emotional Health ☐ Parenting Leadership ☒ Child Care and Early Learning ☐ Family Support

% and # of children not reaching targeted outcome(s), broken down by demographics when possible (Targeted Problem(s)):

- System Scan data showed that lack of adequate connections and resources were barriers to families accessing services (see root causes listed for each strategy).
- Many perspectives reported challenges with communication and collaboration between cross sector providers.
- In Livingston County utilization of supports have remained relatively constant from 2010-2014, despite increasing poverty.
- Inadequate prenatal care rates are better than the state, but equal to or higher than peer counties.
- In the 2016 family survey, the top two sources of information for information about their child's development were doctors and teachers/school staff.
- In a survey of 133 families, 15% reported recent experiences where they needed services or supports for their child but were unable to get them.
- Of the parents not getting services, reasons that parents reported not being able to access services included:
  - We were not eligible for services (45%)
  - I did not know where to get the services or supports (35%)
  - I did not get a response about the service in time (25%)
  - There was a waiting list (20%)

Goal B: Cross-sector services, supports and opportunities are coordinated and aligned to support school readiness.

Objective B-1: A system is in place for regular communication between cross sector service providers at the local level.

Strategy 1: Align and integrate shared trainings, events and networking opportunities across the entire cross-sector service system.	Prioritized root causes related to the objective and addressed by this strategy:	Performance Measures (outcomes of strategy 1):
	• Lack of combined professional development and sharing opportunities across the cross-sector service system (i.e. CMH, Home Visiting, etc.) (CONNECTION)	➢ More service providers from cross-sector organizations are regularly communicating and sharing in training and events.

Activities (small wins promoting the strategy and <u>addresses root causes</u>)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (activity outputs):

1. Develop relationships between cross-sector providers while planning community events (i.e. Community Baby Shower, Community Connect, Backpacks for Kids/Connect for Kids) to:
   a. Develop & strengthen relationships between partners.
   b. Encourage networking with partners.
   c. Have a structured relationship building.
   d. Utilize 'Fast Five' survey.
	GSL Steering, Parent Liaison, Parent Coalition, United Health Care, Child Abuse Prevention (CAP), Community Partners	Ongoing	Staff Time
			Funds
			Donations by Community Partners
				# agencies who participate

2. Promote partner trainings and events to Livingston County partners and agencies (i.e. CAP Conference, Community Sharing for Healthy Caring, Strengthening Families)
   a. Highlight evidence based practices.
   b. Develop & strengthen relationships between partners.
   c. Encourage networking with partners.
   d. Have a structured relationship building presentation or discussion.
   e. Utilize 'Fast Five' survey.
	GSL – Coordinator, Support Staff, Collaborative, Parent Liaison	Ongoing	Staff Time
			Email, Social Media
			Printed Materials
				Trainings and activities promoted

Potential Year 2 or 3

- Host a Strengthening Families training for cross-sector service providers.
- Networking Group (Standing Meeting)
- Expand networking boundaries to new groups using 'brown bag' lunches. i.e. medical community, service clubs, ministerial, courts
    - Highlight developmental milestones and Recognize community partners.
- Celebrate successes.
- Create Fact Sheet (showing how everyone fits goals)
- Plan one of the following to increase communication and networking opportunities for professionals in the 0-8 cross sector service system.
    - Appreciation Event
    - Quarterly/Annual luncheon/breakfast
    - Provider Café
    - Networking Group (standing meeting)
    - Host a training that would be relevant for both parents & professionals

NOTE: Barrier to cross-sharing – different cross-sector providers have various educational and professional levels.

(Communication between K12 & ECP)

Early Childhood Action Agenda - Great Start Livingston Collaborative

Targeting the following early childhood outcomes:	Addresses the following early childhood components:
☐ Children are born healthy. ☒ Children are healthy, thriving, and developmentally on track from birth to third grade. ☒ Children are developmentally ready to succeed in school at time of school entry. ☒ Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.	☐ Pediatric and Family Health ☒ Social and Emotional Health ☐ Parenting Leadership ☒ Child Care and Early Learning ☐ Family Support

% and # of children not reaching targeted outcome(s), broken down by demographics when possible (Targeted Problem(s)):

System scan data showed the following:

- Many perspectives reported challenges with transitions between early childhood programs and Pre-K to K.
- Many challenges get in the way of Pre-K and K teachers collaborating.
- Some teachers lack resources or supports to adequately prepare children.

Goal B: Cross-sector services, supports and opportunities are coordinated and aligned to support school readiness.

Objective B-2: The early childhood and K-12 systems are aligned to support successful transitions to kindergarten.

Strategy 1: Adopt policies and practices to support communication between early childhood providers and K-12 providers.	Prioritized root causes related to the objective and addressed by this strategy: • Lack of combined professional development and network opportunities between Pre-K and Kindergarten (CONNECTION)	Performance Measures (outcomes of strategy 1): ➢ Processes and policies are in place to promote a smooth transition from pre-school to Kindergarten.

Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):

1. Convene an annual Kindergarten Summit to connect early childhood and K-12 providers to provide education and collaboration about school readiness.
   a. Structured networking
   b. Review data
	Early Childhood Committee (ECC), GSL Coordinator, LESA - Early Childhood Executive Director	February 2017	Staff Time
			Printed Materials
			Presenter
			Funds – Lunch, Presenter
				Kindergarten Summit held with attendance by early childhood providers and K-12 representatives.

Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):

2. Encourage early childhood providers to complete Transition Form for incoming schools and Kindergarten teachers to assist with successful transition to Kindergarten
  a. Work with early childhood providers and Kindergarten Teachers to create a policy
  b. Transition Forms in Kindergarten Roundup packets for parents
  c. Identify champion (K Teacher /Principal) to relay importance.
	ECC, GSL Coordinator, LESA – Head Start/GSRP Director, Child Connect for Family Success (CCFFS), Regional Resource Center (RRC)	May 2017	Staff Time
			Engagement - Early Childhood Directors, Curriculum Directors GS Regional Resource Center
				# Completed transition forms

3. Engage elementary school principals and kindergarten teachers by encouraging utilization of completed Transition Forms.
  a. Incorporate in PD practices
  b. Discuss at K Summit
  c. Distribute at K Roundup
	ECC, GSL Coordinator, LESA – Early Childhood Executive Director, Elementary Principals, District Curriculum Directors	May 2017	Staff Time
			Engagement – Elementary Principals, Curriculum Directors
				Elementary Principals & Administration are utilizing Transition Forms

4. Work with GS Regional Resource Center & Child Connect to offer more coursework and professional development (preference for evidence-based) specific to Kindergarten Readiness based on KOS data.
  a. Child expectations
  b. How to work with parents
  c. Structure/process to follow
  d. Encourage training/involvement by K Teacher as a co-instructor
	ECC,
	RRC,
	CCFFS
		September 2017	Staff Time
			GS Regional Resource Center
			Child Connect for Family Success
				Kindergarten Readiness coursework offered to providers

5. Research options and interest in creating a closed/private-network on-line discussion board for early childhood providers and K-12 educators	ECC, Early Childhood/Preschool Directors	September 2017	Staff Time Tech	Research completed and decision made based on information received

Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
6. Meet with Elementary Principals: a. Discuss inviting Preschool Directors and teachers to Elementary & District Open Houses and activities b. Discuss inviting Preschool Directors to Elementary Principals Meeting c. Extend an invitation to principals and K Teachers into preschool classrooms.	ECC, GSL Coordinator, LESA – Early Childhood Executive Director	August 2017	Staff Time	Met with principals to discuss and report to Early Childhood Committee

Potential Year 2 or 3

- Skype visits between preschool classrooms and Kindergarten classrooms
- Field trips – Preschool students visit Kindergarten class with their teacher
- Create closed/private on-line discussion board (network or Facebook) between early childhood providers & Kindergarten teachers.
- Invite Early Childhood Providers to Elementary Open Houses/activities and invite Principals & K Teachers into preschool classrooms
- Convene a K Readiness Forum/Education night for parents with K Teachers, Preschool Teachers, principals and/or district representatives

Strategy 2: Implement a Community-Wide Kindergarten Transition Plan.	Prioritized root causes related to the objective and addressed by this strategy: • Different administrators have different goals and priorities (MINDSET) • Lack of a consistent K Readiness Transition practice (REGULATION)		Performance Measures (outcomes of strategy 2): ➢ Community-wide Kindergarten Transition Plan is in place to promote a smooth transition from pre-school to Kindergarten.

Activities (small wins promoting the strategy and addresses root causes)	Persons or Group Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
1. Review available plans that are currently in place and from other communities. Identify evidence-based plans if available.	Community Kindergarten Transition Team	October 2016	Staff Time Printed Materials Funds – Parent Honorariums,Lunches	Plans obtained and reviewed
2. Connect local work that has been completed to reviewed plans to develop universal plan and resources.	Community Kindergarten Transition Team	January 2017	Staff Time Printed Materials Funds – Parent Honorariums, Lunches	Transitional planning materials developed

Activities (small wins promoting the strategy and addresses root causes)	Persons or Group Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
3. Present Kindergarten Transition plan to community at Kindergarten Summit.	Community Kindergarten Transition Team	February 2017	Staff Time Printed Materials Funds – Parent Honorariums, Lunches	Kindergarten Transition Plan presented
4. Begin implementation of Kindergarten Transition Plan. a. Provide August training/PD for early childhood providers and Kindergarten teachers and community partners	Community Kindergarten Transition Team	September 2017	Staff Time Printed Materials Funds – Parent Honorariums, Lunches	Training held

Potential Year 2 or 3

- Hold follow-up meetings with Kindergarten Transition team to further expand Kindergarten Transition Plan. (Mid-fall, January)

(Family Input)

Early Childhood Action Agenda - Great Start Livingston Collaborative

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% and # of children not reaching targeted outcome(s), broken down by demographics when possible (Targeted Problem(s)):
- System Scan data showed (see root causes listed for each strategy)…
  - Many families felt their input was listened to and others felt that the amount of input varied and could be improved.
  - Many perspectives reported challenges with have time and practices to consistently and effectively gather family input.

Goal C: Services, supports and opportunities are responsive to evolving needs of children and families.

Objective C-1: Increase the amount of input from families regarding decisions about their child and services.

Strategy 1: Services are designed to gather & use family input.	**Prioritized root causes related to the objective and addressed by this strategy:** • Programs don't require family input (POWER) • Some early childhood providers don't know how to get family input (RESOURCE)	**Performance Measures (outcomes of strategy 1):** ➢ More partners and cross-sector service agencies are gathering and utilizing parent input.

Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):

1. Assess current family input practices. (Survey HSCB partners)
  a. Identify which cross-sector service agencies are collecting parent input.
  b. Assess how they are collecting it.
  c. Determine if the practice is evidence-based.
  d. Identify how partners are using collected data.
  e. Discuss alignment of parent input surveys and/or activities.
  f. Discuss how we communicate to parents regarding how feedback is being used.
	GSL – Collaborative, Parent and Family Committee (PFC), Coordinator, HSCB, Partner agencies	April 2017	Staff Time
			GSL Meeting Time
				Information is identified and consolidated.

Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):

2. Develop a Best Practices Process/Tip-Sheet for gathering family input
  a. ABLe Change Engagement Continuum
  b. Research existing resources (evidence-based) & materials
  c. Identify free & low-cost resources
  d. Surveys
  e. Focus Groups
  f. Feedback Loop
	PFC, GSL – Parent Liaisons, Parent Coalition, Coordinator, Support Staff	May 2017	Staff Time
			GSL Meeting Time
				Best Practice Process is developed

3. Create a parent focus group:
  a. How do parents currently access resources and supports; suggestions for improvements?
  b. Why might parents deny services?
    o Don't want child labeled?
    o Difficult to ask for help?
    o Do not know milestones?
    o Don't know how to advocate?
    o Do not feel valued/welcomed by agency?
	PFC, Pediatric &Family Health Committee (PFH), GSL - Parent Liaisons, Parent Coalition, Coordinator & Support Staff, ARC	April 2017	Parent Volunteers
			Funds - Parent Honorariums, Dinner & Facilitator
			Staff Time
				Focus group convened
				
				Focus Group Report submitted

Potential Year 2

- (POWER) Encourage/train providers to engage parents and give them suggestions on how to do this.
- Based on information received at Parent Focus Group:
  - Create Small Groups
  - PD for professionals and providers (both early childhood & cross-sector service)
  - Train Parent Coaches/gather testimonials

Strategy 2: Great Start Livingston will create a consistent, feasible process to gather family input regarding overall needs/concerns via a variety of surveys.	Prioritized root causes related to the objective and addressed by this strategy: • Programs don't require family input (POWER) • Some early childhood providers don't know how to get family input (RESOURCE)		Performance Measures (outcomes of strategy 2): ➢ Parent Voice will direct the work of Great Start Livingston.	
Activities (small wins promoting the strategy and addresses root causes)	**Persons or Groups Responsible**	**Target Dates**	**Resources Needed**	**Progress Measures (outputs of activities):**
1. Create and distribute annual Parent Survey to parents across various demographics through social media, community events, partners, email. a. Parent Coalition review b. Optional standard survey on GSL website	PFC, GSL – Parent Liaisons, Parent Coalition, Coordinator, Support Staff	March 2017	Staff Time GSL Meeting Time Printed Surveys Engagement - Parents & Partner Agencies	Survey created & distributed Completed surveys received
2. Send 'Fast 5" surveys 3 times/year consisting of short surveys of no more than 5 questions to families of young children to gather instant data on a specific topic. a. As a follow-up to after Collaborative or Parent Coalition meeting b. In preparation to program design c. Send survey via social media, email and/or natural touches d. Possible topic – ask parents & providers how they currently access information about resources & supports; gather information for improvements	PFC, GSL – Parent Liaisons, Parent Coalition, Coordinator, Support Staff, Home Visitors – Early On, LESA, Home Visitors	Ongoing/As-Needed	Staff Time GSL Meeting Time Parent Engagement Survey Gizmo	Surveys created # Surveys Sent # Responses received

Potential Year 2
• Assess if annual survey can be aligned with surveys at other agencies.

Strategy 3: Empower parents to provide input.	Prioritized root causes related to the objective and addressed by this strategy: • Families lack confidence providing input. (MINDSET)	Performance Measures (outcomes of strategy 2): ➤ More parents engage in the work of Great Start Livingston.		
Activities (small wins promoting the strategy and <u>addresses root causes</u>)	**Persons or Groups Responsible**	**Target Dates**	**Resources Needed**	**Progress Measures (outputs of activities):**

1. Encourage parent participation in Parent Leadership trainings (i.e. MPHI, ECIC/Great Start Network, Strengthening Families, other trainings, etc.)
  a. Mentor parents/build relationship prior to training. Prepare parents for what to expect at trainings. Give parents plenty of advance notice.
  b. Follow up with parents for summary of what they learned.
  c. Ask to provide written summary or present at Collaborative Meeting.
  d. Identify other parents as possible back-ups to plan for unexpected cancellation.
	Parent & Family Committee (PFC), GSL – Parent Liaisons, Parent Coalition, Coordinator	September 2017	Available trainings
			Staff Time
			Funds – Training cost, Parent honorarium, Mileage
			Parent participation
				# Parents who attend Parent Leadership training

Potential Year 2
• Marketing campaign for parent involvement – 'Parents Rock'

(Quality Guidelines)

Early Childhood Action Agenda - Great Start Livingston Collaborative

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% and # of children not reaching targeted outcome(s), broken down by demographics when possible (Targeted Problem(s)):

In a 2016 survey of 133 families…

- 8% of families reported that their childcare needs were not being met.
- When asked "What are the TOP 3 ISSUES impacting children that you feel our community should focus on?" 22% indicated access to affordable childcare.
- 19% of families indicated that they would not be able to afford to send their child to preschool.
- While the number of children with all parents in the workforce increased by 209 children from 2011 to 2015, the number of licensed providers decreased. Centers decreased from 88 to 83, group homes from 19 to 12, and family homes from 55 to 51.
- Many providers do not participate in the Quality STAR Rating system. There are 31 of 142 providers participating for a rate of 22%. Only 12 group homes (25%), 48 family homes (13%), and 22 licensed centers (27%) participate in the rating system.
- Of the 142 childcare and preschool settings, 22% participate in the five star rating system. Of those participating, 8% are four star rated, 12% are three star rated, and 2% are two star rated.

Goal D: Quality early childhood experiences increase school readiness.

Objective D-1: Early childhood programs meet quality guidelines.

| **Strategy 1:** Offer professional development and networking opportunities throughout the year for local early childhood providers. | **Prioritized root causes related to the objective and addressed by this strategy:**

• Early childhood/preschool providers lack resources to make quality changes. (RESOURCE)
• Professional development is not offered at convenient times (COMPONENT)
• Many childcare providers are not engaged in quality programs such as Start Rating System (COMPONENT) or training (RESOURCE) | **Performance Measures (outcomes of strategy 1):**
➢ Early childhood providers are attending trainings and implementing quality practices. |

Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):

1. Trainings are listed on the GS2Q website and marketed directly to providers via mail, email and social media.
   a. Review results from Kindergarten Observation Survey (KOS), Parent Survey and Provider Survey.
   b. Topics are connected to results from the Kindergarten Observation Survey (KOS) , Parent Survey and Provider Survey. (i.e. Social & Emotional Health, Child Care & Early Learning)
   c. Promote network meetings at trainings.
	Regional Resource Center (RRC), Child Connect for Family Success (CCFFS)	Ongoing	Staff Time
			Funds – Postage & Printed Materials
				Increased provider awareness of trainings offered & increased attendance

2. A network of local early childhood and preschool directors meet on a regular basis to share information and resources related to program quality improvement. a. Partner with Child Connect for Family Success to identify a champion and increase participation	CCFFS, Preschool/Early Childcare Directors	Monthly: Oct. 2016 – September 2017	Staff Time Printed Materials	Network meets at least 9 times annually.

3. Communicate with local agencies to ensure trainings are being offered at various times to meet the needs of providers.
   a. Review the Provider Survey.
   b. Review possibility of providers hosting a training.
	RRC, CCFFS, MSU Extension	September 2017	Staff Time	# Trainings offered at variety of times

Potential Year 2

- Conduct an annual tour (offered to all providers) of a local high quality early childhood program

Strategy 2: Encourage more licensed child care providers to engage in the Quality Rating System.	Prioritized root causes related to the objective and addressed by this strategy: • Lack of knowledge of Great Start to Quality System (RESOURCE) • Providers feel there is no incentive to entering the Quality Rating System (MINDSET)		Performance Measures (outcomes of strategy 2): ➢ More Livingston County licensed child care providers are participating in the Quality Rating System.	
Activities (small wins promoting the strategy and addresses root causes)	**Persons or Groups Responsible**	**Target Dates**	**Resources Needed**	**Progress Measures (outputs of activities):**
1. Gather list of benefits of participation in GS2Q and distribute to providers. a. Identify GS2Q champion to help promote entering the GS2Q system	RRC, Early Childhood Committee (ECC)	Ongoing	Staff Time Materials	List of benefits identified and documented

2. Increase parent knowledge about the Great Start to Quality rating system and the importance of quality.
   a. Share information in person at events (i.e. CAP Kids Fair, Community Connect), at Parent Coalition meetings, via email and social media)
   b. Partner with home visitors (Health Families, LESA and Early On) to provide parents with information about GS2Q
	GSL – Parent Liaisons, Parent Coalition, RRC, Healthy Families Home Visitors, LESA Home Visitors, Early On	Ongoing	Staff Time
			Promotional Materials
			Access to Parents
				Information is shared with parents

3. Meet with providers to discuss and promote the benefits of high quality standards.
   a. Identify providers to target (i.e. capacity, child care subsidy.)
      i. Individual meetings
      ii. Group meetings
      iii. GS2Q follow-up
	RRC, GSL Coordinator	Ongoing	Staff Time	# providers met with to discuss quality standards

(Lack of a clear definition)

Early Childhood Action Agenda - Great Start Livingston Collaborative

Targeting the following early childhood outcomes:	Addresses the following early childhood components:
☐ Children are born healthy. ☒ Children are healthy, thriving, and developmentally on track from birth to third grade. ☒ Children are developmentally ready to succeed in school at time of school entry. ☒ Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.	☒ Pediatric and Family Health ☒ Social and Emotional Health ☐ Parenting Leadership ☒ Child Care and Early Learning ☐ Family Support

% and # of children not reaching targeted outcome(s), broken down by demographics when possible (Targeted Problem(s)):

In a 2016 survey of 133 families…

- When asked "What are the TOP 3 ISSUES impacting children that you feel our community should focus on?"
  - 41% indicated the social emotional health of children
  - 25% indicated educating parents on child development
  - 23% indicated preparing children for kindergarten
- 19% of families indicated that they would not be able to afford to send their child to preschool.
- 16% of families indicated that they don't know what to look for to know if their child is on track to go to kindergarten.
- 74% of families indicated that children need to go to preschool to be ready for school
- The top two sources of information for information about their child's development were doctors and teachers/school staff.
- On the Kindergarten Observation Survey in Livingston County, the % of children proficient has increased from 2013-2015. There is still room for improvement: 18.6% of children rank proficient in all 15 areas; 46% rank proficient in at least 12 areas (80% or more of the areas proficient); 74.7% of children rank proficient overall (score 80% or higher in overall score.)

Goal E: There is community support of quality early learning experiences impacting school readiness.

Objective E-1: Community partners have a shared understanding of the importance of school readiness.

Strategy 1: Establish a common school readiness message.	**Prioritized root causes related to the objective and addressed by this strategy:** • Lack of a clear definition of school readiness/no standardized set of Kindergarten Readiness Criteria (REGULATION – *policy of practice)*	**Performance Measures (outcomes of strategy 1):** ➢ Community members understand and support the importance of quality early learning experiences/early education and how it relates to school readiness.

Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):

1. Develop a shared message.
   a. Gather information & data, including definitions, used in other counties.
   b. Align definitions and message with school expectations (i.e. following Head Start framework, work sampling and TS Gold)
	Early Childhood Committee (ECC), Elementary Principals, Curriculum Directors, EC Directors, Kindergarten Transition Team, GSL – Coordinator & Parent Liaisons	September 2017	Staff Time	School Readiness message is agreed upon

2. Obtain agreement on 'core' list of readiness criteria with input from ECP, K-12 representatives and parents.	ECC, Elementary Principals, Curriculum Directors, EC Directors, K Transition Team, GSL – Parent Liaisons & Parent Coalition	September 2017	Staff Time Funds – Parent Honorariums	Core Kindergarten Readiness criteria identified and published to Early Childhood Committee
3. Work with Kindergarten Transition Team to identify tools and components needed in a School Readiness Toolkit.	ECC, K Transition Team, GSL Parent Coalition	September 2017	Staff Time	Tools and components needed for School Readiness Toolkit are identified

Potential Year 2

- Develop a marketing plan for the school readiness message to parents, providers and businesses across the early childhood cross-sector system.
- Create and distribute a school readiness toolkit to promote the aligned definition of school readiness to parents, preschool teachers and K-12 educators including:
  - Information on what it means to be school ready
  - School readiness checklist
  - Parent Guide – What to Expect in Kindergarten
  - Kindergarten registration information

Potential Year 3

- Go-Pro in day in the life of a kindergarten child

Objective E-2: Community members have a shared understanding of how developmental milestones impact school readiness.				
Strategy 1: Increase knowledge of developmental milestones and delays utilizing evidence-based resources.	**Prioritized root causes related to the objective and addressed by this strategy:** • Some community members do not understand how early childhood education supports developmental milestones and success later in life. (RESOURCE)		**Performance Measures (outcomes of strategy 1):** ➢ More parents and cross-sector service agencies understand the importance of developmental milestones.	
Activities (small wins promoting the strategy and addresses root causes)	**Persons or Groups Responsible**	**Target Dates**	**Resources Needed**	**Progress Measures (outputs of activities):**
1. Distribute developmental milestone & Early On information to parents via e-mail, newsletter and social media and select locations throughout the county (242 Church, libraries, etc.)	PFH, Early On, GSL – Parent Liaisons, Coordinator, Support Staff	September 2017	Staff Time Printed Material	Information shared via e-mail, social media and newsletter
2. Share developmental milestone information and Early On contact information with local cross-sector service agencies. a. Align with Strengthening Families framework.	PFH, WIC, Healthy Families, Early On, CMH, DHHS, GSL – Collaborative, Coordinator, Parent Liaisons, Support Staff	September 2017	Staff Time Materials GSL Meetings	Information shared - via e-mail, social media, meetings and newsletter
3. Explore developmental assessment screeners and/or tools and feasibility of implementing.	PFH	September 2017	Staff Time Meeting Time	Document is created with list of available assessment tools

Fund Development

Great Start Livingston is committed to utilize current resources to implement the strategic plan and to create additional resources with the intent of sustainability. As we work to enhance and build upon what has already been established in our community, we will work to improve our infrastructure in order to secure the funding needed to carry out and sustain this important work. In order to successfully implement the early childhood action agenda, we, as a collaborative body, know and agree that the following will be necessary:

Staff time

The Great Start Livingston Coordinator, the Great Start Parent Coalition Liaisons and the Great Start Collaborative Support Specialist are funded through a grant from the Michigan Department of Education managed through the Early Childhood Investment Corporation.

- The Great Start Livingston Coordinator will oversee all operations of the Great Start Collaborative including the funding requirements, reporting the work of the Collaborative, supporting the workgroups and connecting community partners to help sustain this work.
- The Great Start Parent Liaisons will guide parents in the Great Start Parent Coalition and Collaborative. They will be responsible for the Parent Coalition activities and reporting the work of the Parent Coalition. The liaisons will also be the link between the Great Start Parent Coalition and the Great Start Collaborative and supporting workgroups.
- The Great Start Collaborative Support Specialist will help support the Great Start Collaborative and supporting workgroups. The Collaborative Support Specialist will also assist with reports, data collection, record keeping, events and other activities which support the work of Great Start Livingston.

Commitment to workgroups

The members of Great Start Livingston must be committed to the early childhood workgroups. The commitment to the workgroups includes the time and resources that can be committed by each community partner, agency, organization or business.

Funding

In order to build a strong, quality early childhood system in Livingston County, Great Start Livingston is committed to securing funding for Great Start Livingston staff and efforts, maintaining and establishing collaboration of resources through:

- Securing funding from the Michigan Department of Education through the Office of Great Start and the Early Childhood Investment Corporation for the Great Start Collaborative and Parent Coalition staff and efforts.

- Seeking and securing additional funding from Michigan Department of Education through the Office of Great Start for efforts such as Home Visiting. A Home Visiting Initiative grant was awarded to GSL which will begin fall 2016.
- Maintaining the collaboration of resources through agencies, organizations and businesses who freely share resources and collaborate routinely by writing grants, providing leadership, offering space, providing in-kind and cash match funds, developing new programs by blending resources and offering staff training across the county.
- Seeking additional funding and resources in order to accomplish the goals, objectives and action steps set forth in the Early Childhood Action Agenda.
- Remaining committed to utilizing the current available resources to carry out the Early Childhood Action Agenda and to creating additional resources with the intent of sustainability.
- Building on collaboration brought together through the Livingston County United Way Group Ask.
    - In 2013, GSL was invited to participate in a Group Ask with 4 of our GSL Community Partners. The Community Partners and GSL Coordinator worked together to develop a Group Ask to United Way for Every Child Ready funding. They also had to work together to determine how the awarded funds would be distributed. This collaborative process continues and GSL continues to seek funds from United Way for early childhood efforts.

As we enhance and build upon what has already been established in our community, it is our plan that we will improve the infrastructure that is already in place. As needs and gaps are identified, it is our intention to pursue other sources of funding that will assist us in meeting the needs of all the families of young children in Livingston County.

Appendix

ABLe Change Overview

The **Able Change Framework** is a model designed to help communities more effectively address the significant social issues affecting children, youth and families. The model is based upon the premise that communities can achieve transformative results when they make local system and community conditions the intentional targets of their change initiative, when they pursue the effective implementation of their efforts and when they build a community engagement infrastructure that supports real-time learning and action across diverse stakeholders and sectors. Designed by Drs. Pennie Foster-Fishman and Erin Watson at Michigan State University, the ABLe Change Framework draws upon research from the successes and failures of prior organizational, community, service system and international change efforts. The ABLe Change Framework is dynamic and adaptive to local conditions and problems, providing stakeholders with the flexibility they need to effectively address targeted community problems. The model is organized around 6 "simple rules" that, when pursued together, transform how community stakeholders work and learn together.

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

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 involves embedding an equity lens within all efforts to transform the lives of all children and families.

GSC Prioritization Survey-Livingston County

Goal 1:				
Mega Headline: Not all children & families have access to high quality early childhood services.				
Answer Options	System Characteristic	Powerful Score	Feasible Score	Total Score
Some families lack information, skills and resources to access services.	Resources	2.33	2.20	4.53
The range of some services, locations and times limit access to families.	Resources	2.33	2.20	4.53
Some organizations intake and eligibility process is too complex for families to easily access and navigate.	Regulations	2.28	2.08	4.36
Some agencies' communication (through forms & letters) lack clarity to effectively communicate understanding of eligibility and/or resources available between families and service agencies.	Regulations	2.33	2.20	4.53
Some agencies have policies that limit access to some families who are still in need of services.	Regulations	2.28	2.05	4.33
Goal 2:				
Mega-headline: Not all services, supports and opportunities are responsive to evolving needs of all children and families.				
Answer Options	System Characteristic	Powerful Score	Feasible Score	Total Score
Some families do not feel valued and welcome by organizations and this affects whether they will utilize a service.	Power	2.38	2.41	4.79[4]
There is a lack of communication between service providers to meet needs of families.	Connections	2.28	2.41	4.69
There is a lack of connection between families and community partners.	Connections	2.28	2.41	4.69
Some organizations do not adequately seek or use family input.	Power	2.25	2.13	4.38[5]
There is a lack of support from community organizations to provide representatives designated for families and children.	Connections	2.13	2.05	4.18

[4] **Parent only response: prioritization score – 5.10**
[5] **Parent only response: prioritization score – 5.13**

Goal 3: Mega-headline: Lack of quality early childhood services and resources impacts school readiness.				
Answer Options	**System Characteristic**	**Powerful Score**	**Feasible Score**	**Total Score**
Some early childhood programs do not meet quality guidelines.	Components	2.40	2.26	4.66
Some agencies (LESA, DHHS, CPS) provide a difficult environment for families to succeed.	Components	2.41	2.03	4.44
Goal 4: Mega-headline: Not all cross-sector services, supports and opportunities are coordinated and aligned.				
Answer Options	**System Characteristic**	**Powerful Score**	**Feasible Score**	**Total Score**
There is a lack of communication between preschool teachers and Kindergarten teachers regarding information that would help that transition be successful.	Connections	2.15	2.54	4.69
Some organizations, or individuals with organizations, lack knowledge of quality services due to lack of sharing and/or other constraints.	Resources	2.26	2.38	4.64
Some community programs lack communication and collaboration across the early childhood cross-sector system.	Connections	2.35	2.26	4.61
Some family/community programs are limited or have a lack of capacity due enrollment, funding and/or scope.	Components	2.23	1.82	4.05
Goal 5: Mega-headline: There is not a shared understanding within the community regarding the importance of early childhood education.				
Answer Options	**System Characteristic**	**Powerful Score**	**Feasible Score**	**Total Score**
Not all families understand the value of preschool because it is not presented in a way that is relevant for families.		2.48	2.49	4.96
Not all community members across various sectors have a shared understanding of early childhood education.		2.35	2.55	4.90
Some professionals and families do not have a shared understanding or definition of Kindergarten Readiness.		2.40	2.31	4.71

Root Causes Analysis

Goal A: Children and families have access to high quality early childhood services.

- Some organizations' intake and eligibility process is too complex for families to easily access and navigate
  - Some agencies' communications (through forms & letters) lack clarity to effectively communicate understanding of eligibility and/or resources available
    - Agency language/ jargon
  - The system of services is complex and changes frequently making it difficult for families to access services
    - Limited funding
      - Funders' priority may change
    - Change of staff
    - May not ask for family input prior to change
  - Each agency has its own intake and eligibility process
    - Funder requirements
    - Limited resources or funds
  - Can be different from county to county
    - Counties have ability to develop structure based on local system
    - Local programs offered due to funding

Goal A: Children and families have access to high quality early childhood services.

- Some agencies have policies (eligibility criteria) that limit access to some families who are still in need of services.
  - Some eligibility requirements only serve children of a certain age
    - There is no 0-5 continuum system
  - Some programs are not able to provide needed services to all families because of lack of funding
    - Funder requirements
  - Some community partners believe they need to focus services on needs based/vulnerable population only
  - There is an income gap between eligibility and ability to pay
  - May not be correct service

Goal A: Children and families have access to high quality early childhood services.

Some families lack information and knowledge of services to access them

- Some service providers do not have the information about the services
- There is no centralized source of information
  - No point person or organization
  - No guide or navigator
  - Lack of customer service
- Technology limitations
- Lack of knowing what is needed
- Information is overwhelming
  - Time consuming to find information
  - Don't know if they qualify

Goal B: Cross-sector services, supports and opportunities are coordinated and aligned to support school readiness.

Some community programs lack communication and collaboration across the early childhood cross-sector system.

- Lack of consistency between agencies to serve families
  - Not family centered
    - There is a perception of policy and process limitations
- Providers lack of adequate information about services and resources
  - Services change frequently
  - No central data base or "house" for information
  - Lack of sharing with agency (internal)
  - Lack of sharing within similar fields (i.e. HV)
    - Lack of combined professional development and sharing opportunities
- Lack of system that supports staff & job satisfaction
  - Lack of pay
  - Change of roles decreases ability to work with families
  - Lack of professional development
- Not viewed as important
  - There is a silo mindset preventing providers form having a shared role in early childhood
    - Do not see their part or understand benefits of working together
    - There is a lack of shared focus
- There are interagency barriers for sharing information & coordinating services for each family

Goal B: Cross-sector services, supports and opportunities are coordinated and aligned to support school readiness.

There is a lack of communication between early childhood providers and k-12 providers that would support a successful transition to kindergarten.

Systems are not aligned to provide opportunity to bring together early childhood and k-12.
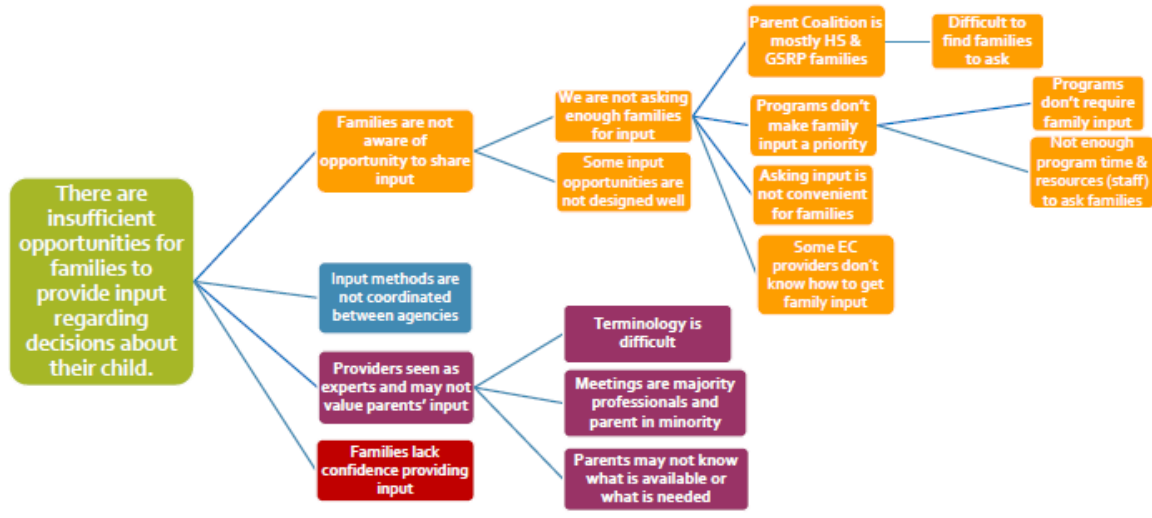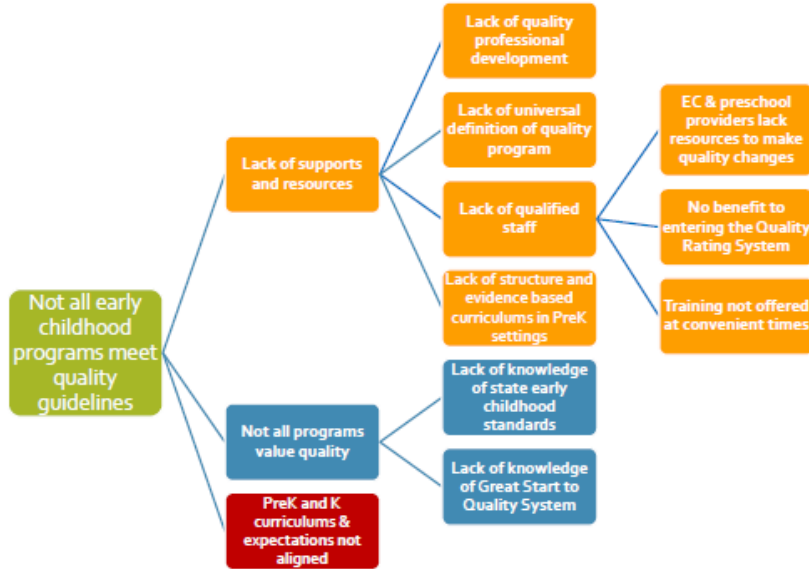
Minimal opportunities for early childhood providers and k teachers to build relationships

Lack of combined professional development

There are different funding streams

Lack of mutual respect between early childhood, preschool and k-12 system

Lack of trust

Do not understand value of being heard

Administration does not value partnership

Different administrators have different priorities and goals

No consistent system exists for professionals to share information about students and program goals

Lack of resources

Not a priority

Parents may want child to have fresh start and not allow information to be shared

Goal C: Services, supports and opportunities are responsive to evolving needs of all children and families.

There are insufficient opportunities for families to provide input regarding decisions about their child.

Families are not aware of opportunity to share input

We are not asking enough families for input

Parent Coalition is mostly HS & GSRP families

Difficult to find families to ask

Some input opportunities are not designed well

Programs don't make family input a priority

Programs don't require family input

Not enough program time & resources (staff) to ask families

Asking input is not convenient for families

Some EC providers don't know how to get family input

Input methods are not coordinated between agencies

Providers seen as experts and may not value parents' input

Terminology is difficult

Meetings are majority professionals and parent in minority

Families lack confidence providing input

Parents may not know what is available or what is needed

Goal D: Quality early childhood experiences increases school readiness.

```
Not all early
childhood programs
meet quality
guidelines
    ├── Lack of supports and resources
    │       ├── Lack of quality professional development
    │       ├── Lack of universal definition of quality program
    │       ├── Lack of qualified staff
    │       │       ├── EC & preschool providers lack resources to make quality changes
    │       │       ├── No benefit to entering the Quality Rating System
    │       │       └── Training not offered at convenient times
    │       └── Lack of structure and evidence based curriculums in PreK settings
    ├── Not all programs value quality
    │       ├── Lack of knowledge of state early childhood standards
    │       └── Lack of knowledge of Great Start to Quality System
    └── PreK and K curriculums & expectations not aligned
```

Goal E: There is community support of quality early learning experiences impacting school readiness.

```
Not all community members
across various sectors have a
shared understanding of early
childhood experiences as a part
of kindergarten readiness.
    ├── Information is not provided throughout community
    │       └── Consistent information is not available
    │               └── Lack of a clear definition
    ├── Some community members do not understand importance of early childhood education
    │       ├── May not see it as their responsibility or role
    │       └── Community members have varying views
    │               └── Lack of a clear definition
    ├── Some community members do not see it as a priority
    │       └── Basic needs not being met
    └── Some community members not willing to admit concerns in our community
            ├── Basic needs not being met
            └── Abuse and neglect of children prevalence in county
```

System Scan Questions

Connections

1. To what degree are local stakeholders and organizations working together to identify and support shared goals and priorities related to the targeted problem?
   - What is helping collaboration?
   - What is getting in the way of collaboration?
2. How well do you think service providers are working together to meet your needs?
   - Do they share information with each other?
   - Are they referring you to the services you need?
   - Do they seem to get along and collaborate well?
3. To what degree do service providers and organizations in the community share information with each other to improve coordination?   Where is this sharing happening effectively and what information is shared?
   - What types of information are not being shared that needs to be shared?
   - How is it affecting services for children and families?
   - Why is this happening?

Resources

1. To what extent are community resources (e.g. living wage jobs, grocery stores, safe places to play, etc.) in place to effectively meet the needs of children and families in our community?
   - What additional community resources are needed?
2. What have been your experiences with getting your child or children ready for school?
   - What has helped with getting your child ready?
   - What is the most challenging part?
3. Are we using all of the assets in our community to address the targeted problem (that not all kids are ready for Kindergarten)?
   - What assets are currently being ignored?
   - Why is this happening?

Components

1. What services and supports are still needed in the community to meet all families' needs and aspirations related to the targeted problem?
2. What have been your experiences with transitioning your child and or family between early childhood programs (e.g. between Pre-K and Kindergarten)?
   - What has made these transitions easier?
   - What has gotten in the way?
3. How aligned are programs and services in the community? (E.g. are the curriculums aligned across education settings? Are job training programs aligned with available employment opportunities?)
   - How is this influencing our ability to address the targeted problem?
   - Why are programs and services not aligned?

System Scan Questions, continued

Regulations

1. To what extent are processes in place for local organizations to learn about the current quality of their services for children and families?
   - What types of information do you think needs to be shared with the community?
2. How easy is it to understand the forms and letters organizations send out to families?
   - What types of organizations could improve the way these forms and letters are written? Are there specific forms that you suggest are changed?
3. Thinking about formal or informal policies:
   - Which ones are making it difficult to align services and local efforts?
   - Where is this happening (agency, town, etc.)?
   - How is it difficult and does it affect some families more than others?
   - Which ones are affecting families' ability to get the services they need?
   - Where is this happening (agency, town, etc.)?
   - How is it difficult and does it affect some families more than others?

Mindsets

1. Do people in the community see the fact that not all children are ready for school as a problem; as a priority?
   - How is this influencing our ability to address lack of kindergarten readiness?
2. To what degree do staff in local organizations make you and your child feel welcome and valued?
   - What types of interactions make you feel welcome and valued? In which types of organizations do you typically experience these positive interactions?
   - What types of interactions make you not feel welcome and valued? What types of organizations could improve these types of interactions with families?
   - How does this influence whether or not you choose to use these programs or services?
3. What are people's attitudes towards families whose children are not ready for school?
   - How are these attitudes influencing our ability to provide quality services to all children and families?

Power

1. To what extent are diverse perspectives (including families) engaged in decision-making about how to make services easier for families to access?
   - What's in place that's helping engage diverse perspectives in this decision-making?
   - What's getting in the way? (Are any of the other system characteristics getting in the way?)
2. Do organizations or service providers ever ask you for input on how to make their services easier for families to get when they need them?
   - What kind of input do they ask you for in particular?
   - Do you feel organizations and service providers listen to your input?
   - What type of action (if any) do they take because of what you tell them?
3. To what extent do local organizations and collaboratives gather and use family input about whether their programs or efforts are meeting family needs? What's in place that's helping organizations and collaboratives gather and use this input?
   - What's getting in the way?

Family Survey

Great Start Livingston Family Survey

ONLY COMPLETE THIS SURVEY IF YOU ARE CARING FOR A CHILD OR CHILDREN AGES 0 – 8.

The purpose of this questionnaire is to collect information about the experiences of families in our County.
The information will be used to help inform decisions about how to best meet the needs of local families.

By completing this survey, you indicate your voluntary agreement to participate. Everything you say will be kept strictly confidential. Your name will not be connected with any of your responses.

1. **How many children ages 0-8 are in your care? _____**

   how many under 2 years old? _____   ages 2 to 5? _____   ages 6 to 8? _____

2. **What is your role in caring for these children?**

   ❑ Mother   ❑ Grandmother   ❑ Adoptive Parent

   ❑ Father   ❑ Grandfather   ❑ Friend of Family

   ❑ Other Relative ❑ Foster Parent   ❑ Other, specify_____

3. **What is your marital status?**   ❑ Single ❑ Married ❑ Partnered ❑ Separated ❑ Divorced ❑Widowed

4. **Which of the following do you agrees with? (Check all that apply)**

   ❑ Only kids with disabilities need preschool

   ❑ You have to be on assistance to go to preschool

   ❑ I didn't need preschool, so my kids won't need it either

   ❑ Preschool isn't necessary. My kids will learn what they need to know in Kindergarten.

   ❑ There are some TV programs that are as good as preschool

   ❑ Preschool is not a safe place

   ❑ Children need to go to preschool to be ready for school

   ❑ Parents play an important role in getting their kids ready for school

5. **Who do you go to for help if you have questions about your child's development?**

6. **What is your biggest concern about raising your child in this community?**

7. **During the past week, how many days di you or other family members read to your child?**

   ❑ Every day   ❑ Several times a week   ❑ Once a week or less

8. **During the past week, how many days did you or other family members tell stories or sing songs to your child?**

   ❑ Every day   ❑ Several times a week   ❑ Once a week or less

9. **In your opinion, which of the following do children need to know or be able to do in order to be ready for school? (Check all that apply)**

   ❑ Identify 10 letters and their sounds

   ❑ Have letter sound knowledge

   ❑ Use and appreciate books

   ❑ Retell stories he/she has heard

   ❑ Write his/her name

   ❑ Count to 20

   ❑ Ask questions

   ❑ Understand shapes

   ❑ Know where he/she lives

   ❑ Use pencils and crayons

   ❑ Connect numbers with amounts

   ❑ Understand and be able to handle their emotions in positive ways

   ❑ Interact well with peers

   ❑ Solve social problems

   ❑ Sort colors

   ❑ Jump and hop

   ❑ Paint or draw

   ❑ Follow directions

   ❑ Have a large vocabulary

   ❑ Have a conversation

   ❑ Understand that all children are equal even if they look or sound different

Adapted from Foster-Fishman & Watson 2012

10. **What does your child need to do independently before they enter kindergarten?**

11. **Have you had any recent experiences where you needed services or supports for your child but were unable to get them?**

    ❑ Yes ❑ No ❑ Other, please explain

    If yes, what services or supports have you needed that you couldn't get?

12. **What prevented you from receiving the services or supports you needed? (Check all that apply)**

    ❑ There was a waiting list
    ❑ I was too busy
    ❑ The cost was too high
    ❑ The organization has limited hours
    ❑ The location was hard to get to
    ❑ They did not speak my language
    ❑ We were not eligible for services

    ❑ I did not know where to get the services or supports
    ❑ I did not get a response about the service in time
    ❑ I did not feel comfortable sharing my personal information
    ❑ I felt like I was being talked down to
    ❑ I did not understand the instructions provided about how to get the service
    ❑ I could not provide all the documentation needed to get the service

13. **Do your children (Check all that apply)**

    ❑ Stay at home with you?
    ❑ Attend a Home-based day care?
    ❑ Stay at a relative's/friend's/neighbor's house?
    ❑ Attend a private childcare or preschool?

    ❑ Participate in Head Start or Great Start Readiness Program?
    ❑ Attend a school-based child care?
    ❑ Other? _____

14. **Overall, would you say your childcare needs are being met?** ❑ Yes ❑ No *If no, why not?*

15. **What zip code do you live in?** _____ **Which elementary school is closest to your home?** _____

16. **What is the highest level of education you have completed? (Please, check one box)**

    ❑ Did not graduate from High School
    ❑ GED
    ❑ High School
    ❑ Technical Certification

    ❑ Associate's Degree
    ❑ Bachelor's Degree
    ❑ Graduate Degree
    ❑ Other (please specify:_____)

17. **Has your family ever received any of the following services (Check all that apply)**

    ❑ Head Start or Great Start Readiness Program
    ❑ ASQ (Ages and Stages Developmental Screening)
    ❑ Special Education
    ❑ DHHS (food stamps, cash assistance)
    ❑ Home Visits
    ❑ Medicaid/MiChild

    ❑ Early On (Birth to 3 years intervention services)
    ❑ WIC or other public health nutrition services
    ❑ Mental Health Services
    ❑ Therapy such as speech/language, physical therapy, etc.
    ❑ My family has never received services
    ❑ Other? _____

18. **What are the TOP 3 ISSUES impacting children that you feel our *community* should focus on? (Please choose only three)**

    ☒ Childhood health, including dental health
    ☐ Social-emotional health of children
    ☐ Expanding access to mental health services for children
    ☐ *Parents* abusing illegal and prescription drugs
    ☐ Preparing children for kindergarten
    ☐ Educating parents on child development
    ☐ Family support; meeting basic needs (food, diapers, etc.)
    ☐ Help finding quality/affordable childcare
    ☐ Teen pregnancy prevention/support for teen parents
    ☐ Child abuse and neglect

    ☐ Prenatal care
    ☐ Dealing with challenging child behaviors
    ☐ Stress management
    ☐ Breastfeeding support
    ☐ Family budgeting
    ☐ Access to healthcare (insurance, immunizations)
    ☐ Special needs/disabilities
    ☐ Child nutrition and obesity prevention
    ☐ Education on quitting smoking for pregnant women
    ☐ Other _____

Adapted from Foster-Fishman & Watson 2012

19. *Are you (or your spouse/partner) <u>currently pregnant</u>?*   ❑ Yes   ❑ No
If yes, please answer questions 20 to 26 below.
If no, please skip to question 27.

20. When is your baby due? (mm/dd/yyyy)   _____

21. Is this your first child?   ❑ Yes   ❑ No

22. Was this pregnancy planned?   ❑ Yes   ❑ No

23. Is prenatal care being received during this pregnancy?   ❑ Yes   ❑ No

24. Were there any difficulties getting prenatal care?   ❑ Yes   ❑ No
    If yes, what kind of help was needed that you couldn't get?

25. Which of the following has prevented getting prenatal care?
    (Check all that apply)
    ❑ I've had other healthy births and did not feel it was needed
    ❑ I can't take time off from work
    ❑ I have no way to get to the clinic or doctor's office
    ❑ I don't know where to go for prenatal care
    ❑ I have no one to take care of my children
    ❑ I have trouble getting an appointment when I want one
    ❑ I have too many other things going on
    ❑ Other:
    _____

26. What are your plans for your child's care and early education?
    ❑ Parent will stay home with child
    ❑ With a relative or friend
    ❑ Home-based day care
    ❑ Daycare Center
    ❑ Haven't thought about this yet
    ❑ Other:
    _____

27. *Do you have a child <u>under 2 years old</u>?* ❑ Yes   ❑ No
If yes, please answer questions 28 to 33 below.
If no, please skip to question 34.
* If you have more than one child under 2, answer these questions for the
   youngest child.

28. How old is your child? _____ months

29. Was prenatal care received during the pregnancy of this child?   ❑ Yes   ❑ No

30. Were there any difficulties getting prenatal care?   ❑ Yes   ❑ No

31. Which of the following prevented access to care during this pregnancy?

    ❑ I've had other healthy births and did not feel it was needed
    ❑ I can't take time off from work
    ❑ I have no way to get to the clinic or doctor's office
    ❑ I don't know where to go for prenatal care
    ❑ I have no one to take care of my children
    ❑ I have trouble getting an appointment when I want one
    ❑ I have too many other things going on
    ❑ Other:
    _____

32. a. Was your child born prematurely (before 37 weeks)?   ❑ Yes   ❑ No

    b. Does your child have special needs? This includes developmental concerns or medical issues.   ❑ Yes   ❑ No

33. What are your plans for your child's care and early education?
    ❑ Parent stays home with child
    ❑ With a relative or friend
    ❑ Home-based day care
    ❑ Daycare Center
    ❑ Other:
    _____

Adapted from Foster- & Watson 2012

34. *Do you have a child <u>ages 2-5</u>?* ❑ *Yes* ❑ *No*

If yes, please answer questions 35 to 38 below.

If no, please skip to question 39.

* If you have more than one child ages 2-5, answer these questions for the youngest child ages 2-5.

35. How old is your child? _____ years
36. Does your child have special needs? This includes developmental concerns or medical issues.
    ❑ Yes   ❑ No
37. How satisfied are you with your child's early learning experience?
    ❑ Very Satisfied   ❑ Somewhat Satisfied
    ❑ Somewhat Dissatisfied   ❑ Very Dissatisfied
38. Which of the following do you agree with? (Check all that apply)

    ❑ I don't know what to look for to know if my child is on track to go to kindergarten
    ❑ Preschools is an opportunity that my child is able to experience
    ❑ Other parents in my community have had bad experiences sending their kids to preschool

    ❑ I don't/will not have time to take my child to preschool
    ❑ I can't/will not be able to afford to send my child to preschool
    ❑ I don't/will not have transportation to get my to preschool
    ❑ Preschools can't serve my child's unique needs

39. *Do you have a child <u>ages 6-8</u>?* ❑ *Yes*   ❑ *No*

If yes, please answer questions 40 to 45 below.

* If you have more than one child ages 6-8, answer these questions for the youngest child ages 6-8.

40. How old is your child? _____ years

41. Does your child receive special education services?   ❑ Yes   ❑ No

42. If yes, at what age did your child begin receiving intervention for his/her needs?
    _____ Years

43. Do you use before school or after-school care for your child?   ❑ Yes   ❑ No

44. How satisfied are you with your child's preparation for kindergarten?
    ❑ Very Satisfied   ❑ Somewhat Satisfied   ❑ Somewhat Dissatisfied
    ❑ Very Dissatisfied
    Please explain:
45. How satisfied are you with your child's K-3 learning experiences?
    ❑ Very Satisfied   ❑ Somewhat Satisfied
    ❑ Somewhat Dissatisfied   ❑ Very Dissatisfied
    Please explain:

Thank you for completing this survey!

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Email Address (*Please print clearly*):_____

Livingston County