

**Appendix F: Michigan's Comprehensive Early Childhood System Plan**  
*Great Start System Blueprint*  
**May 2005**

**1. The Great Start System Vision and Mission**

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

**Mission:** The purpose of Great Start is to assure a coordinated system of community resources and supports to assist all Michigan families in providing a great start for their children from birth through age five.

**Governing Values for the Great Start System**

- Accessible, user-friendly and affordable
- Family-Guided; Sensitive and responsive to the strengths and needs of families
- Community-Based
- Collaborative
- Non-partisan
- High quality, with measurable results
- Sound, long term financial base of public and private funds

**2. Multi-Agency State-level Partnerships**

Governor Jennifer Granholm is leading the effort to create the Great Start System for all children birth to Kindergarten and their families in Michigan. She created her Children's Cabinet a multi-agency, state-level partnership composed of the directors of the Michigan departments of Human Services, Labor and Economic Development and Community Health and Education to provide leadership to improving results for families and children.

The ECCS grant established a multi-agency, state-level leadership team to assure the effectiveness of comprehensive early childhood system planning effort. The ECCS leadership team established the Early Childhood Core Team (ECCT) as the multi-agency state-level work group for the ECCS grant. The ECCT membership included individuals who represented all state and federal government early childhood programs, individuals who represented a community-based perspective, and individuals that represented a parent's perspective. The ECCT was the first multi-agency state-level group that brought together every program that serves young children and families across state government. Concomitantly, Children's Cabinet established the Children's Action Network (CAN) to provide a venue for the leaders of early childhood associations and advocacy organizations to become directly involved in the creation of the Great Start System. Early this spring the ECCT and the CAN were merged. The CAN has become a state-level, multi-agency, cross sector partnership which includes parents, community members, state government, and private associations.

In February the Governor approved the formation of the Early Childhood Investment corporation (ECIC) based on key recommendations from the ECCS grant. The major functions of the ECIC will be to: Select, fund, support and monitor local Great Start Collaboratives (GSCs) to provide universal access to early childhood services and supports; Serve as a convener and coordination point for all early childhood system development; Promote early childhood education as a economic imperative/investment; Provide technical assistance regarding early childhood system building; Leverage public and private sector funds to expand the availability and quality of early childhood services; Establish an accountability system to measure achievement toward the results, outcomes and performance standards of the Great Start System.

### **3. Review of Current Best Practice**

**System Building:** Michigan is one of four learning partner states in the Build initiative. ECCT members and ECCS grant staff have participated in all Build Initiative activities. These activities gave MI access to best practice information about systems building, particularly regarding the infrastructure needed to support a comprehensive system. As a part of the ECCS strategic plan development, an infrastructure work group reviewed these practices and the literature generally. The workgroup scanned MI strengths and weaknesses in comparison to best practice. Resources that were reviewed include: “The Report Series on Building State Early Childhood Comprehensive Systems” from the National Center for Infant and Early Childhood Health Policy; “Building an Early Learning System: The ABCs of Planning and Governance Structures” from the State Early Childhood Policy Technical Assistance Network; and “Blending and Braiding Funds to Support Early Care and Education” from the Finance Project. The workgroup reviewed the evaluations of Michigan’s most significant, state-funded early childhood initiatives -- the All Students Achieve Program-Parents Involved in Education (no longer in existence due to economic downturn) and the Michigan School Readiness Program (MSRP). The work group made recommendations for the strategic plan that built on current strengths and weaknesses. The workgroup recommended that MI ought to focus its early childhood system building efforts at the local level (where children and families live and receive services). This approach would build on the local early childhood system building efforts that were already underway in some communities. It would allow the state to engage as a partner with local communities with the intention of learning and sharing across all communities, using a collaborative, community-based and community building approach.

The structure of the ECIC and the GSCs is based on the Smart Start structure in North Carolina. The ECCS grant has used the Smart Start National Technical Assistance Center, and its affiliation with the Build Initiative, to learn about the successes of the Smart Start approach, both in North Carolina and in the rest of the country. It is clear that it is both public and private investment that have built, and more importantly sustained, Smart Start.

**Service and Program Integration:** A core function of the ECIC will be to align public services and programs in pursuit of outcomes and performance standards. An in-depth review of current best practices for integrating services and programs will be undertaken by

the ECIC after it is operationalized in the fall of 2005. It would be premature to outline these service and program integration strategies at this time since the CAN has not yet identified the outcomes and performance standards for the Great Start Collaboratives. The CAN work plan includes the identification of these outcomes and performance standards as occurring by July 30, 2005. These outcomes and performance standards will drive the priorities for service and program integration. A strong link will be established between public programs and services and the ECIC, to inform the efforts of the ECIC, creating communication and collaboration between the ECIC and state government to advance service and program integration.

Programmatic Areas and Practices: The ECCS planning process generated governing values for the practices of the Great Start system. (See page 1 of this document.) These governing values were based on perspectives shared by Michigan stakeholders about the practices that should be characteristic of the Great Start system. The programmatic areas that will guide implementation are the strategies/goals that have been identified as within each of the critical component areas. (See Section #8 of this document) These strategies were based on a review of best practices and research applicable to each of the components, using as a key resource the “Building State Early Childhood Comprehensive Systems” from the National Center for Infant and Early Childhood Health Policy.

#### **4. Internal MCH Environmental Scan**

Access to Health Insurance and Medical Homes: A process to develop a definition for medical home for children with special needs was initiated in 2003 by applying to join the Medical Home Learning Collaborative (MHLC) supported by the MCHB. Michigan (MI) received training and technical assistance through the Federal Medical Home Learning Collaborative. The MHLC provided educational support to three practices while they modified their style of practice to be consistent with the medical home for CSHCN. That project has been completed. Based on that experience a model for a medical home practice was developed. The Henry Ford Health System is pursuing implementation of that model for their pediatric practices. While the Michigan Chapter of the American Academy of Pediatrics has agreed to partner with CSHCS in the development of the medical home concept, progress is dependent upon the participation of Medicaid and other insurers in developing appropriate reimbursement mechanisms. In the meantime, a consultant will be analyzing data from the Henry Ford System to determine the cost of providing a medical home within private practice.

Mental Health and Social-Emotional Development: While the MCH program was instrumental in the development of Maternal/Infant Support Services (MSS/ISS) that include assessment and referral to specialized mental health services for Medicaid-eligible women and their infants, there is currently no similar statewide service for women who do not qualify for Medicaid. A few local health departments provide similar services for non-Medicaid women using their local MCH block grant funds.

Early Care and Education/Child Care: The MCH program has no current capacity in this area.

Parenting Education: Four communities in MI include parenting education as a component of their MSS/ISS and Nurse/Family Partnership projects. The Nurse/Family Partnership project works with first time mothers to help them build parenting skills and provide them with information about early childhood development. The MCH program also participates in the provision of READY kits to parents of infants as part of the Great Start system. These kits provide information on immunizations, lead poisoning prevention, WIC, child care, injury prevention, early learning and social-emotional development.

Family Support: The Nurse/Family Partnership projects help first time parents develop a support network of family and friends and help parents to access other health and human services. MSS/ISS provides counseling in appropriate infant care, health education, nutrition, social casework, transportation, care coordination, referral and follow-up. The CSHCS Parent Participation Program has three major areas of responsibility: 1) development of a statewide, community-based network of parent-to-parent support, 2) provision of parental input to CSHCS administration regarding programs and policies; and 3) facilitation of timely responses to families in need. As a core component of the CSHCS organization, the program is headed by a parent of a child with special health needs. The program is unique in that it is inclusive of all families of children with special health care needs, whether or not they are enrolled in CSHCS.

Each GSC will be conducting an environmental scan and needs assessment to inform a strategic plan for their local early childhood system. MCH will have a voice in preparing the environmental scanning and needs assessment format. The ECCS grant coordinator will be working within the ECIC to assure that this connection is made. This information will be reviewed by the ECIC staff and included in a data based regarding current capacity.

**5. Current Financing of Early Childhood Services by Title V**

The Michigan Title V program currently supports the following early childhood services: Fetal Alcohol Syndrome, lead poisoning prevention, immunizations, Sudden Infant Death Syndrome and Other Infant Deaths, local MCH priorities and Children’s Special Health Care Services.

Services	State Title V Match, FY 05	Federal Title V Match, FY 05
Lead Poisoning Prevention	\$1,105,000	\$490,000
Immunizations		640,200
SIDS		321,300
CSHCS		10,153,300

Local MCH	246,100	7,018,100
Fetal Alcohol Syndrome		200,000

Federal Title V funds support: field support and local agreements for immunization services, safe sleep education for parents, grief counseling for families affected by SIDS, services for children affected by Fetal Alcohol Syndrome, and local public health services for children including CSHCN, well baby clinics and maternal support. Funding for CSHCS includes medical care and treatment, case management, bequests for care and amputee services. Approximately one third of the children served by CSHCS are under age 6.

### **6. External Environmental Scan**

Michigan used a results-based accountability process to create its *Blueprint*. Hundreds of stakeholders established population-level results that that were desired for all young children and their families. Data indicators were established for each result, so that progress toward achievement could be quantified. Stakeholder workgroups analyzed the current Michigan data available on the indicators and/or reviewed anecdotal data provided by content experts and research/best practice findings to conduct an environmental scan based on the data indicators. The findings of the scan identified both challenges and opportunities that Michigan faces as it moves forward with Great Start System development.

- There are many early childhood initiatives in Michigan that have suffered from not having a vehicle for their coordination and connection. The previous approach has been to accept or apply for funds without considering how the funding could contribute toward the creation of the coordinated system. There has been no organizational entity from which all early childhood initiatives could emanate, nor has there been a shared plan within which each initiative could contribute toward the larger vision of the Great Start System. The ECIC will serve as that connection point after October 2005, and in the interim the CAN includes representatives from all current early childhood initiatives and programs that are coordinated at the state-level.
- Communication is critical to the success of the Great Start System. Effective and timely communication with all sectors at the state and local level continues to be an ongoing challenge. The Great Start for Kids website that was created by the ECCS grant served an important role both in including stakeholders in planning and keeping the broader community informed about progress. Initial communication from the ECIC will be placed on the Great Start for Kids website, with the website transitioning to the ECIC as soon as staff are available to manage it. The website will include links to all other Great Start efforts.
- Lack of sustainable public financing for early childhood services is a major obstacle to the development of a comprehensive early childhood system. Michigan’s economic situation continues to be dire and structural deficits are predicted into the future. Additionally there has been very limited private sector investment in the delivery of programs, services and supports for young children. These facts delineate why the formation of the ECIC was so critical to the successful implementation of the Great Start

system, since it will provide a leverage point for both increasing contributions from the private sector and maximizing the contributions of the public sector.

- MCH has traditionally been very involved in the leadership and support of collaborative initiatives in Michigan. This tradition has continued with the development of the Great Start System. The MCH director is a key staff to the Children’s Cabinet and is an active member of the CAN. The decision to place the ECCS grant within the ECIC will allow MCH to continue to support a collaborative, family-centered and community-based approach to the implementation of the Great Start System. The ECCS grant staff will be actively involved in providing to technical assistance to Great Start Collaboratives as they prepare their applications, conduct their needs assessments and writing their strategic plans. The assessment, planning and implementation of these five critical components of comprehensive early childhood systems will drive these activities.

## **7. Challenges & Opportunities in Implementation**

Michigan is in the process of launching the ECIC, the not-for-profit corporation that will serve as the governance structure for the Great Start system. The ECIC is the best opportunity that Michigan has had to create a sustained source of funding, technical assistance and communication to support local early childhood system building efforts. The strength of the ECIC lies in its potential to bring together all sectors, as partners, in maximizing the potential of every young child, in ensuring that early childhood programs and services achieve outcomes, and in creating broad-based, citizen engagement and support for a focus on the earliest years of life.

Michigan has chosen to implement the Great Start system in phases. A phased implementation process will allow the learning from one set of GSCs to be used to benefit those who implement in subsequent phases. The establishment of shared outcomes and performance standards for all GSCs, prior to their initiation, is crucial to being able to demonstrate effectiveness and impact.

A critical challenge, which emerged during the initial planning, is how to best assure that those programs which have broader eligibility criteria than 0-5, are understood as equally important to supporting children coming to Kindergarten ready, as are programs that just serve children 0-5, e.g. preschool (3 – 4 years) and well-child visits (0-18 years). To be successful the Great Start system will have to maintain a focus on all six critical components. Maintaining this focus will require education for stakeholders as well as oversight, financing and policies which ensure that all critical components are addressed by every GSC.

ECCS grant will provide resources to staff that will work within the ECIC. Positioning the ECCS grant within the ECIC will help to ensure that MCH is a fundamental part of the Great Start system and that a focus on the six components is sustained.

## **8. Summary of Plan to Implement Each Component**

The following *Blueprint* reflects the intended structure of the Great Start System at the state and local level. It provides detailed action steps and time frames for each critical component area. Two additional components have been added to the Michigan plan – Infrastructure and Basic Needs, Economic Security and Child Safety. It was the opinion of the ECCT that the vision for the Great Start System could not be achieved without attending to the Basic Needs of children and families. It was the opinion of the Children’s Cabinet that no comprehensive system could be developed without an infrastructure to organize it, support it and continuously improve it.

<b>Great Start System Blueprint</b>				
<b>Component: Access to Health Insurance &amp; Medical Home (Physical Health)</b>				
<b>Result</b>	<b>Goals</b>	<b>Action Steps</b>	<b>Lead Agency</b>	<b>Timeframe</b>
<i>Infants and young children are physically healthy.</i>	Ensure universal health insurance coverage for children birth to 18.	Implement policy change to remove eligibility differences between children eligible for MI-Child and Medicaid.	Michigan Dept. of Community Health (MDCH)	2010
		Expand coverage options for people/families over 200 – 350% of poverty through co-pays, e.g. purchasing pools, county health plans or Three Share plans.	MDCH	County-by-county as GSCs are expanded until 2010
	Provide a medical home (physician relationship) for every child that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally effective.	Establish standards for a medical home.	MDCH	2006
		Create methods to recognize and assure medical home access to all children 0-5.	MDCH	2006
		Ensure that health care coverage provides for a medical home reimbursement.	MDCH	County-by-county as GSCs are expanded until 2010
		Increase outreach and education about health care	MDCH	County-by-county as

		plans and coverage options to families, employers, schools, and anyone who works with young children and families.		GSCs are expanded until 2010
		Provide for increased reimbursement to medical home providers for children with special health care needs.	MDCH	2008
		All medical homes will provide information to parents about payment options for health and developmental services, including at a minimum, CSHCS.	MDCH	2008
	Create the Michigan Care Improvement Registry to give primary care providers access to patient information, i.e. immunizations, lead test status, etc.	Explore options and funding to expand current Immunization Registry.	MDCH	2006
<i>Families of infants and young children are physically healthy</i>	Create a pre-natal support and services program (MSS type services and supports) for all pregnant women available to them during any pregnancy with referral link to additional services as needed.	Establish a structure for redesign of current MSS/ISS services	MDCH	Completed
		Create work plan and time frames		2005
		Implement plan		2007
	Create mechanisms to provide health and safety related parenting education for parents of children 0-5.	Create/identify materials	Early Childhood Investment Corporation	2007
		Identify persons to provide materials and selection		
		Provide training		

			(ECIC)	
	Increase skills in physical health promotion for all early childhood providers.	Create/identify materials	ECIC	2007
		Identify persons to provide materials and selection		
		Provide training		

<b>Great Start System Blueprint</b>				
<b>Component: Mental Health &amp; Social-Emotional Development (Social-Emotional Health)</b>				
<b>Result</b>	<b>Goals</b>	<b>Action Steps</b>	<b>Lead Agency</b>	<b>Timeframe</b>
<i>Infants and young children are socially and emotionally healthy.</i>	Implement the social-emotional focus area of the state-wide, public awareness plan for the Great Start system.	Create research-based public awareness and education strategies.	MDCH/Surgeon General and ECIC	2006
		Promote awareness on Children's Cabinet regarding the early childhood mental health implications in all new program and policy development.	MDCH	2006
		-Distribute social-emotional developmental wheels and social-emotional development booklet in <i>Ready Kits</i> and to child care providers. -Translate into Spanish and Arabic.	MDCH	2006
		Develop a cost/benefit analysis with target messages.	MDCH & ECIC	2006
	Develop and implement the social-emotional component of the comprehensive personnel development	Build on the Unified System of Learning (USL) to develop a formal, relationship-based, culturally	DCH, (Department of Human Services) DHS & Michigan	2008

	system for the Great Start system.	competent system of training and supervision for early childhood mental health specialists and consultants, including: technical assistance; cross-disciplinary mentoring, standards-based and evaluated training.	Department of Education (MDE), Head Start, USL	
		-Survey and compile a database of individuals who are qualified to provide early childhood mental health consultation for child care.	MDCH	2006
		-Expand capacity to provide early childhood mental health consultation services in across early care and education settings (including child, family and provider).	MDCH/Michigan Association for Infant Mental Health (MiAIMH), Head Start	2007
		Identify resources and build capacity re: identification and treatment of maternal depression by primary health care providers. (PHP)	MDCH	2007
		Create a centralized, interactive website on social-emotional health and development.	ECIC & DCH	2007
		Provide joint training and TA at local and state level to CCEP and Head Start MH consultants.	DHS, Head Start and MDCH	2006
		Develop and implement a state-wide	Establish and maintain a data	MDCH

	data system for the collection and analysis of information related to social-emotional health.	retrieval system for: the number of children who receive social-emotional screening (PHP); number of children identified as needing follow-up; number of children referred for further assessment; to whom the child was referred.		
		PHP submit information on completed maternal depression screenings to MDCH.	MDCH	2008
		All public and private mental health and substance abuse treatment providers collect and report to MDCH the date of birth of the children under age six who reside with the parent or primary caregiver receiving treatment	MDCH	2008
		Create a data-base to collect information on: number of children who are expelled from early care and education settings due to social-emotional/behavioral concerns; number of children with significant social-emotional concerns who are not yet at the point of expulsion.	ECIC & MDCH	2009
		Develop items for inclusion	MDCH	2007

		in the K-Entry Status Assessment on social-emotional competencies.		
Develop and implement a state-wide system for the screening of social-emotional health for infants, toddlers, and young children and provide for referral to appropriate services and supports.		Convene a group of stakeholders to identify a screening tool.	MDCH	2006
		Develop standardized screening method for primary health care providers.	MDCH	2007
		Educate and provide information to PCP by developing and providing consistent, clear, simple guidelines on screening.	MDCH	2007
		Incorporate social-emotional screening into current health assessment tools and guidelines; implement EPSDT policy change.	MDCH	2008
		Develop a mechanism for public and private insurance reimbursement for social-emotional health screening to DCH.	MDCH	2008
		Provide social-emotional screening in all child care settings, in child welfare (foster care, children's protective services) Domestic Violence shelters, homeless shelters, and in Kindergarten.	MDCH & DHS	2009

Provide a comprehensive, universally accessible, culturally and linguistically competent system of care (mental health/social-emotional health) to promote the social-emotional health of infants, toddlers and young children.	Bring together a collaborative group to provide leadership in the development of social-emotional health component of Great Start System.	MDCH & ECIC	2006
	Collect data on the availability of maternal depression services in MI (linguistic and culturally appropriate), identify evidence based practices to treat maternal depression, and make recommendation to MDCH to strengthen maternal depression treatment.	MDCH	2007
	Develop and disseminate best practice guidelines for the treatment of maternal depression.	MDCH	2007
	Determine a list of resources, for the treatment of maternal depression for each geographic region of the state.	MDCH	2007
	Implement Integrated Services Models in each CMHSP.	MDCH	2008
	Develop substance abuse treatment services for parents of young children.	MDCH	2009
	Develop the social-	MDCH, MDE &	2006

		emotional health component of the <i>Standards for Infants and Toddlers in Child care and Early Education</i> .	ECIC	
		Establish uniform standards for access for young children and their parents/families to CMHSPs	MDCH	2006
		Develop standards of care (evidence-based practice) for mental health treatment and services for children 1-6 years		
		Expand state capacity to provide infant mental health services through CMHSPs.	MDCH	2008
		Develop statewide social-emotional program options that promote social-emotional health and alleviate risk.	MDCH	2007
<i>Families of infants and young children are socially and emotionally healthy.</i>	Provide a state-wide system for depression screening of children (6-12), adolescents (13-18), pre and perinatal women, and other family members of young children.	Select and implement a standardized maternal depression screening approach by (PHP).	MDCH	2007
		Select and implement a standardized depression screening tool for adults (parent/caregivers of children under age six), adolescents and children 6-12 years.	MDCH	2008
		Develop and enforce a	MDCH	2008

		policy requiring Medicaid providers to systematically screen for maternal depression.		
		Develop a mechanism to reach women who are at high-risk for depression and who do not have access to primary health care.	MDCH	2007
	To seek and obtain stable funding for an early childhood mental health system of care.	Request that the Federal government establish a Medicaid billing code for mental health consultation.	MDCH	2009
		Develop a financial analysis in order to determine number of staff to provide effective mental health consultation state-wide.	MDCH & ECIC	2007
		Develop a mechanism for public and private insurance reimbursements for depression screening for women and social-emotional screening of children.	MDCH	2008
		Provide Medicaid funding for a pilot project to place mental health specialists at high volume Medicaid clinics to assist health care providers.	MDCH	2007

<b>Great Start System Blueprint</b>
<b>Component: Early Care &amp; Education</b>

<b>Result</b>	<b>Goals</b>	<b>Action Steps</b>	<b>Lead Agency</b>	<b>Timeframe</b>
<i>Families of young children have access to high quality early education and care.</i>	Promulgate licensing rules for child care homes and centers that increase requirements (training, staffing ratios).	Complete promulgation process for family home roles and provide training	DHS	Jan 2006
		Hold public hearings for center rules		July 2005
		Complete promulgation process for center rules and provide training		Spring 2006
	Improve licensing process through streamlining and increased technical support.	Complete technical assistance for draft rules	DHS/ECIC	Fall 2005; TA is ongoing by ECIC
	Define holistic early education and care standards of quality using MDE, Head Start and other research-based standards.	<i>Early Childhood Standards of Quality for Prekindergarten( 3 &amp; 4 center-based)</i>	MDE & DHS	Completed March 2005
		Dissemination with funds from CCDBG		2005-2007
		Complete <i>Early Childhood Standards of Quality for Infants and Toddlers (0-3, centers and homes)</i>		Spring 2006
	Develop and implement the early education and care component of a comprehensive personnel development system for the Great Start system.	<ul style="list-style-type: none"> <li>-Adopt (state government) the <i>Core Knowledge and Competencies</i>.</li> <li>-Develop a career lattice based on the <i>Core Knowledge and Competencies</i>.</li> <li>-Identify and develop a range of professional development opportunities for each step/level of</li> </ul>	ECIC, Children's Action Network (CAN)	2006

	<p>competency.</p> <p>-Develop a competency based assessment for the first level (of career lattice) providers.</p> <p>-Two and four-year colleges/universities and high school vocational education will develop a seamless system of articulation.</p>		
	Develop training and trainer standards that focus on impact and outcomes.	ECIC	2005, ongoing with GSCs
	Create a central registry of training opportunities that meet training standards.	Michigan Coordinated Child Care Association (MI-4C Association), ECIC	2006
	<p>Create a system for mentoring and reflective support for individuals providing early education and care.</p> <p>-Explore and work toward the development of consistent curriculum standards for non-teaching bachelor degree programs in infant/early childhood education and family studies.</p>	ECIC	Recommendations complete, approval pending for 2006

		-Develop a certification or endorsement for non-teaching ECE/Family Studies major equivalent to the Early Childhood (ZA) endorsement. -Revise the Early Childhood (ZA) endorsement to include training on infants and toddlers and early childhood special education	MDE	
	Require a minimum of training and education for all relative care providers and day care aides before they can be reimbursed by DHS.	Define minimum training	DHS	2006
		Develop training		
		Make training available		
	Create public awareness and disseminate consumer education about the importance of quality early education and care.	Create public awareness campaign for Great Start system	ECIC – Communications Office	Fall 2005, ongoing
	Develop & implement quality standards that correlate to a tiered rating system for the range of settings in which early care and education take place	Design instrumentation to measure levels of quality	ECIC	Initial draft by June 2005; Phase in w/ GSCs
		Correlate quality measures with child outcomes.		
	Implement an income-based, state-subsidized program to support universal pre-k.	Research evidence-based pre-k programs	MDE & DHS	2007
		Develop program proposal		
		Seek funding		
		Implement program		
<i>Children are ready to succeed in school and</i>	Implement an annual randomized, stratified sampling system, e.g. the	Develop Kindergarten Status Assessment tool.	MDE, ECIC	2007

<i>in life.</i>	Kindergarten Status Assessment, statewide to assess children's development within the first six weeks of school entry.	Secure funding		2007
		Develop protocols for implementation, data collection and analysis & trial		2008
		Implement state-wide		2010
	Redesign <i>Early On Michigan</i> (Part C of IDEA) to improve child and family outcomes.	Define the problem in terms of the key causes and forces that are impacting Early On.	MDE w/ DCH & DHS	Dec 2005
		Determine the eligible population.		
		Determine the funds that constitute the funding pool for early intervention.		
		Determine the funds that constitute the funding pool for		
		Allocate available resources across the results.		
		Analyze indicators and prepare strategies for system redesign.		
		Determine Shared Purchasing Plan across Result Areas		
Prepare Strategic Plan and Budget				
Design a data system that begins at birth and is able to upload to Single Record Student Data-base (SRSD) to	Develop plan for data system	ECIC with MDE, CEPI and Dept. of Information	2006	
	Trial the system		2007	

	follow children's health, growth and development.	Implement state-wide	Technology (DIT)	2010
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<b>Great Start System Blueprint</b>				
<b>Components: Parenting Education &amp; Family Support</b>				
<b>Result</b>	<b>Goals</b>	<b>Action Steps</b>	<b>Lead Agency</b>	<b>Timeframe</b>
<i>Families of infants and young children are socially and emotionally healthy.</i>	Expand and improve parenting education programs.	ID current models	ECIC	2005
		Review impact data		2006
		Review research		2006
		Make recommendations		2007
		Prepare implementation plan		2008
	Designate and/or establish/create a comprehensive family resource center in every community (not county), in accordance with definition of FRC from Family Support America (FSA)	Seek guidance and input from FSA	ECIC	Phase in w/ GSCs through 2010
		Define a core set of services including: research-based parenting education; activities based on SEARCH Institute Research; culturally and linguistically competent practices; single plan of service; service coordination, etc.		
		Prepare implementation phase-in plan		
		Implement plan		
	<i>Families support and guide the early learning of their infants and young children.</i>	Expand resources available primary health care providers on parenting.	Identify current resources	MDCH
Evaluate impact				
Examine best practice				
Prepare recommendations				
Implement recommendation				
Promote meaningful parent involvement and leadership in the Great Start		Develop education for teachers/staff/administrators	ECIC	2006

	System.	Identify an array of meaningful parent roles/opportunities		2006
		Create trust fund to support Parent Leadership Training Institute (PLTI)		2010
		Develop and implement PLTI.		2007
	Promote and fund research-based home visiting programs that promote literacy and teach parents about developmental progress.	ID current models and Review impact data	ECIC	2007
		Review research		
		Make recommendations		
		Prepare implementation plan		
	Promote knowledge and use of informal and culturally appropriate community resources via community assets guides.	Develop template for guides	ECIC	2007
		Promote use of template by GSCs		
	Create a parent-to-parent mentoring/support program that can be accessed from hospitals, agencies, schools, etc. (no wrong door).	Identify best practices	ECIC	2007
		Develop potential models		
		Identify funding		

The next portion of the *Great Start System Blueprint* concerns infrastructure. It includes Goals and Actions Steps for which the Children’s Cabinet, the ECIC and its local counterpart, the Great Start Collaboratives are responsible. Two Children’s Cabinet members will be involved in supporting the ECIC and the Great Start Collaboratives through their membership on the ECIC Executive Committee of the ECIC Board of Directors. Additional state government leaders will be members of the ECIC Board of Directors as a whole.

<b>Great Start System Blueprint</b>				
<b>Component: Infrastructure</b>				
<b>Result</b>	<b>Goals</b>	<b>Action Steps</b>	<b>Lead Agency</b>	<b>Timeframe</b>
<i>Communities make infants and young</i>	Children’s Cabinet provides leadership for public sector in developing,	Ensure that parents are equal partners in the development	Children’s Cabinet	2005

<i>children a priority by investing in families.</i>	implementing and evaluating the Great Start System	and implementation of the Great Start system at the state and local levels.		
		Charter a finance task force to design and prepare an implementation plan for stable and sustainable funding.	Children's Cabinet	2005
		Ensure that state-level, early childhood policies (financing, monitoring, quality, etc.) are collaboratively developed, realigned and implemented.	Children's Cabinet	2006
		Provide leadership to develop, integrate and adopt high quality standards for each critical component.	Children's Cabinet	2006
		Provide leadership to develop, implement and maintain a comprehensive cross agency data and information system.	Children's Cabinet	2007
		Enforce accountability for the achievement of child, family and system outcomes and performance standards for the Great Start system.	Children's Cabinet	2007
		ECIC serves as clearinghouse of information, resources and technical assistance for early childhood system building efforts.	Provide TA to local communities focused on early childhood system building	ECIC
		Serve as interactive hub for	ECIC	2005

		Great Start system to link information, people and resources		
		Establish baseline data for Great Start results	ECIC w/state agencies	2006
		Track economic outcome data produced by GSCs	ECIC	2007
		Compile and share state and local evaluation data	ECIC w/ state agencies	2006
		Maintain and support tools targeted to parents.	ECIC	2005
		Develop and support overall framework for comprehensive system of personnel development	ECIC w/ state agencies	2006
		Provide consistent and timely communication.	ECIC	2005
	ECIC serves as the focal point and convener in MI for the development and leadership of the Great Start System.	Identify sufficient resources to expand the Great Start system to every community	ECIC & Children's Cabinet	FY 2010
		Recommend strategies to align publicly funded early childhood programs	ECIC	2007
		Consolidate and operate initiatives to increase the quality of and expansion of early childhood programs	ECIC	FY 2006 and continuing
		Lead messaging campaign re: economic imperative of early childhood investment	ECIC	FY 2006 and continuing
	ECIC partners with and supports local communities through the GSCs	Contract with each ISD in support of a GSC	DHS	2010
		Administer Great Start grants	ECIC	2005 and

		for the GSCs		continuing
		Define expectations for GSCs structure and governance	CAN subcommittees ECIC	July 2005
		Define and monitor performance standards for GSCs	CAN Subcommittees ECIC	July 2005
		Provide Great Start planning grants	ECIC	Fall 2005 and continuing
Great Start Collaboratives provide access to the Great Start system services and supports to every child 0-5 and their families by 2010.		Conduct a community needs assessment based on critical components.	GSC	2006 –2010
		Adopt and enact a strategic plan for development and implementation of a comprehensive early childhood system based on critical components.	GSC.	2006- 2010
		Seek additional funds to support the plan.	GSC	2006 – 2010
		Provide a defined and accountable set of resources, services and supports for children with disabilities, delays, special needs or at-risk of same, and their families	Local publicly funded agencies	Current and continuing requirement
		Expand child care quality	GSC	2006-2010
		Evaluate local efforts against established performance measure and outcomes	GSC ECIC	2006 and continuing
		Coordinate and integrate existing early childhood	ECIC	FY 2006 and continuing

		programs across public agencies		
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The following is the portion of the *Great Start System Blueprint* that relates to Basic Needs, Economic Security and Child Safety.

<b>Great Start System Blueprint</b>				
<b>Component: Basic Needs, Economic Security and Child Safety</b>				
<b>Result</b>	<b>Goals</b>	<b>Action Steps</b>	<b>Lead Agency</b>	<b>Timeframe</b>
<i>The basic needs of infants and young children are met.</i>	Increase Federal Medicaid and 4E dollars available to support child welfare.	Develop funding partnerships, between the public and private sectors, for the purpose of increasing Medicaid match available.	DHS	Current & ongoing
	Implement recommendations from NGA Policy Academy on Homeless Families and Children.	Children’s Cabinet supports implementation plan.	Department of Labor and Economic Development (DLEG)	2006
	Increase the number of qualifying families who apply for and receive the federal Earned Income Tax Credit.	Continue current outreach and education efforts conducted by DHS and Community Action Agency (CAA) staff	DHS, (CAA)	Ongoing
<i>Families of infants and young children are economically stable.</i>	Support families to remove barriers to their self-sufficiency.	Develop and implement a time limited (based on family circumstance), set of self-sufficiency services, based on the “Wrap Around” model.	DHS, D-LEG & Michigan State Housing Development Authority (MSHDA) Workforce Action Network (WAN)	Ongoing

	Governor's Cabinet encourages acceptance of an easier to understand and more accurate definition of self-sufficiency and poverty, as measures of family well-being and economic security.	Prepare definition of self-sufficiency and poverty. Gain broad-based support for definition. Implement definition.	DHS, DLEG, MDE & MDCH	2006
<i>Infants and young children are safe.</i>	Young children have non-violent conflict resolution skills and are prepared to deal with bullying.	Assemble a curriculum that teaches non-violent conflict resolution and anti-bullying.	MDE	2008
		Gain funding for curriculum.		
		Implement curriculum.		
	Reduce unintentional injury in the home and community.	Continue current health education programs.	MDE, MDCH	ongoing
Keep children in their communities, schools, and with relatives to achieve permanency more quickly.	Continue efforts to expand the Family to Family Model (F2F) to all counties.	DHS	ongoing	

**9. Goals & Objectives for Plan Implementation**

<b>Goals</b>	<b>Objectives</b>	<b>Timeline</b>
Children birth to age five and their families have access to Great Start system and its early childhood services and supports.	-Solicit 10 ISD's to apply as "ready" to become Great Start Collaboratives each year after 2005. -Solicit 3-7 ISD's to apply for "planning" funds, to assist with becoming "ready" to apply as GSC, in the coming years. -Services and supports in the six critical component areas are available within each GSC.	Phased-in implementation. Phase-in completed by 2010.
ECIC achieves its mission.	-Serves as clearinghouse of information, resources and technical assistance for all GSCs; -The ECIC Executive Committee of the	Beginning in Fall of 2005, and continuing.

	<p>Board and CEO establish effective partnerships with state government and other sectors.</p> <p>-Effectively, timely and regular communication about the Great Start system occurs.</p> <p>-Economic imperative of early childhood is well understood and leads to increased investment.</p>	
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**10. Core Indicators for Health Status**

**Result:** *Infants and young children are physically healthy*

<b>Primary Indicators</b>
1.a. Number and percent of children, under age 6, with a regular medical home *
1.b. Number and percent of uninsured (insured) children, under age 6.
1.c. Percent of children, under age six, with history of lead poisoning.
1.d. Number and percentage of women with adequate prenatal care.
1.e. Number of infants born with birth defects as percentage of live births.
1.f. Number of preventable hospitalizations for children, under age six, for asthma (and other diagnoses)
1.g. Number of low birth weight infants as percentage of live births.
1.h. Number and percentage of child deaths for children, under age six.
1.i. Percent of birth to age six year olds with up-to-date immunizations.

The ECIC will be developing performance measures for the GSCs this summer. The health status indicators will be incorporated into those performance measures. GSCs will be required to report, annually, on their progress toward achieving these performance measures. The ECIC will summarize this data and report it for the GSCs and the state as a whole.

**11. Family & Community Involvement**

Michigan placed a strong priority on family and community member engagement in the initial planning phase for the Great Start System. The ECCT included six members who were parents and six who were community members. The involvement of parent

members was supported through the use of an honorarium for meetings as well as reimbursement for travel and child care expenses. Parents and community members were also included when large group planning events were held, and when possible, honorariums and expense reimbursement were offered for those events as well. The results-based workgroups included parents and community members who help to craft the strategies and recommendations that became a part of the *Great Start System Blueprint*. The ECCS grant listserv was another venue used to solicit parent and community member participation. All the work products of the ECCS grant were posted on the listerv and comments were solicited to ensure that the ECCS grant products were developed using the broadest possible participation.

The merged CAN and ECCT, still referenced as the CAN, now includes one parent and several community members that were formerly ECCT members. Prior to the addition of the ECCT members that CAN had no community or parent representatives. Additionally, a former parent member of the ECCT has been recommended to be a member of the Executive Committee of the ECIC Board of Directors. The ECIC Executive Committee will work with the Chief Executive Officer (CEO) of the ECIC to run the ECIC on a daily basis. The larger, more advisory, ECIC Board of Directors will also include additional parent members.

Parents will also be required members on the GSCs. Appropriate supports and reimbursements will be put into place to assure that their involvement can be sustained. The *Blueprint* includes the development of parent involvement and leadership as a priority activities for the first year of implementation.

## **12. Alignment of Funding Streams, Program Resources and Policies**

The alignment of funding stream, program resources and policies will begin with the identification of all current funding across programs and agencies. Additionally the Children's Cabinet will be chartering a finance task force for the Great Start System. The Cabinet will be requesting that this process take place this summer in preparation for the opening of the ECIC in October of 2005. The fiscal mapping will be a critical step in developing and sustaining a finance system for the Great Start system. The ECIC will play a key role in aligning resources and policies across the public and private sectors. The ECIC will begin with a focus on aligning the funding, resources and policies of the quality initiatives that undergird many early childhood programs. The ECIC will systematically convene and promote alignment in other aspects of the system, once the quality alignments are completed.

## **13. MCH Leadership**

The ECCS grant was closely tied to the Governor's Children's Cabinet through the state MCH Director, who served as its Project Director and as the MDCH staff to the Children's Cabinet. The MCH Director is also a member of the CAN. All state-wide early childhood initiatives are within the purview of the Children's Cabinet and its workgroup the CAN. The state MCH Director, the ECCS grant Coordinator or other MCH leadership staff are involved in all state-level committees/workgroups that are multi-agency in nature and focusing on early childhood system development.

The primary public agencies that are collaborating to implement and sustain the Great Start System are: the Michigan Department of Community Health (MDCH) which is responsible for mental health, developmental disabilities, substance abuse, public health and Medicaid; the Michigan Department of Education (MDE) which is the lead agency for Part C of IDEA, special education and the 619 programs, the Great Parents/Great Start, parenting program, and the Michigan School Readiness Program, a state-funded preschool program for children at-risk; the Michigan Department of Human Services (DHS) which is responsible for child welfare and protection, foster care, child care subsidies, food stamps, and other public welfare programs; the Michigan Department of Labor and Economic Development (D-LEG) which is responsible for child care licensing, homeless families, economic development and housing.

#### **14. Integration of Healthy Child Care America (HCCA) Objectives**

All the members of Michigan's HCCA Advisory Committee participated in the development of the ECCS strategic plan. Through their participation in various ECCS sponsored planning activities, they were to ensure that HCCA objectives were integrated into Michigan's strategic plan. Michigan is different from other states in that our emphasis in HCCA has been on building an infrastructure to support a cadre of child care mental health consultants (CCMHC's) rather than a cadre of child care health consultants. The CCMHS's work for the local Child care Expulsion Prevention (CCEP) projects which are funded by the Michigan Department of Human Services (DHS). DHS has been so pleased with the quality and accomplishments of the CCEP projects that the number of projects was increased in 2004 from 7 to 12 (there are now CCEP projects in one-third of Michigan counties). The funds that support the CCEP projects will be under the purview of the ECIC, and continued expansion is expected as resources permit.

In the Great Start System, the child care resource and referral network (MI-4C Association) staff will continue to screen for health insurance coverage and medical home when parents call to request a child care referral. Families who have no coverage will be assisted to apply for Healthy Kids (Medicaid) or MI Child (S-CHIP). The MI-4C Association staff will be required members of the local Great Start Collaboratives, connecting their efforts to the broader efforts to improve access to health insurance and medical homes.

HCCA state partners will continue to support the development and implementation of new child care licensing rules, using the "Caring for Our Children" as a primary reference. It is expected that the family and group home rules will be finalized soon and go into effect in the Fall of 2005. Unfortunately, the promulgation process for the new and improved child care center rules has stalled due to concerns raised by current center providers. HCCA state partners will continue to support the development of these much needed licensing changes through their membership on the rule promulgation committee.

#### **15. Policy Impact of Planning Process**

Michigan's ECCS planning process has already had significant policy impact by shaping the functions of the new Early Childhood Investment Corporation (ECIC). Recommendations from the two-year ECCS planning grant became the basis for key functions of the new ECIC. The ECCS grant will be positioned to have maximum policy impact by informing and supporting the policy, program, and funding alignment efforts of the ECIC while moving forward the component-specific implementation of policies and strategies.

#### **16. Sustainability Plan**

With the advent of the ECIC, Michigan is poised to move into the future with a governance structure that will sustain in spite of political or economic challenges. The ECIC will be able to bring together all sectors in Michigan and build public will regarding the critical importance of investing in the earliest years. It is anticipated that state, Federal and private funds will be brought together within the ECIC and used to build a lasting, high quality infrastructure in Michigan. The GSCs will be charged with ensuring access and the provision of high quality early childhood services and supports within every critical component of the early childhood system.

#### **17. Data Collection & Accountability**

One of the major functions of the ECIC is to measure and report on the performance of the Great Start System. To this end, CAN subcommittees will be establishing outcomes and performance standards for the GSCs this summer. These outcomes and performance standards will quantify progress toward achieving the results that have been established. These outcomes and performance standards will be used as the basis for the selection and monitoring of the GSCs. The Great Start Collaborative data will be summarized and used by the ECIC Executive Committee and the Children's Cabinet to make improvements in the Great Start System.