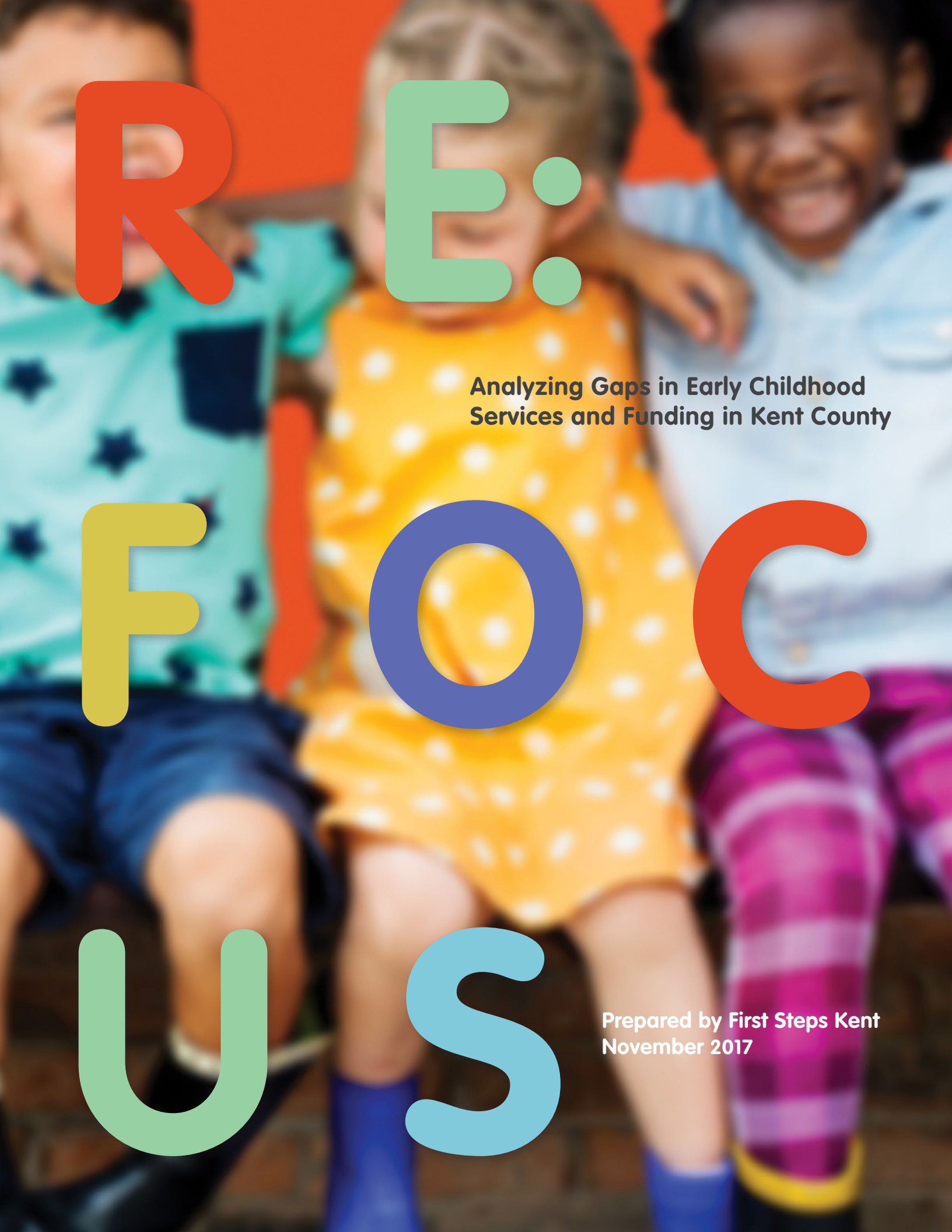

R.E: FOCUS

Analyzing Gaps in Early Childhood Services and Funding in Kent County

Prepared by First Steps Kent
November 2017


RE:
IMA
GINE

Together WE

CAN

DO Better

Kent County recognizes the importance of investing in our youngest children. More than 15 years ago, local foundations, county officials, and community leaders established the vision that "Every young child in Kent County will enter kindergarten healthy and ready to succeed in school and life," and we have built strong partnerships to make that vision a reality. This work is an essential part of our community, and First Steps Kent is moving it forward, linking arms with partners and key stakeholders to accomplish something quite unique for our youngest children and our community as a whole.

Investing early in children and families and supporting parents leads to a new day, a new culture, substantial savings for our community, a viable workforce, better outcomes for children and most of all a healthy community. Foundations and individuals are investing in our youngest populations. Government officials and business owners are taking notice. Our future is now and we need to continue working together to ensure a bright future for all young children in Kent County.

This Gap Analysis is a scan of the capacity of our early childhood landscape here in Kent County. We can now identify where gaps in services exist and we can use this information to create strategies to reach more of our youngest children and their families. This will give us the ability to intervene early enough to transform lives. The formula for success finally exists.

Together, we can do better. Investing in our community's youngest children is not only the smart thing to do but it's the right thing to do. The time is now to pull together and invest in our brightest future.

In gratitude for your support,

Annemarie T. Valdez
President & CEO
First Steps Kent

Lew Chamberlin III
Co-chair
First Steps Kent

Kate Pew Wolters
Co-chair
First Steps Kent


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Every young child in Kent County will enter kindergarten healthy and ready to succeed in school and life. That is the vision of First Steps Kent and early childhood partners in Kent County, Michigan. Turning that vision into reality is the focus of this report.

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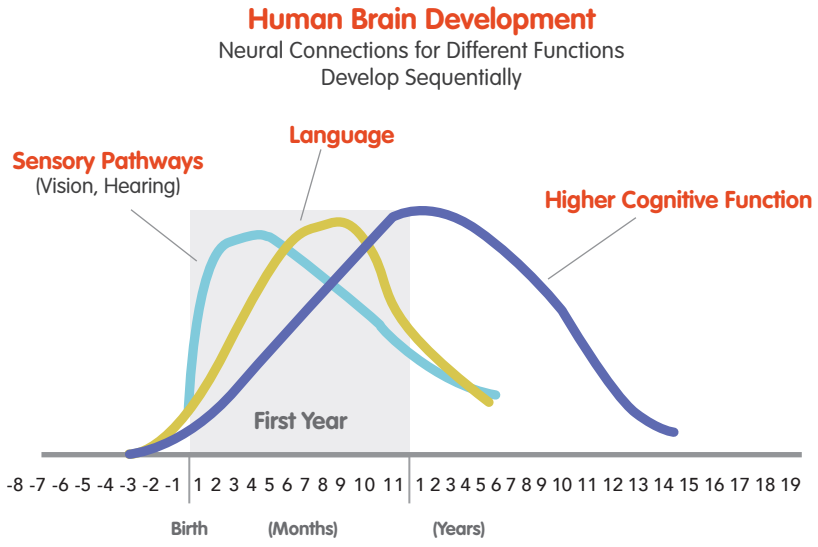
Getting It Right Early Costs Less

All children deserve the opportunity to reach their full potential. Investing early so that babies are born healthy, families are supported and strengthened, and children are developmentally on track removes barriers to success and helps make Kent County more equitable and prosperous.

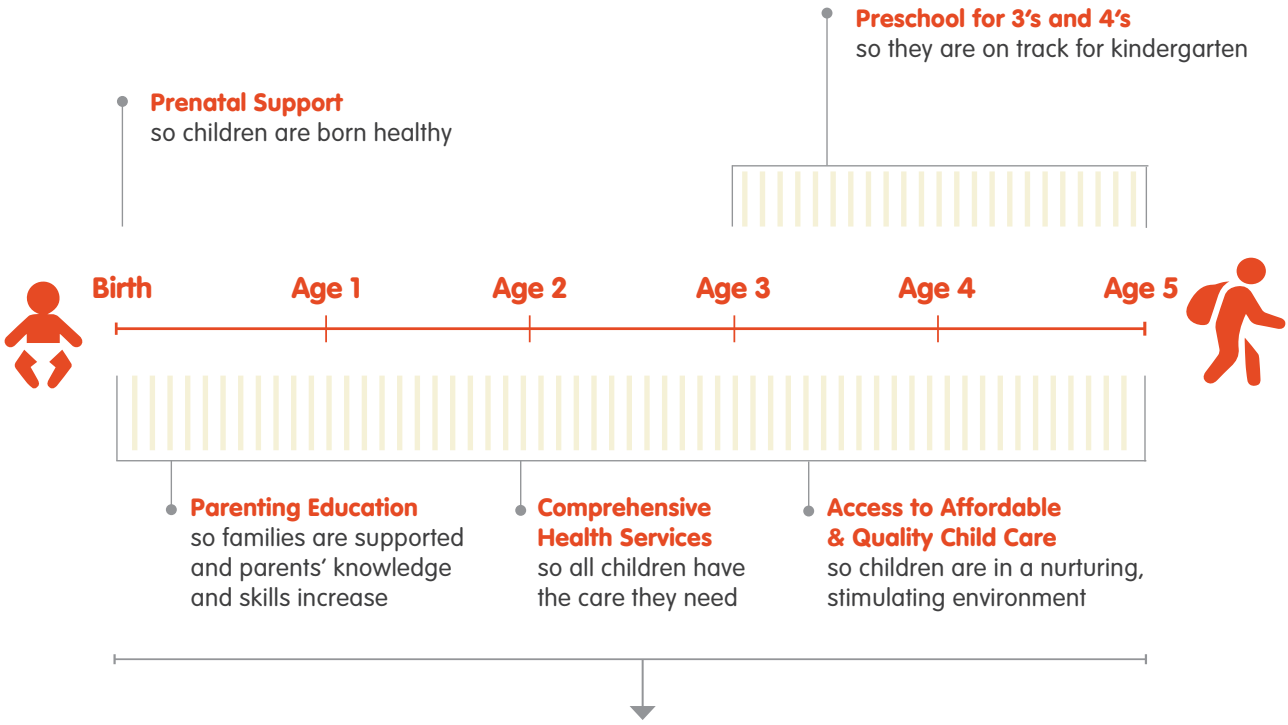
We know more than ever before about the brain development of young children and how the experiences and relationships they have as babies impact their later success. Brains are built from the bottom up, with basic circuits and skills providing the foundation for more advanced circuits and skills. Scientists know that a strong foundation increases the likelihood of positive outcomes, while a weak foundation does the opposite. Prolonged and persistent stress in early childhood weakens the developing brain, which can lead to lifelong problems in learning, behavior, and physical and mental health. **The basic principles of neuroscience tell us that prevention and early intervention are more efficient and effective than remediation later in life** (National Scientific Council on the Developing Child, 2007).

Investing in early childhood pays off not only for children and their families but for the entire community. Michigan's investment in early learning programs over 25 years – a total investment of $1.4 billion – saved more than $1.1 billion in just one year (Wilder Research, 2011). High-quality early childhood programs are proven to lower special education costs, lower crime and incarceration rates, reduce welfare dependency, increase graduation rates, and lead to a better trained workforce. Research shows a 13 percent return on investment for comprehensive early education (Garcia, 2016).



Graph credit: Center on the Developing Child, Harvard University.

Ready Children = A Stronger Kent County



Positive Outcomes

A More Equitable & Prosperous Community

Building an Early Childhood System

Kent County and the Early Childhood Learning and Innovation Network for Communities

Defining and coordinating an early childhood system is a relatively innovative concept, and Kent County has received national recognition for its work. The Center for the Study of Social Policy (CSSP) selected Kent County as one of ten counties or cities nationwide to be part of the Early Childhood Learning and Innovation Network for Communities, which is focused on accelerating the development of effective, equitable, integrated, early childhood systems. CSSP identified four key building blocks that make up an Early Learning Community:

1. Community leadership, commitment, and public will to make young children and their families a priority
2. Quality services that work for young children and their families
3. Neighborhoods where families can thrive
4. Policies that support families

All young children need a nurturing environment, quality health care, and stimulating learning experiences. Ensuring that all families can provide that for their children can only be addressed by all stakeholders working together. First Steps Kent and local partners – including parents – developed the Kent County Community Plan for Early Childhood that outlined five key strategies:

- Build public will to support the early childhood system. **(Systems of Support)**
- Develop the tools and resources needed to assure the effectiveness and efficiency of the early childhood system. **(Systems of Support)**
- Provide families with consistent information about parenting and offer them an array of support services to meet their individual needs and choices. **(Parenting Education and Family Support)**
- Expand access for young children to comprehensive and coordinated health care – including primary, dental, and behavioral/mental health care as well as linkages to additional services – in a family-centered medical home. **(Health)**
- Expand access to and increase participation in standards-based early learning programs, such as preschool, child care, and play and learn groups. **(Early Learning)**

Significant progress has been made in many areas since the plan was developed in 2011. Nearly all economically disadvantaged four-year-olds have access to quality preschool after the state expanded the Great Start Readiness Program in 2013. In the 2017-2018 school year, the state of Michigan is beginning a Kindergarten Entry Observation that will measure the impact of comprehensive early childhood programs on children at the start of kindergarten.

Analyzing Gaps in the System

This report focuses on three of the strategies identified in the Community Plan: Parenting Education and Family Support, Health, and Early Learning.

Parenting Education & Family Support | Health | Early Learning

This document reveals the:

- Services offered currently,
- Number of children served,
- Cost of services, and
- Cost to fulfill the unmet need and maintain current services.

Information in this gap analysis can be used to identify efficiencies, establish funding priorities, and advocate for sufficient funding to support the community's early childhood system. The purpose of this report is to inform decisions. It does not confirm how any potential funding will be allocated in the future.

This report addresses services that are publicly funded or privately funded, yet free of cost to participants. It does not include services such as tuition-based child care and preschool or benefits covered by private health coverage.

Research makes clear that additional factors are critical to a child's health and readiness to learn, including housing and food security, family employment, and adult literacy. While this report does not specifically focus on the intersection of the early childhood system with those systems, community partners are committed to working collaboratively to address the broad needs of families in Kent County.

Who Are Kent County's Youngest Children?

Calculations are based on these estimates:

44,500
total children under age 5 live in Kent County

20,500
children under age 5 are economically disadvantaged

4,100
children of any one age level are economically disadvantaged

17,000
children under age 5 have public health insurance

The most recent available data was used to calculate projections about gaps in services and funding:

- Approximately 8,900 babies are born annually in Kent County. (*Michigan Department of Community Health)*
- There are approximately 44,500 children under age five in Kent County. *(American Community Survey 2015)*
- Approximately 46 percent of young children are in families with an annual income that falls below 200 percent of the federal poverty level (FPL). *(American Community Survey 2013-2015)*
- Approximately 38 percent of children in Kent County (ages 0-18) have public health insurance. *(KidsCount in Michigan, Michigan League for Public Policy)*

System Gaps

Services	# of Children in Target Population	# of Children NOT Served Currently	Gap in Funding
Navigation & Referral	7,100	7,100	$320,000
Home Visiting	9,450	4,950	$20.4M
Developmental Screening	35,600	*	$2.7M
Medical Home Support	5,600	4,100	$1.3M
Behavioral Health	2,050	1,650	$3.3M
Environmental Health	6,000	6,000	$1.25M
Preschool for 3's	3,640	3,140	$28.3M
Preschool for 4's	3,640	0	$6.1M**
Play & Learn Groups	4,900	4,150	$3.3M
Early Learning Quality	17,500	900	$0
Child Care Access	2,900	2,900	$20M
Early Intervention	1,800	1,200	$10.4M

Parenting Education & Family Support Health Early Learning

* Information is not available to determine how many children currently are getting some level of developmental screening.
** The gap in funding for 4-year-old preschool is the current funding that is not expected to be sustainable.

Systems of Support

Strategy: Develop the community infrastructure to strengthen the quality and coordination of early childhood services and measure their collective impact. Improve the community's understanding of the importance of early childhood so that it invests in the healthy development and early learning of young children.

For every young child in Kent County to enter kindergarten healthy and ready to succeed, community partners must work together to achieve the best possible outcomes for all children. This requires an investment in evaluation, data alignment, quality improvement, and capacity building. It also requires consistent communications and advocacy, so that the community and policy makers understand the importance of early childhood development and dedicate sustainable funding to prevention and early intervention.

An intentional and coordinated focus on family engagement is required. There are barriers that often keep families from accessing services, such as transportation, time constraints, language and cultural differences, and discomfort or lack of familiarity with the notion of receiving services. Many service providers are working to overcome those barriers, and in some instances, that has been factored into the cost of the service. Addressing those issues across the system is critical to engaging families in the services that meet their children's needs.

GLOSSARY OF TERMS

Access
Having access to a service means that people know what it is, where it is, can afford it, and can get to it. It must be available at convenient times and provided in a way that is sensitive to different cultures and languages. There must be enough capacity to meet the community need.

Early Childhood System
An early childhood system supports young children and their families with high quality, comprehensive services to prepare children for school and life success. It includes infrastructure to coordinate and align services and ensure accountability to the community. Services are holistic, accessible, voluntary, and culturally responsive. Some services are universally available to all families who choose to participate. Some services are targeted to families that are economically or otherwise disadvantaged.

Economic Disadvantage
Two-hundred percent of the federal poverty level is used to define economic disadvantage. In 2017 that is a yearly income of $49,200 or below for a family of four and $40,840 or below for a family of three.

Gap in Funding
The gap in funding includes the cost of serving children and parents in the target population who are not being served currently and the portion of funding for current services that is not expected to be sustainable.

Parents
Parents include mothers, fathers, guardians, and other caregivers responsible for raising the child(ren).

Private Funding
Private funding comes from foundations, corporations, and individuals. Although it is assumed philanthropy will continue to support the early childhood system, the majority of private funding is not expected to be a source of long-term sustainability.

Public Funding
Public funding comes from the federal, state, or level government. The significant majority of public funding is expected to be sustainable, although that is not guaranteed.

Public Health Insurance
Public health insurance is health insurance that is funded by government sources. In Michigan, that includes Medicaid and MiChild.

Target Population
The target population is the maximum number of children and/or parents expected to participate in a service. Target participation rates are based on a variety of factors, including demonstrated local need, current utilization, national research, best practice recommendations, and experience of local service providers.

The community is missing an opportunity to prepare children for success at the time when it can have the greatest impact. Community partners have identified evidence-based, comprehensive services and supports that improve health and school readiness, but currently there is space available to serve only a fraction of Kent County children – far **fewer than half** of eligible children in most instances.

Gaps and Opportunities

Parenting Education and Family Support

Strategy: Provide families with consistent information about parenting and offer them an array of support services to meet their individualized needs and choices.

Parents are their children's first and most influential teachers. Furthering their knowledge and skills about parenting, health, and child development helps them to prepare their children for success in school and beyond.

Home Visiting
Services include a variety of home-based education and support, known as home visiting. Trained providers, such as nurses or parent educators, regularly visit families in their home starting as early as when the mother is pregnant and continuing into the first months or years of a child's life. Research shows home visiting programs are effective and ultimately save taxpayer money by reducing costs of health care and remedial education while increasing family self-sufficiency (Pew Charitable Trusts, 2015). Current participation in home visiting programs in Kent County is 47 percent of the target. The target population for home visiting is 65 percent of economically disadvantaged infants and 50 percent of economically disadvantaged pregnant women and two-year-olds.

Developmental Screening
Developmental screening helps identify potential delays and disabilities before children enter school. It can be used in a clinical setting, such as a pediatrician's office; incorporated into other services, such as home visiting; or by parents. It is a service available to all families with young children regardless of risk factors. Currently, the community does not have a coordinated infrastructure that would incorporate screenings performed by all providers, making it difficult to track how many children are being screened, at what ages, and with what regularity. Many may get a developmental screening while they are in a particular program but not for the full five years that is recommended.

Other Services
More information about these services as well as navigation and referral and digital parenting prompts can be found in the Analysis section of this report.

"I tell dads out there to get involved in home visiting. We sometimes have male pride and think we know it all but when it comes to raising a little one, the more knowledge you have the better off you will be."

– Anthony, father of one son

Health

Strategy: Expand comprehensive and coordinated health care access for young children – including primary, dental, and behavioral/mental health care as well as linkages to ancillary services – in a family-centered medical home.

Children must be healthy to be ready for school and life success. Research has demonstrated children with public or no insurance are often not as healthy as privately insured children for a variety of factors, including limited utilization of preventive health care (Peterson, et al, 2011).

Medical Home Support
A medical home is an approach to providing comprehensive and consistent primary care. It is a team of professionals – led by a physician or nurse practitioner – working with families to keep children healthy.

Michigan's first health care access program for children began in Kent County in 2008 and has become a model around the state. It helps families navigate the health care system and removes barriers that limit their access to care. It has been shown to reduce overall costs and improve children's health outcomes. Currently services are available to those whose Medicaid insurance plan and medical home participate, which is approximately one-third of children younger than age five enrolled in Medicaid in Kent County. Making the services available to all children who have Medicaid insurance and those who are uninsured would increase access to an additional 12,400 children.

Behavioral Health
Behavioral health is defined as mental and emotional wellbeing and is important for the youngest children and the adults caring for them. Behavioral health encompasses a broad spectrum of specialized clinical services covered by both public mental health funding and private health insurance plans. The behavioral health analysis in this report is centered on publicly funded services explicitly working with both children and adults and that have a clinical focus on supporting positive parent-child interaction.

In-home clinical services, known as "infant mental health services," are available to expectant mothers and families with young children if either the parents or children have an identified behavioral health need. It is estimated only 20 percent of economically disadvantaged children who would qualify for those services are receiving them currently.

Environmental Health
Environmental health hazards in the home can contribute to lead poisoning, asthma, and unintentional injuries to young children. The Michigan Department of Health and Human Services has found several neighborhoods in the city of Grand Rapids ranking among the highest in the state for the percentage of young children with elevated lead levels. Currently there is no systematic approach to screening families' homes for environmental risk factors. A proposed project would screen the homes of 6,000 vulnerable young children annually and provide intervention to those that need it.

Other Services
Other health services included in this report are oral health care and hearing and vision screening.

Early Learning

Strategy: Expand access to and increase participation in standards-based early learning programs, including preschool, child care, and play and learn groups.

Research shows high-quality early learning programs – particularly if targeted to disadvantaged children – have significant short- and long-term positive effects both for the children and society (Heckman, 2008). However, many young children do not have access to the early education that would help prepare them for success in school and beyond.

Preschool

The number of disadvantaged four-year-old children receiving high-quality preschool prior to kindergarten increased greatly when the state of Michigan expanded the Great Start Readiness Program (GSRP) in 2013. Between GSRP and Head Start, a federally-funded program, approximately 81 percent of eligible four-year-olds participate in a year of preschool. Eighty percent is the target participation for the eligible population.

The story for disadvantaged three-year-olds is the opposite. Head Start is the only publicly funded preschool for three-year-olds in Michigan and receives enough federal funding to serve only about 500 children that age. The state of Michigan does not provide preschool funding for three-year-olds, which means more than 85 percent of those who would be eligible for GSRP at age four are not able to attend preschool at age three. More than 3,100 children are not receiving two years of preschool prior to kindergarten entry. Research has found that children with two years of preschool as opposed to one have significantly improved readiness at kindergarten entry (Domitrovich, et al, 2013). The state of Michigan is conducting a study on the benefits of two years of high-quality preschool and has contracted with the Early Learning Neighborhood Collaborative in Grand Rapids, the Kent ISD, and the High Scope Educational Research Foundation of Ypsilanti. The 2017-18 school year is the second year of a three-year study.

Affordable Child Care

Families face significant limitations in access to quality child care. The average annual cost of full-time licensed care in Michigan ranges from $6,600-$9,900, depending on the type of child care provider and the age of the child. However, most working families are not eligible for public subsidy to help cover a portion of the cost, including many who are economically disadvantaged. To initially qualify for child care reimbursement in Michigan, families must be at or below 130% of the federal poverty level (FPL). That is $31,980 for a family of four. If family income increases, the reimbursement rate decreases.

Based on U.S. Census data, it is estimated that 65 percent of Kent County families with young children have all parents in the workforce. To provide full-time licensed care only to those whose family incomes fall below 200 percent of the FPL would cost about $20 million a year. That does not include many other families whose incomes are above that threshold but still are unable to pay for quality licensed care and thus look for lower-cost alternatives.

Other Services

The Analysis section of this report includes information about additional services such as early learning quality improvement, play-based learning groups, and early intervention for children with diagnosed delays and disabilities.

"She has come a long way since she started child care two years ago. They taught her how to express her emotions, how to read a book from pictures, how to speak better, and many more things. She surprises me with what she knows and I am constantly asking, 'how do you know this stuff?'"

– Ericka, mother of son and daughter

Participation Toward Target

100%*

We have reached the target participation for
preschool for 4-year-olds

47%*

Participation toward target for
home-based parenting education

14%*

Participation toward target for
preschool for 3-year-olds

27%*

Participation toward target
for services to improve
children's access to health care

The average cost of full-time licensed child care in Kent County is $8,000 a year for one child – 12% of the average family income in the county ($65,000)

*Current participation rates are based on based on eligibility and target participation for particular services.

We've made good strides. Together, we can do better.

The Parenting Education & Family Support, Health, and Early Learning sectors are comprised of specific services that impact the health and school readiness of young children. Community services follow evidence-based models that are proven to improve outcomes for children or promising practices that show positive results. This section of the report highlights services prioritized in the Community Plan. It analyzes current participation rates relative to the targets and details the calculations used to estimate gaps in services and funding.

Parenting Education and Family Support

Strategy: Provide families with consistent information about parenting and offer them an array of support services to meet their individualized needs and choices.

Navigation and Referral

A variety of early childhood support services is available to families, but parents do not always know how to access those services or which ones will best meet their needs. Community partners developed a gateway program called Welcome Home Baby that provides an entry point for pregnant women or newborns and their families to access early childhood services. Welcome Home Baby offers a screening to families prenatally or after the birth of their child and provides referrals to appropriate community resources.

Welcome Home Baby transitioned from First Steps to HealthNet of West Michigan in 2017. It is being reintroduced, with the target of having it available to all families in Kent County that are expecting a child or have a newborn.

Multiple other direct services also provide information and referrals to families seeking early childhood resources but not assistance with navigation.

Additionally, the community is developing a screening tool that uses a web-based program run with an algorithm to identify early childhood home visitation programs for which families are eligible. Currently, the screening is available at intake in Welcome Home Baby services.

Gaps in Navigation and Referral

	Measurement	Value	Notes
A	Number of children served if target is met	7,100	80% of all annual births
B	Number of children served currently	N/A	Welcome Home Baby is transitioning and is not yet fully implemented
C	Number of children *not* served currently	7,100	-----
D	Percentage of current participation toward target	N/A	-----
E	Cost per client	$45	This is the cost of a hospital OR prenatal screening AND a follow-up phone call
F	Number of children served currently without sustainable funding	N/A	-----
G	Annual cost to sustain services	$320,000	(C+F)xE Welcome Home Baby is privately funded, and thus, not sustainable

Home Visiting

Young children are healthier and more ready for school when their parents have the knowledge and skills needed to raise them. Home-based parenting education and support – also known as home visiting – connects parents with trained providers, such as nurses or child development specialists. They regularly visit families in their home starting as early as when the mother is pregnant and continuing into the first months or years of a child's life. Home visitors focus on prenatal and infant care, parent-child attachment, and helping families nurture their child's development and early learning. Research shows home visiting is most effective for vulnerable families and ultimately saves taxpayer money by reducing costs of health care and remedial education while increasing family self-sufficiency (Pew Charitable Trusts, 2015).

This analysis considers seven research-based home visiting programs:

- **Maternal Infant Health Program (MIHP)**
  Provided by Cherry Health Services, the Kent County Health Department (KCHD), Saint Mary's Mercy Health, and Spectrum Health
- **Baby Scholars**
  Provided by Spectrum Health and Arbor Circle
- **Bright Beginnings**
  Provided by the Kent Intermediate School District
- **Early Head Start**
  Provided by Head Start for Kent County
- **Healthy Families**
  Provided by Family Futures, Arbor Circle, and Catholic Charities
- **Nurse Family Partnership**
  Provided by KCHD
- **Strong Beginnings**
  Provided by Spectrum Health Healthier Communities

Some programs have specific eligibility requirements; others are universally available but targeted to those who are economically disadvantaged and/or have other risk factors. The overwhelming majority of families participating in home visiting in Kent County is economically disadvantaged.

Participation rates in this analysis are detailed by the age of the client, such as infant, toddler, or preschool-aged child. Pregnant women also are included as many programs begin serving families prenatally. The maximum estimated utilization, or participation target, varies by age.

For further explanation of the home visiting calculations, consult the tables for MIHP and other home visiting services on the following two pages. The calculations below are based on the participation and funding information in both tables.

Gaps in Home Visiting

	Measurement	Value	Notes
A	Number of children and pregnant women served if target is met	9,450	Calculation is based on the information on pages 19-21
B	Number of children and pregnant women served currently	4,400	Calculation is based on the information on pages 19-21
C	Number of children and pregnant women not currently served	4,950	(A-B)
D	Percentage of current participation toward target	47%	(B/A)
E	Cost per client	-----	Varies by program and is detailed in the text on pages 19-21 about MIHP & other home visiting services
F	Number of children served currently without sustainable funding	-----	-----
G	Annual cost to sustain services	$20.4M	Total cost of MIHP and other home visiting services ($2.8M + $17.6M), as explained on pages 19-21

MIHP Participation

MIHP is a statewide program for pregnant women and families with infants. It is available to all women and babies who have Medicaid health insurance and is Medicaid reimbursable.

The calculations are based on the following enrollment numbers:

- Cherry Health: 180 prenatal clients; 630 infant clients
- KCHD: 470 prenatal clients; 750 infant clients
- Spectrum Health: 440 prenatal clients; 310 infant clients
- Saint Mary's Mercy: 100 prenatal clients; 110 infant clients

It is estimated approximately 85 percent of infant clients, or 1,530 infants, have not yet reached their first birthday, which is when the program typically ends. Providers can get permission to serve families longer only if significant additional needs are identified. The estimated 270 children who are between 12 and 18 months old are not counted in the current enrollment figures. There is no participation target for children in that age range since the continuing service is on an "as needed" basis only.

Approximately 3,200 pregnant women and 3,200 infants are enrolled in Medicaid. The participation target for MIHP is 50 percent of Medicaid enrollees, which is 1,600 for both prenatal and infant clients or 3,200 total. There is a service gap of 400 pregnant women and 100 infants.

MIHP Funding

The average annual cost per family is approximately $1,400. Medicaid reimburses $600 per client. The remaining funding sources vary by organization and include Kent County's General Fund, Spectrum Health Foundation, and Cherry Health Services.

The Medicaid funding for MIHP is thought to be sustainable and will be available to new clients if enrollment increases. However, funding from the other sources is not guaranteed. A funding gap of $800 is assumed for those enrolled in the program currently as well as those not being served now. Also included in the funding gap are the 270 families of toddlers who are currently participating in MIHP, for a total of approximately 3,470 families. (3,470 x $800 = $2.8 million).

Gaps in MIHP

	Measurement	Value	Notes
A	Number of children and pregnant women served if target is met	3,200	Includes 1,600 pregnant women & 1,600 infants (see "MIHP Participation" above)
B	Number of children and pregnant women served currently	2,700	Includes 1,200 pregnant women & 1,500 infants (see "MIHP Participation" above)
C	Number of children and pregnant women not currently served	500	(A-B) (see "MIHP Participation" above)
D	Percentage of current participation toward target	84%	(B/A)
E	Cost per client	$1400	See "MIHP Funding" above
F	Number of children served currently without sustainable funding	-----	See "MIHP Funding" above
G	Annual cost to sustain services	$2.8M	See "MIHP Funding" above

Services Other Than MIHP

Other home visiting services available to Kent County families vary in intensity and focus. Higher intensity services offer more frequent home visits, a longer duration of services, and/or a broader clinical team to support families.

- Early Head Start (EHS), Healthy Families (HF), and Nurse Family Partnership (NFP) are the most intensive and consequently cost the most per client. Because of that, they are labeled Tier 1 services in this report. The average annual cost of Tier 1 services is an estimated $5,000 per family.
- Baby Scholars (BS) and Bright Beginnings (BB) are less intensive and costly and are labeled Tier 2. The average annual cost is an estimated $1750 per family.
- The labels Tier 1 and Tier 2 refer only to intensity and cost of the service.

Strong Beginnings is a complementary program to MIHP. Approximately 850 families enrolled in MIHP (currently or previously) also receive additional health and behavioral health services provided by Strong Beginnings. Strong Beginnings services children up to age two, whereas most clients age out of MIHP at the first birthday.

Strong Beginnings also provides paternal and interconception health services, although those clients are not included in this analysis. The cost of Strong Beginnings is approximately $2,000 per family, in addition to the cost of MIHP.

Gaps in Home Visiting Other Than MIHP

	Measurement	Value	Notes
A	Number of children and pregnant women served if target is met	6,250	Includes 450 pregnant women & 5,800 children (see "Home Visiting Participation", page 21)
B	Number of children and pregnant women served currently	1,700	Includes 215 pregnant women and 1,485 children (see "Current Enrollment", page 21)
C	Number of children and pregnant women not currently served	4,500	(A-B)
D	Percentage of current participation toward target	27%	(B/A)
E	Cost per client	-----	Cost varies based on intensity of service (see "Home Visiting Funding", page 21)
F	Number of children served currently without sustainable funding	-----	Approximately 18% of current home visiting funding, or $1.2M, is private and not considered sustainable
G	Annual cost to sustain services	$17.6M	See "Home Visiting Funding", page 21

Home Visiting Participation
The age of children served varies by program, with some services available only to pregnant women and infants and others extending to families of toddlers and preschoolers. The following participation targets are established for economically disadvantaged families with children up to age three:

- Prenatal women: 50 percent
- Birth to 24 months: 65 percent
- 24 to 36 months: 50 percent

To calculate the number of women and children included in each of the targets, MIHP participation should be subtracted, as that has already been figured into the overall home visiting gap. That translates to the following in numbers of women and children for home visiting services other than MIHP:

- Prenatal women: 450 (2,050–1,600=450)
- Birth to 24 months: 3,750 (5,350-1,600=3,750)
- 24 to 36 months: 2,050 (no adjustment for MIHP)
- **Total: 6,250 families**

Current Enrollment
The calculations are based on the following enrollment numbers:

- Strong Beginnings: 850 clients, although **only the 50** who are older than 12 months are being counted in this table since the other 800 are counted in the MIHP numbers
- Baby Scholars: 400 clients
- Bright Beginnings: 575 clients
- Early Head Start: 135 clients
- Healthy Families: 340 clients
- Nurse Family Partnership: 200 clients
- **Total: 1,700 clients/families**

The age of those served varies by program. Based on enrollment information from service providers, the following estimates are used in the calculations:

- 215 prenatal clients
- 1,300 clients between birth and 24 months
- 185 clients between 24 months and kindergarten entry

That leaves the following gaps in participation toward the target:

- Pregnant women: 235 women
- Birth to 24 months: 2,450 infants and toddlers
- 24 to 36 months: 1,865 children
- **Total: 4,550 clients/families**

Home Visiting Funding
Based on current enrollment, the following estimates were made about the intensity of services needed for those currently not being served, and thus the cost:

- Tier 1 for 85 percent of pregnant women (200 women) and 55 percent of children ages birth to three (2,375 children) – 2,775 families
- Tier 2 for 15 percent of pregnant women (35 women) and 45 percent of children ages birth to three (1,940 children) – 1,975 families
- Tier 1 costs: 2,775 x $5,000 = $13.9 million
- Tier 2 costs: 1,975 x $1,750 = $3.5 million

Total cost to serve those not currently served by home visiting (other than MIHP): $16.4 million ($12.9 million + $3.5 million)

The total cost to sustain home visiting is $17.6 million ($16.4 for those not served currently + $1.2 million in private funding to maintain current service levels).

The current level of funding for home visiting services other than MIHP is approximately $6.5 million, which provides services to 1,700 families annually. Approximately 82 percent of that funding, or $5.3 million comes from public sources (federal, state, or county government and public schools) and, while not guaranteed, is considered sustainable. The remaining 18 percent, or $1.2 million, is from private sources and is not considered sustainable.

Developmental Screening

Developmental screening helps identify potential delays and disabilities before children enter school. Identification at a young age allows families to seek treatment and remediation early, which often leads to fewer problems in school and better long-term outcomes. A screening is best done with input from a person who regularly interacts with a young child, most often a parent. It can be performed in conjunction with a variety of service providers, such as medical, child care, home visiting, or other providers.

The Ages & Stages Questionnaire (ASQ) is the most frequently used developmental screening nationwide and has an A-rating for reliability and validity. The ASQ can screen both traditional domains of development as well as social-emotional. In Kent County, most home visiting services and public preschools perform the screening, as do many medical homes. Additionally, Connections is a community-based program that provides the ASQ from infancy to a child's fifth birthday accompanied by information about child development and parenting. Connections is available to all families of children younger than age five in Kent County and is provided by Family Futures.

While a variety of services uses the ASQ, the community does not have a coordinated infrastructure that would incorporate screenings performed by all providers, making it difficult to track how many children are being screened, at what ages, and with what regularity. Many may get a developmental screening while they are in a home visiting program or preschool but not for the full five years that is recommended.

Developmental Screening Participation

Connections is the largest provider of ASQs in the community and has annual enrollment of 9,700 young children in Kent County. That is 27 percent of the participation target, which is 80 percent of all children younger than age five. Since that figure only reflects Connections and not the full array of services, the actual percentage served in the community is clearly larger than the 27 percent figure that can be documented.

Developmental Screening Funding

The cost of funding regular developmental screenings accompanied by parenting information and linkages to community resources is the per client cost of Connections for all 35,600 children in the target population. Current funding to serve the 9,700 children in Connections is private and thus not sustainable.

Developmental screening performed by other providers is often covered by private or public insurance or is built into the cost of the program. However, as noted above, that typically does not include the full recommended dosage of screening between infancy and age five.

The coordinated infrastructure would provide the community with a better understanding of the full scope of screenings performed currently and how best to maximize public funding. Many of the components for that infrastructure are in place; developing it fully would carry an initial cost above and beyond the growth and sustainability of the service.

Gaps in Developmental Screening

	Measurement	Value	Notes
A	Number of children served if target is met	35,600	80% of all children ages 0-5
B	Cost per client	$75	Cost per child for Connections; the per-client cost for those served through other providers is unknown
C	Annual cost to sustain services	$2.7M	AxB=C (see "Developmental Screening Funding" above)

Digital Parenting Prompts

As new technology becomes available and changes the way people communicate, early childhood partners in Kent County work to find innovative approaches to supporting families of young children. A workgroup of the Great Start Collaborative (GSC) and other community partners is exploring the development of a digital platform to engage and empower parents with information and ideas to support their child's development. This approach provides literacy activities for parents to incorporate in daily routines, as well as school attendance reminders. Evidence-based models show improved language development, pre-literacy skills, and parent-child interactions and engagement (York, et al, 2017).

Approximately 800 Kent County families with preschool-aged children participated in a pilot program in the 2016-17 school year. That is expanding to 1,200 in 2017-18. The annual cost per family is $69 for the pilot program, but it is estimated that it would be reduced to $24 per family if the program is brought to scale countywide. It is a service that could be universally available to families with young children in Kent County. The pilot project is privately funded.

Health

Strategy: Expand comprehensive and coordinated health care access for young children – including primary, dental, and behavioral/mental health care as well as linkages to ancillary services – in a family-centered medical home.

Medical Home Support

Children must be healthy to be ready for school and life success. Research has demonstrated children with public or no insurance are often not as healthy as privately insured children for a variety of factors, including limited utilization of preventive health care (Peterson, et al, 2011).

A family-centered medical home is an approach to providing comprehensive and consistent primary care. It is a team of professionals – led by a physician or nurse practitioner – working with families to keep children healthy. A medical home coordinates with and helps families access behavioral/mental health, specialists, and related community services.

The Community Healthcare Access Program (CHAP), formerly known as the Children's Healthcare Access Program, began in Kent County in 2008 and has become a model for similar services around the state of Michigan. It helps families navigate the health care system, thus reducing costs and improving health outcomes (SRA International, 2012). Currently services are available to those whose Medicaid insurance plan and medical home participate, which is approximately one-third of the young children enrolled in Medicaid in Kent County. Expanding to all children who have Medicaid insurance and those who are uninsured would increase access to an additional 12,400 children. Health Net of West Michigan (HNWM) provides CHAP services.

CHAP Participation

There are approximately 5,600 children ages birth to five who are eligible for CHAP support services because they are covered by a participating Medicaid health plan and are patients at participating CHAP practices. Approximately 1,500 of those children received CHAP services, such as health education, navigation, and transportation. That is approximately 27 percent of the total population eligible for services. Twenty-seven percent is used to extrapolate the number of children that likely would use CHAP services if they were made available to all Medicaid-enrolled and uninsured children.

Approximately 16,250 children up to age five are enrolled in Medicaid. An estimated 1,750 or four percent have no health insurance. That is a total of approximately 18,000 children. Using the rate of 27 percent, an estimated 4,900 of those children would participate in CHAP services if they were available. An additional 2,500 children fall below 200 percent of the FPL but are not enrolled in Medicaid. Extending CHAP services to them likely would increase utilization by approximately 700 children.

CHAP Funding

CHAP is supported by a combination of Medicaid Outreach funding, which is thought to be sustainable; time-limited federal grants, which are not sustainable; and contracts with health plans and health systems.

Gaps in Medical Home Support

	Measurement	Value	Notes
A	Number of children to be served if target is met	4,900 or 5,600*	See "CHAP Participation", page 24
B	Number of children served currently	1,500	See "CHAP Participation", page 24
C	Number of children not currently served	3,400 or 4,100	(A-B)
D	Percentage of current participation toward target	31% or 27%	(B/A)
E	Cost per client	$250	Average cost of CHAP services/client; cost varies widely based on intensity and quality of services needed
F	Number of children served currently without sustainable funding	1,100	Estimated 70% of CHAP funding for children 0-5 is not sustainable long term; see "CHAP Funding", page 24
G	Annual cost to sustain services	$1.1M or $1.3M	(C+F)xE

* The CHAP target and gap are figured for two groups, children with Medicaid insurance (target is 4,900) and children under 200% of the FPL (target is 5,600).

Hearing and Vision Screening

All young children should receive hearing and vision screenings, with referrals to physicians or eye care professionals if problems are detected. Hospitals conduct a hearing screening on all newborns. The Kent County Health Department (KCHD) is notified if there is a concern and contacts the family to refer them for follow-up testing and treatment.

For nearly 70 years the state of Michigan has funded hearing and vision screenings for young children. The KCHD performs screenings at the age of three. The screenings are most often conducted in public and private preschools and child care centers. Families also can attend free clinics offered by the KCHD if they would like to have their young child's hearing or vision tested.

In the 2016-17 school year, the KCHD conducted hearing and vision screenings on approximately 12,350 preschool-aged children, or approximately 69 percent of all three- and four-year-olds. The exact ages of the children screened is not tracked, but given the limited access to preschool for three-year-olds, providers estimate the 12,350 children is heavily weighted to four-year-olds. Because the screenings are performed primarily in schools or child care centers, young children who are not in those settings often do not have their hearing and vision screened.

Other community services also offer hearing and vision screenings. For instance, the Kent Intermediate School District's Bright Beginnings program screened 264 young children in 2016-2017. Many medical homes also perform screenings.

Tracking the number of children being screened and with what regularity is a challenge, as there is no central database to record the results of screenings done by various providers.

Oral Health

The Healthy Kids Dental program was expanded in October 2016 to include all Medicaid-enrolled children in Michigan. It covers preventive oral health care as well as treatment. Lack of funding for pediatric dental care is no longer a significant problem in Kent County.

There is work to be done to ensure that families utilize the dental services available to them under this coverage. Two areas of focus currently are:

- Educating families about Healthy Kids Dental and what services are now available to them.
- Normalizing a first dental visit by 12 months of age. The American Dental Association and American Academy of Pediatric Dentistry recommend a dental visit by a child's first birthday, but many practitioners and families still are not following those guidelines. Work is being done to educate both about the importance of the first dental visit.

Behavioral Health

Science tells us that a child's earliest relationships and experiences impact his or her brain development and health. Behavioral health is defined as mental and emotional wellbeing and is important in young children and the adults caring for them.

Behavioral health encompasses a broad spectrum of specialized clinical services covered by a complex network of both public mental health funding and private health insurance plans. Work is currently being completed by the Great Start Collaborative of Kent County to better understand the full array of behavioral health services available to families with young children and the barriers to accessing those services.

The behavioral health analysis in this report is centered on services that explicitly work with children and adults and have a clinical focus supporting positive parent-child interaction. In-home clinical services, known as "infant mental health services," are available to expectant mothers and families with young children if either the parents or children have an identified behavioral health need. Up to age three, services typically are provided based on parental characteristics that impact a child's behavioral health. From three to five years of age, it more often is based on a diagnosed need of the child. Arbor Circle and D.A. Blodgett St. John's are the community's two Infant Mental Health providers.

Infant Mental Health Participation
Infant Mental Health services are available only to those who are enrolled in public insurance. Approximately 17,000 children in Kent County younger than age five are enrolled in a Medicaid or MiChild health plan.

There is limited data on the prevalence of emotional or behavioral disorders in young children, but based on information from a variety of mental organizations about diagnoses among older children and adult caregivers, a conservative estimate is that approximately 10 percent of all young children need behavioral health intervention (Egger, et al, 2006). Thus, 10 percent of children up to age five is the participation target for Infant Mental Health services. Ten percent of young children with public health insurance is 1,700. Additionally, there are approximately 3,500 economically disadvantaged young children not enrolled in Medicaid or MiChild. Ten percent of that group is 350, bringing the total participation target to 2,050.

Infant Mental Health Funding
There is a designated allotment of Medicaid funding for Infant Mental Health. If all eligible families requested services, the current allotment would be insufficient to meet the demand. Providers cannot receive Medicaid reimbursement once the funding allotment has been used.

Gaps in Behavioral Health

	Measurement	Value	Notes
A	Number of children served if target is met	2,050	See "Infant Mental Health Participation" above
B	Number of children served currently	400	See "Infant Mental Health Participation" above
C	Number of children not currently served	1,650	(A-B)
D	Percentage of current participation toward target	20%	(B/A)
E	Cost per client	$2,000	Cost per client for the average duration of services (10 months)
F	Number of children served currently without sustainable funding	0	See "Infant Mental Health Participation" above
G	Annual cost to sustain services	$3.3M	(C+F)xE

Environmental Health

Environmental hazards in the home can contribute to lead poisoning, asthma, and unintentional injuries of young children – all of which jeopardize a child's health and learning. The Michigan Department of Health and Human Services has found several neighborhoods in Grand Rapids ranking among the highest in the state for the percentage of young children with elevated lead levels. Currently there is no consistent approach to screening families homes for lead and other environmental risk factors.

Healthy Homes has developed a program to screen for risk factors in the homes of economically disadvantaged young children. Healthy Homes would partner with early childhood service providers who already visit families' homes to complete an initial screening. The emphasis would be on expectant mothers and families with infants, as early intervention is critical in preventing exposure to lead and other environmental hazards. Families living in housing with an identified risk would receive interventions, including consumable supplies and targeted home repairs.

Participation Target

The participation target for screenings is 6,000 homes, which would cover approximately 80 percent of pregnant women, infants, and toddlers in home visiting programs. It is estimated five percent of homes screened would require some level of intervention.

Healthy Homes for Educational Success, has been proposed by Healthy Home Coalition of West Michigan and is not yet operational.

Gaps in Environmental Health

	Measurement	Value	Notes
A	Number of children served if target is met	6,000	Homes of 6,000 children screened for risk factors; an estimated 300 (5%) would require intervention
B	Number of children served currently	0	Healthy Homes for Educational Success is a proposed project
C	Number of children not currently served	6,000	(A-B)
D	Percentage of current participation toward target	0	(B/A)
E	Cost per client	$208	Cost/screening = $6.80; cost/intervention (consumables and home repair) is approximately $4,000
F	Number of children served currently without sustainable funding	0	-----
G	Annual cost to sustain services	$1.25M	(C+F)xE

Early Learning

Strategy: Expand access to and increase participation in standards-based early learning programs, including preschool, child care, and play and learn groups.

Preschool for Four-Year-Olds

Access to high-quality preschool for four-year-old children is a success story in Michigan. State lawmakers and the governor expanded the Great Start Readiness Program (GSRP) in 2013, significantly increasing the number of economically disadvantaged young children with at least one year of early education prior to kindergarten.

Preschool Participation
Between GSRP and Head Start, a federally-funded program, approximately 81 percent of eligible four-year-olds participate in a year of preschool. Eighty percent is the participation target for the eligible population.

Preschool Eligibility
Eligibility for Head Start is limited to families with incomes at or below 100 percent of the FPL. Eligibility for GSRP includes families with incomes up to 250 percent of the FPL. Consequently, there are some children currently enrolled in GSRP whose family incomes slightly exceed the definition of "economic disadvantage" used throughout this report. The gap for four-year-old preschool is calculated using the eligibility threshold of 250 percent of the FPL, which includes approximately 4,550 children.

Preschool Funding
The Great Start Readiness Program and Head Start work collaboratively to blend funding, which allows most children to participate in a full-day, rather than half-day, program. More than 80 percent of participating children are enrolled for the full day. Classrooms with blended funding must meet the quality requirements of both programs.

The Kent ISD distributes GSRP funds to local school districts and community-based agencies, including Head Start, to operate the program. The Kent ISD provides staffing, evaluation, and back-office support for most school districts and professional development for all programs. Head Start for Kent County is the provider of the Head Start program.

The state provides $7,250 for a full-day slot of GSRP. However, the actual cost to administer the program is approximately $9,000 per child, with the $1,750 difference made up by the Kent ISD and other local school districts as well as other public and private grant funding. The cost to sustain the program is $1,750 multiplied by the 3,480 children enrolled in GSRP.

Head Start has received additional funding to allow for more full-day classrooms in 2017-2018 and a longer school year that extends from 128 to 150 days.

Gaps in Preschool for 4-Year-Olds

	Measurement	Value	Notes
A	Number of children served if target is met	3,640	80% of 4-year-olds at 250% of the FPL or below (see "Preschool Eligibility", page 29)
B	Number of children served currently	3,680	In 2016-17, 3,480 were in GSRP or GSRP/HS blended classrooms; 200 were in 1/2 day HS classrooms
C	Number of children not currently served	0	(A-B)
D	Percentage of current participation toward target	100%	(B/A)
E	Cost per client	$9,000	The cost of providing one full-day slot of GSRP (see "Preschool Funding", page 29)
F	Number of children served currently without sustainable funding	0	-----
G	Annual cost to sustain services	$6.1M	$1,750 x 3,480 children in GSRP (see "Preschool Funding", page 29)

Publicly Funded Preschool for Three-Year-Olds

Preschool Participation
Early education opportunities are far more limited for vulnerable three-year-old children than for four-year-olds. Head Start is the only publicly funded preschool for three-year-olds in Michigan, and Kent County receives enough federal funding to serve only about 500 children that age. The state of Michigan does not provide preschool for three-year-olds, which means more than 85 percent of those who would be eligible for GSRP at age four are not able to attend preschool at age three.

National research has demonstrated that children with two years of preschool as opposed to one have significantly improved readiness at kindergarten entry. The state of Michigan currently is studying the benefits of two years of high-quality preschool and has contracted with the Early Learning Neighborhood Collaborative (ELNC) in Grand Rapids, the Kent Intermediate School District, and the High Scope Educational Research Foundation of Ypsilanti. The 2017-18 school year is the second year of a three-year study. The children are enrolled in ELNC's privately funded, tuition free preschool, which is explained on the next page.

Preschool Eligibility
The gap for three-year-old preschool is calculated using the eligibility threshold of 250 percent of the FPL, as that is the eligibility for GSRP and likely would be for three-year-old preschool if the state were to implement it. Eligibility for Head Start is restricted to families with incomes at or below 100 percent of FPL. Currently, there is no publicly funded preschool for three-year-olds whose family income is above the FPL.

Grand Rapids Public Schools provides tuition-based preschool to three-year-olds in its Montessori programs. Approximately 80 children are served. The cost ranges from free to $2,200 year, based on the family's income.

Gaps in Publicly Funded Preschool for 3-Year-Olds

	Measurement	Value	Notes
A	Number of children served if target is met	3,640	80% of 3-year-olds at 250% of the FPL or below (see "Preschool Eligibility", above)
B	Number of children served currently	500	Enrollment in the 2016-17 school year
C	Number of children not currently served	3,140	(A-B)
D	Percentage of current participation toward target	14%	(B/A)
E	Cost per client	$9,000	The cost of providing one full-day slot of GSRP
F	Number of children served currently without sustainable funding	0	-----
G	Annual cost to sustain services	$28.3M	(C+F)xE

Privately Funded Tuition-Free Preschool for Three-Year-Olds

In addition to the federally funded Head Start, there are two privately funded tuition-free preschool programs that serve three-year-olds.

The Early Learning Neighborhood Collaborative (ELNC) provides school-year preschool to approximately 100 three-year-olds. There are two full-day classrooms and three that offer half-day preschool. They are housed in community-based organizations in neighborhoods with concentrated poverty.

ELNC received a $5.5 million grant to provide tuition-free preschool to three-year-olds through 2020. The ELNC model also includes family coaches who work with families to ensure their basic needs are met.

An alternative tuition-free, privately funded preschool for three-year-olds is Baby Scholars, which provides a 10-week early education session for four cohorts of children each year. Children who complete Baby Scholars are enrolled in GSRP, Head Start, or ELNC, if eligible. Approximately 180 children participate in the Baby Scholars preschool annually.

Enrollment of three-year-olds in ELNC and Baby Scholars is not calculated as part of the analysis, as those children were already included in the gap in the category Publicly Funded Preschool for Three-Year-Olds, found on page 31. Funding for both programs is private and is not thought to be sustainable long term.

Play and Learn Groups

Play and learn groups are facilitated play groups that guide parents and/or caregivers and young children through group and individual play activities that model learning opportunities and build understanding of child development. The two play and learn group programs included in this analysis are Bright Beginnings and Early Learning Communities (ELC). The Kent Intermediate School District operates Bright Beginnings. ELC is a collaboration between Grand Rapids Community College, First Steps, and the Grand Rapids Public Schools. One focus of ELC is quality improvement for unlicensed child care providers, also known as "Family, Friend, and Neighbor" providers.

Play and Learn Participation
This analysis considers two different target populations, one focused on economically disadvantaged children and one with no income guidelines. While play and learn groups are available to caregivers and young children of any age, the intended age group used in this analysis is two- and three-year-olds. This analysis assumes a participation target of 65 percent among two-year-olds as well as three-year-olds not in preschool. For economically disadvantaged children, that includes 4,900 total children, leaving a gap of about 4,150.

For the universal target, it is estimated approximately 40 percent of all three-year-olds are in some type of preschool, tuition-based in most cases, leaving a gap of 5,300. The participation target is 65 percent among that group (3,445 children) as well as all two-year-old children (5,785) for a total of 9,250, leaving a gap of about 8,500 children.

In determining current participation, there is no required dosage or frequency of attendance to be counted as an enrollee. Some attend one session, and others attend dozens of times in a year.

Play and Learn Funding
The cost per family is estimated to be approximately $700. That is based on the projected per-child (or per-family) cost of ELC if each play group is at full capacity and children participate in a full recommended dosage of sessions, which is 24 sessions in one year.

Bright Beginnings play groups are part of the overall Bright Beginnings program. The cost of the group sessions is not figured separately from the cost of home visiting services. Approximately half of the children who attend play groups also receive home visits.

Kent District Library and Grand Rapids Public Library also offer regular play group sessions at their branches. They are free of cost to participants.

Gaps in Play and Learn Groups

	Measurement	Value	Notes
A	Number of children served if target is met	4,900 or 9,250	2 targeted populations: economically disadvantaged & universal (see "Play and Learn Participation" above)
B	Number of children served currently	750	470 in Bright Beginnings; 280 in ELC
C	Number of children not currently served	4,150 or 8,500	(A-B)
D	Percentage of current participation toward target	15% or 18%	(B/A)
E	Cost per client	$700	See "Play and Learn Funding" above
F	Number of children served currently without sustainable funding	4,700 or 9,000	ELC is privately funded & considered not sustainable; BB receives a mix of sustainable & less certain funding streams
G	Annual cost to sustain services	$3.3M or $6.3M	(C+F)xE

Early Learning Quality Improvement

The scientific research on brain development makes clear the importance of responsive caregivers and nurturing, language-rich environments for young children. For many years, there was a public perception that as long as children were safe, they were in an acceptable child care setting. While safety is critical, quality programming is, as well.

Historically there has been a lack of consistent quality across early learning settings, making it difficult for families to assess the quality of a child care provider or preschool. The state of Michigan and the Kent Intermediate School District (Kent ISD) are working to address quality through the Great Start to Quality (GSQ) program that began in 2011.

GSQ is a statewide early learning quality rating and improvement system. It works with the continuum of providers, including unlicensed relative/aide providers (Family, Friends, and Neighbor care), licensed family and group homes, licensed centers, and preschools. Providers choose to participate in the system and receive a Star rating – anywhere from an empty Star to 5 Stars. Families have free access to the Great Start to Quality Website to search for licensed care. The database includes the Star ratings of participating providers in their area.

The Kent ISD houses the Great Start to Quality Kent Resource Center, one of ten across the state. It, along with Camp Fire West Michigan 4Cs, Early Learning Communities, MSU-Extension, and Grand Rapids Community College, provide training and professional development to the continuum of providers.

GSQ Participation

As of September 2017, there were approximately 725 licensed care providers in Kent County, including Head Start, Great Start Readiness Program, and other preschool centers. Forty-seven percent of providers participate in GSQ. The state has set a target of 50 percent participation among all licensed care providers. Because centers and preschools, which serve the majority of children, are more likely to be part of GSQ than family or group homes, the percent of children in a rated early learning setting is larger than the percent of providers participating. There are approximately 16,600 slots

Gaps in Early Learning Quality Improvement

	Measurement	Value	Notes
A	Number of children served if target is met	17,500	See "GSQ Participation" above
B	Number of children served currently	16,600	See "GSQ Participation" above
C	Number of children not currently served	900	(A-B)
D	Percentage of current participation toward target	95%	(B/A)
E	Cost per client	N/A	GSQ is state funded and is thought to be sustainable
F	Number of children served currently without sustainable funding	N/A	-----
G	Annual cost to sustain services	N/A	(C+F)xE

(space for one child) in the participating providers, or 65 percent of all children in licensed care. It is estimated that would need to increase to approximately 17,500 slots to reach the target of 50 percent participation among providers.

Eighty percent of the providers who participate in GSQ have a Star Rating or 3, 4, or 5, which was the target as of September 2017. A 3 Star Rating means a provider is meeting several of the quality standards outlined in the GSQ, while a 4 Star Rating means a provider is meeting almost all of them. A 5 Star Rating means the provider has reached the highest level of quality.

A significant challenge for GSQ is recruiting and retaining providers. Many providers report the process to get a Star Rating is time-consuming and cumbersome and is of limited value to their business as they are able to consistently stay at capacity through recommendations and "word of mouth." Administrators of the program are discussing how to add more value to the rating system so that more providers will want to participate and those who already are in the program will choose to renew their Star Rating. Not participating in GSQ should not be seen as evidence of substandard quality. However, it may mean the quality of the early learning provider has not been assessed.

Access to Quality Child Care

Families face significant limitations in access to quality child care, based in large part, on cost. The average annual cost of full-time licensed care for one child in Kent County ranges from $6,600-$9,900, depending on the type of child care provider and the age of the child. (Source: Michigan League for Public Policy) That is at least 10 percent of the average annual family income in the county, which is approximately $65,290. (Source: US Census American Community Survey)

Child Care Assistance

The state of Michigan provides financial assistance to help families pay for child care. Through the Child Development and Care (CDC) program, families receive reimbursements that cover a portion of their child care costs. However, most working families are not eligible for CDC assistance, including many economically disadvantaged families. To qualify, parents must either be working, completing high school, or participating in another approved activity, and they must meet strict income requirements. Enrollment is limited to families with incomes at or below 130 percent of the FPL, or $31,980 for a family of four. Once already enrolled, family income can increase with a decreasing reimbursement rate. Michigan has one of the most stringent and limiting eligibility requirements in the country.

Families who qualify for CDC assistance must make a minimum monthly contribution to the cost of child care. Their cost is on a sliding scale based on family income and quality rating of the provider.

Child Care Demand

Based on U.S. Census data, it is estimated that 65 percent of Kent County families with young children have all parents in the work force. To provide full-time licensed care only to those whose family incomes fall below 200 percent of the FPL would cost about $20 million a year. That does not include many other families whose incomes are above that threshold but are unable to pay for quality licensed care and thus look for lower-cost alternatives.

Cost of Child Care

According to the Michigan League for Public Policy, the average annual cost of full-time licensed care in Kent County in 2016 was:

- $9,900: infant/toddler care in a center.
- $6,760: infant/toddler care in a family home.
- $8,300: preschooler in a center.
- $6,600: preschooler in a family home.

Infant/toddler care, as defined by Michigan licensing requirements,

Gaps in Access to Quality Child Care

	Measurement	Value	Notes
A	Number of children served if target is met	2,900	See "Child Care Demand" above
B	Number of children served currently	N/A	-----
C	Number of children not currently served	2,900	(A-B)
D	Percentage of current participation toward target	0%	(B/A)
E	Cost per client	$7,050 or $6,150	$7,050 for infant/toddler care; $6,150 for preschool care (see "Cost of Child Care" above
F	Number of children served currently without sustainable funding	N/A	-----
G	Annual cost to sustain services	$20M	See "Funding Gaps", page 37

includes children ages 0-30 months (2½). A preschooler is defined as anyone between 30 months and kindergarten entry.

Funding Gaps

The following figures were used to calculate the gap in access to quality child care:

- $8,350 is the cost of infant/toddler care (average of center and family home costs)
- $7,450 is the cost of preschool care (average of center and family home costs)
- Families above 130 percent of the FPL contribute an average of $50 per two-week pay period toward their child's care, or $1,300 over a full year, which should be deducted from the total cost
- 2,400 children below 200 percent of the FPL need infant/toddler care
- 500 children below 200 percent of the FPL need preschool care (between the ages of 30-36 months
- The gap in funding for infant/toddler care is $17 million (($8,350-$1,300) x 2,400 children)
- The gap in funding for preschool care is $3 million (($7,450-$1,300) x 500 children)
- **Total gap: $20 million**

It is important to note this only considers families with incomes between 130 and 200 percent of FPL. There are many other families whose incomes are above 200 percent but still are unable to pay the cost of quality child care.

These calculations are all for full-time care. Many children need part-time care or care during non-traditional work hours, such as evenings and weekends. Even with subsidy, they may not have access to licensed care as many providers only accept full-time clients or work traditional hours.

The Early Learning Neighborhood Collaborative (ELNC) received a federal grant in 2017 to provide quality child care to children younger than age three. ELNC will serve 88 children per year.

Early Intervention

Early intervention improves the development of young children with identified delays, special needs, or other concerns and provides assistance and support to empower their families. In Michigan, those services are part of the Early On program, which is operated locally by the Kent Intermediate School District (Kent ISD).

Early On is available to infants and toddlers who have a developmental delay of at least 20 percent in one or more areas or a diagnosed medical condition that may lead to a delay. Early On is offered from birth until the child's third birthday and is a family-centered intervention that provides services in the child's home.

Early On Participation

Early On provides coordination and intake services for families who are concerned their child may have a delay or disability. Approximately 1,700 young children went through the intake system and qualified for services in 2016. One-thousand-fifty qualified for special education and were referred to their local school district, while the other 650 received Early On services.

A prevalence study conducted by Early On Michigan Interagency Coordinating Council estimated that seven percent of young children would qualify for Early On if their families requested intervention services. That would be approximately 1,870 children, compared to the 650 who were served by Early On in 2016. Those numbers are in addition to children who qualify for special education and are served by their local school district.

Any child who qualifies and whose family desires Early On is served. No eligible family can be turned away due to capacity or other constraints.

Early On Funding

The estimated cost per child to provide best practice recommendations for Early On services is $6,521, according to the Michigan Early Intervention Fiscal Study. The Kent ISD receives an annual grant of approximately $627,250 from the federal government to provide Early On. That is a flat fee that does not increase with additional children served. The cost is supplemented by $391,000 from Kent ISD.

Early On often reduces the frequency of visits from best practice recommendations due to funding constraints. It would cost approximately $4,000 more per child than what is available now to meet best practice dosage.

The gap analysis assumes the cost of covering all children not being served currently (1,200 x $6,521 = $7.8 million) and the cost of providing best practice dosage to all current clients (650 x $4,000 = $2.6 million).

Gaps in Early Intervention

	Measurement	Value	Notes
A	Number of children served if target is met	1,850	See "Early On Participation" above
B	Number of children served currently	650	Children receiving direct Early On services (see "Early On Participation" above)
C	Number of children not currently served	1,200	(A-B)
D	Percentage of current participation toward target	35%	(B/A)
E	Cost per client	$6,500	Estimated cost/child for full dosage of "best practice" services (see "Early On Funding" above)
F	Number of children served currently without sustainable funding	-----	See "Early On Funding" above
G	Annual cost to sustain services	$10.4M	See "Early On Funding" above

Systems of Support

Strategy: Develop the community infrastructure to strengthen the quality and coordination of services and measure their collective impact. Improve the community's understanding of the importance of early childhood so that it invests in the healthy development and early learning of young children.

For every young child in Kent County to enter kindergarten healthy and ready to succeed, the community must understand the importance of early childhood and support public policies and investments that create the conditions in which all families and children can thrive. Policies and programs must address long-standing structural and institutional forces that have limited opportunities and disadvantaged certain communities.

The Center for the Study of Social Policy (CSSP) has identified four key building blocks that make up an Early Learning Community:

1. Community leadership, commitment, and public will to make young children and their families a priority
2. Quality services that work for young children and their families
3. Neighborhoods where families can thrive
4. Policies that support families

The CSSP also recognizes the infrastructure that must be in place in an Early Learning Community. "The building blocks are aligned, bolstered an assembled by design, in a way that builds on the strengths of the community, recognizes the challenges families face, and address disparities across racial, ethnic, sociodemographic and/or geographic lines in the community. The infrastructure of the early childhood system includes effective leadership, use of data to drive change, sustainable financial back, and supports for services providers."

Kent County has been a leading community in embracing this innovative approach. More than 10 years ago, community leaders representing business, philanthropy, and education created First Steps Kent to provide the infrastructure necessary for a systemic approach to supporting all young children and their families. First Steps Kent is an influential, independent, and neutral entity that works to strengthen and coordinate the early childhood system in Kent County. That includes advocating for reliable, dedicated funding for services proven to improve outcomes for children. Services must be high quality, coordinated, accessible, and culturally responsive.

Following the concept of collective partnerships, otherwise known as Collective Impact, has been shown to be a powerful approach to systems change. FSG, a national expert defines Collective Impact as, "the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem at scale." First Steps Kent believes all stakeholders must work together to bring about improved outcomes. Building a systems approach to early childhood is key to ensuring all Kent County families have access to resources, services, and early childhood information.

Increasing Access
To increase access, barriers such as transportation, time constraints, language and cultural differences, and discomfort or lack of familiarity with the notion of receiving services must be addressed. Many service providers are working to overcome those barriers, and in some instances, that has been factored into the cost of the service. Addressing those issues across the system is critical to engaging families in the services that meet their children's needs. It will require an additional investment above and beyond what is outlined in this analysis.

Infrastructure and Human Capital
Ensuring the effectiveness and accountability of early childhood services requires an investment in evaluation, data alignment, quality improvement, and capacity building. Resources dedicated to this area could support things such as database development, technical assistance, professional development, content expertise, and advocacy.

An investment in communications and advocacy is also necessary, so that the community and policy-makers understand the importance of early childhood development to ensure dedicated adequate funding for prevention and early intervention.

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Kent County has been a leader across the state and nation in building a system of support services to prepare our youngest children for school and life success. We are making progress, but together we can do better. Please join us as work to close the gaps and ensure all children enter kindergarten healthy and ready to succeed.

RE:
ACT
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Learn more about how you can get involved at:

FirstStepsKent.org