

# Making Strides

Kent County's Early Childhood System



**FINAL REPORT**

October 1, 2007

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This document is an excerpt from the full “Making Strides” report approved by the Early Childhood Children’s Commission of Kent County. It includes the complete text of the committee reports, but not the appendix. To request a full report, please call the Kent County Early Childhood System at 616-752-8634.

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# Executive Summary

The primary goal of the Kent County Early Childhood System is:

**Every young child in Kent County will be ready to succeed in life and school.**

The process to develop this system has been underway for several years and has been guided by the following vision statement:

**A coordinated, integrated system of services that are voluntary, accessible, culturally competent, and universal and that have broad community and legislative support for all families.**

The initiatives outlined in this proposal are an important first step in advancing the goal of providing comprehensive support to young children and their families in Kent County. It represents the first phase of an effort that is expected to continue over several years as all of the pieces are identified and developed.

Recommendations are provided in five key areas:

## Health

Many children do not have a doctor to call their own. In the state of Colorado, a medical home model has been developed to remedy this situation. They have achieved amazing results including increased cost savings coupled with improved access and quality of care. The Health Committee is recommending that this model be replicated in Kent County as a pilot project with 14,000 to 15,000 publicly insured or uninsured children. The local version will also include prenatal care.

## Home Visiting

Families have many needs. Research indicates many families can benefit from visiting services that provide valuable information and connections to essential resources. The Home Visiting Committee is recommending the implementation of a universal home-visit program utilizing registered nurses for every first time birth in Kent County. Elements of this program are modeled after a successful program offered in Cuyahoga County, Ohio.

## Infant-Toddler Care & Education

The goal is to provide access to high quality, affordable childcare for all families. The gold standard for quality is national accreditation – a process undertaken by few facilities due to time and cost. The Infant-Toddler Care & Education Committee proposes the establishment of a quality continuum and reward system in order to support and motivate increased participation in accreditation. The merit system, they stress, should be structured to minimize pass-through costs to families. This committee's proposal also includes recommendations for improving quality through heightened education and training of childcare providers.

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## Communication

With the aid of a top-notch communication firm, Metropolitan Group, the Communication Committee has prepared a strategic communication plan that takes a two-phase approach to developing public will in support of the early childhood initiative. The first three years will be dedicated to building support and momentum for the network among key stakeholders while setting the stage with consumers for a full-blown public campaign.

## Infrastructure

Recommendations focus on the development of a structure that will support the initial stage of implementation of the early childhood system (prenatal to one year of age) with consideration of scalability and future expansion phases. A proposed model for a governing structure is based upon a corporate model. It is expected that the governance structure will evolve as staff, infrastructure, and an evaluation process are added.

## Building the Store

In the fall of 2006, a planning team presented a progress report on the development of the early childhood system. The report used the concept of a retail store as a metaphor for the early childhood system, which will ultimately include the services offered to consumers and also backroom operations that support the delivery of those services. In keeping with this store model, this report is organized according to “front of store” and “back of store.” The front of store consists of consumer services—health care, home visiting, and infant-toddler care—while the back room is devoted to communication and infrastructure.

# Introduction

## History of Advocacy

For several years, the Kent County community has been working to coordinate and improve services for children age 0-5 with the goal of ensuring that every child has the opportunity to succeed in school and in life (See Timeline, Fig. 1). In 2004, “Connections for Children, Kent County’s Early Childhood Plan” was published. This report outlined a broad conceptual framework for a county-wide system to support the development of children in Kent County.

The process contemplated in “Connections for Children” was followed and two governance groups have been established: the Early Childhood Children’s Commission and the Great Start Collaborative of Kent County.

Committees were assembled to begin developing the specifics of a system fashioned around four core service areas:

- Early Childhood Care and Education
- Family Health
- Family Support
- Parent Education, subsequently combined with Family Support

These core service areas comprise what has been termed in prior progress reports, the “front of the store” or the actual services that families (customers) see and experience.

Working alongside the core service area committees have been two additional groups concerned with operational aspects of the system or “back of store” issues:

- Communication
- Infrastructure

A Steering Committee composed of all committee chairs has been responsible for guiding the process and ensuring coordination.

## The Development of Phase One

In January 2007, five committees (Infant-Toddler Care and Education, Home Visiting, Family Health, Communication, and Infrastructure) began development of the first phase of the early childhood system focusing on services for prenatal care through age one. This report contains recommendations for only the initial steps of a comprehensive system. These recommendations are based on an established set of guiding principles and studies of best practices in our community and across the nation.

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The initiatives outlined in this proposal are an important first step in advancing the goal of providing comprehensive support to young children and their families in Kent County. It represents the first phase of an effort that is expected to continue over several years as all of the pieces are identified and developed.

When all of the elements are in place, we will realize the vision of a coordinated, integrated system of services, and the following conditions will be present in our community:

- A systematic approach to disseminating effective parenting information.
- 100% contact with parents (prenatal – 3 months) to offer a menu of services.
- Critical, high-leveraged services will be brought to scale.
- 100% of children from birth will have a medical home.
- Clearinghouse for information.
- 100% of first-time parents will be offered home-visiting services.
- 100% of children are offered health, hearing, vision and developmental screenings.
- Community awareness that generates the public will to embrace an early childhood system.
- Coordinated system of service provision.
- 100% of families requiring childcare will have high-quality childcare available.
- Kids will be ready for life and school.

**Fig. 1 - Timeline for Development of an Early Childhood System in Kent County**

2001	Early Childhood Committee Created
2002	Formal Planning Convened with support from a Federal Grant
2003	Connections for Children Plan work
2004	Connections for Children Plan Finalized and Adopted
2005	Core Service Area Work Groups conduct efforts; Commission Formalized
2006	Planning Team Formed • “Great Start” Collaborative Awarded
2007	Action Teams Form; Draft Action Plan
2008	Phase One Implementation Begins

## Advancing the Cause

In addition to the specific action steps outlined in this report, the following three items are offered as overarching recommendations for building support and momentum for the network development. The Children’s Commission is being asked to:

1. Support the development of an early childhood system by adopting and endorsing the service strategies and action steps recommended in this report.
2. Support and adopt the strategies and tactics outlined in the strategic communication plan.
3. Mobilize its efforts to provide the necessary public and private funding for this initiative.

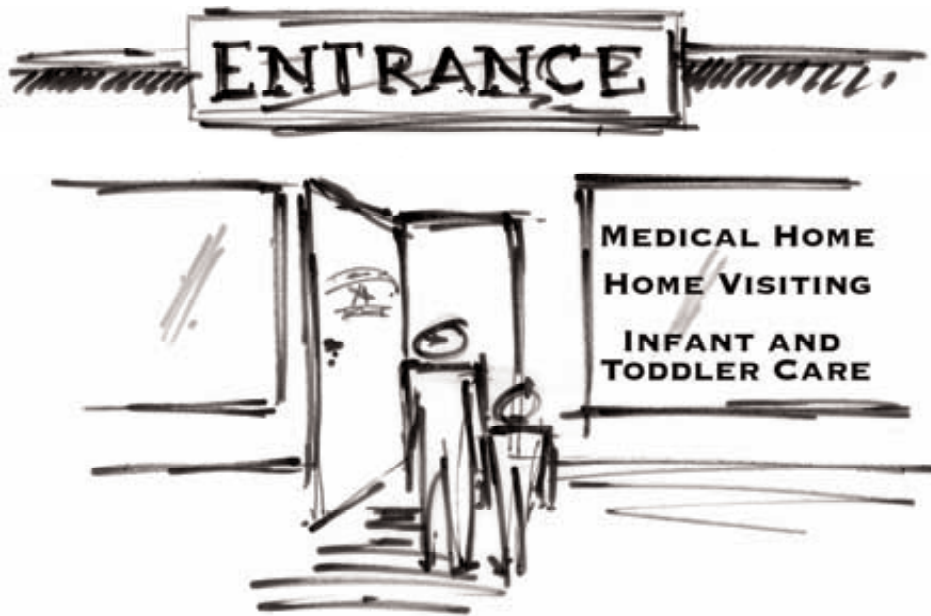
# Front of the Store: Core Services

Health

Home Visiting

Infant-Toddler Care & Education

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## Front of the Store Characteristics

Existing services need to work better based on needs of families, not needs of the system.

There needs to be an emphasis on quality and accountability. (Literally, every program and study we have reviewed has emphasized quality. Without quality, results do not happen).

Expand system capacity where necessary to meet family needs.

Develop systematic touch-points with families. It will be clear to families both what the system has to offer and where they connect with the system.

The system will be responsive to both formal and informal family and care considerations.

The service areas connect to form a system.

Different levels of support are available to meet the needs of all families. Families will decide on the appropriate program for them.

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## Committee Charge

The Health Committee was charged with assessing the scope and depth of health services available for children, ages birth to 5, with particular focus on the availability of a medical home for each child.

## Theory of Change

It is known that children with public or no insurance have significantly higher rates for total hospital admissions, mortality rates, severity of illness, are more likely to be admitted through the emergency department, and have significantly higher hospital charges than privately insured children.<sup>1</sup>

One of the reasons is that these children typically do not have access to regular, consistent quality care. Currently in Kent County, very few providers in private practice accept Medicaid children. This is not because they do not want to, but because they simply cannot afford to.

In a medical home program (definition below) pioneered in the state of Colorado, it has been shown that it is possible to open the doors to consistent, quality medical care for Medicaid children by making four or five simple improvements to our current system in the following areas:

- Reimbursement rates to physicians (to cover overhead costs)
- Access to mental health resources for patients
- Social work resources
- Transportation resources
- Assistance in enrolling and keeping enrolled eligible children

Further, the Colorado model has shown that access to quality care not only improves health outcomes for children, but also results in significant cost savings to the state, hospitals, and health plans.

## Recommendations

We propose to replicate the Colorado medical home model in Kent County by conducting a pilot project under the guidance and oversight of the Colorado leadership team, Dr.'s Jim Todd and Steven Poole. The Kent County version, under the leadership of Dr. Tom Peterson of Spectrum Health, is expected to include prenatal care. The Michigan Chapter of the American Academy of Pediatrics is aware of this proposal and is in full support of this effort.

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<sup>1</sup> Todd et al, Pediatrics 2006: 118:557-585

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## Phase I Data Collection and Benchmarking

Time Period: August - December 2007

Step one is to confirm the need for a medical home concept in Kent County by analyzing discharge billing information on all hospitalized children in Michigan over the past five years using data from the Michigan Hospital Association database. Data points regarding prenatal care for expectant mothers will also be identified and collected. This analysis will serve as the benchmark for evaluating outcomes.

Secondly, for publicly insured or uninsured children and children with commercial insurance, we will compare frequency of hospitalizations, length of stays, mortality rates, use of emergency room and total health care costs for certain disease states, i.e. diabetes, asthma, vaccine preventable diseases, appendicitis and psychiatric disease.

A report of these findings will be developed and presented by January 2008.

## Phase II Provide Medical Care Pilot via “Medical Home Model”

Time Period: May 2008- June 2009

Following the Colorado model, we will identify one local HMO with a large Medicaid population in its managed care program to provide increased reimbursement levels (near Medicare rates) for a population of 14,000 - 15,000 children in the Kent County area. We will identify five or six large pediatric practices, some with high levels of these HMO Medicaid patients and some with virtually none, to enroll in the program. Additionally, a large federally qualified health center and a teaching clinic will also participate. Similar arrangements will also be made with OB-Gyn practices for pregnant women.

Participating physician practices will be expected to adhere to the terms of an approved medical home definition, which will be established in agreement with the American Academy of Pediatrics, American Academy of Family Physicians, and American Osteopathic Association.

Participating practices will provide medical care according to predetermined standards of pediatric and obstetric care. The medical home model also provides for the following services:

- Improved, ongoing support to keep patients enrolled in the plan
- Case management of high emergency department utilizes and some chronic diseases
- Transportation services
- Social worker presence
- Available mental health referral capabilities

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Phase III Analysis of Outcomes  
Development of Long-term Implementation Strategy  
Time Period: July - September 2009

Our strategy is to show not only the health benefits, but also the cost savings associated with this model. Our long-term goals are to refine and expand this model to ensure adequacy of prenatal care for all expectant mothers and meet the medical needs of all children in Kent County, and then to extend the program throughout the Kent County and the state of Michigan. Outcomes measured after 12 months of the project will include:

- Emergency department utilization
- Immunization rates
- Preventive visits/AAP recommended
- Adequacy of prenatal care
- Parent satisfaction
- Emergency department use of asthmatics case adjusted
- Hospitalization rates
- Total costs vs. invested costs

A report of the findings will be developed and presented by September 2009.

### Medical Home Definition

A “medical home” is a primary care practice that provides continuous, accessible, and comprehensive medical and non-medical services to a child (0-18 years) and his or her family. This includes the following characteristics:

- Continuous, comprehensive care by a regular provider
- Easily accessible location
- Family-centered, compassionate, culturally effective care and sensitive, respectful communication
- All of the following types of services:
  - Health maintenance, preventive care
  - Anticipatory guidance and health education
  - Acute illness care
  - Chronic illness care
  - Coordination of care, case management
- Coordination of medications
- Access to specialists and therapies

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- Coordination with community resources as needed
  - Provider participation in hospital care
  - Coordinates all specialist, therapies and specialized services outside of the medical home
  - Telephone care available 24 hours a day
  - Complete medical record available at all visits
  - Utilizes best practices (evidence-based standards), monitors outcomes and utilizes quality improvement processes and periodic evaluation

## Conclusion

Already, there is considerable enthusiasm and support for this initiative within the medical community. A medical home task force has been assembled with representation from Metropolitan Hospital, Saint Mary's Health Care, Spectrum Health, DeVos Children's Hospital, Priority Health, The Grand Rapids Chamber of Commerce, Frey Foundation, Steelcase Foundation and other groups. This task force has begun meeting to work out the logistics of launching this pilot project. It is believed that similar to the Colorado model for medical home, this pilot project will show that access to quality care not only improves health outcomes for children, but also results in significant cost savings to the state, hospitals, and health plans.



## Committee Charge

The Home Visiting Committee (HVC) was charged with recommending a programmatic focus for the implementation of a comprehensive, coordinated, county-wide, home visiting program addressing the needs identified by the Family Support and Parent Education groups. Moreover, recommendations were to be evidence-based, modeled on programs with a history of demonstrated success, or based on an existing effective model.

In a 2006 Planning Team progress report, the following goals were identified for this program:

- 100% contact with parents (prenatal - 3 months) to offer a menu of services
- 100% of first time parents offered home-visiting services

## Theory of Change

### Assumptions:

All families need help, some more than others.

When parents do better, their children have better outcomes.

We believe that if we can, together with local hospitals, reach 100% of first-time mothers and fathers before they leave the hospital, and if a home visit by a nurse is offered as part of a comprehensive early childhood system, then home visits will become a community norm thereby increasing acceptance. During the visit, information will be provided to parents about the health and safety of the newborn, parenting topics, childcare, and community resources. Parental knowledge of child development will increase and parents will have better connections to a menu of community resources including a medical home and high quality childcare, resulting in more children who are better prepared for preschool and kindergarten.

## Recommendations

Guided by the national literature and the experience of other communities, the HVC recommends the phased implementation of a voluntary, universal home visit for every first time birth in Kent County modeling elements of the home visiting program currently being offered in Cuyahoga County, Ohio, as well as others from around the country.

### Phase I Establishing Partnerships

Time Period: August-December 2007

- Identify and confirm capacity of existing local programs
- Establish planning collaboration with local hospitals
- Establish planning collaboration with Cuyahoga County Welcome Home program
- Establish collaboration with research partner
- Create a business plan with financials

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## Phase II Prepare to Launch

Time Period: January - April 2008

- Confirm memorandums of understanding
- Confirm performance benchmarks
- Management oversight selection

## Phase III New Program Launch

Time Period: May 2008

- Launch of new program
- Increase of local program capacity accordingly
- Periodic progress updates to Children's Commission
- Coordination with communications committee

## Key Components

This new program would be a voluntary, universal access system of home visiting with a coordinated point of entry. The initial point of contact is conducted at the hospital within 24 hours of the birth. Registered nurses deliver the home visit within 2 weeks of discharge. Key components:

- Universal
- Voluntary
- Local hospital partnership
- Established standard of care
- Professional assessment and referral
- Connection to immediate resources
- Evaluation in partnership with established research partner

## Conclusion

The findings and recommendations of this committee suggest that universal, voluntary home visiting has an important contribution to make, not only to improved outcomes for Kent County families, but also to the goals of the remaining elements of the comprehensive plan for young children including assuring a medical home, providing a point of contact to parents to offer a menu of services, disseminating effective parenting information, and providing access to high quality infant and toddler care.



## Committee Charge

Develop strategies that will increase access to high quality infant-toddler care in Kent County.

The work done heretofore in the area of infant-toddler care & education identified two primary areas of need: 1) increased data collection and monitoring; 2) greater quality assurance through increased numbers of accredited child care facilities, professional development, and implementation of standards. A third area of need, that has subsequently surfaced, is accessibility, which is affected by both capacity and cost.

## Theory of Change

Achievement of these goals is based on an understanding of certain key principles at work in the early childhood care and education arena. As a precursor to the development of an action plan, the committee accepted the following truths about how to achieve quality in infant/toddler care and education. These key tenants serve as an explanation as to how change will be wrought in the infant-toddler care and education system. The following tenants of understanding are based on prior work in early childhood and new information gathered by the committee.

National accreditation is the gold standard of quality for regulated facilities. Accreditation addresses structural quality, consisting of provider/director qualifications, administrative and professional practices; and process quality, referring to program characteristics such as curriculum, day-to-day interactions, daily routines, and materials. **Therefore, greater quality assurance will be achieved by increasing the numbers of accredited childcare facilities.**

One critical hallmark of excellent infant-toddler care and education is the quality of interaction between adults and children. Studies indicate that training and education specific to infant-toddler development supports the child care practitioner's ability to "read" the unique needs of an infant-toddler, shape their responses appropriately, and plan an environment that is comforting, stimulating, and engaging. There is a notable disconnect between research-based practice recommendations and actual practices in child care facilities. Research indicates that work experience alone is not sufficient to ensure quality early childhood care and education. **Therefore, to achieve greater quality assurance, there must be correlating gains in staff education and ongoing professional development.**

Consumer demand is critical to real and sustainable quality improvement. **Therefore, to achieve greater quality assurance, parents must be knowledgeable about child development, quality standards, staff training and education, and what constitutes developmentally-appropriate childcare.**

Child care and education facilities commonly report cost as a barrier to accreditation because low-income families find it difficult to pay the increased costs associated with high-quality, i.e., accredited child care. **Therefore, to achieve greater quality assurance, there must be ways to support the accreditation process without creating financial barriers adversely affecting access.**

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Many infants/toddlers from low income families are cared for by non-regulated state-subsidized friends, family or neighbors (called FFN care). Although the state subsidizes the cost of this care, these providers are not required to attend training about child development, health or safety. **Therefore improved care environments can be achieved through education and support opportunities.**

## Recommendations

Recommendations are presented in these five areas:

- Accreditation
- Training and Professional Development
- Parent Education
- Affordability
- Family, Friends and Neighbor Care

## Accreditation

### Goal:

Support quality improvement by increasing the number of nationally accredited early care and education programs in Kent County. (Baseline: Less than 10% in 2004)

### Objectives:

- Establish a “quality continuum” (Quality Rating and Improvement System, QRIS) approach to identifying measurable, incremental steps toward accreditation.
- Support regulated providers’ understanding of the importance of infant and toddler’s unique qualities and needs by building developmental and social emotional screening into the quality continuum system.
- Support providers’ efforts toward accreditation by building rewards, recognition and incentives into the quality continuum. These merit awards should be aimed at mitigating the cost for participation and for measurable progress.

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## Training and Professional Development

### **Goal:**

Increase practitioner level of education/training by providing access to a progressive, coordinated system to obtain an Infant/Toddler or Family Child Care Provider CDA credential, Associate's or Bachelor's degree.

### **Objectives:**

- Increase practitioner recognition of the importance of education and professional development as a component of quality care and best outcomes for children.
- Identify and develop resources to support infant/toddler caregivers obtaining an Infant/Toddler CDA Credential.

## Parent Education

### **Goal:**

Increase consumer demand for accredited childcare and education programs and facilities.

### **Objectives:**

- Increase parent awareness of quality indicators and the importance of quality child care in order to create a market-driven system.

## Affordability

### **Goal:**

Ensure all families in Kent County have easy access to affordable, high quality infant-toddler care and education.

### **Objectives:**

- Structure merit award system for facilities pursuing accreditation so that facilities will not pass quality-related costs on to clients.
- Advocate at the state level for increased childcare assistance payments based on 2006 cost data.

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## Family, Friends and Neighbor Care

### **Goal:**

Support Family, Friend, Neighbor (FFN) care providers (state subsidized relative and aide care) through access to onsite mentoring, newsletters, playgroups, and support groups.

### **Objectives:**

- Identify a neighborhood with a high number of FFN providers to pilot this strategy.
- Identify Bright Beginnings play group(s) within targeted area.
- Offer onsite coaching and support to FFN providers through home visits.
- Evaluate participation, provider gains, and child gains.
- Connect to other providers and services.

## Conclusion

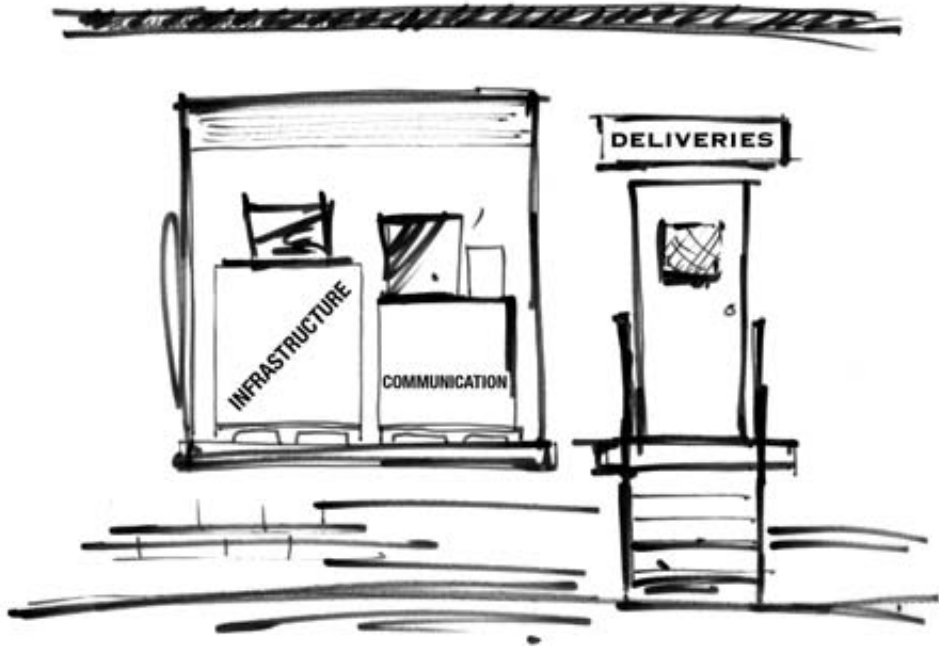
While the committee was charged with focusing on the infant and toddler segment of the early childhood care and education continuum, we are hopeful our recommendations will also have an impact all children enrolled in regulated programs.

To the greatest extent possible, we recommend coordination with and utilization of existing community resources and expertise to accomplish these objectives. Further, new initiatives such as a Quality Rating and Improvement System, enhancement of infant-toddler specific professional development offerings, and support for state subsidized, non-regulated child care providers should be presented as efforts to enhance and broaden rather than replace existing local and state programs and initiatives.

# Back of the Store: Support Services

Communication

Infrastructure



## Back of the Store Characteristics

Research issues identified and systems put in place to define and measure program effectiveness and school readiness; keep abreast of new research.

Data elements necessary to operate the system effectively.

Development of content information necessary for parents to understand and use system.

Standards of practice and best practices necessary to ensure quality programs.

Evaluation process necessary to create an effective feedback loop that will ensure continuous improvement.

Adequate funding that will ensure a sustainable program.

Mechanisms that will allow us to be proactive and look ahead for opportunities.

Develop and maintain clear entry points to the system.

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## Committee Charge

The Communication Committee was charged with the development of a communication plan that will result in:

- Increased public awareness for the importance of the prenatal to five years
- The development of public will to support public policy initiatives that will lead to a community commitment to maximize the development of children during the prenatal to five years

The committee was also asked to select a professional communication firm to assist in the development of this plan and a budget. The following information and recommendations reflect the work of the Communication Committee working in partnership with the Metropolitan Group, a communication agency that helps nonprofit organizations and public agencies create positive social change. The Metropolitan Group is headquartered in Portland, Oregon, with offices in Chicago and Washington, DC.

## Theory of Change

Recognizing that the early childhood system does not yet exist, recommendations for a strategic message framework and communication plan have been developed to meet the short-term need of building buy-in and engaging champions and supporters for the next steps of developing the early childhood system. At the same time, this strategic message framework will set the stage for a full-blown, public will-building campaign.

Effective communications begin with the message. The first and most important aspects of any message framework are the values the framework seeks to both reflect and advance. These values should be consistent with the deeply held values of the communities and audiences the commission has been created to serve. The primary values are the most important and will therefore dominate the message framework. Supporting values can be woven into the message framework to varying degrees, sometimes based on a specific situation or audience to be addressed.

## Recommendations

A Strategic Communication Plan has been developed detailing strategies and tactics for the next three years. It is recommended that the communication effort be phased--with the first phase dedicated to building support and momentum for the network and the second focused on encouraging the community to access the network, demand expanded resources and services and willingly support continued excellence. It is further recommended by the Communication Committee that this plan be adopted and implemented as outlined in the attached communication plan.

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## Audience Recommendations

It is recommended that communications begin with the following target audiences:

### Phase I Building the Network

#### Priority 1:

- Internal audiences (including Commission Members and Collaborative)
- Direct service providers (currently serving children and families)
- Potential champions/partners:
  - community-based organizations
  - health care providers and advocates
  - other nonprofits
  - public agencies, including the office of children, youth and families; health and human services; and schools
  - funders
  - business leaders
  - education professionals (including child care providers)
  - faith leaders
  - parent organizers
  - community activists
- Funders and philanthropists

#### Priority 2:

- Policymakers and elected officials in local, county and state government
- Mid-level service providers
  - case workers
  - childcare workers
- Local civic community and organizations
- Public safety officials and organizations
- Local school boards

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## Phase II Accessing the Network

### Priority 1:

- All audiences identified in the first phase
- All parents and families with young and school-age children
- Voters
- Media

### Priority 2:

- Local colleges and universities
- Other Kent County promotional organizations (Grand Rapids/Kent County Convention and Visitors Bureau and support for Kent County residents, etc.)

## Message Recommendations

The strategic message framework is designed to answer three critical questions: *What? So what? and, Now what?* The answers to these questions should describe the purpose, importance and impact of the work, the relevancy of the work to the audiences to be engaged, and specific calls to action that are appropriate, actionable and achievable. Once the message platform is finalized, it will become the backbone of all communication tools (website, brochures, talking points, PowerPoint presentations, speeches) created to support the initiative.

### Core Message:

The communities of Kent County are working together to create a stronger, ground breaking, better-coordinated and more accessible network of early childhood support for all families so every child has the opportunity to succeed in school and in life.

### What?

In Kent County we believe in the power of possibility and the right of every child to have the chance to succeed.

In the first years of life, a child's brain grows faster than at any other time, laying the foundation for learning. In recent decades, much has been learned about how the architecture of a child's brain is formed and the impact stress can have on processing information and interacting with others. By providing access to proper nutrition, consistent medical care, intellectual stimulation and a stable and nurturing home life, parents and the community can make sure that all young children have the support they need to learn, grow and thrive.

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## So what?

Raising children is important, rewarding and challenging. All families--no matter where they live and no matter who they are--benefit from support of one kind or another. That's why, for the first time, people and organizations from across Kent County are coming together to strengthen the network of early childhood resources available to every family. With new scientific data on the way children develop and a growing sense of the possible, this communitywide effort is gaining momentum.

Today's children will be tomorrow's dreamers, healers, educators, builders and caretakers. By working together and supporting one another now, we strengthen not only our children and families, but also tomorrow's communities. An investment of time and resources today, means--among other things--a more stable and productive workforce, higher graduation rates, lower rates of crime and substance abuse, and healthier citizens tomorrow. Why is early childhood development important? Because the future of Kent County's communities depends on our children growing up to become productive, contributing members of society.

## Now what?

Phase 1 - Together we can continue building a strong, innovative and effective network of early childhood resources for the children and families of Kent County. We need your voice, your time and your support. Join us as we:

- Reach others with the message that the early years of childhood development are important
- Legislate/advocate for new laws and policies
- Pass countywide funding initiatives
- Change the focus of direct service from treatment of adverse childhood experiences to the promotion of healthy childhood development
- Fund early childhood services and resources

*NOTE:* After the system is created and understood, the messages should be modified to encourage parents and community members to seek out and use programs and services that promote early childhood development and help families thrive.

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## Conclusion

The communication effort will be phased in with the first few years dedicated to building support and momentum for the network. In this way, it is possible to accomplish dual purposes, 1) help the Commission to continue to build partnerships, solidify funding or funding priority, create connections across communities and enhance existing structures; and 2) increase general audiences' level of understanding and desire to access early childhood supports and resources, without driving them to seek a system that does not exist.

The communication plan identifies strategies and tactics for communicating the importance of early childhood development to key audiences, encouraging participation in building the network, and setting the stage for a more robust promotion of the network once it exists. The plan covers a period of three years based on the assumption that the network will be in place by 2010.

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## Committee Charge

The Infrastructure Committee was formed to identify the criteria and structures of a coordinated, integrated system of services for the development of an early childhood system in which every young child in Kent County will be ready to succeed in life and school.

The primary focus is on the development of a structure that will support the initial stage of implementation of the early childhood system (prenatal to one year of age) with consideration of scalability and future expansion phases. A list of attributes of this infrastructure has been developed.

## Theory of Change

The work of the Infrastructure Committee was framed by the guiding principles of the Great Start Collaborative. The group's work is also based upon the following values and understanding of change:

- The structure of a system should support the functions and outcomes that it is attempting to achieve.
- A governance model is needed that clearly identifies authority and delineates roles of the process.
- A governance model must be able to accommodate both private and public resources.
- Information and data feedback loops must play an important role in the growth of a governance model.
- A governance model should strike a balance between not being overly bureaucratic, yet provide appropriate checks and balances with broad community input.

## Recommendations

Recommendations are provided in five areas:

- Services
- Governance
- Outcome Identification & Data Collection
- Resources
- Implementation (Developed under the auspices of the Steering Committee)

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## Services

Support the development of an early childhood system by adopting and endorsing the recommendations and action steps for the three service strategies included in this report.

Note: Additional service elements will be added in the future. A running list, referred to as the “Parking Lot”, is being used to keep track of these services to ensure they are considered in subsequent stages of development.

## Governance

Develop a governance structure based on the proposed model to support the development of a comprehensive early childhood system in Kent County.

### Phase I Resource Evaluation and Capacity Building

Time Period: August 2007 - December 2008

Conduct a feasibility study in Kent County following the process defined by the State of Michigan’s recent Finance Project in order to evaluate existing resources and the potential for reallocation of resources to align with identified priorities. This study should also evaluate the potential of securing public funds and identify the appropriate public body through which local dollars could be raised and allocated.

Additional components of Phase I:

- Increase administrative assistant time.
- Consider hiring program coordinator in spring / summer 2008 (if needed).
- Determine best method of evaluating programs and operations.
- Provide oversight and coordination of all plan elements.

### Phase II Development of a Sustainable Governance Structure

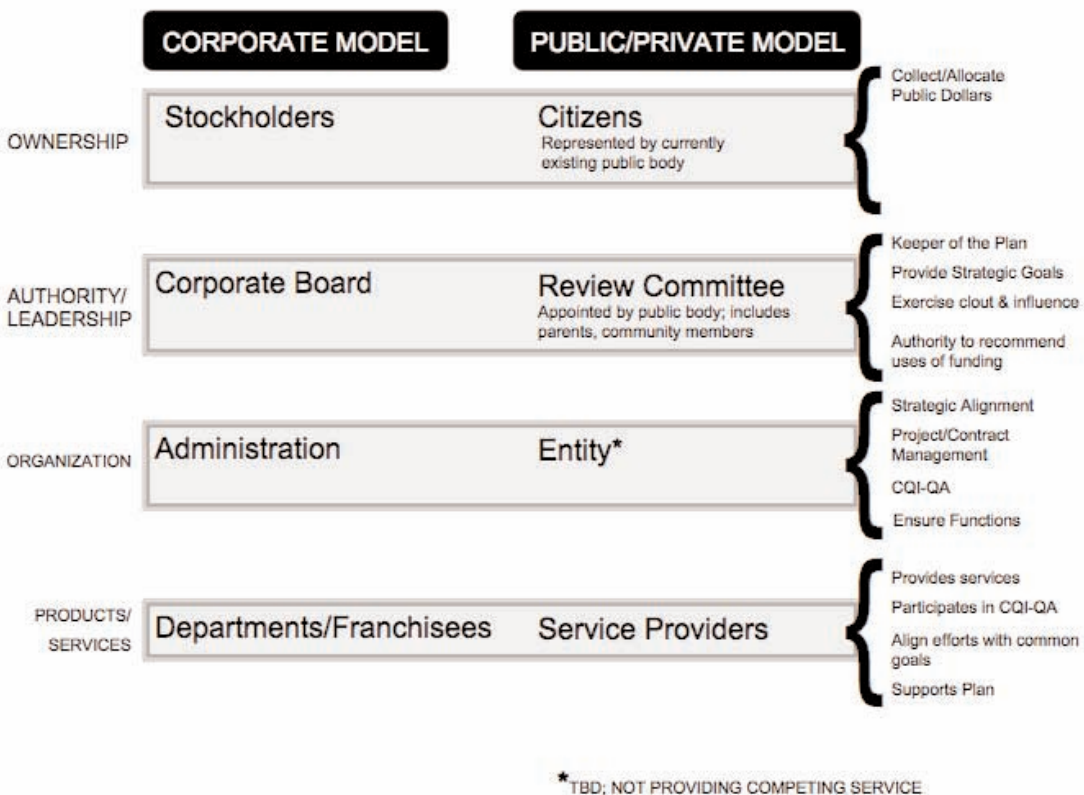
Time Period: December 2008 - Ongoing

It is expected that the governance structure will evolve as we add staff, infrastructure, and an evaluation process to support the development and operation of the early childhood system. Sometime in the future, public funding may be necessary to sustain the project thereby necessitating the creation of a formal, governing entity linked to a public body (County government or Kent Intermediate School District). The proposed model for this governance structure mirrors a corporate model (see Fig. 1).

An existing community organization may be able to serve as the governing entity. It is recommended that a Review Committee be formed for the purpose of conducting the search and evaluation. A proposed list of characteristics and functions for the governing entity has been developed.

For the time being, we recommend that the current structure remain in place with the Commission providing oversight of the developing components and resources, the Steering Committee and Great Start Collaborative serving as advisors to the Commission, and United Way continuing as the fiduciary organization.

**Figure 1 Proposed Governance Structure**



## Outcome Identification & Data Collection

Finalize outcomes of success for the early childhood system.

### Phase I Outcome Identification

Time Period: September 2007 - March 2008

Measuring outcomes is critical for monitoring and articulating the success of the early childhood efforts. The first step in this process is identification of the outcomes. A draft of outcomes organized by service area has been developed; these will be further refined by representatives of the service areas into objectives that are specific, measurable, achievable, and realistic.

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## Phase II Data Collection

Time Period: March 2008 - Ongoing

During this phase, we will identify the parties responsible for the collection and reporting of measurement data. An important role of the governing entity will be to oversee this process and to ensure the appropriate information systems are in place to complete this task.

## Resources

Mobilize efforts to provide the necessary public and private funding for this initiative based on the findings of the feasibility study.

## Estimated Resources- Income and Expenses

As part of their work, the four committees identified financial resources needed to support the first stage of service development and implementation; the following chart summarizes this information.

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	2007	2008	2009	2010	Total
<b>Expense</b>					
Health / Medical Home	90,000	550,000	550,000	550,000	1,740,000
Home Visiting	15,000	275,000	600,000	600,000	1,490,000
Additional HV Capacity		?	?	?	
Infant & Toddler Care	5,000	207,000	837,000	982,000	2,031,000
Communications	10,000	221,000	179,000	274,000	684,000
Infrastructure					
Commission Expense	35,000	163,000	166,000	169,000	533,000
(includes \$60,000 matching for Gt. Start Collab.)					
Collaborative Expense	55,500	222,000	225,000	225,000	727,500
(Total expense less direct investment in core strategies)					
Additional Staffing		20,000	40,000	40,000	100,000
Evaluation					
		To be determined / Rule of Thumb - Evaluation = 10% of program expense			
<b>Total Expense</b>	210,500	1,658,000	2,597,000	2,840,000	7,305,500
<b>Source of Funds</b>					
Commission	446,000	411,000	248,000	82,000	1,187,000
Collaborative	70,000	420,000	420,000	420,000	1,330,000
Other	10,000				10,000
<b>Total Available Funds</b>	526,000	831,000	668,000	502,000	2,527,000
<b>Balance</b>	315,500	-827,000	-1,929,000	-2,338,000	-4,778,500

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## Implementation

Provide oversight of the developing early childhood system as outlined in the following implementation plan developed by the Steering Committee.

### Implementation Plan

The people and resources are in place to proceed with the recommendations outlined for the medical home pilot project and the communications plan; therefore it is recommended that we move ahead in these two areas. Home visiting and infant and toddler care will continue to develop over the next several months and additional information will be brought to the Commission as it is ready.

### Health / Medical Home

#### Process:

#### Phase I - September - December, 2007

##### Data Collection

- Research hospital discharge data
- Create benchmarks
- Identify the need for medical home

##### Prepare for pilot

- Analysis of resources necessary (staff, facilities, funding); develop business plan for pilot
- Hire staff
- Develop partnerships
- Secure commitments from primary care providers
- Secure funding
- Keep medical community informed
- Confirm outcomes and evaluation process

#### Phase II - January - December 2008

##### Conduct pilot

- Analyze outcomes
- Develop long-term implementation of program; business plan
- Continuous improvement

#### Phase III - January 2009

Execute long-term medical home program

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## Responsibilities:

Program oversight: Medical Home Steering Committee & Medical Home Working group.

- Program Director: Dr. Tom Peterson
- Additional staff and program requirements to be determined following meeting with C-CHAP representatives in Denver

## Funding:

Phase I funding in place - \$90,000

- Funding provided by coalition of steering committee membership

Phase II funding to be determined following meeting with C-CHAP

- Current estimate: \$500,000
- Funds will need to be raised prior to pilot beginning in January 2007

Phase III funding to be determined following meeting with C-CHAP and development of long-term business plan

## Commission / Collaborative Staff Commitments:

Continue to assist Medical Home Staff with development

Commission Executive Director will provide support to program

Keep Medical Home Project connected to Early Childhood system work

## Home Visiting

### Process:

Phase I - September - December, 2007

Develop Phase II plan in detail; implementation of Home Visiting initiative

- Establish partnerships
- Review capacity and expansion needs for existing home visiting programs
- Establish partnerships with hospitals and other providers
- Collaborate with Cuyahoga County
- Create business plan and cost estimates
- Establish evaluation process

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## Phase II – January – April 2008

This Phase will be informed by Phase I planning process (business plan and evaluation process)

- Confirm memo of understanding with partnership agencies
- Analysis of program capacity of existing programs and recommendations for additional system capacity
- Conduct selection process for agency to manage HV program
- Secure funding for program

## Phase III – Beginning May 2008

- Implement program
- Conduct evaluation and program improvement process

### Responsibilities:

Core Home Visiting committee members will continue to meet and move the work forward.

Additional members representing hospitals and other providers may be added

### Funding:

Phase I – minimal funding will be needed, available from Commission / Collaborative budget

Additional funding will be needed once lead agency is selected, staff is hired and additional capacity needs are identified.

### Commission / Collaborative Staff Commitments:

Support work of Home Visiting Committee / Great Start Coordinator will provide support to program

Program manager will be considered in spring / summer 2008

## Infant and Toddler Care

### Process:

Develop QRIS system & other initiatives in further detail; create implementation plan - Sept-Dec 2007

Increase Quality Care Facilities

- Establish a quality continuum - Sept-Dec 2007
- Develop selection process to select lead agency - Jan-Mar 2008
- Build rewards, incentives into system - Jan-Mar 2008
- Communicate to practitioners, parents - April-June 2008
- Identify & train evaluators, coaches - April-June 2008
- Administer 1st yr. QRIS program – Sept 2008 – June 2009
- Evaluate 1st yr. QRIS program - July-Sept 2009

- 
- Provide 1st yr. merit awards - July-Sept 2009
  - Administer 2nd yr. QRIS program - July 2009-June 2010
  - Evaluate 2nd yr. QRIS program - July-Sept 2010
  - Provide 2nd yr. merit awards - July-Sept 2010

#### Professional Development of Practitioners

- Identify current training options - Sept-Dec 2007
- Expand the options - Jan-March 2008
- Communicate to practitioners - April 2008
- Hire credential facilitator - July-Sept 2008
- Train & provide materials for developmental screening - July-Sept 2009

#### Access & Affordability for Families

- Advocate for increased state subsidy - Jan-March 2008

#### Family, Friend & Neighbor Care

- Identify Neighborhood for pilot program - Sept-Dec 2007
- Plan for program execution - Sept-Dec 2007
- Begin Bright Beginnings Group - Jan-March 2008
- Evaluate program effectiveness - May-June 2008
- Expand to other neighborhoods - July-Sept 2008
- Hire a coordinator to implement expanded program - May-June 2008

#### Responsibilities:

Core Infant & Toddler Care committee members will continue to meet to move the work forward.

Additional content experts may join committee.

#### Funding:

Minimal funding will be needed for period Sept-Dec 2007 and is available from Commission / Collaborative budget. Additional funding will be needed once lead agency is selected and staff hired.

#### Commission / Collaborative Staff Commitments:

Support work of Infant and Toddler Care Committee / Great Start Coordinator will provide support to program.

Program manager will be considered in spring / summer 2008

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## Communication

### Process:

#### Strategy One

- Retain communication staff - Fall 2007
- Establish training for stakeholders - Jan-March 2008

#### Strategy Two

- Outreach to key leaders - Sept 2007-Dec 2009
- Establish speakers' bureau - Jan-Mar 2008
- Engage political leadership - Jan 2008-Dec 2009
- Create an update program - Jan 2008-Dec 2009

#### Strategy Three

- Create brand identity - Sept 2007-March 2008
- Devise partnership program - Sept 2007-March 2008

#### Strategy Four

- Create website - Jan - Mar 2008

#### Strategy Five

- Reach out to grassroots leaders - Sept 2007-Dec 2009
- Host feedback sessions - As Needed

#### Strategy Six

- Reactive strategy & media protocol - Sept 2007-Dec 2007
- Going public - Sept 2007-Dec 2009

#### Strategy Seven

- Participate in family events - July 2008-Dec 2009
- Advertising - July 2008-Dec 2009

#### Strategy Eight

- Host partners' conference - Jan-March 2010
- Celebrate the Early Years - July-Sept 2010

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### Responsibilities:

Communications' committee will oversee hiring of Communication's Director

Committee may choose to provide feedback to Director on a periodic basis

Communications' director will execute plan

### Funding:

First year of work can be funded from Commission / Collaborative budget.

Second and third year budgets will require additional funding.

### Commission / Collaborative Staff Commitments:

Commission Executive Director will supervise and support work of Communications' Director

Commission Executive Director and Great Start Collaborative Coordinator will assist Communications' Director in executing communication plan.

### Infrastructure

#### Process:

Continue to build staff and infrastructure elements as they are needed

Increase administrative assistant time (Sept-Dec 2007)

Consider hiring program coordinator in spring / summer 2008 (if needed)

United Way continues as fiduciary.

Analyze best method of conducting evaluation of programs and operations (Sept 2007-March 2008)

Provide oversight and coordination to all elements or the plan.

#### Responsibilities:

Infrastructure committee will fold into the Steering Committee and the Steering Committee will assume responsibility for infrastructure development.

#### Commission / Collaborative Staff Commitments:

Support work of the Steering Committee

Provide quarterly reports to Commission and Collaborative

Highlight system development, successes & issues

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## Conclusion

The recommendations herein focus on the initial developmental stage of the early childhood system. Over the next several years, additional elements of the plan will be developed and brought online as they are ready and funding is available. Most importantly, the infrastructure should support the functions and outcomes that we are attempting to achieve. It is expected that the governance structure will evolve as we add staff, infrastructure, and an evaluation process to service the operational elements. The proposed model for a future governing structure is based upon a corporate model. Until the identification of a governing entity we recommend that the current structure remain in place with the Commission providing oversight of the developing components and resources, the Steering Committee and Great Start Collaborative serving as advisors to the Commission, and United Way continuing as the fiduciary organization.

### What will be different?

We want to conclude this infrastructure report by restating what we expect to achieve during this first stage of development. When the service elements outlined in this report are operational, the following conditions will be in place in our community:

A systematic approach to disseminating effective parenting information.

*Medical home, home visiting and infant and toddler care will all play a role in realizing this goal.*

100 percent contact with parents (prenatal to 3 months) to offer a menu of services.

*Home visiting will accomplish this goal for all first-time parents.*

Bring critical high leveraged services to scale.

*Home visiting & medical home meet this goal.*

100 percent of children from birth have a medical home.

*Medical home initiative will accomplish this.*

Clearinghouse for information.

*Open issue, needs to be addressed.*

100 percent of first-time parents offered home-visiting services.

*Home visiting initiative will accomplish this goal.*

100 percent of children offered health, hearing, vision and developmental screenings.

*Infant & Toddler Care and Medical Home initiative will work toward this goal. More work needs to be done in the area of developmental screening.*

Community awareness that leads to public will that embraces early childhood.

*Communication's plan addresses this issue.*

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Coordinated system of service provision.

*Infant & Toddler Care, Home Visiting and Medical Home provide a strong move toward creating this system. More work will be required to link elements as the system develops.*

100 percent of families requiring childcare will have high-quality childcare available.

*Infant and Toddler Care initiative addresses this goal.*

100 percent of kindergarten children will be assessed for school readiness.

*Kindergarten Observation Pilot Project 2007 will determine baseline data for future school readiness evaluations.*

With these pieces in place, we will be closer to the ultimate goal of the Early Childhood System in Kent County:

**Every young child in Kent County will be ready to succeed in life and school.**

# Conclusion

The following goals guided the work contained in this proposal. When met, they will improve outcomes for children in our community:

- Communicate the issues
- Improve health care for children
- Connect all first time parents with the help they need
- Improve the childcare system

The proposed recommendations are a starting point for a comprehensive early childhood system that will include additional elements in future years such as dental care for uninsured and publicly insured children and universal access to high quality preschool education. The Steering Committee is developing a running list—a sort of “parking lot”—for these future elements to ensure they are considered in subsequent phases of development.

When all of the elements are in place, the proposed early childhood system will:

- Provide a systemic approach to contact every first-time new parent and connect them to the system.
- Offer a menu of services available in the community.
- Recommend appropriate service where needed (meet families needs with the appropriate level of service).
- Connect all first time births to a medical home.
- Connect parents to appropriate childcare information.
- Increase number of high quality childcare facilities.
- Make it easy for parents to receive parenting information.
- Connect various programs into a system; a coordinated system of service provision.
- Include a medical home for all Kent County children and pregnant women.
- Include specific standards of care for the medical home.
- Support the medical home with social service services.
- Improve medical outcomes for children.
- Communicate the importance of the prenatal to 5 years to the community.
- Build the public will to support families and children.

## Postscript

In September 2007, following the review and consideration of this report, the Children’s Commission:

1. Approved the overall direction of the plan contained herein.
2. Directed the Health and Communication committees to proceed with implementation steps as outlined in this report.
3. Directed the Home Visiting and Infant-Toddler Care & Education committees to continue their work and to return to the Commission with additional information and recommendations.

# Acknowledgements

## Funders

Steelcase Foundation  
Frey Foundation  
Heart of West Michigan United Way  
Early Childhood Investment Corporation

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# Making Strides

## Kent County's Early Childhood System

FINAL REPORT

October 1, 2007

This document is an excerpt from the full "Making Strides" report approved by the Early Childhood Children's Commission of Kent County. It includes the complete text of the committee reports, but not the appendix.

To request a full report, please contact the Kent County Early Childhood System.

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