# Evaluating the Implementation of the Ready by Five Early Childhood Millage: 2022 Report

*Kiel McQueen, PhD, Jakob Panzer, Olivia Rau, MPA, Jason Entingh,*        **May 2023**
*Jesse Nagel, PhD*

This report uses demographic, referral, and services data from the Kent County Health Department to examine the implementation of Ready by Five services in 2022.

Key findings include:

- Ready by Five service providers exceeded reach expectations in 2022.
- Fifty-seven percent of young children and families served were from historically marginalized groups.
- Ready by Five service providers completed 94 percent of projected encounters with young children and families.
- The percentage of individuals served and encounters completed varied across service categories.

Recommendations include:

- Provide additional opportunities for providers to collaborate around opportunities for growth.
- Investigate why referrals are not completed or issued when concerns are identified.
- Reconsider approaches for surveying families.

## Introduction

The Ready by Five (RbF) Early Childhood Millage, passed in 2018, serves as a dedicated funding source to help ensure children in Kent County, Michigan are healthy and ready to learn when they enter kindergarten. The funding strategy envisions a continuum of services to support young children (children ages 0-5) and families[1] from conception to kindergarten. The annual funding fills the "gaps" in early childhood services that are not funded through federal or state sources. The RbF millage funds community-based programs in the following service categories:

- **Outreach and Navigation:** Providers connect families of young children to early childhood information, programming, and community resources to help foster a healthy, safe, and nurturing environment.

---

[1] We refer to families as all types of custodial arrangements, including parents, grandparents, and other caregivers as guardians of children.

- **Early Learning**: Programming supports children's cognitive, social, and emotional development while increasing families' knowledge and skills in supporting children's early learning development.

- **Healthy Development**: Providers ensure expectant families and those with young children have access to comprehensive and coordinated care that optimizes physical and emotional health. Programming follows evidence-based practices that demonstrate success in supporting positive health behaviors for expectant mothers and children.

- **Parent Education and Support**: Services ensure families have the knowledge and skills to support their children's health, development, and learning. PE programs provide in-home and/or community-based support and education. In-home services involve trained providers visiting families' homes to offer one-on-one education and support.

RbF funded programs may serve any expectant family or family with young children residing in Kent County. While all young children are eligible for services, RbF has considerable interest in improving equity for historically marginalized groups, including communities of color and families in households with incomes at or below 200 percent of the federal poverty level. Service providers may limit their services to populations living in specific geographic areas in Kent County to target these groups.

First Steps Kent (FSK) partnered with Basis Policy Research (Basis) in 2021 to evaluate the implementation and impact of the RbF Early Childhood Millage. Additionally, FSK contracted with Advancing Communities for Equity (ACE) to support the Basis research team in employing culturally responsive evaluation practices and attending to FSK's commitment to improving equity for historically marginalized groups in Kent County. The evaluation focuses on the following four research questions:

1. To what extent did RbF providers implement services with fidelity?
2. What types of RbF services are related to improved health and academic outcomes?
3. What is the impact of RbF services on participants' health and academic outcomes?
4. How do the benefits of RbF services compare to the financial investment of the RbF millage?

The current report uses FSK and Kent County Health Department (KCHD) data from 2022 to answer the first research question. KCHD data includes programs providing direct services to stakeholders and submit monthly demographic, services, and referral information. Forthcoming annual reports will focus on the remaining three research questions.

**Key Terms**

*Families.* Refers to all types of custodial arrangements, including parents, grandparents and other caregivers as guardians of children.

*Outreach and Navigation Encounter*. Occurs when individuals receive one or more final referrals from ON service providers. ON encounters contribute to the number of individuals served.

*Direct Service, 1:1 Encounter.* Services provided by a qualified individual(s) to a young child, expectant mother, or family. PES, HD, and EL providers offer this service.

*Group Encounter*. Services provided by a qualified individual(s) to a group of young children. EL-Play and Learn and HD group service providers complete these encounters.

*Unduplicated Count*. Each young child, expectant mother, or family is counted only once by service provider even if the individual participated in more than one outreach and navigation, direct, or group encounter. The unduplicated count is the sum of all unique individuals participating in or receiving services.

*Duplicated Count*. Each young child, expectant mother, or family is counted every time they participate in an outreach and navigation, direct, or group encounter. The duplicated count is the sum of all outreach and navigation, direct, or group services provided.

*Projected Individuals Served*. The number of young children, expectant families, or families service providers expect to serve in 2022. May include unduplicated and duplicated counts depending on service category. Service providers include the number of projected individuals served in the contract signed with FSK.

*Projected Encounters*. The number of direct or 1:1 service or group encounters service providers expect to complete with young children, expectant families, or families in 2022. Service providers include the number of projected encounters in the contract signed with FSK.

*Individuals Served*. The number of individuals served includes the number of unduplicated counts from ON, HD, PES, and EL service providers and duplicated counts of EL-Play and Learn and HD group service providers. This report includes individuals served from January to December 2022.

*Percentage of Individuals Served (Reach)*. The number of individuals served divided by the projected individuals served in 2022. The term reach is used interchangeably with the percentage of individuals served in this report.

*Encounters*. The number of encounters to date includes the number of duplicated counts from HD, PES, EL (non-Play and Learn) service providers and number of events EL-Play and Learn and HD group service providers hosted. This report includes encounters from January to December 2022.

*Percentage of Encounters Completed*. The number of encounters completed divided by projected encounters in 2022.

*Retention*. Individuals who complete the expected number of encounters with service providers.

*Dosage*. The number of encounters each individual completes in 2022. Some HD and PES contracts have expected number of encounters individuals will complete in 2022.

*Historically Marginalized Groups*. Includes individuals identifying as Black of African American, Asian or Asian American, American Indian or Alaskan Native, Native Hawaiian and Other Pacific Islander, Hispanic or Latinx. Basis researchers added the percentage of individuals from historically marginalized groups to create a combined percentage.

*At or Below 200 Percent of the Federal Poverty Line*. Two person households earning $36,620 or less are considered at or below 200 percent of the federal poverty line. Single person households earning $27,180 or less are considered at or below 200 percent below the federal poverty line.

*Urban Communities (Cities).* This includes ZIP codes for Grand Rapids, East Grand Rapids, and Kentwood.

*Outer-Urban Communities.* This includes ZIP codes for Alpine, Cascade, Comstock Park, Grand Rapids Township, Grandville, Northview, Plainfield, Walker, and Wyoming.

*Eastern Kent County.* This includes ZIP codes for Ada, Bowen, Cannon, Forest Hills, Alto, Freeport, Grattan, Lowell Township. City of Lowell, and Vergennes.

*Northern Kent County.* This includes ZIP codes for Algoma, Belmont, Cannon, Casnovia, Cortland, Greenville, Cedar Springs, Grattan, Kent City, Nelson, Oakfield, Plainfield, Rockford, Sand Lake, Sparta Township, Village of Sparta, Spencer, Solon, and Tyrone

*Southern Kent County.* This includes ZIP codes for Byron Center, Byron Township, Caledonia Township, and Caledonia Village.

# Methods

**Data Sources.** The report's findings are based on data provided by FSK and KCHD. FSK shared provider contract data, including target population served, geography of services, projected number of individuals served in 2022, and projected number of encounters in 2022. KCHD provided deidentified data on (a) the demographic characteristics of young children and families receiving services, (b) the types of services young children and families received, and (c) the types of referrals young children and families received. A detailed description of the data sources is included in Appendix A.

**Sample.** The initial sample for the RbF evaluation included 32 contracts with 20 unique service providers (henceforth titled "providers") offering Outreach and Navigation (ON), Early Learning (EL), Healthy Development (HD), and Parent Education and Support (PES) services in 2022[2]. Providers included in the initial sample were projected to serve 38,468 individuals and complete 73,457 encounters in 2022 (See Table 1). For this report, Basis researchers limited the final sample to 30 contracts with 18 unique providers who (a) have an active contract with FSK[3] and (b) submit monthly implementation data to KCHD. The final sample of contracts and unique providers were projected to serve 12,039 individuals and complete 15,525 encounters in 2022. The reduction in number of projected individuals served and encounters in the final sample is the result of dropping one contract ("Ready for School") and select services in contracts that do not share monthly data with KCHD, including translation services and fetal infant mortality review. A detailed description of the sample is included in Appendix A.

**Table 1: Number of contracts, projected individuals served, and encounters from January to December 2022**

| Service Category | Initial Sample | | | Final Sample | | |
|---|---|---|---|---|---|---|
| | Contracts | Individuals Served | Encounters | Contracts | Individuals Served | Encounters |
| Outreach and Navigation | 8 | 3,540 | - | 8 | 3,540 | - |
| Early Learning | 5 | 30,912 | 58,065 | 4 | 5,319 | 929 |
| Healthy Development | 6 | 1,564 | 3,684 | 6 | 1,325 | 3,490 |
| Parent Education and Support | 12 | 2,470 | 11,708 | 12 | 1,855 | 11,106 |
| **Total** | **31** | **38,468** | **73,457** | **30** | **12,039** | **15,525** |

*Source: First Steps Kent contract data; authors' analyses.*

**Methodology.** Basis researchers conducted a series of descriptive analyses using RbF demographic, services, and referral data from January to December 2022 to address the first research question. We report on select findings in the end of year report.

---

[2] RbF signed 37 contracts with 24 unique providers in 2022. The RbF evaluation excludes contracts and providers associated with translation and interpretation services and fetal infant mortality review.

[3] We removed the ELNC-Play to Learn contract from the final sample due to ELNC requesting to end the contract with FSK on Friday, July 31, 2022.

# Results

**1 | To what extent did RbF providers implement services with fidelity?**

We answer this research question in two parts. First, we describe the individuals served, demographic characteristics of individuals served, and encounters completed across all contracts and providers included in the final sample (henceforth titled "RbF Network"). We then break down results by the four service categories.

*RbF providers exceeded reach expectations by one percent in 2022.*

Figure 1 displays the cumulative number of young children and families RbF providers served by quarter in 2022. To calculate the cumulative number of individuals served, Basis researchers identified the total number of unduplicated individuals served by ON, HD, and PES providers and duplicated individuals from select EL and HD group providers from January to December. Results indicate RbF providers served 12,184 young children and families. Quarter over quarter changes were mostly comparable.

**Figure 1: Cumulative number of young children and families served by quarter in 2022.**
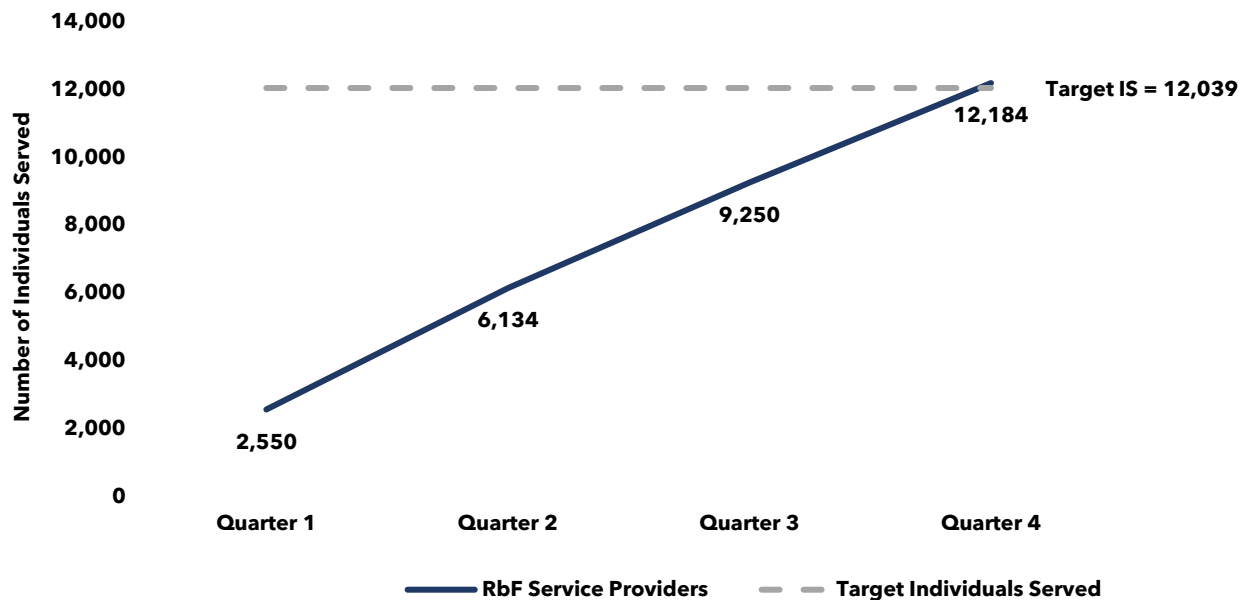


Note: The number of individuals served in 2022 is the total of unduplicated counts from ON, HD, PE, and EL providers and duplicated counts of EL-Play and Learn providers. The number of individuals served from January through December is the total of unduplicated individuals served from ON, HD, PES, and EL providers and duplicated individuals from EL-Play and Learn providers within each month. We identified duplicate individuals using agency code, record code, encounter year, and encounter month.
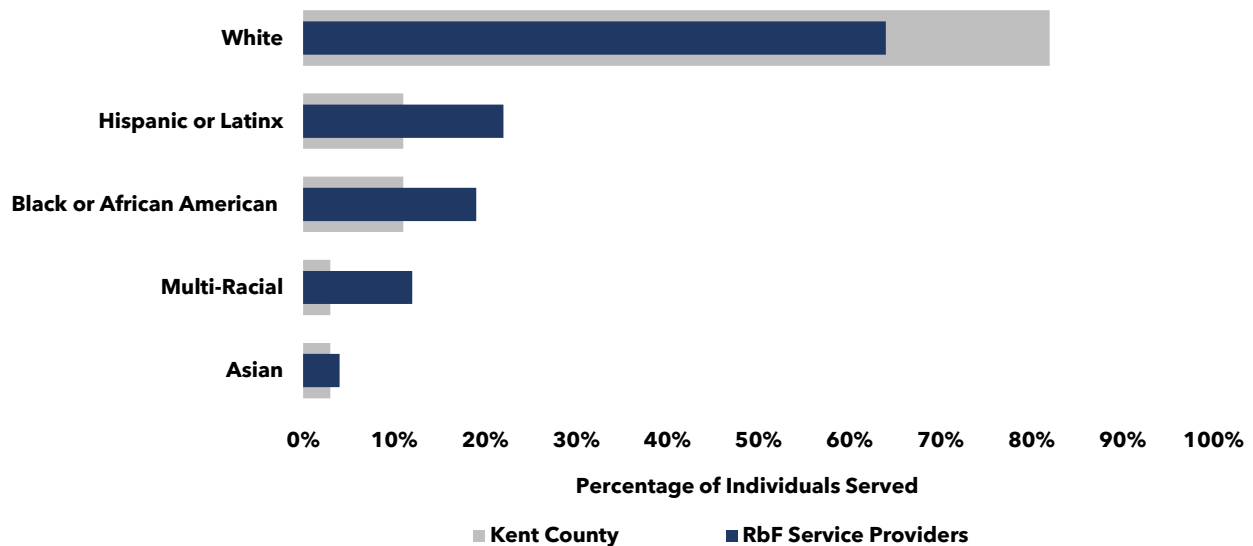Source: RbF demographic, referral, and service data provided by KCHD; authors' analyses.

We also calculated the percentage of individuals served (henceforth titled "reach") in 2022. Reach refers to the extent providers delivered services to the intended audience (Center for Disease Control, 2011). To do so, we compared the actual number of individuals served to the projected number of individuals served listed in FSK contracts. The providers included in the final sample reached 12,184 young children and families and were projected to serve 12,039. Thus, providers exceeded reach expectations by one percent.

*Fifty-seven percent of young children and families served were from historically marginalized groups.*

Figure 2 displays provider reach by race and ethnicity in 2022. We include Kent County demographics[4] in a grey bar as a reference point against which we compare RbF service provider results. A blue bar surpassing a grey bar indicates RbF providers served a larger percentage of the respective race or ethnicity relative to Kent County demographics. Basis researchers excluded the 32 percent of individuals served who declined to share race and 27 percent who declined to share ethnicity information or had these fields missing from the data. Among those providing demographic information, 57 percent of individuals served were from historically marginalized groups. Forty-one percent of individuals were Hispanic or Latinx (22 percent) or Black or African American (19 percent). The remaining 16 percent of individuals from historically marginalized groups identified as multi-racial (12 percent) or Asian (4 percent). When compared to the demographics of Kent County, RbF providers served a smaller percentage of White families or young children (18 percentage point difference) and larger percentages of Hispanic or Latinx (11 percentage point difference), Black or African American (8 percentage point difference), and multi-racial (9 percentage point difference) individuals.

**Figure 2: Percentage of young children and families served by race and ethnicity in 2022.**



Note: Percentages do not equal 100 due to race and ethnicity (Hispanic or Latinx) information being collected separately.
Source: RbF demographic, referral, and service data provided by KCHD and linked to FSK contract data; authors' analyses.

Furthermore, 45 percent of participants' household incomes are less than $40,000 and approximately 17 percent of young children and families speak a primary language other than English[5]. Basis researchers intended to report on provider reach for individuals served at or below 200 percent of the federal poverty line, which equates to $36,250 for two person households and $27,180 for single person households. However, most of the available income data is reported in ranges (e.g., less than $20,000, $20,000 to $39,999) which prevents us from estimating the percentage of individuals at or below 200 percent of the federal poverty line. Finally, we recognize these results might not be reflective of the true population

---

[4] Kent County demographics are based on U.S. Census estimates from July 1, 2021. We extracted the data from the following link: https://www.census.gov/quickfacts/kentcountymichigan.
[5] Analysis of income and language data excludes the 40 and 20 percent who declined to share this information with RbF providers.

served due to the pervasiveness of missing race and ethnicity, income, and language data, but results do suggest RbF providers are prioritizing individuals from historically marginalized groups.

*Eighty four percent of individuals served reside in urban type communities.*

FSK separates Kent County into groups of ZIP codes associated with five community types – urban communities (cities), outer-urban communities, Eastern Kent County, Northern Kent County, and Southern Kent County – to identify where services are taking place. We use these five community types to describe receipt of services in these groups of ZIP codes for the remainder of the report. Table B1 in Appendix B includes the zip codes associated with each community type and Figure B1 provides the geographic location of the respective zip codes. We include the percentage of the Kent County population residing in the respective community types in grey bars to serve as a reference point against which we compare RbF service provider results. The previous interpretation of the blue and grey bars applies here. Figure 3 reveals that 84 percent of individuals served across RbF providers reside in urban type communities. The two urban community types include zip codes associated with Grand Rapids, East Grand Rapids, Kentwood, Comstock Park, Grandville, and Wyoming, amongst others. In contrast, 16 percent of individuals served were from Eastern, Northern and Southern Kent County communities. When compared to the percentage of Kent County residents living in the respective community types, RbF providers served a larger percentage of young children and families from urban (cities) type communities while serving a smaller percentage of individuals from the other four community types. Results suggest there is an opportunity for providers to cultivate further engagement in the eastern, northern, and southern parts of Kent County in 2023.

**Figure 3: Percentage of young children and families served by community type in 2022.**
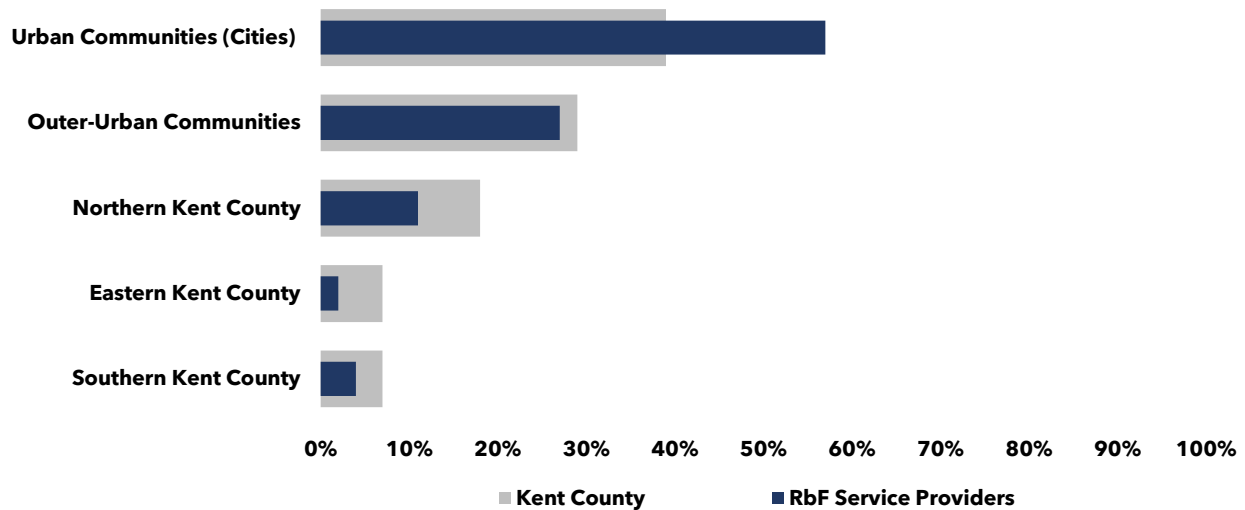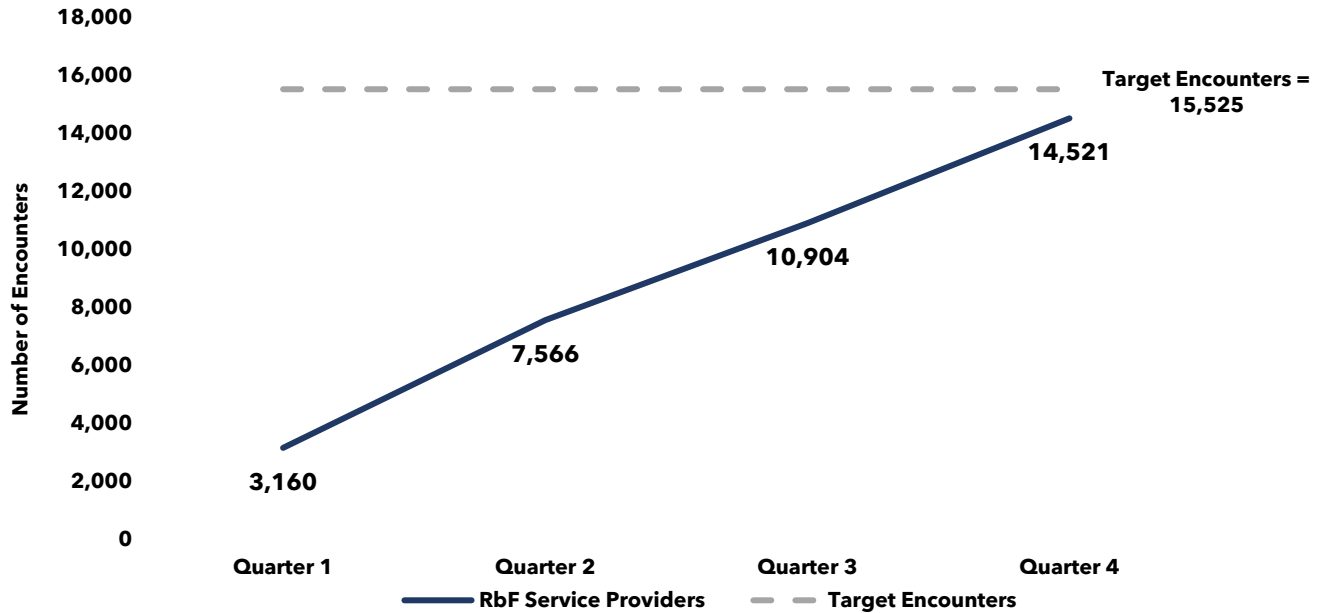


Source: RbF demographic, referral, and service data provided by KCHD; authors' analyses

*RbF providers completed 94 percent of projected encounters with young children and families.*

Figure 4 displays the cumulative number of encounters by quarter in 2022. The number of encounters is limited to EL, HD, and PES providers because ON services do not include encounters. To calculate the number of encounters, Basis researchers identified the number of duplicated counts from HD, PES, EL

(non-Play and Learn) providers and number of events EL-Play and Learn providers hosted. Results indicate RbF providers completed 14,521 encounters with young children and families.

**Figure 4: Cumulative number of encounters completed by quarter in 2022.**



Notes: The number of encounters in 2022 includes the number of duplicated counts from HD, PES, EL (non-Play and Learn) providers and number of events EL-Play and Learn providers hosted.
Source: RbF demographic, referral, and service data provided by KCHD; authors' analyses.

We also calculated the percentage of projected encounters RbF providers completed. To do so, we compared the actual number of encounters completed to the projected number of encounters completed. The providers included in the final sample completed 14,521 encounters with young children and families and were projected to complete 15,525. Thus, providers completed 94 percent of their yearly projections.

*Twelve percent of families responded to provider surveys.*

RbF providers were expected to survey families about their level of satisfaction with the services received in the past year. FSK received survey data associated with 29 (97 percent) active contracts. Providers collected responses from 1,519 families. This equates to 12 percent of individuals directly (i.e., receiving service) or indirectly (i.e., family of child receiving service) participating in services. A low response rate is somewhat expected given a substantial body of research indicating survey responses have fallen steadily in developed countries, with most large-scale surveys procuring 40 percent of responses (Cook et al., 2000; Groves, 2006). However, low response rates increase the likelihood of potential nonresponse bias. Nonresponse bias occurs when respondents are different from nonrespondents on variables a survey intends to measure (e.g., family satisfaction with services) (Davern, 2013). Consequently, these differences could bias survey results and limit the generalizability of findings. To mitigate the potential risk of nonresponse bias, the National Center for Education Statistics (NCES) recommends achieving at least a 70 percent response rate (Bose, 2001). These findings indicate providers have an opportunity to strategize around increasing response rates in the coming year. Additionally, we recommend FSK establish acceptable (40 percent) and ideal (70 percent) response rate targets for providers in 2023.

Finally, we do want to acknowledge that of those families completing provider surveys, 91 percent were satisfied with services received in the past year.

Outreach and Navigation providers reach and engage families in finding available resources, information, and programs. Outreach is a universal service that connects with expecting families and families with young children who are not currently engaged in services in an effort to increase the usage of early childhood programs and community resources. Providers engage with families to identify needs through formal screenings and conversations. As needs are identified, navigation addresses barriers to accessing services, information, and resources to ensure families are successfully connected to referrals and information.

*ON providers reached 63 percent of projected young children and families in 2022.*

The final sample included eight ON contracts with seven providers. ON providers were expected to serve 3,540 young children and families in 2022. An individual is considered served if they engaged with a provider and had a known outcome of one or more referrals. The counts do not include informational contacts with families where no referrals were made. Figure 5 displays the cumulative number of young children and families ON providers served by quarter in 2022. To calculate the cumulative number of individuals served, Basis researchers identified the total number of unduplicated individuals ON providers served from January to December. ON providers served 2,243 young children and families to additional services.

**Figure 5: Cumulative number of young children and families served by quarter in 2022.**
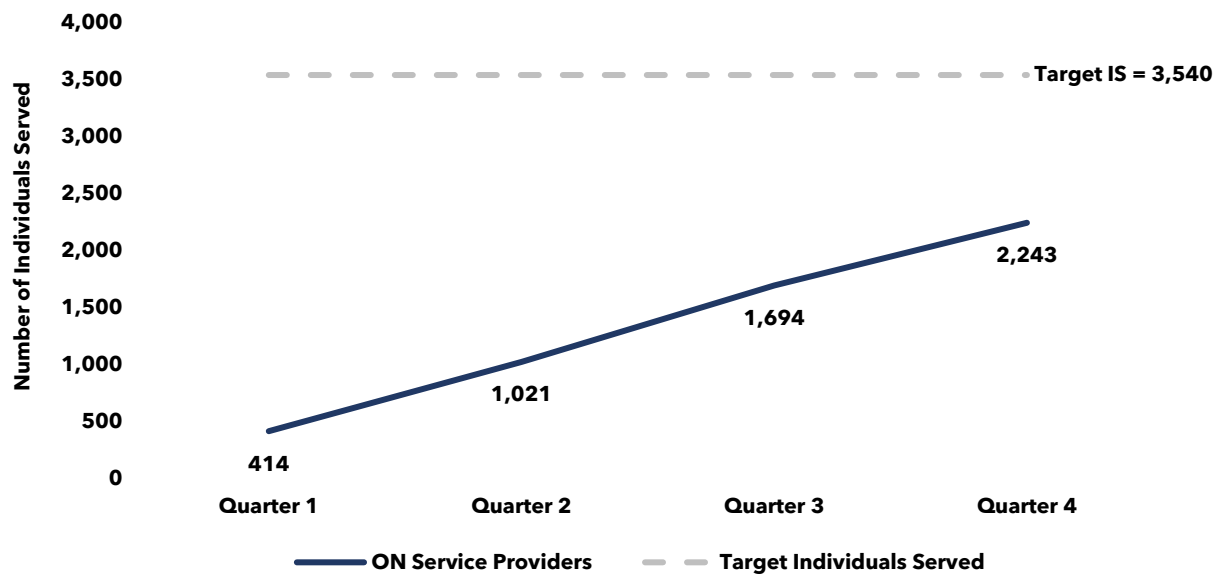


Note: The number of individuals served in 2022 is the total of unduplicated counts from ON providers. The number of individuals served in January through December is the total of unduplicated individuals served from ON providers within each month. We identified duplicate individuals using agency code, record code, encounter year, and encounter month.
Source: RbF demographic, referral, and service data provided by KCHD; authors' analyses.

We also calculated the reach of ON services in 2022. Reach refers to the extent ON providers delivered services to the intended audience. To do so, we compared the actual number of individuals served to the projected number of individuals served listed in FSK contracts. The providers included in the final sample reached 2,243 young children and families and were projected to navigate 3,540. Thus, ON providers reached 63 percent of their yearly projections. Three ON providers exceeded projections in 2022. Finally, the percentage of young children and families served is 38 percentage points below the RbF-network average. One possible explanation for the lower percentage of individuals served is that FSK's method for calculating the number of individuals served – engaging with a provider and having a known outcome

with one or more referrals as opposed to having informational contact with families where no referrals are made – is different from other funders of ON services. It is possible that this discrepancy led to ON providers overestimating the number of individuals they could serve in 2022.

***Three quarters of young children and families receiving navigation referrals were from historically marginalized groups.***

Figure 6 displays the percentage of young children and families served by race and ethnicity in 2022. We include the RbF network mean (yellow bar) and Kent County demographics (grey horizontal line) reference points against which we compare ON results. Basis researchers excluded the 34 percent of young children and families served by ON providers who declined to share race and 26 percent who declined to share ethnicity information or had these fields missing from the data. Among those providing demographic information, 75 percent of young children and families served were from historically marginalized groups, with the majority of those identifying as Black or African American (31 percent) or Hispanic or Latinx (27 percent). When compared to the demographics of individuals served across the RbF network, ON providers served larger percentages of Black or African American (12 percentage point difference), Hispanic or Latinx (5 percentage point difference), and multi-racial individuals (2 percentage point difference). Furthermore, ON providers served a larger percentage of Black or African American, Hispanic or Latinx, or multi-racial individuals when compared to Kent County demographics.

**Figure 6: Percentage of young children and families served by race and ethnicity in 2022.**
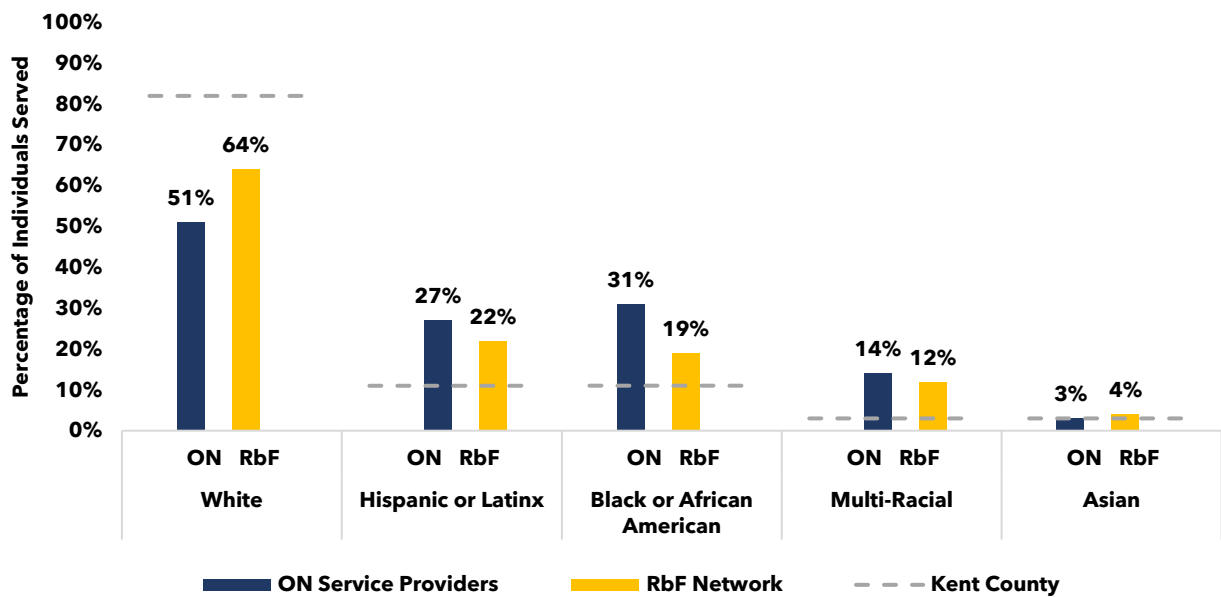


Note: Percentages do not equal 100 due to race and ethnicity (Hispanic or Latinx) information being collected separately.
Source: RbF demographic, referral, and service data provided by KCHD and linked to FSK contract data; authors' analyses

Furthermore, 75 percent of families' household income is less than $40,000, and approximately 20 percent of young children and families speak a primary language other than English. When compared to the demographics of individuals served across the RbF network, ON providers served larger percentages of participants with household incomes less than $40,000 (30 percentage point difference) and individuals speaking a primary language other than English (3 percentage point difference).

*ON providers served between 61 to 88 percent of individuals from historically marginalized groups earning $40,000 or less.*

We also explored whether young children and families participating in ON services reflect FSK priority of serving individuals from historically marginalized groups and households with incomes at or below 200 percent of the federal poverty level. For example, of the 27 percent of individuals identifying as Hispanic or Latinx and participating in ON services, what percentage were from households earning less than $40,000? To do so, we explored the distribution of household income by race and ethnicity of young children and families ON providers served. Results are displayed in Figure 7.

Thirty-eight percent of individuals served (n=853) provided race, ethnicity, and income data. Among those sharing these demographic fields, between 61 to 88 percent of individuals from historically marginalized groups were from households earning $40,000 or less in 2022. In contrast, 42 percent of White individuals were from households earning $40,000 or less. Additionally, there is between a 20 to 32 percentage point difference in White individuals earning more than $80,000 when compared to individuals from historically marginalized groups. While these results provide emerging insights into the demographic makeup of young children and families ON providers served, we recognize these results might not be reflective of the true population served due to the pervasiveness of missing race and ethnicity, income data.

**Figure 7: Distribution of household income by race and ethnicity of young children and families ON providers served in 2022.**
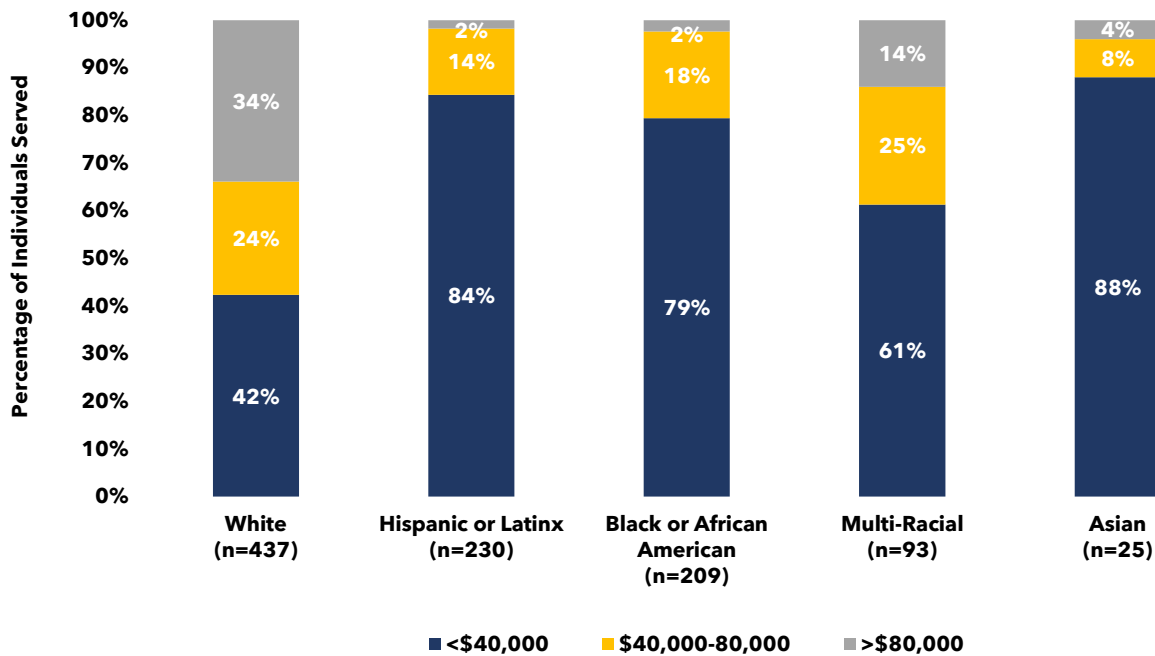


Note: Percentages do not equal 100 due to race and ethnicity (Hispanic or Latinx) information being collected separately.
Source: RbF demographic, referral, and service data provided by KCHD and linked to FSK contract data; authors' analyses

*Ninety percent of young children and families served reside in urban type communities.*

Figure 8 displays the percentage of young children and families served by community type. Ninety percent of young children and families served reside in urban type communities. In contrast, 11 percent of young children and families served live in the eastern, northern, and southern communities of Kent County. When compared to the demographics of individuals served across the RbF network, ON providers served more individuals from the outer urban communities (six percentage point difference) but fewer individuals from northern and southern communities (six percentage point difference). Finally, when compared to the percentage of Kent County residents living in the respective community types, ON providers served a larger percentage of young children and families from urban type communities while serving a smaller percentage of individuals from the other three community types. From these results, we find there is opportunity for ON providers to expand services to individuals from the eastern, northern, and southern communities of Kent County in 2023.

**Figure 8: Percentage of young children and families served by community type in 2022.**
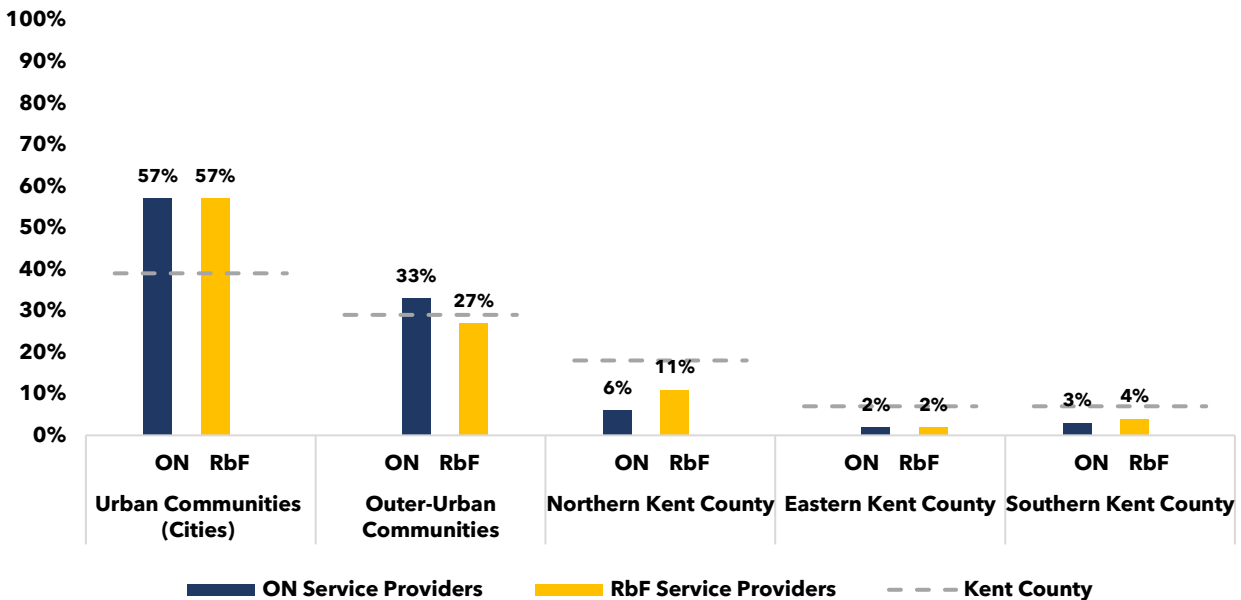


Note: Percentages do not add up to 100 percent due to rounding.
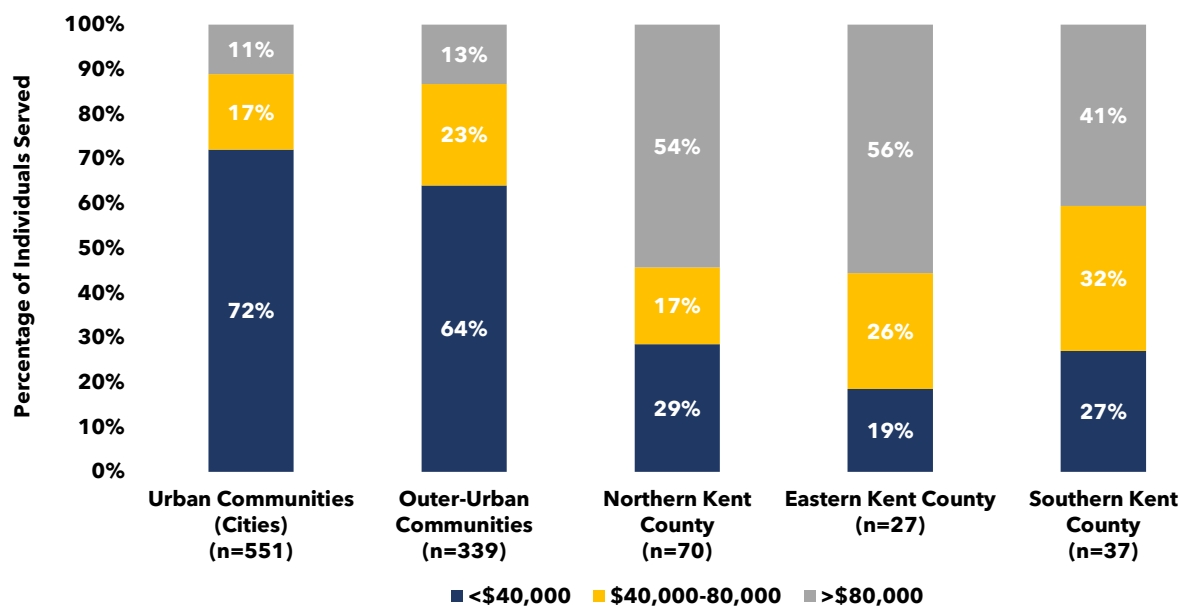Source: RbF demographic, referral, and service data provided by KCHD; authors' analyses.

*Between 19 to 29 percent of individuals from non-urban community types were from households earning $40,000 or less in 2022.*

In addition to examining participation in ON services by community type, we explored whether these individuals reflect FSK's priority of serving individuals from households with incomes at or below 200 percent of the federal poverty level. For example, of the six percent of individuals from Northern Kent County communities participating in ON services, what percentage were from households earning less than $40,000? To do so, we explored the distribution of household income by community type. Results are displayed in Figure 9.

Forty-six percent of individuals ON providers served (n=1,024) provided zip code and income data. Among those sharing these demographic fields, between 19 to 29 percent of individuals from non-urban community types were from households earning less $40,000 or less in 2022. In contrast, between 64 to 72 percent of the young children and families from urban communities were from households earning $40,000 or less. Additionally, there is between a 28 to 45 percentage point difference in individuals from urban communities earning more than $80,000 when compared to individuals from Northern, Eastern, and Southern Kent County communities. While these results provide emerging insights into the demographic makeup of young children and families ON providers served across community types, we recognize these results might not be reflective of the true population served due to the pervasiveness of missing income data.

**Figure 9: Distribution of household income for all community types ON providers served in 2022.**



Source: RbF demographic, referral, and service data provided by KCHD; authors' analyses.

*Sixty-three percent of ON referrals were completed.*

We also explored the extent navigation referrals were completed in the past year. Referrals are considered completed when the individual served or the service provider referred to either (a) confirms an appointment has been made or (b) the individual is eligible for the service. ON providers issued 7,299 referrals from January to December. Over half of referrals addressed family and caregiver support (e.g., home visiting, transportation, baby supplies, food access support) while the remaining referrals focused on early childhood education (e.g., special education, ASQ screening, play groups), and behavioral and physical health needs (e.g., health insurance, dental services, substance abuse). Of these referrals, 63 percent (n=4,573) were directly or indirectly completed. This implies navigators are confident that almost two-thirds of individuals receiving referrals were connected to services.

Further, we examined whether the percentage of individuals completing referrals varied by demographic characteristics. Notable differences include a larger percentage of Hispanic or Latinx young children or families completed (9 percentage point difference) referrals as compared to the RbF network completion

rate. Additionally, the referral completion rate for households making less than $40,000 was eight percentage points below the RbF network. From these results, we find there is opportunity for ON providers to further support economically disadvantaged individuals in navigating the referral process in 2023.

***Thirty-one percent of families responded to ON provider surveys.***

Finally, ON providers were expected to survey families about their level of satisfaction with services received in the past year. FSK received survey data associated with all active ON contracts. Providers collected responses from 699 families, which is equivalent to receiving responses from 31 percent of individuals directly (i.e., receiving service) or indirectly (i.e., family of child receiving service) participating in ON services. The ON provider response rate is 19 percentage points above the RbF-network average. Further, the low response rate increases the likelihood of potential nonresponse bias and limits the generalizability of findings. This finding indicates ON providers have an opportunity to strategize around increasing response rates in the coming year. Finally, we do want to acknowledge that of those families completing provider surveys, 84 percent were satisfied with services received in the past year.

Programming supports early learning and development while responding to the diverse needs of families and children residing in Kent County. Funded programs offer a number of nationally recognized, evidenced-informed models that incorpoate elements from the Michigan Department of Education's Early Childhood Standards of Quality. Early learning providers apply under one of two types programming: play and learn community programming and early literacy and learning programming.

*EL providers exceeded reach expectations by 17 percent in 2022.*

The final sample included four EL contracts with four providers. EL providers were projected to serve 5,319 young children and complete 929 encounters in 2022. Figure 10 displays the cumulative number of young children served by quarter in 2022. To calculate the cumulative number of individuals served, Basis researchers identified the total number of duplicated individuals EL providers served from January to December. Results indicate EL providers served 6,233 young children.

**Figure 10: Cumulative number of young children served by quarter in 2022.**
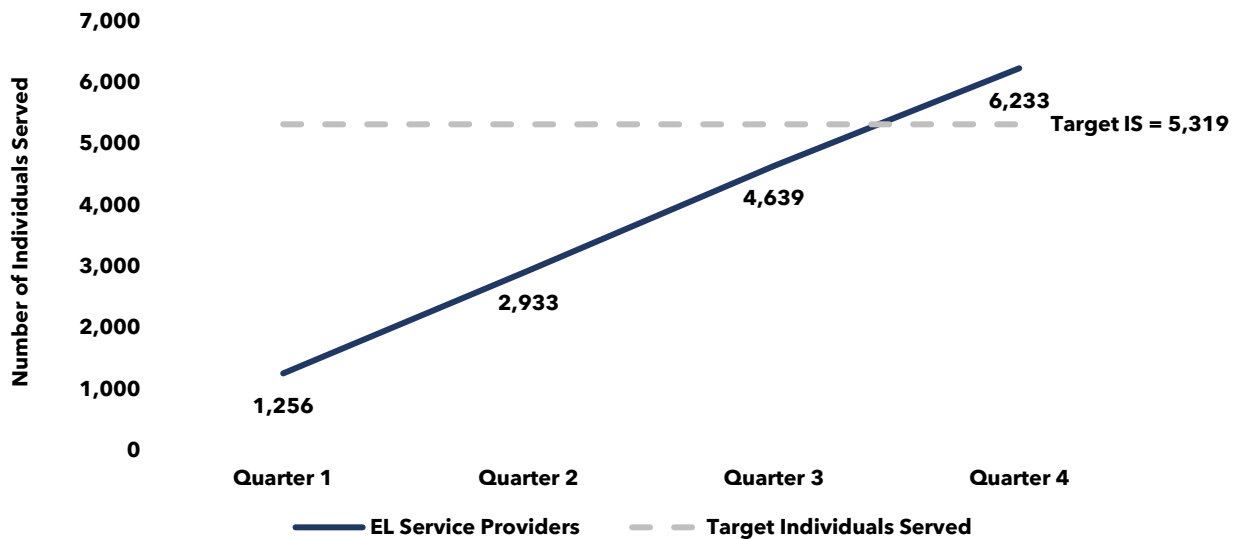


Note: The number of individuals served in 2022 is the total of duplicated counts of EL-Play and Learn providers. The number of individuals served from January to December is the total of unduplicated individuals served from EL providers (non-Play and Learn providers) and duplicated individuals from EL-Play and Learn providers within each month. We identified duplicate individuals using agency code, record code, encounter year, and encounter month.
Source: RbF demographic, referral, and service data provided by KCHD; authors' analyses.

We also calculated the reach of EL services in 2022. To do so, we compared the actual number of young children served to the projected number of young children served listed in FSK contracts. The EL providers included in the final sample reached 6,233 young children and were projected to serve 5,319. Thus, EL providers exceeded reach expectations by 17 percent. All EL providers exceeded expectations in the past year. Finally, the percentage of young children served is 16 percentage points above the RbF-network average.

*Less than half of young children EL providers served were from historically marginalized groups.*

Figure 11 displays the percentage of young children served by race and ethnicity in 2022. We include the RbF network mean (yellow bar) and Kent County demographics (grey horizontal line) as reference points against which we compare EL results. Basis researchers excluded the 23 percent of young children to date whose families declined to share race and 20 percent who declined to share ethnicity information or had

these fields missing from EL data. Among those providing demographic information, 41 percent of young children served were from historically marginalized groups, with a quarter identifying as Hispanic or Latinx (18 percent) or Black or African American (7 percent). When compared to the demographics of young children served across the RbF network, EL providers served a smaller percentage of Black or African American (12 percentage point difference), Hispanic or Latinx (4 percentage point difference), or Asian young children (1 percentage point difference). In contrast, EL providers served a larger percentage of White (13 percentage point difference) and Multi-Racial (1 percentage point difference) young children. Furthermore, EL providers served a smaller percentage of Black of African American and White young children when compared to Kent County demographics. From these results we find there is opportunity for EL providers to strategize around how to attract children and families who identify as Black or African American to participate in play and learn events.

**Figure 11: Percentage of young children served by race and ethnicity in 2022.**
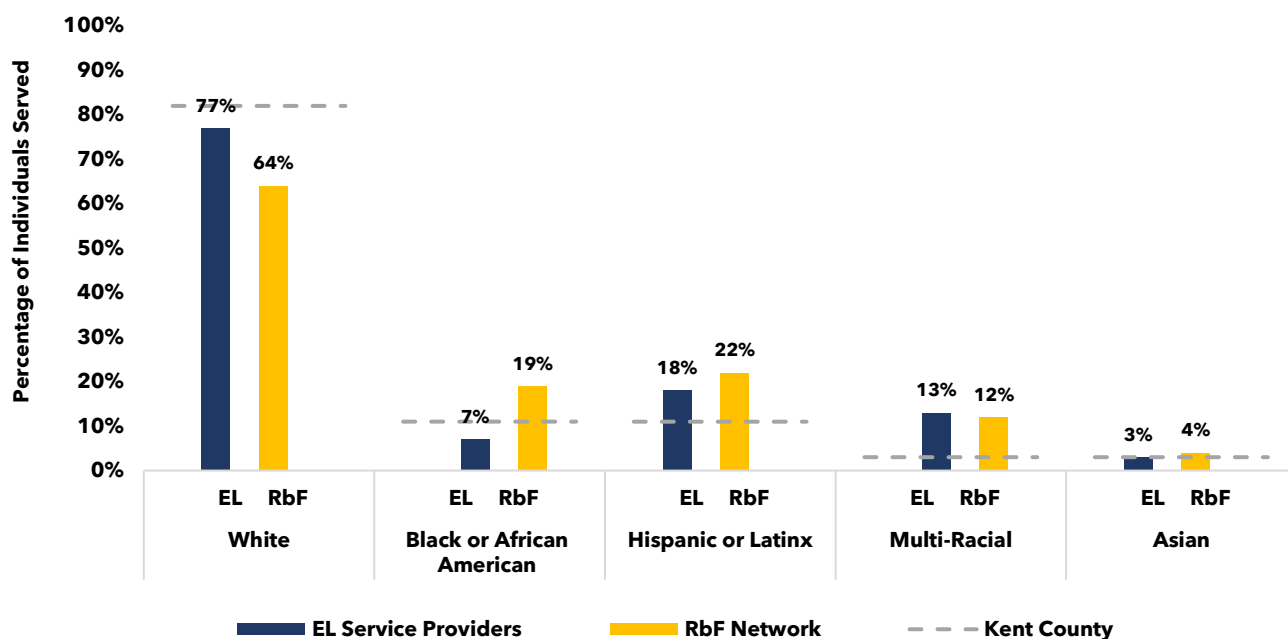


Note: Percentages do not equal 100 due to race and ethnicity (Hispanic or Latinx) information being collected separately.
Source: RbF demographic, referral, and service data provided by KCHD and linked to FSK contract data; authors' analyses.

Furthermore, 26 percent of young children's household income is less than $40,000 and approximately 6 percent of young children speak a primary language other than English. For comparison, 69 percent of caregivers participating in Kaleidoscope Play and Learn events in California had family incomes less than $44,000 and 52 percent spoke languages other than Spanish (California Childcare Research and Referral Network, 2018)[6]. Additionally, when compared to the demographics of young children served across the RbF network, EL providers served fewer young children with household incomes falling below $40,000 (19 percentage point difference) and fewer young children who speak a primary language other than English (11 percentage point difference).

---

[6] Sixty five percent of the individuals bringing children to Kaleidoscope Play and Learn events in California are nannies. The report does not reveal whether household income is associated with the nanny attending the play and learn event or the family the nanny is working for. Thus, it is possible the percentage reported above does not reflect the true household income for each participating child.

*EL providers served between 25 to 64 percent of individuals from historically marginalized groups earning $40,000 or less.*

In Figure 12 we explore the distribution of household income by race and ethnicity of young children EL providers served. Sixty-seven percent of individuals served (n=4,196) provided race, ethnicity, and income data. Among those sharing these demographic fields, between 25 to 64 percent of individuals from historically marginalized groups were from households earning $40,000 or less. In contrast, 16 percent of White individuals were from households earning $40,000 or less. Additionally, there is between a 12 to 36 percentage point difference in White individuals earning more than $80,000 when compared to individuals from historically marginalized groups. While these results provide emerging insights into the demographic makeup of young children and families EL providers served, we recognize these results might not be reflective of the true population served due to the pervasiveness of missing race and ethnicity, income data.

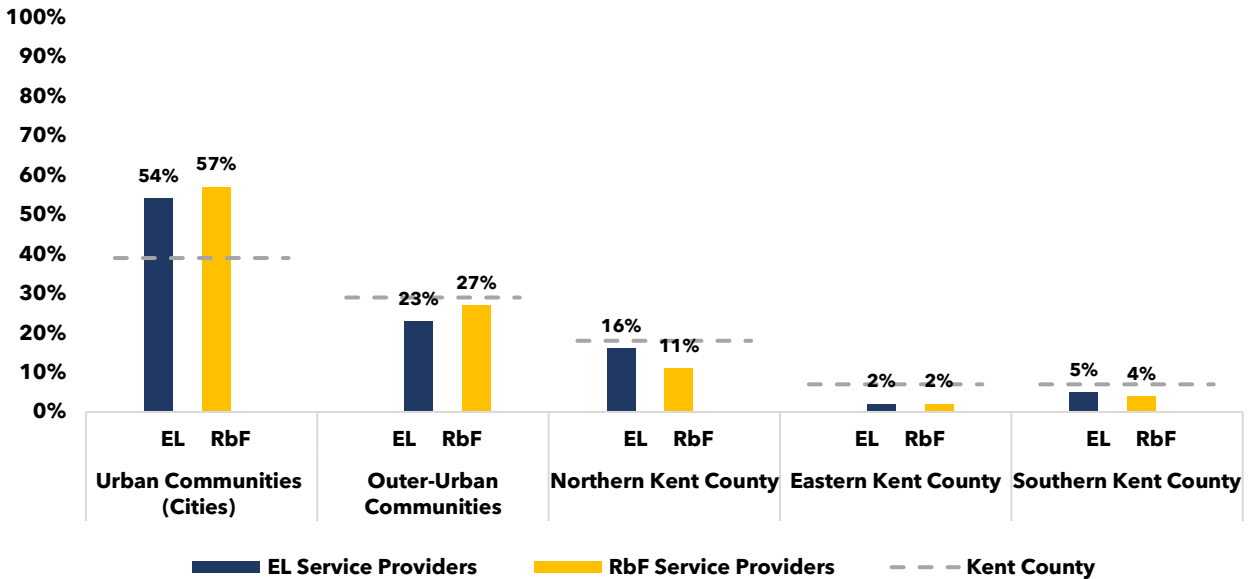**Figure 12: Percentage of young children served by race, ethnicity, and income.**
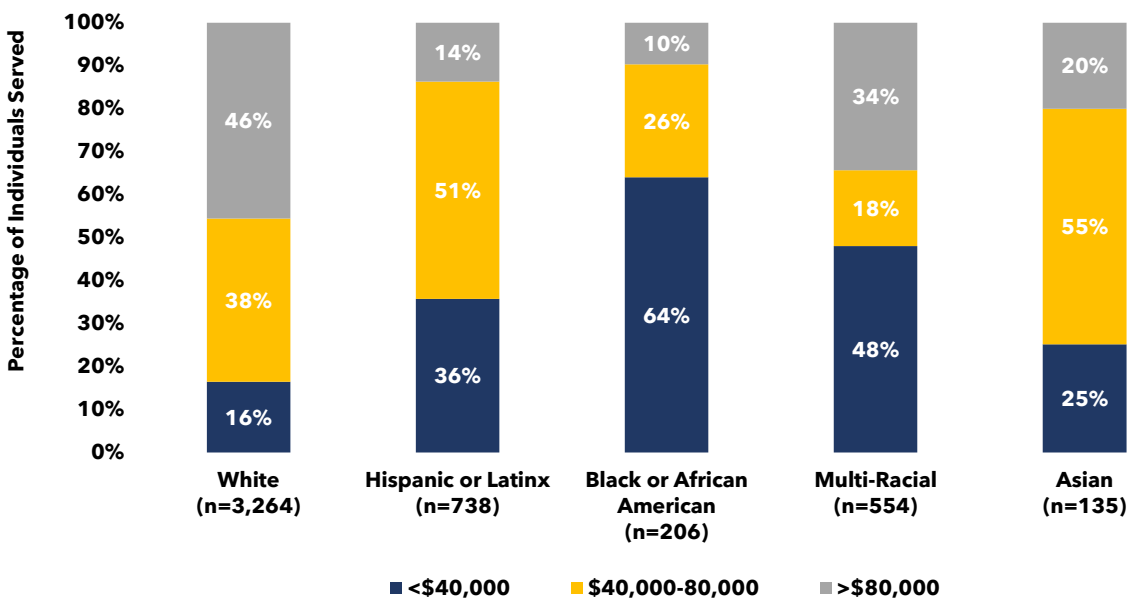


Source: RbF demographic, referral, and service data provided by KCHD; authors' analyses.

*Seventy-seven percent of young children served by EL providers reside in urban type communities.*

Figure 13 displays the percentage of young children EL providers served by community type in 2022. Seventy-seven percent of young children served reside in urban type communities. In contrast, 23 percent of young children served reside in the eastern, northern, and southern communities of Kent County. When compared to the demographics of young children served across the RbF network, EL providers served fewer young children from urban type communities (seven percentage point difference) and more young children from Northern Kent County communities (five percentage point difference). Finally, when compared to the percentage of Kent County residents living in the respective community types, EL providers served a larger percentage of young children from urban (cities) type communities while serving a smaller percentage of individuals from ZIP codes included in the other four community types.

**Figure 13: Percentage of young children served by community type in 2022.**

***Between 5 to 34 percent of young children participating in EL services across community types were from households earning $40,000 or less.***

In Figure 14 we explore the distribution of household income by community type of young children EL providers served. Seventy percent of families with young children (n=4,354) provided zip code and income data. Among those sharing these demographic fields, between 5 to 34 percent of young children across community types were from households earning $40,000 or less. Additionally, between 28 to 40 percent of children from urban and Northern Kent County communities were from households earning $80,000 or more, while between 74 to 85 percent of young children from Eastern and Southern Kent County communities were from these more affluent homes. While these results provide emerging insights into the demographic makeup of young children EL providers served, we recognize these results might not be reflective of the true population served due to the pervasiveness of missing income data.

**Figure 14: Percentage of young children served by community type and income.**
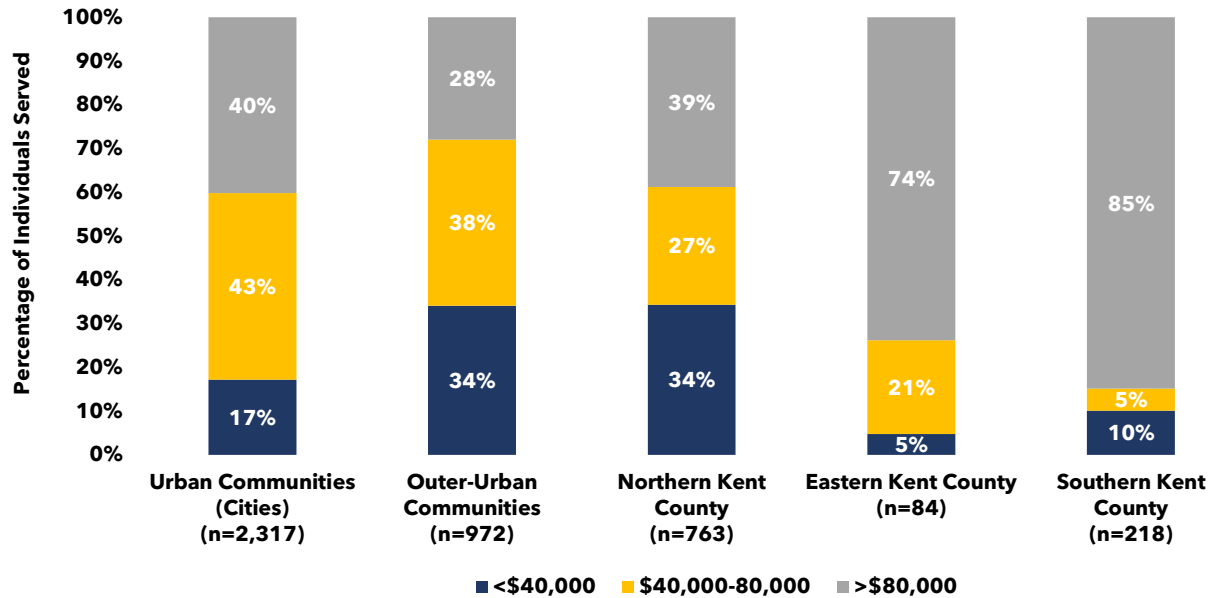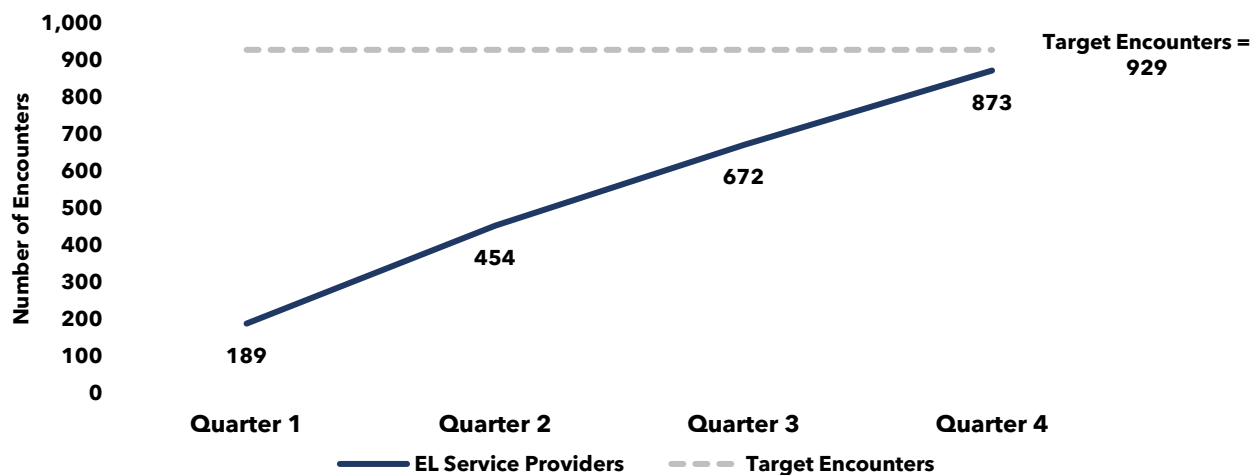


Source: RbF demographic, referral, and service data provided by KCHD; authors' analyses.

*EL providers completed 94 percent of projected encounters with young children.*

Figure 15 displays the cumulative number of encounters by quarter in 2022. To calculate the number of encounters, Basis researchers identified the total number of duplicated counts from non-Play and Learn providers and number of events EL-Play and Learn providers hosted. Results indicate EL providers completed 873 encounters with young children.

**Figure 15: Cumulative number of encounters completed by quarter in 2022.**



Notes: The number of encounters in 2022 includes the number of duplicated counts from EL (non-Play and Learn) providers and number of events EL-Play and Learn providers hosted.
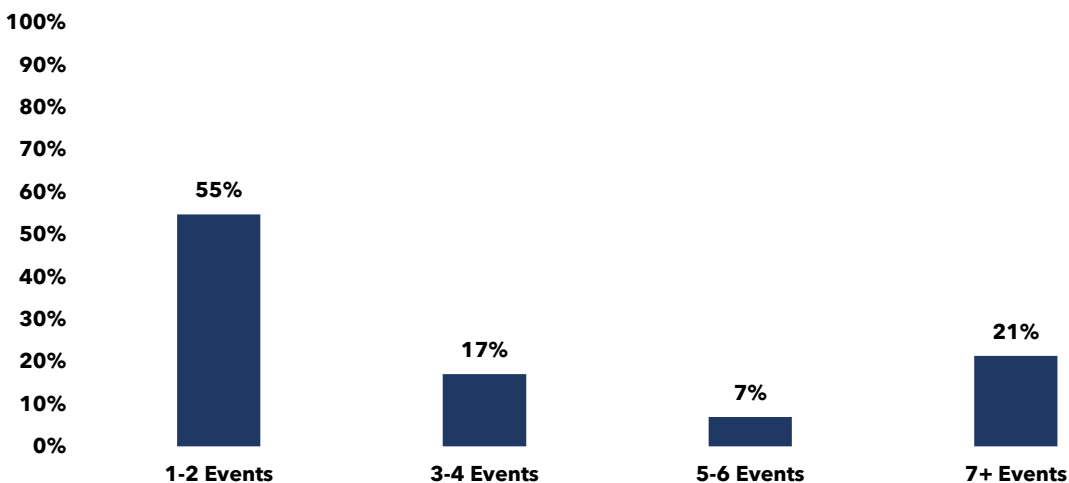Source: RbF demographic, referral, and service data provided by KCHD; authors' analyses.

We also calculated the percentage of projected encounters EL providers completed. To do so, we compared the actual number of encounters completed to the projected number of encounters listed in FSK contracts. The EL providers included in the final sample completed 873 encounters with young children and families and were projected to complete 929. Thus, EL providers completed 94 percent of their yearly projections. Two EL providers exceeded projections in 2022. Finally, the percentage of encounters EL providers completed is equivalent to the RbF-network average.

***Fifty-five percent of young children participating in play and learn programing attended one or two events in 2022.***

FSK does not have expectations for the number of play and learn events young children attend. Programming is on a drop-in basis where families are welcome to bring young children to any event they choose. However, Basis researchers sought to understand the distribution of play and learn events young children attended in the past year. Results in Figure 16 indicate that 55 percent of young children participating in play and learn programming attended one to two events in 2022. In contrast, 45 percent of young children participated in at least three play and learn events. For comparison, 40 percent of young children and caregivers participating in Kaleidoscope Play and Learn events in California attended 1 or 2 play and learn events while 60 percent attended three or more events (California Childcare Research and Referral Network, 2018).

**Figure 16: Percentage of young children attending ranges of play and learn events in 2022.**



Source: RbF demographic, referral, and service data provided by KCHD; authors' analyses.

We also explored whether the distribution of play and learn events young children attended varied by child demographics. Of those providing demographic information, Asian (48 percent) and White (44 percent) children were more likely to attend one or two play and learn events as compared to Black or African American (22 percent) and Hispanic or Latinx children (30 percent). Additionally, children with household incomes greater than $40,000 (45 percent) were more likely to attend one to two play and learn events as compared to less affluent peers (25 percent). One possible explanation for these differences is the delivery model of a single EL provider that targets outreach to historically marginalized groups from geographic areas of concentrated poverty or low service level saturation and has regularly scheduled

playgroups for eight- to twelve-week sessions. Consequently, this provider has engaged a larger percentage of young children from historically marginalized groups as compared to other EL providers.

***Three percent of families responded to EL provider surveys.***

Finally, EL providers were expected to survey families about their level of satisfaction with the services received in the past year. FSK received survey data associated with all EL contracts included in the final sample. Providers collected responses from 206 families, which is equivalent to receiving responses from three percent of individuals indirectly (i.e., family of child receiving service) participating in EL services. The EL provider response rate is nine percentage points below the RbF-network average. Further, the low response rate increases the likelihood of potential nonresponse bias and limits the generalizability of findings. This finding indicates EL providers have an opportunity to strategize around increasing response rates in the coming year. Finally, we do want to acknowledge that of those families completing provider surveys, 91 percent were satisfied with services received in the past year.

| **Healthy Development** | Healthy Development programming supports positive behaviors that drive better outcomes related to healthy births, child health, well-being, and early development. Providers include one of four types of programming: healthy and expectant new parent programming, development, social emotional screening, and referral programming, healthy and safe home environment programming, and niche family supports. Healthy Development providers may also work with specialized populations to provide support with accessing resources and information. |
| --- | --- |

*HD providers exceeded reach expectations by two percent in 2022.*

The final sample included six HD contracts with five providers. HD providers were projected to serve 1,325 individuals and complete 3,490 encounters in 2022. Figure 17 displays the cumulative number of young children and families served by quarter in 2022. To calculate the cumulative number of individuals served, Basis researchers identified the total number of unduplicated individuals HD providers served and duplicated individuals from select HD group providers from January to December. Results indicate HD providers served 1,356 individuals. The significant increase in individuals served from quarter one to two is attributed to one provider serving 821 individuals at a single event in May.

**Figure 17: Cumulative number of individuals served by quarter in 2022.**
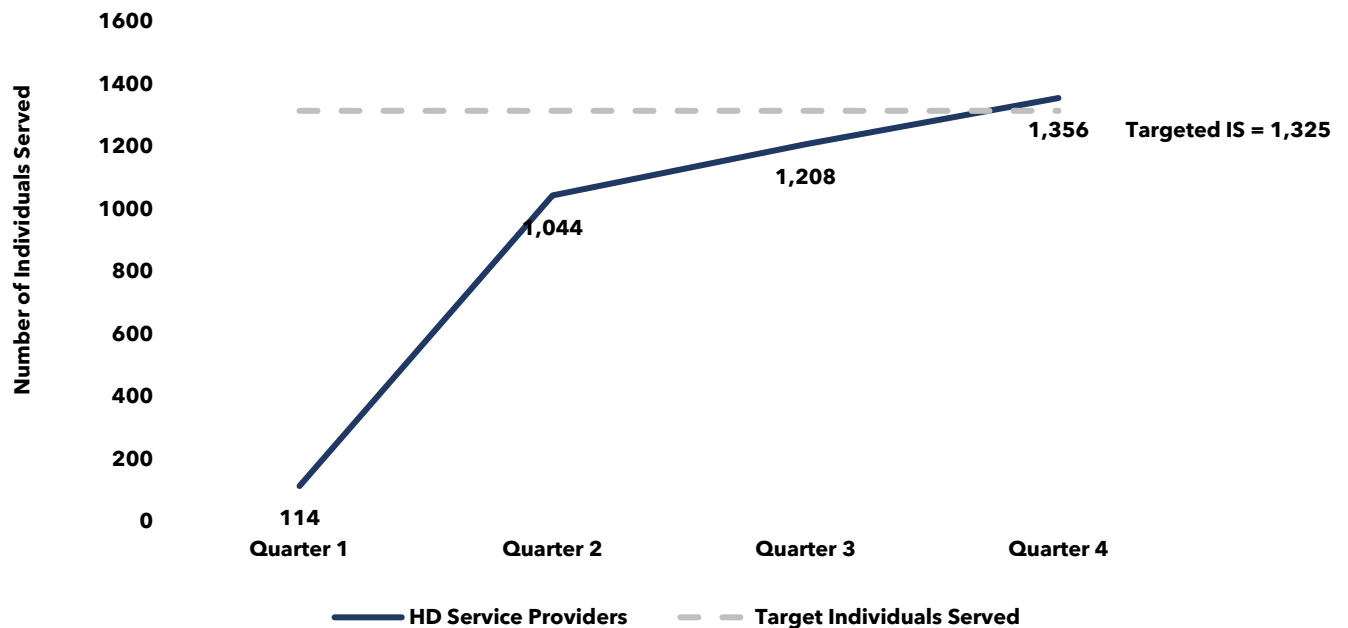


Note: The number of individuals served in 2022 is the total of unduplicated counts from HD providers. The number of individuals served from July through September is the total of unduplicated individuals served from HD providers within each month. We identified duplicate individuals using agency code, record code, encounter year, and encounter month.
Source: RbF demographic, referral, and service data provided by KCHD; authors' analyses.

We also calculated the reach of HD services in 2022. To do so, we compared the actual number of young children and families served to the projected number of individuals served listed in FSK contracts. The HD providers included in the final sample reached 1,356 individuals and were projected to serve 1,325. Thus, HD providers exceeded reach expectations by two percent in 2022. Three HD providers exceeded projections in 2022. Finally, the percentage of young children and families served is two percentage points above the RbF-network mean.

*Fifty-five percent of young children and families served were from historically marginalized groups.*

Figure 18 displays the percentage of young children and families served by race and ethnicity in 2022. We include the RbF network mean (yellow bar) and Kent County demographics (grey horizontal line) as reference points against which we compare HD results. Basis researchers excluded the 57 percent of young children and families who declined to share race and 52 percent who declined to share ethnicity information or had these fields missing from the HD data. Among those providing demographic information, 55 percent of young children and families served were from historically marginalized groups, with almost a quarter of individuals identifying as Black or African American. When compared to the demographics of individuals served across the RbF network, HD providers served more Black or African individuals (five percentage point difference) and fewer White (four percentage point difference) and Hispanic or Latinx individuals (six percentage point difference). Additionally, HD providers served a larger percentage of Black or African American and Hispanic or Latinx individuals when compared to Kent County demographics.

**Figure 18: Percentage of individuals HD providers served by race and ethnicity in 2022.**
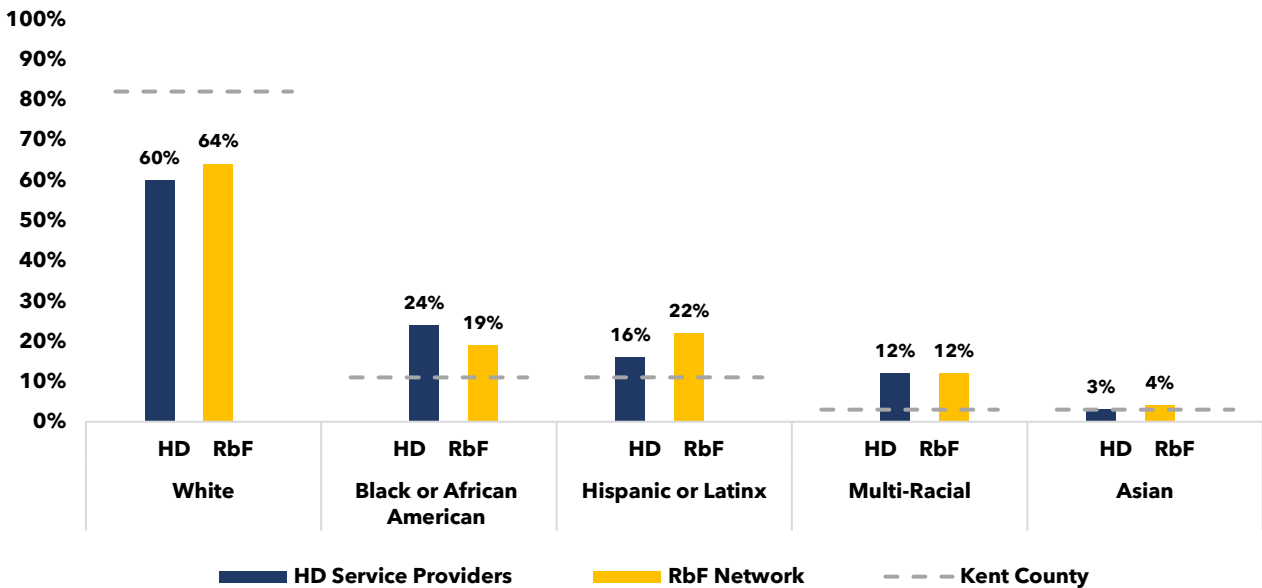


Note: Percentages do not equal 100 due to race and ethnicity (Hispanic or Latinx) information being collected separately.
Source: RbF demographic, referral, and service data provided by KCHD and linked to FSK contract data; authors' analyses.

Furthermore, 61 percent of families' household income is less than $40,000 and approximately 13 percent of individuals speak a primary language other than English. When compared to the demographics of individuals served across the RbF network, HD providers served more participants with household incomes less than $40,000 (16 percentage point difference) and fewer individuals who speak a primary language other than English (4 percentage point difference).

***HD providers served between 51 to 100 percent of individuals from historically marginalized groups earning $40,000 or less.***

In Figure 19 we explore the distribution of household income by race and ethnicity of young children and families HD providers served. Twenty-seven percent of individuals served (n=365) provided race,

ethnicity, and income data. Among those sharing these demographic fields, between 51 to 100 percent of individuals from historically marginalized groups were from households earning $40,000 or less. In contrast, 32 percent of White individuals participating in HD services were from households earning $40,000 or less. While these results provide emerging insights into the demographic makeup of young children and families HD providers served, we recognize these results might not be reflective of the true population served due to the pervasiveness of missing race and ethnicity, income data.

**Figure 19: Percentage of individuals HD providers served by race, ethnicity, and income in 2022.**



Source: RbF demographic, referral, and service data provided by KCHD and linked to FSK contract data; authors' analyses.

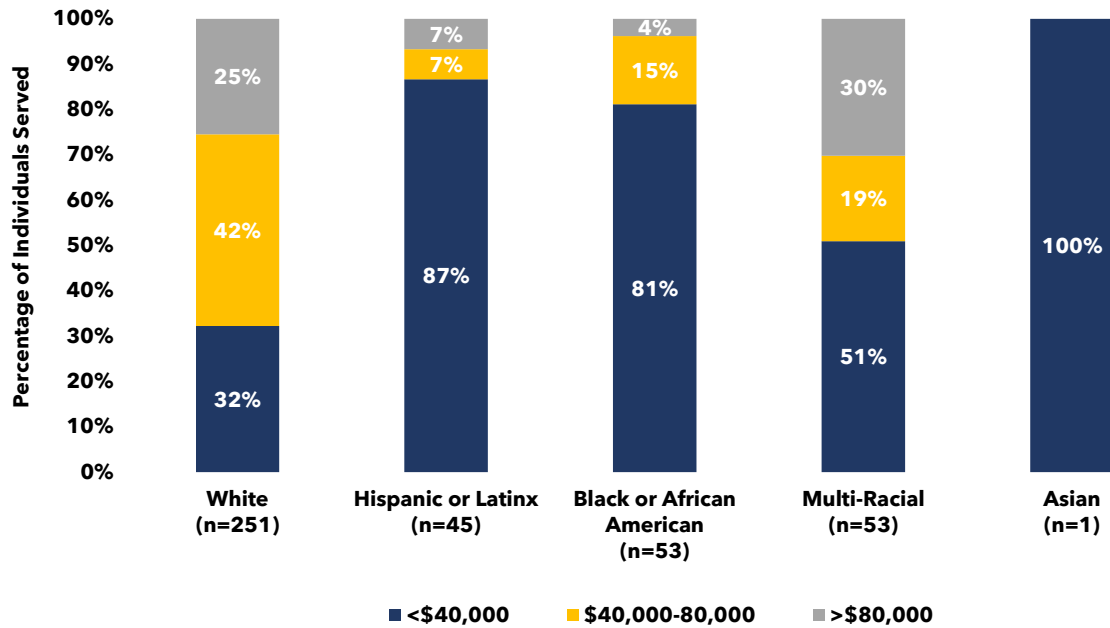***Eighty-seven percent of individuals served reside in urban type communities.***

Figure 20 displays the percentage of young children and families HD providers served by community type. Eighty-seven percent of young children and families reside in urban type communities. In contrast, 13 percent of individuals served reside in the eastern, northern, and southern communities of Kent County. When compared to the demographics of young children and families served across the RbF network, HD providers served more individuals residing in urban (cities) type communities (six percentage point difference) and fewer young children and families from outer-urban (three percentage point difference), northern (three percentage point difference), and southern (two percentage point difference) type communities of Kent County. Finally, when compared to the percentage of Kent County residents living in the respective community types, HD providers served a larger percentage of young children and families from urban (cities) type communities while serving a smaller percentage of individuals from the other four community types. We find there is an opportunity for HD providers to expand services to individuals from outer-urban communities and Eastern, Northern, and Southern Kent County communities in 2023.

**Figure 20: Percentage of individuals HD providers served by community type in 2022.**
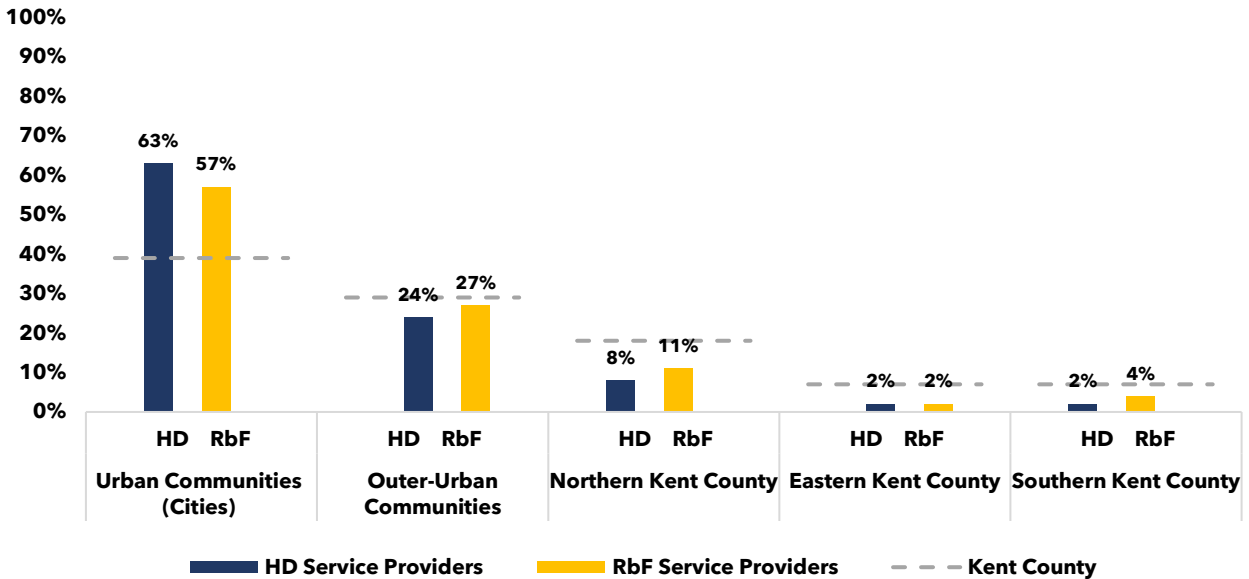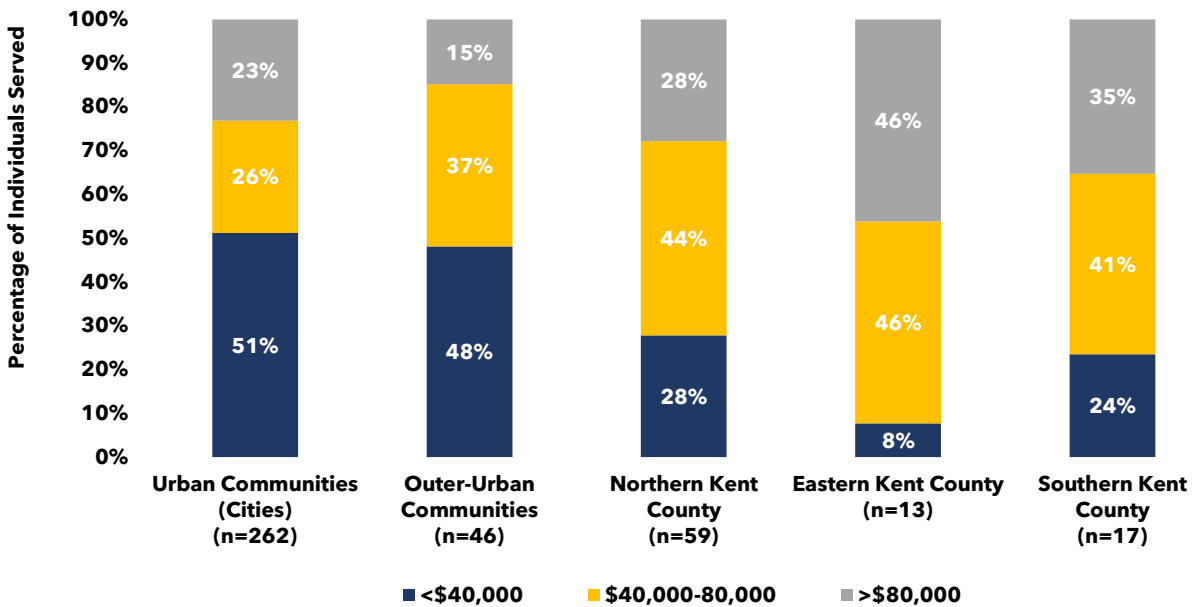


Source: RbF demographic, referral, and service data provided by KCHD; authors' analyses.

***Between 8 to 51 percent of young children participating in HD services across community types were from households earning $40,000 or less.***

In Figure 21, we explore the distribution of household income by community type of young children and families HD providers served. Twenty-nine percent of families with young children (n=395) provided zip code and income data. Among those sharing these demographic fields, between 8 to 55 percent of young children across community types were from households earning $40,000 or less. Additionally, between 15 to 28 percent of young children and families from urban and Northern Kent County communities were from households earning $80,000 or more, while between 35 to 46 percent of individuals from Eastern and Southern Kent County communities were from these more affluent homes. While these results provide emerging insights into the demographic makeup of young children and families HD providers served, we recognize these results might not be reflective of the true population served due to the pervasiveness of missing income data.

**Figure 21: Percentage of individuals HD providers served by community type and income in 2022.**



Source: RbF demographic, referral, and service data provided by KCHD; authors' analyses.

*HD providers completed 71 percent of projected encounters with young children and families.*

Figure 22 displays the cumulative number of encounters by quarter in 2022. To calculate the number of HD encounters, Basis researchers identified the total number of duplicated counts from HD providers. Results indicate HD providers completed 2,466 encounters with young children and families.

**Figure 22: Cumulative number of encounters completed by quarter in 2022.**



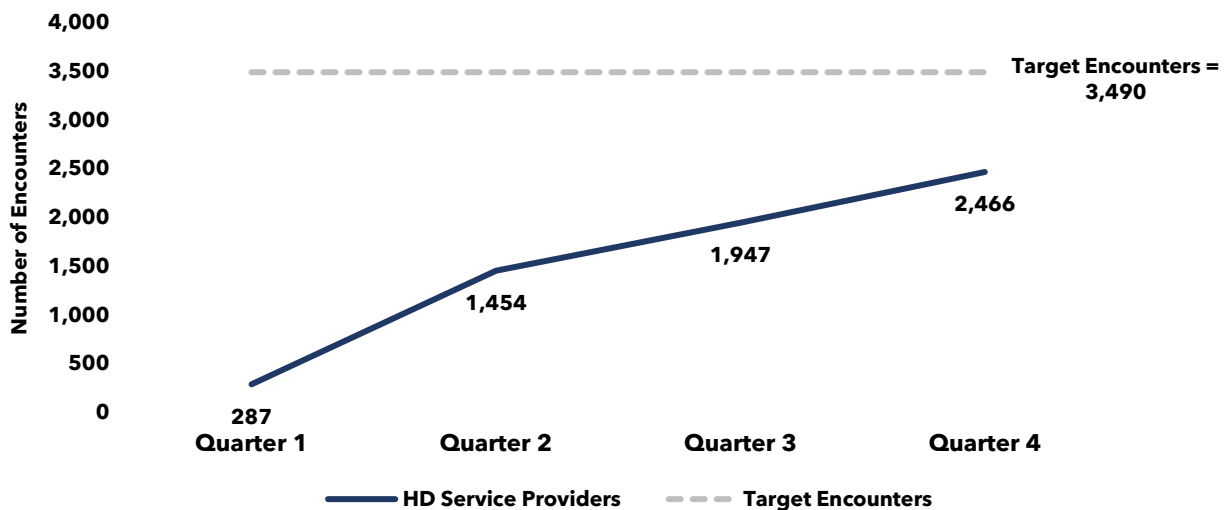Notes: The number of encounters in 2022 includes the number of duplicated counts from HD providers.
Source: RbF demographic, referral, and service data provided by KCHD; authors' analyses.

We also calculated the percentage of projected encounters HD providers completed. To do so, we compared the actual number of encounters completed to the projected number of encounters listed in FSK contracts. The HD providers included in the final sample completed 2,466 encounters with young children and families and were projected to complete 3,490. Thus, HD providers completed 71 percent of their yearly projections. Two HD providers exceeded projections in 2022. Finally, the percentage of encounters HD providers completed is 23 percentage points below the RbF-network average.

***Fifty-seven percent of young children and families met retention expectations in 2022.***

HD Providers offering healthy expectant and new parent (HENP) programming include encounter expectations in contracts signed with FSK. The expectations describe the number of encounters HENP providers will complete with families receiving services. This type of information is the best proxy for assessing participant retention or engagement in services. Basis researchers adjusted the number of expected encounters based on (a) individuals' start date with providers and (b) the assumption families would participate in one encounter per month. Results in Figure 23 indicate 57 percent of individuals participating in HENP programming met retention expectations. This finding is particularly meaningful given that prior research has found that expectant and new parents attending at least 50 percent of recommended visits had better child health as compared to peers with less frequent attendance (Holland et al., 2014)

We also explored whether the percentage of individuals meeting retention expectations varied by demographic characteristics. Results revealed White (61 percent) and Hispanic or Latinx (57 percent) individuals were more likely to meet HD retention expectations as compared to Black or African American (39 percent) individuals. Further, individuals from Southern (80 percent) and Northern (63 percent) Kent County communities were more likely to meet retention expectations as compared to individuals living in the urban communities (51 percent). We find there is an opportunity for HD providers to strategize around how they can best support individuals from historically marginalized groups to sustain engagement in services over time.

**Figure 23: Percentage of young children and families meeting encounter expectations in 2022.**



57 %

Percentage of families **meeting encounter expectations.**

Source: RbF demographic, referral, and service data provided by KCHD; authors' analyses.

***There is opportunity for HSH and DSC providers to help families navigate available services when concerns are identified.***

Basis researchers explored the healthy and safe home environment (HES) and developmental screening and connection (DSC) services programs provided in the past year. We explored the frequency of select HES and DSC services –Nido home screenings, home health screenings, and developmental and social

emotional screenings for children – included in the monthly implementation data. We did not analyze healthy expectant and new parent (HENP) services because no HD providers screened for maternal wellbeing in 2022.

HES providers screened 134 homes for environmental concerns in 2022. We calculated the number of homes screened by counting the number of unduplicated HES records with a valid environmental screening result. We did not include informational contacts with families where no screenings or referrals were made. Providers identified a concern in 96 percent (n=128) of homes screened. Fifty-nine percent (n=75) of children and families living in homes with an identified environmental concern received a referral for additional services. Most of the referrals are from a single HES provider.

Further analysis of HD services revealed DSC providers completed 38 Ages and Stages Questionnaires (ASQ) with children in the past year. These counts do not include information contacts with families where no screenings or referrals were made. Fifty-five percent of ASQ screenings (n=21) identified a developmental or social emotional concern. Of the screenings where a concern was identified, 52 percent (n=11) resulted in a referral for additional services. Finally, we excluded the disaggregation of results by demographic characteristics due to the small number of children, families, or homes screened in 2022.

For both HES and DSC providers, we cannot explain the underlying reason why almost half of all children and families with identified concerns do not receive referrals for additional services. We suspect the discrepancy is likely due to data collection and submission issues as opposed to service delivery issues. Other possible factors contributing to the low percentage of referrals include service recipients refusing a referral and providers providing education on how families can address concerns themselves. For example, one provider may identify pests as a concern in the home but may not provide a referral because part of the service is to meet with a healthy housing specialist who can help the family understand pest management basics. Addressing data submission issues in 2023 will allow for a more comprehensive analysis of service delivery.

***Eight percent of families responded to HD provider surveys.***

HD providers were expected to survey families about their level of satisfaction with services received in the past year. FSK received survey data associated with all HD contracts included in the final sample. Providers collected responses from 99 families, which is equivalent to receiving responses from eight percent of individuals directly (i.e., receiving survey) or indirectly (i.e., family of child receiving service) participating in HD services in the past year. The HD provider response rate is four percentage points below the RbF-network average. Further, the low response rate increases the likelihood of potential nonresponse bias and limits the generalizability of findings. This finding indicates HD providers have great opportunity to strategize around increasing response rates in the coming year. Finally, we do want to acknowledge that of those families completing provider surveys, 97 percent were satisfied with services received in the past year.

Parent Education and Support programming ensures families have the knowledge and skills to support their children's health, development, and learning. Programs offer parent education through home visiting and ancillary support that addresses the preventable causes of infant and child mortality. Through these services parents with young children have access to the information, resources, and social support needed to be more confident and empowered to make informed choices for themselves and their families. Parent Education and Support providers apply under one of two types of programming: home visiting programming and child safety initiatives.

*PES providers exceeded reach expectations by 27 percent.*

The final sample included 12 PES contracts with 9 providers. PES providers were projected to serve 1,855 individuals and complete 11,106 encounters in 2022. Figure 24 displays the cumulative number of individuals served by quarter in 2022. To calculate the cumulative number of individuals served, Basis researchers identified the total number of unduplicated individuals PES providers served from January to December. Results indicate PES providers served 2,352 individuals. It is possible, however, that the number of individuals served is inflated slightly due to one provider assigning a record identifier to both a mother and newborn child, which subsequently counts as two individuals in the dataset as opposed to a single family.

**Figure 24: Cumulative number of individuals PES providers served by quarter in 2022.**
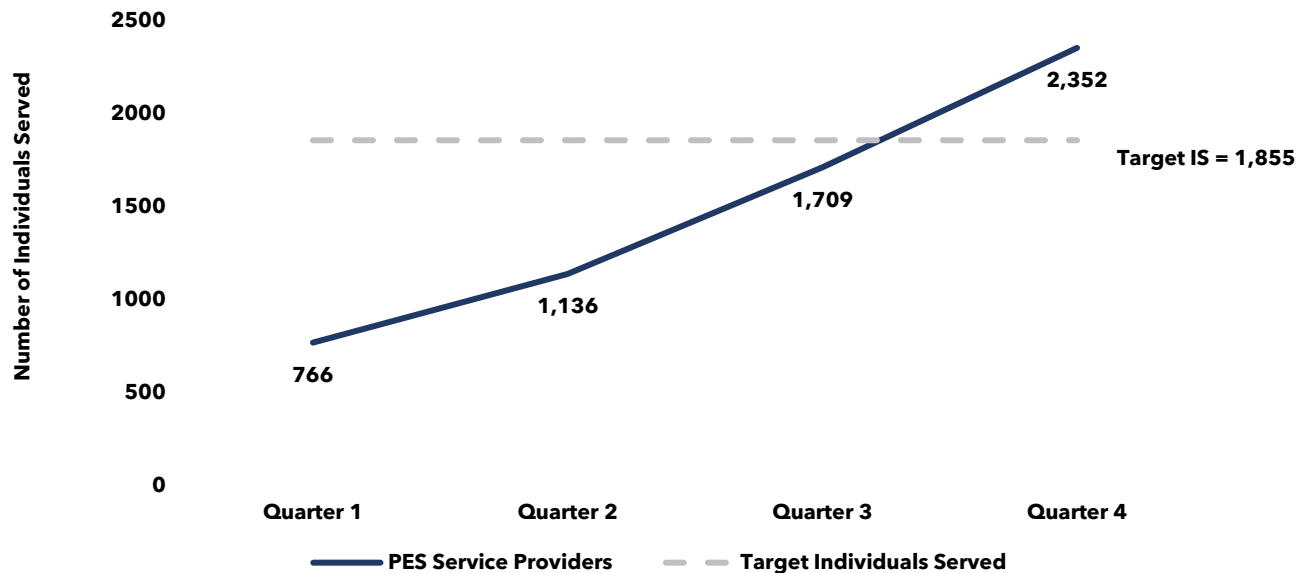


Note: The number of individuals served in 2022 is the total of unduplicated counts from PES providers. The number of individuals served from January through September is the total of unduplicated individuals served from PES providers within each month. We identified duplicate individuals using agency code, record code, encounter year, and encounter month.
Source: RbF demographic, referral, and service data provided by KCHD; authors' analyses.

We also calculated the reach of PES services in 2022. To do so, we compared the actual number of individuals served to the projected number of individuals served listed in FSK contracts. The PES providers included in the final sample reached 2,352 individuals and were projected to serve 1,855. Thus, PES providers exceeded reach expectations by 27 percent. Six PES providers exceeded projections in 2022. Finally, the percentage of families PES providers served is 26 percentage points above the RbF-network average.

*All families participating in PES services were from historically marginalized groups.*

Figure 25 displays the percentage of families served by race and ethnicity in 2022. We include the RbF network mean (yellow bar) and Kent County demographics (grey horizontal line) as reference points against which we compare PES results. Basis researchers excluded the 41 percent of families participating in PES services who declined to share race and 34 percent who declined to share ethnicity information or had these fields missing from the PES data. Among those providing demographic information, all families served were from historically marginalized groups, with over 80 percent identifying as Black or African American (49 percent) or Hispanic or Latinx (34 percent). When compared to the demographics of individuals served across the RbF network, PES providers served more Hispanic or Latinx (12 percentage point difference) and Black or African American individuals (30 percentage point difference). Additionally, PES providers served a larger percentage of Black or African American, Hispanic or Latinx, multi-racial, or Asian individuals when compared to Kent County demographics.

**Figure 25: Percentage of individuals PES providers served by race and ethnicity in 2022.**
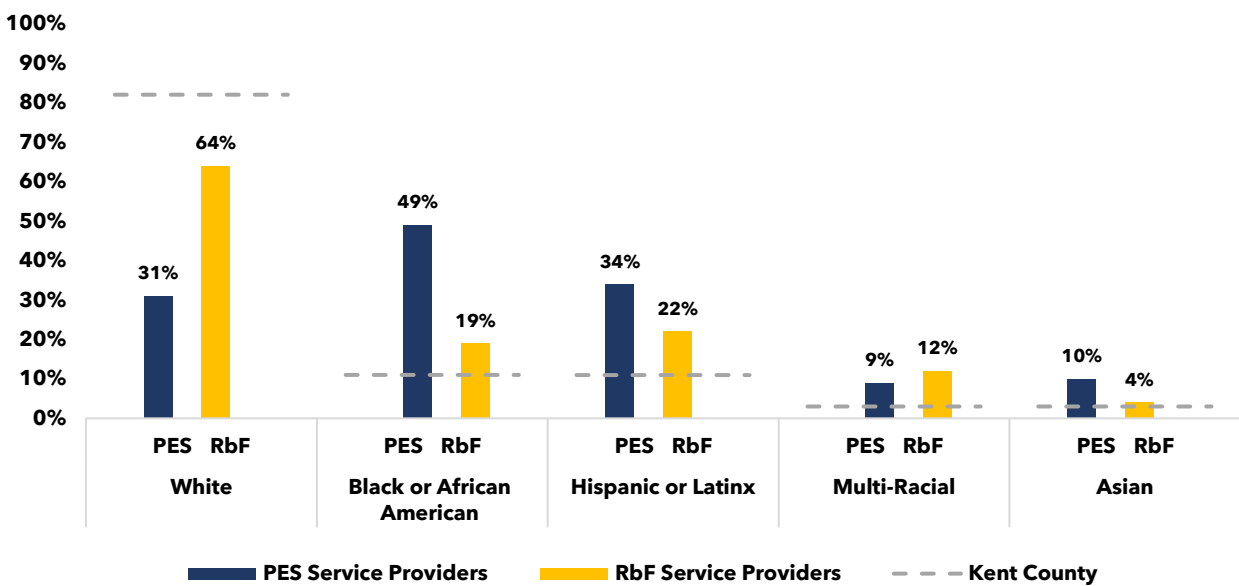


Note: Percentages do not equal 100 due to race and ethnicity (Hispanic or Latinx) information being collected separately.
Source: RbF demographic, referral, and service data provided by KCHD and linked to FSK contract data; authors' analyses

Furthermore, 85 percent of families' household income is less than $40,000 and approximately 44 percent of families speak a primary language other than English. When compared to the demographics of individuals served across the RbF network, PES providers served more families with incomes less than $40,000 (40 percentage point difference) and speak a primary language other than English (27 percentage point difference).

*PES providers served between 80 to 90 percent of individuals from historically marginalized groups earning $40,000 or less.*

In Figure 26 we explore the distribution of household income by race and ethnicity of young children and families PES providers served. Forty-one percent of individuals served (n=968) provided race, ethnicity, and income data. Among those sharing these demographic fields, between 76 to 90 percent of individuals

across racial and ethnic groups were from households earning $40,000 or less. The one noticeable difference in Figure 26 is that 19 to 23 percent of White or Asian individuals served are from households earning between $40,000 to $80,000 as compared to between 9 to 12 percent for Black or African American, Hispanic or Latinx, Multi-Racial individuals. However, the overall variation in the distribution of household income by race and ethnicity of young children and families PES providers served is less when compared to other service categories. While these results provide emerging insights into the demographic makeup of young children and families PES providers served, we recognize these results might not be reflective of the true population served due to the pervasiveness of missing race and ethnicity, income data.

**Figure 26: Percentage of individuals served by race, ethnicity, and income.**
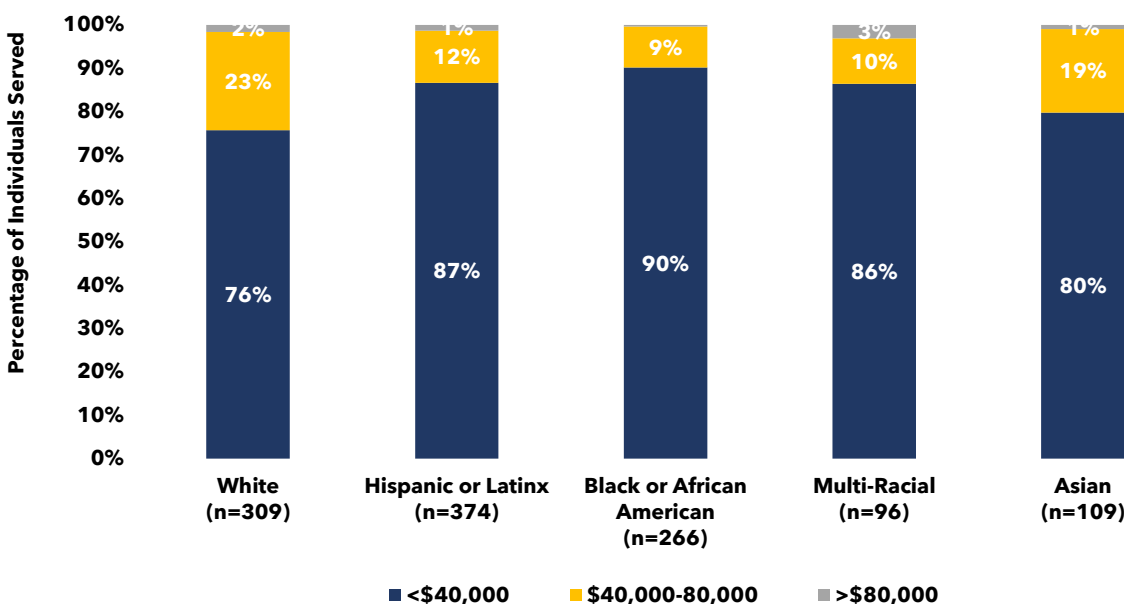


Source: RbF demographic, referral, and service data provided by KCHD; authors' analyses.

*Ninety-four percent of individuals served reside in urban type communities.*

Figure 27 displays the percentage of individuals PES providers served by community type. Ninety-four percent of families reside in urban type communities. In contrast, seven percent of individuals served reside in the eastern, northern, or southern communities of Kent County. When compared to the demographics of young children and families served across the RbF network, PES providers served more individuals from urban type communities (10 percentage point difference) and fewer individuals from the other three community types (10 percentage point difference). Finally, when compared to the percentage of Kent County residents living in the respective community types, PES providers served a larger percentage of young children and families from urban type communities while serving a smaller percentage of individuals from the other three community types. We find there is considerable opportunity for PES providers to strategize around how they can recruit and engage with individuals from Eastern, Northern, and Southern Kent County communities in 2023.

**Figure 27: Percentage of families PES providers served by community type in 2022.**
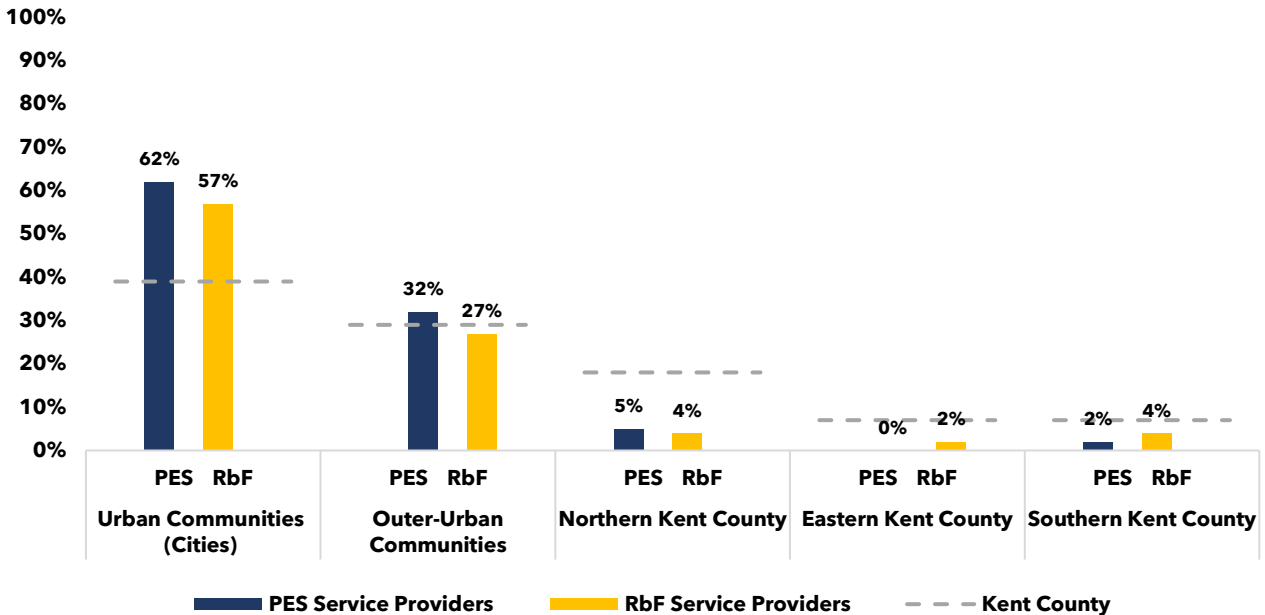


Note: Percentages do not add to 100 due to rounding.
Source: RbF demographic, referral, and service data provided by KCHD; authors' analyses.

***Between 69 to 100 percent of young children and families participating in PES services across community types were from households earning $40,000 or less.***

In Figure 28, we explore the distribution of household income by community type of young children and families PES providers served. Forty-eight percent of families (n=1,127) provided zip code and income data. Among those sharing these demographics fields, between 69 to 100 percent of individuals across community types were from households earning $40,000 or less. The one noticeable difference in Figure 28 is that 28 percent of individuals served from Northern Kent County communities are from households earning between $40,000 to $80,000 as compared to between 0 to 19 percent of individuals from the other four community types. However, the overall variation in the distribution of household income by community type of children and families PES providers served is less when compared to other service categories. While these results provide emerging insights into the demographic makeup of young children and families PES providers served, we recognize these results might not be reflective of the true population served due to the pervasiveness of missing income data.

**Figure 28: Percentage of individuals served by community type and income.**
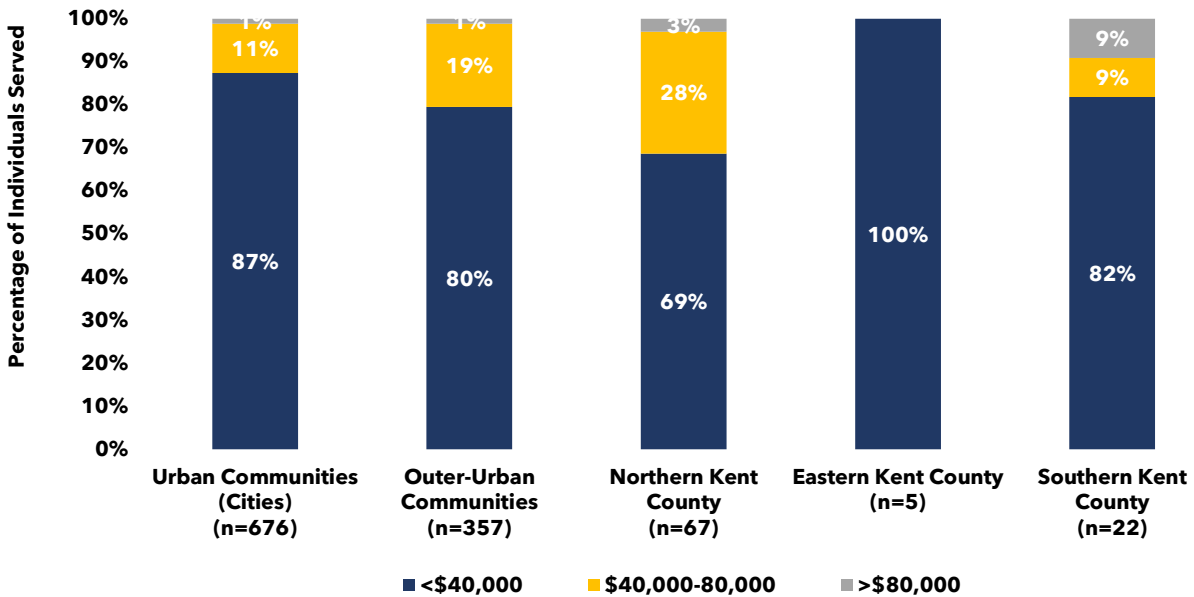


Source: RbF demographic, referral, and service data provided by KCHD; authors' analyses.

*PES providers exceeded encounter expectations by one percent.*

Figure 29 displays the number of encounters by quarter in 2022. To calculate the number of PES encounters, Basis researchers identified the total number of duplicated counts from PES providers. Results indicate PES providers completed 11,182 encounters with families.

**Figure 29: Cumulative number of encounters completed by quarter in 2022.**
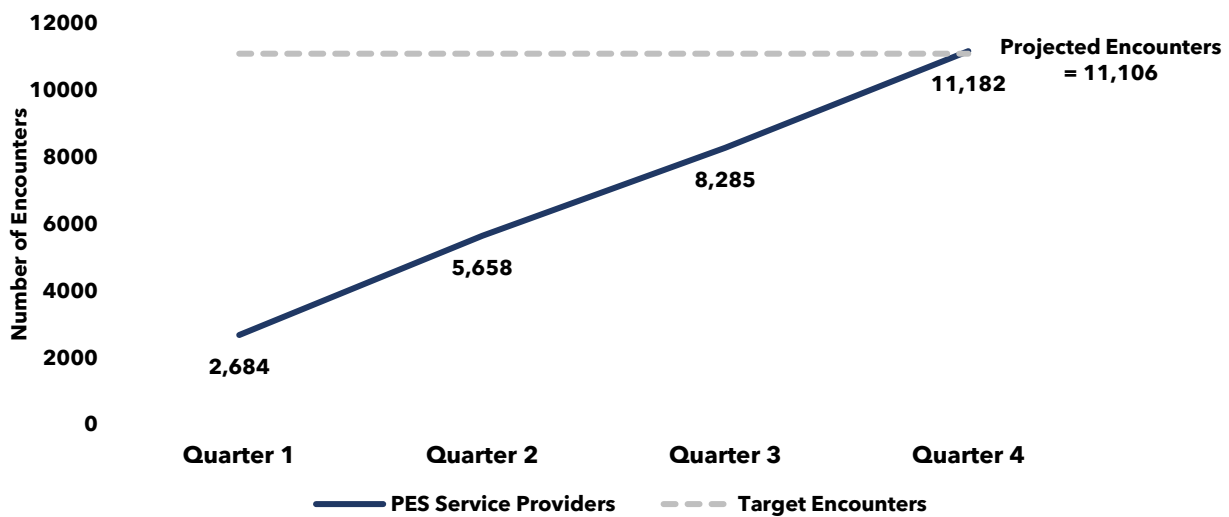


Notes: The number of encounters in 2022 includes the number of duplicated counts from PES providers.
Source: RbF demographic, referral, and service data provided by KCHD; authors' analyses.

We also calculated the percentage of projected encounters PES providers completed. To do so, we compared the actual number of encounters completed to the projected number of encounters completed. The PES providers included in the final sample completed 11,182 encounters with families and were projected to complete 11,106. Thus, PES providers exceeded encounter expectations by one percent. Four PES providers exceeded projections in 2022. Finally, the percentage of encounters completed is eight percentage points above the RbF-network average.

*Fifty-two percent of families met retention expectations in 2022.*

Providers offering home visiting (HV) programming include encounter expectations in contracts signed with FSK. The expectations describe the number of encounters HV providers will complete with families receiving services. We used the same process previously discussed to calculate expected encounters. Results in Figure 30 indicate 52 percent of individuals participating in home visiting programming met retention expectations. It is possible the issue with one provider assigning a record identifier to a mother and newborn child is impacting this result. For example, an expectant family participated in four home visits prior to birth and four after birth. The number of completed visits is eight, but the separate record identifiers attribute four visits to the family and four visits to the newborn child. If the expectation is eight home visits, then the two record identifiers would be counted as not meeting retention expectations in the data, but in reality, the family participated in the expected number of HV visits. Despite this one issue, local retention rates are comparable to results from prior research that found retention in home visitation programming after 12 months ranged from between 49 to 92 percent (Duggan et al., 1999; Guterman, 2001).

We also explored whether the percentage of individuals meeting retention expectations varied by demographic characteristics. Results revealed minimal differences in the percentage of individuals meeting retention expectation when disaggregated by race, ethnicity, primary language, income, or geography. However, we cannot rule out the possibility differences exist across different demographic characteristics due to the pervasiveness of individuals with retention data but declined to provide demographic information or did not have it collected.

**Figure 30: Percentage of families meeting encounter expectations in 2022.**



# 52 %

Percentage of families **meeting encounter expectations.**

Source: RbF demographic, referral, and service data provided by KCHD; authors' analyses.

*Between two to eleven percent of families with young children receive a referral for additional services when a concern is identified.*

Basis researchers explored what occurred during home visits with families in 2022. We explored the frequency of two home visiting services – wellbeing screening for mothers and developmental and social emotional screening for children – included in monthly implementation data. PES providers completed

565 screenings for mothers' wellbeing in the past year. These counts do not include information contacts with mothers where no screenings or referrals were made. Approximately one-third of screenings (n=186) screenings identified a wellbeing concern. Of the screenings where a concern was identified, only two percent (n=3) yielded a referral for additional services.

Further analysis of PES services revealed providers completed 361 developmental and social emotional screenings for children in the past year. These counts do not include information contacts with young children or families where no screenings or referrals were made. Twenty-three percent of screenings (n=82) identified a developmental or social emotional concern. Of the screenings where a concern was identified, 11 percent (n=9) resulted in a referral for additional services. From these results, we find an opportunity to improve referral and navigation services to ensure families and families can access the services necessary to meet their needs.

***Twenty-five percent of families responded to PES provider surveys.***

PES providers surveyed families about their level of satisfaction with the services received in the past year. FSK received survey data associated with all PES contracts included in the final sample. Providers collected responses from 587 families, which is equivalent to receiving responses from 25 percent of individuals directly (i.e., receiving service) or indirectly (i.e., family of child receiving service) participating in PES services in the past year. The PES provider response rate is 13 percentage points above the RbF-network average. Further, the low response rate increases the likelihood of potential nonresponse bias and limits the generalizability of findings. This finding indicates PES providers have an opportunity to strategize around increasing response rates in the coming year. Finally, we do want to acknowledge that of those families completing provider surveys, 96 percent were satisfied with services received in the past year.

# Discussion and Recommendations

In this report, we sought to understand the implementation of RbF services in 2022. RbF providers served 12,184 young children and families from January to December. This equates to RbF providers exceeding reach expectations by one percent. Furthermore, RbF providers completed 14,521 encounters with young children and families. This equates to providers completing 94 percent of projected encounters in the past year. Additionally, providers continue to fulfill FSKs commitment to serving young children and families from historically marginalized groups. Fifty-seven percent of individuals served with available demographic information were from historically marginalized groups with 41 percent identifying as Black or African American or Hispanic or Latinx. When compared to Kent County demographics, RbF providers served larger percentages of Black or African American, Hispanic or Latinx, and multi-racial individuals. Further, RbF providers served larger percentages of young children and families from urban communities as compared to the other geographic areas of Kent County. This suggests providers have an opportunity to recruit and engage young children and families from the Eastern, Northern, and Southern Kent County communities in 2023.

Despite promising programmatic results, analysis of implementation across service categories revealed varied findings and opportunities for improvement. Here we present four primary findings. First, the extent to which providers met their reach and encounter goals varies by service category. Two of the four service categories – EL and PES – exceeded reach expectations and nearly met expectations for projected encounters. In contrast, HD provides met reach expectations but completed only 71 percent of expected encounters. Further, ON providers navigated less than two-thirds of projected young children and families, leaving an opportunity to expand and adjust services in the coming year. Combined with lower retention among HD and PES encounters, we find opportunity exists for providers to consider how the current delivery of services impedes or enables both initial and sustained engagement.

Second, we identified several opportunities to expand or reinforce referrals for necessary services across service categories. Within HD services, we found 59 percent of homes with environmental concerns and 52 percent of children with developmental or social emotional concerns received referrals for additional services. Additionally, PES services identified 182 mothers with wellbeing concerns, and only 3 (2 percent) received referrals to additional services. In the coming year, we see a significant opportunity for HD, PES, and ON services to build on their navigation services for families and children to access necessary services.

Third, young children from historically marginalized groups were more likely to attend three or more play and learn events as compared to White children. However, EL providers served a smaller percentage of young children from historically marginalized groups in the past year. This finding reveals great promise for EL providers to consider ways to attract young children from historically marginalized groups to attend local events.

Finally, survey response rates were low across service categories. Low response rates increase the likelihood of nonresponse bias and limit the generalizability of findings. Thus, providers have the opportunity to cultivate more stakeholder voice in the coming year. Considering these findings, we suggest the following three recommendations.

**1 | Provide additional opportunities for providers to collaborate around opportunities for growth.**

Findings from the end of year report revealed opportunities for growth were not unique to individual service categories. For instance, opportunities exist for HD, ON, and PES providers to support families in navigating services relevant to individual needs. Limiting the discussion of opportunities for growth to service category specific-Quality Improvement Consortium (QIC) meetings could prohibit providers benefitting from the collective knowledge of providers across specializations. Thus, we recommend FSK consider offering quarterly "meet-ups" or "study groups" that address specific opportunities for growth applicable across service categories. For instance, the voluntary "meet-ups" could address the following topics in 2023:

- Quarter 1 – Recruiting young children and families from the Eastern, Northern, and Southern Kent County communities
- Quarter 2 – Supporting young children and families in completing referrals
- Quarter 3 – Effective strategies for retaining young children and families in services
- Quarter 4 – Increasing family survey responses rates

Finally, this recommendation would be in addition to the past recommendation of restructuring QIC meetings to focus on opportunities for growth and highlighting providers effectively capitalizing on these opportunities. For example, we would recommend FSK continue using Early Learning QIC meetings to highlight providers effectively recruiting and retaining individuals from historically marginalized groups in services. Rather, these optional "meet-ups" would address opportunities applicable across service categories.

**2 | Investigate why referrals are not completed or issued when concerns are identified.**

Results revealed a considerable number of individuals did not (a) receive a referral when HD or PES providers identified a concern or (b) complete an ON-provided referral. This finding is particularly problematic if services exist, are available, and address identified concerns, but young children and families do not access these resources without a referral. Thus, we recommend FSK and its stakeholders further investigate why referrals are not provided when concerns are identified or why referrals are not completed. This might include FSK addressing this topic in future QIC meetings, asking providers with low percentages of completed referrals to seek family input of why this is happening, or inquiring with referred agencies as to what barriers exist for families in completing referrals. These insights will assist FSK in problem solving with stakeholders around ways to capitalize on this opportunity for growth. Additionally, FSK could flag providers in the data with low percentages of completed referrals and proactively reach out to providers to identify potential issues and address next steps.

**3 | Reconsider approaches for surveying participating families.**

Findings revealed survey responses rates were low across service categories. One impediment to procuring a reasonable response rate is having providers develop and administer the survey. It is possible families felt uncomfortable sharing constructive feedback directly with providers or questioned whether certain responses might jeopardize the services received. Thus, we recommend FSK consider new approaches for surveying families, including (a) administer a one-question text-based (SMS) survey from a centralized source (e.g., FSK), (b) having providers distribute an anonymous survey link during or after service delivery, (c) have providers distribute anonymous paper-based survey with return address and

postage included, or (d) provide incentives for participation. We also recommend FSK establish acceptable (40 percent) and ideal (70 percent) response rate targets for providers in 2023. The former aligns with typical response rates in large-scale surveys while the latter mitigates the potential risk of nonresponse bias. Finally, requiring providers to administer a universal form with common questions will improve the quality of analysis. Currently, it is difficult to aggregate the percentage of families satisfied with surveys when providers use different questions to gauge stakeholders' perceptions of satisfaction.

# References

Cook, Colleen, Fred Heath, and Russel L. Thompson, "A Meta-Analysis of Response Rates in Web- or Internet-Based Surveys," *Educational and Psychological Measurement*, Vol. 60, No. 6, 2000, pp. 821–836.

Davern, M. (2013). Nonresponse rates are a problematic indicator of nonresponse bias in survey research. *Health services research*, *48*(3), 905.

Duggan, A. K., McFarlane, E. C., Windham, A. M., Rohde, C. A., Salkever, D. S., Fuddy, L., ... & Sia, C. C. (1999). Evaluation of Hawaii's healthy start program. *The Future of Children*, 66-90.

Groves, R. M. (2006). Nonresponse rates and nonresponse bias in household surveys. *Public opinion quarterly*, *70*(5), 646-675.

Guterman, N. B. (2001). *Stopping child maltreatment before it starts* (Vol. 42). Sage.

Holland, M. L., Xia, Y., Kitzman, H. J., Dozier, A. M., & Olds, D. L. (2014). Patterns of visit attendance in the nurse–family partnership program. *American journal of public health*, *104*(10), e58-e65.

*May 2018 Kaleidoscope Play & Learn Evaluation - rrnetwork.org*. (2018). Retrieved April 5, 2023, from https://rrnetwork.org/assets/general-files/CCCRRN_Kaleidoscope_Report_FINAL.pdf

*Program evaluation tip sheet: Reach and impact - centers for disease ...* (2011). Retrieved April 5, 2023, from https://www.cdc.gov/dhdsp/programs/spha/docs/reach_impact_tip_sheet.pdf

# Appendices

## Appendix A: Methods

**Data sources.** The report findings are based on data provided by First Steps Kent (FSK) and the Kent County Health Department (KCHD). We describe FSK and KCHD data sources below.

*FSK Data Sources*

- **Provider contracts.** FSK provided contract data from 2021-2022 and 2022-2023. Contract data included planned budgets in the first and second year, projected number of individuals to be served by year, projected number of encounters by year, target population, geography of services, and demographic characteristics of board of director, executive leadership, and program staff. The contracts define encounters as group services, 1:1 direct services, outreach and navigation, or 15-minute units of indirect services. Outreach and navigation contracts included number of individuals reached through outreach, number of individuals screened, and number of individuals receiving navigation in lieu of projected number of individuals served and planned encounters. FSK provides Basis researchers with PDF contract data via Microsoft SharePoint.

*KCHD Data Sources*

- **Demographic file.** KCHD shared deidentified demographic data with Basis researchers. The demographic file includes agency identification code, record identification code, child year of birth, child gender identity, child ethnicity, child race, and child zip code. Other demographic data fields include child primary insurance, WIC enrollment, primary caregiver is legal guardian, primary caregiver last grade completed, primary caregiver employment status, primary caregiver marital status, number of household members, number of children under the age of five, household income, household primary language, and child welfare engagement. KCHD provided demographic information for participating families and children since 2020.

- **Services file.** KCHD shared deidentified RbF services data with Basis researchers. The services file includes agency identification code, record identification code, encounter date, child year of birth, service type, and encounter contact type. Other service data fields include developmental screening taken, developmental concern identified, breastfeeding status, tobacco use, non-prescription drug use, environmental screening results, and maternal screening results. The services file also includes the address, city, and zip code of play and learn sessions. KCHD provided service information for participating families and children since 2020.

- **Referral file.** KCHD shared deidentified referral data with Basis researchers. The referral file includes referral type, referral category, and referral agency. The referral categories include mental and physical health, family and caregiver support, early childhood education, and other. KCHD provided referral information for participating families and children since 2020.

**Sample.** Table A1 provides an overview of the number of contracts and awards by service category. First Steps Kent signed 32 contracts with 20 unique providers across four service categories in 2022. ON and PES services comprise approximately 63 percent of contracts in 2022 and account for a comparable percentage of funds allocated.

**Table A1: Number of contracts and award amounts by service category.**

| Service category | Contracts | | Awards | |
| --- | --- | --- | --- | --- |
| | *n-count* | *percent* | *Amount* | *percent* |
| Outreach and Navigation | 8 | 25.0% | $2,800,452 | 34.5% |
| Early Learning | 6 | 18.8% | $1,515,613 | 18.7% |
| Healthy Development | 6 | 18.8% | $1,473,497 | 18.1% |
| Paret Education and Support | 12 | 37.5% | $2,335,044 | 28.7% |
| **Total** | **32** | **100.0%** | **$8,125,606** | **100.0%** |

Note: Four contracts from 2021 joined with new awards in 2022.
Source: First Steps Kent contract data; authors' analyses.

The 32 contracts with 20 unique providers offering ON, EL, HD, and PES services were projected to serve 38,468 individuals and complete 73,457 encounters in 2022. ON providers are excluded from the encounter total because they do not complete encounters with young children and families. Early learning providers accounted for 80 percent of projected individuals served and projected encounters in 2022[7]. The eight ON programs or services were projected to reach 28,873 individuals, provide screening for 10,180, and provide navigation referrals to 3,540. The 3,540 ON navigation referrals is included in the number of individuals served in table A3.

**Table A2: Number of contracts, services, projected individuals served and encounters, individuals screened, and navigation referrals by service category and encounter type.**

| | # Contracts | Individuals Served | Encounters | Individuals Screened | Navigation Referrals |
| --- | --- | --- | --- | --- | --- |
| **Service category** | | | | | |
| Early Learning | 6 | 30,912 | 58,065 | - | - |
| Healthy Development | 6 | 1,564 | 3,684 | - | - |
| Parent Education and Support | 12 | 2,470 | 11,708 | - | - |
| Outreach and Navigation | 8 | 3,540[8] | - | 10,180 | 3,540 |
| **Total** | **32** | **38,468** | **73,457** | **10,180** | **3,540** |

Source: First Steps Kent contract data; authors' analyses.

To answer the research questions guiding this report, Basis researchers restricted the sample to (a) providers who have active contracts with FSK, (b) submit monthly implementation data to KCHD, and (c) have valid rules in RbF program data profile to differentiate between services included in the contract. This exclusion criteria resulted in dropping two contracts (i.e., Ready for School and ELNC-Play and Learn) and five services listed in current contracts[9].

---

[7] One PE contract – Ready for School – accounts for most of the projected individuals served and encounters. Ready for School plans to serve 23193 individuals across 54,736 encounters in 2022.
[8] FSK determines the numbers served from ON providers based on the number of individuals receiving navigation based on whether the client has at least one (1) submitted outbound referral
[9] The services we dropped included Arbor Circle Mental Health Consultation, ELNC Children Served in Classroom, Bethany Christian Parent Education Meetings, Grand Rapids Community College Play and Learn Bags, and Healthy Home Coalition of West Michigan Home Visitors

**Table A3: Number of services, projected individuals served and encounters, individuals screened, and navigation referrals by service category included in the final sample.**

| | # Contracts | Individuals Served | Encounters | Individuals Screened | Navigation Referrals |
|---|---|---|---|---|---|
| **Service category** | | | | | |
| Early Learning | 4 | 5,319 | 929 | - | - |
| Healthy Development | 6 | 1,325 | 3,490 | - | - |
| Parent Education and Support | 12 | 1,855 | 11,106 | - | - |
| Outreach and Navigation | 8 | 3,540[10] | - | 9,035 | 3,540 |
| **Total** | **30** | **11,151** | **14,892** | **9,035** | **3,500** |

Source: First Steps Kent contract data; authors' analyses.

Table A3 provides the number of services, projected individuals served, projected encounters, individuals screened, and navigation referrals by service category included the final sample. The 30 contacts with 18 unique providers were projected to serve approximately 11,151 individuals and complete 14,892 encounters in 2022. The percentage of projected encounters and individuals served associated with Early Learning providers in the final declined by 75 and 49 percent as compared to the initial sample. This difference is attributed to removing Ready for School (RFS) and ELNC-Play and Learn from the final sample and removing a limited number of group services; RFS projected to serve 23,193 individuals by way of 54,736 encounters in 2022. The number of individuals screened and navigation referrals are the same in both the full and final sample.

**Analytic Strategy.** Basis researchers conducted a series of descriptive analyses to answer the research questions guiding the quarter one report. We report on select findings in the end of year report.

---

Training and Certification. Four services listed numbers of individuals served and encounters would be included in quarterly with the fifth providing data via Excel in aggregate counts to FSK monthly.

[10] FSK determines the numbers served from ON providers based on the number of individuals receiving navigation based on whether the client has at least one (1) submitted outbound referral

## Appendix B: Additional Tables

**Table B1: Community Type by Zip Code**

| Description of Area | Community Type |
|---|---|
| Grand Rapids | Urban Communities (Cities) |
| East Grand Rapids | |
| Kentwood | |
| Ada | Eastern Kent County |
| Bowen | |
| Cannon | |
| Forest Hills | |
| Alto | |
| Freeport | |
| Grattan | |
| Lowell Township | |
| City of Lowell | |
| Vergennes | |
| Algoma | Northern Kent County |
| Belmont | |
| Cannon | |
| Casnovia | |
| Cortland | |
| Greenville | |
| Cedar Spring | |
| Grattan | |
| Kent City | |
| Nelson | |
| Oakfield | |
| Plainfield | |
| Rockford | |
| Sand Lake | |
| Sparta Township | |
| Village of Sparta | |
| Spencer | |
| Solon | |
| Tyrone | |
| Byron Center | Southern Kent County |
| Byron Township | |
| Caledonia Township | |
| Caledonia Village | |
| Alpine | Outer-Urban Communities |
| Cascade | |
| Comstock Park | |
| Grand Rapids Township | |

Grandville
Northview
Plainfield
Walker
Wyoming

**About This Report**

This research was conducted by Basis Policy Research. Basis conducts applied public policy research, primarily in the field of education; provides technical assistance to state departments of education, districts, and schools; and supports policymakers by providing the data they need to make sound decisions. For more information visit our website at www.basispolicyresearch.com.