
Children are born healthy

Children are healthy, thriving and developmentally on track

Children are ready to start kindergarten

Children are reading proficiently

Marquette-Alger Counties

STRATEGIC PLAN
JANUARY 2017-DECEMBER 2019
Contents

Great Start, Great Investment, Great Future ................................................................. 1
Executive Summary ........................................................................................................... 4
Profile & History ............................................................................................................... 7
Goals and Objectives ....................................................................................................... 34
Action Agenda ................................................................................................................ 37
Fund Development .......................................................................................................... 70
Appendix .......................................................................................................................... 72
   ABLe Change Overview ............................................................................................... 72
   Root Cause Charts ....................................................................................................... 73
   Headlines Prioritization Results .................................................................................. 81
Dear Marquette and Alger County Neighbors,

The Marquette-Alger Great Start Collaborative is a network of individuals, agencies, parents and businesses invested in the belief that every child deserves a great start in life so they may reach their full potential.

In order to achieve our goal of every child successful in school and beyond, we have developed a community plan that will guide our work over the next three years. I invite you to read it and hope you will find the following information to be purposeful in outlining our next steps in meeting the goals of Michigan’s Great Start Initiative.

While we have many resources in our two-county area and many committed individuals who positively affect the lives of children each day, in these challenging times we need to work together for the future success of our children and communities.

Sincerely,

Evi Lindquist, Director
Great Start Collaborative
Marquette-Alger Counties

“Our goal must be to create a coherent system of health and early learning that aligns, integrates and coordinates Michigan’s investments from prenatal to third grade. This will help assure Michigan has a vibrant economy, a ready work force, a pool of people who demonstrate consistently high educational attainment, and a reputation as one of the best states in the country to raise a child.”-Governor Rick Snyder, April 2011
Executive Summary

Great Start
The first five years of a child’s life are incredible. Brain development during a child’s early years is faster than at any other stage of life. Study after study proves the key to our future is investing in young children. The research confirms what families and communities have always known: Children learn every moment. The brain development that occurs in the early years is the foundation for learning throughout that child’s life. In Marquette and Alger Counties, we have a long history of working together to ensure that all children have a Great Start!

Great Investment
The Great Start initiative was developed in the state of Michigan to ensure that resources at the local, regional, and state level were directed toward a Great Investment – preparing all children for success in school and in life. The Marquette-Alger Great Start Collaborative was formed in response to the statewide movement, providing additional support and structure to existing collaborative work. Families are a critical part of the Great Start initiative. Throughout the state, parent coalitions are a critical component of Great Start work. In order to meet the busy schedules of families in our county, we have two parent liaisons, which work in each of our counties. This also allows us to understand unique characteristics and needs of each county. We work hard to engage families to provide input, develop projects, and ensure that the collaborative is investing resources where they will make the greatest impact.

Great Future
The Marquette-Alger Great Start Strategic Plan outlines the goals and objectives for the next three years. We have developed a one-year list of strategies and activities for implementation in 2017. Annually, we will evaluate progress made, challenges, and emerging needs as we create a year 2 and year 3 action agenda. GSC Collaborative Members and Great Start Families recognize that learning is about more than books and classrooms. Learning occurs every day-at home, in a grocery store, at the library, in a park, - everywhere! A Great Future for children means that:

1) Children are born healthy.
2) Children are healthy, thriving, and developmentally on track from birth to third grade.
3) Children are developmentally ready to succeed in school at time of school entry.
4) Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

With support from families, service providers, the community, and decision makers, these outcomes can be achieved and will ensure that all children are ready for success in school and life!
Strategic Planning Process

The 2017-2019 Marquette-Alger County GSC Strategic plan responds to four key questions:

★ What is the current status of young children, their families, and the local early childhood system as compared with the early childhood outcomes? (Community Needs and Strengths Assessment)
★ What system changes need to be made to attain Michigan’s early childhood outcomes for young children in our community? (Goals and Objectives)
★ What specifically will our community do to implement the system change strategies in response to needs identified while maintaining areas of strength? (Early Childhood Action Agenda)
★ How will our community know we are making progress? (Progress and Performance Measures)

Through this process, the Great Start Collaborative identified themes regarding the needs of the early childhood service system. These themes were explored through root cause analysis. Further discussion led to the development of goals, objectives, and strategies. Strategies and activities were organized in an action agenda that will guide the work of the GSC.

Funding for the Great Start Collaborative and Great Start Parent Coalition efforts are provided by a grant from the Michigan Department of Education, Office of Great Start. Additional technical assistance related to strategic planning was provided by the Early Childhood Investment Corporation (ECIC).
**Strategic Plan Summary**

**Goal A: Services will be easy for families to access.**

Objective 1: Information about services and accessing services is easy to understand and accessible to families, service providers, and the community.

- Strategy 1: Create and disseminate materials that are easy to use for provider and families.
- Strategy 2: Engage parents in natural locations.
- Strategy 3: Work with the Parent Coalition to develop a “trusted advisors” network as they are natural “resource and referral” contacts.
- Strategy 4: Mobilize organizations around basic needs and assist agencies with the development of community-sustained resources to meet basic needs of families with children.

**Goal B: Services will be coordinated across agencies to the benefit of families and organizations.**

Objective 1: Agencies from across the early childhood system are collaborating to improve service coordination and referrals.

- Strategy 1: Increase connections between organizations and commitment to collaboration.
- Strategy 2: Strengthen referral processes related to services for drug exposed babies.
- Strategy 3: Utilize existing collaborative groups to identify opportunities for improving information sharing.

**Goal C: Programs and services will meet high quality and effectiveness standards.**

- Strategy 1: Incorporate and increase social emotional learning activities into program curriculums and lesson plans.

**Goal D: Services will reflect family voice and are responsive to family needs.**

Objective D-1: Data from parent voice opportunities are available and utilized during program development and funding decisions and applications.

- Strategy 1: Use methods preferred by families to seek input from families.

Objective D-2: The early childhood service environment empowers families to provide input and advocate for their child’s needs.

- Strategy 1: The parent coalition and the Child Abuse and Neglect Council will introduce the Strengthening Families protective factors to service providers and the community.

**Goal E: Families are fully engaged in preparing their child for school or are using available supports.**

Objective: Families and community members understand the benefits of preschool and early learning opportunities.

- Strategy 1: Use parent coalition to develop materials about preschool that are relatable to parents.
- Strategy 3: Increase the connections between kindergarten and pre-k experiences.
- Strategy 4: Increase the connections between the community and pre-k experiences.
- Strategy 5: Increase access to books and literacy supports.

**Secondary Priorities**

During the course of strategic planning, the Great Start members prioritized themes they were learning about and root causes for action. As a result of prioritization, some work has been chosen for less intensive strategies such as building readiness, supporting partners, connecting with agencies that provide services, or drawing attention to an issue. Secondary priorities fall under one of the goals above. A sixth goal and objective were also developed as a secondary priority:

- Goal F: There are adequate processes for successful Pre K-Kindergarten transitions.
  Objective F-1: School readiness definitions between Pre K and elementary are aligned.
Profile & History

GREAT START COLLABORATIVE

Marquette and Alger Counties have a long history of working collaboratively to achieve common goals that are focused on improving the quality of life in the community.

In 2003, a grant opportunity focused on providing capacity building funds to local intermediate school districts was announced. Through the Early Childhood Investment Corporation, a statewide network of local community-led collaboratives was developed to work toward a common goal: Every child ready to succeed in school and in life. This grant opportunity aligned with the strategic direction identified through the Success by Six planning process. The 2008 grant award to the Marquette-Alger RESA led to the establishment of the Marquette-Alger Great Start Collaborative (GSC) and the Great Start Parent Coalition (GSPC) to lead local capacity building efforts.

In 2011, Governor Snyder created a State office known as the Office of Great Start (OGS) through the Michigan Department of Education. OGS now oversees all local Great Start Collaboratives and Parent Coalitions. Additionally in 2013, OGS engaged stakeholders across the state in development of Great Start, Great Investment, Great Future: The Plan for Early Learning and Development in Michigan. This comprehensive plan contains six recommendations and numerous priority action items for advancing early learning and development.

GREAT START PARENT COALITION

The Great Start Parent Coalition (GSPC) is a group of individuals who parent a child under the age of 12 (i.e. parents, grandparents) or provide services to children under the age of 12 (i.e. teachers, caregivers). The GSPC meets on a regular basis to discuss the strengths, needs and gaps in the community for families and children.

The purpose of the Great Start Parent Coalition, is four-fold:

★ Build public support for early childhood investment – to assist in building public will and support for early childhood investment through advocacy and education activities with parents, community members and policy-makers at the local and state levels.

★ Serve as a sounding board for parent members of the Great Start Collaborative – to assure parent members understand the priorities, concerns or needs of parents of young children in their community and provide direct feedback about issues being considered by the Great Start Collaborative.

★ Provide a “customer” perspective to organizational members of the Great Start Collaborative – assure all members of the Great Start Collaborative remain advised and aware of the needs, concerns, hopes, dreams and contributions of families.

★ Lend support to Great Start Collaborative related efforts – work in partnership with the Great Start Collaborative to achieve its strategic priorities including but not limited to community events, workgroups, and focus groups.
VISION
The Vision of the Great Start Collaborative and Parent Coalition of Marquette and Alger Counties is all children, ready for success in school and in life.

MISSION
The Great Start Collaborative and Parent Coalition of Marquette and Alger Counties aim to join families, schools and community to create opportunities that increase the school readiness of children.

GUIDING PRINCIPLES
The local work of the Great Start Collaborative and Great Start Families is to address outcomes set forth by Governor Rick Snyder in the document *Great Start, Great Investment, Great Future* produced by the Office of Great Start.

**Office of Great Start Outcomes**
1. Children are born healthy.
2. Children are healthy, thriving, and developmentally on track from birth to third grade.
3. Children are developmentally ready to succeed in school at time of school entry.
4. Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

**Guiding Principles**
- Children and families are the highest priority.
- Children with the greatest need must be served first.
- Investing early increases impact.
- Opportunities to coordinate and collaborate must be identified and implemented.
- Parents and communities must have a voice in building and operating the system.
- Efficiencies must be identified and implemented.
- Quality matters.
Accomplishments

Six high leverage strategies were outlined by the Office of Great Start in the document *Great Start, Great Investment, Great Future*. The Great Start Collaborative and Great Start Families (Parent Coalition) of Marquette-Alger GSC has made great strides in these areas.

BUILD LEADERSHIP WITHIN THE SYSTEM

There is a great value in having strong leadership to promote collaboration, provide input from diverse perspectives, and share best practices. In our counties we have built leadership through:

- Establishing an effective, collaborative governance structure, which includes a Great Start network (collaborative), Executive Committee, Action committees, Parent Coalition and Leaders of the P.A.C (Parents Advising the Community).
- Holding several professional development opportunities around the Strengthening Families and Protective Factors Framework.
- Establishing and supporting with qualified preschool staff five playgroups in remote, rural settings.
- Hosting the Kids Count in the U.P. annual event to unite leaders in the Upper Peninsula and address key issues impacting the well being of children, youth and families.
- Establishing the Alger Baby Closet to connect pregnant moms and families to Luce, Mackinaw, Alger, Schoolcraft District Health, Early On, Early Head Start, Little Ones of the UP-Maternal Infant Health and other local services and supports which promote optimal infant growth and development.

SUPPORT PARENTS’ CRITICAL ROLE IN THEIR CHILDREN’S EARLY LEARNING AND DEVELOPMENT

Parents are their child’s first teacher. Great Start Families leads efforts to involve parents and seek input. The GSC continually works to disseminate valuable information to families, reach families with services, and provide training and support to service providers so that they can better serve families. We have supported the parent and family role through a variety of activities:

- Developed and launched the Great Start facebook page to act as a community resource for parents, teachers and providers.
- Developed the Parent Corner, a monthly column in the Alger County Munising News, for information sharing specific to parenting topics and local resources.
- Launched new community playgroups in remote parts of our counties.
- Supported “Leaders of the P.A.C. (Parents Advising the Community) by providing professional development opportunities specific to systems work (i.e Adaptive Schools, ABLe Change, Action Learning).

ASSURE QUALITY AND ACCOUNTABILITY

Service quality has always been a focus of Marquette-Alger GSC members. We have collaborated to develop a system of accountability, collect and share data, institute quality improvement processes, and supporting providers in the efforts to provide and maintain high quality programming. Specific projects include:

- Evaluation of the local early childhood system on the basis of expected outcomes.
- Partnered with the Early Childhood Investment Corporation to complete the 2012 Michigan State University Great Start Initiative Evaluation.
- In partnership with the Marquette-Alger RESA and community based agencies, expanded collection of and use of data to measure and assess kindergarten readiness.
ENSURE COORDINATION AND COLLABORATION

The early childhood system of supports and services is extensive and complex. The system includes providers from multiple agencies and disciplines. Ensuring there are policies and practices in place to coordinate and collaborate has been a focus of the GSC. There are many examples of collaborative projects in which the GSC and Great Start Parent Coalitions have played an important role:

- Sault Ste. Marie Tribe of Chippewa Indians initiative for tobacco free parks and playgrounds.
- Marquette-Alger RESA’s expansion of community playgroups.
- Superior Health Foundation’s multi media drug exposed baby campaign.
- The 2012 Marquette County’s Invest Early-Business Summit, with keynote speaker Lt. Governor Brian Calley.
- Marquette-Alger RESA professional development fall and summer conferences.

USE FUNDING EFFICIENTLY TO MAXIMIZE IMPACT

Securing funds to adequately support the early childhood system of services is a challenge. There is a great need to achieve efficiency. Preventing duplication of services, supporting common priorities, collaborating and pulling resources from multiple sources, and using funds to support quality services for those in greatest need are all strategies used in our counties.

- Marquette Breakfast Rotary grant to purchase books.
- Child Abuse And Neglect Council grant to purchase pack and plays.
- Sault Ste. Marie Tribe for Chippewa Indians grant to support a climbing structure in Superior Playland.
- Alger Regional Community Foundation grant to support the addition of a dramatic play center in Totville.
- Alger County Kiwanis grant to support the creation of Superior Playland.
- Superior Health Foundation’s Gala award to support the Alger Baby Closet.
- The Great Start Collaboratives of the UP collaborate on grant opportunities to maximize resources across the region.

EXPAND ACCESS TO QUALITY PROGRAMS

The GSC continues to look for ways to remove barriers and increase access to services. This includes improving coordination of services, expanding service areas, using needs data to target programs in high need areas, and securing additional resources for services. Specific projects that have increased access to quality programs include:

- Established the Alger Baby Closet, a resource for obtaining essential items of care for infants through age three, through participation in WIC, IMMS, MIHP, playgroups, literacy programs, etc. A learn as you earn program.
- Established Totville, a community playroom, where Early On, Early Head Start, Head Start, ECSE, and others co-locate to bring high quality, evidence based programming to families.
- Expansion of the Great Start Readiness Preschool program.
- Joint recruitment process between Head Start, GSRP and private preschool to streamline preschool enrollment.
- Enhancement of family access to services and supports by offering an increased number of community playgroups per month.
A GREAT START Matters in Marquette-Alger Counties!

- **It matters to families!** Being a parent has never been easy. However, the increasing social challenges in today’s world include, economic conditions that leave many families struggling, and higher school expectations have challenged many families. Families are and will always be a child’s first teacher and a critical factor in a child’s success.

- **It matters to educators and service providers!** When children have a great start they are more likely to enter school ready to learn and are less dependent on social programs.

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

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**How are children currently doing?**

**Many children are faced with difficult economic situations!**

- Marquette for the most part has better economic indicators than Alger.
- Approximately 870 young children are living in poverty and 1838 were living below 200% poverty (2009-2013 averages).
- Unemployment has decreased from 10% in 2010 to 7% in 2014.
- Median Income increased in Marquette to $45,170 but decreased in Alger County to $38,821 from 2009-2013.
  - MI median income increased the past five years and is $48,200.
  - Median income in peer counties ( ) ranged from $33,116 to $43,290.
- About 25% of children under 18 live in a single parent family which increases the likelihood of living in poverty.

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

**Outcome 1: Children are born healthy.**

- Among births in 2012, 26% of women did not get adequate prenatal care.
- Of women who gave birth, 31% reported smoking during pregnancy in 2013.
- Low birthrate has remained constant, fluctuating around 6-7%.
- Preterm births in Alger County have increased from 2011-2013 % to 14%.
- Supports for families in difficult economic times is critical. In Alger County utilization of WIC has increased to over 80%.

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

- Child abuse rates have remained for Marquette (17/1000), slightly lower than the state (20/1000). Alger has a rate that fluctuates significantly from year to year. The Alger County 2014 rate was 46/1000.
- Breastfeeding initiation rates are lower than the state and in the middle of peer counties.
- Team births are lower than Michigan and peer counties.
- Access to mental health, dental, and primary care providers is somewhat better than Michigan and peers. Alger County has less access than Marquette.
- In Alger 28% reported excessive drinking behaviors compared to Marquette (19%) and Michigan (18%).
- Out of 82 ranked Michigan Counties, Marquette ranked #10 for social and economic indicators and Alger ranked 53 (1 is the best ranking in the state).
Investment programs that support a child’s healthy development pays substantial dividends in the future: More than $8 return for every $1 spent\(^1\).

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

→ Although center based care has remained constant, home based care has decreased in both counties. From 2011 to 2015, childcare providers decreased by 10 in the area.

→ The preschool enrollment rate in Marquette (higher than Michigan and peers) was close to 70% and in Alger close to 60% (lower than Michigan, but higher than peers).

→ The rate of mothers with a diploma or GED is lower than Michigan and one Peer County rates.

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

→ 4th grade reading proficiency rates have increased to 83.3% in Alger and 75.7% in Marquette. (Higher than Michigan and most peer counties).

→ 4th grade math proficiency rates have increased to 42.4% in Alger and 37.8% in Marquette. (Lower than Michigan and peer counties).

→ Eight out of nine school districts in Marquette-Alger County had reading proficiency rates HIGHER than the state average.

→ Six out of nine school districts in Marquette-Alger County had math proficiency rates LOWER than the state average.

**You can help! Get Involved!**

**Families can...**

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

**Educators and providers can...**

★ Communicate with families
★ Participate in professional development
★ Work with other educators to ensure the transition to kindergarten is successful
★ Learn about community services and make referrals

**Community and businesses can...**

★ Adopt family friendly policies for employees
★ Work with schools and colleges to help bridge the school to work gap
★ Contribute to early learning efforts
★ Consider how you can help your employees meet childcare needs and increase your staff attendance

**For more information contact**

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

1. **Describe the problem** and to clarify to what extent children in the county are experiencing Michigan’s early childhood outcomes. Understanding which children are not experiencing these outcomes is critical to develop an intentional response to the system conditions that are not aligned.

2. **Identify local system conditions** that are aligned and unaligned with promoting early childhood outcomes. Understanding how the system is impacting early childhood outcomes leads to a system based response.

3. To communicate to the reader the “**thinking behind the plan**” and outline the connections between system conditions, root causes, and the action agenda.

Marquette-Alger County GSC utilized both quantitative data about the community and qualitative data collected through a system scan process. Quantitative data was analyzed on a region and county level. County data was compared to Michigan and peer counties. Alger county data was compared to Ontonagon and Schoolcraft counties. Marquette county data was compared to Dickinson and Houghton. Peer counties based on being the most similar Michigan counties in regards to economic indicators and demographics. Due to unique characteristics of the Upper Peninsula (UP), the GSC intentionally selected other counties in the UP for comparison. As part of the system scan, surveys and conversations provided feedback and input from four key perspectives:

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

**Alger County has seen a steady decrease in the number of young children. The number of children in Marquette decreased from 2000-2007. In 2008, the number began to increase and in 2013 was close to the 2000 number.**
**Demographic Descriptors**
- Alger County is 69% rural; and Marquette is 41.5% rural.
- In 2013, 90.5% of young children were white; 2.3% Black; 3.5% Native American; 0.7% other races and 3.2% were Hispanic.
- Alger County has a higher percentage of Native American children at 9%.

**Community Conditions**
- In general, economic indicators have improved and are better than peer counties.
- Marquette for the most part has better economic indicators than Alger.
- Approximately 870 young children living in poverty and 1838 were living below 200% poverty (2009-2013 averages).
- Unemployment has decreased from 2010 to 2014 decreased from 10.1% to 7.2%.
- Median Income increased in Marquette TO $45,170 but decreased in Alger County TO $38,821 from 2009-2013.
  - MI median income has risen each of the past five years and is $48,200
  - Median income in peer counties ranged from $33,116 to $43,290.

**Economic factors have a major influence on a child’s well-being and school readiness.**
While a decrease in unemployment is generally a positive sign for the overall economy, poverty rates for young children have not improved or worsened. Poverty rates were better for Alger and Marquette than peer counties.
Levels of poverty and stability can be significantly influenced by family living situations.
Supports for families in difficult economic times is critical. In Alger County utilization of WIC has increased to over 80%. Food Assistance has increased in Alger but decreased in Marquette over the same time period that poverty has increased.

Neglect, child abuse, and foster care placement have been linked to family economic conditions. Foster care placement trends may not have kept pace with increase in child abuse rates.
Outcome 1: Children are Born Healthy

Healthcare during pregnancy and the health of the mother during pregnancy are significant factors to ensure that a child is born healthy. Infant mortality is low with only 3-4 infant deaths annually (3 year average) in Marquette and Alger Counties.
Outcome 2: Children are healthy, thriving, and developmentally on track birth to 3rd grade.

Many factors influence a family and their ability to meet all the needs of their child. Conditions at birth and early care can directly influence the rates of growth and the health of infants.

Breastfeeding-2013

- % initiated Breastfeed
- % planning to Breastfeed
Parent age can impact the resources available. Additional stressors can also impact teen parents.
Provider ratios can point to potential access to care issues. A higher rate indicates that there are more people per provider. This can lead to waiting lists, limited providers accepting Medicaid or private pay patients and transportation barriers if accessible providers are not located in outlying areas. Provider ratios for Mental Health and Primary care are mostly better than peers and Michigan. Dental provider ratios are worse for Alger County.

Children who experience child abuse or neglect have greater physical and social emotional health needs. Social Emotional Health Indicators may also point to possible needs in the system.
Social Emotional Indicators
Data not available for some counties.

<table>
<thead>
<tr>
<th>Michigan</th>
<th>Alger</th>
<th>Ontonagon</th>
<th>Schoolcraft</th>
<th>Marquette</th>
<th>Dickinson</th>
<th>Houghton</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>12.0</td>
<td>0.0</td>
<td>17.0</td>
<td>19.0</td>
<td>13.0</td>
<td>18.0</td>
</tr>
<tr>
<td>% with Inadequate Social Support</td>
<td>28.0</td>
<td>0.0</td>
<td>0.0</td>
<td>19.0</td>
<td>19.0</td>
<td>29.0</td>
</tr>
<tr>
<td>% Excessive Drinking</td>
<td>21.0</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Alger</th>
<th>Ontonagon</th>
<th>Schoolcraft</th>
<th>Marquette</th>
<th>Dickinson</th>
<th>Houghton</th>
</tr>
</thead>
<tbody>
<tr>
<td>53.0</td>
<td>73.0</td>
<td>76.0</td>
<td>10.0</td>
<td>13.0</td>
<td>12.0</td>
</tr>
</tbody>
</table>
Outcome 3: Children are developmentally ready to succeed at time of school entry.

A child’s first teacher is their parents and early caregivers. Preparing a child for school requires a partnership between families, schools, childcare providers, support services, and the community.

Although center based care has remained constant, home based care has decreased in both counties. From 2011 to 2015, childcare providers decreased by 10 in the area.

<table>
<thead>
<tr>
<th>Marquette-Alger Counties</th>
<th>Oct ’11</th>
<th>Oct ’12</th>
<th>Sept ’13</th>
<th>Sept ’14</th>
<th>Sept ’15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Children &lt; Age 6 With All Parents in the Labor Force.</td>
<td>64.0</td>
<td>64.1</td>
<td>66.9</td>
<td>68.3</td>
<td>73.0</td>
</tr>
<tr>
<td>Estimated # of children with both parents in labor force</td>
<td>2,576</td>
<td>2,700</td>
<td>2,859</td>
<td>2,952</td>
<td>3,196</td>
</tr>
<tr>
<td>Total # Child Care Centers</td>
<td>35</td>
<td>36</td>
<td>34</td>
<td>38</td>
<td>38</td>
</tr>
<tr>
<td># Child Care Centers Accepting Infants</td>
<td>8</td>
<td>9</td>
<td>11</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td># of Centers Offering Full Day Continuous Care</td>
<td>19</td>
<td>21</td>
<td>21</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>Total # of Group Homes (Max 12 children)</td>
<td>12</td>
<td>14</td>
<td>14</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Total # of Family Homes (Max 6 children)</td>
<td>46</td>
<td>41</td>
<td>36</td>
<td>30</td>
<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>93</td>
<td>91</td>
<td>84</td>
<td>81</td>
<td>83</td>
</tr>
</tbody>
</table>
Outcome 4: Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

Participation in quality pre-school can make an important impact on early literacy.
Eight out of nine school districts in Marquette-Alger County had reading proficiency rates HIGHER than the state average.

Six out of nine school districts in Marquette-Alger County had math proficiency rates LOWER than the state average.
## Strengths and Needs Summary

### Community Conditions

#### STRENGTHS
- Median Income is higher than peers.
- Poverty rates are lower than peers.
- In general, economic indicators have improved and are better than peer counties.
- Housing compared to most peers and the state is an area of strength.
- Unemployment trends.
- Only 12-13% of residents have severe housing problems compared to higher rates for the state (17%) and two peers.

#### NEEDS
- Approximately 710 young children living in poverty and 1838 were living below 200% poverty (2009-2013 averages).
- Decrease in foster care rates, during a time of some increase in child abuse rates.

#### Marquette Specific Data
- Median income is stable.

#### Alger Specific Data
- Comparing from first to last rates available, Alger single parent family rate increased about 5%.
- Marquette for the most part has better economic indicators than Alger.
- Median income has decreased.

### Children are Born Healthy

#### STRENGTHS
- Inadequate prenatal care is the same or lower than the state average.
- Recent trends in low birth weight have been positive and better than all but one peer.

#### NEEDS
- Smoking during pregnancy has increased and is worse than all but one peer county.
- Overall preterm births are worse than peers but better than the state.

#### Marquette Specific Data
- Inadequate prenatal care is increasing slightly and worse than one peer.

#### Alger Specific Data
- Inadequate prenatal care rate is higher than Marquette, but better than peers.
- Trends and rates for preterm births are higher in Alger than Marquette, but also reflect a small number of births.
**Children are healthy, thriving, and on track**

**STRENGTHS**
- School lunch program rates are closer to the 200% poverty level rates than peer counties which may imply that where there is a need, families are enrolled in this program.
- Obesity indicators are overall better than most peers with Marquette better than the state and Alger worse than the state.
- Immunizations rates are better than the state.
- Health insurance rates for children improved from 2009-2010 and have remained constant and near peer and state levels.
- Infant mortality numbers are low and make interpretation of rates difficult. Rates have decreased and are better than state.
- Lead testing rates have varied over the years and are better than the state.
- Number of positive lead tests is low, rates are not calculated for Alger and three peer counties. Available rates are lower than Michigan.
- The rate of adults reporting adequate social support is higher than the state
- Violent crime rates are better than the state.

**NEEDS**
- Breastfeeding intentions are in the middle of peers.
- Immunization rates have a recent downward trend.
- Excessive drinking rates are worse than the state with Alger’s 10% higher.
- Violent crime rates are worse than two peer counties.

**Marquette Specific Data**
- In Marquette immunizations rates are better than peers.
- Higher provider ratios mean that there are more patients for each provider. Primary care ratios for Marquette are better than the state and peers.
- Dental provider ratios for Marquette are better than the state and in the middle of peers.
- Breastfeeding initiation is better than the state.
- Mental health provider ratios are better than the state, Alger County and one peer.
- Child abuse rates although generally are interpreted as negative. Increases could also point toward increased awareness, reporting or system capacity to substantiate cases. Decreases could point to a lower incidence or a decrease in system capacity. Marquette saw a general decrease in Child abuse rates and the FY14 rate is lower than the state and one peer.
- Drug poisoning death rate is higher than peers.

**Alger Specific Data**
- In Alger, immunizations rates are worse than peers.
- Higher provider ratios mean that there are more patients for each provider. Primary care ratios for Alger are higher than the state and in the middle of peers.
- For dental care, ratios for Alger are worse than the state and peers.
- Mental health provider ratios are worse than the state and one peer.
- Child abuse rates although generally are interpreted as negative. Increases could also point toward increased awareness, reporting or system capacity to substantiate cases. Decreases could point to a lower incidence or a decrease in system capacity. In FY 14, Alger saw a dramatic increase in Child abuse rates.
Children are developmentally ready for success at school entry.

**STRENGTHS**

- Mothers without a diploma/GED has decreased in Marquette. While the number of mothers without a diploma/GED is low in Alger, the rate has fluctuated and is higher than a peer.
- Rates of births to mothers under age 20 is decreased and mostly lower than peers and state.
- Teen pregnancy rates have a downward trend and are lower than the state and all but one peer county.
- Estimated preschool (US Census) attendance rates are higher than the state and peers.

**NEEDS**

- Special education participation rates have increased in Alger County and both Alger and Marquette are higher than the state and some peers. This may indicate greater access to services or high incidence of special needs.
- Decreasing numbers and rates related to childcare subsidies may indicate changes in the system and an impact on access to childcare.
- Rate of children with all parents in the labor force is not a statistic in itself that is positive or negative. However, an increase in labor force participation indicated without a corresponding increase in number of childcare centers may point toward unmet need or access issues.
- Most types of childcare have stayed constant, however there was a significant decrease in family homes.

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Children are reading proficiently.

**STRENGTHS**

- Reading proficiency is a strength in both counties with the rate in Alger County higher than all other measures.
- Percent older cohort has improved in both counties and is lower than state and peers.

**NEEDS**

- Both Alger and Marquette math proficiency rates are lower than the state and peers.
- Six out of nine school districts in Marquette-Alger Counties had reading proficiency rates LOWER than the state average.

**Marquette Specific Data**

- Reading proficiency is consistent at around 75%.
- Math proficiency has improved in Alger County but increased only slightly in Marquette.

**Alger Specific Data**

- Reading proficiency has improved in Alger County to over 80%.

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**System Scan & Root Cause Analysis**

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

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2 See Appendix for complete list of Mega Headlines and Headlines and prioritization results.
Connecting Root Causes to Strategies:

As a result of root cause analysis, the GSC gained a deeper understanding of conditions that were contributing to the community needs. The root causes were labeled by the system characteristics: Mindsets, Components, Connections, Resources, Power and Regulations. Utilizing reference materials from the ABLe Change manual, members selected strategies that were most likely to impact the cause based on its system label. The strategies were then assembled into an action agenda with goals, objectives, activities, timelines and person responsible.

Goal A: Services will be easy for families to access.

Prioritized root causes:
- Information is not always inclusive or easy to use.
  - Organizations don’t really have the resources to publicize programs. (Resources)
  - Takes time and collaboration to develop promotional materials that are inclusive but easy to read/use. (Resources)
- Information about programs and services is not disseminated in effective ways to families. (Connections)
- Information that is used does not relate or resonate with families. (Connections)
  - Existing sites and services that are trying to create a central location for information are not known or used. (Components)
    - 2-1-1 is not user friendly
      - Does not have complete or updated information. (Component)
      - Format of online system is difficult. (Component).
- Many other organizations are trying to create resource directories to fill the gap in information (15 plus) (i.e. Grandparents Teach Too). (Connections)

**Strategy 1: Create and disseminate materials that are easy to use for provider and families.**

Prioritized root causes:
- Information about programs and services is not disseminated in effective ways to families in need. (Connections)
- Knowledge of services varies based on connections, relationships among families, service providers, and leaders. (Connections)
  - Key service providers (natural touches) are not being used to disseminate information and make referrals. (Components)
- Information is not found in natural locations for families. (Connections)

**Strategy 2: Engage parents in natural locations.**

Prioritized root causes:
- Information about programs and services is not disseminated in effective ways to families in need. (Connections)
- Knowledge of services varies based on connections, relationships among families, service providers, and leaders. (Connections)
  - We are not intentional about how to leverage “word of mouth” for promoting services. (Connections)
  - Information is not found in natural locations for families. (Connections)
- Information that is used does not relate or resonate with families. (Connections)

**Strategy 3: Work with the Parent Coalition to develop a “trusted advisors” network as they are natural “resource and referral” contacts.**

Prioritized root causes:
- There are not enough basic needs support services.
- Some families are homeless because they cannot get housing due to lack of housing and the application/background history process, example: A family had bad credit and prior evictions.

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3 See Appendix for root cause analysis charts
Strategy 4: Mobilize communities around basic needs and assist agencies with the development of community-sustained resources to meet basic needs of families with children.

Goal B: Services will be coordinated across agencies to the benefit of families and organizations.

Prioritized root causes:
- There are turf issues between providers which result in isolated policies such as individual referral processes that don’t work well together.
- We are also stuck/too focused on our mission/goals. (Mindset)
  - Our roles continue to grow and increase in complexity. (Components)
    - Too many meetings and/or demands on time make collaboration difficult. (Connections-Resources)

Strategy 1: Increase connections between organizations and commitment to collaboration.

Prioritized root causes:
1. Providers do not have access to up to date information about services and referral processes. (Resources)
   - Information on services is not communicated to providers. (Connections)
     - Providers do not believe it is their job to refer families to other services. (Mindsets)

Strategy 2: Strengthen referral processes related to services for drug exposed babies.

Prioritized root causes:
- Lack of communication between agencies limits information sharing.
  - Policies that are in place that allow sharing of information for transitioning into kindergarten are complicated and have a lot of paperwork.
  - Agencies and organizations are prevented from communicating due to policy regulations. (Regulations)
- Agencies are not able to initiate contact and follow through is the sole responsibility of families with need.
  - Information from outside agencies are not permitted to share, nor are we, unless a consent to exchange information agreement is on file.
- If a parent doesn’t see it as a problem, child does not get services.
  - Working together is difficult because we are not able to share if parents do not want us to. Without consent, we cannot speak to childcare providers about student concerns.
- There are turf issues between providers which result in isolated policies such as individual referral processes that don’t work well together.

Strategy 3: Utilize existing collaborative groups to identify opportunities for improving information sharing.

Goal C: Programs and services will meet high quality and effectiveness standards.

Prioritized root causes:
- Not all educators (early childhood and kindergarten) value all the domains of learning. (Mindsets)
  - There is a different philosophy between early education and kindergarten teachers on kindergarten readiness as to age appropriate kindergarten expectations. (Connections)
    - School personnel recognize there are greater demands placed on kindergarten age children. (Mindsets)
    - There is a push from the government to push "academic" skills rather than developmental appropriate domain area skills (social/emotional approaches to learn physical development, etc.) (Regulations)
  - Some preschool teachers focus more on academically being ready for kindergarten; there is a minimal focus on preparing children socially and emotionally. (Regulations)

Strategy 1: Incorporate and increase social-emotional learning activities into program curriculums and lesson plans.
Goal D: Services will reflect family voice and are responsive to family needs.

Prioritized root causes:

- Some decisions do not include voices from diverse families within our community. (Power)
  - Many providers do not seek input from families when making decisions about services. (Power)
    - Some providers do not have a process or system in place to regularly seek input from families. (Regulations)
  - When opportunities for input are provided, it is difficult to get families to provide input. (Connections)
    - Some families do not know about opportunities for input. (Components-Connections)
  - Agencies don’t access families through effective means. (Regulations)
    - Input is not being collected where families already are going. (Regulations)
    - Some programs only ask for family input if you go to meetings. (Regulations)
- Some programs seek input from families, but families do not see how their input was used. (Connection)
  - Some decision makers don’t use family input that is collected. (Regulations)
    - Some decision makers do not value Family voice. (Mindset-Power)
    - The input is not shared or accessible when and how it is needed for decision-making. (Connections)
  - Changes are not communicated to families that have provided input. (Connections)

★ Strategy 1: Use methods preferred by families to seek input from families.

Prioritized root causes:

- Parents do not feel empowered that they have the opportunity to influence change. (Power)
  - Parents may not feel like what they have to contribute is important. (Mindsets)
- Families are often not encouraged to provide input. (Connections-Regulations)

★ Strategy 1: The parent coalition and the Child Abuse and Neglect Council will introduce the Strengthening Families protective factors to service providers and the community.

Goal E: Families are fully engaged in preparing their child for school or are using available supports.

Prioritized root causes:

- Some parents have the mindset that it is "just preschool" and attendance is not important. (Mindsets)
- Some families have a lack of value for preschool education. (Mindsets)
  - Some families do not understand the long-term consequence of early learning on a child's school success. (Mindsets)
    - Some families have not been exposed to the benefits of early learning programs. (Resources)
  - Some parents do not realize Kindergarten isn’t all play like it used to be and that preschool is key to develop school skills before kindergarten. (Resources)
  - Some parents view preschool as a form of free day care. (Mindsets)
  - Information about play-based learning is not readily available. (Resources)

Also from Mega-Headline A

- Information about programs and services is not disseminated in effective ways to families in need. (Connections)
  - We are not intentional about how to leverage “word of mouth” for promoting services. (Connections)
  - Information is not found in natural locations for families. (Connections)
  - Information that is used does not relate or resonate with families. (Connections)

★ Strategy 1: Use parent coalition to develop materials about preschool that are relatable to parents.
Prioritized root causes:
- Some community members do not value developmentally appropriate, quality early childhood education. (Mindsets)
- Preschool screenings are widely promoted as a requirement for Head Start and so other families don’t take advantage of the service. (Resources)
- Information about play-based learning is not readily available. (Resources)

Also from Mega-Headline 1

- Information about programs and services is not disseminated in effective ways to families in need (Connections).
  - Knowledge of services varies based on connections, relationships among families, service providers and leaders. (Connections)
    - Key service providers (natural touches) are not being used to disseminate information and make referrals. (Components)

**Strategy 2: Engage natural touches in distributing preschool and kindergarten ready materials.**

Prioritized root causes:
1. Some parents have the mindset that it is "just preschool" and attendance is not important. (Mindsets)
2. Some parents do not realize kindergarten isn't all play and that preschool is key to develop school skills before kindergarten. (Mindsets)
   - Preschool data is not used during transition from pre-k to kindergarten. (Resources)
   - Preschool data is not valued enough by kindergarten teachers. (Mindsets)

**Strategy 3: Increase the connections between kindergarten and pre-k experiences.**

Prioritized root causes:
3. Some parents have the mindset that it is "just preschool" and attendance is not important. (Mindsets)
4. Some parents do not realize kindergarten isn't all play and that preschool is key to develop school skills before kindergarten. (Resources)
   - Preschool data is not used during transition from pre-k to kindergarten. (Resources)
   - Preschool data valued enough by kindergarten teachers. (Mindsets)

**Strategy 4: Increase the connections between the community and pre-k experiences.**

Prioritized root causes:
5. Some parents do not realize kindergarten isn't all play and that preschool is key to develop school skills before kindergarten. (Resources)
6. Literacy supports are not accessible in natural locations. (Components)
7. There is a limited set of organizations and individuals working together on literacy. (Connections)

**Strategy 5: Increase access to books and early literacy supports.**

**Year 2 and 3**

Root cause charts will be utilized at the end of year 2 and 3 to review progress and assess readiness to address additional conditions in the system.
Goals and Objectives
Alignment with Office of Great Start
Marquette-Alger County Great Start Collaborative and Parent Coalition, utilizes the guidance provided through the Office of Great Start and Great Start, Great Investment, Great Future publication. The ABLe Change framework is aligned with six characteristics of system change. The Office of Great Start has utilized this diagram to show how many of these frameworks are aligned.

A Five Point Holistic Approach
The Marquette-Alger Great Start Action Agenda includes a checklist to ensure that all four outcomes and a holistic approach are utilized.

1. Physical Health
2. Early Care and Education
3. Social and Emotional Health
4. Parent Leadership
5. Family Support

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

Infrastructure Priorities
The GSC also follows the Levers for Change model developed by Michigan State University during the 2012 GSC Evaluation. To ensure that the strategic plan is aligned with research that supports collaborative work, Marquette-Alger GSC consistently looks for ways it can increase the strength of Levers for Change.

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2017-2019 Goals

Goal A: Services will be easy for families to access.
Objective 1: Information about services and accessing services is easy to understand and accessible to families, service providers and the community.

- Strategy 1: Create and disseminate materials that are easy to use for provider and families.
- Strategy 2: Engage parents in natural locations.
- Strategy 3: Work with the Parent Coalition to develop a “trusted advisors” network as they are natural “resource and referral” contacts.
- Strategy 4: Mobilize communities around basic needs and assist agencies with the development of community-sustained resources to meet basic needs of families with children.

Goal B: Services will be coordinated across agencies to the benefit of families and organizations.
Objective 1: Agencies from across the early childhood system are collaborating to improve service coordination and referrals.

- Strategy 1: Increase connections between organizations and commitment to collaboration.
- Strategy 2: Strengthen referral processes related to services for drug exposed babies.
- Strategy 3: Utilize existing collaborative groups to identify opportunities for improving information sharing.

Goal C: Programs and services will meet high quality and effectiveness standards.
Objective: Pre-k and kindergarten learning opportunities will be aligned with research and adequately support learning in all domains (focus in year one on social emotional learning domain).

- Strategy 1: Incorporate and increase social emotional learning activities into program curriculums and lesson plans.

Goal D: Services will reflect family voice and are responsive to family needs.
Objective D-1: Data from parent voice opportunities are available and utilized during program development and funding decisions and applications.

- Strategy 1: Use methods preferred by families to seek input from families.

Objective D-2: The early childhood service environment empowers families to provide input and advocate for their child’s needs.

- Strategy 1: The parent coalition and the Child Abuse and Neglect Council will introduce the Strengthening Families protective factors to service providers and the community.
Goal E: Families are fully engaged in preparing their child for school or are using available supports.
Objective: Families and community members understand the benefits of preschool and early learning opportunities to preparing children for kindergarten.

- Strategy 1: Use parent coalition to develop materials about preschool that are relatable to parents.
- Strategy 3: Increase the connections between kindergarten and pre-k experiences.
- Strategy 4: Increase the connections between the community and pre-k experiences.
- Strategy 5: Increase access to books and literacy supports.

Goal F: There are adequate processes for successful pre-k to kindergarten transitions.
Objective: School readiness definitions between pre-K and elementary are aligned.

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

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

## Early Childhood Action Agenda A – Marquette Alger Great Start Collaborative

<table>
<thead>
<tr>
<th>Targeting the following early childhood outcomes:</th>
<th>Addresses the following early childhood components:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Children are born healthy.</td>
<td>☒ Physical Health</td>
</tr>
<tr>
<td>☒ Children are healthy, thriving, and developmentally on track from birth to third grade.</td>
<td>☒ Social-Emotional Health</td>
</tr>
<tr>
<td>☒ Children are developmentally ready to succeed in school at time of school entry.</td>
<td>☒ Family Supports and Basic Needs</td>
</tr>
<tr>
<td>☒ Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.</td>
<td>☒ Parent Education</td>
</tr>
<tr>
<td>☒ Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.</td>
<td>☒ Early Education and Care</td>
</tr>
</tbody>
</table>

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

- 6000 calls were received by UP 2-1-1 from January-June 2016. This is down 25.57% from the same time period in 2015. The top five requests were for case/care management, Medicare information, utilities, homemaker assistance, and aging resources. ([http://www.referweb.net/mich/reportlist.aspx](http://www.referweb.net/mich/reportlist.aspx))
- Inadequate prenatal care rate is higher in Alger than Marquette, but better than peers.
- Smoking during pregnancy has increased and is worse than all but one peer county.
- Overall preterm births are worse than peers but better than the state.
- Breastfeeding intentions are in the middle of peers.
- Immunization rates have a recent downward trend.
- System Scan Data supports that knowledge of services by families and provider has limited direct access to service as well as referrals.
- Family Survey indicates that families get information about services from family and friends (26.7%), social media (13.4%), service providers (12.2%), and flyers (11%).
- The top seven reasons that families reported not getting services when they needed them included: The cost was too high (21%), I did not know where to get the services or supports (16%), There was a waiting list (13%), Paperwork was confusing (10.5%), I was too busy (8%), We were not eligible for services (8%), It was embarrassing to ask for help (8%)

## Goal A: Early Childhood Services will be easy for families to access.

## Objective 1: Information about services and accessing services is easy to understand and accessible to families, service providers and the community.
### Strategy 1: Create and disseminate materials that are easy to use for provider and families.

**Prioritized root causes related:**
- Information is not always inclusive or easy to use
  - Organizations don’t really have the resources to publicize programs. (Resources)
  - Takes time and collaboration to develop promotional materials that are inclusive but easy to read/use (resources).
- Information about programs and services is not disseminated in effective ways to families (Connections).
- Information that is used does not relate or resonate with families (Connections).
- Existing sites and services that are trying to create a central location for information are not known or used (Components)
  - 2-1-1 is not user friendly
    - Does not have complete or updated information (component)
    - Format of online system is difficult (component)
  - Many other organizations are trying to create resource directories to fill the gap in information (15 plus) (i.e. Grandparents Teach Too) (Connections)

**Activities (small wins promoting the strategy and addresses root causes)**

<table>
<thead>
<tr>
<th>Activities (small wins promoting the strategy and addresses root causes)</th>
<th>Persons or Groups Responsible</th>
<th>Target Dates</th>
<th>Resources Needed</th>
<th>Progress Measures (outputs of activities):</th>
</tr>
</thead>
</table>
| 1. Identify key services targeted for utilization  
  a. Establish baselines and targets.  
  b. Incorporate key service information into resource and referral information. | Families, agency providers, GSC and GSPC | September 2017 | Existing Community resource guides and other referral materials | Baseline and targets established |
| 2. Create a Children’s Yellow Pages with current resources.  
  a. Determine need categories to include in Children’s yellow pages (modeled after other GSC best practice)  
  b. Identify resources under category  
  c. Design and prototype yellow pages with parent input | Families, Local Interagency Coordinating Council, GSC and GSPC | September 2017 | Funding support, manpower and cooperation from agencies | Children’s Yellow Pages is presented to the GSC. |

**Performance Measures:**
1. Increased utilization of key services (determined in year 1).
2. System scan data during next strategic planning process indicates that there is greater awareness of services.
3. Facebook statistics indicate that families are accessing service information posts.
3. Using parent coalition develop materials that are relatable to parents
   a. Develop family’s stories to include on info.
   b. Identify key messages that promote seeking help, asking questions, and reduces stigma. I.e. being a parent is difficult, most parents have questions.
   c. Identify ways to include on various family materials.

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible Parties</th>
<th>Start Date</th>
<th>Funding Support</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a.</td>
<td>PLs, Families and IT personnel</td>
<td>Ongoing through September 2017</td>
<td>IT and funding support, manpower and cooperation from families</td>
<td>Materials are updated to reflect family input.</td>
</tr>
<tr>
<td>3b.</td>
<td>GSC Director, PLs, GSC and GSPC</td>
<td>Ongoing through September 2019</td>
<td>IT and funding support, manpower and cooperation from agencies.</td>
<td>1000 flyers distributed Outreach at 5 events 4 press releases</td>
</tr>
<tr>
<td>3c.</td>
<td>GSC Director, PLs and NMU</td>
<td>Ongoing through September 2019</td>
<td>IT and funding support and manpower</td>
<td>Media campaign and targets are completed.</td>
</tr>
<tr>
<td>3d.</td>
<td>GSC Director, PLs, Families and IT personnel</td>
<td>Ongoing through September 2019</td>
<td>IT and funding support, manpower and cooperation from agencies.</td>
<td>Weekly service posts on Facebook. QR codes added to flyers and materials. Website address present on 10 GSC member sites.</td>
</tr>
</tbody>
</table>

4. Begin promoting messages and information in using existing media practices.
   a. Facebook Posts (see activity E)
   b. Flyers distributed at events and programs, by service providers, posted at agencies
   c. Press Releases
   d. Other

5. Partner with local university to create a formal media campaign using Facebook, TV, Posters, Radio

6. Increase utilization of social media and other electronic platforms for communicating information about services.
   a. Utilize Facebook pages of agencies and GSC
   b. Add “like us” to communications (emails, newsletters, and flyers).
   c. Utilize QR codes to increase ease with which to visit the GSC website
   d. Ask members to put GSC link on website.

7. Work with 2-1-1 to identify opportunities to strengthen this resource.
### Strategy 2: Engage parents in natural locations

#### Prioritized root causes:
- Information about programs and services is not disseminated in effective ways to families in need (Connections).
- Knowledge of services varies based on connections, relationships among families, service providers, and leaders (Connections).
  - Key service providers (natural touches) are not being used to disseminate information and make referrals (Components).
  - Information is not found in natural locations for families (Connections)

#### Performance Measures:
1. Increased utilization of key services (determined in year 1).
2. System scan data during next strategic planning process indicates that there is greater awareness of services.
3. There is an increase in referrals (joint measure with Objective B-1).

#### Activities (small wins promoting the strategy and addresses root causes)

<table>
<thead>
<tr>
<th>Persons or Groups Responsible</th>
<th>Target Dates</th>
<th>Resources Needed</th>
<th>Progress Measures (outputs of activities):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families, Leadership Team and human resource personnel</td>
<td>Ongoing through September 2019</td>
<td>HR Champion, training toolkit, location for training</td>
<td>Five agencies are identified with staff trained.</td>
</tr>
<tr>
<td><strong>1. Create “resource experts” at natural locations.</strong>&lt;br&gt;  a. Identify key service providers with the reach and capacity to be promoted as resource agencies.&lt;br&gt;  b. Identify individuals or positions within these agencies that would be a natural fit for referral information.&lt;br&gt;  c. Add to job descriptions or develop processes to support these individuals in this role.&lt;br&gt;  d. Develop training for “resource experts”&lt;br&gt;  e. Communicate to other staff in agency the role of the resource experts and how to manage callers or clients who have needs in addition to the service they are receiving.&lt;br&gt;  f. Create an online webinar of training.&lt;br&gt;  g. Develop an outreach message encouraging families to contact these agencies for help.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Distribute existing and newly created materials from strategy 1.
   a. Identify organizations that already distribute information packets to hospitals, pediatricians, OB/GYN offices, UPHP (an organization in which providers already have investment).
   b. Partner with these organizations to add yellow pages and other easy to use tools to packets.
   c. Use existing connections that were created through the breastfeeding initiative to ask delivering hospitals to support new families.
      - During discharge to provide “short list” of resources with a verbal message which explains to families that it is normal to have questions and need additional support.
      - Distribute baby bags prior to releasing families-newborns.

|   | GSC and GSPC, home visitors, local health, physicians, pediatric and family health and local interagency coordinating council | Ongoing through September 2017 | Developed materials, funding support | 100 Children’s Yellow Pages distributed |
3. Modify provider practices to include steps to address resource needs of families.
   a. Identify providers that have frequent natural touches with parents (i.e. Dr. Offices, pre-K teachers, and daycare providers)
   b. Ask providers to use materials and incorporate into daily practices.
   c. Encouraging adding questions to intake or registration forms which result in a conversation about resources with families
   d. Provide talking points for conversations which includes explaining to families that it is normal to have questions, need additional support, and ask for resource materials.
   e. Invite providers to participate in webinar or training in Strategy 1.

4. Promote interaction and referrals between agencies in Alger County using the existing Earn as you Learn program.

<table>
<thead>
<tr>
<th>Strategy 3: Work with the Parent Coalition to develop a “trusted advisors” network as they are natural “resource and referral” contacts.</th>
<th>Prioritized root causes:</th>
<th>Performance Measures:</th>
</tr>
</thead>
</table>
| GSC, GS2Q, Families, GSC Director, PLs and providers | • Information about programs and services is not disseminated in effective ways to families in need (Connections).  
• Knowledge of services varies based on connections, relationships among families, service providers, and leaders (Connections).  
  o We are not intentional about how to leverage “word of mouth” for promoting services (Connections)  
  o Information is not found in natural locations for families (Connections)  
• Information that is used does not relate or resonate with families (Connections) | 1. Network is ready for implementation in year 2.  
2. Additional measures are developed based in Activity |

10 providers have modified practices to discuss resources with families.

Earn and Learn volunteers; GSC Director  
Ongoing through September 2019  
Time and commitment  
Earn and Learn program is linked to referrals by providers.
<table>
<thead>
<tr>
<th>Activities (small wins promoting the strategy and addresses root causes)</th>
<th>Persons or Groups Responsible</th>
<th>Target Dates</th>
<th>Resources Needed</th>
<th>Progress Measures (outputs of activities):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Obtain information from other GSCs that have a “trusted advisors” type of program and research evidence based practices through ECIC, GSN, and other online resources.</td>
<td>GSC Director and PLs</td>
<td>September 2017</td>
<td>Examples of trusted advisors programs</td>
<td>Complete research.</td>
</tr>
</tbody>
</table>
| 2. Identify a program and develop a plan for implementation based on successful models.  
   a. Parent leaders review researched materials  
   b. Parents identify a family friendly name for program.  
   c. Develop a plan that covers training, materials, promotion, a trusted advisor responsibilities list, development of training, and recruitment of advisors. | GSC Director, PLs and families | September 2017 | Manpower and cooperation of families | Plan for trusted advisors complete and adopted for implementation. |
### Strategy 3: Parents with assistance from GSC

- a. Identify reporting and oversight structure
- b. Develop communication/reporting needs
- c. Identify processes for evaluating quality and effectiveness of network
- d. Develop a list of expectations-responsibilities of trusted advisors network members. Examples may include: annual update webinar, annual meeting with school staff, attend parent teacher conferences, kindergarten round up and events where parents are naturally located, take calls/emails from parents who have questions about resources, etc.
- e. Develop performance and progress measures and targets (i.e. referrals from network members, utilization of services)

<table>
<thead>
<tr>
<th>GSC Director, PLs and families</th>
<th>Ongoing through September 2019</th>
<th>Manpower and cooperation of families</th>
<th>Complete peer network activities.</th>
</tr>
</thead>
</table>

### Strategy 4: Develop a training for trusted advisors network members

- PLs, families and GSPC

<table>
<thead>
<tr>
<th>ECIC TA, funding support, cooperation of families</th>
<th>Training is developed</th>
</tr>
</thead>
</table>

### Strategy 5: Pilot training with parent coalition members

- PLs, families and GSPC

<table>
<thead>
<tr>
<th>ECIC TA, funding support, cooperation of families</th>
<th>Five parent coalition members participate in training and provide feedback.</th>
</tr>
</thead>
</table>

### Prioritized root causes:

#### Resources:
- There are not enough basic needs support services.
- Some families are homeless because they cannot get housing due to lack of housing and the application/background history process, example: A family had bad credit and prior evictions

#### Regulations:
- Some families are homeless because they cannot get housing due to lack of housing and the application/background history process, example: A family had bad credit and prior evictions

#### Mindsets:
- Some families cannot prioritize any issues beyond meeting basic needs.
<table>
<thead>
<tr>
<th>Activities (small wins promoting the strategy and addresses root causes)</th>
<th>Persons or Groups Responsible</th>
<th>Target Dates</th>
<th>Resources Needed</th>
<th>Progress Measures (outputs of activities):</th>
</tr>
</thead>
</table>
| 1. Pilot MPacks- a program aimed at increasing school readiness by providing food bags over the weekend to students’ pre-k through grade 5. Program is being piloted at Mather Elementary and Alger County Head Start.  
   a. Identify reporting and oversight structure  
   b. Develop communication/reporting needs  
   c. Identify processes for evaluating quality and effectiveness of network  
   d. Develop a list of expectations-responsibilities of trusted advisors network members. Examples may include: annual update webinar, annual meeting with school staff, attend parent teacher conferences, kindergarten round up and events where parents are naturally located, take calls/emails from parents who have questions about resources, etc.  

   Develop performance and progress measures and targets (i.e. referrals from network members, utilization of services) | (Parent Led Strategy) Alger Parent and Wellness Coalitions | September 2017 | Funding support, manpower and cooperation of schools | MPacks program implemented. |
| 2. Monitor and assess emerging basic needs where the “community engagement” process could be applied in Alger or Marquette Counties. | GSC Director, PLs, GSC and GSPC | Ongoing through September 2019 | Networking opportunities in which emerging basic needs can be identified | One new emerging need is addressed annually. |
Potential Year 2 & 3 Activities:

1. Implement Trusted Advisors Network (need a family friendly name for this).
   a. Recruit parents from around the county to become part of network and participate in training
   b. After training enlist highly motivated parents to become key network members
   c. Develop a process using parent coalition to provide follow up and support to all network members and key network members

2. Provide professional development on resources and referral process
   a. Develop a resources and referral training.
   b. Train all providers at the “big” agencies about the resource materials and making referrals.
   c. Create a webinar for resources and referral training - post online and update annually
   d. Request agencies to require resource and referral training as part of orientation
   e. Request agencies include in all relevant job descriptions and performance evaluations knowledge of local resources and making referrals.
   f. Specifically target (in year 2) training for agencies that are providing screenings.

3. Address 211 limitations; promote 211
**Coordination of Services**

**Early Childhood Action Agenda B– Marquette Alger Great Start Collaborative**

<table>
<thead>
<tr>
<th>Targeting the following early childhood outcomes:</th>
<th>Addresses the following early childhood components:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Children are born healthy.</td>
<td>☒ Physical Health</td>
</tr>
<tr>
<td>☒ Children are healthy, thriving, and developmentally on track from birth to third grade.</td>
<td>☒ Social-Emotional Health</td>
</tr>
<tr>
<td>☒ Children are developmentally ready to succeed in school at time of school entry.</td>
<td>☒ Family Supports and Basic Needs</td>
</tr>
<tr>
<td>☒ Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.</td>
<td>☒ Parent Education</td>
</tr>
<tr>
<td></td>
<td>☒ Early Education and Care</td>
</tr>
</tbody>
</table>

% and # of children not reaching targeted outcome(s), broken down by demographics when possible (Targeted Problem(s)):
- Approximately 710 young children living in poverty and 1838 were living below 200% poverty (2009-2013 averages).
- Immunization rates have a recent downward trend.
- Excessive drinking rates are worse than the state with Alger’s 10% higher.
- Violent crime rates are worse than two peer counties.
- For Alger County, provider ratios (primary care, mental health, and dental) are worse than Marquette.
- Local data on drug exposed babies has resulted in a task force that is specifically addressing the needs and services for drug exposed babies.

**Goal B: Early childhood services will be coordinated across agencies to the benefit of families and organizations.**

**Objective 1:** Agencies from across the early childhood system are collaborating to improve service coordination and referrals.

**Strategy 1:** Increase connections between organizations and opportunities to collaborate on projects which address drug exposed babies.

<table>
<thead>
<tr>
<th>Prioritized root causes:</th>
<th>Performance Measures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There are turf issues between providers which result in isolated policies such as individual referral processes that don't work well together.</td>
<td>1. 10 agencies are actively involved service delivery coordination.</td>
</tr>
<tr>
<td>2. We are also stuck/too focused on our mission/goals. (Mindset)</td>
<td></td>
</tr>
<tr>
<td>o Our roles continue to grow and increase in complexity. (Components)</td>
<td></td>
</tr>
<tr>
<td>▪ Too many meetings/demands are time make collaboration difficult. (Connections-Resources)</td>
<td></td>
</tr>
<tr>
<td>3. Providers do not have access to up to date information about services and referral processes (Resources)</td>
<td></td>
</tr>
<tr>
<td>o Information on services is not communicated to providers (Connections)</td>
<td></td>
</tr>
<tr>
<td>▪ Providers do not believe it is their job to refer families to other services. (Mindsets)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activities (small wins promoting the strategy and addresses root causes)</th>
<th>Persons or Groups Responsible</th>
<th>Target Dates</th>
<th>Resources Needed</th>
<th>Progress Measures (outputs of activities):</th>
</tr>
</thead>
</table>


<table>
<thead>
<tr>
<th></th>
<th><strong>Strengthen referral processes for drug exposed babies.</strong>&lt;br&gt;a. Develop a baseline and measurement for successful transitions between agencies for drug exposed babies.</th>
<th>Pediatric and Family Health workgroup</th>
<th>September 2017</th>
<th>Baseline info from participating agencies</th>
<th>Baseline data is assembled.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td><strong>Create a flow chart of services and basic information for drug exposed babies.</strong>&lt;br&gt;a. Develop a service flow chart from prenatal screening and identification through treatment services&lt;br&gt;b. Explore with individual agencies ways that flow charts can be incorporated into current practices (reference charts in doctors’ offices, copied on the back of intake forms, laminated copies in front of Home Visiting Binders, etc)</td>
<td>Pediatric and Family Health workgroup</td>
<td>September 2017</td>
<td></td>
<td>Flow chart created.</td>
</tr>
<tr>
<td>3.</td>
<td><strong>Establish the practice of warm handoffs (transition from one service to another) for referrals.</strong></td>
<td>Pediatric and Family Health workgroup</td>
<td>Ongoing through September 2019</td>
<td>ECIC TA, IT support and funding support</td>
<td>Transition process established.</td>
</tr>
<tr>
<td>4.</td>
<td><strong>Evaluate success of the flow chart process and warm handoff procedures.</strong>&lt;br&gt;a. Identify other areas where the GSC might be able to utilize the process.</td>
<td>Pediatric and Family Health workgroup</td>
<td>September 2017</td>
<td></td>
<td>Evaluation completed.</td>
</tr>
<tr>
<td>Strategy 2: Utilize existing collaborative groups to identify opportunities for improving information sharing.</td>
<td>Prioritized root causes:</td>
<td>Performance Measures:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
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<td></td>
</tr>
</tbody>
</table>
| o Lack of communication between agencies limits information sharing (Connections)  
  ▪ Policies that are in place that allow sharing of information for transitioning into kindergarten are complicated and have a lot of paperwork. (Regulations)  
  ▪ Agencies and organizations are prevented from communicating due to policy regulations. (Regulations)  
 o Agencies are not able to initiate contact and follow through is the sole responsibility of families with need. (Connections)  
  ▪ Information from outside agencies are not permitted to share, nor are we, unless a consent to exchange information agreement is on file. (Regulations)  
 o If a parent doesn't see it as a problem, child does not get services. (Mindsets)  
  ▪ Working together is difficult because we are not able to share if parents do not want us to. Without consent, we cannot speak to childcare providers about student concerns. (Regulations)  
 o There are turf issues between providers which result in isolated policies such as individual referral processes that don't work well together. (Mindsets) | 1. During the next strategic planning cycle, 75% providers report that they feel information sharing and communication has improved. |
<table>
<thead>
<tr>
<th>Activities (small wins promoting the strategy and addresses root causes)</th>
<th>Persons or Groups Responsible</th>
<th>Target Dates</th>
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<th>Progress Measures (outputs of activities):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Work with the Sault Tribe to establish prenatal smoking and tobacco free information sharing opportunities.</td>
<td>GSC Director</td>
<td>Ongoing through September 2019</td>
<td>Meeting time, cooperation of agencies</td>
<td>New information sharing practice is established.</td>
</tr>
<tr>
<td>a. Assess current information sharing practices- (what’s in place, what are the messages, etc.)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2. Implement new information sharing practices across communities.</td>
<td>GSC</td>
<td>Ongoing through September 2018</td>
<td>Meeting time, cooperation of agencies</td>
<td>Information sharing practice implemented.</td>
</tr>
</tbody>
</table>

Potential Year 2 & 3 Activities: Based on successes in year 1, replicate or implement additional information sharing practices.

1. Create a wall map of the developmental pathway (comprehensive focus).
   a. Map all services with a key for focus areas.
   b. Utilize wall map during all GSC meetings to focus on the gaps, needs, and areas where collaboration opportunities exist.
      Wall map is prepared for use in meetings.
2. Create a list of all current screening tools and practices and align them on the Developmental Pathway.
3. Identify gaps in the screening processes and incorporate into the year 2 action agenda ways to fill those gaps.
4. Implement new information sharing practices
5. Expand flow chart/warm handout processes to other service clusters.
Quality of Learning Opportunities

Early Childhood Action Agenda C – Marquette Alger Great Start Collaborative

Targeting the following early childhood outcomes:
☐ Children are born healthy.
☒ Children are healthy, thriving, and developmentally on track from birth to third grade.
☒ Children are developmentally ready to succeed in school at time of school entry.
☐ Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

Addresses the following early childhood components:
☒ Physical Health
☒ Social-Emotional Health
☒ Family Supports and Basic Needs
☒ Parent Education
☒ Early Education and Care

- % and # of children not reaching targeted outcome(s), broken down by demographics when possible (Targeted Problem(s)):
- In Alger, 12% of adults report not having adequate social support and in Marquette, 17%.
- Excessive drinking rates are worse than the state with Alger’s 10% higher.
- Approximately 710 young children living in poverty and 1838 were living below 200% poverty (2009-2013 averages).
- Decrease in foster care rates, during a time of some increase in child abuse rates.
- Violent crime rates are worse than two peer counties.
- Child abuse rates in Alger County fluctuate over the years with a dramatic increase in FY 2014 to 46/1000. State rate is 20/1000.
- Family survey data indicates that 58% of parent agree with the statement: There is not enough effort spent on getting kids ready socially and emotionally for school (getting along with others, listening, sitting still, etc.)
- System scan data support that learning focus is on academic skills and some domains of learning (especially social/emotional) are not adequately addressed.

Goal C: Programs and services will meet high quality and effectiveness standards.

Objective: Pre-K and kindergarten learning opportunities will be aligned with research and adequately support learning in all domains (focus in year one on social emotional learning domain).

Strategy 1:
Incorporate and increase social emotional learning activities into program curriculums and lesson plans

Prioritized root causes:
- Not all educators (early childhood and Kindergarten) value all the domains of learning. (Mindsets)
  - There is a different philosophy between early education and kindergarten teachers on kindergarten readiness as to age appropriate kindergarten expectations. (Connections)
    - School personnel recognize there are greater demands placed on kindergarten age children. (Mindsets)
    - There is a push from the government to push “academic” skills rather than developmental appropriate domain area skills (social/emotional approaches to learn physical development, etc.) (Regulations)
  - Some preschool teachers focus more on academically on being ready for kindergarten; there is a minimal focus on preparing children socially and emotionally. (Regulations)

Performance Measures:
1. Social emotional indicators improve (baseline identified in year 1).

Activities (small wins promoting the strategy and addresses root causes)

<table>
<thead>
<tr>
<th>Persons or Groups Responsible</th>
<th>Target Dates</th>
<th>Resources Needed</th>
<th>Progress Measures (outputs of activities):</th>
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<tbody>
<tr>
<td>Persons or Groups Responsible</td>
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<td>Progress Measures (outputs of activities):</td>
</tr>
</tbody>
</table>

51 | P a g e
<table>
<thead>
<tr>
<th></th>
<th>Potential Year 2 &amp; 3 Activities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Implement assessment and tracking tools.</td>
</tr>
<tr>
<td>2</td>
<td>Seek funding to support social emotional learning opportunity expansion.</td>
</tr>
</tbody>
</table>

**Family Input**

*Early Childhood Action Agenda D – Marquette Alger Great Start Collaborative*
Targeting the following early childhood outcomes:

- ✔️ Children are healthy, thriving, and developmentally on track from birth to third grade.
- ✔️ Children are developmentally ready to succeed in school at time of school entry.
- ☐ Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

Addresses the following early childhood components:

- Physical Health
- Social-Emotional Health
- Family Supports and Basic Needs
- Parent Education
- Early Education and Care

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

- Family survey data indicated 28% of families agreed or strongly agreed with the statement “Schools and families don’t seem to work well together to meet the needs of children.”
- Family Survey indicates that families get information about services from family and friends (26.7%), social media (13.4%), service providers (12.2%), and flyers (11%).
- System scan data indicated that efforts to obtain family input were limited and decreased the level to which services were responsive to family needs.

Goal D: Services will reflect family voice and are responsive to family needs.

Objective D-1: Data from parent voice opportunities are available and utilized during program development and funding decisions and applications.

<table>
<thead>
<tr>
<th>Strategy 1: Use methods preferred by families to seek input from families</th>
<th>Prioritized root causes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Some decisions do not include voices from diverse families within our community (Power).</td>
<td></td>
</tr>
<tr>
<td>- Some providers do not seek input from families when making decisions about services (Power).</td>
<td></td>
</tr>
<tr>
<td>- Some providers do not have a process or system in place to regularly seek input from families (Regulations).</td>
<td></td>
</tr>
<tr>
<td>- When opportunities for input are provided, it is difficult to get families to provide input. (Connections)</td>
<td></td>
</tr>
<tr>
<td>- Some families do not know about opportunities for input (Components-Connections).</td>
<td></td>
</tr>
<tr>
<td>- Agencies don’t access families through effective means. (Regulations).</td>
<td></td>
</tr>
<tr>
<td>- Input is not being collecting input where families already are going. (Regulations).</td>
<td></td>
</tr>
<tr>
<td>- Some programs only ask for family input if you go to meetings. (Regulations).</td>
<td></td>
</tr>
<tr>
<td>- Some programs seek input from families, but families do not see how their input was used. (Connection).</td>
<td></td>
</tr>
<tr>
<td>- Some decision makers don’t use family input that is collected. (Regulations).</td>
<td></td>
</tr>
<tr>
<td>- Some decision makers do not value Family voice. (Mindset-Power).</td>
<td></td>
</tr>
<tr>
<td>- The input is not shared or accessible when and how it is needed for decision making (Connections).</td>
<td></td>
</tr>
<tr>
<td>- Changes are not communicated to families that have provided input. (Connections).</td>
<td></td>
</tr>
</tbody>
</table>

Performance Measures:

1. There are five examples of ways that the new family input model has been used to create change or develop programs.
<table>
<thead>
<tr>
<th>Activities (small wins promoting the strategy and addresses root causes)</th>
<th>Persons or Groups Responsible</th>
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<th>Progress Measures (outputs of activities):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Utilize technology that families like to collect family input.</td>
<td>GSC Director, PLs and IT</td>
<td>September 2017</td>
<td>IT and funding support</td>
<td>Facebook is used 5 times to ask for family voice.</td>
</tr>
<tr>
<td>a. Expand use of Facebook to gather quick information from families on specific one or two question topics.</td>
<td></td>
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</tr>
<tr>
<td>b. Explore the use of texting and policies that need to be developed to support texting families for input.</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2. Review current process for family input.</td>
<td>GSC, GSPC, Families</td>
<td>September 2017</td>
<td>Understanding of current information sharing practices</td>
<td>Process reviewed and gaps identified.</td>
</tr>
<tr>
<td>a. Determine population gaps and content gaps in questions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Develop ways to reach those who are not currently responding.</td>
<td></td>
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</tr>
<tr>
<td>3. Create the ability to quickly convene or reach out to parents about new programs and funding opportunities.</td>
<td>GSC, GSPC and families</td>
<td>Ongoing through September 2019</td>
<td>IT and funding support, manpower and cooperation of agencies and families</td>
<td>New information sharing process established.</td>
</tr>
<tr>
<td>a. Develop a list of family input partners (natural touches willing to collect input; home visitors, Alger County Community Playroom (Totville), school events, list servs, parent coalition meetings for presentations or conversations)</td>
<td></td>
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</tr>
<tr>
<td>b. Use Local Interagency Collaborating Council to communicate with leaders and staff that are responsible for developing programs, funding applications, and evaluation services of these input venues.</td>
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</tr>
<tr>
<td>c. Outreach to additional providers that do not attend the LICC.</td>
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</tr>
</tbody>
</table>
4. Develop feedback loops to families about how their input is utilized.  
   a. Include statements with examples of how input is used during input collection i.e. at the top of surveys, at the beginning of focus groups  
   b. When possible return to groups of families where input was collected to report the outcome of their input and changes that are planned.  

| GSC, GSPC | Ongoing through September 2019 | IT and funding support, manpower and cooperation of agencies and families | Feedback loops established. |

**Objective D-2: Providers are utilizing the Strengthening Families’ protective factors to create a service environment that empowers families to provide input and advocate for their child’s needs.**

**Strategy 1:** The parent coalition and the Child Abuse and Neglect Council will introduce the Strengthening Families protective factors to service providers and the community

| Prioritized root causes:  
  - Parents do not feel empowered that they have the opportunity to influence change (power).  
    - Parents may not feel like what they have to contribute is important (mindsets).  
    - Families are often not encouraged to provide input (Connections-regulations).  
  | Performance Measures:  
  1. 50% of participants in presentations have a greater awareness of protective factors based on presentation surveys. |

**Activities (small wins promoting the strategy and addresses root causes)**

<table>
<thead>
<tr>
<th>Persons or Groups Responsible</th>
<th>Target Dates</th>
<th>Resources Needed</th>
<th>Progress Measures (outputs of activities):</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAN Council, GSC, GSPC and families</td>
<td>September 2017</td>
<td>Media campaign materials</td>
<td>Media Campaign implemented.</td>
</tr>
</tbody>
</table>
2. GSC with parent representatives involved, participate in Strengthening Family TA to develop strategies for embedding protective factors into the daily work of agencies and providers.  

| CAN Council, GSC, GSPC and families | September 2017 | ECIC TA and other training opportunities | Completed annual trainings and TA. |

**Objective D-3: Families have the skills and knowledge to be actively engaged in their child’s early learning and feel empowered to provide input and advocate for their child’s needs.**

**Strategy 1:** The parent coalition provides parent cafés at times and in locations that are convenient for families.

| Prioritized root causes:  
- Parents do not feel empowered that they have the opportunity to influence change (power).  
  - Parents may not feel like what they have to contribute is important (mindsets).  
  - Families are often not encouraged to provide input (power).  
| Performance Measures:  
1. 50% of participants in parent cafés have a greater awareness of protective factors based on participation surveys. |

### Activities (small wins promoting the strategy and addresses root causes)

<table>
<thead>
<tr>
<th>Persons or Groups Responsible</th>
<th>Target Dates</th>
<th>Resources Needed</th>
<th>Progress Measures (outputs of activities):</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLs and families</td>
<td>September 2017</td>
<td>Meeting location and cooperation of families</td>
<td>Quarterly parent cafes are completed.</td>
</tr>
</tbody>
</table>

1. Parent coalition members provide parent cafés.  
   a. Lead parents participate in strengthening families and parent café training.  
   b. Parents identify locations and times for parent cafés.  
   c. Parents develop and distribute recruitment and promotion materials.  
   d. Hold one parent café in each county.  
   e. Evaluate initial parent cafés and assist parents in modifying programs in response to the evaluation feedback.

2. Parent coalitions participate in Strengthening Family TA to develop additional strategies for reaching parents.

| PLs and families          | September 2017 | Strengthening Families training and TA | Training completed. |

**Potential Year 2 & 3 Activities:**

1. Identify general “core” questions to collect input (align questions, combine surveys, utilize existing groups to obtain input.)
2. Integrate strengthening families system based strategies
3. Complete strengthening families assessment
4. Increase connections between early childhood service providers with existing trauma informed work in the community
5. Complete Strengthening Families Assessment
Family Supports for School Preparation

Early Childhood Action Agenda E – Marquette Alger Great Start Collaborative

<table>
<thead>
<tr>
<th>Targeting the following early childhood outcomes:</th>
<th>Addresses the following early childhood components:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Children are born healthy.</td>
<td>☑ Physical Health</td>
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<tr>
<td>☑ Children are healthy, thriving, and developmentally on track from birth to third grade.</td>
<td>☑ Social-Emotional Health</td>
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<tr>
<td>☑ Children are developmentally ready to succeed in school at time of school entry.</td>
<td>☑ Family Supports and Basic Needs</td>
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<td>☐ Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.</td>
<td>☑ Parent Education</td>
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<td>☑ Early Education and Care</td>
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% and # of children not reaching targeted outcome(s), broken down by demographics when possible (Targeted Problem(s)):

- Special education participation rates have increased in Alger County and both Alger and Marquette are higher than the state and some peers. This may indicate greater access to services or high incidence of special needs.
- Both Alger and Marquette math proficiency rates are lower than the state and peers.
- Six out of nine school districts in Marquette-Alger County had reading proficiency rates LOWER than the state average.
- Marquette reading proficiency rate is 75%; slightly lower than Alger County.
- Preschool participation rates are just below 70% for Marquette and 58% for Alger.
- The rate of births to mothers that did not have their High School diploma or GED was higher in Alger at 14.5% compared to Marquette at 5.9% and Michigan at 13.8%.

Family surveys indicated:

- 100% of survey respondents agreed or strongly agreed that “Parents have an important role in getting their kids ready for Kindergarten.”
- 43% of survey respondents agreed or strongly agreed that “Learning happens best through structured activities not playtime.”
- 48% of survey respondents agreed or strongly agreed that “Most families don’t know what children need to know and do to be successful in kindergarten.”
- 28% of survey respondents agreed or strongly agreed that “Expectations for children to enter kindergarten are too high.”
- When asked how they would prefer to get information about preparing their child for school, families indicated written materials sent home from preschool (20%), Workshops at the school (20%), Open house at my child’s kindergarten classroom (18%), Weekend events (16.5%), and Social Media like Facebook (12%)
- 47% of families reporting reading to their young child 7 days a week with another 15% reporting 6 days and 11% reporting 5 days.

Goal E: Families are fully engaged in preparing their child for school or are using available supports.

Objective: Families and community members understand the benefits of preschool and early learning opportunities to preparing children for kindergarten.
**Strategy 1:** Use parent coalition developed materials about preschool that are relatable to parents

<table>
<thead>
<tr>
<th>Prioritized root causes:</th>
<th>Performance Measures:</th>
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<tbody>
<tr>
<td>- Some parents have the mindset that it is &quot;just preschool&quot; and attendance is not important (Mindsets)</td>
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<tr>
<td>- Some families have a lack of value for preschool education (Mindsets)</td>
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<tr>
<td>- Some families do not understand the long term consequence of early learning child's school success (Mindsets).</td>
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<tr>
<td></td>
<td>1. Families have an increased awareness of the importance of PreK learning programs.</td>
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<td></td>
<td>2. Families enrolling in Kindergarten feel that they had adequate support for preparing for kindergarten.</td>
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<tr>
<td>- Some families have not been exposed to the benefits of early learning programs (Resources).</td>
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<tr>
<td>- Some parents do not realize Kindergarten isn't all play like it used to be and that preschool is key to develop school skills before kindergarten (Resources).</td>
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<tr>
<td>- Some parents view preschool as a form of free day care (Mindsets)</td>
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<tr>
<td>- Information about play based learning is not readily available (Resources).</td>
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<td></td>
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<tr>
<td>Also from Mega-Headline A</td>
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<tr>
<td>- Information about programs and services is not disseminated in effective ways to families in need (Connections).</td>
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<tr>
<td>- We are not intentional about how to leverage “word of mouth” for promoting services (Connections)</td>
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<tr>
<td>- Information is not found in natural locations for families (Connections)</td>
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<tr>
<td>- Information that is used does not relate or resonate with families (Connections)</td>
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### Activities (small wins promoting the strategy and addresses root causes)

<table>
<thead>
<tr>
<th>Activities</th>
<th>Persons or Groups Responsible</th>
<th>Target Dates</th>
<th>Resources Needed</th>
<th>Progress Measures (outputs of activities):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop question(s) to track awareness and integrate into Pre-K and K registrations.</td>
<td>GSC Director, GSPC and SRAC</td>
<td>September 2017</td>
<td>Time, manpower</td>
<td>Measure and baselines established.</td>
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<tr>
<td></td>
<td>School readiness Committee, Preschools, kindergarten teachers, GS2Q, Families, PL’s</td>
<td>September 2017</td>
<td>Time, manpower, IT support, cooperation of agencies and families</td>
<td>Testimonials are incorporated into a majority of the Kindergarten readiness preparation materials and messages. Materials are distributed through preschools and resource center. 10 natural touches are engaged in distributing information.</td>
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</table>
| 2. Incorporate testimonials about the value of preschool from families into K-ready materials and initiatives. Include play learning (pilot in year 1 in Alger).  
   a. Recruit families to give testimonials.  
   b. Develop written testimonials  
   c. Take pictures of local families engaged in positive preschool experiences.  
   d. Video record spoken testimonials  
   e. Identify parent events or activities where families could share their experience with preschool.  
   f. Empower all parents engaged in the coalition to share the benefits that they have experienced with preschool.  
   g. Create a dissemination plan for testimonials (Facebook, YouTube, website, brochures, posters at places like soccer fields or libraries, flyers, etc.)  
   h. Engage natural touches in distributing Preschool and K-ready materials (home visitors, Alger County Community Playroom (Totville), Promising Futures Partnership and school events, list servs, parent coalition meetings) |
### Strategy 3: Increase parent involvement in Pre-K (in one pilot school)

- **a.** Host take your parent to school day at preschools so that parents can learn more about play-based learning and increase the value of attendance.
  - *i.* Include a time for individual conversation about Kindergarten using some of the K-ready materials
- **b.** Add reverse share and tell to existing share and tell practices
- **c.** Incorporate K-ready materials into Pre-K parent teacher conferences and the feedback on their children’s progress.

**Persons Responsible:**
- GSC Director, PLs, Preschool teacher for pilot classroom

**Target Date:**
- September 2017

**Materials and cooperation of families and preschool teacher**

**Progress Measures:**
- One pilot prek program in each county implemented.

### Strategy 2: Engage natural touches in distributing Preschool and K-ready materials

**Prioritized root causes:**
- Some community members do not value developmentally appropriate, quality early childhood education. (Mindsets)
- Preschool screenings are widely promoted as a requirement for Head Start and so other families don’t take advantage of the service.
- Information about play based learning is not readily available (Resources).
- Also from Mega-Headline 1
  - Information about programs and services is not disseminated in effective ways to families in need (Connections).
    - Knowledge of services varies based on connections, relationships among families, service providers, and leaders (Connections).
    - Key service providers (natural touches) are not being used to disseminate information and make referrals (Components).

**Performance Measures:**
- Families have an increased awareness of the importance of PreK learning programs.
- Families enrolling in Kindergarten feel that they had adequate support for preparing for kindergarten.

### Activities (small wins promoting the strategy and addresses root causes)

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<tr>
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<th>Progress Measures (outputs of activities)</th>
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</thead>
<tbody>
<tr>
<td>Research ways that other GSCs have engaged the medical community in distributing preschool registration and screening information.</td>
<td>GSC staff</td>
<td>September 2017</td>
<td>Info from other GSCs</td>
</tr>
</tbody>
</table>
2. Shift Preschool Screening (Age 3 and 4) messaging to “every child should have a preschool screening”. Incorporate message into natural touches. (Note that currently preschool screenings are offered free in every school district to every child by appointment. However they are widely believe to be for Head Start children only. The developmental screens are provided by an interdisciplinary team which makes recommendations for preschool.)

<table>
<thead>
<tr>
<th>Strategy 3: Increase the connections between Kindergarten and Pre-K experiences</th>
<th>Prioritized root causes:</th>
</tr>
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<tr>
<td>• Some parents have the mindset that it is &quot;just preschool&quot; and attendance is not important (Mindsets)</td>
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<td>• Some parents do not realize Kindergarten isn't all play like it used to be and that preschool is key to developing school skills before kindergarten (Resources).</td>
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<tr>
<td>o Preschool data is not used during transition from Pre-K to K</td>
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<tr>
<td>o Preschool data valued enough by kindergarten teachers (Mindsets)</td>
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| Performance Measures: |
| 1. Families have an increased awareness of how preK directly prepares children for kindergarten. |

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<th>Target Dates</th>
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<th>Progress Measures (outputs of activities):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Involve Kindergarten teachers and/or a parent of a current kindergarten student to provide messages about the importance of preschool to success in kindergarten at preschool registration.</td>
<td>GSC Director, PLs, preschools, GS2Q and families</td>
<td>September 2017</td>
<td>Five parents or teachers are involved in presentations at preschool registration or delivering messages other ways.</td>
</tr>
</tbody>
</table>
2. Pilot in one school programs that increase interaction between preK and K classrooms.
   a. Identify a school to participate in project.
   b. Discuss various ways to increase K-PreK connections (i.e. Skype reading sessions between Pre-K and K classrooms; invite kindergarten children to read to children in Pre-K classroom; align curriculums; share data reports quarterly).

| GSC Director, PLs, preschool and kindergarten teachers | September 2017 | Cooperation among preschool and kindergarten classrooms to pilot project | 30 preK children are impacted by Kindergarten interactions. |
### Strategy 4: Increase the connections between the community and Pre-K experiences

<table>
<thead>
<tr>
<th>Prioritized root causes:</th>
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<tbody>
<tr>
<td>• Some parents have the mindset that it is &quot;just preschool&quot; and attendance is not important (Mindsets)</td>
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<td>o Preschool data valued enough by kindergarten teachers (Mindsets)</td>
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</table>

### Performance Measures:
1. Community members are more aware of and support efforts to help children be ready for kindergarten

### Activities (small wins promoting the strategy and addresses root causes)

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<th>Target Dates</th>
<th>Resources Needed</th>
<th>Progress Measures (outputs of activities):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pilot in one pre K program interactions between preK and the community.</td>
<td>GSC Director, PLs, GS2Q</td>
<td>September 2017</td>
<td>Manpower and cooperation between literacy programs and preschool classrooms</td>
<td>5 community agencies are engaged with preK programs.</td>
</tr>
<tr>
<td>a. Identify a school to participate in project.</td>
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<tr>
<td>b. Discuss various ways to increase PreK community connections (i.e. Have community members such as librarians, friends of the library, and Kiwanis visit PreK classrooms to share experiences-read to children.</td>
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<tr>
<td>c. Connect with retirees to share benefits of preschool with grandparents and other connections that they have in the community</td>
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</tr>
<tr>
<td>2. Implement Get Reading opportunities (Pre K activities)</td>
<td>GSC Director, PLs</td>
<td>September 2017</td>
<td>Manpower and cooperation between literacy programs, volunteers and preschool classrooms</td>
<td>5 children in PreK settings benefit from program.</td>
</tr>
<tr>
<td>a. Implement practice of using volunteers to read in elementary school to PreK students.</td>
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<tr>
<td>i. Assess interest in expanding existing opportunities to preschool</td>
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<tr>
<td>ii. Provide professional development to volunteers to build capacity for early literacy programming.</td>
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</table>
**Strategy 5: Expand supports for building early literacy skills**

**Prioritized root causes:**
- Some parents do not realize Kindergarten isn’t all play like it used to be and that preschool is key to develop school skills before kindergarten (Resources).
- Literacy supports are not accessible in natural locations (components)
- There is a limited set of organizations and individuals working together on literacy (connections)

**Performance Measures:**
1. TS Goal data for early literacy skills increases.
2. Kindergarten teachers indicate that early literacy entry data for students has improved.
3. Participating libraries indicate an increase in library cards and program participation.

<table>
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<th>Target Dates</th>
<th>Resources Needed</th>
<th>Progress Measures (outputs of activities):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop baseline data for performance measures.</td>
<td>GSC Staff</td>
<td>Ongoing through September 2019</td>
<td>Info on existing literacy supports</td>
<td>Measures are developed.</td>
</tr>
</tbody>
</table>
2. Increase participation in Reach Out and Read
   a. Develop a list of physicians already participating in the program.
   b. Meet with existing providers to discuss any challenges they are experiencing, ways to improve practices around the program, and how to increase number of providers that participate.
   c. Document healthcare provider “testimonials” for use in increasing the number of providers participating.
   d. If possible identify a participating provider to be a “champion” of expanding the program.
   e. Based on initial meetings, develop a list of potential healthcare settings where reach out to read can be implemented.
   f. Utilize champions and other GSC members with personal relationships to meet with potential healthcare providers.
   g. Obtain funds to purchase books or obtain gently used books for use with new participating providers.
   h. Reach out to Read coordinator provides follow up with interested healthcare providers and assists with implementing the program.

<table>
<thead>
<tr>
<th>Literacy Committee</th>
<th>September 2017</th>
<th>Updated list of participating providers</th>
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</thead>
<tbody>
<tr>
<td>1-5 healthcare providers participate in program.</td>
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<td>300 books are distributed to children.</td>
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<tr>
<td>3.</td>
<td>Local Library Utilization</td>
<td>GSC staff</td>
</tr>
<tr>
<td></td>
<td>a. Promote library programs</td>
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<tr>
<td></td>
<td>i. Create a list of local libraries and develop a list of programs offered at each library</td>
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<td></td>
<td>ii. Add links to libraries on GSC website and use GSC Facebook to promote use of local libraries annually during national reading observances</td>
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<td>iii. Use methods developed in Goal A (marketing and natural touches)</td>
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<td>iv. Enlist pre-K programs in promoting summer reading, checking out books for children, fieldtrips to the library, and other library programs that might be thought of as for older children</td>
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<td></td>
<td>b. Work with preK teachers and home visitors sign up children for programs and get a library card as a regular practice at preK registration</td>
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<td>4.</td>
<td>Pilot in Munising with a local grocery store a book library by the shopping carts</td>
<td>GSPC</td>
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<td></td>
<td>a. Present idea to parent coalition and obtain input on best way to implement</td>
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<td></td>
<td>b. Develop a logistical plan</td>
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<tr>
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<td>i. Who places books?</td>
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<td></td>
<td>ii. Where are books turned back in?</td>
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<td>iii. How can we track utilization?</td>
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<td>iv. Are parents allowed or encourage to take the books home?</td>
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<td></td>
<td>v. Can the clerks collect the books and offer that parents can take-somehow working in a restocking and tracking process</td>
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<td></td>
<td>c. Promote program via methods from Goal A</td>
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<td></td>
<td>d. Evaluate utilization of books and effectiveness of program</td>
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Potential Year 2 & 3 Activities:

1. Work with Great Start to Quality and 12 childcare providers (who have already expressed interest) to increase activities in the area of early literacy.
   a. Create an incentive program where the childcare providers commit to read to children (in home care specifically) more each day.
   b. Pilot incentive program for 6 months with 10 providers.
   c. Evaluate success of project and determine ways to expand/replicate.
2. Reinforce early literacy skills with childcare providers through providing access to lending library, promoting CE programs, sign them up in library programs.
3. Implement pilot programs in school districts.
4. Incorporate testimonials in Marquette County
5. Work with medical providers to embed the practice of distributing preschool registration and screening information at the 3 year old wellness checkup at pediatrician offices and at Health Department immunization/WIC programs.
6. Create a day in the life of a Kindergartener material (i.e.- Snapchat story by the K-teacher or narrated Go-Cam from a Kindergartener perspective)
   a. Obtain permission from families for their child to participate (if necessary) and identify families willing to have their child’s project shared at preschools, with childcare families, on you-tube, on Face book.
   b. Assist with sharing this project with children’s immediate families.
   c. Identify three children’s project to share with preschools and to post online.
   d. Share projects.
   e. Make project an annual lesson.
   f. Identify additional schools to participate.
Fund Development

Introduction

Funding provided to Great Start Collaboratives through the Office of Great Start is known as 32p funding by the State of Michigan. The intent of 32p funds is to support local Great Start Collaboratives and Parent Coalitions in their work across the State. This funding includes the administration oversight of Great Start Collaboratives, trainings, collaborative work, evidence and research-based early childhood work, literacy enhancement and more.

Using the Great Start Collaborative’s guiding principles, the criteria outlined by the Office of Great Start, and the input of the local Great Start Collaborative and Parent Coalition (Great Start Families), the 32p Early Childhood Funding has been used in the following ways:

All programs are open to every child in the community to achieve the Office of Great Start outcomes.

Past and Current Fund Development Activities

FUND QUALITY

Programs funded by the Office of Great Start are required to demonstrate how they are working toward the Great Start, Great Investment, Great Future outcomes.

- Funding is only provided to programs and organizations that provide programming that is evidence based and research verified. Programs must demonstrate best practice and provide evaluation of the services delivered.

FOCUS FIRST ON CHILDREN WITH HIGHEST NEEDS

Early childhood resources should focus funding in ways that will support children with high need. Evidence shows that there are disparities across leading indicators by race and income. Locally, disparities might be evident in geographic areas or by cultural community characteristics. Resources should be targeted to address these disparities.

- In Marquette-Alger Counties, children with the highest need must be served first in all programs.
- Program priority is targeted to areas of the community that are identified in the community assessment of an area of high poverty and low resources.
SUPPORT COMMON PRIORITIES THROUGH COLLABORATIVE FUNDING STRATEGIES

The GSC supports common priorities through collaborative funding strategies.

★ The Upper Peninsula Health Plan co-funds Great Start’s Neonatal Abstinence Syndrome (NAS) workgroup.
★ Marquette-Alger RESA provides highly skilled staff from the local Intermediate school district such as a speech therapist, physical therapist and occupational therapist to identify children early and provide early intervention services to children.

BLEND AND BRAID FUNDING

Efforts to blend and braid federal, state, and local funding is being led at the state level and is expected to be replicated at the regional and local levels. Pursuing activities such as common contracts, collaborative grants, joint accountability and reporting can increase efficient and effective use of funds.

★ Funding is blended with Early Head Start and Great Start to purchase healthy snacks for Alger County playgroups.
★ The Upper Peninsula Health Plan co-funds Great Start’s Neonatal Abstinence Syndrome (NAS) workgroup.

ENGAGE PHILANTHROPIC PARTNERS

There are many stakeholders that have an interest and a benefit from improving the delivery of early childhood services and meeting the Office of Great Start outcomes. By engaging the philanthropic community in the GSC’s work innovative opportunities for partnerships can develop.

★ The Superior Health Foundation awarded $10,000 to the Alger Baby Closet for the purchase of Safe Sleep items.
Appendix

ABLe Change Overview

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

- THINK SYSTEMICALLY: Change efforts often target the surface of problems, not the underlying systemic conditions causing local problems. Thinking systemically attends to and shifts system characteristics and their interactions.
- ENGAGE DIVERSE PERSPECTIVES: Diverse stakeholders hold unique perspectives on the system, its problems, and possible solutions. The more perspectives accessed and understood, the more accurate the understanding and the more effective the solutions.
- INCUBATE CHANGE: Transformative change is accelerated when communities create the conditions for rapid innovation across the community system. Incubating change includes fostering small actions across multiple community layers and leveraging systemic feedback loops to reinforce the change.
- IMPLEMENT CHANGE EFFECTIVELY: Great strategic designs for promoting community change are not enough; systems change efforts must also attend to how effectively their proposed strategies are carried out by assessing and building a climate for effective implementation.
- ADAPT QUICKLY: The problems facing our communities today are complex and ever-changing. Transformative change requires an ongoing, dynamic process, where understanding, learning and adapting become more important than planning. To adapt quickly, you must identify and quickly respond to emerging problems and opportunities.
- PURSUE SOCIAL JUSTICE: In order to really shift the status quo; one must understand disparities in outcomes and opportunities. Pursuing social justice includes identifying, acknowledging and tackling the inequities that exist.
Root Cause Charts

Targeted Problem: Children are not developmentally ready to succeed in school at time of school entry.

Contributing Problem: Not all children are born healthy

Contributing Problem: Not all children are healthy, thriving, and developmentally on track.

A resulting outcome: Not all children are reading proficiently by the end of 3rd grade.

Logic Chain-First Level

A: Some services are difficult for families to access.

B: There is ineffective coordination of services across many agencies.

C: Some programs and services do not meet high quality or effectiveness standards.

D: Many services don’t reflect family voice or are not responsive to family needs.

E: Some families are not fully engaged in preparing their child for school or using available supports.

F: There are not adequate processes for successful Pre-K-Kindergarten transitions.

Notes: Blocks that are filled with color are Focus Areas. Blocks with only an outline of color are secondary priorities.

Mega-headline A: Some services are difficult for families to access.

Headline A-1: There is a lack of awareness regarding community services and programs among families, referring providers, and the community at large.

Headline A-2: Some services are not available to all families.

Headline A-3: High quality childcare is not available to all families.

Information about programs and services is not disseminated to families in need.

Information about services doesn’t get to everyone because organizations don’t really have the resources to promote programs.

We do not have streamlined information for families. Parents have to go to various places to find services information because it isn’t at one central place for busy parents to find information.

Knowledge of services varies based on connections, relationships, among families, service providers, and teachers.

Even though many families are on Facebook, it can be hard to reach people on Facebook. They may see information but not read it.

Even though there are resources in the school, providers are not being used to disseminate information and make referrals.

Training to childcare workers regarding specific programs and agency referral is available but not attended by many childcare providers.

Existing sites and services that are trying to create a central location for information are not known or used (i.e., 211, Grandparents Teach Too).

We rely too much on only word of mouth for promoting services.

Many parents (esp. working parents) lack time to find information about resources and develop skills.

A lot of change needs in healthcare providers and start on a local level makes it difficult for providers to know services and make referrals.

Taking and collaboration to have promotional materials that are inclusive but easy to read/use.
Marquette-Alger Great Start Collaborative
2017–2019 Strategic Plan

Root Cause Chart A-3:

Mega-headline A: Some services are difficult for families to access.

- There is a gap in services for families.
  - Some families are homeless because they cannot find housing due to lack of housing and the application/background history process, example: A family had bed credit and prior evictions.
- Transportation is often a barrier for families to get to where services are located.
  - There are not enough basic support services, i.e., transportation, OED support.
- Medical reimbursement rates are lower making it difficult for providers to have a lot of Medicaid patients.
- Some services are not available to all families because of limited agency funding. (Components)
- It is difficult for some families to keep appointments or schedule an appointment for home visiting programs.
  - The days and times for services is limited.

Questions to consider:
- Are there waitlists or empty slots/limited appointments for some services?
- What services are not meeting their targets?

Root Cause Chart A-4:

Mega-headline A: Some services are difficult for families to access.

- There are not enough childcare providers or slots. (Components)
- Not all families can afford quality childcare and/or preschool education.
- Funding for high quality infant/toddler care prevents many programs [early childhood from offering services].
  - Early childhood system has such focus on QRIS [Quality Rating and Improvement System] that infant/toddler support that supports readiness is lacking.
- Not all families have access to quality infant/toddler services. (Components)
  - Some licensed and family members who care for infants and toddlers do not have access to developmentally appropriate information and supports.
  - There is a lack of collaboration between childcare providers and the organizations developed to support/improve them. [Mindways]
  - There is a lack of buy in from childcare providers to the Great Start resource center and rating system.
- Family friendly events are not offered at times/locations that are convenient for families. (Components)
  - Fun events and activities are not always accessible because they are held during family working hours.
  - Harder to participate in O-4 activities when located farther from large towns [Overwhelming numbers]

Questions to consider:
- What is the definition of childcare—the type of childcare?
- What services can get childcare subsidy?
- Do parents understand the characteristics of high quality?
- Are the caregivers prepared and skilled to help children be developmentally on track for preschool and subsequently kindergarten?
Mega-headline B: There is ineffective coordination of services across many agencies.

Questions to consider:
- Who is missing from the table and why?
- Are there missing fits in some agencies and not in others? Why?
- Programs in one agency are not aligned to complement other services at another agency but are set up to cause competition.

Headline B-1: Some providers are not referring families to needed early childhood supports.

Questions to consider:
- Who is not making referrals and why?
- Are there waiting lists in some agencies and not in others? Why?
- Programs in one agency are not aligned to complement other services at another agency but are set up to cause competition.
Marquette-Alger Great Start Collaborative
2017–2019 Strategic Plan

Root Cause Chart C-1:

Mega-headline C: Some programs and services do not meet high quality or effectiveness standards.

- Not all educators (early childhood and Kindergarten) value all the domains of learning.
- Some children struggle academically when appropriate/effective modifications/supports/tools are not implemented.
- Preschools have challenges related to providing quality learning environments and experiences for all children.
- Many agencies are not meeting the services and non-academic support needs related to kindergarten readiness.

Headline C-1: Some Pre-K and Kindergarten learning opportunities are not aligned with kindergarten expectations; research based or inclusive of all domain area skills (social/emotional skills, approaches to learning, physical development, etc.) (Components)

Some school personnel seem to want to "pigeon hole" students into the style of learning when students may have a different learning style/ability.

School personnel recognize there are greater demands placed on kindergarten age children.

There is a push from the government to push "academic" skills rather than developmental appropriate domain area skills (social/emotional approaches to learn physical development, etc.)

Some school personnel do not know developmental red flags to look for.

Teachers don’t have time to discuss individual student needs.

The increase in needs of students is making it more difficult to work together due to time constraints.

Schools and NGOs are not meeting the needs of families because there is a lack of school counselors.

Some early childhood teachers do not know developmental red flags to look for.

Some preschool teachers focus more on academically as being ready for kindergarten, there is a minimal focus on preparing children socially and emotionally.

There is a different philosophy between early education and kindergarten teachers on kindergarten readiness as to age appropriate kindergarten expectations.

Some preschool teachers do not know developmental red flags to look for.

Not all children are getting structural supports necessary to enable them to be successful in the kindergarten setting.
Mega-headline D: Many services don’t reflect family voice or are not responsive to family needs.

Headline C-1: Some Pro-K and Kindergarten learning opportunities are not aligned with kindergarten expectations, research-based or inclusive of all domain areas skills (social/emotional skills, approaches to learning, physical development, etc.) (components)

Preschools have challenges related to providing quality learning environments and experiences for all children

Lack of funding creates large class sizes and this makes it more difficult for teachers to work with other programs.

Many agencies are not meeting the services and non-academic support needs related to kindergarten readiness

Lack of respect for early childhood as a profession which results in a lack of funding for early childhood professionals.

Program staff issues for support services impacts providing a consistent level of quality support. (components)

For health services, there is a state-determined system where “recipients” are counted (success is a high number) not quality services to individuals.

Many case workers at grants are overworked.

Time, follow-through, meeting required deadlines are all barriers to meeting the needs of vulnerable families.

Headline D-1: Families are not fully engaged or empowered to provide voice about needs and how programs can best meet those needs. (Power)

Many providers do not seek input from families when making decisions about services

Providers do not have the time to survey families for feedback

Many providers do not have the mindset of asking for parent input

Some decision makers do not value family voice. (Power)

Some families do not know about opportunities for input

Families often don’t know how to provide input.

Parents may not feel like what they have to contribute is important.

Families are often not encouraged to provide input.

Some programs only ask for family input if you go to meetings.

Families are not being collected input from families, but families do not know how their input was used.

Grants and Collaboration meetings take place during the day when most parents are working which limits family input

Parents sometimes are not asked enough as stakeholders

Input is not being collected input from families already are going.

Greater start collaboration meetings take place during the day when most parents are working which limits family input

Some decision makers don’t use family input that is collected.

Some decision makers do not value family voice. (Power)

Changes are not communicated to families that have provided input.

The input is not shared or accessible on a when and how it is needed for decision making.

Some agencies don’t include frontline staff in designing programs and funding applications.

Some state funded programs just don’t fit our needs.

Parent committees are not utilized enough as stakeholders.

Families need to take into account the unique needs of families in the US or overall state.

Some families do not know how to provide input.

Parents do not feel empowered that they have the opportunity to influence change.

Some agencies don’t ask families that are already engaged regularly.

Some agencies groups don’t have the mindset of asking for parent input.

Some agencies don’t value family voice. (Power)

The quality of services at levels can depend on who you have for a case worker.

Service & providers change and access becomes limited due to change.
Root Cause Chart F-1:

Mega-headline F: There are not adequate processes for successful Pre K-Kindergarten transitions.

Headline F-1: School readiness definitions between preK and elementary are not aligned. (Connections)

Some kindergarten expectations may be missed or not focused on.

Successful transition practices between preschool to Kindergarten is not always occurring which leads to a delay in identifying the strengths and specific needs of individual children.

Families who don't understand or have misconception about programming comes from lack of communication between early childhood and kindergarten.

Orientation of staff and turnover make it difficult to have consistent expectations.

Some preschool teachers do not know what is expected because every school and every kindergarten teacher has different expectations.

Some preschool teachers feel that some expectations are unrealistic or not based on developmental research.

Pressure to succeed at scores is resulting in a very "traditional"/out-of-date/pedagogical mindset expressed by kindergarten leaders.
Mega-headline F: There are not adequate processes for successful Pre-K-Kindergarten transitions.

- The early childhood providers may be too busy to share this information every year.
- Early childhood providers may not be sharing information on children when the child goes to kindergarten.
- They don’t know where the child will be going to school.
- Kindergarten teachers are not always willing or able to implement information from preschool teachers into their classrooms.
- Early childhood professionals are not participating in school age programs.
- Turf issues get in the way of Pre-K and K working together.
- Child care providers are not valued as a partner when schools are developing IEPs, etc. for children who need the support.
- There are many cases where there is daycare home providers are not involved in K-preschool screening causing
- Some schools show little interest in collaborating with preschool teachers to provide meaningful transition into school.
- Some kindergarten placements are inappropriate/adequate for children receiving home-based care.
- Not all early childhood providers and the teachers communicate.
- Public schools do not recognize the importance of the transition process and do not see the value in preschool development outcomes.
- Kindergarten-PreSchool Programs don’t work together and learn from one another.

Successful transition practices between preschool to Kindergarten is not always occurring which leads to a delay in identifying the strengths and specific needs of individual children.
## Headlines Prioritization Results

**GSC Prioritization Survey - Marquette/Alger GSC (Weighted-Families Only)**

1. We want to ensure that all perspectives are reflected as we prioritize our work for the next strategic plan. Please indicate which of the following groups best describe who you represent.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families</td>
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<tr>
<td>Direct Service Provider</td>
<td>30.8%</td>
<td>4</td>
</tr>
<tr>
<td>Decision maker or Agency Administrator, Director, Department Head, etc.</td>
<td>23.1%</td>
<td>3</td>
</tr>
<tr>
<td>Other Community Member</td>
<td>30.8%</td>
<td>4</td>
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</tbody>
</table>

Due to low numbers additional input was sought by inviting parents to the prioritization meeting and through parent coalitions. Parent scores were also weighted at a factor of 5.5 to ensure equal voice.

2. Mega-headline A: Some services are difficult for families to access.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>YES: changing this would have a BIG impact on our targeted problems</th>
<th>YES: changing this would have SOME impact on our targeted problems</th>
<th>YES: changing this would have a SMALL impact on our targeted problems</th>
<th>Rating Average</th>
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<th>Feasible Average</th>
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<tbody>
<tr>
<td>• Headline A-1: There is a lack of knowledge for service providers to disseminate information to families in need. (Resources)</td>
<td>5</td>
<td>11.5</td>
<td>5.5</td>
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<td>22</td>
<td>1.98</td>
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<tr>
<td>• Headline A-2: Some families do not have the knowledge on education/skills to access community resources. (Resources)</td>
<td>9.5</td>
<td>12.5</td>
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<td>2.43</td>
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<tr>
<td>• Headline A-3: Enrollment and eligibility processes are confusing and difficult to navigate. (Regulations)</td>
<td>4</td>
<td>18</td>
<td>0</td>
<td>2.18</td>
<td>22</td>
<td>2.18</td>
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<td>4.09</td>
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<tr>
<td>• Headline A-4: Eligibility requirements prohibit access to services. (Regulations)</td>
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<td>1.66</td>
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<tr>
<td>• Headline A-5: Some families and service providers find the paperwork process prohibitive and/or daunting. (Regulations)</td>
<td>4</td>
<td>16</td>
<td>2</td>
<td>2.09</td>
<td>22</td>
<td>2.09</td>
<td>1.95</td>
<td>4.05</td>
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<tr>
<td>• Headline A-6: Some rules and regulations delay access to services. (Regulations)</td>
<td>4</td>
<td>16</td>
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<td>3.66</td>
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<td>Headline A-7: Transportation is often a barrier for families to get to services. (Resources)</td>
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<td>Headline A-8: Some services including childcare and family friendly events are not offered at times that are convenient for working families various shifts (1st, 2nd, 3rd, etc.) (Components)</td>
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<td>10.5</td>
<td>4</td>
<td>2.16</td>
<td>22</td>
<td>2.16</td>
<td>2.05</td>
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<td>Headline A-9: Some health care (including mental and dental health) services are not available in certain locations. Specifically Alger County. (Components)</td>
<td>17</td>
<td>4</td>
<td>1</td>
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<td>4.25</td>
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<tr>
<td>Headline A-10: Some families do not receive services or access resources because services are not affordable, or have limited slots or scheduling. (Components)</td>
<td>7.5</td>
<td>11.5</td>
<td>3</td>
<td>2.20</td>
<td>22</td>
<td>2.20</td>
<td>1.77</td>
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<tr>
<td>Headline A-11: Some families do not have access to high quality child care, especially infant care because it is not available. (Components)</td>
<td>14</td>
<td>7</td>
<td>1</td>
<td>2.59</td>
<td>22</td>
<td>2.59</td>
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<td>4.55</td>
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<tr>
<td>Headline A-12: Some families are fearful of public and professional perceptions of their family and their individual child’s progress. (Mindsets)</td>
<td>3</td>
<td>12.5</td>
<td>6.5</td>
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<td>22</td>
<td>1.84</td>
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<tr>
<td>Headline A-13: Some families do not prioritize issue beyond meeting basic needs. (Mindsets)</td>
<td>3</td>
<td>13.5</td>
<td>5.5</td>
<td>1.89</td>
<td>22</td>
<td>1.89</td>
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3. Mega-Headline B: There is ineffective coordination of services across many agencies.

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<tr>
<th>Answer Options</th>
<th>YES: changing this would have a BIG impact on our targeted problems</th>
<th>YES: changing this would have SOME impact on our targeted problems</th>
<th>YES: changing this would have a SMALL impact on our targeted problems</th>
<th>Rating Average</th>
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<th>Impact Average</th>
<th>Feasible Average</th>
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<tbody>
<tr>
<td>• Headline B-1: Limited provider resources including time, geographic distance (travel) make it difficult for providers to collaborate and coordinate services. (Connections)</td>
<td>10.5</td>
<td>5</td>
<td>6.5</td>
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<td>22</td>
<td>2.18</td>
<td>2.16</td>
<td>4.34</td>
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<tr>
<td>• Headline B-2: Agencies are competing and not collaborating due to economics and turf issues. (Connections)</td>
<td>6.5</td>
<td>9.5</td>
<td>6</td>
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<td>2.02</td>
<td>2.30</td>
<td>4.32</td>
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<tr>
<td>• Headline B-3: Organizations/agencies are not exchanging info./collaborating. (Connections)</td>
<td>13</td>
<td>6</td>
<td>3</td>
<td>2.45</td>
<td>22</td>
<td>2.45</td>
<td>2.39</td>
<td>4.84</td>
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<tr>
<td>• Headline B-4: Agencies and organizations are prevented from communicating due to policy regulations. (Regulations)</td>
<td>6.5</td>
<td>11.5</td>
<td>4</td>
<td>2.11</td>
<td>22</td>
<td>2.11</td>
<td>1.48</td>
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</table>
## 4. Mega-headline C: Some early childhood programs and services do not meet high quality or effectiveness standards.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>YES: changing this would have a BIG impact on our targeted problems</th>
<th>YES: changing this would have SOME impact on our targeted problems</th>
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<tbody>
<tr>
<td>Headline C-1: There is a push for &quot;academic&quot; skills that does not always include approaches that are developmentally appropriate, research based or that include all domain area skills (including social/emotional skills, approaches to learning, physical development, etc.) (Components)</td>
<td>16</td>
<td>5</td>
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<td>2.68</td>
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<tr>
<td>Headline C-2: Funding for toddler/infants programs is insufficient and can get in the way of providing quality early childhood education. (Components)</td>
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<td>17</td>
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<td>22</td>
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<tr>
<td>Headline C-3: Some teachers have time constraints that prevent them from meeting student needs. (Resources)</td>
<td>4</td>
<td>16</td>
<td>2</td>
<td>2.09</td>
<td>22</td>
<td></td>
<td></td>
<td>2.09</td>
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<tr>
<td>Headline C-4: There is a lack of mutual respect and commitment between child care providers and the organizations developed to support/monitor them. (Mindsets)</td>
<td>6</td>
<td>15</td>
<td>1</td>
<td>2.23</td>
<td>22</td>
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<td></td>
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<tr>
<td>Headline C-5: Some human services do not have a consistent level of quality due to staffing issues. (Components)</td>
<td>5</td>
<td>9.5</td>
<td>7.5</td>
<td>1.89</td>
<td>22</td>
<td></td>
<td></td>
<td>1.89</td>
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<tr>
<td>Headline C-6: Some service providers have time constraints that prevent them from meeting children’s needs. (Resources)</td>
<td>6</td>
<td>8.5</td>
<td>7.5</td>
<td>1.93</td>
<td>22</td>
<td></td>
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</table>
5. Mega-headline D: Many services don't reflect family voice or are not responsive to family needs.

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<thead>
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<th>Answer Options</th>
<th>YES: changing this would have a BIG impact on our targeted problems</th>
<th>YES: changing this would have SOME impact on our targeted problems</th>
<th>YES: changing this would have a SMALL impact on our targeted problems</th>
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<th>Impact Average</th>
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<td>2</td>
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<td>1</td>
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<td>22</td>
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<td>4.23</td>
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<tr>
<td>• Headline D-2: Even when families are asked for input by service providers but they are not fully engaged or empowered. (Power)</td>
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<td>19</td>
<td>1</td>
<td>2.05</td>
<td>22</td>
<td>2.05</td>
<td>2.14</td>
<td>4.18</td>
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<tr>
<td>• Headline D-3: Some agencies don't include frontline staff in designing programs and funding applications. (Power)</td>
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<td>17</td>
<td>1</td>
<td>2.14</td>
<td>22</td>
<td>2.14</td>
<td>1.84</td>
<td>3.98</td>
</tr>
</tbody>
</table>
6. Mega-headline E: Some families are not fully engaged in preparing their child for school or using available supports.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>YES: changing this would have a BIG impact on our targeted problems</th>
<th>YES: changing this would have SOME impact on our targeted problems</th>
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<th>Weighted Response Count</th>
<th>Impact Average</th>
<th>Feasible Average</th>
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<tbody>
<tr>
<td>• Headline E-1: There is not effective communication or adequate relationships between service providers and families. (Connection)</td>
<td>8.5</td>
<td>12.5</td>
<td>1</td>
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<td>22</td>
<td>2.34</td>
<td>2.23</td>
<td>4.57</td>
</tr>
<tr>
<td>• Headline E-2: Parents and community members have varying ideas about expectations for school readiness. (Mindsets)</td>
<td>10.5</td>
<td>9.5</td>
<td>2</td>
<td>2.39</td>
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<td>2.39</td>
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<tr>
<td>• Headline E-3: Some families have had negative experience with the education system which impacts their role in preparing children for Kindergarten. (Mindsets)</td>
<td>3</td>
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<td>1.84</td>
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<tr>
<td>• Headline E-4: Some families do not understand their role in preparing children for school success and the supports that are available to help them in that role. (Mindsets)</td>
<td>11.5</td>
<td>5</td>
<td>5.5</td>
<td>2.27</td>
<td>22</td>
<td>2.27</td>
<td>2.91</td>
<td>5.18</td>
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<tr>
<td>• Headline E-5: Some families do not have the knowledge or skills to freely participate in their child's early education or identify delays early. (Resources)</td>
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<tr>
<td>• Headline E-6: Money is a barrier for families. (Resources)</td>
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<td>• Headline E-7: Short and long term impact of quality preschool education is vastly underestimated. (Mindsets)</td>
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</table>
7. Mega-headline F: There are not adequate processes for successful Pre K-Kindergarten transitions.

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<th>Answer Options</th>
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<th>Total</th>
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<tbody>
<tr>
<td>• Headline F-1: Early childhood providers do not have consistent ideas about what constitutes school readiness. (Connections)</td>
<td>5</td>
<td>17</td>
<td>0</td>
<td>2.23</td>
<td>22</td>
<td>2.23</td>
<td>2.14</td>
<td>4.36</td>
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<tr>
<td>• Headline F-2: Some providers have very set ideas about Kindergarten expectations. (Mindsets)</td>
<td>6</td>
<td>16</td>
<td>0</td>
<td>2.27</td>
<td>22</td>
<td>2.27</td>
<td>2.18</td>
<td>4.45</td>
</tr>
<tr>
<td>• Headline F-3: Lack daycare home providers at K-preschool screening causing inappropriate/inadequate placement. (Connections)</td>
<td>8.5</td>
<td>10.5</td>
<td>3</td>
<td>2.25</td>
<td>22</td>
<td>2.25</td>
<td>1.75</td>
<td>4.00</td>
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<tr>
<td>• Headline F-4: Successful transition from preschool to Kindergarten is not valued by some key individuals. (Mindsets)</td>
<td>3</td>
<td>18</td>
<td>1</td>
<td>2.09</td>
<td>22</td>
<td>2.09</td>
<td>2.23</td>
<td>4.32</td>
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<tr>
<td>• Headline F-5: There is not effective communication or adequate relationships between preschool and Kindergarten teachers and administrators. (Connections)</td>
<td>4</td>
<td>17</td>
<td>1</td>
<td>2.14</td>
<td>22</td>
<td>2.14</td>
<td>2.43</td>
<td>4.57</td>
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8. Mega-headline A: Some services are difficult for families to access.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>YES: We can act now!</th>
<th>YES: but we need more information or time before we can act.</th>
<th>NO: but maybe another group can act.</th>
<th>Rating Average</th>
<th>Weighted Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Headline A-1: There is a lack of knowledge for service providers to disseminate information to families in need. (Resources)</td>
<td>11.5</td>
<td>9.5</td>
<td>1</td>
<td>2.48</td>
<td>22</td>
</tr>
<tr>
<td>• Headline A-2: Some families do not have the knowledge on education/skills to access community resources. (Resources)</td>
<td>15</td>
<td>6</td>
<td>1</td>
<td>2.64</td>
<td>22</td>
</tr>
</tbody>
</table>
• Headline A-3: Enrollment and eligibility processes are confusing and difficult to navigate. (Regulations)
  • Headline A-4: Eligibility requirements prohibit access to services. (Regulations)
  • Headline A-5: Some families and service providers find the paperwork process prohibitive and/or daunting. (Regulations)
  • Headline A-6: Some rules and regulations delay access to services. (Regulations)
  • Headline A-7: Transportation is often a barrier for families to get to services. (Resources)
  • Headline A-8: Some services including childcare and family friendly events are not offered at times that are convenient for working families various shifts (1st, 2nd, 3rd, etc.) (Components)
  • Headline A-9: Some health care (including mental and dental health) services are not available in certain locations. Specifically Alger County. (Components)
  • Headline A-10: Some families do not receive services or access resources because services are not affordable, or have limited slots or scheduling. (Components)
  • Headline A-11: Some families do not have access to high quality child care, especially infant care because it is not available. (Components)
  • Headline A-12: Some families are fearful of public and professional perceptions of their family and their individual child's progress. (Mindsets)
  • Headline A-13: Some families do not prioritize issue beyond meeting basic needs. (Mindsets)

9. Mega-Headline B: There is ineffective coordination of services across many agencies.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>YES: we can act now!</th>
<th>YES: but we need more information or time before we can act.</th>
<th>NO: but maybe for other groups</th>
<th>Rating Average</th>
<th>Weighted Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Headline B-1: Limited provider resources including time, geographic distance (travel) make it difficult for providers to collaborate and coordinate services. (Connections)</td>
<td>7.5</td>
<td>10.5</td>
<td>4</td>
<td>2.16</td>
<td>22</td>
</tr>
<tr>
<td>• Headline B-2: Agencies are competing and not collaborating due to economics and turf issues. (Connections)</td>
<td>9.5</td>
<td>9.5</td>
<td>3</td>
<td>2.30</td>
<td>22</td>
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<tr>
<td>• Headline B-3: Organizations/agencies are not exchanging info./collaborating. (Connections)</td>
<td>10.5</td>
<td>9.5</td>
<td>2</td>
<td>2.39</td>
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</table>
10. **Mega-headline C: Some early childhood programs and services do not meet high quality or effectiveness standards.**

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>YES: We can act now!</th>
<th>YES: but we need more information or time before we can act.</th>
<th>NO: but maybe for other groups</th>
<th>Rating Average</th>
<th>Weighted Response Count</th>
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</thead>
<tbody>
<tr>
<td>• Headline C-1: There is a push for &quot;academic&quot; skills that does not always include approaches that are developmentally appropriate, research based or that include all domain area skills (including social/emotional skills, approaches to learning, physical development, etc.) (Components)</td>
<td>8.5</td>
<td>12.5</td>
<td>1</td>
<td>2.34</td>
<td>22</td>
</tr>
<tr>
<td>• Headline C-2: Funding for toddler/infants programs is insufficient and can get in the way of providing quality early childhood education. (Components)</td>
<td>0</td>
<td>19</td>
<td>3</td>
<td>1.86</td>
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<tr>
<td>• Headline C-3: Some teachers have time constraints that prevent them from meeting student needs. (Resources)</td>
<td>0</td>
<td>12.5</td>
<td>9.5</td>
<td>1.57</td>
<td>22</td>
</tr>
<tr>
<td>• Headline C-4: There is a lack of mutual respect and commitment between child care providers and the organizations developed to support/monitor them. (Mindsets)</td>
<td>12.5</td>
<td>7.5</td>
<td>2</td>
<td>2.48</td>
<td>22</td>
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<tr>
<td>• Headline C-5: Some human services do not have a consistent level of quality due to staffing issues. (Components)</td>
<td>2</td>
<td>10.5</td>
<td>9.5</td>
<td>1.66</td>
<td>22</td>
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<tr>
<td>• Headline C-6: Some service providers have time constraints that prevent them from meeting children's needs. (Resources)</td>
<td>1</td>
<td>10.5</td>
<td>10.5</td>
<td>1.57</td>
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</table>

11. **Mega-headline D: Many services don't reflect family voice or are not responsive to family needs.**

<table>
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<tr>
<th>Answer Options</th>
<th>YES: We can act now!</th>
<th>YES: but we need more information or time before we can act.</th>
<th>NO: but maybe for other groups</th>
<th>Rating Average</th>
<th>Weighted Response Count</th>
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<tbody>
<tr>
<td>• Headline D-1: Some families feel misrepresented and unheard because organizations do not adequately seek their input. (Power)</td>
<td>5</td>
<td>16</td>
<td>1</td>
<td>2.18</td>
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<tr>
<td>• Headline D-2: Even when families are asked for input by service providers but they are not fully engaged or empowered. (Power)</td>
<td>5</td>
<td>15</td>
<td>2</td>
<td>2.14</td>
<td>22</td>
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<tr>
<td>• Headline D-3: Some agencies don't include frontline staff in designing programs and funding applications. (Power)</td>
<td>5</td>
<td>8.5</td>
<td>8.5</td>
<td>1.84</td>
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</table>
### 12. Mega-headline E: Some families are not fully engaged in preparing their child for school or using available supports.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>YES: We can act now!</th>
<th>YES: but we need more information or time before we can act.</th>
<th>NO: but maybe for other groups</th>
<th>Rating Average</th>
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<tbody>
<tr>
<td>Headline E-1: There is not effective communication or adequate relationships between service providers and families. (Connection)</td>
<td>12.5</td>
<td>2</td>
<td>7.5</td>
<td>2.23</td>
<td>22</td>
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<tr>
<td>Headline E-2: Parents and community members have varying ideas about expectations for school readiness. (Mindsets)</td>
<td>11.5</td>
<td>10.5</td>
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<tr>
<td>Headline E-3: Some families have had negative experience with the education system which impacts their role in preparing children for Kindergarten. (Mindsets)</td>
<td>9</td>
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<td>Headline E-4: Some families do not understand their role in preparing children for school success and the supports that are available to help them in that role. (Mindsets)</td>
<td>20</td>
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<tr>
<td>Headline E-5: Some families do not have the knowledge or skills to freely participate in their child’s early education or identify delays early. (Resources)</td>
<td>16</td>
<td>4</td>
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<tr>
<td>Headline E-6: Money is a barrier for families. (Resources)</td>
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<td>7.5</td>
<td>11.5</td>
<td>1.61</td>
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<tr>
<td>Headline E-7: Short and long term impact of quality preschool education is vastly underestimated. (Mindsets)</td>
<td>15.5</td>
<td>1</td>
<td>5.5</td>
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### 13. Mega-headline F: There are not adequate processes for successful Pre K-Kindergarten transitions.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>YES: We can act now!</th>
<th>YES: but we need more information or time before we can act.</th>
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<tr>
<td>Headline F-1: Early childhood providers do not have consistent ideas about what constitutes school readiness. (Connections)</td>
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<td>Headline F-2: Some providers have very set ideas about Kindergarten expectations. (Mindsets)</td>
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<td>8.5</td>
<td>2</td>
<td>2.43</td>
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