



strategic plan for early childhood

success starts **early.**

KENT COUNTY 2015-2018





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LETTER TO THE COMMUNITY

Dear Community of Kent County,

Since the creation of our first strategic plan “Making Strides” in 2007, we have been taking steps towards a comprehensive system of care for all of our youngest citizens. This is our third strategic plan, and we know that early success is a necessary component in the achievement required at the end of third grade. We have made the connection that pre-natal care, parent education and family support, physical and behavioral health, early care and education are paramount to success in kindergarten and beyond.

We can be proud of the outstanding programs and services that we have in place in Kent County and the huge gains we have made in access to quality services in the last eight years. We also know that access to specific services remains a need and that there are geographic considerations to account for. In addition we know that alignment and coordination beyond the birth timeframe is a next priority and that parents need help in navigating the maze of what exists and if they may even qualify for services that they are able to locate.

As we have updated the needs assessment and work to support the Community Plan for Early Childhood, we were thoughtful about what our next steps should be. This strategic plan has been created to inform our community about the early childhood planning for Kent County and the segment of that work that will be supported directly by the Great Start Collaborative of Kent County.

What we know and wish to share is this: For your child, my child and every child; “Success Starts Early.” We are committed to work together with a collective and collaborative vision for success for all children of Kent County.

Great Start Collaborative Executive Team

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EXECUTIVE SUMMARY

The Great Start Collaborative (GSC) of Kent County serves as the local infrastructure for planning, investment, advocacy, and innovation for Michigan's Great Start system. Over the last nine years, Michigan has built a structure for building a strong early childhood system. In Kent County, we have been assembled as a Great Start Collaborative since 2007. Charged with ensuring that all children birth to age eight, especially those in highest need, have access to high-quality early learning and development programs and enter kindergarten prepared for success, the Office of Great Start has outlined a single set of early childhood outcomes against which all public investments will be assessed:

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

Kent County's GSC works to ensure that OGS's outcomes and recommendations are realized in our community through the collaborative efforts of parents of young children, members of the faith and business communities, local philanthropic organizations, educators, and leaders of the local public agencies providing the majority of early childhood services in the community. The GSC assesses the needs of young children and families in their communities, identifies community assets for addressing those needs, and plans for systemic change.

Our strategic plan will demonstrate that we have used all findings from our needs assessment and will uphold the guiding principles of the Office of Great Start which include:

- **Children and families are our highest priority**
- **Parents and communities must have a voice in building and operating the system**
- **The children with the greatest need must be served first**
- **Invest early**
- **Quality matters**
- **Efficiencies must be identified and implemented**
- **Opportunities to coordinate and collaborate must be identified and implemented**
- **Services and supports are culturally competent**

In Kent County, the Great Start Collaborative also works closely with First Steps and community leaders who comprise the First Steps board of directors. We work with them and all of the early childhood partners to formulate a Community Plan for Early Childhood. We work together on a comprehensive systems approach from identified gaps and needs in the community.

Through this work the problems and needs that emerged for the next round of planning include:

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- Assistance for parents in navigation of the system
 - Coordination and alignment of home visiting beyond birth
 - Increased capacity for evidence based home visiting
 - Access to counseling and behavioral/mental health services for parents and children
 - Access to oral health services
 - Increased use of a common Kindergarten Entry Assessment
 - Assist parents with triage to aligned quality early childhood services and increase the number of children in high quality preschool at three and four years of age
 - Development of sustainable funding for early childhood

While we have worked hard to develop quality programs, the priority need is to amplify the word to parents on what is available to them and how they may access services they need that they may afford in a quick manner. In 2012, as Michigan State University evaluated the effectiveness of our collaboration, we learned that our parents rated their access to services far below that of the state average. This gave us reason to survey a larger group or Kent County parents in more detail. MSU suggested in their report to us that the most important lever for change that we should consider would be intentional changes to our system which would result in the reduction of barriers for the families we serve.

As we analyze the mapping of where our services are located, we also know that we have some challenges to bring the same quality programming to every corner of Kent County. We have reduced some of the incidences of extreme risk and need in the urban core and yet we find that now it is increasing in the rural areas. Despite the economic gains for Michigan, poverty in young children and families has increased steadily over recent years. This has not made it easier for families to access services. We know that messages will also have a difficult time reaching families if their mode of referral is through their own friends and relatives. We know we have much work to do in streamlining referral information and the process to assist families to access services. Working to build these systems must be a major consideration for our next phase of work. As we increase the number of families who have accurate information to reach services and fill the services gaps at the same time, we will truly have needs met to allow us to meet our vision:

“Every young child in Kent County will enter Kindergarten healthy and ready to succeed in school and in life.”



KENT COUNTY COMMUNITY PLAN FOR EARLY CHILDHOOD 2016

Early Childhood System Strategies and Tactics

The Kent County Early Childhood Community Plan (2016) has been developed as an extension of the work in progress of the preceding Community Plan for Early Childhood 2013-2015. This plan belongs to the community and the early childhood system as a whole, supported by First Steps in partnership with the Great Start Collaborative (GSC), Kent Intermediate School District, Kent County Family and Child Coordinating Council, service providers, funders in both the public and private sector, and parents.

As presented herein, this plan:

- Incorporates strategies and tactics that carry over from the previous three years.
- Specifies several new tactics relevant to the present year of activity.
- Calls for development of an operational work plan for 2016 wherein specific measurable outcomes are identified, persons or entities with primary responsibility identified, and progress of work monitored on routine basis and schedule.

VISION

“Every young child in Kent County will enter kindergarten healthy and ready to succeed in school and in life.”

This vision inspires and guides the work of our community’s early childhood collaborative and is the foundation of this Community Plan. In developing the original plan in 2013, parents, educators, private and public sector service providers, healthcare providers, county government, and philanthropic leaders worked together to identify the most urgent needs of young children and their families and the greatest opportunities to impact children’s health, well-being, and school readiness. In addition, the 2013 Michigan Department of Education’s Office of Great Start issued the *Great Start, Great Investment, Great Future* document as a statewide plan for early learning and development in Michigan. This plan continues to guide the community’s work today and includes:

- Early Childhood Components identified by the Michigan Great Start Initiative
 - o Family Support
 - o Parenting Leadership
 - o Pediatric and Family Health
 - o Social and Emotional Health
 - o Early Care and Education
- Early Childhood Outcomes that align the State of Michigan
 - o Children are born healthy
 - o Children are healthy, thriving and developmentally on track from birth to third grade
 - o Children are developmentally ready to succeed in school at the time of entry
 - o Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade

COMMUNITY PLAN

This 2016 Community Plan Update, builds upon the originally identified priorities, with the intent of representing an intentional, community-wide set of actions to be carried out in collaboration for the improvement of the early childhood system, commonly understood to encompass children from pre-natal through third grade.

While the plan emphasizes kindergarten readiness and its critical link to third grade reading proficiency, we are committed to working collaboratively with the many other systems that impact young children (health and human services, housing, basic needs, K-12 education, etc.) to develop a common agenda and continuum of services that starts before birth and continues through college or career. Furthermore, as the consumers of early childhood services, parents played a role in the development of this plan, and all responsible partners share a commitment to continued parent engagement in further development and implementation.

In addition to the Community Plan for Early Childhood 2016 (Update of 2013-2015 Plan) Early Childhood Strategies & Tactics, a formal work plan will be developed to reflect the strategies and tactics listed, identifying additional metrics, needed resources (external and internal), responsible parties, and timelines. Both documents will be used to track the progress of the community relative to the stated goals into the future.

DEFINITIONS

ACCESS is defined as “People who need the service know about it, know where it is, can afford it, and can get to it; it’s available at convenient times; it’s provided in a way that is sensitive to different cultures and languages; the people who need it actually use it; and there is enough capacity to meet the community need.”

PARENTS are defined as mothers, fathers, guardians, and other caregivers responsible for raising the child(ren).

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

PLAY AND LEARN are facilitated play groups designed to guide caregivers and young children through group and individual play activities that model learning opportunities and build caregivers understanding about child development

TARGETED UNIVERSALISM: In its simplest definition, targeted universalism alters the usual approach of universal strategies (policies that make no distinctions among citizens’ status, such as universal health care) to achieve universal goals (improved health), and instead suggests we use targeted strategies to reach universal goals. A targeted universal strategy is one that is inclusive of the needs of both the dominant and the marginal groups, but pays particular attention to the situation of the marginal group.

HOME VISITING HUB: A central access point offering information and assistance with navigating Home Visiting, early childhood programs and other relevant resources available in Kent County.

Strategy A: Build public will to support the early childhood system. (Communications & Advocacy)

Why it's important: High-quality early childhood services benefit not only children and families but also the entire community. For every dollar invested, more are returned to the public. Continuously providing the level of services needed to prepare children to enter kindergarten ready for success will require an increase in public and private resources. Therefore, the community must understand the importance of early childhood and be willing to invest in services to support young children and their families.

Tactic 1: Develop and implement a strategic communications plan that increases community understanding of early childhood and investment in young children. Continue to advance specific recommendations of Strategic Communications Plan, Truscott-Rossman, March 2012.

Tactic 2: Develop an annual report which highlights the state of early childhood in Kent County

Tactic 3: Align with the Pre-Natal through Third Grade work group of KConnect and serve as a backbone organization for early childhood (as specified in development of KConnect-First Steps MOU).

Tactic 4: Set advocacy agenda for early childhood in cooperation with Talent 2025 Early Childhood Working Group.

Tactic 5: Communicate research, best practice, and standards for evaluation of early childhood programming for the community at large.

Tactic 6: Work to establish sustainable funding to support the early childhood planning in Kent County.

- Follow progress of Pay for Success/Social Impact Funding initiatives in development within Kent County's early childhood system. Continue to explore potential initiatives in the future with support of First Steps.
- Complete polling and related community research and planning toward the scheduling and approval of a county ballot/millage proposal supporting early childhood system.

Tactic 7: Ensure parent representation is included in all areas of early childhood planning (i.e. GSC Parent Representatives and the Great Start Parent Coalition).

Strategy B: Develop the infrastructure needed to assure the effectiveness and efficiency of the early childhood system. (Infrastructure Support)

Why it's important: For every young child to enter kindergarten ready to succeed, Kent County must have a coordinated, integrated early childhood system that supports families with quality, culturally responsive services that are accessible to all who want and need them. Much of the infrastructure needed to measure system effectiveness and progress toward goals is not in place currently.

Tactic 1: Develop and maintain a scan of early childhood services that identifies gaps, costs, quality and impact on children (See: *Gaps in Early Childhood Services and Funding*– January, 2015 – Executive Summary Update)

Tactic 2: Develop understanding of services as a system. Develop priorities from the gap analysis for the early childhood system.

Tactic 3: Establish early childhood indicators that can be measured consistently across the early childhood system and shared with the larger community for planning.

Tactic 4: Strengthen connections between the early childhood system and local school systems, with a focus on developing the means to monitor children's progress from prenatal through the completion of third grade.

Tactic 5: Encourage and provide support and resources (that is, training) to help early childhood providers respond to diverse cultures and languages effectively.

Tactic 6: Apply a racial equity lens to all of the early childhood planning through the application of a targeted universalism approach in data analysis, needs assessment, program evaluation and development.

Strategy C: Provide families with consistent information about parenting and identify an effective means to navigate the array of support services to meet their individual needs and choices. (Parenting Education and Family Support)

Why it's important: Parents are their children's first and most influential teachers; furthering their knowledge and skills about parenting, health, and child development helps them to prepare their children for success in school and beyond. While there is a great deal of information available to parents, it can be difficult to sort through and evaluate.

Tactic 1: Continue to develop and prioritize clear and simple messages (i.e. Success Starts Early toolkit) about parenting, health, and child development to be:

- a) Integrated into the curricula of early childhood services providers.
- b) Disseminated by other natural points of contact for families (e.g. human services agencies, medical homes, churches, businesses, etc.).

Tactic 2: Help families navigate the early childhood system by creating a coordinated resource to provide information and referrals to early childhood services.

- a) Launch a community workgroup to identify/study best practices
- b) Develop a proposed model for Kent County.
- c) Being intentional about keeping partners engaged in the development process.

Tactic 3: Tracking national and state trends towards a coordinated community approach to ensure early identification of developmental delays and disabilities.

Tactic 4: With the Home Visiting Hub and Welcome Home Baby, expand opportunities to engage prenatal mothers to increase engagement and retention in home visiting and other parenting education programs (with a focus on programs for families with infants and toddlers).

Tactic 5: Identify means to track and analyze current capacity of home visiting and other parenting education programs (with a focus on programs for families with infants and toddlers) to ensure community needs are met. In partnership with Home Visiting Local Leadership Group identify strategies to effectively match programs to families based on information gathered during the WHB visit and how program will better collaborate to deepen services for families.

Tactic 6: Ensure parents voice is included in the development of systems, programs and discussion related to early childhood.

Strategy D: Deepening partnerships to enhance access for young children to comprehensive and coordinated health care – including primary, dental, and behavioral/mental health care as well as linkages to additional services. (Physical & Behavioral Health)

Why it is important: Children must be healthy to be ready for school and life success. Many children, particularly those with public or no insurance, have limited access to preventive physical, dental and behavioral health care and consequently are not as healthy as privately insured children. The depth of programming in Kent County will require purposeful work and coordination as strategies are developed and implemented.

Tactic 1: Partner with Oral Health Coalition to identify means to increase access to quality dental services and oral health education for families with public or no insurance. Coalition

Tactic 2: Advocate for increased access to behavioral/mental health services for children with public or no insurance by strengthening linkages between primary care and behavioral/mental health providers.

Tactic 3: Align with maternal, infant and toddler medical providers (i.e. obstetricians, pediatricians and hospitals) to connect parents to services that address essential needs and other social determinants of health.

Tactic 4: Maintain partnership and active engagement within the Coordinated Health Impact Alliance (CHIA) working toward the Health Access Goal of Heart of West MI United Way, particularly as it has impact on families with children pre-natal to 3rd grade.

Tactic 5: Ensure all babies are connected with a medical home through Welcome Home Baby, in keeping with current program design. With Home Visiting HUB and partners, identify strategies to increase prenatal engagement with health-oriented services.

Tactic 6: Receive recommendations anticipated from the work of Welcome Home Baby Advisory Task Force (August-September, 2015) and take action to facilitate transfer of Welcome Home Baby to appropriate community agency in early childhood system, with similar or different program design components in keeping with Welcome Home Baby's role as gateway to early childhood system.

Strategy E: Expand access to and increase participation in quality early learning programs, such as preschool, child care, and play & learn groups. (Early Care & Education)

Why it's important: There is evidence that high-quality early learning programs help to prepare children for success in school and beyond. Many young children do not have access to early learning programs, due to capacity limitations and difficulty in accessing services. There is a lack of consistent quality across early learning settings, and it often is difficult for families to assess a program's quality.

Tactic 1: Develop a plan to make preschool available to all 3- and 4-year-old children considering a variety of payment options (ranging from tuition-free to full tuition) based on family income. This includes GSRP, Head Start and 3-Year-Old Scholarships.

- Establish advocacy agenda with other early childhood system partners, making the case for public funding (federal, state, and/or local) of quality pre-school for children age 3.

Tactic 2: Through coordination and alignment, increase the availability of early learning programs for infants and toddlers, prioritizing underserved communities.

Tactic 3: Support the state Tiered Quality Rating and Improvement System - TQRIS (state standards and rating system for early learning providers and programs) in Kent County. Advocate for increased slots in identified underserved areas of Kent County.

Tactic 4: Convene a Preschool Readiness Advisory Committee comprised of educators, community members and parents who represent Kent County. Set goals for continuous quality improvement, market free preschool as well as review and amend, as needed, guidelines for recruitment and intake.

Tactic 5: Support the implementation of a county-wide kindergarten entry assessment. Leverage current State of Michigan efforts. Utilize existing preschool assessment data where applicable. Expand focus to include kindergarten transition planning.

Tactic 6: Complete the transition of Early Learning Communities (ELC) to Grand Rapids Public Schools (GRPS). Share findings with other school districts, as appropriate.

Additional Considerations

This plan update is presented against a backdrop of a year of transition, including:

- New leadership in the positions of First Steps Executive Director and Director of Great Start Collaborative
- Transfer of demonstration programs currently under operating under First Steps' auspices to other community partners in the early childhood system by mutual agreement and with due diligence
- Renewed focus by First Steps on its role as convener and advocate for the early childhood system and the children and families within it.
- Continued support of program evaluation and gaps/needs analyses in early childhood system.
- Updating and formalizing relationships with memoranda of agreement (where applicable) with community partners, including Great Start Collaborative, Kent Intermediate School District, Kent County Family and Children's Coordinating Council, KConnect, Talent 2025, and other partners as may be identified.
- A community wide review of this plan and the engagement of all partners in the early childhood system. (This process should culminate in determining continuing strategies and tactics for the years through 2018.)
- Continued work to support and explore resources for the sustainability of funding of the several components of the early childhood system.

PROFILE AND HISTORY

The Kent County community has a strong history of collaboration and innovation to support children and their families. Over the last two decades, considerable time and resources have been invested to identify the needs of young children in Kent County and work to develop a comprehensive and coordinated system of support services to meet those needs. A commitment to continuity has guided the process; today's work is building on and refining earlier work, following the path previously put in place by the community.

To guide this work, the community convened on multiple occasions and proffered the following documents:

- *When the Bough Breaks...Kent County's Child Care Crisis* in 1990
- *Our Children, Our Future* in 1995
- *Next Steps* in 2000
- *Connections for Children Community Plan* in 2004

This work led to the development of a structure and a governing board of community leaders called the Early Childhood Children's Commission. In 2005, Governor Jennifer Granholm proposed an early childhood initiative known as Great Start, which led to the creation of the Early Childhood Investment Corporation. The following year, the ECIC awarded our community a grant to begin the Great Start Collaborative of Kent County and the Great Start Parent Coalition. A group known as the Early Childhood Committee or the Children's Partners became the first Great Start Collaborative.

Around this same time, intense work was underway to advance the ideas laid out in the *Connections for Children Community Plan*. Five committees (Infant-Toddler Care and Education, Home Visiting, Family Health, Communications, and Infrastructure) comprised of members from the Collaborative and Commission as well as other community members, began development of the first phase of the early childhood system. Their work was presented in *Making Strides: Kent County's Early Childhood System* released in October 2007, establishing the groundwork for the first demonstration projects.

The work to develop Kent County's early childhood system became much more public in 2009 with the community announcement that the Children's Commission would change to First Steps and obtain non-profit designation. First Steps works to champion a Community Plan for Early Childhood in Kent County, advise public will and advocacy, and provide leadership around community indicators, outcomes, and evaluation for an aligned and coordinated system.

Since 2013, the Great Start Collaborative has been under the governance of the Office of Great Start within the Michigan Department of Education and assembles a professional, community, and parent perspective on actualizing the work outlined in the early childhood community plan.

Evidenced in our data and trends reporting, this combination of professionals, parents, community leaders, and local officials working together on a plan has proven to be impactful and effective. Work accomplished in the first two plans as designed through deep community involvement has really made significant changes in our system and includes:

- Access to medical homes for children-Children's Healthcare Access Program
- Alignment of home visiting at birth-Welcome Home Baby

- Early Learning Communities
- Scholarship program for 3 year-olds
- Support of a Kindergarten Entry Assessment
- School Readiness Advisory to include a coordinated intake system for free preschool
- Marketing campaign for free preschool
- Parenting Messages
- Oral Health Access
- Community convenings, trainings and more.

We have been fortunate to have retained many of the First Steps Commission members from the beginning. The same is true for many of our community, who are actively involved members of our work groups. The Great Start Collaborative has had the same director for over eight years, in addition to many long-term parent leaders in the Great Start Parent Coalition. This continuity has served us well as we enter into our third strategic plan process.

In May of 2013, the Michigan Department of Education through the Office of Great Start issued the Great Start, Great Investment, Great Future document, a statewide plan for early learning and childhood development in Michigan. This plan has guided our efforts to revise our Community Plan for Early Childhood. Both of these documents helped direct the work emerging as our next areas of focus. Our method is to work together, to align and coordinate our services, to identify gaps where we need to bolster services, to measure effectiveness of the programs we have, and to develop sustainable funding. Thus we can ensure that every child is ready to succeed in kindergarten and life.



COMMUNITY STRENGTHS AND NEEDS ASSESSMENT

SUMMARY

This plan is informed by research work conducted by local institutions of higher education. Full details are found in this plan's Appendices.

Quantitative analysis of community metrics

The Community Research Institute at Grand Valley State University provided updated reports on community metrics previously provided to GSC (see Appendices B through F).

For many metrics, Kent County's overall trends since 2009 follow state patterns closely. Teen pregnancies and lead-poisoning rates are down sharply statewide and in Kent County. On-time graduation rates are improving in the Kent Intermediate School District (KISD) as they are statewide.

County-wide academic performance in 4th Grade Reading and 8th Grade Math proficiencies remain above the state average, but annual changes resemble the state pattern, and the county's advantage narrowed a little for both measures from 2013 to 2014.

The most notable exception to the state-following pattern is Kent County's above-average improvement in Early On special education eligibility. These are students found and identified as having delays and disabilities that make them eligible for Early On services. From under 20% in 2010, both state and county numbers spiked in 2011, but Kent County's number soared to almost 80%, far above the state average at about 40%. The county numbers have slowly fallen since 2011, but in 2014 the county rate was still over 20 percentage points higher than the state's 40%.

Consistent with the broader trend toward recovering cities and growing suburban and rural poverty in America, maps for 2009 and 2013 of "Extreme Risk/Need for Children" show that children's risks were reduced a bit in several inner-city areas, while they increased in northern rural townships, in the cities of Grandville, Wyoming, and Kentwood south of Grand Rapids, and in the southern townships of Byron and Gaines.

On-site "system scan" survey of GSC parents about access to services

To assess families' access to needed services, GSC fielded a survey distributed at the doors of early childhood provider sites; 535 parents responded, 84% of them female and 49% reporting income of under \$25,000 per year. Parents were asked to identify services for parents and then for children that they'd needed, looked for, found, and used. They identified the three most important of these and reported for each on sources of referrals, reasons for not using services, and a rating of the ease of discovery.

Though the question wording differed, the GSC survey's finding is consistent with the MSU report's numbers suggesting difficulty in service access. A majority of parents did not consider it "easy" to find services, and a sizeable minority (15%) reported significant difficulty finding services. Parent services most difficult to find were rent/mortgage assistance, financial planning classes, and financial aid for childcare. Child services most difficult to find were childcare, community activities, preschool, and counseling or behavioral/emotional health services.

One marked pattern is that lower-income respondents depended primarily on friends and relatives for service referrals, making less use of the Internet and professional experts to locate services. It may be difficult to increase service access without a means to motivate greater word of mouth among friends and family.



QUANTITATIVE ANALYSIS FINDINGS

The Extreme Risk/Need index for children has increased in rural and suburban areas of Kent County, but the index decreased in the core urban area between 2009 and 2013.

The rate of Kent County children ages 0 to 5 who live at or below 185% of the federal poverty level has increased in both the urban core and in the northern cities and townships.

Free and reduced-price lunch eligibility increased in Kent County from 2010 to 2014.

Teen pregnancies decreased consistently from 2009 to 2013 in Kent County, parallel to statewide trends.

Kent County has experienced a significant decrease in children 1 to 2 years of age with lead poisoning between the years of 2009 and 2013.

The Medicaid coverage rate for children ages 0 to 18 increased throughout Kent County from 2009 to 2013, following a statewide pattern. However, the Medicaid coverage rate for children 0 to 5 fluctuated in a consistent range below the statewide average.

On-time graduation rates in KISD have increased steadily since 2009, closely matching a statewide trend.

4th Grade Reading and 8th grade math scores for KISD consistently outperform state MEAP averages.

Kent County's Early On identification of children ages 0-3 with delays and disabilities is above the average of the state from 2010-2014.

SYSTEM SCAN FINDINGS

535 Kent County parents completed the Great Start 2015 Service Access Survey.

The majority reported some difficulty finding services their family needed (59% for parent services and 58% for child services).

A sizeable minority reported that it was "very" or "extremely difficult" to find services (16% for parent services and 15% for child services).

Parents were especially likely to need or look for—but not find or use—childcare, help paying for childcare, and rent/mortgage assistance.

Food assistance, counseling, and health insurance access topped the list of the most important parent services they sought to find.

Childcare, community activities, pre-school, and counseling or behavioral/ emotional health services topped the list of the most important child services for which they looked.

Parents relied most on their own past experiences, friends/relatives, and the Internet/phone book as sources of information for the services their family needed.

Respondents were most likely to report "I couldn't find it at all" and "I did not qualify for it" as reasons they did not use services for which they looked.

GOALS AND STRATEGIES SUMMARY

The Great Start Collaborative of Kent County is committed to achieving Michigan's early childhood outcomes established through the office of Great Start and create systemic changes to align our community to those outcomes.

As we reviewed our evaluation findings report provided by the Investment Corporation and Michigan State University from 2012, our constituents, leadership and readiness for change had made significant improvements in our collaborative process. Our systems change climate and intentional changes to it were showing strong evidence of need. Since that time we have been acutely aware that we need to continue our work to barriers for the families we serve. We are fortunate in Kent County to have a depth of services and some amazing place space initiatives. We have also made significant systems changes to several areas such as access to medical home and alignment of home visiting at birth. Our community has developed some effective intake systems around health, free preschool, basic needs and home visiting at birth. A logical next step for us is to establish a connector system for these intakes that will streamline the process for families as they may need a multitude of services. Our challenge for further alignment and in helping families find these services on a county wide basis has become a primary focus.

Our strategies and objectives were selected to actualize the community plan and strongly based on the community needs and strength assessment. Our Action Agenda has been linked to key data points and quantitative data findings.

The following strategies have been identified for the implementation over the next three years and will be the focus of work for the Great Start Collaborative for 2015-2018.

- Expand the Home Visiting Hub beyond the birth timeframe
- Expand access to counseling & behavioral mental health services for young children
- Expand access & align partners for Kent County Oral Health
- Develop a plan for the release & use of parent messages and actionable information
- Empower parents & improve family leadership & outcomes
- Align, coordinate & communicate around existing quality early childhood services
- Support a community approach to Kindergarten Readiness
- Convene & participate in a school readiness advisory group
- Explore the development of a central resource & referral system to assist families in navigation of services
- Develop strategies around the acquisition of sustainable funding for early childhood

2015-16 ACTION AGENDA

Great Start Kent Vision: Every young child in Kent County will enter Kindergarten healthy and ready to succeed in school and in life

GOAL 1: PROMOTE HEALTHY BEGINNINGS

GOAL 2: NURTURE STRONG FAMILIES

GOAL 3: PROMOTE QUALITY EARLY LEARNING

GOAL 4: BUILD INFRASTRUCTURE TO SUPPORT EARLY CHILDHOOD SYSTEM

Strategy 1: Expand the Home Visiting Hub beyond the birth time frame.

- Convene a community work group
- Create group goals and charge
- Study best practice
- Develop alignment guidelines
- Establish outcomes to be measured
- Increase families served

Strategy 1: Develop a plan for the release & use of parent messages and actionable information

- Advance the www.successtartearly.org site
- Develop a campaign for the use of messages
- Test messages and get parent feedback
- Plan additions for website based on needs
- Update annually
- Explore strength based delivery systems and approaches

Strategy 1: Align, coordinate and communicate around existing quality early childhood services. Identify gaps, strengths and numbers served across home visiting, quality care and education and preschool

- Develop advocacy efforts
- Create a triage system for providers
- Create a services menu for parents to include web and mobile applications
- Strengthen connections between programs
- Transition Early Learning Communities into GRPS

Strategy 1: Explore the development of a coordinated resource & referral system to assist families in navigation of services.

- Convene a work group
- Create group goals and charge
- Research best practice models to include "Help Me Grow"
- Outline other existing intake systems to address family & whole child needs. Determine how they would be connected to a coordinated model concept.

Strategy 2: Expand access to counseling & behavioral mental health services for young children.

- Convene a community work group specific to ages 0-8
- Create group goals and charge
- Create a scan of services
- Map and align behavioral health screenings
- Study evidence based models
- Plan training for community response to trauma and toxic stress
- Study impact of mental health on a regional level

Strategy 2: Empower parents & improve family leadership & outcomes.

- Develop strong parent leaders through multiple leadership positions
- Provide identified training via the GSPC
- Train parent leaders in deep skill development
- Engage fathers and sponsor a fatherhood conference
- Support parent identified service projects

Strategy 2: Support a community approach to Kindergarten Readiness

- Align with the work of KCONNECT.
- Continue a county-wide KEA implementation team
- Provide the necessary support for participating teachers
- Work with MDE to inform them of findings
- Seek local data for common measurements
- Plan for advocacy agenda

Strategy 2: Develop strategies around the acquisition of sustainable funding for early childhood.

- Build on a community gap analysis to address the inequities in the early childhood system
- Support a community communications campaign to inform the community on the importance of early childhood
- Partner to identify other sustainable funding models such as social impact bonds
- Partner with a county wide team on millage timelines

Strategy 3: Expand access & align partners for Kent County Oral Health.

- Align with the early childhood community via the GSC & GSPC
- Plan for the roll-out of Healthy Kids Dental
- Align and connect all Oral Health training with GSTQ, GSPC & partners

Strategy 3: Convene & participate in a school readiness advisory group.

- Develop collaboration opportunities for GSRP and K staff and other transition strategies
- Plan specific survey for preschool stakeholders
- Connect GSPC and GSQ
- Identify options for classroom donations
- Expand work group and include GSRP compliance points

DATA AND EVALUATION

Through an equity lens we will gather and analyze data, establish outcomes and evaluate the early childhood system

GOAL 1: PROMOTE HEALTHY BEGINNINGS

Impacts 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 components:

- ☒ Pediatric and Family Health
- ☐ Communications/Advocacy
- ☒ Social and Emotional Health
- ☒ Infrastructure Support
- ☐ Parenting Leadership
- ☐ Child Care and Early Learning
- ☒ Family Support

Targets the following systems:

- ☒ Connections
- ☒ Components
- ☒ Mindsets
- ☒ Power
- ☒ Regulations
- ☒ Resources

Strategy 1: Expand the alignment & connection to home visiting services to include pre-natal & after the Welcome Home Baby timeframe

OBJECTIVES	ACTIVITIES	RESPONSIBILITIES	TARGET DATES	RESOURCES	MEASURES
1 Convene a wide community team to design an expanded intake system for connection to home visiting	<ul style="list-style-type: none"> Assign co-chairs Create a committee charge Meet with potential members 	WHB Program Manager First Steps	Fall 2015	Staff & time to meet with potential members	Work group membership Developed work charge
2 Create alignment guidelines & considerations & map of services & client qualifications	<ul style="list-style-type: none"> Discuss & complete in the work group format 	Co-chairs Staff	Jan – March 2016	Staff time and CRI updates to mapping	Updated maps Completed guidelines
3 Engage parents in offering input around how services can be improved to better serve families	<ul style="list-style-type: none"> Assign 1-2 parent reps to the workgroup Conduct a GSPC community-wide survey Report parent perspective to Home Visiting LLG (aka – Home Visiting Provider Network) 	WHB Program Manager Co-Chairs	Jan - March 2016	Parent Stipends GSC Budget	Completion of survey and reports
4 Research best practice models, identify strategies & goals to better reach mothers prenatally	<ul style="list-style-type: none"> Phone calls & trips to research best practice 	Staff Co-chairs	Jan – Sept 2016	Staff time Travel costs Consultation	Completion of rec. strategies
5 Create agreements MOU documents for agencies to share wait lists	<ul style="list-style-type: none"> Develop points to be considered Agencies will be encouraged to begin on a trial basis 	Staff Consultants	Oct 2016	Hire consultant assistance as needed for MOU's	Completed MOU's
6 Develop a business plan for a new intake system	<ul style="list-style-type: none"> Create the list of services & staff required to implement model 	Business plan consultant	Oct – Dec 2016	Consultant time for plan	Completion of business plan
7 Create and distribute promotional materials	<ul style="list-style-type: none"> Connect resources to social media Outreach to community partners including obstetricians, pediatricians and hospitals 	Intake Staff	2017 & beyond	Staff	# of materials distributed
8 Identify early childhood outcomes that will be measured & reported on by Home Visiting partners	<ul style="list-style-type: none"> Work with First Steps to identify outcomes 	WHB Manager Work Group	2016 & Ongoing	Staff Time Evaluations Team	Outcomes are measured & reported Evaluations Report
9 Develop a measurement strategy for analyzing home visiting data	<ul style="list-style-type: none"> Consult with evaluation/measurement source Collect data & analyze 	Staff Evaluation Team	2017 & beyond	Program Budget	Develop a community report

GOAL 1: PROMOTE HEALTHY BEGINNINGS

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- ☐ Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

Addresses the following components:

- ☐ Pediatric and Family Health
- ☒ Social and Emotional Health
- ☐ Parenting Leadership
- ☐ Child Care and Early Learning
- ☒ Family Support
- ☐ Communications/Advocacy
- ☐ Infrastructure Support

Targets the following systems:

- ☒ Connections
- ☒ Components
- ☐ Mindsets
- ☒ Power
- ☒ Regulations
- ☒ Resources

Strategy 2: Expand access to counseling & behavioral mental health services for children

OBJECTIVES	ACTIVITIES	RESPONSIBILITIES	TARGET DATES	RESOURCES	MEASURES
1 Develop a community work group that consists of all stakeholders	<ul style="list-style-type: none"> Meet with Health Net, Arbor Circle, Network 180, Easter Seals & others to determine involvement Recruit parents & community Assign co-chairs & develop a work group charge 	GSC Staff Co-Chairs	Oct – Dec 2015	GSC First Steps	Completion of membership & meeting dates
2 Map existing services, screenings & gaps	<ul style="list-style-type: none"> Collect data in a survey Email & phone call follow-up 	GSC Staff Agency Partners Possible Consultation	Jan 2016	GSC First Steps	Completion of report & maps
3 Study what other communities have put into place to connect families to services	<ul style="list-style-type: none"> Seek advice on communities to connect with key experts such as Deborah Daro Phone calls & interviews Review literature 	Co-Chairs Staff	2016	GSC Agency Partners Expert Consultation	Review all information Report on findings
4 Develop a community approach to reduce trauma & toxic stress	<ul style="list-style-type: none"> Create a plan of what is needed based on research, data & gaps 	Co Chairs Staff	2016	GSC Agency Partners	Articulated plan of action
5 Recommend & organize trainings for community needs	<ul style="list-style-type: none"> Research “The Incredible Years” Explore sending GSPC Parent Liaisons & others to training Survey to create a menu of training needed 	Co-Chairs Workgroup	2016-18	Community Partners	Trainings completed Schedule Developed

GOAL 1: PROMOTE HEALTHY BEGINNINGS

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Addresses the following components:

- ☒ Pediatric and Family Health
- ☐ Social and Emotional Health
- ☐ Parenting Leadership
- ☐ Child Care and Early Learning
- ☒ Family Support

Targets the following systems:

- ☒ Connections
- ☒ Components
- ☐ Mindsets
- ☒ Power
- ☒ Regulations
- ☒ Resources

Strategy 3: Expand access & align partners for Kent County Oral Health

OBJECTIVES	ACTIVITIES	RESPONSIBILITIES	TARGET DATES	RESOURCES	MEASURES
1 Align all work in early childhood with Kent County Oral Health efforts (KCOHC)	<ul style="list-style-type: none"> Have representation from KCOHC on the GSC Provide parent representation from the GSPC on the KCOHC. 	GSC Staff KCOHC Staff GSPC	Ongoing	Staff time	Meeting notes and involvement
2 Promote & support Health Kids Dental in Kent County	<ul style="list-style-type: none"> Plan for the roll-out & implementation via the KCOHC Support & promote all efforts Update Health Messaging to include new information 	GSC Staff KCOHC Staff GSPC	Oct 2-15 – Dec 2017	Staff time	Number of contacts/usage
3 Align & connect BRUSH Dental training & other oral health related opportunities to Great Start to Quality & the early childhood parents & partners	<ul style="list-style-type: none"> Provide training opps via GSTQ for providers Provide training via the GSPC Promote programming & training at the GSC 	GSC Staff GSTQ Staff KCOHC Staff GSPC	Ongoing	GSC GSTQ GSPC	Trainings scheduled & completed
4 Provide & gather community input for Oral Health 2020	<ul style="list-style-type: none"> Conduct surveys & focus groups as requested 	KCOHC Staff GSC Staff GSPC	Ongoing	KCOHC & GSC	Completion of surveys & focus groups

GOAL 2: BUILD STRONG FAMILIES

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- ☒ Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

Addresses the following components:

- ☒ Pediatric and Family Health
- ☒ Social and Emotional Health
- ☐ Parenting Leadership
- ☒ Child Care and Early Learning
- ☒ Family Support
- ☒ Communications/Advocacy
- ☐ Infrastructure Support

Targets the following systems:

- ☒ Connections
- ☐ Components
- ☒ Mindsets
- ☒ Power
- ☐ Regulations
- ☐ Resources

Strategy 1: Develop a plan for the release & use of parent messages

OBJECTIVES	ACTIVITIES	RESPONSIBILITIES	TARGET DATES	RESOURCES	MEASURES
1 Create flashdrives with video loops of all messages in English and Spanish	<ul style="list-style-type: none"> Test use of video loops in 20 offices & clinics Plan for deeper distribution 	CCM GSC Staff	Nov 2015	GSC Budget CHAP Practice Mgrs.	Completion of production Feedback from clinics
2 Work with Creative Change Mission (CCM) to develop a comprehensive marketing plan	<ul style="list-style-type: none"> Completion & activation of a marketing plan 	CCM First Steps GSC Staff	Dec 2015	GSC Budget	Completion of the plan
3 Promote www.successtartsearly.org	<ul style="list-style-type: none"> Improve the structure & content of the current First Steps/Great Start website Distribute bags, clips & materials with address at community events 	CCM GSPC	Oct 2015 – Feb 2016	First Steps GSC	New website completed Attendance at over 25 events with consideration to location Attendance at GSRP events
4 Test messages & solicit feedback from parents and agencies	<ul style="list-style-type: none"> Survey parents & agencies Meet partners to ask for feedback 	GSRP Advisory Groups GSC Staff	Jan – March 2016 & ongoing	Staff & GSC agencies GSPC	Feedback summary
5 Plan for updates to the messages & successtartsearly.org	<ul style="list-style-type: none"> Compile all feedback and send to CCM 	GSC Staff First Steps Staff	May 2016 & ongoing	GSC First Steps	Completion of updates

GOAL 2: BUILD STRONG FAMILIES

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Addresses the following components:

- ☐ Pediatric and Family Health
- ☒ Social and Emotional Health
- ☒ Parenting Leadership
- ☐ Child Care and Early Learning
- ☒ Family Support

Targets the following systems:

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- ☒ Components
- ☒ Mindsets
- ☒ Power
- ☐ Regulations

Strategy 2: Empower Parents and Improve Family Leadership and Outcomes

OBJECTIVES	ACTIVITIES	RESPONSIBILITIES	TARGET DATES	RESOURCES	MEASURES
1 Develop strong parent leaders by investing in parent liaisons and representatives	<ul style="list-style-type: none"> Retain 3-4 parent liaisons that represent the diverse parents of the county. Secure and retain parent reps that comprise 20% of the GSC. Connect parent reps to the GSC workgroups & the LLG Connect parent reps to the business meetings & activities of the GSPC 	GSC Director	Ongoing	GSC Budget	Parent Liaisons are completing identified responsibilities
2 The GSPC will provide trainings to parents and providers that will support them in becoming leaders in their families and communities	<ul style="list-style-type: none"> Literacy/Third Grade Reading Raising of America Training Legislative Night Explore potential for Incredible Years training Provide Incredible Years training via the GSPC to parents & providers Develop a plan to present early childhood messaging to parents of Kent County Seek feedback on parenting messages 	Parent Liaisons GSC	Dec 2015 January 2016 March 2015 August 2016 2016-18 Oct 2016-ongoing	Staffing Funds-GSC Budget Technology Space/Venue	Number of parents and providers attend trainings Training Evals
3 Provide in-depth training for parents, i.e., grant writing, speaking, etc.	<ul style="list-style-type: none"> Attend training for website coding & design/social media Attend training on Grant Writing Attend training on public speaking Attend community events & trainings on cultural competency Incredible Years raining of Trainers Training 	K.W. P.B. & M.H. P.B. & M.H. P.B., M.H., K.W. & GSC Director P.B., M.H., K.W.	FY 16 FY 16 FY 16 Ongoing FY 17-18	GSC Budget GSC Budget GSC Budget GSC Budget	Complete Training Complete Training Complete Training Complete Training

GOAL 2: BUILD STRONG FAMILIES

Strategy 2 : Empower Parents and Improve Family Leadership and Outcomes (Continued)

OBJECTIVES	ACTIVITIES	RESPONSIBILITIES	TARGET DATES	RESOURCES	MEASURES
4 Engaging fathers and male role models in early childhood	<ul style="list-style-type: none"> • Focus on Fathers Conference • GSPC June meeting – Co-parenting or Working with Other Adults to Raise Children • Recruit males for all GSPC meetings, with highlight on June Fatherhood meetings • Representation on Dad's Count Committee • Super DADS Event (Dads Against Dangerous Sleep) 	Parent Liaisons GSC Community Partners	April 2016 June 2016 Ongoing Ongoing Sept 2016	Staffing Funds-GSC Budget, Healthy Kent Budget, Grant Apps, Community Partners, Space/Venue	Number of attendees at Fatherhood conference Conference Evals June GSPC Fatherhood Meetings Evals
5 Support parent identified service projects such as the Kent Co. Diaper Drive, Safe Sleep & the Kent County Oral Health Coalition	<ul style="list-style-type: none"> • Diaper Drive 50/50 Raffle at Whitecaps game • Seek out grant opportunities • Continue outreach to increase community awareness of early childhood gaps & needs • Build new partnerships and strengthen existing relationships • Sleep sacks for the Welcome Home Baby Families • Promote Oral Health materials & training 	GSPC GSC Community Partners	Ongoing	Time Staffing Funds Community Partners	Number of families receiving diapers from pantries Number of diaper drives with community agencies Number of providers and agencies who have received current early childhood messages Funds and diapers collected New agency involvement in GSPC activities

GOAL 3: PROMOTE QUALITY EARLY LEARNING

Impacts the following early childhood outcomes:

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- ☒ Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

Addresses the following components:

- ☐ Pediatric and Family Health
- ☒ Social and Emotional Health
- ☐ Parenting Leadership
- ☒ Child Care and Early Learning
- ☐ Family Support

Targets the following systems:

- ☒ Connections
- ☒ Components
- ☒ Mindsets
- ☒ Power
- ☒ Regulations

Strategy 1: Align, coordinate & communicate around existing quality early childhood services

OBJECTIVES	ACTIVITIES	RESPONSIBILITIES	TARGET DATES	RESOURCES	MEASURES
1 Monitor current capacity of major early learning initiatives CRI will updated developed templates	<ul style="list-style-type: none"> Update maps twice per year on the number of children/families served in the following capacities: <ul style="list-style-type: none"> Home Visiting Quality Care & Education Free Preschool 	Co-Chairs GSC Staff CRI	Oct & April Annually	GSC Budget	Numbers will indicate growth in each area
2 Help parents & providers understand how to transition families into additional services	<ul style="list-style-type: none"> Develop a tool for parents (brochure/mobile app) to help them learn about available options Develop a continuum of services chart for providers to use as a triage mechanism (include geography & qualifications) 	GSC Staff Consultant	Sept 2015 – May 2016	GSC Budget	Completion of both instruments Increase of services & three year olds in preschool
3 Advocate for needed programming 0-5	<ul style="list-style-type: none"> Raise community awareness on need for scholarships for 3 year olds Provide community awareness of all quality improvement efforts Use data to rec. program expansions 	All partners	Ongoing	GSC Budget Partner Agency Resources	Completion of transition
4 Advise the transition of Early Learning Communities into GRPS	<ul style="list-style-type: none"> Receive program implementation reports & make recommendations 	ELC oversight staff	Ongoing	GSC Budget	Completion of transition manual
5 Support the expansion of free preschool	<ul style="list-style-type: none"> Connect GSRP efforts to all partners work & advocate for CBO's in needed geographical areas Connect community partners to "adopt a classroom" efforts Educate program partners on the effort to bring "at-risk" 3 & 4 year olds to preschool 	Co-Chairs All Partners	Ongoing	Time & focused effort	Increase of the number of children served

GOAL 3: PROMOTE QUALITY EARLY LEARNING

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Addresses the following components:

- ☐ Pediatric and Family Health
- ☐ Social and Emotional Health
- ☐ Parenting Leadership
- ☒ Child Care and Early Learning
- ☐ Family Support

Targets the following systems:

- ☐ Connections
- ☐ Components
- ☒ Mindsets
- ☒ Power
- ☒ Regulations

Strategy 2: Support the training for & use of a common Kindergarten Entry Assessment (KEA)

OBJECTIVES	ACTIVITIES	RESPONSIBILITIES	TARGET DATES	RESOURCES	MEASURES
1 Maintain a KEA Implementation Team that is inclusive of districts involved, the ISD & MDE	<ul style="list-style-type: none"> Invite one member from each participating school district Plan meeting dates & agendas 	GSC Staff ISD Staff	As needed (minimum quarterly)	GSC Staff ISD Staff Members	Attendance from all stakeholders
2 Establish communication with KCONNECT goals & measurements	<ul style="list-style-type: none"> Place updates on each group's meeting agendas Determine goals in common with MDE. 	Both Workgroups	Ongoing	Time Agenda Planning	Meeting agendas & notes
3 Determine what support & communication is necessary for successful annual implementation	<ul style="list-style-type: none"> Work with MDE to determine what support they will give Develop a local menu of support services Plan on what budget this will require Communicate the menu of support to all participating districts & teachers 	Secure a district lead MDE Consultant	Ongoing	GSC Budget	Teacher feedback on implementation
4 Evaluate yearly implementation & provide feedback to MDE & our community on the assessment & process	<ul style="list-style-type: none"> Survey to all KEA stakeholders Send all survey data & feedback to MDE Seek permission from every district to share compiled data 	GSC Staff KEA Workgroup	Nov 2016 Nov 2016	GSC (use survey monkey) GSC (use survey monkey)	Report on findings
5 Support the MDE, KEA implementation, share information with Kent County & continue to advocate for a KEA process	<ul style="list-style-type: none"> See updates from the MDE Office of Standards & Assessment Share these updates with the LEA's & Charter Schools 	KEA Workgroup KISD	Ongoing	ISD Communications First Steps Communications	Updates as produced via email & newsletters Updates as produced via email & newsletters

GOAL 3: PROMOTE QUALITY EARLY LEARNING

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Addresses the following components:

- ☐ Pediatric and Family Health
- ☐ Social and Emotional Health
- ☐ Parenting Leadership
- ☒ Child Care and Early Learning
- ☐ Family Support

Targets the following systems:

- ☒ Connections
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- ☒ Mindsets
- ☒ Power
- ☒ Regulations

Strategy 3: Convene & Participate in a School Readiness Advisory Group

OBJECTIVES	ACTIVITIES	RESPONSIBILITIES	TARGET DATES	RESOURCES	MEASURES
1 Oversee continuous improvement of the implementation of the GSRP programs	<ul style="list-style-type: none"> Conduct annual survey of all GSRP stakeholders Share & address survey findings with GSRP staff and Advisory Team Per feedback from the last survey, explore support for parent activities with GSRP teachers 	Advisory Team-GSC Director KISD	April-May Annually Fall of the next year	GSC	Survey Report
2 Provide Community Support & communication of all early childhood initiatives to all pre-school programs	<ul style="list-style-type: none"> Develop strategies to connect Great Start to Quality (GSQ) with the GSRP, Head Start & private preschool communities & parents Develop strategies to connect the GSPC & their activities, trainings & events to GSRP, HS, & private preschool programs Develop strategies to connect the current early childhood messaging to GSRP, HS & private preschool 	GSQ GSPC First Steps & parent messages	Ongoing	Materials on Early Childhood initiatives	Attendance at preschool meetings
3 Assure that the School Readiness Advisory Team is inclusive of & advisory for all GSRP program requirements.	<ul style="list-style-type: none"> Work closely with the early childhood contact in the formation of all agendas to include required elements 	EC Contact GSC Director	Ongoing	Planning Meetings	Advisory Team agendas to include required components
4 Maintain and improve a process for Recruitment & Intake for free preschool Maintain & improve a yearly marketing plan for free preschool	<ul style="list-style-type: none"> Plan for yearly improvements for the intake process Assist all GSRP partners in understanding the recruitment & enrollment priorities & process Maximize the numbers of children served annually until projections are realized 	R/I Workgroup R/I Workgroup All GSRP Partners	Ongoing Ongoing Annual & Ongoing	Staff & Community Staff Staff & Community	Written procedures Annual number of children served

GOAL 3: PROMOTE QUALITY EARLY LEARNING

Strategy 3: Convene & Participate in a School Readiness Advisory Group (Continued)

OBJECTIVES	ACTIVITIES	RESPONSIBILITIES	TARGET DATES	RESOURCES	MEASURES
5 Maintain & improve a yearly marketing plan for free preschool	<ul style="list-style-type: none"> Establish a meeting in the fall to evaluate success & needs Establish a meeting in early January to plan for the upcoming yearly recruitment 	<p>Marketing Chair & GSC Staff</p> <p>Marketing Chair & GSC Staff</p>	<p>Sept 2015</p> <p>Jan 2016</p>	<p>GSC Budget, potential blending of free preschool program budget line items</p>	<p>Meeting notes with recommendations</p> <p>Developed plan for implementation</p>
6 Expand & maintain Advisory Group membership to include diverse communities & required members	<ul style="list-style-type: none"> Connect the GSQ team to preschool training needs, teachers & parents Identify additional teachers to serve & provide meetings on Fridays to allow their attendance 	<p>Chairs, GSC Staff</p> <p>Chairs, GSC Staff</p>	<p>Sept 2015 & Annual</p> <p>Sept 2015 & Annual</p>	<p>Parents & GSRP Staff</p> <p>Parents & GSRP Staff</p>	<p>Advisory Team</p> <p>membership</p> <p>GSQ Trainings</p> <p>GSQ staff assistance at GSRP parent events</p>
7 Identify annual options for needed classroom donations & start up classroom expenses	<ul style="list-style-type: none"> Develop 2 concise lists & classroom locations Promote "adopt" a classroom opportunities 	<p>EC Contact</p> <p>Preschool Directors</p> <p>GSC & First Steps</p>	<p>Oct 2015 & Ongoing</p>	<p>To be requested & released to the community</p> <p>Newsletters</p> <p>Websites</p>	<p>Donations granted</p>
8 Explore transportation models to expand opportunities	<ul style="list-style-type: none"> Outline potential transportation considerations & current models used 	<p>EC Contact</p>	<p>FY 2015 & Ongoing</p>	<p>GSPC Budget</p> <p>Blending models for consideration</p>	<p>Developed written plan</p>
9 Promote transition connections from preschool to Kindergarten	<ul style="list-style-type: none"> Recommend specific collaboration opportunities for preschool & K teachers Invite Kindergarten staff to specific professional development opportunities Provide ideas that promote transition Share the Transition Manual (developed from the ELC pilot) with KISD districts & preschool partners 	<p>EC Contact</p> <p>KISD, GSQ</p> <p>School Readiness Advisory Group</p> <p>GSC Staff, GRPS</p>	<p>FY 2016 & Ongoing</p> <p>FY 2016 & Ongoing</p> <p>FY 2016 & Ongoing</p> <p>FY 2016</p>	<p>GSRP Advisory Meetings</p> <p>P.D. Budgets</p> <p>Share at all meeting venues</p> <p>GSC Budget</p>	<p>Confirmed dates & times of events</p> <p>Confirmed invitations & attendance</p> <p>Agendas & meeting notes</p> <p>Completion of Manual</p>

GOAL 4: BUILD INFRASTRUCTURE TO SUPPORT AN EARLY CHILDHOOD SYSTEM

Impacts the following early childhood outcomes:

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- ☒ Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

Addresses the following components:

- ☒ Pediatric and Family Health
- ☒ Social and Emotional Health
- ☐ Parenting Leadership
- ☒ Child Care and Early Learning
- ☒ Family Support

Targets the following systems:

- ☒ Connections
- ☒ Components
- ☒ Mindsets
- ☒ Power
- ☒ Regulations
- ☒ Resources

Strategy 1: Explore the Development of a Central Resource & Referral system to assist families in navigation of services

OBJECTIVES	ACTIVITIES	RESPONSIBILITIES	TARGET DATES	RESOURCES	MEASURES
1 Form a wide community workgroup & create large goals	<ul style="list-style-type: none"> Determine co-chairs & explore leadership & potential membership Create a work group charge 	GSC Staff Co-Chairs	Oct 2015	Stakeholders to form work group	Assignment of work group member
2 Research best practice models around the U.S. including "Help Me Grow"	<ul style="list-style-type: none"> Develop print materials for workgroup Phone calls & conferences with other communities 	GSC Staff Co-Chairs	Oct 2015 – May 2016	GSC Budget	Report on all research
3 Design a flow grid of other intake systems that need to be connected to a central system.	<ul style="list-style-type: none"> Study other intake in our community <ul style="list-style-type: none"> o Health Net o Network 180 o Free Preschool 	Stakeholders Staff	July 2016	Staff Professional Facilitator	Completion of the flow chart design
4 Outline key components necessary for a comprehensive approach to parent navigation	<ul style="list-style-type: none"> Take concepts to date through a human centered design process 	Co-Chairs GSC Staff Facilitator TBD	Sept – Nov 2016	GSC Budget	Completed Outline
5 Create a business plan & design for recommended system	<ul style="list-style-type: none"> Develop the component outline into a program business plan 	Business Plan Consultant	Jan 2017	GSC Budget	Completed business plan & budget design
6 Present recommendations to the GSC & First Steps	<ul style="list-style-type: none"> Develop presentation to include all of the background studies & recommendations 	GSC Staff Communications Staff	March – April 2017	Co-Chairs GSC Staff	Completed Power Point Presentation

GOAL 4: BUILD INFRASTRUCTURE TO SUPPORT AN EARLY CHILDHOOD SYSTEM

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Addresses the following components:

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- ☐ Social and Emotional Health
- ☐ Parenting Leadership
- ☐ Child Care and Early Learning
- ☐ Family Support

Targets the following systems:

- ☒ Connections
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- ☒ Mindsets
- ☒ Power
- ☒ Regulations
- ☒ Resources

Strategy 2: Develop strategies around the acquisition of sustainable funding for early childhood

OBJECTIVES	ACTIVITIES	RESPONSIBILITIES	TARGET DATES	RESOURCES	MEASURES
1 Develop & implement a strategic communications plan that increases community understanding of early childhood & early investment rationale	<ul style="list-style-type: none"> Develop a comprehensive communications plan Update the annual state of early childhood 	Communications staff Create Change Mission	Oct – Dec 2015	\$150,000 raised via GAP campaign	Completion of the plan & its parts and pieces, i.e., new website & presence
2 Set an advocacy agenda for Kent County in cooperation with Talent 2025	<ul style="list-style-type: none"> Work with local, state and national partners on advocacy agenda (OGS, Michigan's Children, Center for MI, Public Sector Consultants, EC-LINC, Talent 2025 and KConnect) Attend meetings and share findings with GSC and FS Commission 	Staff Talent 2025 Early Childhood workgroup	Ongoing	Time to research & discuss with all partners	Meeting notes of Talent 2025 & the First Steps Commission
3 Communicate, research, best practice, outcomes & standards for evaluation for Kent County	<ul style="list-style-type: none"> Work with partners at EC – LINC to learn about their best practice Community meetings to determine agreed upon outcomes 	First Steps GSC	2016	Research & time	Developed list of appropriate outcomes & MOUs for systems evaluation
4 Complete polling & related community research towards the scheduling of a county millage proposal	<ul style="list-style-type: none"> Develop poll questions Conduct telephone poll 	First Steps Epic MRA	Oct – Dec 2015	Gap Campaign by First Steps	Completion of poll & full report
5 Follow progress of Pay for Success/Social Impact Funding for development in early childhood	<ul style="list-style-type: none"> Work with community team on current initiatives Explore new opportunities for Social Impact funding 	First Steps Exec. Director	Ongoing	Staff time	Meeting notes & reports on progress

FINANCING AND FUND DEVELOPMENT

The Great Start Collaborative of Kent County works in collaboration with First Steps to identify funds that support the Community Plan for Early Childhood. As work is identified in the Action Agenda, an amount of infrastructure funding is allocated through the annual Great Start budget to advance our work. This year we are launching a new strategic plan and assembling new work groups requiring an increased amount designated for Community Plan support. The Great Start Collaborative has also worked diligently to secure community funds in addition to First Steps. Local and national foundations and funders that have contributed within the last year includes:

- Doug and Maria DeVos Foundation
- Keller Foundation
- Kate and Richard Wolters Foundation
- Mike and Sue Jandernoa Foundation
- Frey Foundation
- Steelcase Foundation
- Sebastian Foundation
- Meijer Family Foundation
- John and Nancy Kennedy Foundation
- Secchia Family Foundation
- Meijer, Inc.
- Wege Foundation
- Stranahan Foundation
- Whitecaps Foundation
- Heart of West Michigan United Way
- The National Diaper Bank
- Old National Bank
- PNC Foundation
- First Steps Commission

Last year, the Great Start Collaborative contributed funding to develop the Gap Campaign to allow us to begin further work towards sustainable funding for the early childhood system we envision. The work on this was detailed in the FY 2015 report. To date, we have raised \$293,750.

Our efforts will work to support First Steps as they determine how and when we will seek a millage campaign in Kent County for early childhood. We are currently meeting with a large group that includes City and County officials as well as agencies and school districts that seek to conduct a millage campaign in the near future. Polling research is underway as an initial action step.

In order to prepare for a millage, we have completed considerable amount of research and analysis on the service gaps and what the costs would be to fill the gaps. In addition, we have set guidelines for targeting services as revenues are raised. This planning has placed evidence-based home visiting and high quality preschool for three-year-olds as service priorities to which we wish to target any revenue raised for system expansions.



GAPS IN EARLY CHILDHOOD FUNDING

Explanation and summary findings¹

“Every young child in Kent County will enter kindergarten healthy and ready to succeed in school and life” – that is the vision that inspires and guides the work of First Steps and other early childhood advocates in Kent County. Parents, educators, private and public sector service providers, healthcare providers, county government, and business and philanthropic leaders are all working together to improve outcomes for children with the development of a comprehensive and coordinated system of services for children from birth to age five (or kindergarten entry) and their families. The core components of that system are: parenting education/family support, physical/behavioral health, early learning, and communications/ advocacy. Those core components are evidence-based and have remained consistent from early efforts expressed in the Connections for Children (2004), Making Strides (2007), and the current 2013-2016 Community Plan for Early Childhood. While cross-sector collaboration and consensus on the Community Plan represents significant progress, persistent gaps in capacity and resources demand our attention.

This updated Gap Analysis focuses on the early childhood services that emerged as priorities in the development of the 2013-2016 Community Plan. While it is organized by the core components listed above, it is important to recognize that many services are interdependent and impact multiple areas of the system (i.e. health and early learning or parenting education and health and communications). This Gap Analysis identifies estimates of current need and system capacity, and assesses gaps in enrollment, capacity, and funding relative to the overall vision and plan. It does NOT, however, identify strategies to fill those gaps. It is based on reasonable estimates and proxies to produce funding projections needed to scale and sustain priority services.

The information in this document supports our ongoing commitment to expand and sustain effective services in order to improve outcomes for young children. Other efforts have included:

- Establishing common child outcomes to be measured across early childhood, at program and system levels
- Examining the effectiveness of individual services
- Identifying duplication
- Assessing alignment and system integration

Key findings

- If essential supports identified in the Kent County Community Plan for Early Childhood are included and brought to scale, the annual gap in funding to sustain Kent County’s early childhood system is estimated to be \$32.6 million or approximately \$750 per child, averaged for all children under the age of 6. ¹ This is based on continued public funding at current levels, and the assumption that private funding is not sustainable.
- Two types of services account for approximately 90% of the total gap in funding:
 - High-quality preschool for children ages 3 and 4; \$15.4 million total, including \$11 million for eligible 3-year-olds and \$4.4 million for eligible 4-year-olds (not including transportation) and
 - Evidence-based home visiting for our youngest children: \$13.8 million for ages 0 to 36 months; \$9.2 million if limited to ages 0 to 24 months.

It is worth noting that both of these services are aligned with the agendas for Michigan business leaders – Children’s Leadership Council, Center for Michigan, Business Leaders for Michigan and Talent 2025 – advocating for priorities to increase public investment in evidence-based early childhood services.

- The Governor’s budget for the 2014-2015 school year and in 2013-14 included historic expansions of the Great Start Readiness Program (GSRP) at \$65 million per year for a total investment of \$130 million. With this additional investment, it is anticipated that by fall 2014, in Kent County approximately 76% of vulnerable 4-year-olds (up from 54% the previous year), but only 11% of vulnerable 3-year-olds, will be enrolled in publicly funded preschool.
- With regard to services for our youngest children, only 23% of vulnerable children ages 0 to 36 months have access to a home visiting program. This is a number that vacillates annually based on the ebb and flow of private funding.
- Predictably, gaps and costs decrease significantly if the target populations are limited.
 - If publicly funded preschool is available only to 4-year-olds, the funding gap drops by \$11 million from \$15.4 million (for 3’s and 4’s) to \$4.4 million (for 4’s only).
 - If home visiting is available only to children ages 0 to 24 months, the need drops from \$13.8 million for 0-36 months to \$9.2 million, a decrease of \$4.6 million.
 - Limiting the target populations, then, creates a total impact in these two areas (preschool and home visiting) wherein the funding gap drops from \$29.2 million to \$13.6 million, falling by 53% or \$15.6 million.



SERVICE TYPE AND NUMBER SERVED	GAP: NUMBER AND % OF ELIGIBLE/TARGETED CHILDREN <i>NOT BEING SERVED</i>	COST TO SERVE GAP: ELIGIBLE OR TARGETED CHILDREN	TARGETED OR ELIGIBLE POPULATION
<p>WELCOME HOME BABY (WHB) is a gateway for families of newborns; of the 4,126 eligible targeted newborns in 2013:</p> <p>3,278 (79%) of eligible visited in hospital</p> <p>2,364 (57%) accepted WHB in hospital</p> <p>1,781 (43%) of completed home visit <i>If universal</i>, (8,802 total births in 2013):</p> <p>3,278 (37%) visited in the hospital</p> <p>2,364 (27%) accepted WHB in hospital</p> <p>1,781 (20%) completed home visit</p>	<p>WHB nurses assess, triage and connect families to services if desired.</p> <p>848 eligible but <i>not accessible in hospital</i> (21%)</p> <p>1,762 eligible but <i>not accepting HV</i> (43%)</p> <p>2,345 eligible but HV <i>not completed</i> (57%)</p> <p>5,524 (63%) eligible but <i>not accessible in hospital</i></p> <p>6,438 (73%) <i>not accepted in hospital</i></p> <p>7,021 (80%) <i>did not complete</i> home visit</p>	<p>\$792,200 (assumes 60%, or 2,476, of eligible newborns receive home visits at an approximate cost of \$320 per visit); a 60% completion rate is about average for HV as % of eligible births (e.g., Cuyahoga-Cleveland, OH & Durham, NC)</p> <p>\$1.7 million (assumes 60%, or 5,281, of total newborns complete home visits @ \$320/visit)</p> <p>WHB largely is funded by private sources; roughly 15-20% is publicly funded and/or program revenue</p>	<p>Population currently eligible is <i>targeted</i>:</p> <ul style="list-style-type: none"> • First-time parents • First birth in U.S. • Parent(s) aged 25 or younger <p>Universal (all babies born of Kent County residents)</p>
<p>HOME VISITING (HV)** - Voluntary parent coaching & education delivered in home</p> <p>1,800 (23%) of 7,750 eligible are served. Local evidence-based program models include: Early On*, Healthy Families America (HFA), Infant Mental Health (IMH), Parents as Teachers (PAT), Play & Learning Strategies (PALS)</p> <p><i>*Note: these are "point in time" figures rather than annual.</i></p>	<p>For ages 0 to 36 months, 6,000 (77%) of 7,750 eligible are <i>not served</i>.</p> <p>For ages 0 to 24 months, 3,400 (65%) of 5,200 eligible are <i>not served</i>.</p> <p><i>*Although Early On is federally funded, in Michigan it is grossly under-funded. Indeed, Michigan is the only state that does not contribute funding to this vital program which serves children with development delays.</i></p>	<p>\$13.8 million (ages 0 to 36 months) @ \$2,300/child on average</p> <p>\$9.2 million (ages 0 to 24 months) @ \$2,300/child</p> <p>**Many HV programs cited are funded primarily by private sources. These estimates <i>do not include</i> programs primarily supported by state or federal funding (which is assumed to be sustainable), e.g., Maternal Infant Health Program, Nurse Family Partnership, Federal Healthy Start and Early Head Start.</p>	<p>Based on need (Medicaid eligibility used as proxy)</p> <p>The target population for many home visiting programs is children age 2 or younger.</p>

¹ Note, however, that most of the services in the summary are targeted and not universal, so the costs would be spread over fewer children for a higher cost per child.

SERVICE TYPE AND NUMBER SERVED	GAP: NUMBER AND % OF ELIGIBLE/ TARGETED CHILDREN <i>NOT BEING SERVED</i>	COST TO SERVE GAP: ELIGIBLE OR TARGETED CHILDREN	TARGETED OR ELIGIBLE POPULATION
PARENTING EDUCATION: GROUP SESSIONS – early learning & parenting education, i.e., Baby Scholars (BS/Play & Learn Strategy), Bright Beginnings (BB/Parents as Teachers), Early Learning Communities (ELC) Roughly 2,100 (22%) of 9,400 eligible children are served	7,300 <i>not served</i> (78%) ***Gap for group sessions will decrease if preschool need is met	\$1.5 million (about \$200/child)	Both need-based and universal: • Medicaid-eligible 3 and 4-year-olds <i>not in preschool (roughly 5,600)</i> • 50% of all children ages 12-36 months (3,800) Largely privately funded, but some public funding supports BB.
PUBLICLY FUNDED PRESCHOOL Preschool for 4-year-olds: 3,730 (76%) of 4,930 eligible 4-year-olds served	1,200 (or 24%) of 4,930 eligible 4 year olds <i>are not served</i> in publicly funded preschool; estimates assume that the 2014-15 request for GSRP slots is approved & all slots are filled	\$15.4 million for both 3 and 4-year olds \$4.4 million (@ \$3,675/slot); because some placements are all day (taking up 2 slots instead of one), projections are that 1,200 of eligible 4-year-olds	Based on need (250% of the federal poverty level was used as a proxy), GSRP serves 4-year-olds only; Head Start serves 3's and 4's. ***Great Start Readiness Program, state funded preschool, serves children up to 250% of the federal poverty level, with additional risk factors. Head Start, a federally funded preschool program, uses 100% of the federal poverty level for eligibility
Preschool for 3-year-olds: 520 (11%) of 4,930 eligible 3-year-olds are served	4,410 (89%) of eligible 3-year-olds <i>not served.</i>	\$11 million eligible 3-year-olds (assumes \$2,500 per slot, the average for the Great Start Preschool Scholarship Fund) GSRP & Head Start are both government funded but preschool scholarships for 3-year-olds are privately funded.	
COMMUNICATIONS & ADVOCACY	N/A	\$175,000	Families for parenting messages and, potentially, voters and likely voters to build public will for investment in early childhood.

*Estimates for GSRP increases are based on the 2014-15 request submitted to the MI Department of Education in Kent County's community needs assessment.



APPENDICES

APPENDIX A

Evaluation of the Great Start Initiative by Michigan State University

Overview of Kent County

APPENDIX B

Kent County Data Trends by the Johnson Center – Grand Valley State University

APPENDIX C

Selected Report Updates, Johnson Center – Grand Valley State University

APPENDIX D

Quality Early Care and Education Map

APPENDIX E

Home Visiting Services in Kent County

APPENDIX F

Four-Year-Old Free Preschool in Kent County

APPENDIX G

Connecting Families to Services in Kent County by the Center for Social Research at Calvin College

APPENDIX H

Great Start 2015 Service Access Survey





Evaluation of the Great Start Initiative

Customized Feedback Report Kent GSC/GSPC

Prepared by Dr. Pennie Foster-Fishman
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Great Start Initiative Evaluation Executive Summary

Kent GSC/GSPC
2012

The goal of the **2012 Great Start Evaluation** was to assess the impact of the Great Start initiative at the State and Local levels, paying particular attention to gains made since the 2010 evaluation.

Key statewide findings include:

- Compared to 2010, GSCs and GSPCs in 2012 **made significantly more progress** in building the systems changes needed to ensure that all children are ready for school.
- On every outcome area examined, GSCs/GSPCs **accomplished far more in 2012** than they did in 2010. Of course GSCs/GSPCs varied in their achievement levels, but in general the trend across the state is positive movement forward.
- GSCs and GSPCs also significantly **strengthened all 8 levers for change** and these levers continue to play an important role in 2012.
- GSCs/GSPCs **grew the most** between 2010 and 2012 when they **built authentic voice**, local **readiness for change**, and actively **pursued systems change**.
- Three **NEW levers for change** have been identified: **Local Champions**, **Root Cause Focus**, and **Equity Orientation** and these levers were related to accomplishment levels in 2012.
- **GSC and GSPC infrastructure** also mattered, particularly the extent to which they created a **continuous learning environment**.
- **BOTH the GSC and the GSPC continue to matter!**
- **The gap between older and newer collaboratives has significantly diminished.**

This summary report focuses on your GSC/GSPC's:

1. **Accomplishments:** Outcomes which show progress toward an improved and expanded early childhood system.
2. **Levers:** key change strategies which are directly related to the success of Great Start efforts.
3. **Stage of Promoting Change:** level of performance on five core accomplishment areas.

2012 GSC/GSPC Participation - Kent: 67 surveys were sent out to a list of GSC/GSPC Members and Community Partners provided by the GSC Director and Parent Liaison. Your GSC Response Rate was 83.1% and GSPC Response Rate was 92.3%. Overall, the response rate for members and non-members was 80.6%. Statewide, 3106 surveys were sent out, with an overall response rate of 78%.

Overview	Kent			Statewide
	2010	2010 to 2012	2012	2012
Accomplishments: % Respondents reporting that GSC/GSPC has accomplished these impacts/outcomes Quite a Bit to a Great Deal				
Improved Outcomes for Children and Families	22.4%	↑	38.5%	47.0%
Improved Early Childhood System				
Increased Access to Early Childhood Services	46.3%	↑	55.8%	55.1%
Increased Coordination and Collaboration Across Agencies	32.8%	↑	48.1%	63.2%
Expanded Array of Early Childhood Services	57.8%	↑	68.6%	59.3%
Sustained and Expanded Public and Private Investment in Early Childhood	41.8%	↑	53.8%	41.7%
More Responsive Community Context				
Comprehensive Early Childhood System Improvements	31.3%	↑	44.2%	60.8%
Increased Community Support for Early Childhood Issues	37.3%	↑	57.7%	53.1%
Local Providers More Responsive to Parent Concerns	26.9%	↑	44.2%	46.7%
More Supportive Local Leaders and Elected Candidates	37.3%	↑	57.7%	50.3%
Empowered Families as Change Agents	35.3%	↑	55.8%	43.4%
Additional Outcomes: % respondents reporting that these conditions exist Quite a Bit to a Great Deal				
Parents Needs are Met				
Easier Access to Services	25.0%	↓	13.3%	44.4%
Informed Parents	0.0%	↑	20.0%	22.0%
Participation Benefits				
For Parents in GSC/GSPC	75.0%	↓	71.4%	63.7%
For Organizations in GSC	28.6%	↑	43.2%	39.5%

Building the Levers for Change

The 2010 survey results revealed eight factors critical to promoting Great Start accomplishments. These are called the “Levers for Change.” Below is your progress in enhancing your GSC/GSPC Levers for Change. **Most numbers reflect the percent of individuals responding “quite a bit” or “a great deal”.** *Strong Relational Networks* reflects the percent of service referral/access exchanges happening between GSC member organizations. *Active Constituents* reflects the average level of involvement of GSC/GSPC members.

Kent GSC/GSPC Levers for Change		2010	2010 to 2012	2012
Systems Change Climate	Strong Relational Networks Strong relational networks easily exchange referrals, coordinate services and share resources across various agencies in the community.	N/A	##	19.8%
	Intentional Systems Change Actions Active pursuit of system change efforts, such as shifting or adopting new policies, procedures, or programs to reduce barriers and improve the early childhood system.	25.0%	↓	0.0%
Readiness for Change	Interdependent Organizations Member organizations see the value in the collaborative effort and support other partners at the table.	39.3%	↑	62.2%
	Readiness for Change Individuals and organizations believe in the need for change and have the capacity to pursue it.	70.1%	↑	76.9%
Authentic Leadership and Voice	Parent Leadership & Voice Parents are effective leaders and competent champions for early childhood and represent a knowledgeable, diverse, and visible parent constituency.	39.7%	↑	71.2%
	Effective Partnerships Strong, effective ties between the GSC and GSPC, and also with key outside organizations in the community.	72.1%	↑	76.9%
Engaged Constituents	Shared Goals A unified vision shared with the GSC and GSPC, including: an aligned understanding of, and agreement upon problems, possible solutions, and overall goals.	55.8%	↑	67.3%
	Active Constituents Active and involved members making valuable contributions to the GSC/GSPC, including: speaking at meetings, holding an office, or advocating for early childhood in the community.	65.6%	↑	68.2%

Your Great Start Effort: Moving Forward

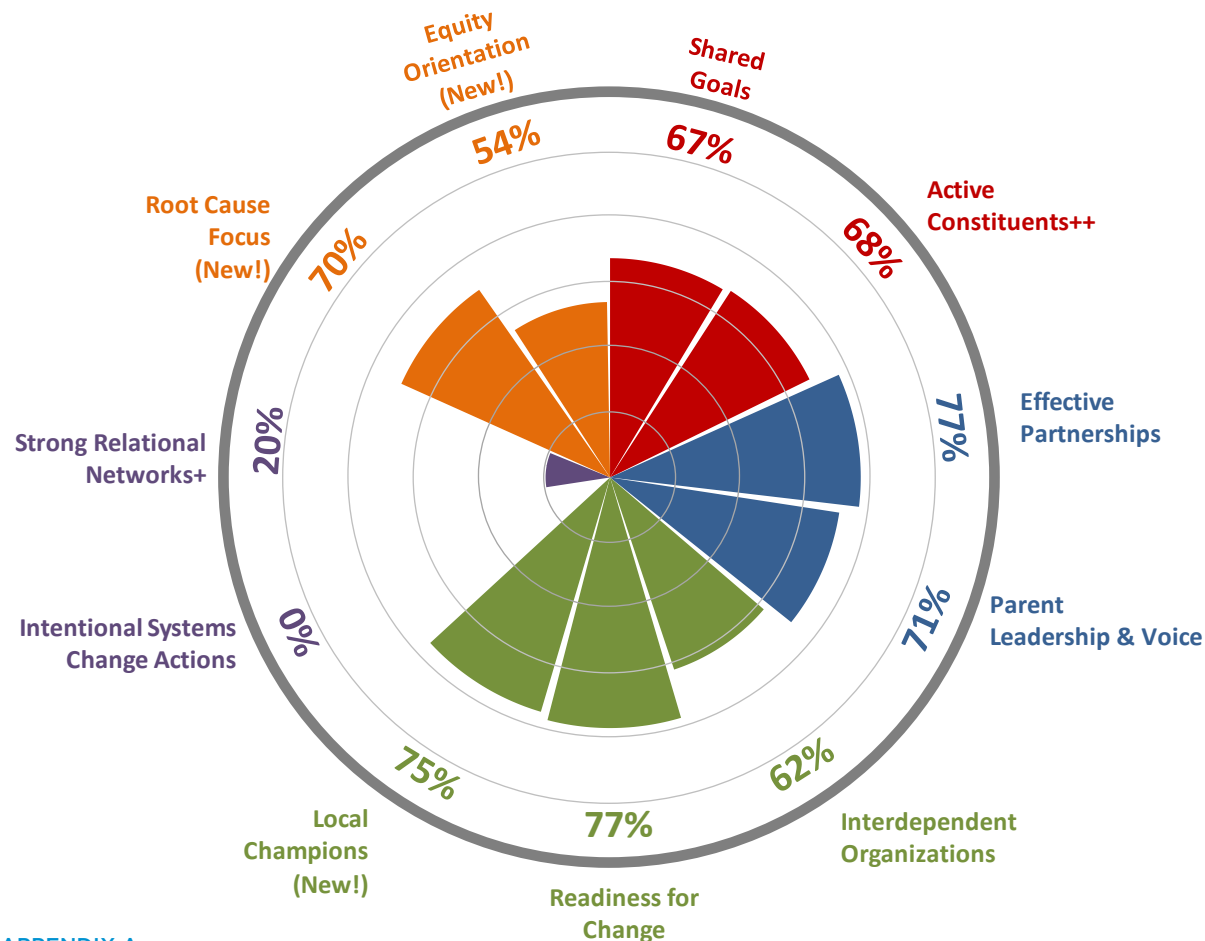
In addition to seeing how your Great Start Collaborative and Coalition has changed over time, it is also useful to look at where your GSC/GSPC is in 2012 to identify strengths and areas that need additional attention.

Kent GSC/GSPC 2012 Performance

% responding Quite a Bit or a Great Deal

+Strong Relational Networks: % of all possible service delivery access connections

++Active Constituents: Average level of involvement of GSC/GSPC members



APPENDIX A

Use this diagram to see how you're doing on each lever.

1. Each wedge displays your performance for a lever in 2012.
2. The colored portion of each wedge (and the number) represent the extent to which stakeholders report that your GSC/GSPC has this component.
3. Identify your strengths, successes, and opportunities for growth. **Use this information to plan your next steps!**

Moving Forward: Your 2012 Highlights

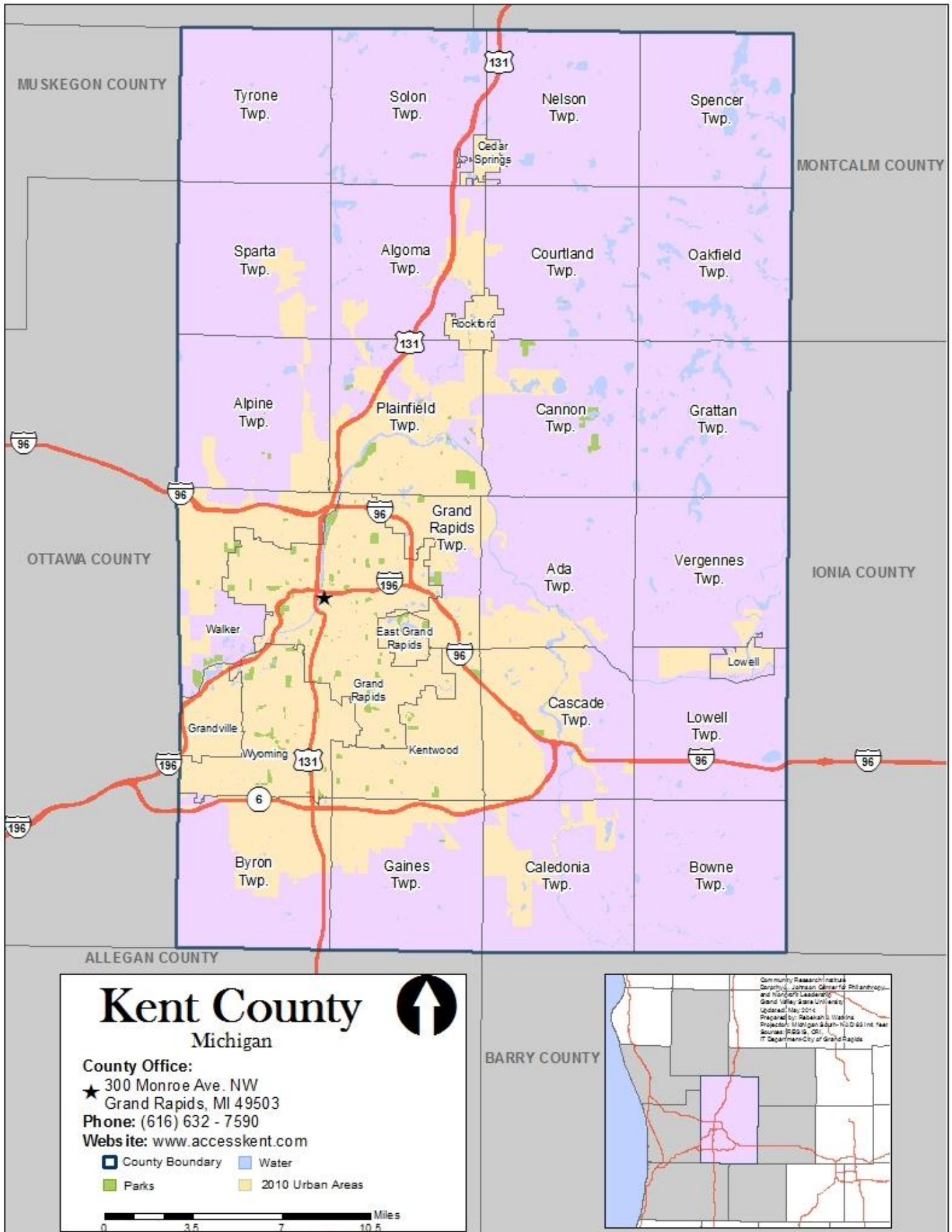
Your Strongest Areas:

- ★ Effective Partnerships
- ★ Readiness for Change
- ★ Local Champions

Areas to Target for Improvement:

- ★ Intentional Systems Change Actions
- ★ Strong Relational Networks
- ★ Equity Orientation

Kent County Early Childhood



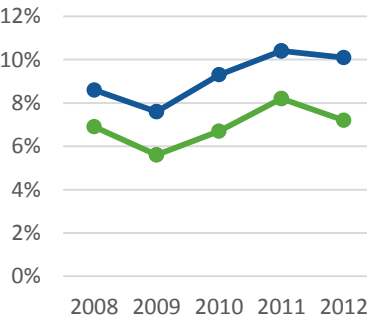
Kent County Data

Kent County  Michigan: 

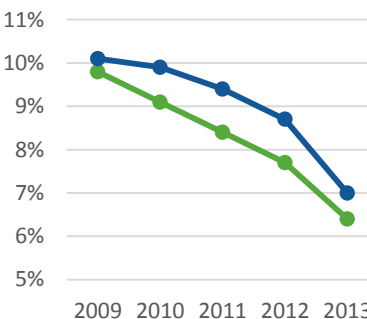
Healthy Births

Special Needs at Birth ¹ (2012)	Kent County	Michigan
Babies with a birth defect	7.2%	10.1%
Teenage Mothers ¹ (2013)		
Teens who gave birth	6.4%	7.0%
Infant Mortality ¹ (2013) per 1,000 Live Births		
Total Mortality Rate	4.4	7.0
African American	8.7	13.1

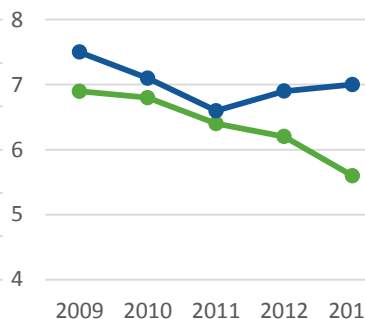
Babies with Birth Defects



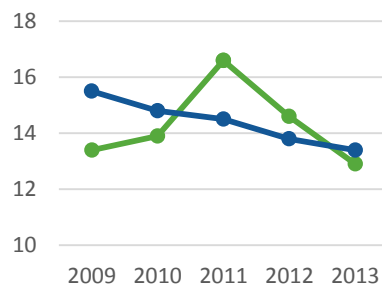
Teen Pregnancies¹



Infant Mortality Rate¹



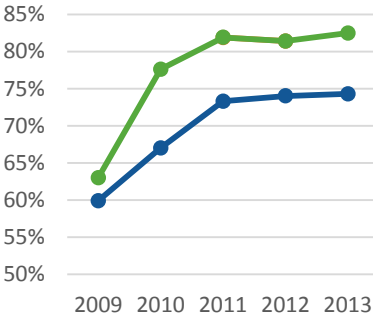
African American Infant Mortality Rate¹



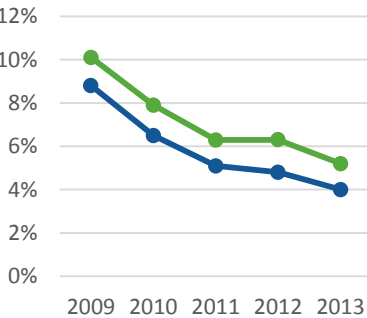
Healthy Children

Fully immunized by age 19 – 35 months ² (2013)		
Immunized Toddlers	81.4%	74.0%
Lead Poisoning in 1 – 2 year olds ² (2013)		
Tested	47.3%	37.4%
Poisoned	5.2%	4.0%
Child Abuse and Neglect ² (2013) per 1,000 Children		
Children in Investigated Families	96.2	88.0
Confirmed Victims	17.3	14.9
Children in out-of-home care	4.7	4.4

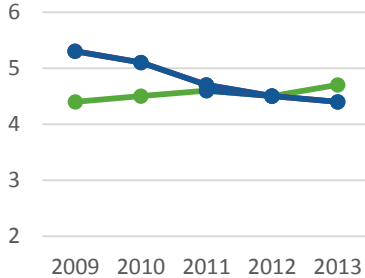
Immunized Toddlers²



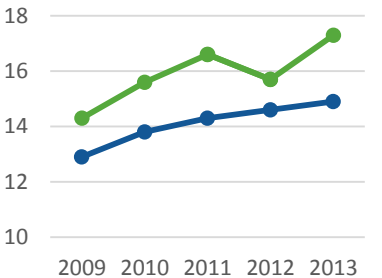
Lead Poisoning²



Children in Out of Home Care Rate²



Abused and Neglected Children Rate²

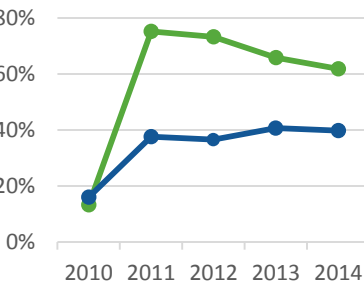


Special Education Enrollment ³ (2014)		
Students in Special Ed	13.2%	13.3%
0 – 5 year olds	16.8%	12.0%
Early On Special Ed Eligible ⁷ (2015)	76.6%	41.2%
Special Needs in 0 – 5 year olds ⁵ (2009 - 2013)		
Special Need Children	0.6%	0.8%
3 - 4 year olds in Preschool ⁵ (2009 - 2013)		
Not enrolled in school	53.8%	52.5%
Free Preschool Enrollment ⁸ (Fall 2015)		
Children in Free Preschool	4,457	X

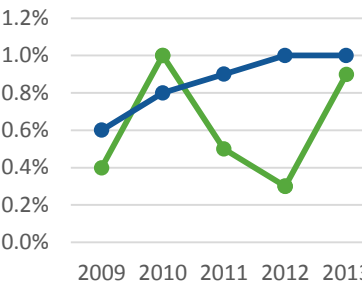
Total Special ED Enrollment³



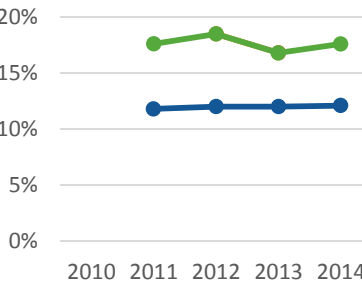
Early On Special ED Eligible⁷



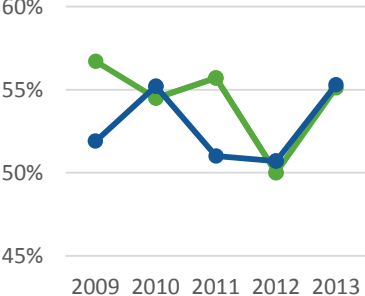
Children with Special Needs: 0 – 5 Years⁴



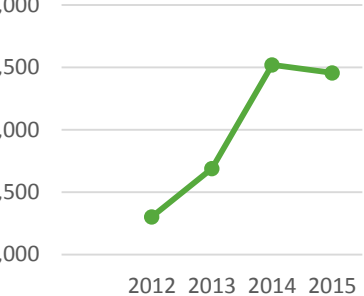
Special ED Enrollment: 0 – 5 Years³



Children not in Pre-School⁴

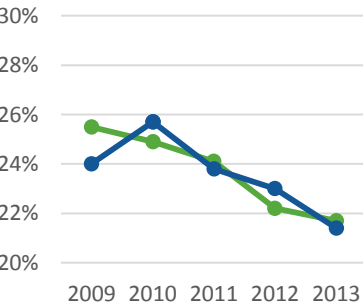


Children in Free Pre-School⁸

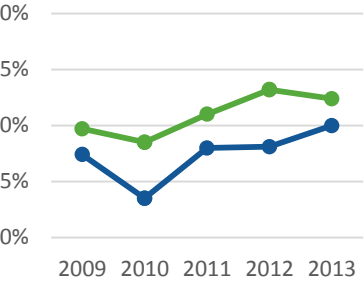


Graduation ³ (2014)		
Not Graduating on Time	21.7%	21.4%
4 th Grade MEAP – Reading ³ (2014)		
Proficient	72.4%	70.0%
8 th Grade MEAP – Math ³ (2014)		
Proficient	37.7%	35.0%

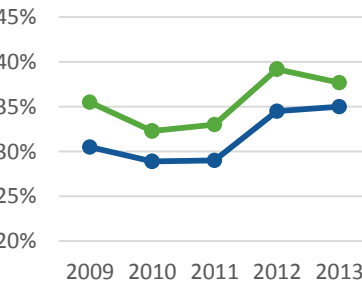
Not Graduating on Time³



4th Grade MEAP: Reading Proficiency³

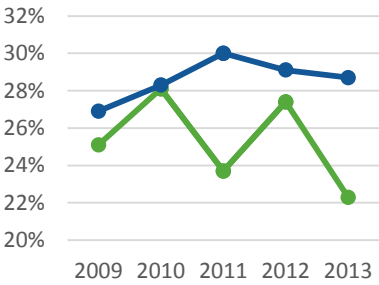


8th Grade MEAP: Math Proficiency³

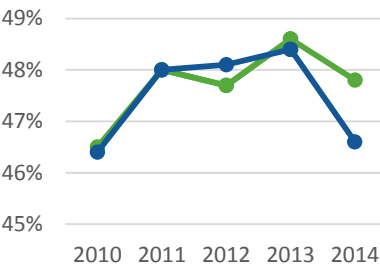


Children under 5 years olds ⁵ (2009 - 2013)*		
Children	42,985	574,750
In Poverty	28.3%	25.4%
0 – 5 year olds with All Parents Working ⁵ (2013) [†]		
Children with Parents in the Work Force	66.7%	66.1%
Free Reduced Lunches ³ (2014)		
Eligible	47.8%	46.6%
Insured Children 0 – 18 years old ² (2013)		
Medicaid	39.3%	40.8%
0 – 5 years old ⁴	39.0%	47.0%
MI Child	1.3%	1.6%

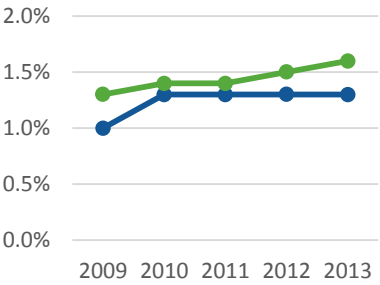
Children in Poverty:
0 – 5 Years⁴



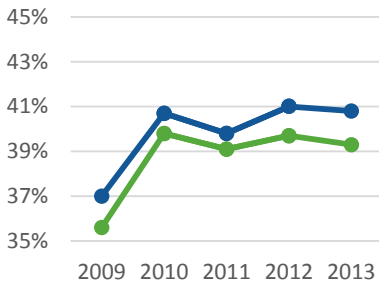
Free Reduced Lunch
Eligible³



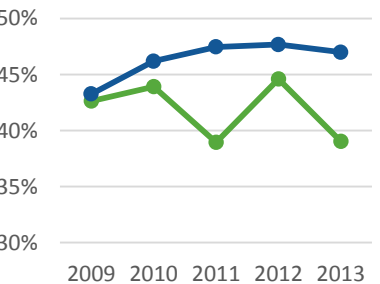
Children Insured by
MICHild: 0 – 18 Years²



Children Insured by
Medicaid: 0 – 18 Years²



Children Insured by
Medicaid: 0 – 5 Years²



Data Sources

- ¹ State of Michigan, MDCH Vital Statistics Profiles (2012 & 2013)
- ² Kids Count, Michigan Data Profile (2015)
- ³ State of Michigan, MDE, MI School Data (2014)
- ⁴ U.S. Census Bureau, ACS 1-Year Estimates (2009 – 2013)
Table S1810, B14003,
- ⁵ U.S. Census Bureau, ACS 5-Year Estimates (2009 – 2013)
Table S1810, B14003,
- ⁶ State of Michigan, MDE, Kent Intermediate School District (2015)
- ⁷ State of Michigan, MDE, Early On (2015)
- ⁸ Great Start Collaborative of Kent County(2015)

* Children in related families for whom a poverty level has been assessed

† Includes married and single parent families

SELECTED REPORT UPDATES

Kent County Early Childhood Indicators – Baseline Data
(2015 Updates to Selected Sections)

Community Research Institute

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Johnson Center
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Parent Education Index

The Parent Education Index is a composite of four items derived from vital records data:

- The percentage of births where mother did not smoke during pregnancy;
- The percentage of births where mother did not consume alcohol during pregnancy;
- The percentage of births where conception following the previous birth was greater than 18 months; and
- The percentage of births where the certificate indicates information or paternity is acknowledged about the father (used as a proxy for planned pregnancy).

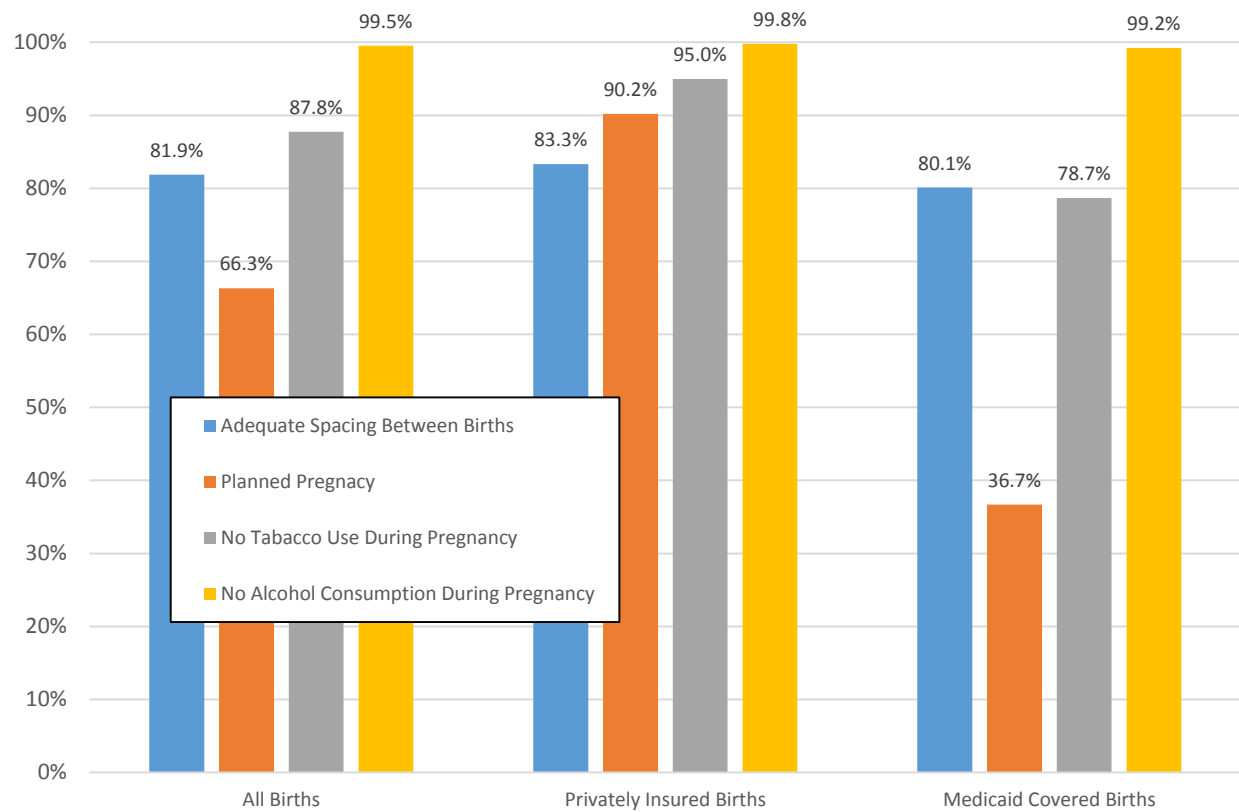
These items were summed to create a comparative index for the Parent Education Index for Medicaid covered births (Medicaid as the primary payment source of the birth). The index compares the relative standing of each tract as compared to the overall average of births that were privately insured. We compared Medicaid covered infants to privately insured infants because of access and quality of care problems that have plagued the Medicaid system for years. In addition, Medicaid covered infants and children also suffer from the same health disparities as noted above.

To determine the amount of time between pregnancies, the calculation for this index had to be limited only to women that had at least one previous live birth. About half of the mothers giving birth between 2010 and 2012 reported a previous live birth. For example, the percentage of women that did not smoke during pregnancy was derived from those reporting a previous birth. Thus, the percentages reported here should not be construed as representative of all births in the county. In addition, where the number of births by census tract for this measure was below 10, those results are suppressed. The goal of suppressing these events is twofold: 1) to maintain confidentiality and 2) low numbers of events tend to distort or skew the results because the percentages or rates derived from small samples can be unstable.

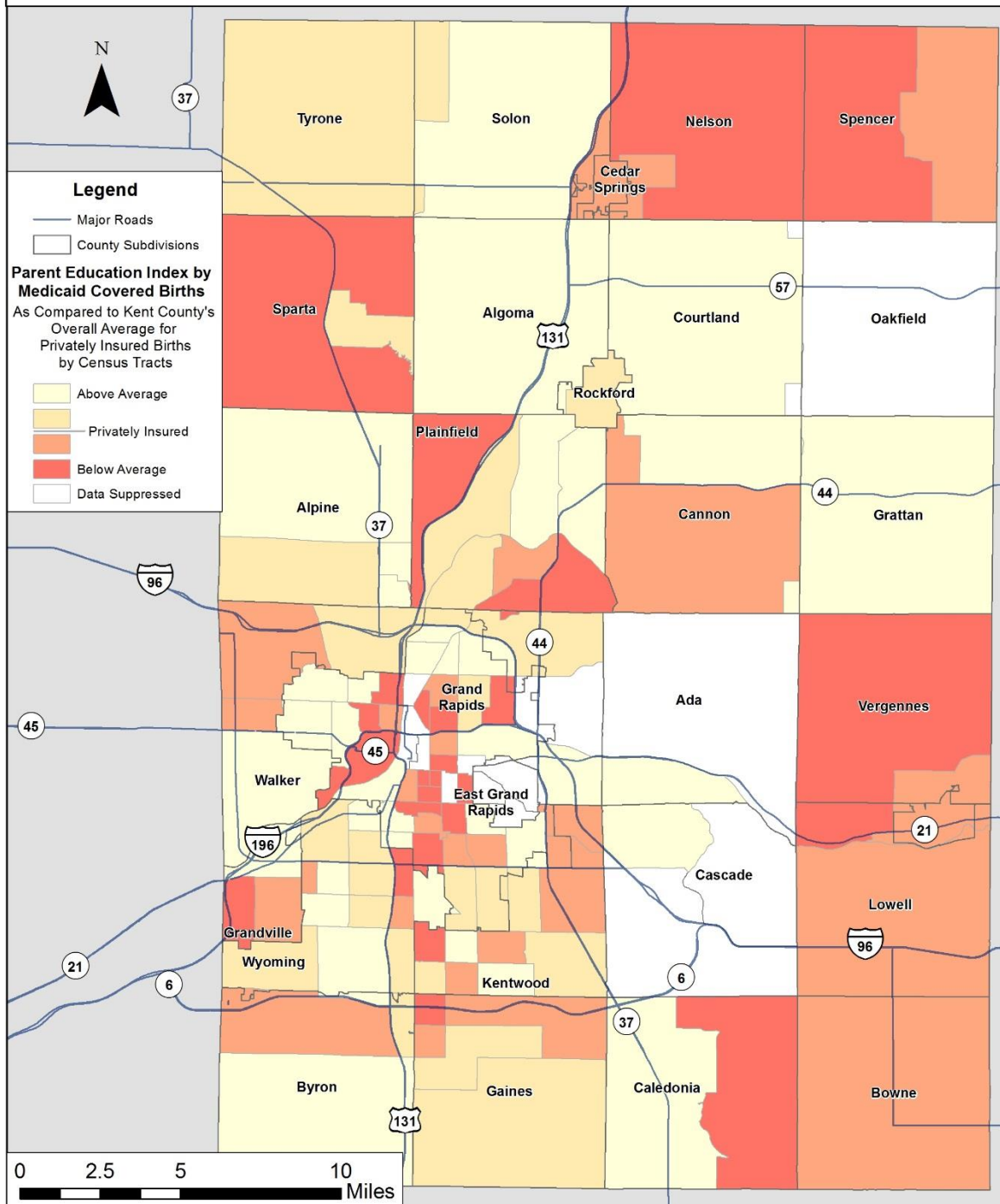
Figure 15 summarizes the selected items that went into the Parent Education Index by Kent County and subgroup analysis that compares the overall county rates of privately insured to Medicaid covered births.

We calculated the Parent Education Index for the years 2010 – 2012 to assist with our analysis as reported here. By aggregating several years of data, we are able to develop stable rates for smaller geographic areas (i.e. census tracts) and several subgroups of interest, such as Medicaid-covered births.

Figure 15: Analysis of the Individual Parent Education Index Components for Kent County: 2009- 2012



Parent Education Index - Medicaid Covered Births Compared to Kent County's Privately Insured Average (2010 - 2012)



At-Risk Index

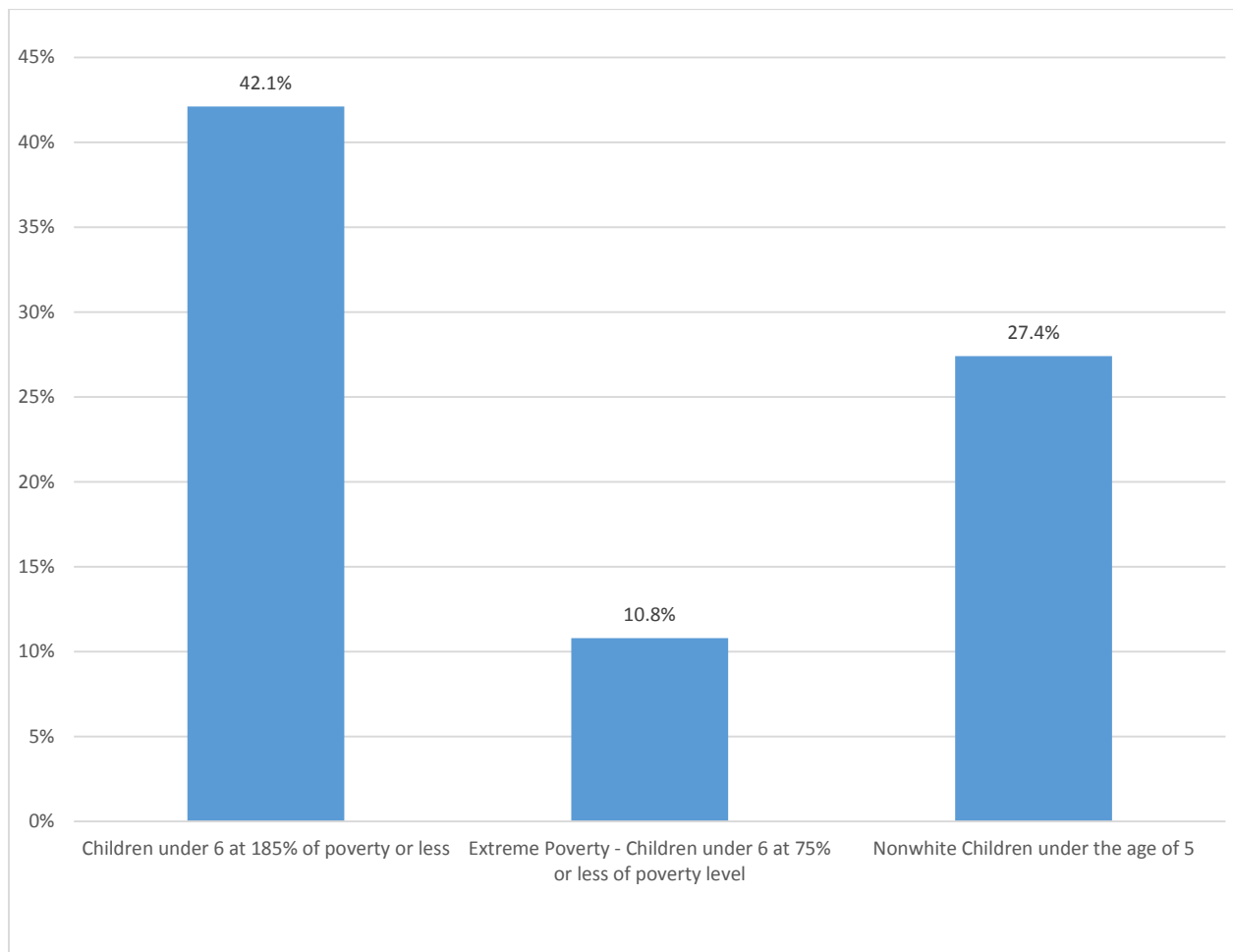
The At-Risk Index is a composite of five items derived from the American Community Survey (ACS). The ACS is a nationwide survey designed to provide communities a fresh look at how they are changing and is a critical element in the Census Bureau's decennial census program. The ACS collects information such as age, race, income, commute time to work, home value, veteran status, and other important data. These 5-year estimates are based on ACS data collected between 2008 through 2013 and were used to develop the At-Risk Index. The index is based on the following data elements:

- Percentage of children under the age of 6 at 185% of Federal Poverty Level (FPL) or below;
- Percentage of children under the age of 6 living in extreme poverty (75% or below FPL);
- Median household income (not shown in the figure on the next page);
- Percentage of Hispanic children under the age of 6; and
- Percentage of non-white children under the age of 6.

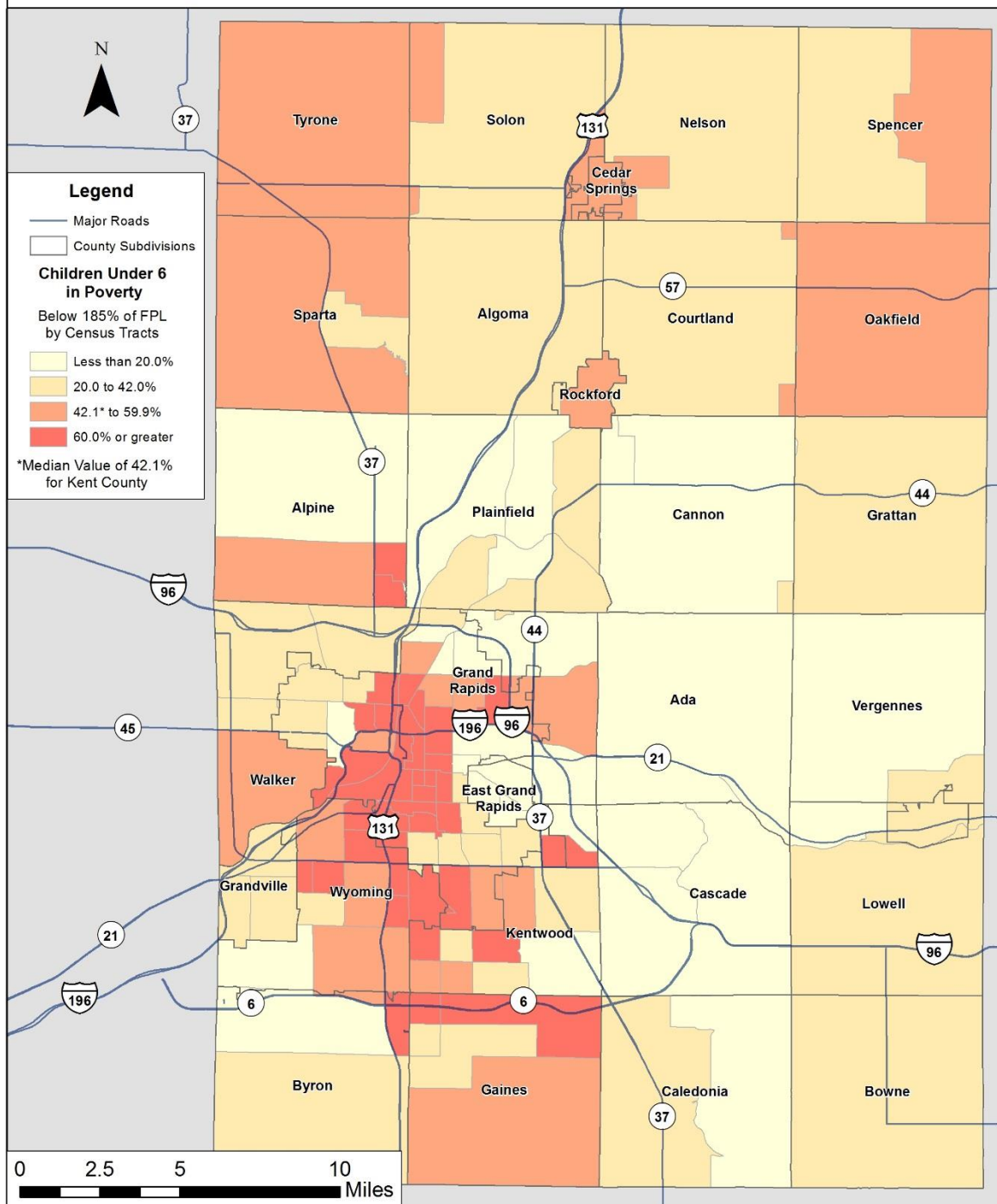
These measures were chosen because the association of children living with many risk factors may lead to unfavorable outcomes. Social research has identified many indicators that put children at risk of problems ranging from dropping out of school to crime. While there are many other potential variables, these were chosen because of their relevance to those in need in our community. Perhaps most importantly, this measure seeks to gain a better understanding of at-risk by eschewing the typical measure of need or risk that is derived solely from poverty statistics. For years, researchers have lamented the shortcomings of the official FPL, arguing that it underestimates disadvantaged groups, such as people of color and female-headed households (Christopher, 2005). Researchers argue that more complete measures of poverty account for other socioeconomic characteristics, such as education, immigration status and ethnicity.

We report the median values for the individual components of the At-Risk Index in Figure 16. The median represents the middle value in the dataset, with half of the values falling above the median and half the values falling below the median. The median is the most appropriate measure of central tendency when there are extreme values in the data. Unlike the mean (average), the median is not influenced by extreme values (outliers) and will not distort what might be considered typical.

**Figure 16: Median Values of the Individual At-Risk Index Components for Kent County:
2008 – 2013**



Proportion of Kent County Children Under the Age of 6 at or Below 185% of FPL (2013)



Strategies for Identifying Areas with Need

While the findings in the preceding section may be interesting, they can also be overwhelming. There is a statistical procedure called factor analysis that is commonly used in connection with attitude surveys when complex attitudes or behaviors cannot be measured adequately by a single question but are instead a product of several questions. Factor analysis is a data reduction method that tests the data for the existence of clusters within multiple variables. The existence of clusters suggests that a group of variables could be measuring aspects of the same underlying dimension. These underlying dimensions are known as factors. By reducing the dataset from a group of interrelated variables into a smaller set of uncorrelated factors, factor analysis achieves parsimony by explaining the maximum amount of common variance using the smallest number of explanatory concepts.

When examining all of the variables simultaneously from the preceding section, factor analysis reduced our broad set of indicators or measures into three components or factors as displayed in Table 1 on page 72. Table 1 contains the loadings for each variable onto each factor. The factor structure matrix represents the correlations between the variables and the factors. The factor analysis component matrix represents the linear combination of the variables.

For example, Factor or Component 1 is comprised of each variable in the table for which there is a score. If there is no score in the matrix, that particular variable is not associated with the overall factor. In the case of Factor 1, there is no association among households that are linguistically isolated.

A second component to interpreting the factor scores is through examining the direction of the relationship. Again, in examining Factor 1, the component score for Percent of Planned Pregnancies was $-.871$. This indicates that there is a negative relationship among the variables. You may recall in our Parent Education Index, we measured the percentage of planned births (using complete information about the father on the birth certificate as proxy). Since this number is negative ($-$), this would indicate that the census tracts associated with this factor have lower proportions of planned pregnancies (as determined by our measurement). Where numbers are positive, the relationship is positive. If we were to examine the first variable with a positive value for Factor 1, Percent of Children Living in a Single Headed Household under the Age of 5, we would interpret the relationship as one of high levels of children living in single headed households.

A third and final point in interpreting the factor scores is to understand the strength of association or the relationship. Positive factor scores can have values between 0 (no association) and 1 (perfect association). Negative factor scores can have values between 0 (no association) and -1 (perfect negative association). The closer the value is to 1 (positive factor scores) or -1 (negative factor scores) the stronger the association. Although factor scores can be generated for all variables, we used a cutoff of $.4$ to ensure that only the variables with the strongest association for each factor remained part of the final solution.

Below is a short summary of how one could interpret the traits or characteristics associated with Factor 1:

- Low percentage of births with planned pregnancy;
- Low percentage of births with normal birth weight;
- Low percentage of births with normal gestational period;
- High percentage of children under the age of 5 living a single headed household;
- High percentage of households that access SNAP during the past year;
- Low percentage of the births where prenatal care began in the first trimester;
- High percentage of children suffering from extreme poverty;
- Household with low median incomes;
- Moderate percentage of non-white children under the age of 5; and
- Moderate percent of mothers that did not smoke during pregnancy.

Table 1: Factor Analysis Component Matrix

Socioeconomic Variable	Component
	1
Percent of Planned Pregnancies	-.871
Percent of Births at Normal Birth Weight	-.813
Percent of Births with Normal Gestation Period	-.749
Percent of Children Living in a Single Headed Household Under the Age of 5	.708
Percent of Households Receiving SNAP (food stamps) During the Past Year	.707
Percent of Births Where Prenatal Care Began During the First Trimester	-.696
Extreme Poverty – Percentage of Children Living at or Below 75% of FPL	.683
Median Household Income	-.630
Percent of Children Under the Age of 5 Living at or Below 185% of FPL	.630
Percent of Non-White Children Under the Age of 5	.571
Percent of Mothers that Did Not Smoke During Pregnancy	.486

By examining the common themes or characteristics, we developed a typology or classification scheme for each of the three factors to help in summarizing our findings.

- **Factor 1 – Extreme Risk/Extreme Need Children.** This proportion of the population exhibits many factors that would put them at risk of poor outcomes. Among each of the three factors or dimensions, this cluster exhibits the most severe risk factors, including poor pregnancy outcomes with very high levels of poverty.

We developed a map from our factor analysis. Areas with darker shading are those most associated with the factors. For example, in the map on the following page detailing Extreme Risk/Extreme Need Children, the areas of inner city Grand Rapids are those most associated with Factor 1. The lighter shaded areas, such as Rockford, Ada and Cascade exhibit little to none of the characteristics associated with Factor 1 and thus, we could conclude that on balance, there are few children with extreme risk and extreme need in these areas.

Analysis such as this may be useful in planning how to develop appropriate policy responses to the differing needs of individual communities and is particularly useful in uncovering relationships that are difficult to ascertain when examining the various indicators one-by-one.

Extreme Risk - Extreme Need Children in Kent County (2009)

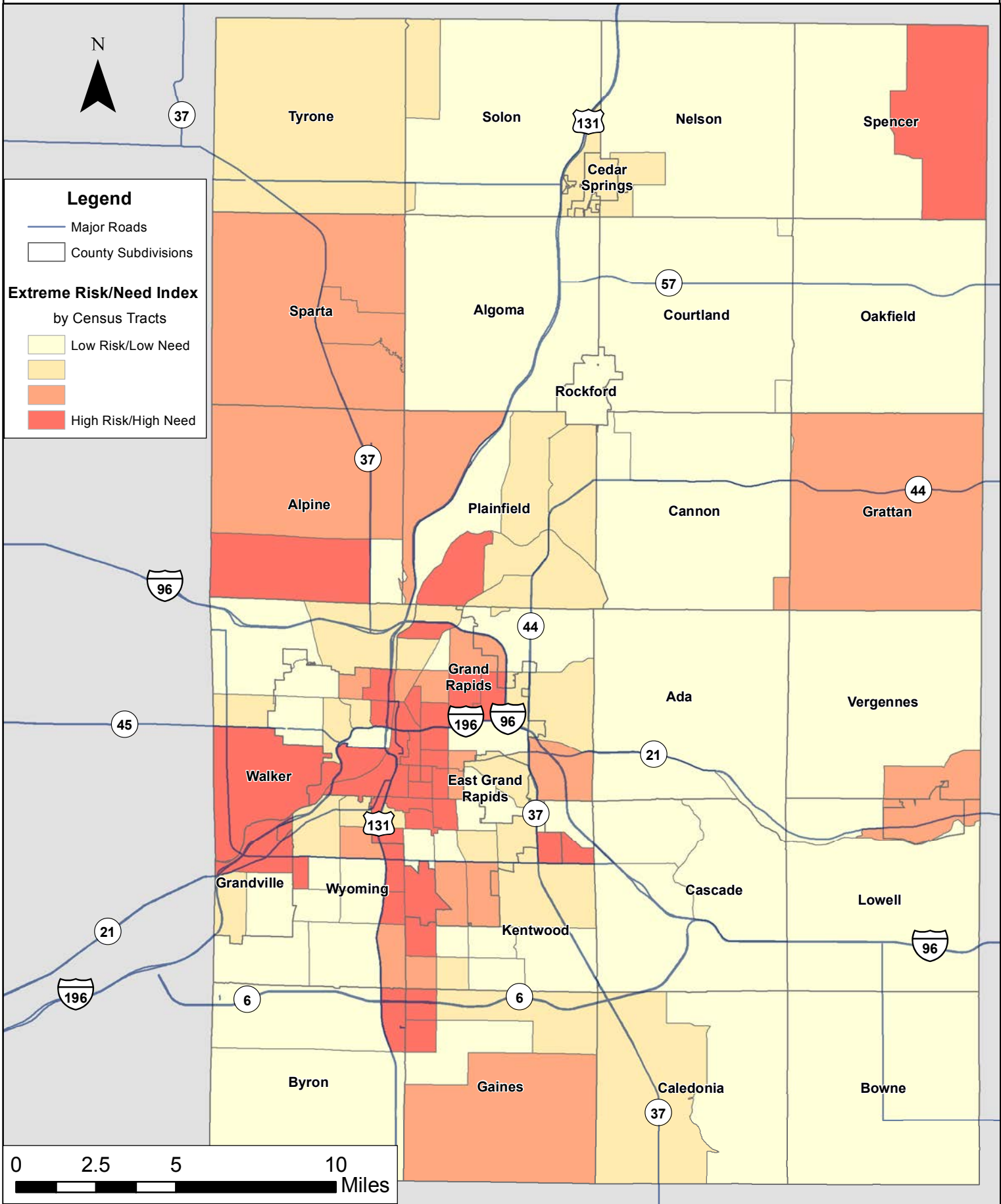
Legend

- Major Roads
- County Subdivisions

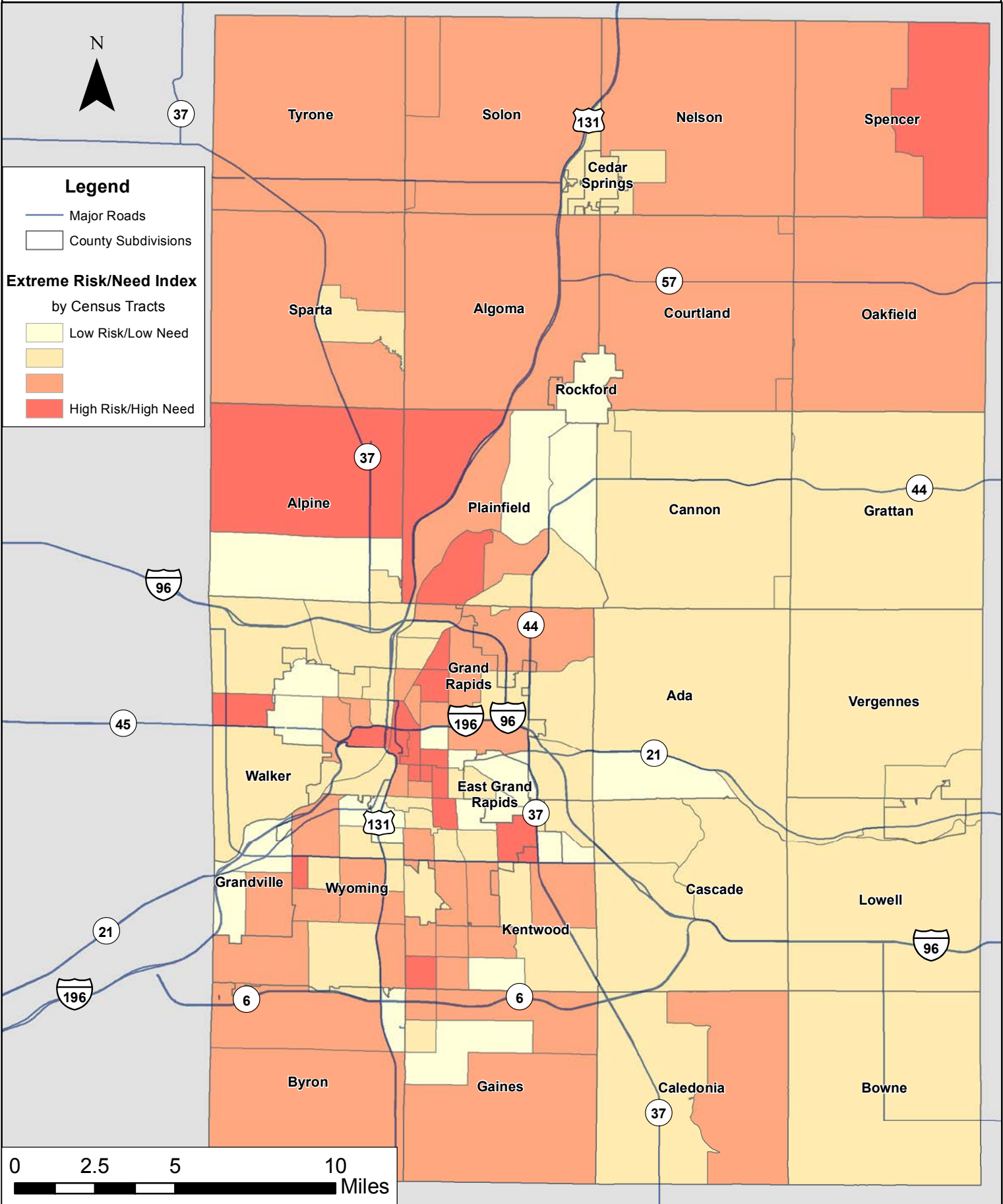
Extreme Risk/Need Index by Census Tracts

- Low Risk/Low Need
- High Risk/High Need

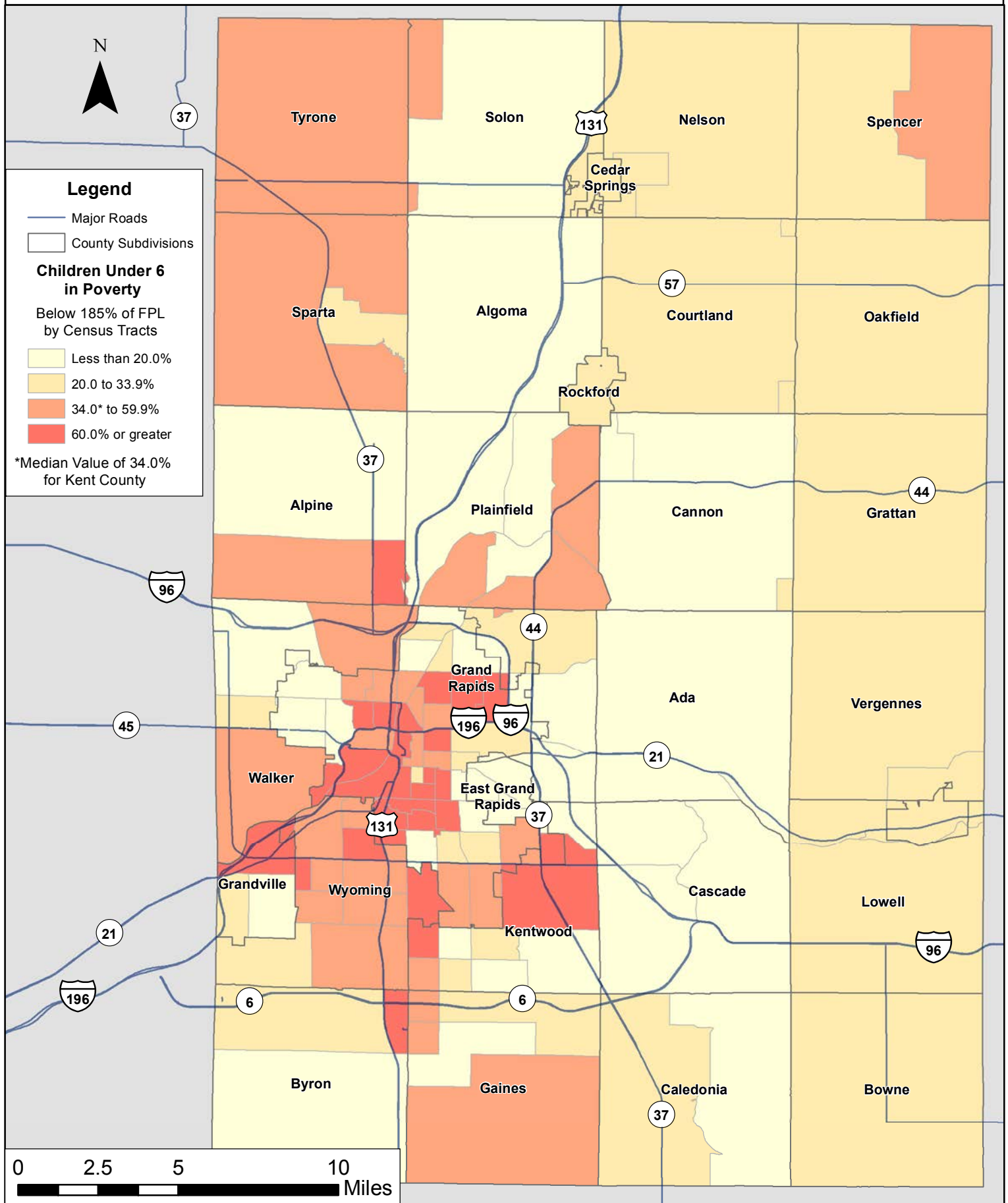
The map displays Kent County, Michigan, with census tracts colored according to the Extreme Risk/Need Index. The index is categorized into three levels: Low Risk/Low Need (light yellow), Moderate Risk/Moderate Need (orange), and High Risk/High Need (red). The map includes a north arrow and a scale bar (0 to 10 miles). Major roads are labeled with their respective numbers: 37, 131, 57, 44, 96, 45, 21, 6, and 196. County subdivisions are labeled: Tyrone, Solon, Nelson, Spencer, Cedar Springs, Sparta, Algoma, Courtland, Oakfield, Rockford, Alpine, Plainfield, Cannon, Grattan, Grand Rapids, Ada, Vergennes, Walker, East Grand Rapids, Grandville, Wyoming, Kentwood, Cascade, Lowell, Byron, Gaines, Caledonia, and Bowne. The map shows a high concentration of High Risk/High Need areas in the central and eastern parts of the county, particularly around Grand Rapids and East Grand Rapids.



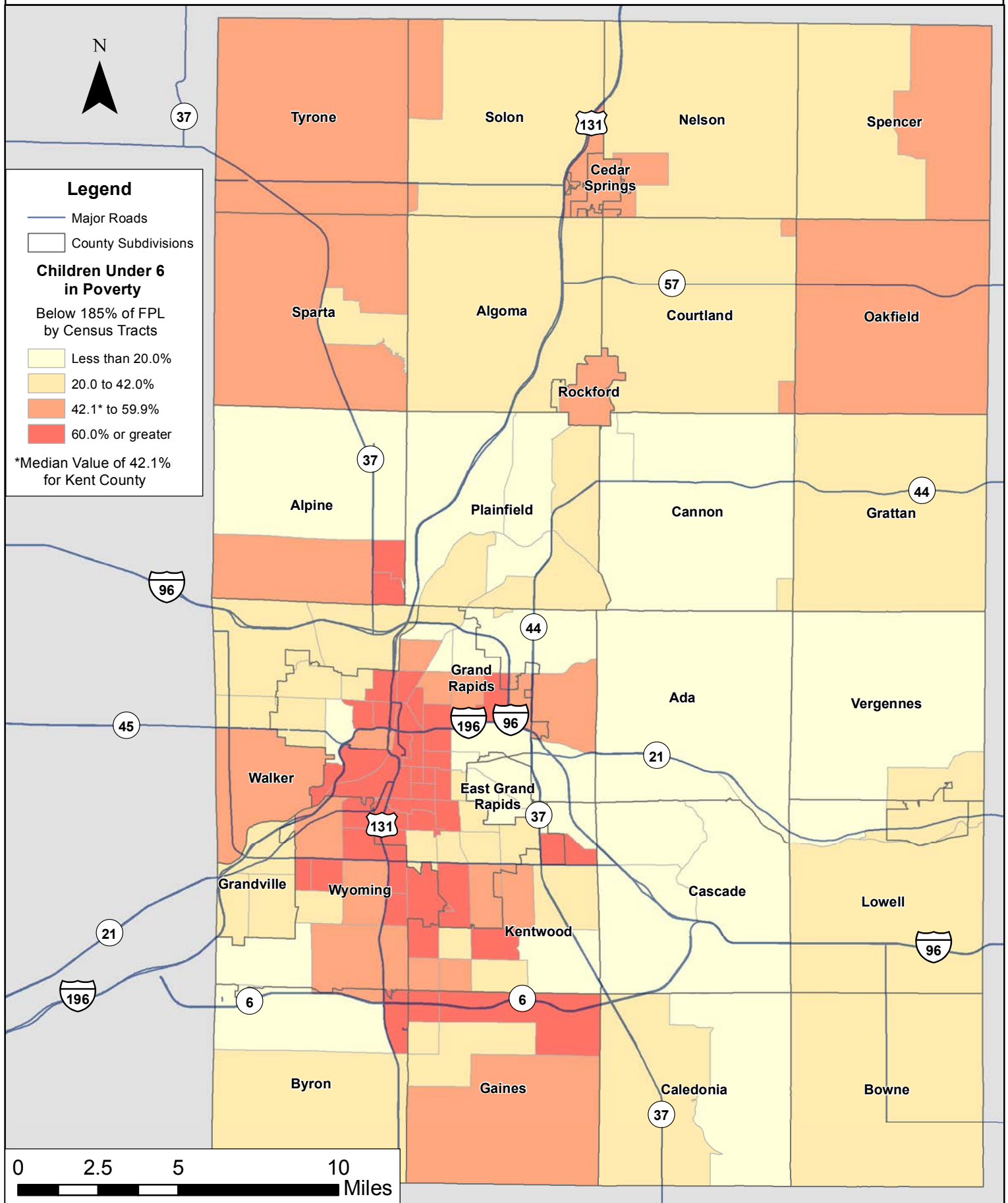
Extreme Risk - Extreme Need Children
in Kent County (2013)



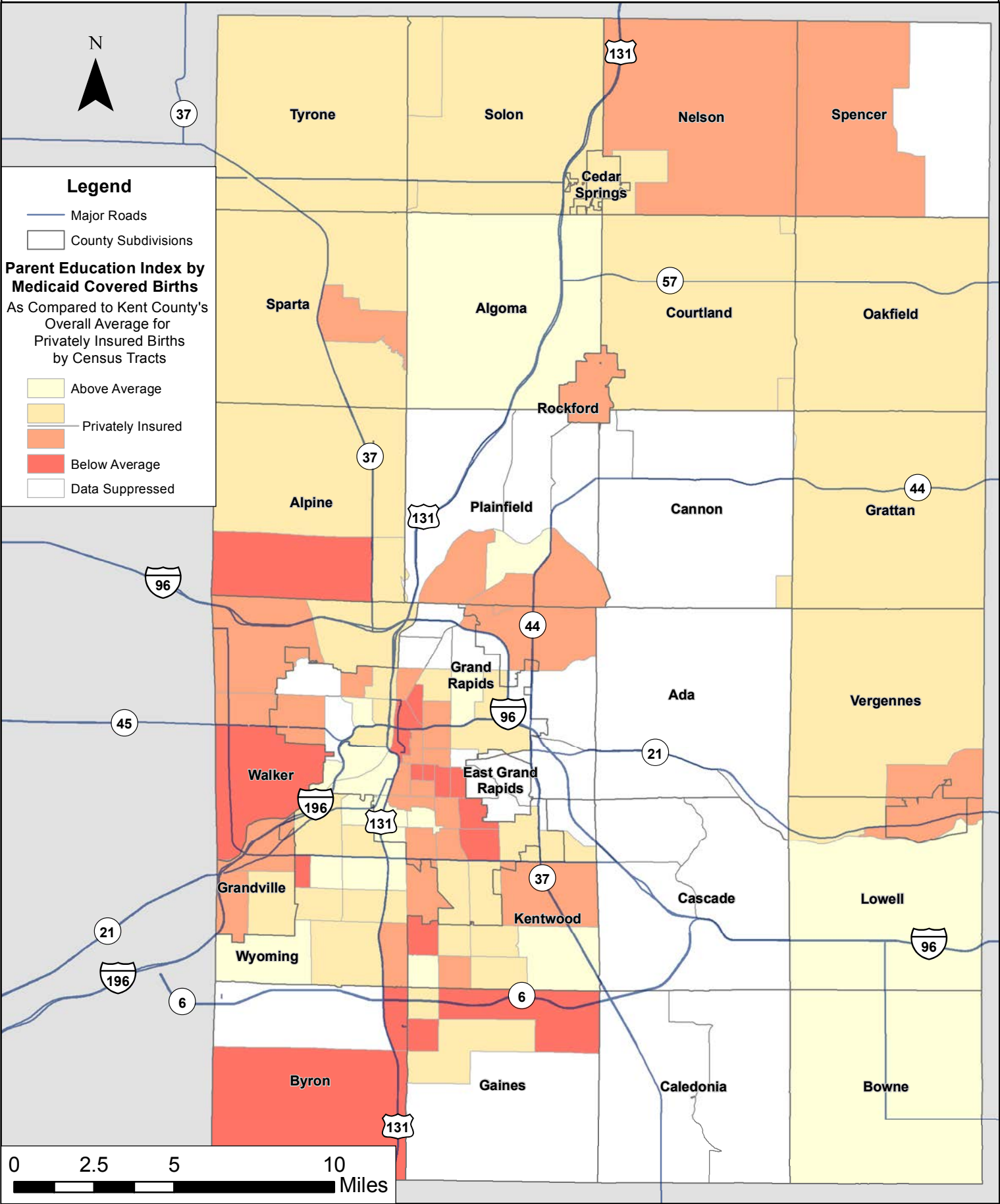
Proportion of Kent County Children Under the Age of 6 at or Below 185% of FPL (2009)



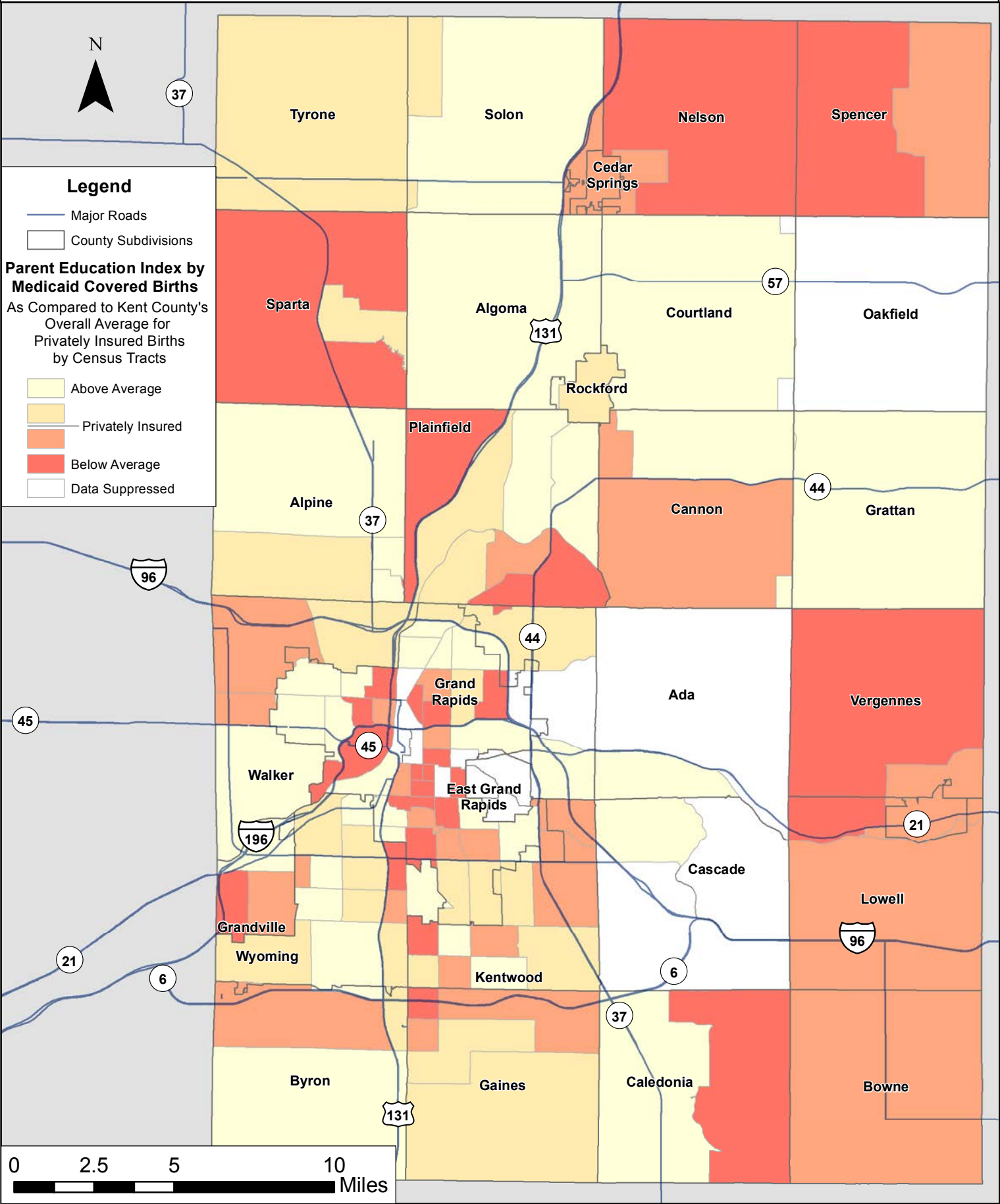
Proportion of Kent County Children Under the Age of 6 at or Below 185% of FPL (2013)



Parent Education Index - Medicaid Covered Births Compared to Kent County's Privately Insured Average (2004 - 2006)



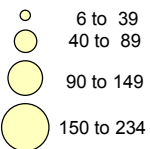
Parent Education Index - Medicaid Covered Births Compared to Kent County's Privately Insured Average (2010 - 2012)



Early Care and Education in Kent County: Sites and Capacity in the Quality Rating System

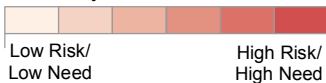
Legend

Child Capacity



Star Rating	Number of Centers	Licensed Capacity
2	9	248
3	69	4,077
4	72	7,096
5	5	134
Total	154	11,555

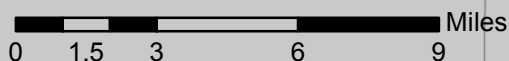
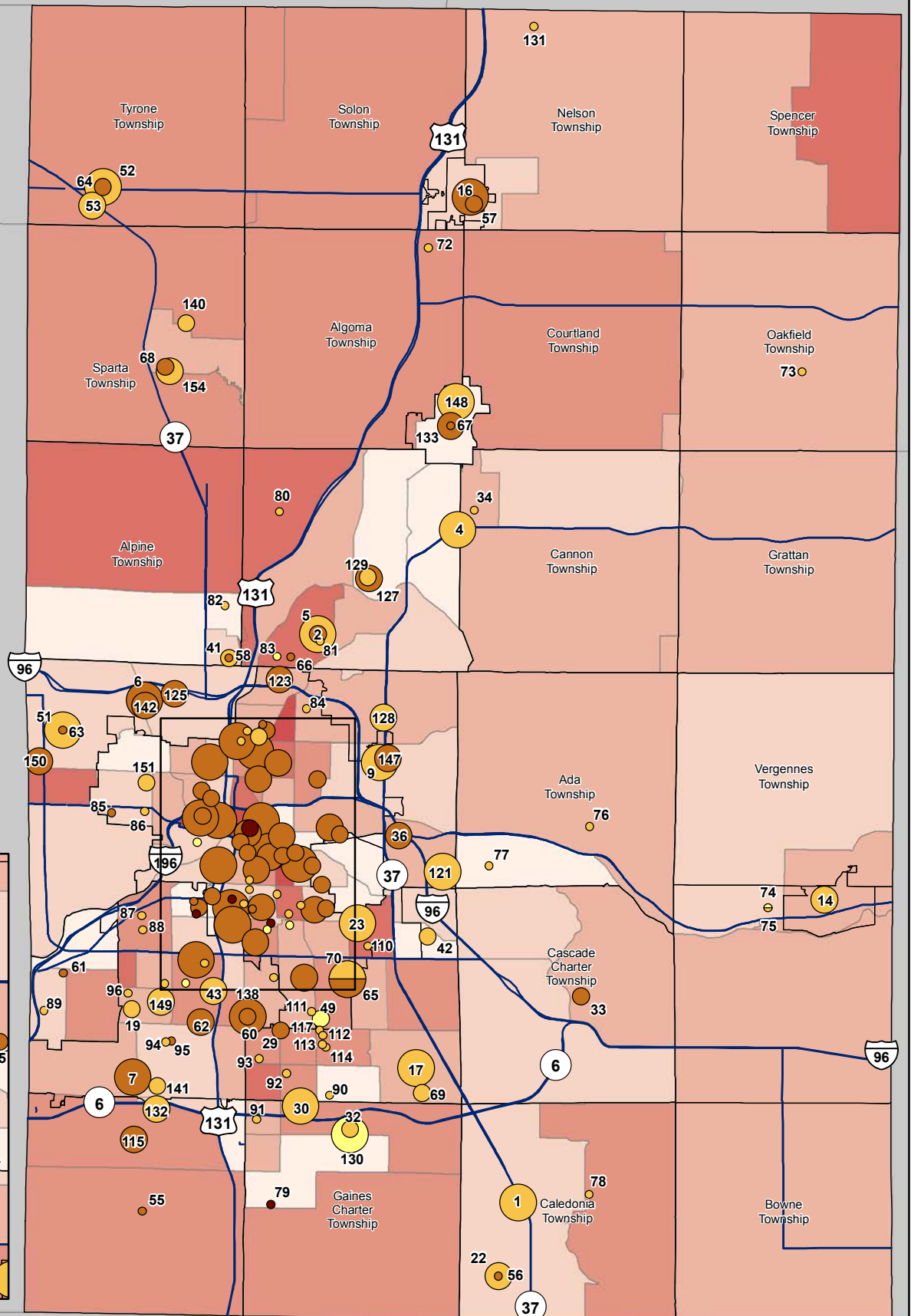
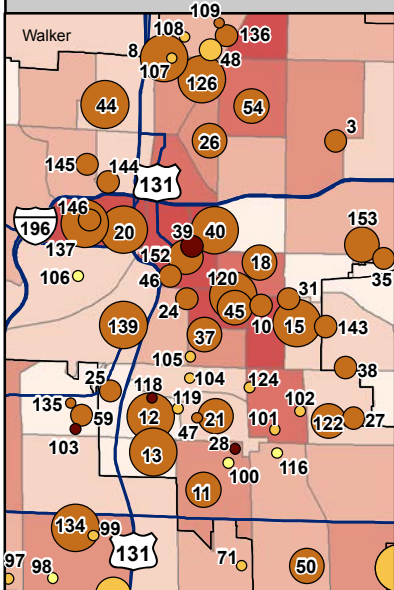
Risk and Need of Children by Census Tract



- Major Roads
- Highways
- Cities and Townships

Community Research Institute
Dorothy A. Johnson Center at GVSU
Date: July 2015
Prepared by: Rebekah Watkins

N



Early Care and Education Providers in Kent County

1. Adventures Learning CTR.
2. Aldersgate CTR. For Child Dev.
3. Alphabet Soup DC CTR.
4. Appletree Christian Learning CTR.
5. Appletree Christian Learning CTR.
6. Appletree Christian Learning CTR.
7. Appletree Christian Learning CTR.
8. Appletree Christian Learning CTR.
9. Appletree Learning CTR. Knapp
10. Baxter Comm. CTR. DCC
11. Brookside Elem.
12. Buchanan Elem.
13. Burton Elem.
14. Bushnell Elem. Pre
15. Campus Elem.
16. Cedar Springs CC
17. Childtime Learning CTR. #0637
18. Congress Elem.
19. Connections Child Dev. CTR.
20. David D. Hunting YMCA CDC
21. Dickinson Elem.
22. Duncan Lake Early Childhood CTR.
23. Early Advantage Learning CTR.
24. Early Discovery CTR.
25. Early Learning CTR.
26. East Leonard
27. Eastminster Pre CTR.
28. Ellington Acad. YMCA GSRP
29. Everyday Wonders Family Educare
30. Explore and Grow Christian Child
31. Explore and Learn Acad.
32. Explorer Pre SA CC
33. Forest Hills Presbyterian Pre
34. Fox Meadow Family DC
35. Fulton Street Headstart
36. Generations Child Dev. CTR.
37. Gerald R. Ford Academic CTR.
38. Grace Church Pre
39. Grand Rapids Comm. College Pre
40. Grand Rapids Montessori
41. Greenridge Readiness Pre
42. Gymco Sports
43. Happy Elephant CC
44. Harrison Park Pre
45. Henry Head Start
46. Hill Child Dev. CTR.
47. Hope Early Learning CTR.
48. Immanuel St. James Lutheran Pre
49. John Knox Pre
50. Ken-O-Sha Park Elem.
51. Kenowa Hills Early Childhood CTR.
52. Kent City Comm. Pre & CC
53. Kent City Migrant Head Start
54. Kent Hills Elem.
55. Kent ISD - Byron CTR. GSRP
56. Kent ISD - Caledonia GSRP
57. Kent ISD - Cedar Springs GSRP
58. Kent ISD - Comstock Park GSRP
59. Kent ISD - Godfrey-Lee GSRP
60. Kent ISD - Godwin GSRP
61. Kent ISD - Grandville GSRP
62. Kent ISD - Kelloggsville GSRP
63. Kent ISD - Kenowa Hills GSRP
64. Kent ISD - Kent City GSRP
65. Kent ISD - Kentwood GSRP
66. Kent ISD - Northview GSRP
67. Kent ISD - Rockford GSRP
68. Kent ISD - Sparta GSRP
69. Kentwood and Endeavor SA CC and Pre
70. Kentwood Public School Early Childhood CTR.
71. Learn and Grow CC CTR.
72. Licensed Family Home
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113. Licensed Family Home
114. Licensed Family Home
115. Lighthouse Early Learning Acad.
116. Little Characters CC
117. Little Smiles DC
118. Little Steps at SECOM
119. Lovable Huggable DC
120. MLK Jr. Leadership Acad.
121. Milestones Child Dev. CTR.
122. Mulick Park Pre
123. North Park Montessori
124. Oakdale Comm. CC
125. Orchard Hill Christian Learning CTR.
126. Palmer Elem.
127. Rainbow CC CTR.
128. Rainbow CC CTR.
129. Rainbow Child Dev. CTR - GR
130. Rainbow Child Dev. CTR.
131. Resurrection Lutheran Pre
132. River Sprouts Early Childhood Dev. CTR.
133. Rockford Pre CC CTR.
134. Rogers Lane Headstart
135. San Juan Diego Acad.
136. Second Congregation Church Pre
137. Sibley Elem.
138. South Godwin Head Start
139. Southwest Comm. Campus Pre
140. Sparta Migrant Head Start CTR.
141. Spartan Stores YMCA Child Dev. CTR.
142. Springhill Headstart
143. St. Stephen School
144. Steepletown Pre
145. Stocking Pre
146. Straight Pre
147. Tutor Time CC Learning CTR.
148. Wee Folk Rockford CC CTR. Inc
149. West Elem.
150. West Michigan Acad. of Env. Sci.
151. West Side Christian School
152. Westminster Child Dev.
153. Whistle Stop
154. White Early Childhood CTR.

Home Visiting Services in Kent County (2013)

Legend

- Highways
- Counties

Clients with 3 or more Visits by Zip Code

- Less than 50
- 50 to 99
- 100 to 199
- 200 to 499
- 500 or greater

Children Under 18 with Medicaid by Zip Code

- Less than 20.0%
- 20.0 to 29.9%
- 30.0 to 39.9%
- 40.0 to 49.9%
- 50.0% or greater

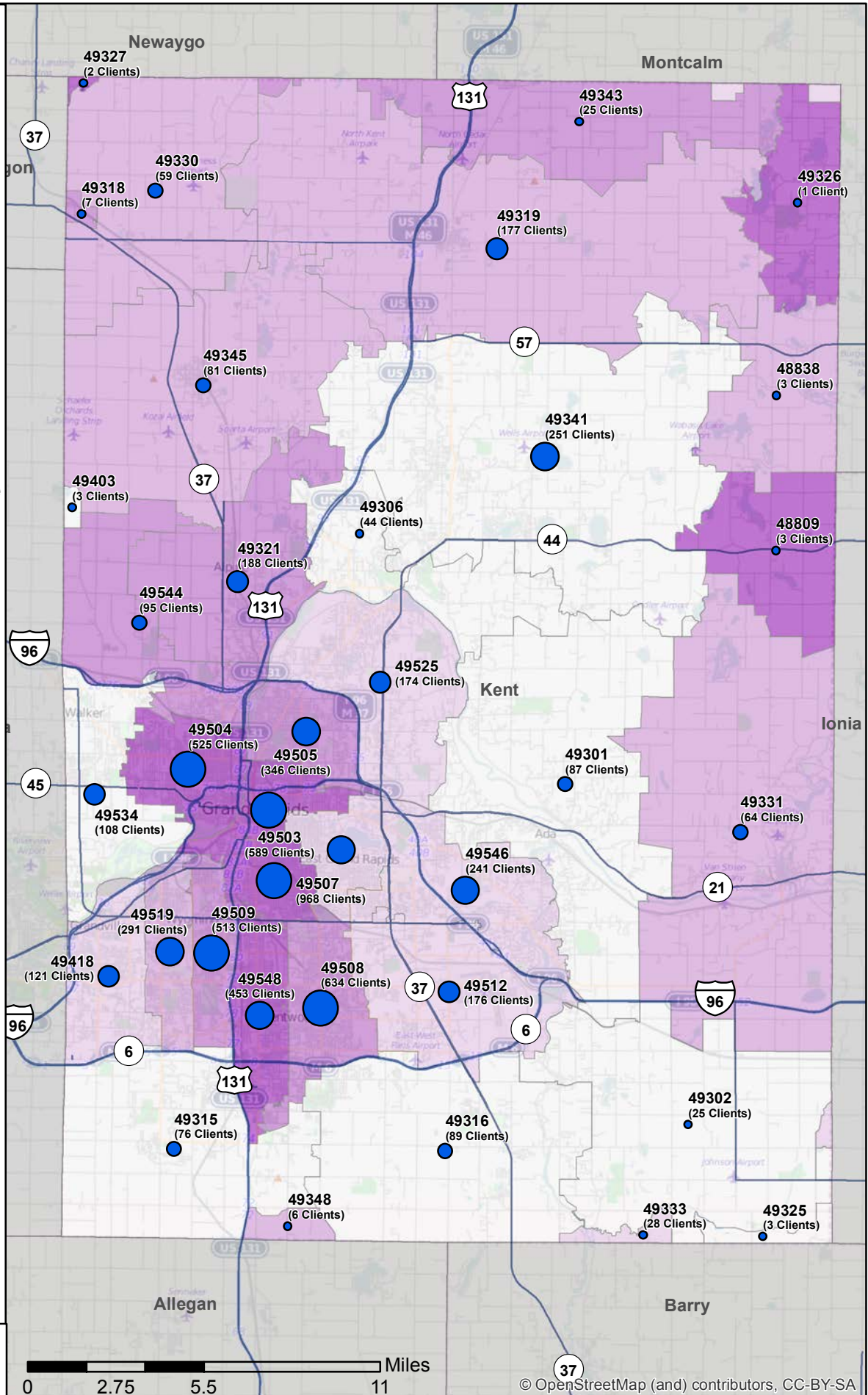
Program Totals for Clients with 3 or more Home Visits

Arbor Circle	266
Arbor Circle*	33
Baby Scholars	139
Blodgett	14
Bright Beginnings	743
Cherry Street	909
Early Head Start	83
Early On	1,398
Healthy Start	298
KCHD	1,733
KCHD*	209
Moms Bloom	139
Nurse Family Partner	144
Spectrum Moms	519
Spectrum Moms*	154
Total	6,781

* Indicates a Strong Beginnings Program



Community Research Institute
Dorothy A. Johnson Center at GVSU
Date: July 2015
Prepared by: Rebekah Watkins



Kent County Children with Public Health Insurance By Zip Code

Zip Code	Area	Children Under 18	Children Receiving Medicaid	% Children Receiving Medicaid	Children Under 6	Children with Public Health Insurance	% Children with Public Health Insurance
48809	Belding	2,731	1,403	51.4%	827	515	62.3%
48838	Greenville	4,749	1,799	37.9%	1,715	760	44.3%
49301	Ada	6,163	420	6.8%	1,612	93	5.8%
49302	Alto	2,533	344	13.6%	880	152	17.3%
49306	Belmont	2,884	333	11.5%	791	96	12.1%
49315	Byron Center	5,508	626	11.4%	1,649	122	7.4%
49316	Caledonia	5,514	645	11.7%	1,857	234	12.6%
49318	Casnovia	370	166	44.9%	91	64	70.3%
49319	Cedar Springs	4,705	1,483	31.5%	1,596	607	38.0%
49321	Comstock Park	3,886	1,673	43.1%	1,470	810	55.1%
49325	Freeport	434	73	16.8%	117	29	24.8%
49326	Gowen	1,086	663	61.0%	259	188	72.6%
49327	Grant	2,346	1,223	52.1%	724	331	45.7%
49330	Kent City	1,408	482	34.2%	524	221	42.2%
49331	Lowel	4,465	1,391	31.2%	1,320	429	32.5%
49333	Middleville	3,257	951	29.2%	1,167	311	26.6%
49341	Rockford	10,512	1,975	18.8%	2,944	785	26.7%
49343	Sand Lake	1,372	682	49.7%	440	218	49.5%

Kent County Children with Public Health Insurance By Zip Code

Zip Code	Area	Children Under 18	Children Receiving Medicaid	% Children Receiving Medicaid	Children Under 6	Children with Public Health Insurance	% Children with Public Health Insurance
49345	Sparta	3,403	1,197	35.2%	1,042	306	29.4%
49348	Wayland	3,114	964	31.0%	903	284	31.5%
49403	Conklin	445	65	14.6%	84	12	14.3%
49418	Grandville	7,140	1,635	22.9%	1,959	518	26.4%
49503	Grand Rapids	7,723	5,287	68.5%	2,974	2,302	77.4%
49504	Grand Rapids	9,516	5,604	58.9%	3,620	2,097	57.9%
49505	Grand Rapids	7,424	3,252	43.8%	2,934	1,381	47.1%
49506	East Grand Rapids	8,015	2,388	29.8%	2,465	715	29.0%
49507	Grand Rapids	12,820	8,942	69.8%	4,915	3,678	74.8%
49508	Kentwood	9,643	3,910	40.5%	3,538	1,585	44.8%
49509	Wyoming	6,817	3,368	49.4%	2,736	1,527	55.8%
49512	Kentwood	3,510	987	28.1%	1,610	502	31.2%
49519	Wyoming	6,534	2,567	39.3%	2,384	955	40.1%
49525	Plainfield	6,366	1,573	24.7%	1,670	380	22.8%
49534	Walker	5,018	692	13.8%	1,395	247	17.7%
49544	Comstock Park	1,874	872	46.5%	590	218	36.9%
49546	Cascade	7,085	1,492	21.1%	2,043	624	30.5%
49548	Kentwood	8,163	4,193	51.4%	3,283	1,964	59.8%

4 Year Old Free Preschool (Kent County, MI) GSRP/HS



Legend

Types of Facilities

- Community Based Organizations
- Charter Schools
- Grand Rapids Public Schools
- Head Start
- Kent ISD

Slots Filled

- 1 to 29
- 30 to 49
- 50 to 99
- 100 to 189
- 200 to 470

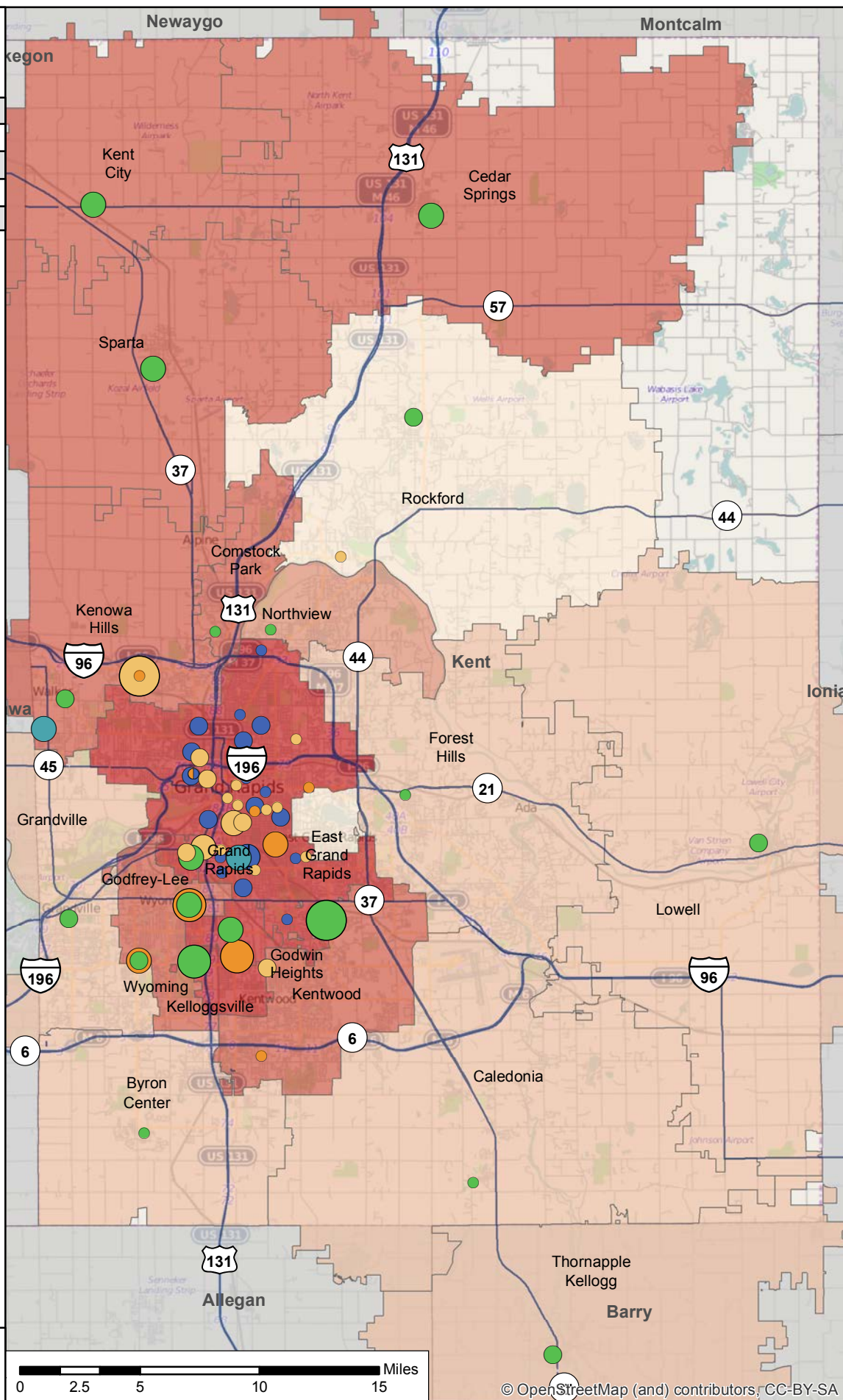
Kent School Districts

Percent Free and Reduced Lunches

- Less than 20.0%
- 20.0 to 39.9%
- 40.0 to 49.9%
- 50.0 to 69.9%
- 70.0% or greater

Kent Districts Free and Reduced Lunch

Kent Districts	Total Children	Free and Reduced Lunch
Byron Center	33	99
Caledonia	33	69
Cedar Springs	98	176
Comstock Park	29	131
East Grand Rapids	-	8
Forest Hills	29	97
Godfrey Lee	111	126
Godwin Heights	336	169
Grand Rapids	1,034	1,308
Grandville	57	150
Kelloggsville	147	166
Kenowa Hills	85	122
Kent City	71	92
Kentwood	244	507
Lowell	32	97
Northview	33	108
Rockford	45	123
Sparta	80	111
Thornapple Kellogg	33	102
Wyoming	418	238
Total:	2,948	3,999



4 Year Old Free Preschool in Kent County

Label Number	Name	Current Slots Filled	Full Day Slots	Part Day Slots
Community Based Organizations				
1	Eastminster Preschool*	18	0	18
2	ELNC - Early Learning Ctr.	80	96	0
3	ELNC - Explore & Learn (SEAC)*	26	32	0
4	ELNC - San Juan Diego Academy	30	32	0
5	ELNC - Steepletown*	30	64	0
6	ELNC - United Methodist Community House	84	96	0
7	GRCC - GR Ford	32	32	0
8	GRCC Lab Preschool	16	16	0
9	Head Start for Kent County	466	0	466
10	Rainbow Child Care Ctr. - Belmont*	13	16	0
Charter Schools				
11	Hope Academy	64	64	0
12	West Michigan Academy of Environmental Science	64	64	0
Grand Rapids Public Schools				
13	Brookside Elementary	62	32	0
14	Buchanan Elementary	32	0	32
15	Burton Elementary	32	0	32
16	Campus Elementary	64	32	0
17	Chavez at Straight Elementary	32	16	0
18	Congress Elementary	32	16	0
19	Dickinson Elementary	78	48	0
20	East Leonard Elementary	50	32	0
21	Grand Rapids Montessorri	14	0	16
22	Harrison Park	64	32	0
23	Ken-O-Sha Park Elementary	32	16	0
24	Kent Hills Elementary	52	32	0
25	Martin Luther King Jr. Leadership Academy	64	32	0
26	Mulick Park Elementary	32	16	0
27	North Park Montessorri	18	0	20
28	Palmer Elementary	32	16	0
29	Sibley Elementary	42	32	0
30	Stocking Elementary	54	32	0
31	Straight Elementary	22	16	0
32	South West Community Campus	64	32	0

Label Number	Name	Current Slots Filled	Full Day Slots	Part Day Slots
Head Start				
33	Adams	128	64	64
34	Fulton	16	0	16
35	Henry	16	0	16
36	Huntington Woods	96	96	0
37	Rogers Lane	192	192	0
38	South Godwin	288	288	0
39	Southwood	16	0	16
40	Springhill	16	0	16
41	Straight	16	0	16
Kent ISD				
42	Byron Center P.S. - Byron Center ECC	31	0	31
43	Caledonia Community Schools - Duncan Lake ECC	32	0	32
44	Cedar Springs P.S. - Cedar Trails Elementary	155	62	31
45	Comstock Park P.S. - Greenridge Elementary	26	0	26
46	Forest Hills P.S. - Collins Elementary	24	0	24
47	Godfrey Lee P.S. - Godfrey Lee ECC	122	32	58
48	Godwin Heights P.S. - South Godwin Elementary	96	48	0
49	Grandville P.S. - Central Elementary	48	0	48
50	Kelloggsville P.S. - Kelloggsville ECC	256	112	32
51	Kenowa Hills P.S. - Kenowa Hills ECC	53	16	21
52	Kent City Community Schools - Kent City Elementary	112	44	24
53	Kentwood P.S. - Hamilton ECC	295	96	103
54	Lowell Area Schools - Bushnell Elementary	62	31	0
55	Northview P.S. - West Oakview Elementary	32	0	32
56	Rockford P.S. - Rockford Preschool CCC	64	32	0
57	Sparta Area Schools - Ridgeview Elementary	91	16	59
58	Thornapple Kellogg Schools - Thornapple Kellogg Learning Ctr.	46	16	14
59	Wyoming P.S. - Huntington Woods ECC	82	32	18
60	Wyoming P.S. - Rogers Lane Elementary	122	0	0

Connecting Families to Services in Kent County:

Results of Great Start 2015 Service Access Survey

Prepared for Great Start Collaborative of Kent County
by the Center for Social Research at Calvin College

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Purpose

The Great Start Collaborative of Kent County (GSC) was concerned about the ability of Kent County parents to access services for their children and families. This concern rose from results of an evaluation of the Great Start Collaborative conducted by Michigan State University that showed that in 2010, only 25.0% of Kent County parent respondents reported that there was *quite a bit to a great deal* of easy access to services. Moreover, by 2012, this percentage dropped to 13.3%. These figures are especially troubling, given that parent respondents throughout Michigan reported easier access to services than did Kent County parents; in 2012, 44.4% of parent respondents reported easy access to services statewide.

Given these results, GSC wanted to examine Kent County parents' ability to find and use services in greater detail. Specifically, which parent and child services do they need and look for the most? Are they able to find and use the services for which they looked? What sources of information do parents use when looking for services? If they do not use these important services, why not? GSC partnered with two West Michigan research organizations to gather information to answer these questions through the Great Start 2015 Service Access Survey.

Method

GSC recruited Basis Policy Research to generate the majority of the content of the Great Start 2015 Service Access Survey. This content included demographic information, lists of parent and child services, and information sources. Then, GSC recruited the Center for Social Research (CSR) at Calvin College to optimize the survey's design and layout. GSC piloted the survey with a group of approximately 40 respondents and gathered feedback on the survey's content and format. CSR revised the survey to address these comments (see the survey in **Appendix A**).

GSC collected survey responses through partner organizations and at community events. CSR staff entered data from the paper surveys and created visualizations of the survey responses in Tableau, a data visualization software program.

Respondent Demographics

535 people completed The Great Start 2015 Service Access Survey. A full breakdown of the respondents' demographic information is found in **Table 1** and **Table 2**. Of the 535 respondents, the vast majority (84%) were female. Most respondents (68%) were in the lowest three income brackets, reporting an annual household income of less than \$40,000. The largest racial group of respondents was White/Caucasian (43%), followed by Hispanic/Latino (27%), then Black/African-American (17%).

Table 1 Survey respondents' demographic information

<i>Demographic Information</i>	<i>Number of Respondents</i>	<i>Percent of Respondents</i>
Gender		
Male	40	7.5%
Female	449	83.9%
Other	3	0.5%
Did not specify	43	8.0%
Annual household income		
Less than \$10,000	118	22.1%
\$10,000 to \$24,999	143	26.7%
\$25,000 to \$39,999	107	20.0%
\$40,000 to \$64,999	71	13.3%
\$65,000 to \$79,000	26	4.9%
\$80,000 or more	41	7.7%
Did not specify	29	5.4%

<i>Demographic Information</i>	<i>Number of Respondents</i>	<i>Percent of Respondents</i>
Race		
Black/African American	92	17.2%
Hispanic/Latino	148	27.7%
Native American/Pacific Islander	3	0.6%
White/Caucasian	233	43.6%
Multi-Racial	30	5.6%
Other	7	1.3%
Did not specify	22	4.1%
Role of respondent in caring for children		
Biological parent	485	90.7%
Step parent	12	2.2%
Adoptive parent	7	1.3%
Foster parent	4	0.7%
Grandparent	35	6.5%
Other	9	1.7%
Does respondent rent or own their home?		
Rent	270	50.5%
Own	190	35.5%
Something else	41	7.7%
Did not specify	34	6.4%

<i>Demographic Information</i>	<i>Number of Respondents</i>	<i>Percent of Respondents</i>
Zip codes with 10 or more respondents		
49507	83	15.5%
49503	62	11.6%
49504	48	9.0%
49508	37	6.9%
49506	32	6.0%
49505	27	5.0%
49548	26	4.9%
49331	21	3.9%
49319	20	3.7%
49341	19	3.6%
49509	19	3.6%
49519	12	2.2%
49512	10	1.9%
Other	40	7.5%
Did not specify	35	6.5%

Table 2 Survey respondents' number of children

<i>Information on Respondents' Children</i>	<i>Mean</i>	<i>Standard Deviation</i>
Number of Children	2.16	1.31
Gender of Children		
Girls	1.17	1.07
Boys	0.99	0.95
Age of Children		
1 year old or younger	0.38	0.52
2 or 3 years old	0.49	0.59
4 or 5 years old	0.49	0.61
6 years or older	0.80	1.25

Parent Services

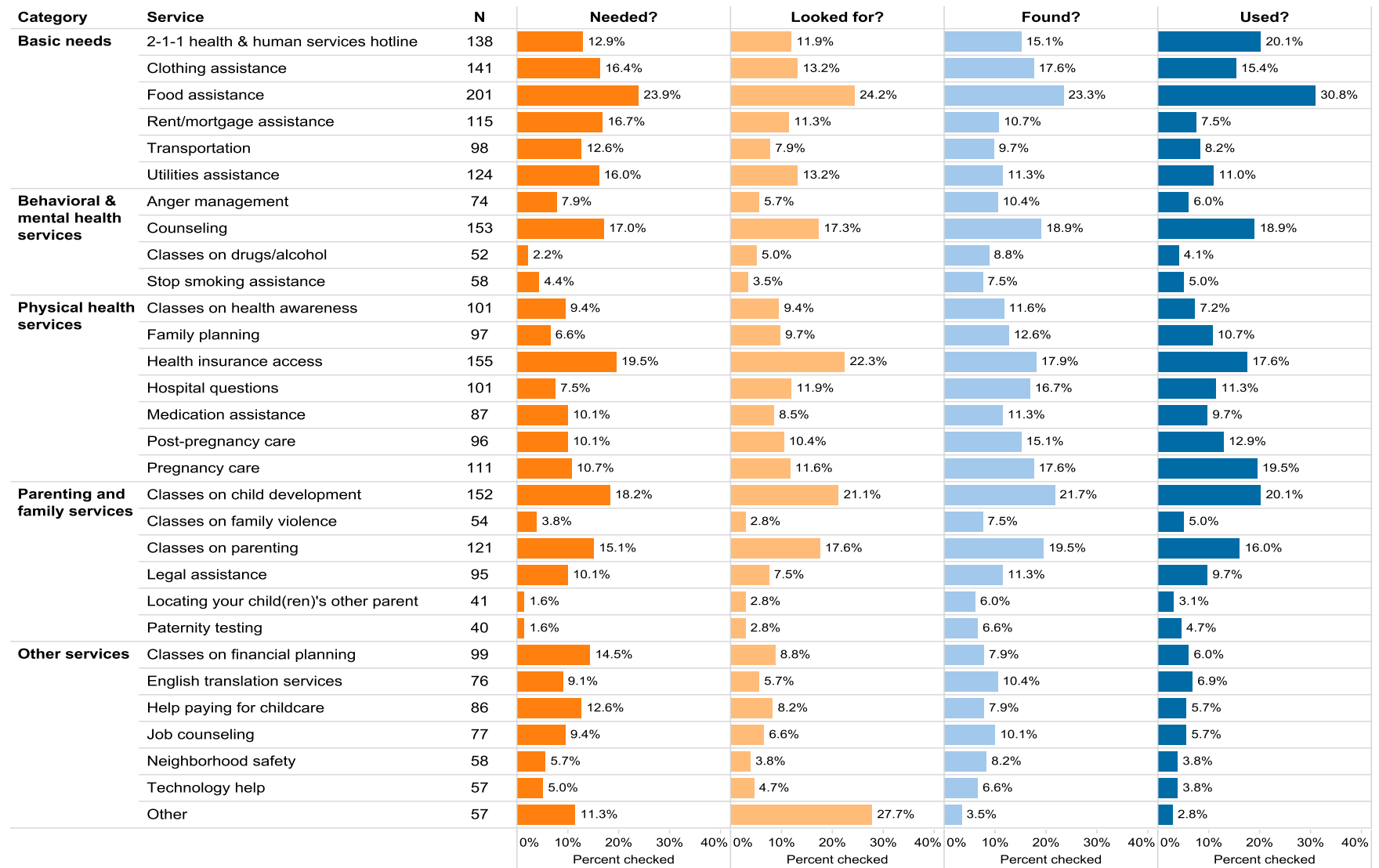
Parent services that respondents needed, looked for, found, and/or used

Respondents were asked to indicate which of 29 parent services they needed, looked for, found, and/or used during the past 12 months. They could also write in up to three additional parent services that were not listed on the survey. Respondents were able to select as many of the four response options (i.e., needed, looked for, found, and used) that were applicable for each of the parent services.

There were many patterns of responses. For example, some respondents indicated that they needed a service but did not use it; others indicated that they used a service that they did not need, look for, or find. These responses are shown in **Figure 1**.

Figure 1 Parent services that respondents needed, looked for, found, and/or used

Ns refer to the number of respondents selecting one or more response options for the service. Percentages refer to the percent of respondents selecting the specific response option for the service.



Some points of interest in **Figure 1** include the services that many respondents needed or looked for, but were found or used less frequently. Parent services that follow this pattern of responses include rent/mortgage assistance, classes on financial planning, and help paying for childcare.

More rarely, respondents indicated that they found or used services that they did not need or look for. Parent services that followed this pattern of responses include 2-1-1 health & human services hotline and pregnancy care. This pattern may indicate either that parents did not feel they needed a service, or that the service was so readily available that there was no need to look for it.

Still other parent services did not exhibit either of the above “mismatched” patterns; instead, respondents frequently indicated that they needed, looked for, found, and used the services. Specifically, 15% or more of respondents selected all four response options (needed, looked for, found, and used) for each of the following parent services: food assistance, counseling, health insurance access, classes on child development, and classes on parenting.

The most important parent services for which respondents looked

Respondents were asked to list the three most important parent services for which they looked. Respondents most frequently listed food assistance, counseling, and health insurance access as the three most important parent services for which they looked. **Table 3** shows the top 16 parent services, each of which was listed by 10 or more respondents.

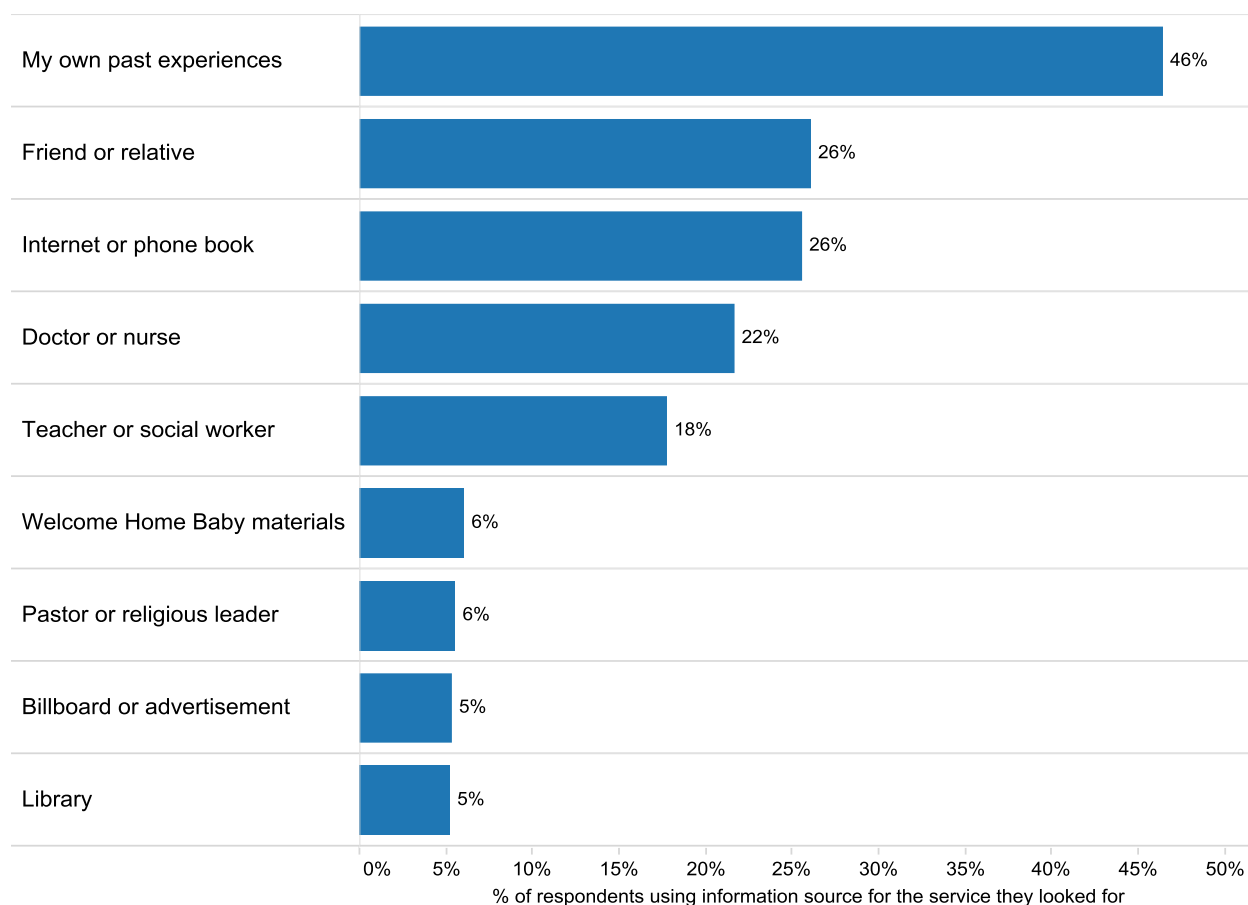
Table 3 The most important parent services for which respondents looked

<i>Parent Services for which Respondents Looked</i>	<i>Number of Respondents Selecting As</i>			<i>Grand Total</i>
	<i>Most Important</i>	<i>Second Most Important</i>	<i>Third Most Important</i>	
Food assistance	28	16	6	50
Counseling	18	15	8	41
Health insurance access	13	20	3	36
Classes on child development	10	7	12	29
Classes on parenting	11	10	6	27
Pregnancy care	7	11	3	21
Rent/mortgage assistance	14	5	2	21
Medication assistance	5	7	4	16
Utilities assistance	6	5	5	15
Clothing assistance	6	6	1	13
Family Planning	2	2	9	13
Post-pregnancy care	4	6	3	13
Anger management	3	5	4	12
Transportation	4	4	4	12
Help paying for childcare	1	4	6	11
Hospital questions	7	1	3	11

Sources of information respondents used to locate parent services

Respondents selected the sources of information they used to learn about each of the three most important parent services for which they looked. Overall, respondents relied on their own past experiences more than anything else to locate parent services (46%). Respondents used both friends or relatives and the Internet or a phone book as sources of information for 26% of parent services. This data is shown in **Figure 2**.

Figure 2 Sources of information respondents used to locate parent services



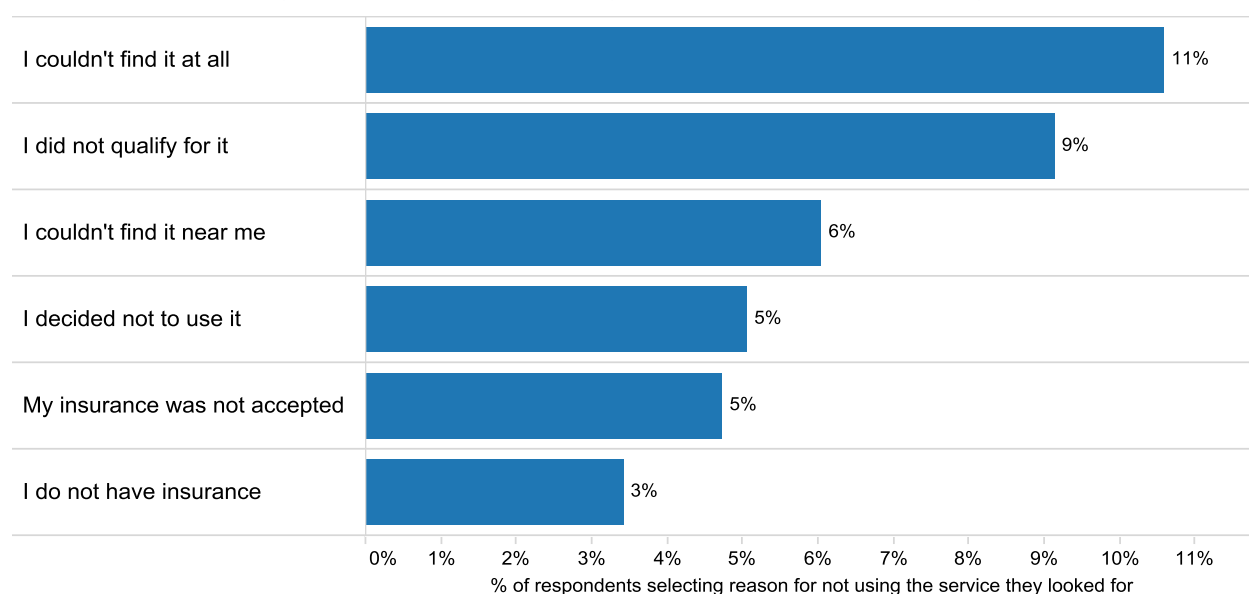
Respondents from higher income households were much more likely to use the Internet to find parent services than those from lower income households. Respondents from higher income households were also more likely to use doctors or nurses, the library, and their friends and relatives as information sources for parent services, whereas lower income families were somewhat more likely to use teachers or social workers.

Sources of information for parent services did not vary much when broken down by race. Some differences were that Hispanic/Latino respondents were more likely to use their own past experiences to locate parent services than were respondents from other racial groups. White/Caucasian and multi-racial respondents were more likely to use the Internet than were respondents from other racial groups.

Reasons respondents did not use the parent services for which they looked

If respondents did not use one or more of the three most important parent services for which they looked, they selected their reasons for not using it. The most common reason for not using a parent service was that the respondent couldn't find the service at all. The second most common reason was that the respondent did not qualify for the service. This data is shown in **Figure 3**

Figure 3 Reasons respondents did not use the parent services for which they looked



Respondents from lower income households were more likely not to use a service because they could not find the service at all or couldn't find the service near them than were those from higher income households. Those from higher income households were much more likely not to use a service because they decided against it than were those from lower income households.

When broken down by racial group, Black/African American, Hispanic/Latino, and multi-racial respondents were more likely to say that they couldn't find the parent service at all than were White/Caucasian respondents. Multi-racial respondents were especially likely to indicate that they did not qualify for a service, that they did not have insurance, or that their insurance was not accepted. However, because there were only 30 multi-racial respondents, these results should be interpreted with caution.

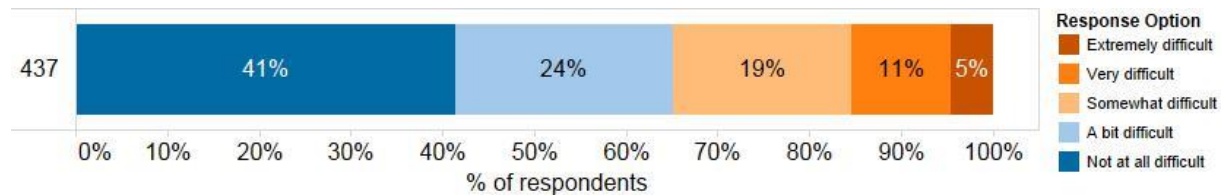
Difficulty locating parent services

Respondents were asked to indicate how difficult it was to locate parent services. Overall, the largest percentage of respondents (41%) said they had no difficulty locating the parent services they listed. 59% said they had some level of difficulty ranging from a bit difficult to extremely difficult. A combined 16% said that the services they listed were very difficult or extremely difficult to find. This information is shown in **Figure 4**.

Figure 4 Difficulty locating parent services

"Altogether, how difficult was it to locate these parent services?"

Ns refer to the number of respondents responding to the question. Percentages refer to the percent of these respondents who gave each response option.



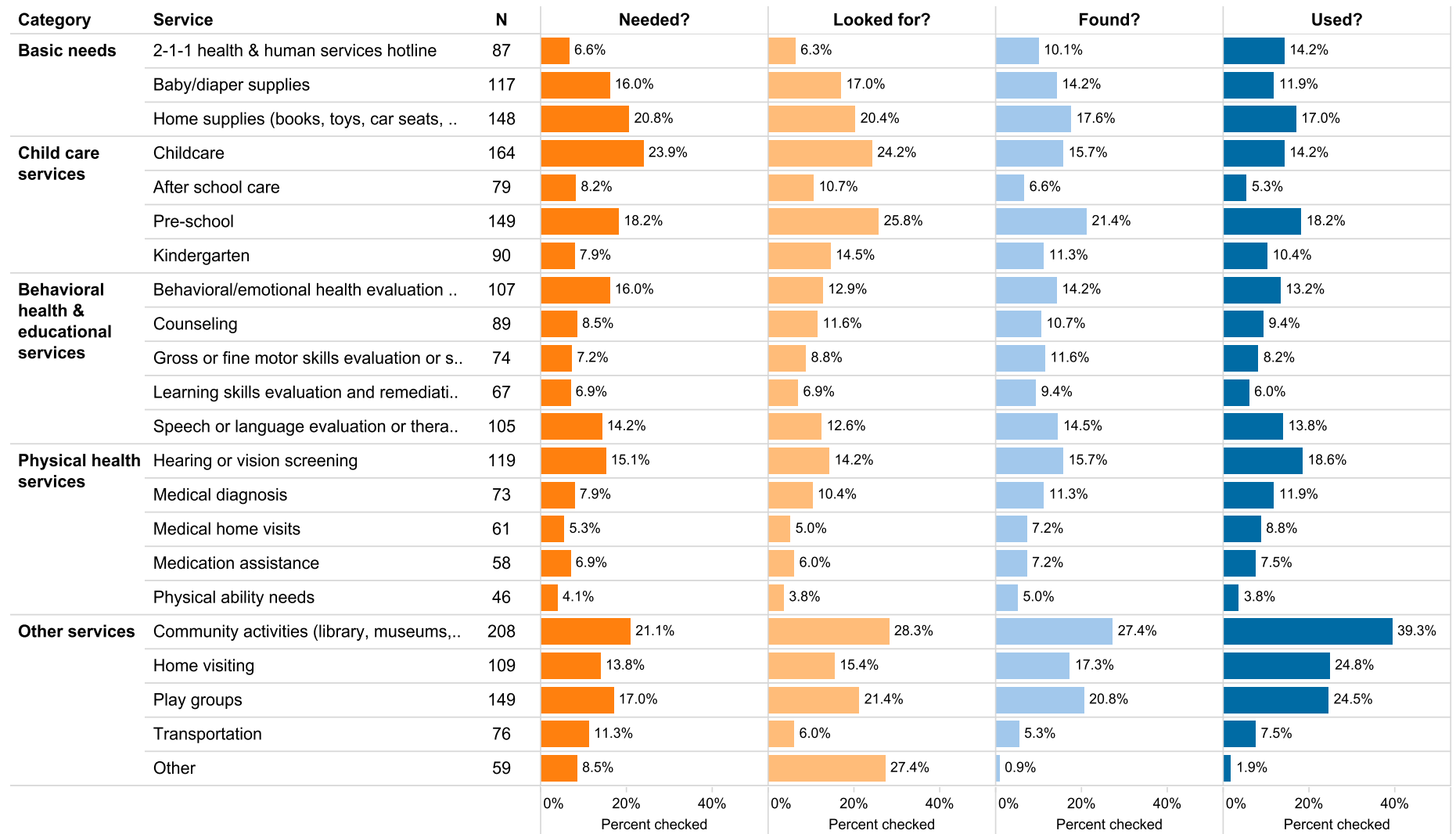
Child Services

Child services that respondents needed, looked for, found, and/or used

After completing the survey section on parent services, respondents completed a parallel section on child services. Respondents were asked to indicate which of 21 child services they needed, looked for, found, and/or used during the past 12 months. They could also write in up to three additional child services that were not listed on the survey. These responses are shown in **Figure 5**.

Figure 5 Child services that respondents needed, looked for, found, and/or used

Ns refer to the number of respondents selecting one or more response options for the service. Percentages refer to the percent of respondents selecting the specific response option for the service



Respondents were noticeably more likely to indicate that they needed or looked for childcare than they were to indicate that they found or used childcare. Conversely, respondents were more likely to indicate that they found or used community activities and home visits than they were to indicate that they needed or looked for these services. This may indicate that respondents didn't feel an acute need for these services but still took advantage of their presence in the community.

Respondents frequently indicated that they needed, looked for, found, and used other child services. Specifically, 15% or more of respondents selected all four response options (needed, looked for, found, and used) for each of the following child services: home supplies, pre-school, and play groups.

The most important child services for which respondents looked

Respondents were asked to list the three most important child services for which they looked. Respondents most frequently listed childcare, community activities (libraries, zoos, museums), and pre-school among the three most important child services. **Table 4** shows the top 15 child services, each of which was listed by 10 or more respondents.

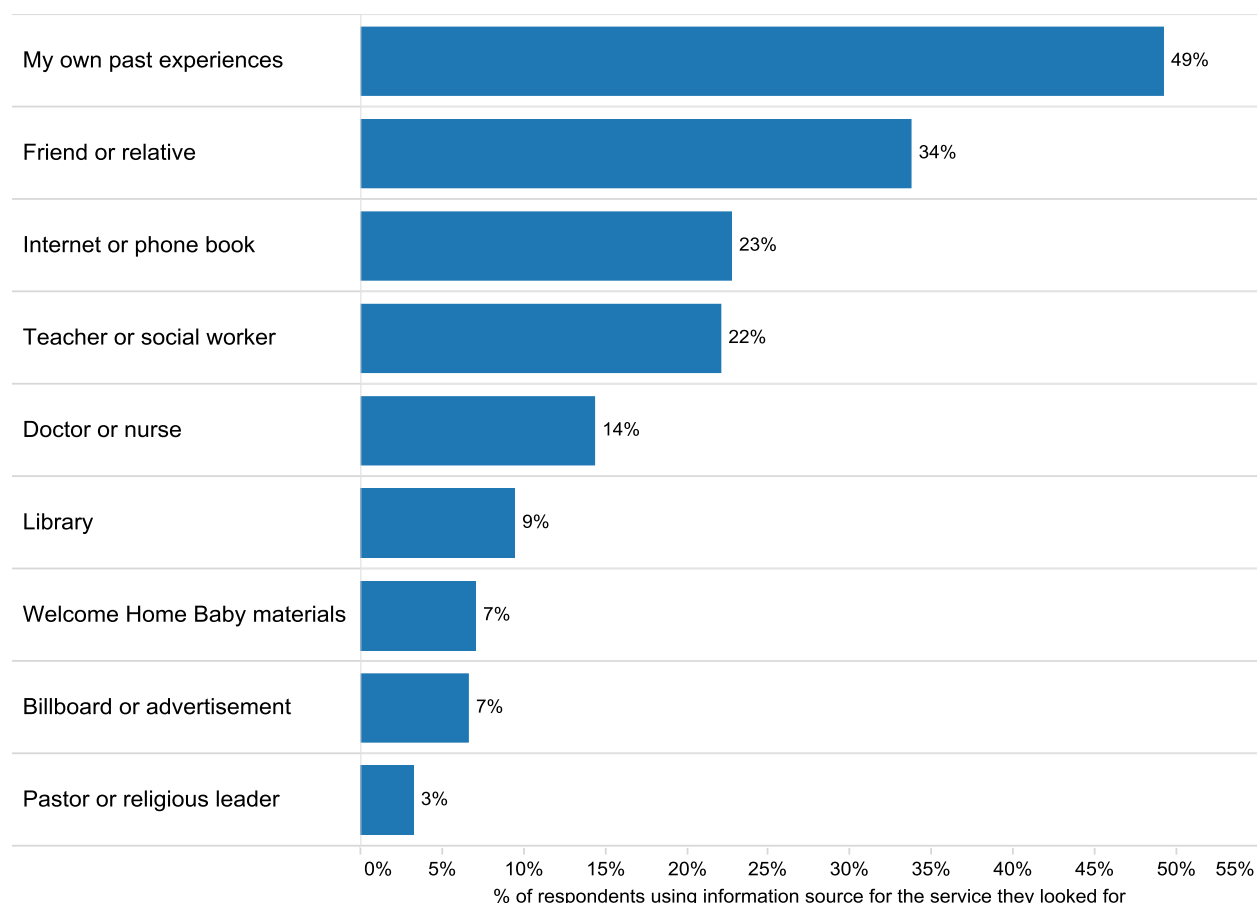
Table 4 The most important child services for which respondents looked

<i>Child Services for which Respondents Looked</i>	<i>Number of Respondents Selecting As</i>			<i>Grand Total</i>
	<i>Most Important</i>	<i>Second Most Important</i>	<i>Third Most Important</i>	
Childcare	40	24	5	69
Community activities (library, museums, zoo)	8	32	14	53
Pre-school	29	20	3	52
Play groups	14	11	10	35
Home visiting	11	11	8	30
Baby/diaper supplies	16	5	3	24
Home supplies (books, toys, car seats, strollers)	11	6	7	24
Behavioral/emotional health evaluation or services	11	7	5	23
Counseling	10	2	8	20
Kindergarten	7	8	4	19
Speech or language evaluation or therapy	8	7	2	17
Hearing or vision screening	5	4	5	14
After school care	5	5	1	11
Medical diagnosis	2	4	6	11
Medication assistance	3	7	0	10

Sources of information respondents used to locate child services

Similar to parent services, by far the most frequently used source of information for locating child services was respondents' own past experiences (49%). Respondents used friends or relatives as a source of information for 34% of child services and the Internet or a phone book for 23% of child services. This data is shown in **Figure 6**.

Figure 6 Sources of information respondents used to locate child services



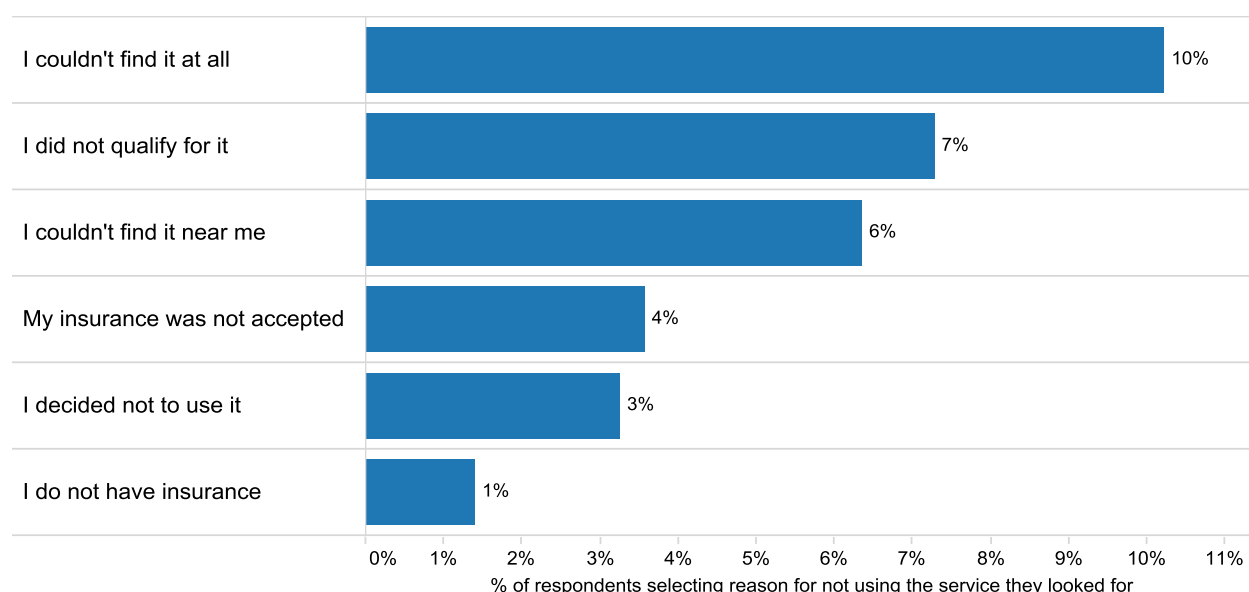
Paralleling the results for parent services, respondents from higher income households were slightly more likely to use friends or relatives and the library, and were much more likely to use the Internet as information sources for child services. Respondents from lower income households were slightly more likely to use teachers or social workers as information sources for child services.

Hispanic/Latino and multi-racial respondents were more likely to use their own past experience to locate child services than were respondents from other racial groups. White/Caucasian and multi-racial respondents were more likely to use the Internet than were respondents from other racial groups.

Reasons respondents did not use the child services for which they looked

The most common reason for not using a child service was that the respondent couldn't find the service at all. The second most common reason was that the respondent did not qualify for the service. This data is shown in **Figure 7**.

Figure 7 Reasons respondents did not use the child services for which they looked



Respondents from lower income households were more likely not to use a service because they could not find the service at all or couldn't find the service near them than were those from higher income households.

When broken down by racial group, Black/African American respondents were more likely to report that they couldn't find the child service at all than were White/Caucasian respondents. Black/African American respondents also indicated that they decided not to use the child service more frequently than did respondents from other racial groups. Although Hispanic/Latino respondents were relatively unlikely to indicate that they did not have insurance, they were especially likely to indicate that their insurance was not accepted.

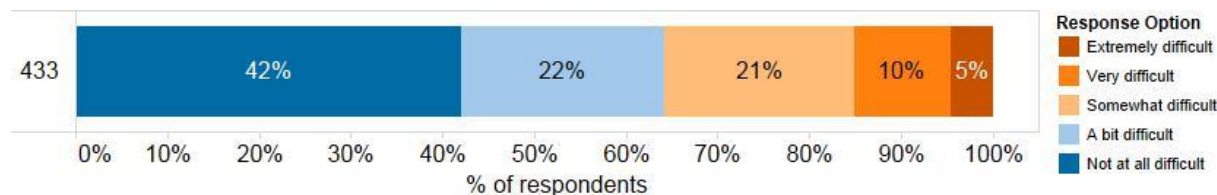
Difficulty locating child services

Respondents were asked to indicate how difficult it was to locate child services. Overall, the largest percent of respondents (42%) said that they had no difficulty locating the child services they listed. 58% said they had some level of difficulty in locating the services ranging from a bit of difficulty to extreme difficulty. A combined 15% said that the services they listed were very difficult or extremely difficult to find. This information is shown in **Figure 8**. Respondents from lower income households tended to indicate that it was more difficult to locate child services than did those from higher income households.

Figure 8 Difficulty locating child services

"Altogether, how difficult was it to locate these child services?"

Ns refer to the number of respondents responding to the question. Percentages refer to the percent of these respondents who gave each response option



Conclusion

The Great Start 2015 Service Access Survey provides useful information. It gauges Kent County parents' ability to find and use services at present. It also identifies the places where navigation of services is especially difficult and provides insight into how these pain points may be alleviated.

When respondents were asked to rate the difficulty of finding services, the most frequent response was that locating services was *not at all difficult*. However, the remaining responses indicated at least some level of difficulty (59% for parent services and 58% for child services), and a sizeable minority of respondents reported that it was *very difficult* or *extremely difficult* to find services (16% for parent services and 15% for child services). These results indicate that although many Kent County parents are finding services with ease, most parents are having at least some level of difficulty, and there is still room for improvement.

A few services stand out as having the most need for improvement. Specifically, rent/mortgage assistance and help paying for childcare are two parent services that respondents were most likely to indicate that they needed or looked for but did not find or use. Moreover, these two services were among the most frequently listed as the most important parent services. Similarly, childcare is a child service that respondents were most likely to indicate that they needed or looked for but did not find or use. Childcare was also the most frequently listed most important child service. The juxtaposition of the importance of these services and respondents' inability to find and use them highlights the need and opportunity for improvement for these three services in particular.

Respondents frequently indicated that they needed other services, but were also likely to indicate that they were able to find and use these frequently-needed services. For example, counseling, mental health, and behavioral health services were among the most frequently listed needed services. Indeed, respondents often nominated these mental, emotional, and behavioral health services as one of the three most important services for which they looked.

When asked why they did not use a service, respondents were most likely to cite not being able to find the service at all and not qualifying for the service as the reasons they did not use the service. These results point to two opportunities for increasing parents' access to the services they need. First, new resources could be put into place, and/or existing resources could be enhanced to help parents find the service for which they are looking. Second, barriers that currently keep parents from qualifying for services that they do find could be removed.

To conclude, Kent County is the home to over 600,000 residents who come from many backgrounds and form many types of households, each of which has different needs. Kent County has many services in place to help its residents and families meet their needs. The key is to help families find and use the services they need.

Appendix A: Survey



Great Start 2015 Service Access Survey

Site #: ____

Please help us connect families to Kent County services!

The purpose of this questionnaire is to collect information about the services needed among parents and guardians with children 5 years old or younger. It also collects information about how people look for these services and whether people are able to find them. The information will be used to help inform planning of how to best meet the needs of Kent County families.

This survey is **anonymous and completely voluntary**. Your name will not be connected with any of your responses.

Your family's experience

How well is our community supporting you in raising your children? Please give a grade, from A to F:

- ☐ A – we're doing very well
- ☐ B
- ☐ C – average
- ☐ D
- ☐ F – we're completely failing

Please write on each line how many children you are raising in your home of that age and gender:

Age	How many are you raising?	
	# of Girls:	# of Boys:
1 year old or younger	_____	_____
2 or 3 years old	_____	_____
4 or 5 years old	_____	_____
6 years or older	_____	_____

What is your role in caring for these children?

- ☐ Biological parent
- ☐ Step parent
- ☐ Adoptive parent
- ☐ Foster parent
- ☐ Grandparent
- ☐ Other, please explain: _____

Are you or your spouse/partner currently pregnant?

- ☐ Yes
- ☐ No

Parent services

Thinking of the last 12 months or so,
please mark which of the following services you:

	Needed?	LOOKED FOR?	Found?	Used?
Basic needs				
2-1-1 health & human services hotline	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Clothing assistance	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
Food assistance	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
Rent/mortgage assistance	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
Transportation	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
Utilities assistance	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆
Behavioral & mental health services				
Anger management	<input type="checkbox"/> ₇	<input type="checkbox"/> ₇	<input type="checkbox"/> ₇	<input type="checkbox"/> ₇
Counseling	<input type="checkbox"/> ₈	<input type="checkbox"/> ₈	<input type="checkbox"/> ₈	<input type="checkbox"/> ₈
Classes on drugs/alcohol	<input type="checkbox"/> ₉	<input type="checkbox"/> ₉	<input type="checkbox"/> ₉	<input type="checkbox"/> ₉
Stop smoking assistance	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₀
Physical health services				
Classes on health awareness	<input type="checkbox"/> ₁₁	<input type="checkbox"/> ₁₁	<input type="checkbox"/> ₁₁	<input type="checkbox"/> ₁₁
Family planning	<input type="checkbox"/> ₁₂	<input type="checkbox"/> ₁₂	<input type="checkbox"/> ₁₂	<input type="checkbox"/> ₁₂
Health insurance access	<input type="checkbox"/> ₁₃	<input type="checkbox"/> ₁₃	<input type="checkbox"/> ₁₃	<input type="checkbox"/> ₁₃
Hospital questions	<input type="checkbox"/> ₁₄	<input type="checkbox"/> ₁₄	<input type="checkbox"/> ₁₄	<input type="checkbox"/> ₁₄
Medication assistance	<input type="checkbox"/> ₁₅	<input type="checkbox"/> ₁₅	<input type="checkbox"/> ₁₅	<input type="checkbox"/> ₁₅
Post-pregnancy care	<input type="checkbox"/> ₁₆	<input type="checkbox"/> ₁₆	<input type="checkbox"/> ₁₆	<input type="checkbox"/> ₁₆
Pregnancy care	<input type="checkbox"/> ₁₇	<input type="checkbox"/> ₁₇	<input type="checkbox"/> ₁₇	<input type="checkbox"/> ₁₇
Parenting and family services				
Classes on child development	<input type="checkbox"/> ₁₈	<input type="checkbox"/> ₁₈	<input type="checkbox"/> ₁₈	<input type="checkbox"/> ₁₈
Classes on family violence	<input type="checkbox"/> ₁₉	<input type="checkbox"/> ₁₉	<input type="checkbox"/> ₁₉	<input type="checkbox"/> ₁₉
Classes on parenting	<input type="checkbox"/> ₂₀	<input type="checkbox"/> ₂₀	<input type="checkbox"/> ₂₀	<input type="checkbox"/> ₂₀
Legal assistance	<input type="checkbox"/> ₂₁	<input type="checkbox"/> ₂₁	<input type="checkbox"/> ₂₁	<input type="checkbox"/> ₂₁
Locating your child(ren)'s other parent	<input type="checkbox"/> ₂₂	<input type="checkbox"/> ₂₂	<input type="checkbox"/> ₂₂	<input type="checkbox"/> ₂₂
Paternity testing	<input type="checkbox"/> ₂₃	<input type="checkbox"/> ₂₃	<input type="checkbox"/> ₂₃	<input type="checkbox"/> ₂₃
Other services				
Classes on financial planning	<input type="checkbox"/> ₂₄	<input type="checkbox"/> ₂₄	<input type="checkbox"/> ₂₄	<input type="checkbox"/> ₂₄
English translation services	<input type="checkbox"/> ₂₅	<input type="checkbox"/> ₂₅	<input type="checkbox"/> ₂₅	<input type="checkbox"/> ₂₅
Help paying for childcare	<input type="checkbox"/> ₂₆	<input type="checkbox"/> ₂₆	<input type="checkbox"/> ₂₆	<input type="checkbox"/> ₂₆
Job counseling	<input type="checkbox"/> ₂₇	<input type="checkbox"/> ₂₇	<input type="checkbox"/> ₂₇	<input type="checkbox"/> ₂₇
Neighborhood safety	<input type="checkbox"/> ₂₈	<input type="checkbox"/> ₂₈	<input type="checkbox"/> ₂₈	<input type="checkbox"/> ₂₈
Technology help	<input type="checkbox"/> ₂₉	<input type="checkbox"/> ₂₉	<input type="checkbox"/> ₂₉	<input type="checkbox"/> ₂₉
Other #1: _____	<input type="checkbox"/> ₃₀	<input type="checkbox"/> ₃₀	<input type="checkbox"/> ₃₀	<input type="checkbox"/> ₃₀
Other #2: _____	<input type="checkbox"/> ₃₁	<input type="checkbox"/> ₃₁	<input type="checkbox"/> ₃₁	<input type="checkbox"/> ₃₁
Other #3: _____	<input type="checkbox"/> ₃₂	<input type="checkbox"/> ₃₂	<input type="checkbox"/> ₃₂	<input type="checkbox"/> ₃₂
None of the above	<input type="checkbox"/> ₉₉	<input type="checkbox"/> ₉₉	<input type="checkbox"/> ₉₉	<input type="checkbox"/> ₉₉

Top 3 parent services you have searched for




Thinking of the services you **LOOKED FOR** in the boxed second column on the previous page, please write in the **3 most important parent services you LOOKED FOR:**

Your top three parent services:

1st Most important parent service you looked for	2nd Second most important service you looked for	3rd Third most important service you looked for
_____	_____	_____
_____	_____	_____

Which of the following did you use to find information about each service?

In each column, please select all that apply for each service.

			
My own past experiences	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Friend or relative	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
Doctor or nurse	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
Teacher or social worker	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
Pastor or religious leader	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
Internet or phone book	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆
Library	<input type="checkbox"/> ₇	<input type="checkbox"/> ₇	<input type="checkbox"/> ₇
Welcome Home Baby materials	<input type="checkbox"/> ₈	<input type="checkbox"/> ₈	<input type="checkbox"/> ₈
Billboard or advertisement	<input type="checkbox"/> ₉	<input type="checkbox"/> ₉	<input type="checkbox"/> ₉
Check all that apply for each service.	If you DID NOT USE this service, why not?	If you DID NOT USE this service, why not?	If you DID NOT USE this service, why not?
I couldn't find it at all	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
I couldn't find it near me	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
I decided not to use it	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
I did not qualify for it	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
I do not have insurance	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
My insurance was not accepted	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆

Altogether, how difficult was it to locate these parent services?

- ☐₁ Not at all difficult (it was easy)
- ☐₂ A bit difficult
- ☐₃ Somewhat difficult
- ☐₄ Very difficult
- ☐₅ Extremely difficult (almost impossible)

Children's services




Thinking of the last 12 months or so,
please mark which of the following services you:

	Needed?	LOOKED FOR?	Found?	Used?
Basic needs				
2-1-1 health & human services hotline	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Baby/diaper supplies	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
Home supplies (books, toys, car seats, strollers)	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
Child care services				
Childcare	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
After school care	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
Pre-school	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆
Kindergarten	<input type="checkbox"/> ₇	<input type="checkbox"/> ₇	<input type="checkbox"/> ₇	<input type="checkbox"/> ₇
Behavioral health & educational services				
Behavioral/emotional health evaluation or services	<input type="checkbox"/> ₈	<input type="checkbox"/> ₈	<input type="checkbox"/> ₈	<input type="checkbox"/> ₈
Counseling	<input type="checkbox"/> ₉	<input type="checkbox"/> ₉	<input type="checkbox"/> ₉	<input type="checkbox"/> ₉
Gross or fine motor skills evaluation or services	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₀
Learning skills evaluation and remediation	<input type="checkbox"/> ₁₁	<input type="checkbox"/> ₁₁	<input type="checkbox"/> ₁₁	<input type="checkbox"/> ₁₁
Speech or language evaluation or therapy	<input type="checkbox"/> ₁₂	<input type="checkbox"/> ₁₂	<input type="checkbox"/> ₁₂	<input type="checkbox"/> ₁₂
Physical health services				
Hearing or vision screening	<input type="checkbox"/> ₁₃	<input type="checkbox"/> ₁₃	<input type="checkbox"/> ₁₃	<input type="checkbox"/> ₁₃
Medical diagnosis	<input type="checkbox"/> ₁₄	<input type="checkbox"/> ₁₄	<input type="checkbox"/> ₁₄	<input type="checkbox"/> ₁₄
Medical home visits	<input type="checkbox"/> ₁₅	<input type="checkbox"/> ₁₅	<input type="checkbox"/> ₁₅	<input type="checkbox"/> ₁₅
Medication assistance	<input type="checkbox"/> ₁₆	<input type="checkbox"/> ₁₆	<input type="checkbox"/> ₁₆	<input type="checkbox"/> ₁₆
Physical ability needs	<input type="checkbox"/> ₁₇	<input type="checkbox"/> ₁₇	<input type="checkbox"/> ₁₇	<input type="checkbox"/> ₁₇
Other services				
Community activities (library, museums, zoo)	<input type="checkbox"/> ₁₈	<input type="checkbox"/> ₁₈	<input type="checkbox"/> ₁₈	<input type="checkbox"/> ₁₈
Home visiting	<input type="checkbox"/> ₁₉	<input type="checkbox"/> ₁₉	<input type="checkbox"/> ₁₉	<input type="checkbox"/> ₁₉
Play groups	<input type="checkbox"/> ₂₀	<input type="checkbox"/> ₂₀	<input type="checkbox"/> ₂₀	<input type="checkbox"/> ₂₀
Transportation	<input type="checkbox"/> ₂₁	<input type="checkbox"/> ₂₁	<input type="checkbox"/> ₂₁	<input type="checkbox"/> ₂₁
Other #1: _____	<input type="checkbox"/> ₂₁	<input type="checkbox"/> ₂₁	<input type="checkbox"/> ₂₁	<input type="checkbox"/> ₂₁
Other #2: _____	<input type="checkbox"/> ₂₃	<input type="checkbox"/> ₂₃	<input type="checkbox"/> ₂₃	<input type="checkbox"/> ₂₃
Other #3: _____	<input type="checkbox"/> ₂₄	<input type="checkbox"/> ₂₄	<input type="checkbox"/> ₂₄	<input type="checkbox"/> ₂₄
None of the above	<input type="checkbox"/> ₉₉	<input type="checkbox"/> ₉₉	<input type="checkbox"/> ₉₉	<input type="checkbox"/> ₉₉

Top 3 children's services you have searched for

Thinking of the services you **LOOKED FOR** in the boxed second column on the previous page, please write in the **3 most important children's services you LOOKED FOR:**

Your top three children's services:

	1st Most important children's service you looked for	2nd Second most important service you looked for	3rd Third most important service you looked for
_____	_____	_____	_____
Which of the following did you use to find information about each service?	<i>In each column, please select all that apply for each service.</i>		
			
My own past experiences	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Friend or relative	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
Doctor or nurse	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
Teacher or social worker	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
Pastor or clergy	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
Internet or phone book	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆
Library	<input type="checkbox"/> ₇	<input type="checkbox"/> ₇	<input type="checkbox"/> ₇
Welcome Home Baby materials	<input type="checkbox"/> ₈	<input type="checkbox"/> ₈	<input type="checkbox"/> ₈
Billboard or advertisement	<input type="checkbox"/> ₉	<input type="checkbox"/> ₉	<input type="checkbox"/> ₉
<i>Select all that apply for each service.</i>	If you DID NOT USE this service, why not?	If you DID NOT USE this service, why not?	If you DID NOT USE this service, why not?
I couldn't find it at all	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
I couldn't find it near me	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
I decided not to use it	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
I did not qualify for it	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
I do not have insurance	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
My insurance was not accepted	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆

Altogether, **how difficult** was it to locate these children's services?

- ☐₁ Not at all difficult (it was easy)
- ☐₂ A bit difficult
- ☐₃ Somewhat difficult
- ☐₄ Very difficult
- ☐₅ Extremely difficult (almost impossible)

About you and your family

The following questions are for analysis purposes only. Remember, **your response is completely anonymous and voluntary**. You may skip any question you prefer not to answer.

Which is your primary method of **transportation**? Choose one, the best available answer:

- ☐₁ Personal car, truck, or motorcycle
- ☐₂ Bus
- ☐₃ Bicycle
- ☐₄ Taxi (cab)
- ☐₅ Walking
- ☐₆ Asked friend or relative for a ride
- ☐₉ None of the above

What is your **primary phone**? Choose one, the best available answer:

- ☐₁ Cellular phone with contract
- ☐₂ Pre-paid cellular phone
- ☐₃ Home phone (land line)
- ☐₄ Calling card
- ☐₅ Pay phone
- ☐₆ Borrow friend's, neighbor's, or relative's phone
- ☐₉ None of the above

Who is the **first person** that you go to with questions about your child(ren)?

Choose one, the best available answer:

- ☐₁ The child(ren)'s other parent
- ☐₂ Spouse or live-in partner
- ☐₃ Relative
- ☐₄ Friend
- ☐₅ Neighbor
- ☐₆ Doctor or nurse
- ☐₇ Social worker
- ☐₈ Teacher
- ☐₉ Pastor or other religious leader
- ☐₁₀ Other, please explain: _____

Which of the following **describe your child(ren)**? Check all that apply:

- ☐₁ Stay at home with me during the day
- ☐₂ Stay at a relative's, neighbor's, or friend's house
- ☐₃ Attend no-pay daycare, such as Head Start
- ☐₄ Attend a home-based daycare
- ☐₅ Attend private daycare or preschool
- ☐₆ Attend community church programs
- ☐₇ Attend school-based daycare
- ☐₈ Attend play-and-learn groups
- ☐₉ Other, please explain: _____

What is your **gender**? _____

What **ZIP code** do you live in? _____ (five-digit code, such as "49501")

Do you **rent or own** your home?

- ☐ ₁ Rent
- ☐ ₂ Own
- ☐ ₃ *Something else*

What is your **racial and ethnic identification**? *Check all that apply:*

- ☐ ₁ Native American, Pacific Islander, or Alaskan Native
- ☐ ₂ Black or African-American
- ☐ ₃ Asian or Asian-American
- ☐ ₄ White or Caucasian
- ☐ ₅ Hispanic or Latino
- ☐ ₆ Other, please specify: _____

What is your **yearly household income**?

- ☐ ₁ Less than \$10,000
- ☐ ₂ \$10,000 to \$24,999
- ☐ ₃ \$25,000 to \$39,999
- ☐ ₄ \$40,000 to \$64,999
- ☐ ₅ \$65,000 to \$79,999
- ☐ ₆ \$80,000 or more

How many adults live in your household? _____

Please write any **additional thoughts and comments** here:

Thank you very much for your participation in this survey! Please deposit the questionnaire in the confidential envelope or box provided. If you prefer, you may mail the questionnaire to:

Center for Social Research, Calvin College, 3201 Burton St. SE, Grand Rapids MI 49546

We'll be happy to take your questions about this survey. Contact (616) 526-7799 or csr@calvin.edu.

