

**MICHIGAN APPLICATION FOR PRESCHOOL DEVELOPMENT GRANT BIRTH
THROUGH FIVE (PDG B-5) RENEWAL
PROJECT SUMMARY/ABSTRACT**

Project Title: Weaving a Tapestry of Support for Michigan’s Children and Families
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Michigan’s initial needs assessment is ongoing, though several themes have emerged that allowed the Michigan Department of Education (MDE) Office of Great Start (OGS), as part of a cross-departmental implementation team, to identify projects that would weave a system of supports for the whole child and whole family in Michigan. Our “tapestry” unites threads that cut across all projects to address connecting data systems, unmet infant-toddler needs, unmet quality child care needs, elements to support whole child needs (universal developmental and behavioral screening), and additional options for three-year old children, with the vertical threads of support for the workforce, family empowerment/engagement, coordinated recruitment and enrollment/no-wrong-door entry into the mixed delivery system, increasing access and services in rural areas and for special populations (homeless or children with disabilities), and supporting transitions through the early childhood system. The frame for this tapestry is a more coordinated and collaborative early childhood mixed delivery system that supports the whole child and the whole family at the state, regional, and local levels. The initial themes that have emerged from PDG B-5 activities include: families lack knowledge of and trust in programs and services; programs/services lack universality, collaboration/coordination and leadership, family engagement, quantity and quality, and funding; the system lacks supports for multilingual families, and has gaps in center-based programming for three-year olds, rural, and tribal areas, and integrated data systems. Proposed projects: (Activity 1) additional needs assessments (community barriers to increasing supply of child care; workforce supports; infant/toddler funding; system barriers; reciprocal data sharing; whole child/family needs); (Activity 2) implementation and expansion of strategies with targeted stakeholder engagement and implementation support (Activity 3) additional communications projects; universal screening; coordinated recruitment/enrollment; transition support prenatal-K; expanded family engagement & leadership support; trusted messengers; Talking is Teaching™; system navigator; (Activity 4) enhanced professional development and cross-systems learning communities; additional supports for children with disabilities (inclusion, infant mental health, evidence-based practices, cross-sector professional development); innovative methods to build the Early Childhood Care and Education (EC) workforce; (Activity 5) 3-year old program; support for home visiting services; infant/toddler EC support; expansion of child care in “deserts” and rural areas; tribal outreach; and (Activity 6) interagency data collaboration and stronger state system coordination. Populations to be served include all children birth through age five and their families, with emphasis on rural, vulnerable, multilingual, tribal, and children with disabilities and families, the workforce, the mixed delivery system, the community, and policymakers.

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Assumptions:

In this grant application, to assist with the narrative flow, the terms *parents* and *families* are meant to refer to primary caregivers for children, including parents, grandparents, and others serving this important role.

The term *provider* will represent the vast array of service delivery personnel who are within the B-5 system. This may include, but is not limited to, staff from childcare, home visitation, early intervention, health care, behavioral health, etc. Early Childhood Care and Education (EC) is meant to denote the same throughout.

EXPECTED OUTCOMES:

<p><i>Activity 1:</i> Initial: A thorough assessment of gaps in the system and needs of providers, children and families that are unmet by the current system; Actionable data to inform targeted investments for equitable programs and services. Renewal: Diverse and sustainable funding to increase equitable access to high quality infant/toddler care; data and plan to address barriers to increased childcare at community level; models to support the EC workforce; a connected and robust data system that informs whole child/whole family</p>
<p><i>Activity 2:</i> Coordinated and prioritized strategies, actions, goals that clearly identify the necessary partnerships, collaboration, coordination, and alignment activities that must be in place to leverage positive outcomes in both policy and programming for the families participating in Michigan B-5 mixed delivery system, including clear accountability and a particular emphasis on families that have been under resourced and/or under-represented within Michigan’s EC system(families and providers of color, those living in rural communities and families and providers who speak a home language other than English); metrics and accountability measures for successful implementation of the strategic plan; CQI methods are employed and derive improvements and benefits to the system; an ongoing strategic planning process; the strategic plan is a living document.</p>
<p><i>Activity 3:</i> Overall better-informed parents, families, professional partners, and communities, including more engagement from families and parents in mixed delivery opportunities. Increased awareness and use of MiKids Matter website for information about the whole child, whole family, and the mixed delivery system. Reciprocal communication with families and co-creation of EC activities and programs. Vulnerable families understand and access the resources they need; children and families transition successfully through the B-5 system. Families demonstrate more resilience factors.</p>
<p><i>Activity 4:</i> A more informed and responsive workforce that addresses the needs of vulnerable children and families through authentic engagement and utilizing innovative ways to coordinate across the entire EC workforce. Increasing capacity across the state for a high-quality early childhood workforce. Equitable support provided for vulnerable children and families. Increased outcomes in early elementary school.</p>
<p><i>Activity 5:</i> Improved quality, increased accessibility and equity, and ease of transitions across Michigan’s B-5 mixed delivery system through identification of needs, strategies, and replicable models that support quality in locally appropriate methods determined by family engagement. A system that weaves supports for families and specific populations including homeless, rural, tribal, infants/toddlers and other vulnerability factors into all programs.</p>
<p><i>Activity 6:</i> Intentional cross systems state level teams that incorporate assessment and efficiencies within agency policies and programs with shared infrastructure and accountability. Better decision making by all levels of the B-5 mixed delivery system through use of shared data with new or improved data infrastructure, collection, availability, usability and literacy.</p>

ACTIVITY 1: PDG B-5 STATEWIDE NEEDS ASSESSMENT.

The Michigan PDG B-5 Statewide Needs Assessment required by the initial PDG B-5 Grant will be completed by December 2019. The contract for Activity 1 was awarded to American Institutes for Research (AIR) in June 2019, after a lengthy procurement delay within the MDE. Activities include an inventory and analysis of existing needs assessments, statewide stakeholder engagement, access and equity challenges, access and quality of data, and assessment of an unduplicated count of B-5 children served and awaiting services in the mixed delivery system. While this work is still underway, preliminary themes have been identified in each process step. These themes may shift as more data is collected. The mixed delivery system defined for the initial PDG B-5 grant, which can also be thought of as **Early Childhood Care and Education**, is comprised of: *Early On*[®] (Individuals with Disabilities Education Act [IDEA Part C]), home visiting, Early Head Start/Head Start (EHS/HS), Great Start Readiness Program (GSRP, state-funded four-year old preschool), early childhood special education (ECSE, IDEA Part B section 619), the 54 Great Start Collaboratives (GSC) and 60 Great Start Parent Coalitions (GSPC), MDE's Child Development and Care unit (CCDF-subsidized childcare), and private pay child care providers.

Inventory of existing needs assessments: Through collaborative outreach across the mixed-delivery system, a study of 51 needs assessments across the state from the last 5 years has identified multiple barriers faced by families when accessing services, including affordability and the cost of childcare, basic costs associated with daily life, lack of providers able to meet unique needs of vulnerable families (families that speak a language other than English in the home and homeless families), and geographic accessibility of services, especially in rural communities. Also identified were gaps in services within Michigan's mixed delivery system

and a need to address child health and child abuse and neglect, trauma, and mental health. **Work on this deliverable is complete and a final report has been delivered to OGS.**

Stakeholder engagement: AIR created a stakeholder engagement plan to ensure broad engagement of mixed delivery stakeholders. Stakeholder engagement efforts include five interviews with state leaders, nine focus groups, and additional key informant interviews. Over 300 stakeholders will have been engaged at the completion of these activities, including EHS/HS teachers and Head Start State Collaboration Office (HSSCO) director, MDE Directors of Early Childhood Development & Family Education (ECD&FE) and CDC, GSCs, GSPCs, child care providers, *Early On* coordinator, consultants, and the training and technical assistance provider, the Michigan Interagency Coordinating Council (MICC), Michigan Department of Health and Human Services (MDHHS) staff, Deputy Superintendent of P-20 Systems and Student Transitions at MDE, GSRP teachers and administrators, infant and early childhood mental health providers, health providers, family child care providers, home visiting staff and directors, families, tribal members, and foundations and funders.

The GSCs and GSPCs serve all Michigan counties to bring together community leaders from education, physical and behavioral health, business, clergy, law enforcement, nonprofits, and families to create and implement plans to achieve the state's early learning and development outcomes. GSCs, facilitated by a state-funded Director/Coordinator, work to develop a single network of public and private programs, services, and supports to better accomplish results for young children and families. These local entities have approximately 4,000 community leaders involved in their work, the majority of which are families with young children. GSPCs, led by a paid Parent Liaison, consist of parents who work to ensure their perspectives as parents and consumers of services are included in decision making. GSPCs work in collaboration with the

GSC and other community stakeholders to help ensure local early childhood initiatives are focused on parents' and children's needs.

Initial themes that have emerged include a lack of available infant/toddler care; difficulties meeting the needs of families and children requiring “specialized” health and child care (rural areas, dual language learners/English learners [DLL/EL]); inconsistent transition processes across the state; and a lack of provider diversity (representation of culture, language, and race for children of color or DLL/EL) within the B-5 system. **Work remaining on this task includes completing stakeholder engagement activities and analyzing data. A final report is scheduled to be delivered to OGS by mid-December 2019.**

Mapping the mixed delivery system and documenting equity: AIR launched a survey to investigate current enrollment patterns across the mixed delivery system, including representatives from all 56 Intermediate School Districts (ISD); state directors for GSRP, EHS/HS, and *Early On*; directors from each GSC; representatives from the GSPCs; and representatives from all home visiting models. Preliminary findings include confirming that early education programs use income eligibility requirements to serve children from low-income families; children birth to five are served across the mixed delivery system; families note a service gap for 3-year-old children, including those who received *Early On* services and do not qualify for ECSE, then wait until age 4 for potential enrollment in GSRP; limited waitlist data; statewide preschool programs are well-coordinated through the ISDs but may not serve all eligible children; and additional data is needed to confirm the supply of EC services, especially in rural and low-resourced regions, and access for eligible families. **Work remaining on this task includes finalizing a mapping framework to document the elements of the mixed delivery system based on survey responses and document review. Interviews with**

innovative programs around the state to inform how those programs assessed the unmet needs of their communities and took unique approaches to addressing the gaps are ongoing. This task should be complete by the end of November 2019.

Documenting access to and quality of services in B-5 system: More than 50 extant datasets from over 20 data sources have been collected from across the mixed delivery system. Preliminary duplicated enrollment estimates have been developed for services and programs. Continued analysis disaggregated this data by age, gender, race/ethnicity, economic well-being, and rural status and added the number of children enrolled in healthcare services and connected to family support services. **Work remaining:** Once state-level summaries of program participation are derived, data on program and service quality will be added and compared to census data to estimate the number of children eligible for services at the county level to inform gaps in access to services and an **estimated unduplicated count of children awaiting services.** Gaps in data identified include uneven development of data systems, decentralized family support services that limit data availability, and lack of extant data on the quality of services in the mixed delivery system beyond Great Start to Quality (GSQ, Michigan's voluntary Quality Rating and Improvement System (QRIS)) data for participating early care and education (ECE) providers. **This task will be complete by the end of November 2019.**

Unduplicated count: The Race to the Top–Early Learning Challenge (RTT–ELC) grant provided funds for Michigan to build its early child data system and connect to the longitudinal data system (MSLDS) to derive an **unduplicated count of children receiving publicly funded programs and services.** The Center for Educational Performance and Improvement (CEPI) currently produces unduplicated counts using individual child level data from the public education domain. RTT–ELC also supported creation of early childhood data reports to share

data with state agencies, providers, and public audiences. Through Activity 1 tasks, AIR has met with CEPI and MDHHS to discuss data and potential data sharing agreements to enhance reciprocal whole child data access.

Defining key terms: AIR worked with the OGS to develop the following definitions:

Vulnerable: Children do not create their vulnerability, but rather their environments and experiences may make them vulnerable to poor and maladaptive functioning and wellbeing. We also recognize that to reduce children’s vulnerability, a focus on their assets and resilience must also be examined. Children are *placed at risk* of low educational attainment or poor health and well-being due to systemic inequities of biological, environmental, and social risks factors. These individual factors include low family socioeconomic status (i.e., income, education, migrant and seasonal worker); geographical location (e.g., rural); racial, ethnic, linguistic, and religious minority background (e.g., American Indian, DLL/EL); children with disabilities; children who are homeless; children in foster care; and children experiencing adverse childhood experiences and toxic stress.

Rural: communities are multidimensional and thus need to consider population size and geographic isolation, and travel distance to a metro area. Using the Economic Research Services approach, rural will be defined in two categories – rural metro (<25 miles to an urbanized area) and rural non-metro (>25 miles to an urbanized area). These rural communities will have less than 500 people per square mile or less than 2,500 residents.

Equity: means every child has a fair and just opportunity to reach their full potential and succeed. Equity includes providing services according to the needs of each child in the interest of producing better outcomes for all children and families. Equity requires an acknowledgement of racism, sexism, and classism as the root causes of inequities and promotion of increased access

to the social determinants of health and well-being, including but not limited to culturally responsive health care and services, safe and affordable housing, and high quality early learning opportunities.

Access: Access is the availability to, easy retrieval of, communication of, and knowledge about appropriate supports, services, and material resources for all children, families, and communities needed to thrive and succeed (with availability defined as quality programs and services that are reachable and obtainable by families at a reasonable cost and using reasonable effort).

Transition: Transitions occur when families and children experience a change within their birth to five programs and services, between birth to five programs and services, and from birth to five programs into kindergarten. The EC system provides coordinated strategies and activities to support family decision making to promote successful continuity of services, education, and care throughout to smooth the transition process and empower families.

B-5: Programs and services that serve children and families from birth to kindergarten entry. B-5 spans the developmental continuum of infants, toddlers, and preschoolers and includes multiple entities such as health, mental health, early care and education, early intervention, and family support.

High-quality: High-quality programs and services have well-trained, competent, and caring staff that provide responsive experiences and supports to children and families that meet their needs to ensure they thrive and succeed. High-quality features include: providing meaningful family engagement opportunities; using a comprehensive program assessment to engage in continuous quality improvement through leadership focused on work-force support that includes professional development and reflective practice; using appropriate child/family assessments to inform instruction and provide ongoing support for the diverse needs of each child; and

empowering families to choose the right program/service, at the right time, in the right place.

AIR will provide OGS with a plan to enact periodic updates to the needs assessment of the mixed delivery system, including clear, definable and measurable outcomes and milestone dates, by Feb. 28, 2020. The state coordinating bodies, like the Great Start Steering Team (GSST) and Great Start Operational Team (GSOT), keep OGS updated on other ongoing needs assessments pertinent to the mixed delivery system. GSOT serves as the **State Advisory Council on Early Childhood Education and Care** and is comprised of program leads from MDE (including child care; HSSCO; IDEA parts C and B 619; GSRP), MDHHS, Licensing and Regulatory Affairs (LARA), Early Childhood Investment Corp., CIC, and Michigan Association for the Education of Young Children (MiAEYC). The GSOT leads statewide coordination, collaboration, and alignment throughout the mixed delivery system.

The renewal grant offers Michigan the opportunity to perform additional, deeper needs assessment tasks to better understand the depth and complexity of needs uncovered in the initial assessment. As the lead on this activity, OGS built contract renewals into AIR's contract to allow work to commence as soon as renewal grant funds would become available. To better understand the findings of the current needs assessment, OGS proposes to: (a) Conduct a feasibility study of innovative funding for **infant-toddler care**. This aligns with work already underway with CCDF; (b) Conduct a root causes analysis to identify why barriers to participation for children and families in the mixed delivery system exist; (c) Lead work to take the next steps with work funded by RTT–ELC and expand reciprocal data sharing between MDE, CEPI, and MDHHS, connecting the MSLDS to the MDHHS Data Warehouse and Master Person Index and creating a more integrated early childhood data system for the whole child, whole family (see Activity 6); (d) Expand the needs assessment beyond the needs and stakeholders in the initial PDG B-5

funding to understand the “whole child, whole family” (e.g. transportation, housing, community needs), how to engage hard to reach families, and their unique needs; (e) Analyze barriers to increasing the supply of childcare at the community level; (f) Investigate innovative workforce support models from industries outside education to inform an approach to support the EC workforce.

Families will be engaged to confirm the needs identified during the strategic planning process so families may weigh in on both the needs and the strategies to address those needs. **See Activity 2 for more information.** OGS will utilize the GSCs and GSPCs to continue to engage families in co-creating needs assessments moving forward, while the GSOT will engage families through the other networks across the mixed delivery system.

ACTIVITY 2: PDG B-5 STATEWIDE STRATEGIC PLAN

OGS is the lead agency for developing a comprehensive five-year strategic plan for Michigan’s B-5 mixed delivery system as a follow-up to its 2013 visioning document, *Great Start, Great Investment, Great Future* (G3) report. The following guiding principles were established as the vision provided by the G3 report: (a) Children and families are the highest priority; (b) Parents and communities must have a voice in building and operating the system; (c) The children with the greatest need must be served first; (d) Invest early; (d) Quality matters; (e) Efficiencies must be identified and implemented; and (f) Opportunities to coordinate and collaboration must be identified and implemented.

In addition to identifying gaps in and strengths of those principles, the strategic plan is striving to assess OGS’ four child outcomes: 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.

This **statewide strategic plan is in progress** and is dependent upon leveraging data and information from the needs assessment. Both activities are occurring on a parallel track, which allows for information sharing and concurrent stakeholder engagement efforts, but also creates challenges when strategic planning activities are inherently dependent upon results of the needs assessment. The themes identified in the needs assessment are being integrated into the strategic plan and a variety of tactics have been discussed, including work to increase infant/toddler care, child and family mental health services, and data collection and unduplicated counts. School Readiness Consulting (SRC) has planned the tasks that guide the development of the strategic plan, using the GSOT as the “advisory table” for the process. Significant progress has been made to understand the B-5 landscape, including a review of key reports, documents, and recommendations. SRC has also conducted key informant interviews with multiple state agency leaders. Interviews with representatives from other states have been conducted to understand innovative practices to systematically address needs in those states. Co-creation of the strategic plan started with a town hall of GSC and GSPC leaders in August. Work between September and the end of November 2019 involved the OGS, GSOT, PDG B-5 implementation team, local agencies, families, and community members, GSCs and GSPCs, and PDG activity leads. (**The PDG B-5 implementation team is described in Table 6.2.**) To assist with engaging the entire state, SRC worked with the GSCs and GSPCs, who held listening sessions across the state to receive input from the community. OGS also engaged an evaluation team from the beginning of its PDG B-5 work; as part of the evaluation, exit surveys are collected at the end of all stakeholder engagement events to assess the level of equity present in the process and representation of the communities.

The strategic plan is expected to be finished in February 2020, focusing on Child Outcome 3 (Children developmentally ready to succeed in school at the time of school entry) with **goals, outcomes, and metrics**. Deliverables include a strategic plan report and a guidebook with strategies, timelines, and metrics. This **guidebook will include next steps for the renewal grant period and for continuously updating a strategic plan in the future**. AIR and SRC are working collaboratively to **engage families** in co-creating the final strategic plan by re-engaging the GSCs and GSPCs to host listening sessions to allow the families to co-create the plan to address their needs. Further communications efforts will transpire once the report is ready to create a communications loop back to the audiences that were engaged.

For the renewal grant activities, OGS proposes **implementation of the mixed-delivery strategic plan and continued design of strategies to focus on the remaining three Child Outcomes**, including the development of goals for healthy pregnancies and birth, family supports, third grade reading, and a refinement of school readiness and mixed-delivery strategies and action steps. With the development of plans for each additional Child Outcome, SRC will seek stakeholder engagement to gather input from communities to co-create the completed strategic plan. SRC will also provide topical implementation support. **Strategic plan implementation** will include action and implementation planning at the state level and with subcommittees and work groups. Implementation guidance and technical assistance through Communities of Practice for local GSCs and GSPCs will assist the revision of strategic planning processes to align with overall state strategies. The renewal grant will also focus on **continuous quality improvement** in contracted activities, reflecting on process and storytelling about the strategic planning and implementation efforts, as well as the impact and outcomes of the strategies and actions on families, children, and the mixed delivery system. A state-wide landscape assessment

will be developed, focusing on progress and barriers compared to indicators that will be determined in the strategic plan to set the stage for the next iteration. Activities will incorporate comprehensive support services focusing on health, mental health, nutrition, and social services to achieve the PDG B-5 implementation team's vision of a whole child and whole family system during the renewal grant period in both the needs assessment and resulting strategic plans. AIR and SRC will continue to collaborate closely to ensure results of continued needs assessment work are incorporated into a plan to strategically address the gaps. A closer review of the plan and its effectiveness will be conducted in year 3 (2022). **Learning from the initial grant** includes the depth of information provided by stakeholders in Activities 1 and 2. Activity 3 and 4 projects have provided opportunities to widen the circle of groups OGS has partnered with for the good of the system and for children and families. In addition to Activity 1 and 2 research, communications contractors have added information from the family perspective to help guide future family engagement efforts. Activity 4 projects also helped make connections between EC and K-12 and partnerships between higher education and nonprofits. The implementation team already **included mental health, early intervention, and special education** to inform initial grant work. Moving forward the implementation team is planning to review membership to align with the renewal grant goals for the whole family and child. **MDEs Office of Health and Nutrition Services is connected to the team and social services and other whole family and child supports need to be engaged.**

These partnerships for projects are also partnerships **for funding**. Collaboration, blending and braiding are included throughout this proposal and include aligning projects with CCDF and HS, working with higher education and nonprofits, bringing state funds to support community-level funding, and seeking innovative funding models. **See Meaningful Governance and**

Stakeholder Engagement section for information about the vision, logic model, and governance structure, including decision-making.

ACTIVITY 3: Maximizing Parent and Family Knowledge, Choice, and Engagement in their Child’s Early Learning and Development

The tasks identified for this activity build upon the projects undertaken in the initial PDG B-5 grant period and were primarily led in the first year by OGS. The projects included providing families with the information they need to make informed decisions while also ensuring that language and culture are not barriers to making decisions about and accessing services in the mixed delivery system. Activities supported parent voice and family engagement through the connection of families to EC services and programs, developing family knowledge and awareness of available services and programs, and developing and disseminating culturally and linguistically appropriate materials. Within OGS, the activities were informed by MDE’s draft Family Engagement Framework, a stakeholder-informed, research-based tool to assist prenatal to age 20 education settings in design of authentic family engagement policies and practices. The GSPCs are designed to create a strong local network of engaged parents working in collaboration with other early childhood stakeholders to improve the coordination of early childhood programs and delivery services. Michigan used the initial PDG B-5 grant to engage with the GSPCs to expand their work with family choice, engagement, and leadership. Building upon two successful rounds of grants funded by RTT–ELC, OGS completed another round of GSPC Trusted Advisor grants, funding family engagement activities utilizing a trusted messenger. OGS also took initial steps to help address the transition into early elementary by revising its existing kindergarten transition guides. Additional activities included developing a plan to execute Steps, a family engagement initiative

designed to highlight the important learning that takes place in a child's first years. Two additional activities were built upon from RTT–ELC – revising a parent and provider café model called *Caregiving Conversations* and creating a framework for building capacity for family engagement work in communities. OGS also executed a contract with Advocacy & Communication Solutions (ACS) to help set a vision for communicating about the early childhood system and for communicating about PDG B-5 activities. ACS gathered stakeholder input to map networks and understand who families trust for information about early childhood and how families want to be reached with communication via four research methods: conversations; a document review, inventory, and analysis of local communications about the mixed delivery system, a family survey that garnered 618 responses, and family and community focus groups across the state. Key themes that emerged include: (a) an awareness gap about programs and services to support the whole child and family for both families and providers; (b) confusion about the elements of the mixed delivery system due to inconsistent communication; (c) trusted messengers are essential in delivering information about the mixed delivery system; (d) providers in the mixed delivery system need to seek methods for two-way communication; and (e) beyond word of mouth promotion, messages and materials need to be where families spend the most time. Research from the initial grant will be used to inform family knowledge projects both during the initial grant projects and in the renewal grant. ACS also shared the data from the family survey with the AIR to further inform the needs assessment findings.

Steps Initiative. Need addressed: family engagement: Steps was initially conceived during RTT–ELC as a communications initiative targeted to families as the decision-makers who guide their child's learning and development. The original contractor identified a lack of communication to parents about the years birth to three. The message strategy is to positively

encourage parents to prioritize the importance of early learning through age-appropriate everyday interactions and by utilizing early learning resources. As part of PDG B-5, ACS worked with the GSOT and the OGS Advisory Council, a small group of cross-system leaders and parents, to help create a network map to identify people that families will trust who will be trained to help deliver the messages created through the Steps “toolkits” of customizable resources that provide multiple strategic communications assets. OGS will launch the full initiative immediately once renewal grant funds are available and will identify and track metrics to measure its reach (metrics have been proposed but not finalized). ACS will also continue to help the implementation team achieve strategic communications goals for the mixed delivery system and PDG B-5 activities. In several areas, the needs assessment, strategic planning, and communications projects during the initial grant period have highlighted a systemic lack of information for families and providers, particularly between birth and age 3. Additional research during RTT–ELC and PDG B-5 has indicated that families receive information from people they trust more readily than from elements of the mixed delivery system. The goal with this strategy is to engage families in creating messages to deliver to support their children’s developmental trajectory.

Culturally and linguistically appropriate communications. Needs addressed: family

engagement and support for DLL/EL families: During the initial grant period, Yaffe Group executed a contract to assess communications materials currently used to promote programs and services to English speaking, as well as DLL/EL families. Yaffe is completing a review/audit of the communication landscape to understand the strengths, weaknesses, opportunities, and threats of current communications being used to inform families for whom English is not their primary language about programs and services within the mixed delivery system. Six focus groups have

been held across the state inclusive of diverse racial and ethnic backgrounds and from rural communities to better understand family communication needs, especially for low-income families with children B-5. The research will help the implementation team better understand family awareness and attributes of programs, preferred communication methods, barriers to entry into programs/services, language/cultural needs to help families engage with programs/services. During the renewal grant, OGS will continue work with Yaffe to mobilize and provide the community with information and resources to broaden awareness and family knowledge of programs and services to all ethnicities and communities in which language may be a barrier using a **trusted community or trusted advisor approach**. OGS will pursue development of a comprehensive portal for the mixed delivery system to enable on-demand production of **ethnically and culturally appropriate materials** that allows parents, providers, ISDs, health coordinators and other mixed delivery stakeholders to create culturally respectful communications for their families. In addition, a portal will be designed where these stakeholders can access consistent program information and resources. This work will include family engagement to help co-create the design of the materials, the design of the tool, and where it is housed. For example, rather than a separate tool, it could live on the MiKidsMatter website (CCDF consumer education requirement). OGS renewal grant work will also include **training and a communications awareness campaign developed to educate local cultural and religious organizations and non-profits** with mixed delivery system program materials and their role in raising community awareness about available learning, development, and family support resources. This will include development of an engagement plan, creation of communication materials, and training for implementation & delivery. Additional communications work will target **prenatal-3 early learning and development** (expanding on

the Steps initiative) to reach additional trusted advisors and ethnically diverse families with additional messaging. This will include development of branding and communications/materials to support new programs implemented in year 1, with expanded reach for cultural and linguistic needs and accessibility (year 2). Finally, **community partnerships** will be expanded across the state to build the capacity of pediatricians, child welfare, WIC, community mental health agencies, business communities, faith and cultural communities as trusted messengers about the tapestry of supports. By building capacity at the community level, this work can be sustainable without requiring ongoing financial support from OGS. **The goal is to ensure that language and cultural differences do not act as a barrier to entry into or engagement with the mixed delivery system.**

PLISG. Needs addressed: family engagement, family knowledge, family trust, and family access to the mixed delivery system: To improve family engagement and leadership in the mixed delivery system, the implementation team proposes specialized support for **Parent Leaders in State Government (PLISG) Shared Leadership Curriculum**, to be led by MDHHS. The PLISG initiative dates back to 2006 and is a joint initiative between the MDHHS and the MDE. Parents acquire the knowledge and skills to participate on advisory boards, committees, and other decision-making bodies. PLISG offers two training programs: (a) Parents Partnering for Change (PPC): A two-day training where parents learn how to be leaders and active participants; and (b) Communities Leading Together (CLT): A one-day shared leadership training, which has had its initial pilot, for parent/professional teams to attend together to address community issues and growth and to continue to elevate the importance of parent voice in the early childhood system, through parent and professional partnerships. Additional pilots and evaluation of the CLT curriculum will be included to provide a parallel training for PPC, so families and

professionals will learn together about hands-on strategies for developing shared collaborations. MDHHS will lead this project as the current contract holder for the PLISG work. GSC and GSPC parents and families of children with disabilities will be connected to the PLISG program through Michigan Alliance for Families or the MICC, with participants expected to assist other parents in signing up for the program. This project will also support an evaluation to determine participation of previous PLISG program participants in state government activities.

Additionally, there is alignment between this project and the development of a parent leadership toolkit with Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funds; the renewal grant can offer future support to this project as well. The goals of this project are to increase family voice in the early childhood mixed delivery system, to give families the tools they need to shape the programs and services to fit the needs of their children, and to create a system of supports for the whole child and whole family co-created by families.

Transitions. Needs addressed: Gaps in services, knowledge of and trust in the system: Tasks related to transitions will be influenced by the needs assessment and strategic planning findings. Family transition support projects will connect to professional development work proposed in Activity 4. OGS will expand upon existing kindergarten transition guidance to encompass **child and family transitions from prenatal to kindergarten entry**. This project will include building a transition web presence and developing additional systems of support; **the goals are to help increase family awareness of elements of the mixed delivery system and to make educated choices as they navigate**, with additional benefits of improved school readiness and academic outcomes. This work is especially important for families who have children with disabilities, rural families, and ethnically, religiously, and linguistically diverse families. Additional transition activities will include gathering a **strategic group to better address family needs**

related to transitions between IDEA Part C services and Part B, 619 services. While 1-800-EarlyOn and Build Up Michigan provide a breadth of materials for providers and families who have concerns about a child's development, this will be a cross-program and cross-agency initiative that includes families, with the **goals of developing a model for a warm handoff between services and increased parental knowledge and choice** (see Activity 5).

Transitions between home visiting services will be improved by connecting communities to provide shared learning. MDHHS will lead this activity as a CQI process with learning collaboratives made up of 10 communities across a variety of experience with successful program transitions. Transitions between home visiting services can be difficult to navigate based on different funding and eligibility requirements, which can make it difficult for families to make informed choices for their children. **The goal is to build a more coordinated system of home visiting for children and families.**

Family engagement. Needs addressed: family engagement, knowledge of programs, support for DLL/EL families: Building upon PDG B-5 initial grant work to build a viable **model for supporting family engagement with EC providers**, which used the RTT–ELC family engagement consultant model as a starting place, this task will build capacity at the system level to support family engagement best practices. The selected model will be implemented as a renewal grant task (year 2). The family engagement consultation model uses *Caregiving Conversation parent/provider cafés* (based on work by the Center for the Study of Social Policy) as an additional strategy toward the **goal of improving quality and support family and provider partnership.** The project will expand the model to all types of EC providers in the mixed delivery system to **expand capacity at the community level for sustainable change.** All family engagement projects will include a specific focus on engaging members of Michigan's

recognized tribes to build relationships and identify/understand areas where PDG B-5 might be a partner.

To continue to build upon PDG B-5 initial grant work, the RTT–ELC model for **Trusted Advisors grants** will continue to be used. Trusted Advisor grants are subgranted from OGS to the GSPCs to identify populations of families that are not represented in the mixed delivery system or are not connected to the system of supports available to them and, utilizing a trusted messenger in those identified communities, build trusting relationships. **The goal is to help increase family knowledge and choice within the mixed delivery system and to help inform the parent voice in the state.** During the initial grant year, OGS provided approximately \$1 million of funding to 50 of the GSPCs for this work. Important gains have been made across the three total rounds of Trusted Advisor funding. A special emphasis will be on projects that connect with Michigan's recognized tribal families both residing within tribal lands and those that do not.

The renewal grant will expand on PDG B-5 work completed in 2019 to support families in their child's early literacy development through expanding family early literacy supports. **Talking is Teaching™** became a statewide effort via 2019 Trusted Advisor grants and additional training of trainers across the state. PDG B-5 renewal activities will include early literacy materials that support physical health, nutrition, oral health, and social/emotional learning with a **goal of addressing the whole child and family.**

The implementation team will determine a hiring agency to create a **family/child navigator** using the position description created during the initial grant period. **The goal is to identify areas of need across the mixed delivery system at the community level and help the parent voice inform the building of a system of feedback and recommendations while carrying out**

projects to help improve family access and navigation. This community-based approach will include facilitative assistance at the state level as needed and will spearhead the development of coordinated recruitment and enrollment and no-wrong-door frameworks across the state, expanding universal behavioral and developmental screening, and helping parents understand and select from the available supports for their child.

ACTIVITY 4: SHARING BEST PRACTICES/PROFESSIONAL DEVELOPMENT

Several projects were included to add best practices to the toolboxes of providers during the initial PDG B-5 grant. Renewal grant projects will build on those efforts. OGS utilized a state Professional Development Stakeholder Group (PD Group) to develop, promote, and maintain a comprehensive, accessible, and inclusive system of cross-sector partners, best practices, and resources for professional development, career advancement, and recognition of individuals in the EC workforce. MiRegistry was launched in April 2018 for the EC and School-Age workforce to track professional development, professional growth, and facilitate training. MiRegistry has reporting functions accessible at the program and state levels that can be used to monitor number of course offerings, topic areas that may need increased offerings or enhancements. The proposed innovative workforce study in Activity 1 will also enhance the comparisons completed in 2017 as part of the National Center on Early Childhood Development, Teaching, & Learning-supported Infant-Toddler Career Pathway conversations. The overall goals are to decrease turnover in the EC workforce, which will benefit children and families. The tasks proposed as part of this activity are meant to improve the training and experience of B-5 EC providers in the state.

Incorporating evidence-based and innovative practices into professional development for EC providers. Needs addressed: support for vulnerable children, increased quality: The

implementation team proposes to **increase provider best practices sharing** by rethinking/innovating professional development strategies to support the EC workforce across the mixed delivery system. An EC-Early Elementary learning community will be created to support child transitions from EC into Kindergarten to cross-pollinate/share practices with each other, as well as consider cooperative professional development opportunities. Aligned with Activity 3's transitions project, providers would be trained in evidence-based practices for transitions that support families and children within, across and between the mixed delivery settings. As part of the renewal grant, **OGS will create a model to deliver professional development in home settings**, inspired by the model of specialized consultation piloted during RTT–ELC. **The goals are improving overall quality and making it easier for providers, especially family childcare providers, to gain evidence-based skills.** The project is informed by a recent Child Trends report.

OGS proposes to build upon previous work with **EarlyEdU** to develop modules to support the state's targeted best practices work, including with early literacy, family engagement, supporting families as partners in their children's learning, dual language supports, etc. **The goal is to increase equitable access to quality professional development.** Early EdU is web-based, which makes this resource available statewide, including in very rural areas. Further, Early EdU was developed in collaboration with the Office of Head Start, thereby ensuring alignment with a key stakeholder in Michigan's mixed delivery system. This work will be conducted in partnership with HSSCO.

Credential alignment and career pathways. Needs addressed: childcare crisis and overall quality: To develop aligned credentials, certifications, and course work across professional development and higher education, the OGS has focused on Career Pathways for the early

learning and care profession. MiRegistry has incorporated the Core Knowledge and Core Competencies, as well as aligning various opportunities for career choices, to create a career ladder for registry users. The Michigan Home Visitation Initiative has adopted the national framework for Core Competencies and encourages aligning each model's trainings. Home visitors have also been encouraged to utilize Iowa's Family Support Professional network webinars. Renewal grant funds would make these trainings available to the *Early On* provider workforce. PDG funds will also be used to explore options to help build the workforce, like expanding the amount of high schools that offer college credit toward a Child Development Associate (CDA) credential, particularly focusing on a "grow your own model¹." **The goal will be reintroducing providers to formal education to increase skills, quality, and career pathways, for which the CDA can serve as a mechanism.** Partners like Mott Community College and Central Michigan University, who worked with EarlyEDU, will be invited to further inform building this pathway toward higher credentialing.

To meet the needs of infants and toddlers and to align credentials, the implementation team will support opportunities across the mixed delivery system to seek **MI-AIMH Level 1**

Endorsement® as Infant Family Associates. OGS already supports an Infant Toddler Specialist at each of the 10 GSQ Resource Centers to achieve the Endorsement and will further engage infant-toddler specialists and EC providers; OGS and MDHHS will also work across departments to reach home visitors. To support sustainability, MDHHS will take the lead in pursuing additional methods to increase professional development with MI-AIMH, including adding more MI-AIMH trainers and trainings in MiRegistry. **The goal will be increased mental health support for children, increased provider skills with challenging behaviors, and**

¹ Muniz, J. (Feb. 28, 2018). Diversifying the teacher workforce with 'grow your own' programs. Retrieved from <https://www.newamerica.org/education-policy/edcentral/diversifying-teacher-workforce-grow-your-own-pathways/>

additional career opportunities for providers.

Additional **strategies to address the availability of qualified providers, especially in rural areas**, is identifying “cadet” teachers in secondary schools across the state (a similar model is being used in Flint and can serve as a guide) as well as exploring apprenticeship opportunities. This practice is currently in place through a partnership between CDC and MDE’s Office of Career and Technical Education. A pathway is then created to a CDA credential or an associate degree.

To address the needs of children in special education and improve the skills of the EC workforce, OGS would develop and implement **cross-program outcomes training for B-5**. Trainings will be aligned with the IDEA OSEP child-outcomes results indicators and targeted toward childcare, HS, GSRP, and other general EC providers, in addition to *Early On* and ECSE program staff. Federal SPP/APR reports indicate that Michigan’s early childhood outcomes are falling behind targets in Part C and Part B. Michigan continues to ensure more eligible children are served in natural and inclusive settings, yet current professional efforts on early childhood outcomes are targeted toward IDEA-funded personnel providing direct service. This project will provide an opportunity to train the EC field, where all children access the breadth of EC services and supports, to help those providers understand early childhood outcomes; how to assess, develop goals and strategies; and measure for growth. This builds on training funded by RTT–ELC and aligns with a project in Activity 1. **The goal is to reach a broader provider population and set a trajectory for improving quality in inclusive settings.**

Families across the state have indicated the current mixed delivery system does not support diverse cultures and languages. Recognizing the unmet needs of this vulnerable population, OGS utilized an existing MDE contract with WIDA at the University of Wisconsin to join WIDA

Early Years during the initial PDG B-5 grant period. OGS will build on its work during the first year of this partnership to take full advantage of the system of services and supports provided by **WIDA Early Years** to state leaders, higher education faculty, and EC providers on behalf of meeting the identified needs of multilingual children and families in the state. WIDA will work throughout the renewal grant period to crosswalk its standards with Michigan's birth to three literacy essentials, to integrate state systems for multi-lingual children and families, and offer professional learning to EC providers. WIDA recognizes the importance of family support and the critical role played by families of infants and toddlers and will pair with Michigan to develop materials to assist providers in supporting this younger population of DLL/EL. Michigan will also take part in a multi-state evaluation of the effectiveness of WIDA. An OGS liaison will work with WIDA's other Early Years state leaders and, through this peer-to-peer opportunity, build a dissemination design that achieves the **goal of increasing the knowledge, skills and ability to support dual language learners birth to kindergarten entry.**

School Readiness Consulting worked with PDG B-5 staff to develop a framework for a **community of conversation to build racial equity** by increasing anti-bias awareness during the initial PDG B-5 grant period. The framework is informed by the NAEYC *Social Justice Standards*, the Kirwin Institute's *Talking About Race* resource notebook, and Teaching Tolerance, among others. The theory of action undergirding the work is the centering of racial equity efforts on the three levels of transaction in which historical oppression has occurred in early learning – individual, organizational, and institutional – to create awareness and action amongst leaders, teachers and families in order to advocate for anti-racist policies and learn strategies for making equitable decisions in the context of early learning. **The goal is greater adoption of racially equitable practices in early childhood programs, creating more positive**

preschool environments where families' cultures, languages and circumstances are respected and welcomed. By encouraging this grassroots-level engagement and change, young children's educational experiences and readiness to engage in the K-12 learning system will be positively influenced through reduced suspension and expulsion. In the first year, one cohort of the Community of Conversation will be completed, reviewed and adjusted as needed; additional cohorts will be launched throughout the grant period. This work aligns with MDE work to define and operationalize equitable education as a department and with the BUILD Initiative, which has been engaging with MDE's team to develop an equity strategy. The effort is sustainable by building capacity at the community level to participate in change.

OGS has included a focus on support for children and families across the state in literacy development to meet the state law of reading at grade level by third grade and which aligns with OGS' Outcome 4. During the initial grant period, OGS utilized PDG B-5 funds to do a statewide scan of promising and innovative literacy practices to develop a proposed framework for creating a network of early literacy supports across the state. With the renewal grant, OGS will launch a **subgrant opportunity to fund the development or expansion of early literacy supports for children, families, and EC providers.** This will include weaving family engagement activities, such as expanding on the Talking is Teaching trainings begun under the initial PDG B-5 grant (see Activity 3), and professional development, coaching, and other supports for providers in the mixed delivery system. Once implemented, children, families, and providers across the state will have a web of support for literacy development to meet the **goals of easing transitions into elementary age programs and improving educational outcomes.**

With the **goals of building shared understanding and connections across EC and health and human services providers** to support the whole child and family, **interdisciplinary**

professional development will be provided to build shared understanding and connections across EC. A model to guide this work will be derived from the successful cross-departmental *Strengthening Families Protective Factors* training during the RTT–ELC grant. Topics of interest include, but are not limited to, ACES and trauma-informed care, supporting social-emotional development, and supporting the needs of children with disabilities. Opportunities for joint professional development experiences through the health departments, community mental health agencies, and Michigan’s Children’s Health Access Program/Federally Qualified Health Centers will also be explored. These activities also have an expected long-term outcome of relationship building between industries, which in turn might help improve lead testing rates, Early and Periodic Screening, Diagnostic and Treatment completion rates, and referrals to eligible participants of the mixed delivery system.

OGS began working with the **Brazelton Touchpoints Center (BTC)** during the initial grant period to plan a system with the **goals of delivering quality, on-going professional development for providing equitable, inclusive, culturally and linguistically responsive care to infants, toddlers and their families across the mixed delivery system.** This work will expand with the renewal grant. Brazelton will support the roll out of their infant and toddler care professional development system, including pilot groups in rural areas and with specific at-risk populations, across disciplines, to build the capacity of professional development providers. A Michigan training team will be created, who will be authorized to deliver this training to all providers in the state. OGS will also join the BTC Learning Network to access BTC’s ongoing professional development and to connect to other training sites (including statewide sites) across the country to learn with and from them about implementing a statewide professional development offering. OGS chose Touchpoints because of its practical approach to engage with

families as equal partners in shared caregiving relationships that can be maximized to promote parents' well-being. It also provides the common language that can be used between and among providers as they work to create a partnership that supports seamless care for families. BTC is sustainable because ongoing costs are very low and can be addressed during the grant period and work is ongoing during the initial grant year to address a sustainable system.

Emerging Home Visiting Programs: Through the Michigan Home Visiting Initiative, Michigan is aware of home visiting programs throughout the state that are not linked, with fidelity, to an evidence-based model, which is a requirement for any program that receives state funds per state Public Act 291. MIECHV will fund a county-by-county review using a state-developed and validated tool to assess strengths and gaps for which home visiting may offer families support. The tool will also ask each county to identify existing home visiting programs. MDHHS will then work with home visiting programs not currently linked to evidence-based models to meet fidelity standards to the model that most matches their program. This will ensure that these programs will be eligible for state funds, as they will comply with state law. **The goal is to increase family access to evidence-based home visiting supports.**

ACTIVITY 5: OVERALL QUALITY/EXPAND ACCESS/NEW PROGRAMS

To improve quality, expand access to existing ECE programs and develop new programs to address the needs of children and families, the implementation team will address a number of gaps in quality care, access to services, and connection to the early childhood mixed delivery system and expand and build on CCDF work. While the needs assessment will heavily influence where these activities are implemented, rural communities will be the primary focus. The linking of MDE and MDHHS data to inform both departments will further support these activities, allow more informed decisionmaking, and building new reports will track areas of inequity and unmet

needs.

The following projects are directed to local programs in targeted communities.

Three-year-old demonstration pilot project. Needs addressed: gap in services for 3-year olds, access and availability of high-quality care to vulnerable populations: OGS will pilot a new family coaching/classroom hybrid program that will provide access for 120 children (roughly 10 classrooms) via subgrants. This tailored public preschool program model is specifically designed for 3-year-old children at risk of school failure and is a continuation from the RTT–ELC grant, which funded development of the model and an implementation manual. HS serves roughly 13,800 (or 20%) of the 69,000 3-year-olds at or below 250% of the Federal Poverty Level, leaving a significant unmet need for low-income 3-year-olds. Initial results from the Needs Assessment also found a gap in preschool programming for 3-year olds. This pilot would establish the foundation of a model that will be aligned with GSRP; however, it will be specifically tailored for 3-year-olds and their parents with significant family engagement, supporting the concept of “whole child, whole family.” A rigorous longitudinal research evaluation has demonstrated that GSRP has an effect on reducing the achievement gap prior to kindergarten entry, lower grade retention, lower enrollment in special education, and high graduation rates, and national research indicates the positive effects of two years of preschool. Pilot locations will be determined, with preference to needs assessment findings with the estimated unduplicated count of children awaiting services and highest level of vulnerable children. Year 1 activities will include hiring 1.0 FTE to manage subgrants for this pilot and Early Literacy network, detailing a plan with objectives, deliverables, monitoring and evaluation. **The goal is to provide family engagement and a transition to a school-based setting while providing increased high-quality early childhood education to vulnerable populations.**

Renewal funds will also be used to **expand childcare, especially in rural areas**. The HSSCO Director and CCDF Administrator will partner with Michigan’s Early Head Start-Child Care Partnership (EHS-CCP) grantees on a pilot that advances the layered funding model utilized by the federal HHS. Since the pilot’s 2015 inception, the EHS-CCP grantees also participate in quarterly state networking meetings convened by the CCDF Administrator and HSSCO Director to share best practices and learn about key state initiatives, including childcare subsidy policy. Current federal funding for the EHS-CCP is highly competitive; therefore, OGS will utilize PDG B-5 funds to design a state-funded EHS-CCP pilot model, leveraging knowledge gained from the existing partnerships. An EHS-CCP pilot will enhance the current mixed delivery system and honor family choice, as both family childcare homes and centers can provide care to children. Additionally, the pilot supports *utilization of multiple funding sources* through the layering of (potentially) EHS and childcare subsidy dollars, which affords sufficient funding for provider quality enhancements; *supporting continuity of care and transitions* by providing children and families with the opportunity to attend the same setting from birth through age three; and, *connecting EC and health* through EHS comprehensive services, which require physical, dental, mental and nutrition services. In Year 1, Early Learning Awards to improve quality (based on RTT–ELC incentives) will be targeted to sites identified for these pilots.

As mentioned throughout this application, inequitable access to quality infant-toddler care is a critical issue in Michigan. The pilot will seek to provide funding in counties lacking EHS services and rural “desert” and tribal communities, possibly through a direct allocation to one or more tribal nations. OGS will develop a sustainability plan for the pilot that includes maximizing use of childcare subsidy dollars and through applying for or assisting local programs in applying for future rounds of federal EHS-CCP dollars. Year 1 will focus on developing the state funded

model, in partnership with stakeholders including current EHS-CCP grantees, childcare providers, parents and the Michigan Head Start Association. Year 1 activities will include detailing a plan with objectives, deliverables and monitoring. Years 2 and 3 will focus on service delivery to provide 60 infants and toddlers with full-day, full-year programming. OGS will also investigate alternate funding models (like the First Children's Finance Rural Child Care Innovation Program, among others) to increase the supply of high-quality programs and services in a sustainable way. Once a model is determined, OGS will establish a plan and identify areas of highest need in which to start building childcare capacity.

The following tasks will indirectly improve the quality of local programs through the enhancement of early childhood systems and infrastructure in need of improvement:

Public Policy Associates, Inc. (PPA) has received a Child Care Policy Research Partnership grant from the U.S. Department of Health and Human Services to study the effects of policy changes resulting from the Child Care Development Block Grant Act of 2014. PPA will collaborate with MDE and MDHHS on a four-year research project to inform future policy with families, providers, caseworkers, and others. PPA was among 11 organizations selected nationally through a competitive process for this grant. Findings will be used to help shape policies and programs that help parents to better access quality childcare both in Michigan and across the country. Projects in this category will come alongside this research opportunity while meeting the **needs to support sustainable choice of providers in the mixed delivery system and increase access to high quality services for vulnerable populations.**

Family childcare networks (FCCN) are flexible supports for quality improvement in FCCs, such as coaching and mentoring, access to training, peer to peer supports, substitute pools, and business supports. The CDC unit within OGS has recommendations ready to pilot. Renewal

grant funds will align with the current work being supported by CCDF funds to assist with implementation of pilots. **The specific model and SMART goals have not been established yet.**

OGS is convening a **homelessness task force**, brought together by the HSSCO, that bridges personnel from MDE, MDHHS, nonprofit, housing, higher education, and community-based services in improving services to families with children under age five experiencing homelessness. This task force started in 2019 and determined a vision and priorities for organizing the work. The initial PDG B-5 grant supported the taskforce and will continue to do so through the renewal grant. PDG is participating as a system-builder and to support pilots of programs targeted to the emergency needs of homeless and housing insecure families. The implementation team is committed to creating an equitable response to early childhood homelessness that (a) collaborates to address family housing insecurity through a holistic approach; (b) leverages data across sectors and is responsive to community needs; (c) is preventive and supports permanent housing of choice.

The Homelessness task force will guide the development of pilots that build local EC and Emergency Housing (EH) connections by leveraging the *Early Childhood Self-Assessment Tool for Family Shelters* developed by HHS's Administration for Children and Families (ACF). **Four local pilots focused on coordinating EC and EH providers to deploy the self-assessment, engage in collaborative, cross-system professional learning, and determine mechanisms for better data and information sharing.** OGS will also emphasize integration of community substance misuse treatment programs in this work.

While OGS is focused on **projects to support increasing facilities in desert areas with sustainable funding models**, there is also a need to focus on projects that will expand services

to meet the **goal of supporting the whole child and family**. Projects undertaken will be inspired by innovative practices highlighted in the needs assessment – sites that include transportation, health and dental services, family education and workforce supports, navigators to connect no wrong door policies and universal screening. A cross-agency workgroup will gather and use data, investigate promising practices, and pilot and evaluate new programs during the renewal grant period.

PDG B-5 renewal funds will also provide support to existing efforts to learn from and collaborate with Michigan’s 12 federally recognized tribal nations. CCDF and HSSCO coordinate with tribal Child Care Administrators and Head Start Directors. PDG funds and personnel will add capacity to this effort. Under the RTT–ELC grant, OGS started building relationships with tribal leaders in respect to early childhood systems work, including tribal inclusion in GSQ and the state data system. Ongoing efforts will embrace an indigenous framework of consultation that was recently developed for MDE collaboration with K-12 Tribal Education Leaders. The model honors tribal sovereignty and will allow OGS to be learners and equal partners with tribal nations to understand potential areas where **the goals of the project may supplement current practices or support innovative or new EC initiatives**.

ACTIVITY 6: MONITORING, EVALUATION, AND DATA USE FOR CONTINUOUS IMPROVEMENT

Data Integration, Management, and Use: Michigan strengthened its early learning data system with RTT–ELC grant funds to create an Early Childhood Integrated Data System that is aligned and interoperable with the MSLDS, connecting a wealth of information pertinent to the landscape and outcomes of Michigan’s early learning system to CDC data to bring in subsidy data to derive unduplicated counts for programs. Collaborations between MDE, MDHHS,

LARA, GSQ, MiRegistry, and CEPI within the Michigan Department of Technology, Management & Budget enhanced and/or connected data related to early care and education into the MSLDS and MISchoolData, Michigan's public portal for education data. Partners operate under a data governance structure and key stakeholders, including providers, are more empowered to meaningfully engage with data and more precisely examine the nature and impact of Michigan's early childhood services. A final data integration effort during RTT-ELC focused on trying to develop and implement a data export/import process for Head Start data management systems. Eventually, with an emerging Ed-Fi compliant application program interface (API) to transfer data from early childhood providers' vendor systems to the State, Michigan is hoping to mitigate the overhead, burden, and risk associated with more manual data submission processes for the Head Start community. During the ELC grant, CEPI scoped a design, gauged interest in a multistate solution, and initiated conversations with the national data system vendor that manages ChildPlus, which is utilized by a majority of Head Start programs across Michigan. In 2018, grant money was allocated to Kalamazoo Regional Educational Service Agency (RESA) to design a solution for this important activity.

The investment of the RTT-ELC grant gave Michigan some early momentum toward connecting early childhood data into the MSLDS. However, there are several limitations that Michigan would address with the PDG B-5 renewal grant funds. The data currently available relates to the EC and intervention portion of the early childhood mixed delivery system (childcare subsidy, ECSE, *Early On*, GSRP, and HS programs who voluntarily report). It excludes data to address the needs of the whole child and whole family. The system is also complicated and fragmented. There are both publicly available and log-in protected reports created from the MSLDS to support state agencies, ISDs, LEAs, EC providers, policymakers, families, and researchers in

understanding the experiences of young children and their families. For example, the six early childhood reports developed with ELC money allow users to track the continuity of services of children birth to five to understand the trajectory of children through publicly funded programs and into early elementary school. Users can review the prevalence of intervention services as compared to other program usage. Users are also able to interact with responsive data tools that OGS and CEPI have built and published via MISchoolData. This public portal generates reports related to EC program and child count, EC Impact on K-3 Absenteeism, Participation by Kindergarten, Kindergarten Pathways, and Continuity of Service in Special Education (service pathways and service comparisons), which can be disaggregated by economic disadvantage, race/ethnicity, gender, disability, English learner, and absentee status, and are searchable by either county, ISD, or school.

The implementation team has already connected for an initial conversation with CEPI, MDHHS, and its needs assessment contractor, AIR, personnel to envision the challenges (data sharing agreements, privacy issues) and next step in creating a reciprocal data share to help inform the web of supports for the whole child and family. By utilizing the existing Master Person Index (MPI), Michigan will have the potential to track unduplicated counts of children receiving services outside the existing data collection areas and those waiting for services. It will also be possible to link MDE data to the Michigan Care Improvement Registry (MCIR) and the MDHHS Data Warehouse. MCIR is a lifespan registry originally developed to track immunizations. It has the capacity to receive data for the Promoting Interoperability Program (Meaningful Use) in accordance to the requirements for both 2014 and 2015 Certified Electronic Health Records Technology (CEHRT) editions. Linking healthcare data will allow Michigan to track the healthcare home and health and well-being of children and families throughout the early

childhood years. The Data Warehouse may offer the potential to link in MCIR data, along with food assistance, Medicaid, and foster care data. In addition, the Office of Health and Nutrition Services within MDE may have additional information that could be woven in. The potential to track areas of inequity and the social determinants of health, to know what supports children and families need to thrive, and to make data informed decisions for the benefit of Michigan’s families is an exciting prospect and would allow both MDE and MDHHS the opportunity to better collaborate around support for the whole child and family.

Table 6.1 displays data elements that support the whole child and family and the current status of the data collection. During the PDG B-5 renewal grant period, those elements that are not shared across departments will be connected.

Table 6.1. Status of Current and Envisioned Data Collection

Data collection, use and management status	Envisioned Collection	In planning process	Already operational	Connected to early childhood data
Integrated data system to improve early childhood mixed delivery system				N/A
SLDS collaboration with PDG B-5			X	Yes
Collection of specific data elements for these programs:				
-child care			X	Yes
-IDEA Part B, section 619			X	Yes
-IDEA Part C			X	Yes
-Home visiting			X (MDHHS) X (MDE)	Partial
-State Pre-K			X	Yes
-Head Start and Early Head Start			X (voluntary)	Yes
-Public Primary Education K-3			X	Yes
-TANF			X (MDHHS)	Yes (Pk-12)
-Medicaid			X	Yes (Pk-12)
-Child welfare		X		No
-Healthy Start			X (no state access)	No

-WIC			X (MDHHS)	No
-Great Start Collaboratives			X	Yes
State early childhood data systems			X	N/A
-links across health and early learning programs	X			No
Collection and use of state and local data to inform:				
-transition practices	X			
-professional development			X	
-access to quality			X	
-Kindergarten readiness		X		

Michigan is using unique identifiers across EC programs such as preschool, *Early On*, and IDEA. MDE has data shares established to connect CCDF eligibility or program service (identification, dates, eligibility status, residence and service counties, payment information, funding information, provider information, training information, care or service location and type, financial assistance, and child care licensing number) between LARA, MiRegistry, GSQ databases, early childhood vendors (ChildPlus), providers, and CEPI. The data elements for the already-operational collections have some commonalities, including full name and birthdate. Collections related to center or home-based early education and care include license numbers, which would not be present in collections related to home visiting and early intervention. Income or income quintiles, homeless or child welfare status of the child, child/family eligibility for other assistance, and enrollment in Medicaid are collected and retained within specific data systems, with data sharing agreements defining between agencies accessible elements for various reporting responsibilities.

Michigan data governance: Specific to CEPI data and the SLDS, Michigan has implemented a three-tiered governance structure for the interagency collaboration that includes a high-level Data Policy Committee, a Data Managers Working Group, and an Implementation Team. These

three tiers work together to achieve the vision of “collect once, store once and use many times.” In addition, Michigan has developed a similar structure for K-12 reporting entities that includes membership on the CEPI Advisory Committee, the Data Development Group, and pilot implementation groups devoted specifically to each Decision Support System project component. This data governance process ensures horizontal interoperability among state agencies and vertical interoperability from the local to the state and on to the federal levels. With the opportunity to expand data partners, collection, and use, governance structures will be revisited to ensure all partners are at the table and have a voice. In 2017, MDE consulted with Berry Dunn in pursuit of establishing a data governance council around early childhood educational data in Michigan. The Early Childhood Data Governance Council was put in place to provide authority, leadership, identify and align cross agency data sharing, and align data reporting to organizational strategies and goals. Per state protocols, staff and authorized representatives that wish to access Personally Identifiable Information (PII) must comply with the Family Educational Rights and Privacy Act (FERPA). Accessing student-level data must be justified via an audit, evaluation, compliance, or enforcement rationale. Connecting in additional MDHHS data also brings in Health Insurance Portability and Accountability Act-protected data (HIPAA) and, with it, new privacy considerations.

Government funded or subsidized EC programs have readily available high-quality, usable data, while data from private EC programs are sparse or non-existent, with less common understanding of data definitions and in less usable formats. **Distinct, unduplicated counts** are produced through the Child Count report. These counts are based on data collected on legislated count day, which is the first Wednesday of October, and is pulled from both the Fall General Collection and the Early Childhood Collection in MSDS. Only children receiving school-based

services are in this report. This means *Early On* and some children enrolled in ECSE would not be included, but these children are assigned UICs. Nonpublic school children and home-schooled children are not included in the data. Measures are taken to ensure that accuracy is maintained in case of district reorganizations, children attending more than one facility, and shared education entities. MDHHS, however, can produce a highly accurate unduplicated count for its programs, which will add another layer of usability to whole child data.

To resolve the current gaps in linking data and challenges in collaborating across the mixed delivery system and other departments, the implementation team proposes the following tasks:

Data systems development between MDHHS and MSLDS: AIR will facilitate the process of developing data sharing between MDHHS and MSLDS. The long-term goal of this task is to **develop a high quality, long-term, reciprocal automated data sharing system to move Michigan toward a unified DHHS/MDE data system with private and public data and reports, while remaining compliant with data privacy and confidentiality regulations (HIPAA and FERPA).** Public data availability will only be available in aggregate and in a manner that protects individuals. Individual records will be matched using the MPI and UICs.

Grant funding will support setup costs, licensing fees, staff time, and building customized reports. Based on other similar projects conducted by the State, it is expected that the cost of this system will decrease with time, increasing the likelihood of sustainability. Linking this data will allow MDE, CEPI, and MDHHS to expand the ability to view the whole child, whole family and improve programmatic decision-making processes. Tasks include: (a) Involving the appropriate oversight bodies to navigate the process of establishing data sharing agreements and processes; (b) Convening a collaborative work group with MDE, CEPI, MDHHS, and AIR to determine scope of work and process; (c) Matching and remedying of data definitions between CEPI and

MDHHS; (d) Developing data sharing agreements; (e) Providing TA for data assistance; (f) Conducting stakeholder engagement to determine what data reports can be useful in a public facing document and what customized reports to develop for internal use.

OGS will work with AIR and CEPI to explore methods for determining a broader unduplicated count for children receiving services and those awaiting service, initially through the MPI and Data Warehouse and possibly with unique identifier codes to allow for better tracking throughout the system to better understand the whole child and family.

Improve home visiting data collection, infrastructure, and usability: The renewal grant will also be used to enhance Home Visiting program data (including 32p and 32p4 HV programs). OGS will work to align needs with the legal parameters outlined in law that precludes the gathering of new data supporting the programs. Building policy, legal frameworks, and systems to support these needs is critical to any home visiting data activities. This includes the analysis of existing laws that support the collection and use of new School Aid Act-required data. **The goals are to use this data to improve school readiness focusing on early literacy, reduce the number of pupils retained at grade level, reduce the number of pupils requiring special education, improve positive parenting practices, improve family economic self-sufficiency, reduce the impact of high risk factors through community resource & referrals, and enable the use of the enhanced aggregated data to inform the PA291 Michigan Home Visiting annual report.** As part of the data projects, a contracted data analyst will coordinate the data system and maximize efficiencies.

Data literacy: The Michigan assessment consortium has developed an online data learning module at various levels of sophistication that contains data literacy training. The implementation team proposes the funding of technical assistance for data literacy and use for

key data users and promotion of the assessment consortium. This includes the creation of data and information training for policy makers and providers, potentially resulting in a credentialing process. **The goal is to help support providers in the mixed delivery system to use of data to inform decisions and for CQI processes.**

Improve cross agency collaboration: OGS has partnered with the BUILD Initiative to evaluate the functioning of the state collaboration teams, GSST and GSOT. The assessment included interviews with all current members of each team to ascertain their understanding of the purposes of these cross-coordinating teams, how each team is functioning compared to the purposes, and what ideas members have to improve functioning. BUILD provided recommendations for better cross-agency functioning to both teams in October. Next steps include a strategic initiative document review between all members and a joint “retreat” in January 2020 to co-create a future path for the teams. To this end, the Great Start Systems Analyst funded by the initial grant will continue expand coordination, collaboration, and the refreshed vision of the state-level leadership to support the whole child and whole family. This will include facilitation of GSOT/GSST agendas, meetings, and workplans and being the **technical assistance** coordinator. The Analyst will be responsible for implementing initiatives and recommendations, bringing new agencies into the decision making and coordination, facilitating the work of these teams, and connecting state-level, regional, and local entities to implement initiatives that will better serve the children and families in the state; this may also include leading professional development and research activities. **The goal is a more coordinated system both horizontally (across state entities) and vertically (local and regional entities being supported by the state) and a meaningful process to support quality and continuous improvement activities.**

MONITORING, EVALUATION, AND CONTINUOUS IMPROVEMENT:

While required federal and state reporting offers some measures of **accountability**, the mixed delivery system itself **needs to set goals and accountability measures for system improvements, related to addressing gaps, supporting at-risk populations, and for equity.**

The strategic plan will provide much needed accountability measures across the system. The **needs assessment, strategic plan, and evaluation will provide strategies, goals, and outcomes** to reduce the **fragmentation** across the mixed delivery system, which occurs at every level, and measure results. State agencies are siloed within themselves, and local and regional entities often operate independently. When each element in the system operates on its own, duplication and overlap occur. PDG B-5 renewal grant will provide the opportunity and funds to **ease the fragmentation, map initiatives, chart streams of funding, and efficiently address needs in the system.** The areas of fragmentation that will be addressed include attention to universal developmental and behavioral screening, coordination in recruitment and enrollment between Head Start, GSRP, and childcare, between child and family social supports and early care and education, and between EC and K-12 education. There are several initiatives to address these and other issues, but they exist in isolation from the overall mixed delivery system. Some regions of the state are doing excellent work in connecting children and families with universal developmental and behavioral screening, while other regions have no coordinated effort. OGS has made connections with Kent County and the city of Detroit to learn about their initiatives and track their progress to increase state-to-local connections. Programmatic training supports development of screening initiatives, but the needs assessment has indicated a gap in coordinated effort. For example, CCDF requires training and education for families and providers around developmental screening, but the state has not leveraged initiatives from one funding stream or program area to support other areas. **The state is missing an aligned and coordinated effort**

around many areas of fragmentation to ensure funds are being used efficiently, to ensure innovation, and coordinated efforts. Having a dedicated coordinator and a renewed focus on leadership teams that will work across systems at the state, regional, and local levels will address this issue.

To **align funding and create greater efficiencies**, the Great Start Systems Analyst will adapt to mindsets of MDE's Michigan Integrated Continuous Improvement Process (MICIP). MICIP provides a framework for LEAs to chart needs, projects/initiatives, and funding streams to ensure a strategic process, aligned funding, and efficient use of resources to meet identified needs.

Sustainability has become a front-line question when considering new projects thanks to the initial grant, as has using resources to build capacity versus layering state-level initiatives on top of regional or local efforts. Though the GSST and GSOT provide information about funding streams and initiatives, the PDG B-5 grant has made the implementation team more thoughtful about **aligning efforts across agencies and funding streams**. It has also raised awareness about the **shortcomings of differing funding streams** that can be addressed through the strategic plan. PDG B-5 has also spurred **new collaborations with nonprofits, foundations, and universities to align funding and shared priorities**. The intent behind uniting so many elements of EC across agencies is to **increase collaboration and coordination of efforts and funding streams**.

To that end, Michigan is ahead of the curve on ensuring that the various elements of the mixed delivery system interact and inform each other. However, those working within the system are stretched and juggling many activities; opportunities to work together can be missed.

PROGRAM PERFORMANCE EVALUATION PLAN:

In order to develop a Program Performance Evaluation Plan (PPEP) for the initial PDG B-5 grant, OGS contracted with AIR (with HighScope) to evaluate the process and outcomes of the

initial grant projects to understand cost, implementation success, and to provide information to start a **CQI process (renewal grant tasks appear in the timeline)**.

Renewal grant PPEP: During the **renewal grant**, OGS and AIR **plan to evaluate** implementation and outcomes of projects in Activities Three and Four, which will include document review, stakeholder engagement feedback surveys, informant interviews, lessons learned discussions, review of the Trusted Advisors grants. Evaluation of projects in Activity 5 will identify key indicators of quality across the system that currently exist, or need to be collected for long-term evaluation, conduct a data audit of all existing data across sources, collect baseline data on quality, and conduct a Comparative Interrupted Time Series (CITS) analysis to document the changes in overall quality of the mixed delivery system to measure overall impact of PDG B-5 funds.

AIR will also undertake an evaluation of the efforts to support ECSE professional development across the system. RTT–ELC funds supported introducing Inclusive Classroom Profile and Teaching Pyramid Observation Tool to ECSE; the effectiveness of these tools has not been evaluated and will inform projects. To better support and maintain the EC workforce, AIR will study innovative models of workforce support across industries, and within EC like those promoted through Power to the Profession, to offer new ideas to help support providers in the mixed delivery system. Family engagement and professional development implementation and outcomes will be evaluated by pre/post-test or matched comparison design as well. The implementation team chose to include evaluation activities in its initial PDG B-5 projects to not only inform future work, but also to ensure all projects were completed with an equity focus. Equity is realized in Michigan’s B-5 mixed-delivery system by prioritizing children with the greatest needs. The evaluation documents the causes of inequities so they can be addressed to

improve the outcomes of at-risk children and families. The **goal of the initial evaluation plan is to convey a story about the needs assessment and strategic planning processes, the facilitators of and barriers to these processes, and opportunities for Michigan to strengthen the processes in the future.** To date, the evaluation plan has been finalized, with focused and precise evaluation questions, a feedback loop, and framework for the final report, which is expected by April 2020. **The results will serve several purposes: (a) to guide CQI for ongoing activities or inform success of future iterations of the projects; (b) to document the extent to which the process is equitable to MDE, its partners, and stakeholders; (c) to provide data and information about results and outcomes to stakeholders throughout the system.** The intended **audience** of all PPEP activities includes MDE, MDHHS, providers in the mixed delivery system, and other stakeholders (legislature, advocates, policymakers). This will allow for informed decisionmakers and continuous improvement at all levels.

After several rounds of feedback from partners and team discussion, **initial grant evaluation** focused on process questions to understand implementation, facilitators, and barriers; on equity questions to ensure all voices were included and valued; on data-driven decisions and actionable next steps.

The evaluation approach uses both an equity and a CQI lens; findings are reviewed and protocols modified to ensure that the project is addressing the root issues. **Data sources** for this work include planning process observations by nonparticipant observers, document review, stakeholder feedback survey, key informant interviews, and a discussion on lessons learned. These data sources will be replicated and expanded during the renewal grant work. The **key personnel** involved in the evaluation include personnel from AIR, the contractor conducting this work, including Ann-Marie Faria, Patricia Garcia-Arena, and Natalie Tucker-Bradway. These

individuals are the primary researchers conducting evaluation activities, along with subcontractors from HighScope including Iheoma Iruka and Jeff Beal. At the state level, the lead position within OGS is the PDG B-5 Project Manager, Joy Milano, as well as Renée DeMars-Johnson, Director of ECD&FE.

Actionable metrics for success have been identified for initial grant work. These metrics also measure the ways in which these processes were equitable and aligned with the broader goals and mission for PDG B-5. Identified metrics for the initial grant, which will inform the renewal grant, include: (a) all stakeholders, providers, and regions are represented (b) Response rates and completion times meet pre-determined metrics; (c) Stakeholder satisfaction and connection meet metrics; (d) Deadlines, outcomes, and goals are met; and (e) All areas of the mixed delivery system are adequately addressed in the strategic plan.

AIR and OGS continue to review and revise the scope of the evaluation to ensure that the data gathered will provide the most useful evaluation of the projects and action through the CQI process. The benchmarks and outcome metrics will also allow measurement of progress toward the goals of the PDG grant. A closer review of the plan and its effectiveness will be conducted in year 4 (2022). OGS will periodically update and align the program performance evaluation plan as part of the same process of updating the needs assessment and strategic plan. This will occur through a process of continuous quality improvement using the metrics, specific indicators, and benchmarks that will be developed as the initial grant activities are concluded.

Funds allocated to Activity 6 in the renewal grant will be prioritized to the projects that will allow the mixed delivery system to use data to make decisions, ensure equity, and improve services to children and families (See **Renewal grant PPEP**).

Meaningful Governance and Stakeholder Engagement

Organizational capacity: Agencies and key individuals: The OGS, the state administering agency for the PDG B-5, was created in 2011 to align, consolidate, and/or integrate early childhood funding and related programs around the state's early childhood outcomes and to coordinate the state's policy, budget, and programs for early childhood, especially for children with high needs. OGS collaborates closely and regularly with senior staff from the MDHHS and ECIC to work toward achievement of our early childhood outcomes. OGS also oversees ECIC's implementation of GSQ and CCDF license-exempt provider monitoring. In addition, OGS partners with Michigan's ISDs for the GSCs and GSPCs, with the intent of balancing both local (especially parent/family) and state perspectives in decision making, accountability, and policy. OGS' visioning plan (G3) utilized input from 1,400 stakeholders (parents, advocates, providers, philanthropists, and businesspeople), leading to recommendations that build upon existing cross-sector partnerships to advance innovation and ensure accountability on behalf of young children with high needs.

In a manner consistent with the initial grant, the PDG B-5 renewal grant will be **administered by the OGS within MDE** as the lead agency (see **Appendices for organizational chart**). This structure provides continuity with many other federal programs, as the MDE is the administrator for Michigan's federal title grants under ESSA, IDEA, career and technical education, and school nutrition programs. OGS also administers CCDF and has previously administered the RTT-ELC grant. Since the initial PDG B-5 grant started, a new governor has been elected (Governor Gretchen Whitmer) and new department directors have taken their places in MDHHS and LARA, and a new state Superintendent of Public Instruction has been hired. A cabinet advisory team called the People's Group provided advisement during the inception of the initial

grant but has since disbanded. These shifts in top leadership mean changes to many of the procedures, processes and priorities of the state. In many cases, these governance structures are in development according to Governor Whitmer's instruction and under the direction of new department heads.

OGS works directly with the ISDs to coordinate *Early On*, the GSCs, and the GSPCs and is responsible for GSRP, ECSE, family engagement, and Head Start collaboration. The OGS works closely with the rest of the MDE, LARA and the MDHHS. The MDE is responsible for administering Michigan's P-20 system. It regulates and supports 538 traditional school districts, 301 charter districts, and 56 ISDs. LARA is responsible for childcare licensing and regulation. The MDHHS is responsible for health programs, such as Medicaid, and assistance and service programs, such as Temporary Assistance for Needy Families and the Supplemental Nutrition Assistance Program. MDHHS is also responsible for foster care and child protective services. MDE and MDHHS each have responsibility for home visiting programs.

Leadership for the PDG B-5 Grant is provided by: Deputy Superintendent for the P-20 System and Student Transitions Division, Dr. Scott Koenigsknecht, who has over 25 years of experience in LEA/ISD leadership. Dr. Koenigsknecht plays a key leadership role as the convener of the GSST and the lead voice in early childhood policy for MDE. Oversight is provided by an implementation team (see Table 6.2).

Table 6.2: Stakeholders involved in assessment, planning and implementation of activities (PDG B-5 Implementation Team)

Name	Organization	Role
Reneé DeMars-Johnson	MDE/OGS-ECD&FE	Director of office overseeing grant implementation
Joy Milano	MDE/OGS-ECD&FE	PDG B-5 Project Manager
Richard Lower	MDE/OGS-POSTL	Implementation team (ECSE, GSRP)
Lisa Brewer Walraven	MDE/OGS-CDC	Implementation team (CCDF)
Kaitlin Ferrick	MDE/OGS-HSSCO	Implementation team (HSSCO director)
Antoinette Mallett	MDE/OGS-ECD&FE	Family Engagement Specialist
Shulawn Doxie	MDE/P-20 Systems & Student Transitions	Implementation team
Rachel Pritchard	MDE/OGS-ECD&FE	Implementation team (GSCs/GSPCs)
Noel Kelty	MDE/OGS-ECD&FE	Implementation team (IDEA Part C)
Synthia Britton	MDHHS	Implementation team (IDEA Part C & home visiting)
Meghan Schmelzer	MDHHS	Implementation team (infant mental health)

The senior leadership team at the OGS has been in place for several years, has successfully administered the RTT–ELC grant, and is currently administering the PDG B-5 initial grant.

Reneé DeMars-Johnson is the Director of the Office of Early Childhood Development and Family Education. Her team is responsible for *Early On*, GSCs, GSPCs, and home visitation programs, family engagement, especially in early literacy, and administering the PDG B-5 initial grant. She has been with the MDE in early childhood and family-centered leadership roles since 1995 and has oversight of many key areas of the early childhood mixed delivery system, as well as serving on several broader system boards or committees. **Joy Milano** serves as the Project Manager. Joy joined ECD&FE as part of the RTT–ELC grant, managing the final portion of the no-cost extension year. Joy implements the PDG B-5 projects and manages the grant team. She brings with her 15 years of post-secondary education experience as a professor, director of

student assessment, registrar, and researcher. **Richard Lower** is responsible for the administration of the GSRP and 21st Century Community Learning Centers and oversees improvement of federal indicator initiatives for ECSE services. Prior to joining the MDE in 2008, he was the Executive Director of the Michigan Head Start Association. Richard is the point person for the MDE's prenatal to age 8 initiative, in which the PDG B-5 plays a key role. **Lisa Brewer Walraven** leads Michigan's CDC program and connects the PDG B-5 projects to the CCDF state plan initiatives. She started with the program in 2005, and her prior experience includes time as a preschool teacher and directing early childhood programming for a Michigan school district. **Kaitlin Ferrick** rounds out the OGS leadership team as the director of the Head Start Collaboration Office and connects the PDG B-5 work to Head Start knowledge, resources, and partnerships. Kaitlin was named to this position in 2013. She has a background in law and served in Teach for America in a Head Start program. In addition to this team, **Antoinette Mallett** was hired during the initial PDG B-5 grant period to spearhead OGS' family engagement work. Toni brings years of experience working as a family engagement manager at a nonprofit childcare network in Grand Rapids, MI, as well as working in family engagement for the second-largest school district in Michigan. In addition, a financial analyst and a Great Start systems analyst will be added to the team in 2019. Together, these strong leaders have the skills, expertise, and experience to ensure the PDG B-5 grant is efficiently and effectively administered. Dr. Koenigsnecht is represented by his special assistant, **Shulawn Doxie**. They are joined by **Rachel Pritchard**, the Great Start Programs Specialist, who works with the GSCs and GSPCs and **Noel Kelty**, the IDEA Part C Coordinator; the team also includes two staff from MDHHS – **Synthia Britton** (*Early On/Home Visiting Consultant*) and **Meghan Schmelzer** (Infant Mental Health Coordinator).

Capacity to Manage the Grant: The MDE has extensive experience managing federal grants and has administrative oversight of \$1,506,463,443 in federal grants in 2018-19. The MDE is the administrator for Michigan’s federal title grants under ESSA, including Title I Part A, C, and D, Title II Part A, Title III Part A, and Title IV Part A. The MDE also administers Michigan’s IDEA grants and the school nutrition programs. The OGS administers the CCDF and has administered the RTT–ELC and initial PDG B-5 grants. Its extensive experience overseeing programs and managing grants demonstrates that the MDE has the fiscal, administrative, and performance management capacity to effectively administer these grant funds.

At the departmental level, several **governance structures and stakeholder engagement processes** are in place (see **Appendices for decision-making process**). The **GSOT** coordinates interagency initiatives that align with the Governor’s early childhood outcomes for the population’s 0-8 year olds, identifies opportunities for reform, innovation and alignment of resources in an efficient manner across agencies, coordinates and conceptualizes the preparation of interagency grant opportunities, and serves as **State Advisory Council on Early Childhood Education and Care** described in section 642B(b) of the Head Start Act (42 U.S.C. 9837(b)). The goals of GSOT are to improve individual agency policies and programs through shared infrastructure for the EC System including, but not limited to, public education, outreach (identification and engagement of target population/s), centralized access/hubs (service identification and engagement), linked data systems and IT infrastructure, care coordination (individual), care management (population), workforce development (recruitment, competency standards, training, support), quality assurance and quality improvement, fiscal performance, state and local collaborating early childhood groups, political will and support, and fiscal resources and services. The GSOT also works to improve program components relating to

achieving equity across a continuum of services, monitor progress toward achievement of the four early childhood outcomes and communicate on-going progress, and collaboratively determine improvement strategies. The group also respond to issues identified by the GSST, to whom the members report. The GSOT meets monthly (**see p. 10 for membership overview**) and additional partners or Subject Matter Experts (SME) are invited to participate as needed.

TIMELINE:

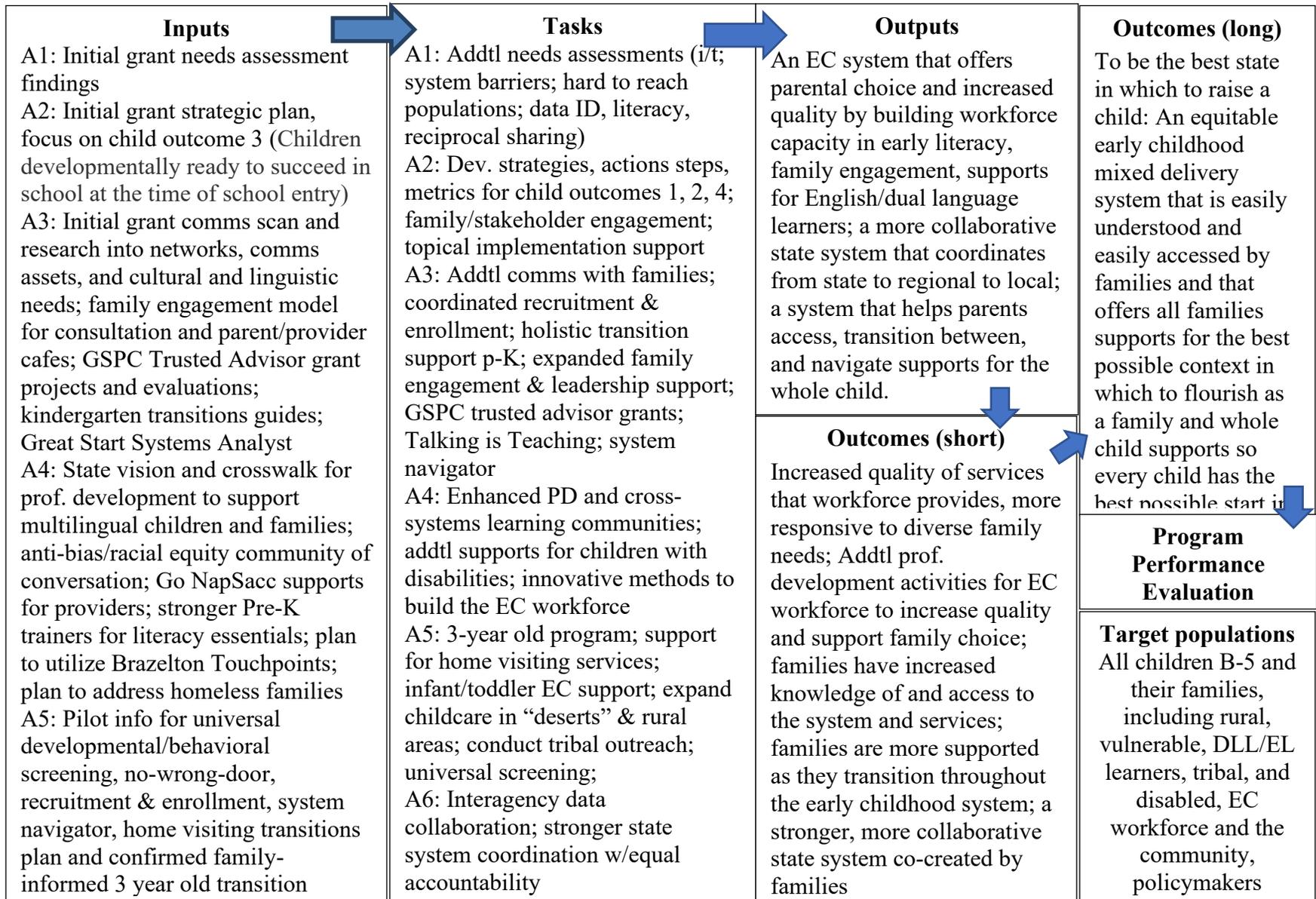
Activity 1 Tasks	Timeline
A1.1: Assessment of innovative funding for infant/toddler care, including scan of promising models	9/1/20-6/1/21
A1.2: Root Cause Analysis of barriers to participation in the mixed delivery system for families	3/1/20 – 11/1/20
A1.3: Expand data sharing between MDE and MDHHS: Establish data sharing agreements with more partners; Build upon existing state longitudinal data system to connect whole child data	2/1/20—12/1/22
A1.4: Expand the needs assessment beyond the needs and stakeholders identified in the initial PDG B-5 to examine ways to understand the “whole child, whole family” needs (e.g. transportation, housing, community needs), apply new strategies and methods for incorporating hard to reach populations in the needs assessment, and create meaningful opportunities for families to tell us what they need	3/1/20—12/1/20
A1.5: Analyze community-level barriers to increasing the supply of childcare	6/1/20-3/1/21
A1.6: Investigate innovative workforce support models from industries outside of education to inform an approach to support the EC workforce	4/1/20-3/30/21
Activity 2 Tasks	Timeline
A 2.1: Develop strategies, actions steps and metrics for Goals 1, 2, 4; Refine Child Outcome / Goal 3 strategies and action steps; Review completed needs assessment report and other strategic efforts currently in progress; Implement elements of strategic plan	3/30/20-12/30/20
Activity 3 Tasks	Timeline
A3.1: Conduct STEPS Pilot	1/15/20-9/1/20
A3.2: Expand STEPS initiative	10/1/20-12/31/22
A3.3. Implement communications strategy for culturally appropriate comprehensive mixed delivery tool (website/portal, trusted messengers); training and a communications awareness campaign developed to educate local ethnic organizations and non-profit	3/1/20-12/31/22
A3.4: Parent Leaders in State Government (PLISG) / Shared Leadership Curriculum development, pilot, evaluation, dissemination	2/1/20-12/31/22
A3.5: Prenatal-Kindergarten transition supports, IDEA Part C to Part B	1/15/20-12/31/22
A3.6: Transitions between home visiting services	2/1/20-12/31/22

A3.7: Model for supporting family engagement consultation with early care and education providers / Caregiving Conversations	2/1/20-12/31/22
A3.8 Trusted Advisor grants	4/1/20-12/31/22
A3.9: Talking is Teaching™	1/1/20-12/31/22
A3.10: Family/child/systems navigator	2/1/20-12/31/22
Activity 4 Tasks	Timeline
A4.1: Develop ECE Early Learning community	6/1/20-12/31/22
A4.2: Consultative-inspired structure to deliver PD to providers	2/1/20-12/31/22
A4.3: EarlyEdU	6/1/20-12/1/21
A4.4: Credential alignment and career pathways	4/1/20-12/1/21
A4.5: MI-AIMH Infant Family Associate endorsement	3/1/20-12/31/22
A4.6: Make training modules used in MiRegistry, Home Visiting, and Iowa Family Support Professional network available to <i>Early On</i> provider workforce	5/1/20-6/1/21
A4.7: Identify cadet teachers; Create pathway to CDA or associate degree; Facilitate high school CDA/other college credit toward CDA	3/1/20-12/31/22
A4.8: Utilize current IDEA Part C & Part B training to create PD for EC workforce to build capacity for supporting children and for inclusion	4/1/20-12/31/22
A4.9: WIDA Early Years Partnership: Crosswalk WIDA standards with MI's B-3 literacy essentials; Integrate state systems for multi-lingual children/families; Offer WIDA professional learning to EC workforce	3/1/20-12/31/22
A4.10: Implement anti-bias/racial equity community of conversation model first cohort	2/1/20-2/1/21
A4.11: Launch grants to support development of an early literacy support network statewide (10 sites total)	3/1/20-12/31/22
A4.12: Interdisciplinary Professional Development	3/1/20-12/31/22
A4.13: Brazelton Touchpoints Center engagement	2/1/20-12/31/22
A.4.14: Home Visiting “light” programs	6/1/20-12/31/22
Activity 5 Tasks	Timeline
A5.1: Three-year old demo pilot project	3/1/20-12/31/22
A5.2: Expansion of EHS/CC partnership with tribal programs	3/1/20-12/31/22
A5.3: Family childcare networks	6/1/20-12/31/22
A5.4: Homelessness task force	1/1/20-6/1/21
A5.5: Expand childcare to address deserts, rural areas, whole child	8/1/20-12/31/22
A5.6: Tribal coordination and collaboration	3/1/20-12/31/22
A5.7: Universal Screening Expansion	4/1/20-9/30/22
Activity 6 Tasks	Timeline
A6.1: Data sharing and systems development between MDHHS and MSLDS; establish data sharing agreements and processes; Convene collaborative work group; Match and remedy data definitions between CEPI and MDHHS; Develop data sharing agreements; TA for data assistance; Conduct stakeholder engagement to determine reports	3/1/20-12/31/22
A6.2: Data literacy	8/1/20-12/31/22
A6.3 Cross agency collaboration	1/1/20-12/31/22
Program Performance Evaluation Tasks	Timeline

PPEP 1. Activity 3 and 4 Implementation and Outcome Evaluations: Continue current activities (document review, stakeholder engagement feedback surveys, informant interviews, lessons learned discussions, Trusted advisors grant review, etc.)	Years 1, 2, 3
PPEP 2. Activity 5 <i>Documenting the overall impact of PDG funds on the mixed delivery system</i> Outcome Evaluation: Identify key indicators of quality across the mixed delivery system that currently exist, or need to be collected for long-term evaluation; conduct data audit of all existing data sources; Collect baseline data on quality in the mixed delivery system; Conduct a Comparative Interrupted Time Series (CITS) analysis to document the changes in overall quality of the mixed delivery system	Years 1, 2, 3
PPEP 3 Cost Studies: (1) Conduct an in-depth cost study on providing high quality infant-toddler care; (2) Evaluate costs of pilots to inform costs for full implementation	Year 1,2
PPEP 4. Cross Agency Collaboration Study: Conduct a social network analysis to identify key facilitators within the collaborative agencies	Year 1
PPEP 5. Family Engagement Study: Conduct an implementation and outcomes study (pre-post or matched comparison design) of family engagement strategies	Year 1,2
PPEP 6. Professional Development Implementation and Outcome Study: Conduct a matched comparison or pre-test/post-test evaluation of the PD and Trian the Trainer models rolled out across the state (ECSE interventions from RTT–ELC, other TBD)	Year 2,3

LOGIC MODEL:

Michigan systems vision for PDG B-5 renewal funding: At the end of PDG B-5 activities, Michigan will have an equitable early childhood mixed delivery system that is easily understood and easily accessed by families and that offers all families whole family supports for the best possible context in which to flourish as a family and whole child supports so every child has the best possible start in life. To accomplish this, Michigan will create a coordinated and efficient system at the state level that encompasses choices for high-quality early intervention, home visiting, early care and education, preschool, educational supports, family and community engagement, and workforce, transportation, nutrition, and housing support; the state level system will collaborate with, encourage, and support regional, community, and local systems.



PROJECT SUSTAINABILITY PLAN:

Activity	Sustainability
1—Needs Assessment	Guidebook to updating needs assessment
2—Strategic Plan	Compendium and guide to CQI process and updating the strategic plan
3—Family Knowledge, Choice, Engagement	Building capacity within the system (<i>Steps, Talking is Teaching, parent leadership, family engagement</i>); system changes (IDEA strategic group to plan sustainable solutions); sustainable tools (communications, transition supports); additional funding sources (parent leadership)
4—Sharing Best Practices & Professional Development	Building capacity within the system (DLL supports, shared training and learning communities, EarlyEdU, Brazelton), Planning will occur during grant period (Early Literacy Support Network, Brazelton, WIDA)
5—Improving Overall Quality, Access, Developing New Programs	Building capacity within the system (building relationships & partnerships), Capacity building and braided funding (FCCN, rural expansion plans, homeless pilots), Sustainability planning will occur during grant period (<i>3-year old program, EHS-CC partnership expansion, homeless pilots</i>)
6—Monitoring, Evaluation, Data Use, Governance, Stakeholder Engagement	Building capacity within the system (data system expansion, data literacy, evaluation, home visiting data enhancement), Blended funding, Sustainability planning during grant period (system coordination and collaboration)

As indicated in the narrative throughout, PDG B-5 efforts are aligning with others as much as possible, such as supporting a state-funded EHS-CC partnership, supporting CCDF infant-toddler, FCCN, and rural expansion work, and supporting the homelessness task force. In addition, several projects combine funds and effort with MDHHS (PLISG, home visiting work, data sharing expansion). Approaches to planning for sustainability will include working to have some projects funded by state funds, working with foundations and nonprofits to explore funding, and working with communities to increase funding options at the city or county level.

As part of this process, partners will confirm any barriers that may negatively affect collaboration and blending or braiding funding to ensure a successful plan can be enacted.

Projects that are building on either RTT–ELC or PDG B-5 initial projects, or both, are noted throughout the application as well (and are italicized in the table above).

DISSEMINATION PLAN:

The goals of the dissemination plan are to (a) Create support among early childhood providers, families, key partners, and state administrators for the projects' goals and strategies to ensure support for funding requests and changes in policy; (b) Cultivate buy-in from early childhood providers, families, partners, and policymakers to ensure their support during implementation, (c) Keep key policymakers up-to-date on what is happening to proactively align efforts and garner support for policy changes and funding requests.

The target audiences for PDG B-5 dissemination include, first, B-5 providers because projects will directly affect their work and their voice is necessary to shape EC system in Michigan.

Providers need to know what the project will cover, how it will affect their work and what is in it for them, why the it is important, how they can be involved in shaping it, and what other initiatives are connected to the grant. Second are system administrators, intermediary organizations, and elements of the mixed delivery system. These groups reach providers and families and advocate for them, making their voices necessary as well. In addition to the messages for providers, this audience also want to know how the project was developed, who was involved, and how this plan is different. Last are elected officials and policymakers because they make funding and policy decision that will ensure the successful implementation of the strategic plan and other projects. It is important for this audience to hear the EC vision, why the EC system is important to communities and families, the goals, outcomes and results, if

implementation will require funding or policy changes, and what they can do to support it.

The strategies include using consistent frames, including talking points, one-pagers, FAQs and tracking forms, and core messages. To reach the audiences, regularly scheduled meetings will be leveraged to communicate about the grant projects and answer questions. Intermediary organizations and elements of the mixed delivery system, including providers, can be engaged via one-on-one meetings or calls to share the latest information and encourage them to send out relevant information about the strategic plan and post the one-pager on their website. Providers can also be engaged through other state agencies. To reach key organizations that will impact policy and funding decisions, OGS can leverage MDE's legislative liaison, share the EC vision with the governor's office and foundation liaison, and with legislative aides and liaisons.

Implementation partners can post the one-pagers on its website and through its listserv. It is important to consider who the audiences trust to hear the messages from.

Progress measures for communicating about the strategic plan include: (a) Core messages and supporting materials are developed and used by PDG B-5 staff and implementation team; (b) Meetings held with all key stakeholders; and (c) Number of providers who received information about PDG B-5 (from MDE and partner listservs and through intermediaries).

BONUS POINTS:

Coordinated application, eligibility, enrollment: The initial PDG B-5 grant supported exploration and development of a no-wrong-door framework for an implementation-ready community. As noted in discussion within Activity 3, OGS recently conducted a study and received recommendations for enhanced recruitment and enrollment practices to be inclusive of EHS-HS, GSRP, private preschool and childcare. The renewal grant will serve as a continuation of this framework, picking up the work started under the initial grant to raise awareness across

the entire state via the 54 Great Start Collaboratives and each of the 56 ISD-based Early Childhood Contacts for GSRP. GSCs would facilitate the utilization of the framework and identified resources to connect with more communities to spread implementation. The breadth of community engagement and the number of communities engaged will be built into a collaboratively designed management plan. The framework allows for incorporation of community-designed innovative approaches. An example of such an innovation is work currently being launched in the greater Detroit. The City of Detroit and United Way for Southeastern Michigan are partnering on the development of a “search and subsidy” platform to simplify the way guardians access early childhood education. Residents will be able to easily check their eligibility across local, statewide, and federal early childhood education financial assistance programs before applying through a common application. This tool will also help guardians identify the most relevant provider options to use the assistance with by integrating state-level licensing and QRIS data. There are plans to pilot in the City of Detroit in fall of 2020. The expansion of these policies means more families are referred to services that best fit their needs and enrollment is streamlined for families who may be eligible for multiple supports. As also detailed in Activity 3, renewal grant activities will further support community no-wrong-door frameworks that connect families to programs and services across the mixed delivery system at whatever place in the system they touch; this project will connect communities who are already successful with those who are interested in or ready to begin steps to develop no-wrong door practices. MDHHS will also help communities get to readiness stage with PDG B-5 mini-grants and will serve as a convener and connector.

Infant/Toddler Emphasis: The tapestry of supports proposed throughout the application provide ways to address Michigan’s infant/toddler needs. In Activity 1, an infant/toddler quality

costs study will continue to inform work to boost the supply of infant/toddler care; Activity 3 supports broad dissemination of Steps, which focuses on families with children birth to 3; several Activity 4 projects will touch the infant/toddler workforce, including innovative professional development models, increasing MI-AIMH training and endorsements, WIDA Early Years, interdisciplinary professional development to train EC providers in supports that IDEA part C providers utilize, and Brazelton Touchpoint Center supports; Activity 5 includes an expansion of EHS-CC partnership sites and FCCNs. PDG B-5 efforts will align with CCDF where possible to help support improvements in the mixed delivery system by braiding funding streams.

The implementation team will work to add indicators specific to infants and toddlers in data systems that track children's progress and link these systems with other early childhood system data. As data linking occurs between MDE and MDHHS, indicators and reports specific to infant/toddler will be set up through the changes to the data system (see Activity 6). This may allow for the state to follow infants from birth with data for a whole child focus. It should be noted that Michigan is the international headquarters for The Alliance for the Advancement of Infant Mental Health and MI-AIMH has a breadth of supports available that can be leveraged. The Infant/Toddler Consultant Network (funded through CCDF) determined the following priorities: (a) Recruit and mentor new providers – both regarding child development and business, incentives to choose profession, partnerships with post-secondary education; (b) Improve cultural proficiency and staff representation emphasizing coaching ; (c) Support provider wages and increased eligibility criteria and pay rates; (d) Offer incentives to programs that provide access to infant and early childhood mental health professional development; and (f) Improve subsidy payments to programs with low ratios. GSQ is already built with consideration for infant/toddler learning guidelines, standards, CKKC, and achieved provider credentials for

staff. MDE has recently updated its teacher certification bands to add a band inclusive of infants and toddlers; the next step is to develop all-new teacher certification content for infants/toddlers. This includes aligning with CCDF to develop and convene a workgroup around content and methods for IHEs. Teacher certifications will be aligned B-k, prek-3, or 3-6, including embedding the essentials for each track and creating all new content for infants/toddlers. OGS is also engaging in a cross-departmental effort to help inform revisions to the administrative endorsements to ensure EC is represented. This will include implementation supports to higher education to develop programs, navigate the approval process through MDE, and offer an educational professional learning session for faculty members on standards and content (see Activity 4).

Collaborative Transitions and Alignment from Birth to the Early Grades: The implementation team will research and disseminate highlights of effective practices occurring across the country that support smooth transitions and alignment of services for children and families, Pre-natal into Kindergarten and the early grades. A gap identified in the needs assessment is the lack of consistent transition processes across the state Parent knowledge of programs, services, and successful transition practices, provider knowledge and implementation of transition processes, and the alignment of services that support a child's developmental trajectory will be strengthened by creating a well-rounded transition program from prenatal to kindergarten entry for children and families (Activity 3). This work will be geared toward families and providers and will include building a transition web presence and development of systems. Additional transitions activities will include convening an advisory body of stakeholders representing IDEA Part C and Part B, 619 to advise and develop guidance to promote warm handoffs between Parts C and B and other appropriate preschool programs or

services, supporting parental knowledge and choice to address family needs related to these transitions.

Ongoing collaboration between Pre-k, kindergarten, and the early elementary professionals will be supported by work identified in Activity 4, including provider best practice sharing and the creation of an EC-Elementary Learning Community (see Activity 4). OGS will also pilot a model for a family-informed 3-year old transitions program (Activity 5), including evaluating, revising, and expanding implementation. The implementation team will also support transitions between home visiting services by connecting communities who are already successful with these transitions to learn about and expand their practices statewide. MDHHS will lead this work.

Budget and Budget Justification

Overview: Michigan's PDG B-5 budget is \$19,498,939 including \$14,998,939 in federal funding and \$4,500,000 (30 percent) in matching funds. The state's budget assumptions are detailed in the table at the end of this section.

Grant Leadership and Administration: Michigan's budget includes 2.7 FTEs for administration and grant leadership including the project director and grant financial analyst to manage the grant, and portions of several staff to provide additional leadership, administrative support, and accompanying operations. The budget also includes travel expenses: (a) for four individuals to attend a three-day meeting in Washington D.C. per the grant requirements; (b) for three individuals to attend two national conferences with content relating to the PDG B-5; and (c) for 36 in-state trips associated with leading and administering the grant. Details on the assumed costs of this travel are included in the budget table. The U.S. Department of Education is Michigan's cognizant agency for determining the state's indirect costs rate, with the agree-

upon rate of 10.6 percent calculated on the first \$25,000 of contracted expenditures.

Activity 1: Needs Assessment: Activity 1 expenses include contract costs for research, data analysis, facilitation, and report writing associated with activities that build upon the initial PDG B-5 Needs Assessment. The budget includes meeting costs, including room rental and catering and in-state travel expenses for state staff to travel to facilitated meetings.

Activity 2: Strategic Plan: Activity 2 expenses include contract costs for building upon the strategic plan from the initial PDG B-5 grant, and well as implementation support and technical assistance with implementation, stakeholder engagement, continuous quality improvement activities, and additional reports. It also includes in-state travel for state staff to attend budgeted stakeholder meetings.

Activity 3: Maximizing Parental Choice and Knowledge: The budget for Activity 3 includes a full-time specialist in OGS to oversee the family engagement activities for this grant. Spending to support GSCs and GSPCs provides the matching funds in this activity as well. The budget also includes .5 FTE from OGS' communications specialist to support the two contracted communications projects, travel for two employees to attend two national conferences, in-state travel support to oversee family engagement work, and computer and peripherals. Several convenings are supported: a stakeholder group to inform work around transitions for families from IDEA Part C services to Part B, Section 619 services, and trainings for parent/providers cafés and Talking is Teaching™. The budget also reflects family leadership training PLISG). Additional budget items include: contracted work to create pre-natal to kindergarten transition resources, establishing a Home Visiting Learning Collaborative to address transitions between home visiting programs, and a contractor to document and lead an expanded Caregiving Café model. The budget includes resources for Trusted Advisors outreach work, with full-year grants

of up to \$20,000 for each GSPC (from 4/1-11/30/2020). Michigan would also establish a family & child systems navigator position, and bid a contract to design a coordinated recruitment and enrollment model.

Activity Four: Sharing Best Practices: A large budget area is related to professional development: convenings to develop modules in EarlyEdU; contracts to develop an ECE/Early Learning community, an in-home professional development model, additional trainings for *Early On* workforce, creating pathways to a CDA credential, and training to support children with disabilities in inclusive settings; scholarships to support broader Level 1 MI-AIMH endorsements, establish the first cohort in a Community of Conversation about racial equity & anti-bias, and create interdisciplinary training opportunities. Michigan will continue as a member of the WIDA Early Years network and with Brazelton Touchpoints Center. Funds will also be granted out to establish 10 Early Literacy Support Network (ELSN) centers. The budget includes a full-time Education Consultant (Civil Service classification) in OGS to assist in contract leadership for the ELSN and in Activity 5's three-year-old pilot implementation. Michigan will also support home visiting programs to become accredited in evidence-based models.

Activity Five: Improving Quality: Three pilots will be supported: three-year old family coach/classroom model program, expansion of EHS-CC partnership in tribal areas, and family childcare networks supported by Early Learning Awards to meet quality expectations. Work will be funded to explore innovative funding to expand childcare in "deserts" and rural areas and build upon relationship-building with tribes. A contract will be bid to implement a model for universal screening; funds will also support pilots for homeless families with children birth-five.

Activity Six: Monitoring, Evaluation, Data Use, Governance, Stakeholder Engagement:

The budget assumes contractual costs relating to an independent program evaluator for this grant

with five planned activities. Costs are also built in to connect the MSLDS to data systems in MDHHS, add reporting functions, strengthen existing subsidy data links, and TA for data literacy. Personnel expenses include continued funding for a state systems coordinator, with computers and peripherals, and travel for in-state travel and two out-of-state conferences. A data analyst will be contracted to work with a project to improve home visiting data.

Michigan PDG B-5 Budget Detail follows. The budget has been prepared to directly support activities outlined in the proposal. One hundred percent of the required state match is provided in Activity 3, with the row shaded for easier identification. Indirect cost rate agreement is with U.S. Department of Education at 10.6%. Amount is applied for the first \$25,000 on contracts. Some Activity contracts will not claim indirect, and amounts are shaded for identification. Fringe includes Health insurance up to \$16,008; dental up to \$1,573 max; life (\$7.28 per \$1,000 salary); state retirement rates (40% to 60% of salary); FICA 7.65%.