

STRATEGIC PLAN 2016-2018



Vision

All children
deserve a great
start in life.

Contents

Executive Summary	3
Profile & History	6
Community Needs and Strengths Assessment	10
Goals and Objectives.....	27
Action Agenda.....	33
Fund Development.....	59
Appendix.....	62
ABLE Change Overview	62
Root Cause Charts	63
Headlines Prioritization Results	85
Levers of Change-Survey Results	87



**GREAT START COLLABORATIVE
MEMBERS AND WORKGROUP PARTICIPANTS**

ABC Academy

Allegiance Health

Center for Family Health

Central Michigan 2-1-1

Child Care Network

Community Action Agency

Consumers Energy

Council for the Prevention of Child Abuse and Neglect

Cradle to Career

Dawn Foods

Department of Health and Human Services

Early On

Family Service & Children's Aid

Highfields

Jackson County Health Department

Jackson County Intermediate School District

Jackson Manufacturers Association

Jackson Community Foundation

Jackson District Library

Jackson Educators for Young Children

LifeWays Community Mental Health

Michigan Center Preschool

Phoenix Child Care and Academy

Rotary Club of Jackson

United Way of Jackson County



Executive Summary

Great Start

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



Great Investment

The Great Start initiative was developed in the state of Michigan to ensure that resources at the local, regional, and state level were directed toward a **Great Investment-** preparing all children for success in school and in life. The Jackson Great Start Collaborative was formed in response to the statewide movement, providing additional support and structure to existing collaborative work. Families are a critical part of the Great Start initiative. Throughout the state, parent coalitions, locally known as Great Start Families, are a critical component of Great Start work. In Jackson County, Great Start Families is the parent organization which provides input, develops projects, and ensures that the collaborative is investing resources where they will make the greatest impact.

Great Future

The Jackson County Great Start Strategic Plan outlines the goals, objectives, and strategies for the next three years. Families, service providers, educators, and community leaders came together during 2015 to create a comprehensive plan. GSC Collaborative Members and Great Start Families recognize that learning is about more than books and classrooms. Learning occurs every day- at home, in a grocery store, at the library, in a park, - everywhere! A **Great Future** for children means that:

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

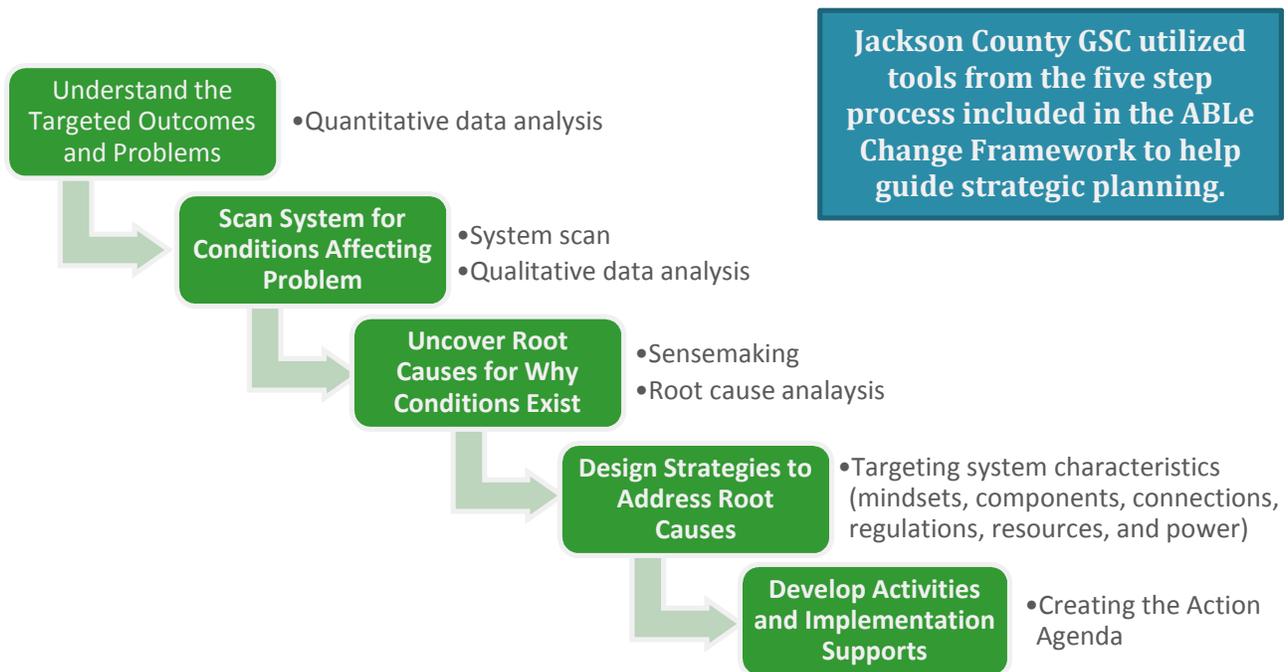
With support from families, the community, and decision makers, these outcomes can be achieved and will ensure that all Jackson County children are ready for success in school and life!



Strategic Planning Process

The 2016-2018 Jackson County GSC Strategic plan responds to four key questions:

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



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

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





Strategic Plan Summary

Goal A: Families and community members understand the importance of and how to provide high quality early childhood learning opportunities.

Objective A-1: There is a common definition of kindergarten readiness across districts and between elementary educators and pre-k teachers and childcare providers.

- ★ Strategy 1: Create a common definition of school readiness
- ★ Strategy 2: Build strong connections and relationships between pre-k programs and elementary principals and school staff
- ★ Strategy 3: Create connections between special education and curriculum based community playgroups

Objective A-2: Families have access to high quality childcare including those families in the access gap.

- ★ Strategy 1: Increase connections with employers
- ★ Strategy 2: Create childcare services to wrap around preschool hours (before, after)
- ★ Strategy 3: Increase family access to preschool information



Goal B: Service delivery system is accessible and responsive to family needs



Objective B-1: Families and providers have access to information about services and process for getting services.

- ★ Strategy 1: Invite/identify additional GSC members in order to establish community champions to promote services
- ★ Strategy 2: Establish connections and relationships with pediatricians

Objective B-2: Increase the level of and improve the effectiveness of communication between families and providers.

- ★ Strategy 1: Develop and implement a parent mentoring program

Objective B-3: Families have a voice in the decision making process.

- ★ Strategy 1: Use ongoing system scan and root cause processes to create a collective voice for families
- ★ Strategy 2: Increase skills of parents involved with parent coalition and GSC

Objective B-4: Decision makers are provided understandable information regarding the needs of families.

- ★ Strategy 1: Utilize information in the strategic plan to begin conversation around value of diverse perspectives

Goal C: Educators are confident and have the resources and support to help families and children.

Objective C-1: Increase coordination of services and level of and effectiveness of communication between providers.

- ★ Strategy 1: Increase GSC use of website for communication between providers



Cross-cutting Goal

Goal D: Families, providers, and community members have knowledge and skills to meet needs of children age 0-8.

Objective D-1: Families and providers have the information, services, and tools to support children in becoming ready for kindergarten.

Objective D-2: Preschool education is viewed as a priority to prepare children for kindergarten.

- Strategy 1: Develop and implement a comprehensive marketing plan that addresses various root causes listed throughout the action agenda using connections and natural touches.
- Strategy 2: Partner with organizations that provide professional development which incorporates information related to root causes into programs.



Profile & History

GREAT START COLLABORATIVE

Jackson County has a long history of working collaboratively to achieve common goals that are focused on improving the quality of life in the community. Starting in 2003, many community organizations, agencies, and other community stakeholders were convened to discuss a grant application from the Michigan Department of Education called ASAP-PIE. The grant application was not funded however, the early childhood community was excited about the opportunity to come together to discuss implementing these goals in Jackson County. At the same time the United Way Success by Six initiative merged the two groups together to allow the groups to coordinate, cooperate, and collaborate. This led to develop a more organized comprehensive strategic planning process related to the launch of a county-wide Success by Six campaign. The Success by Six committee was able to oversee grant dollars from the United Way to focus on the early childhood community, High Scope curriculum training, and funding for a community parenting group for families with children under age five. This work went on from 2003 to 2005 laying the foundation for the Jackson County Great Start application and upon completion of the plan in 2005 the group turned its efforts toward identifying resources to support its work.



In 2005, a grant opportunity focused on providing capacity building funds to local intermediate school districts was announced. Through the Early Childhood Investment Corporation, a statewide network of local community-led collaboratives was developed to work toward a common goal: Every child ready to succeed in school and in life. This grant opportunity aligned with the strategic direction identified through the Success by Six planning process. Jackson County was one of just two counties in the state to receive full funding during this first round of Great Start allocations.

The grant award led to the establishment of the Great Start Collaborative and the Great Start Parent Coalition to lead capacity building efforts. In 2008, Governor Snyder created a State office known as the Office of Great Start (OGS) through the Michigan Department of Education. OGS now oversees all local Great Start Collaboratives and Parent Coalitions. In Jackson County, the Great Start Collaborative serves as the Early Childhood branch of the Cradle 2 Career Educational Network. At present time the Jackson County Great Start Collaborative work focuses on children ages 0-8 and is accomplished through three different committees: Family Support, School Readiness, and Health.

GREAT START PARENT COALITION

The Great Start Parent Coalition is a group of parents, caregivers, grandparents, etc... who meet on a regular basis to discuss the strengths, needs and gaps in Jackson County for families and children ages 0-8. Feedback from our Jackson County families told us that the Great Start Parent Coalition title felt too formal and that our local families preferred calling this group Great Start Families.



The purpose of the Great Start Parent Coalition, locally known as Great Start Families, is four-fold:

- ★ Build public support for early childhood investment – to assist in building public will and support for early childhood investment through advocacy and education activities with parents, community members and policy-makers at the local and state levels.
- ★ Serve as a sounding board for parent members of the Great Start Collaborative – to assure parent members understand the priorities, concerns or needs of parents of young children in their community and provide direct feedback about issues being considered by the Great Start Collaborative.
- ★ Provide a “customer” perspective to organizational members of the Great Start Collaborative – assure all members of the Great Start Collaborative remain advised and aware of the needs, concerns, hopes, dreams and contributions of families.
- ★ Lend support to Great Start Collaborative related efforts – work in partnership with the Great Start Collaborative to achieve its strategic priorities including but not limited to community events, workgroups, and focus groups.

VISION

The Great Start Collaborative and Parent Coalition (Great Start Families) of Jackson County are committed to the vision that all children deserve a Great Start in life to ensure they are safe, healthy, eager, and ready to succeed in school and grow to become productive, contributing members of an economically stable community.

GUIDING PRINCIPLES

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

Office of Great Start Outcomes

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

Mission

To assure a coordinated system of community resources and supports to families in providing a Great Start for their children.



Jackson County Guiding Principles

Jackson County also plans its work around the following guiding principles:

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



Accomplishments

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



BUILD LEADERSHIP WITHIN THE SYSTEM

There is a great value in having strong leadership to promote collaboration, provide input from diverse perspectives, and share best practices. In Jackson County the GSC and Great Start Families have built leadership through:

- ★ Establishing of an effective, collaborative governance structure, which includes a full Great Start Collaborative, Executive Committee, three committees, and Great Start Families.
- ★ Holding several community summits around the critical importance of early childhood and the economic impact of early childhood investment.
- ★ Establishing an Imagination Library Fundraising Council in 2011 and partnering with the Jackson District Library to increase participation in the program and funding to support it.
- ★ Arranging for the Health Improvement Organization network and the Cradle 2 Career network to become trained in the ABL Change Model to support a systems change approach in the county.
- ★ The establishment of the Trauma Informed Community Collaborative with the following partners: Family Services & Children's Aid, Department of Health and Human Services, Project AWARE/Jackson County ISD, Community Action Agency, and LifeWays.

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

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

- ★ Developed and launched the Great Start website; www.greatstartjackson.org, to act as a community resource for parents, teachers and providers.
- ★ Developed the Parenting Counts curriculum and materials in 2008 with classes continuing to be coordinated and implemented in Jackson and Hillsdale Counties through a trained parent educator's network.
- ★ Launched community playgroups utilizing the Parenting Counts curriculum.
- ★ Supported the growth of Great Start Families by providing training and conference opportunities to our family members.

ASSURE QUALITY AND ACCOUNTABILITY

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

- ★ Evaluation of the local early childhood system on the basis of expected outcomes.
- ★ Partnered with the Jackson County Intermediate School District and Community Action Agency dedicate staff to administer the Phonological Awareness Literacy Screening (PALS) in every kindergarten classroom in the county.
- ★ In partnership with Michigan State University, expanded collection of and use of data to measure and assess kindergarten readiness.



ENSURE COORDINATION AND COLLABORATION

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

- ★ Collaborated with the Jackson County Coordinated School Health Council to develop and adopt nutrition, bullying, and tobacco free policies across the county to improve the health of all children.
- ★ Partnered with Community Action Agency, Jackson County Intermediate School District, Jackson District Library, and Baker College to initiate and support community playgroups.
- ★ Partnered with private businesses to develop and fund programs. Such businesses include: Consumers Energy, Dawn Foods, Michigan International Speedway, Fazoli's, Culver's, Bob Evans, Findley's and more.
- ★ Partnered with Central Michigan 2-1-1 to promote programs.
- ★ Collaborated on a wide variety of projects with the Child Care Network, Family Services & Children's Aid, Department of Health and Human Services, LifeWays, Community Action Agency, Cradle 2 Career, Jackson County Intermediate School District, Jackson YMCA, Jackson County Health Department, ABC Academy and many more.
- ★ Collaboration with the Birth to 3 Team, at the Jackson County Intermediate School District, to integrate special education supports, resources and referrals into the curriculum based, community playgroups to identify developmental delays earlier in young children.
- ★ The Health Improvement Organization has embraced family input and has partnered with Great Start Families to obtain feedback from families in Jackson County. The feedback they obtain is then used to direct the work they are doing.

USE FUNDING EFFICIENTLY TO MAXIMIZE IMPACT

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

- ★ Working collaboratively, the Great Start Collaborative and the Jackson County Intermediate School District developed a competitive grant process that allows local agencies and organizations to submit proposals to be considered for funding. This process has resulted in increased participation in parenting education, increased coordination as well as increased accountability for measurable outcomes.
- ★ The Great Start Collaborative is a member of the Cradle 2 Career network and the Health Improvement Organization, which allows the GSC to collaborate on grant opportunities and to assist in preventing duplication of services/supports.

EXPAND ACCESS TO QUALITY PROGRAMS

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

- ★ Established a child care scholarship program.
- ★ Established the Dolly Parton's Imagination Library in Jackson County, providing more than 250,000 books to young children.
- ★ Creation of the Trauma Informed Community Collaborative and county-wide trauma training efforts.
- ★ Expansion of the Great Start Readiness Preschool program.
- ★ Joint recruitment process between Head Start and Great Start to streamline preschool enrollment.
- ★ Enhancement of family access to services and supports by offering an increased number of community playgroups per month.



Community Needs and Strengths Assessment

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

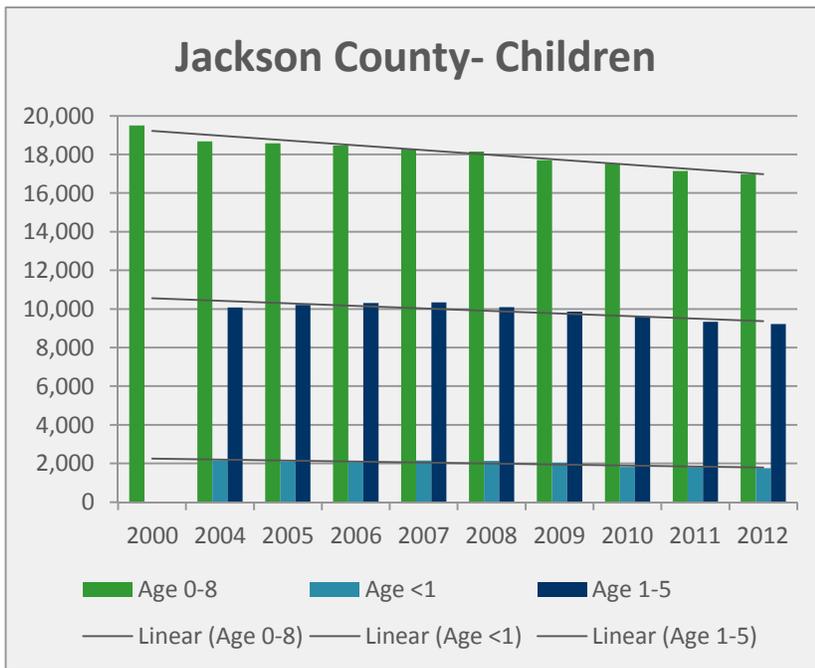
1. **Describe the problem** and to clarify to what extent children in the county are experiencing Michigan’s early childhood outcomes. Understanding which children are not experiencing these outcomes, and in what ways is critical to develop and intentional response to the system conditions that are not aligned.
2. **Identify local system conditions** that are aligned and unaligned with promoting early childhood outcomes. Understanding how the system is impacting early childhood outcomes leads to a system based response.
3. The assessment conveys to the reader the **“thinking behind the plan”** and outlines the connections between system conditions, root causes, and the response.

Jackson County GSC utilized both quantitative data about the community (e.g., number of available childcare slots, rates of child abuse and neglect, etc.), and qualitative data collected through a system scan process.

Surveys and conversations provided feedback and input from four key perspectives:

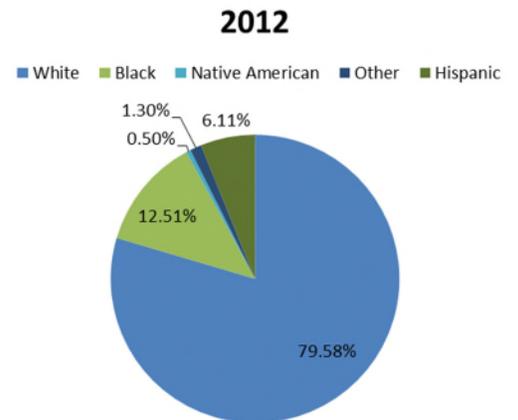
1. Families;
2. Direct service providers;
3. Community Members; and
4. Decision makers.

Demographically, Jackson County has seen a decrease in the number of young children.



In 2012, Age 0-8 = 16,982 Age <1 = 1,765 Age 1-5= 9,214

There were only slight changes in racial composition with increases in Native American and African American children.



A GREAT START Matters in Jackson County!



- **It matters to families!** Being a parent has never been easy. However, the increasing social challenges in today's world, economic conditions that leave many families struggling, and higher school expectations have left many families struggling. Families are and will always be a child's first teacher and a critical factor in a child's success.
- **It matters to educators and service providers!** When children have a great start they are more likely to enter school ready to learn and are less dependent on social programs.
- **It matters to our local community and businesses!** Children who have a great start are more likely to graduate from high school, go on to higher education, be gainfully employed, and own their own homes.

How are children currently doing?

Many children in Jackson County are faced with difficult economic situations!

- Almost 30% of children age 0-5 live in poverty.
- Over half of children under age 6 are low income (below 200% poverty).
- The Hispanic poverty rate is over 40% and African American rate is near 65%. This disparity is less than peer counties but greater than Michigan.
- 34% of children under 18 live in single parent families which increases the likelihood of living in poverty.



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

Outcome 1: Children are born healthy.

- Among births in 2012, 30% of women did not get adequate prenatal care.
- Of women who gave birth, 30% reported smoking during pregnancy in 2012.
- Infant mortality has steadily declined from 7.7 per 1000 births in 2008 to 5.3 in 2012.



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

- Child abuse/neglect rates have increased along with foster care placement from 2010 to 2013.
- Primary care provider access is slightly worse than peer counties.
- Of adults surveyed in Jackson County, 20% indicated that they did not have adequate social support.

Investment programs that support a child's healthy development pays substantial dividends in the future: More than \$8 return for every \$1 spent¹.



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

- Although there was an increase in center based care, those accepting infants and young children has decreased and the overall number decreased.
- The preschool enrollment rate in Jackson County was lower than Michigan or peers.
- The rate of mothers with a diploma or GED has increased from 2008 to 2012, but is still higher than Michigan and one Peer County.



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

- 3rd grade reading proficiency rates have fluctuated around 60% and was lower than Michigan and one Peer County.
- 3rd grade math proficiency rates have fluctuated around 35% and was lower than Michigan and two Peer Counties.
- Data from three years of Phonological Awareness Literacy Screening (PALS), indicates that there is a consistent pattern of children not meeting specific literacy skills.

You can help! Get Involved!

Families can...

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

Educators and providers can...

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

Community and businesses can...

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

For more information contact



“Although education and the acquisition of skills is a lifelong process, starting early in life is crucial. Recent research has documented the high returns that early childhood programs can pay in terms of subsequent educational attainment and in lower rates of social problems.”

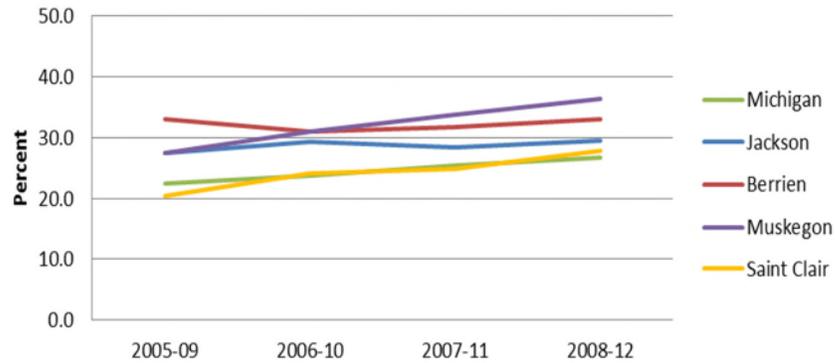
Ben Bernanke
Federal Reserve Chairman

¹ Erickson, Erik, www.zerotothree.org; Grunewald, R. Rolnick, [Early Childhood Development: Economic Development with a High Public Return](#), 2003; Heckman, J., [Investing in Disadvantaged Youth Children is an Economically Efficient Policy](#), 2006; Schonkoff, J.P., [From Neurons to Neighborhoods](#), 2000.



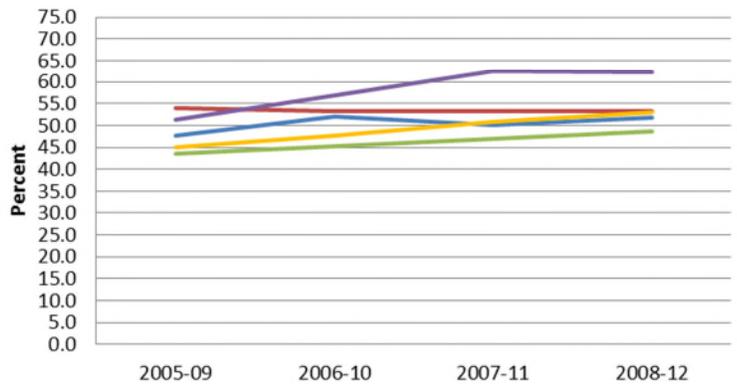
Economic Indicators

Poverty Rate, % of Children age 0-5

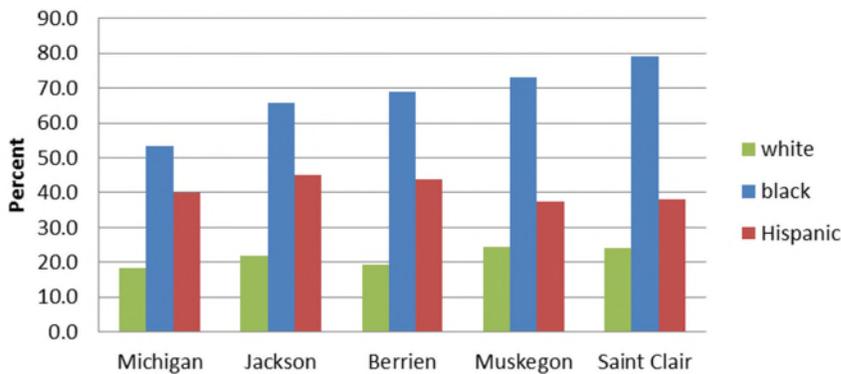


Economic factors have a major influence on a child's well-being and school readiness.

% Children under age 6, below 200% Poverty



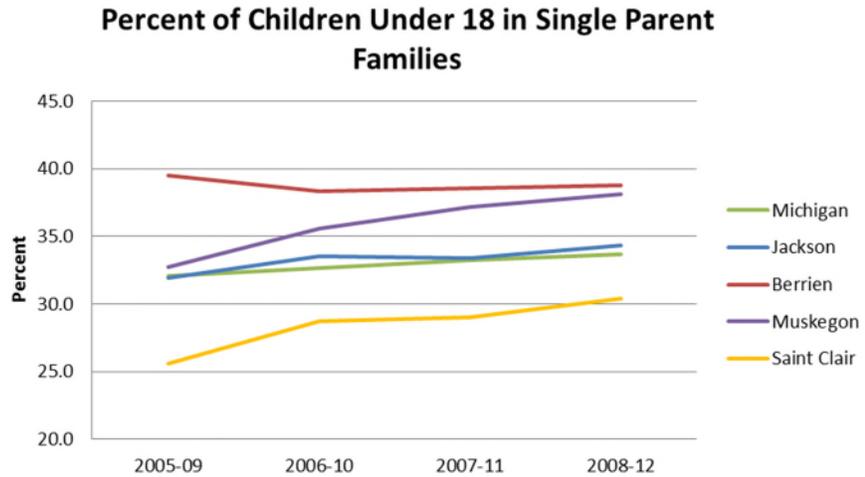
Poverty Rate, % of Children by race



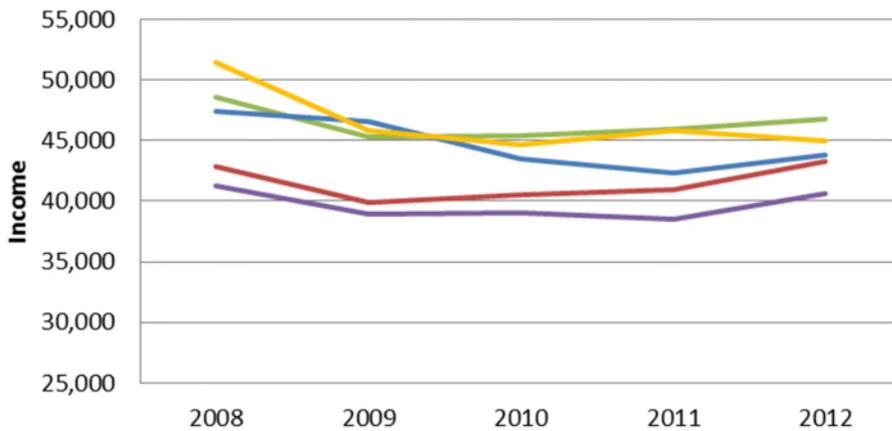
Poverty rates for children are significantly different for children of different races.



The Jackson County rate of children under 18 in single parent families increased from 2005 to 2012. Rates are higher than the state but at or below peer counties.

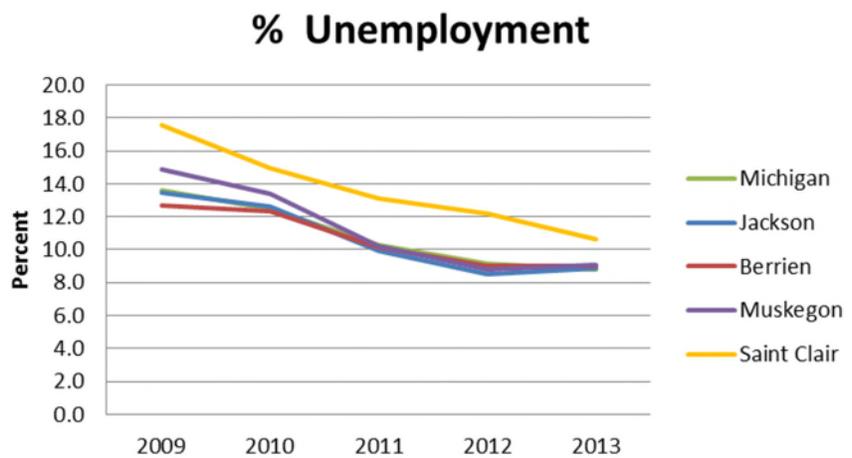


Median Income

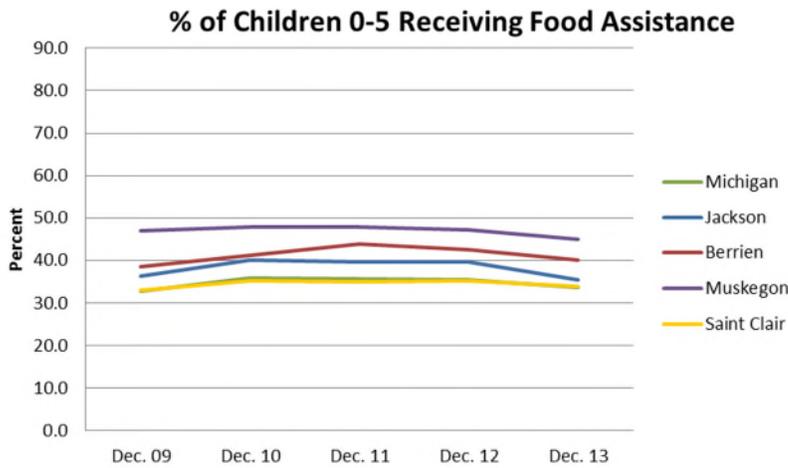
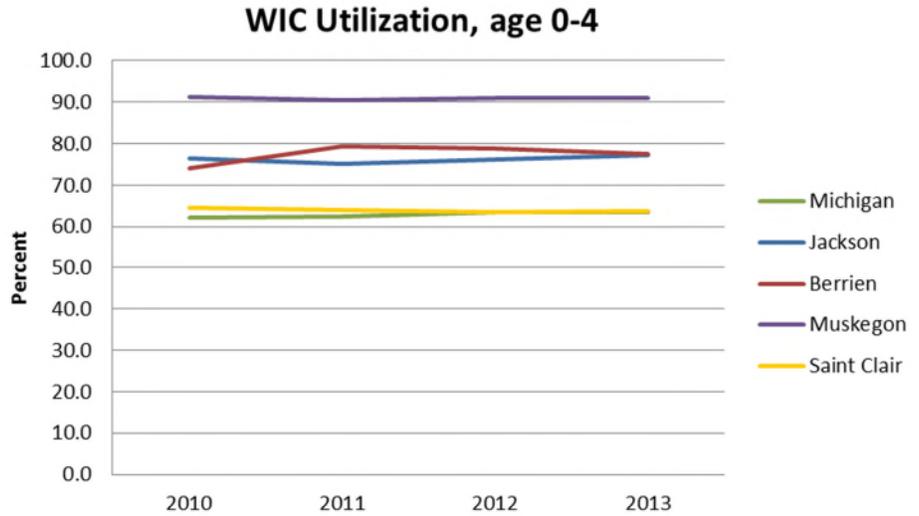


An increase in median income and decrease in unemployment are positive signs for the overall economy.

Poverty rates for young children indicated that families with young children are not experiencing the recent improvements in income and unemployment.

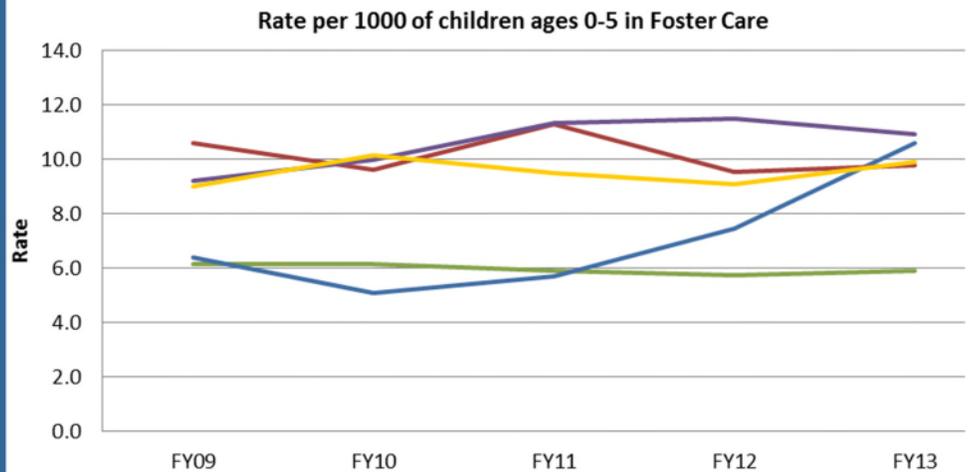


Supports for families in difficult economic times is critical. In Jackson County utilization of supports have remained relatively constant from 2010-2013.



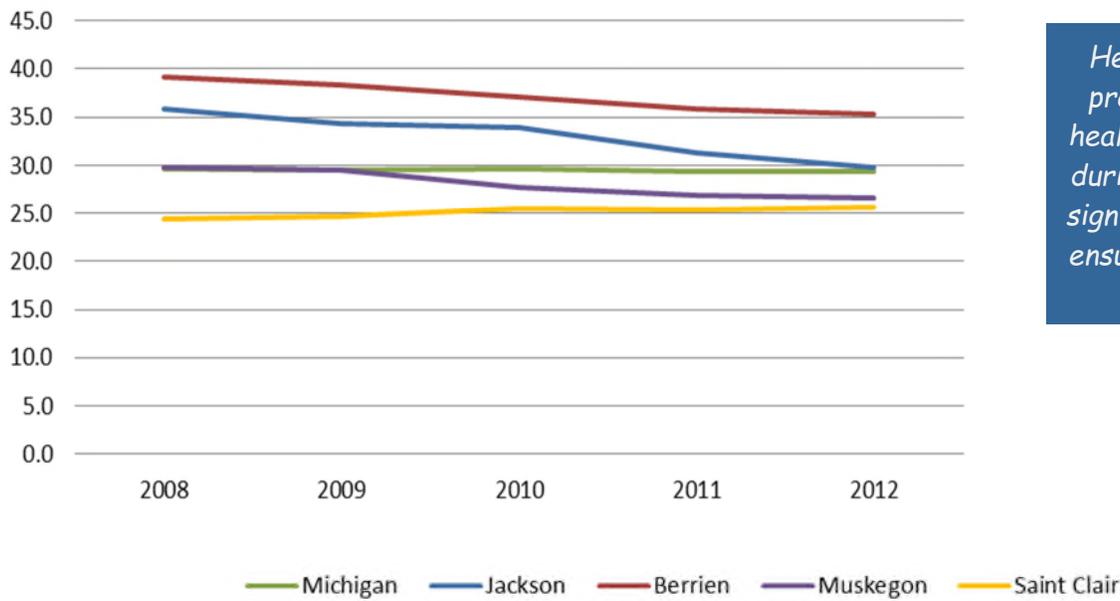
Adequate and coordinated supports can decrease the impact on child health and learning for children in families struggling financially.

Neglect, child abuse, and foster care placement have been linked to family economic conditions. Foster care placement trends in Jackson County closely follow an increase in substantiated child abuse and neglect cases.



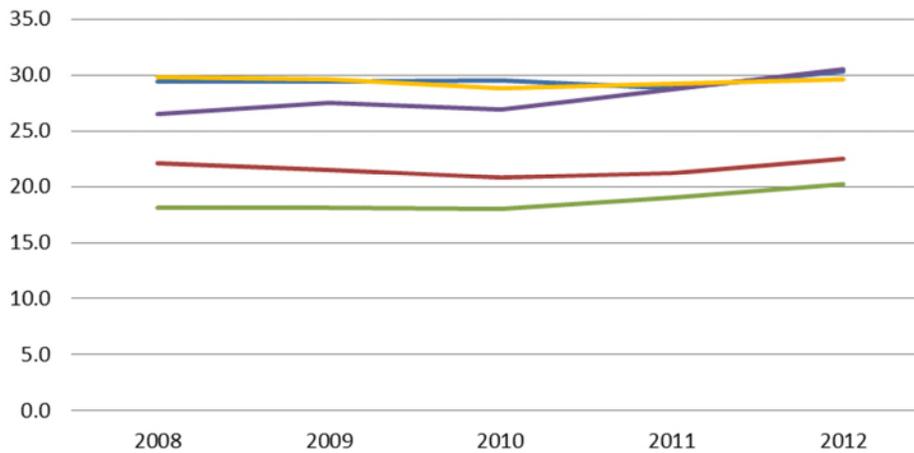
Outcome 1: Children are Born Healthy

%of With Less Than Adequate Prenatal Care.

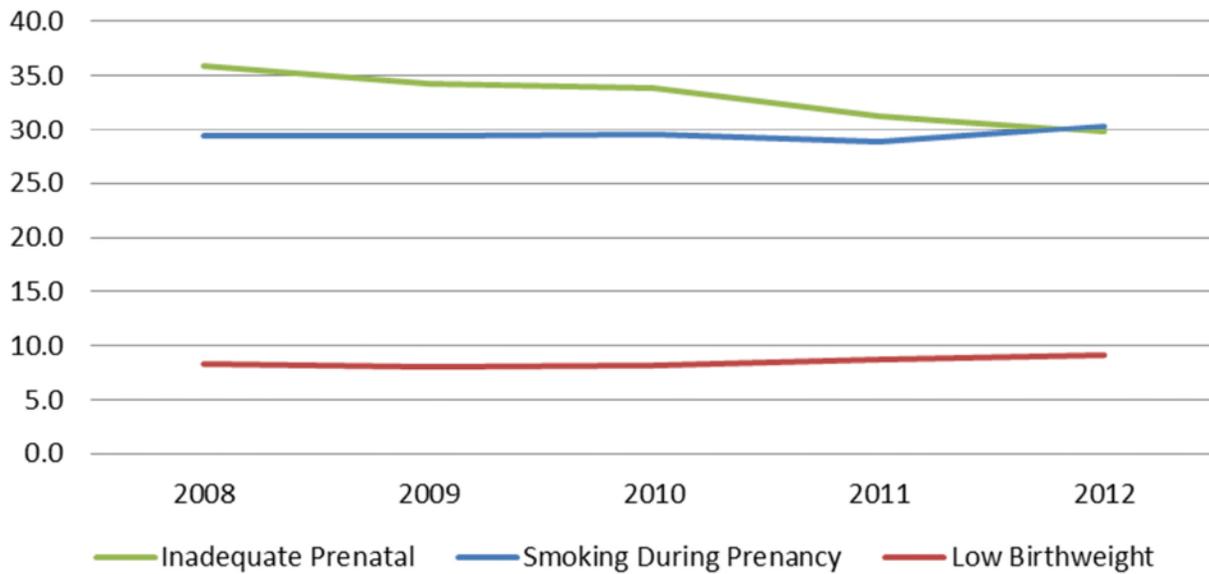


Healthcare during pregnancy and the health of the mother during pregnancy are significant factors to ensure that a child is born healthy.

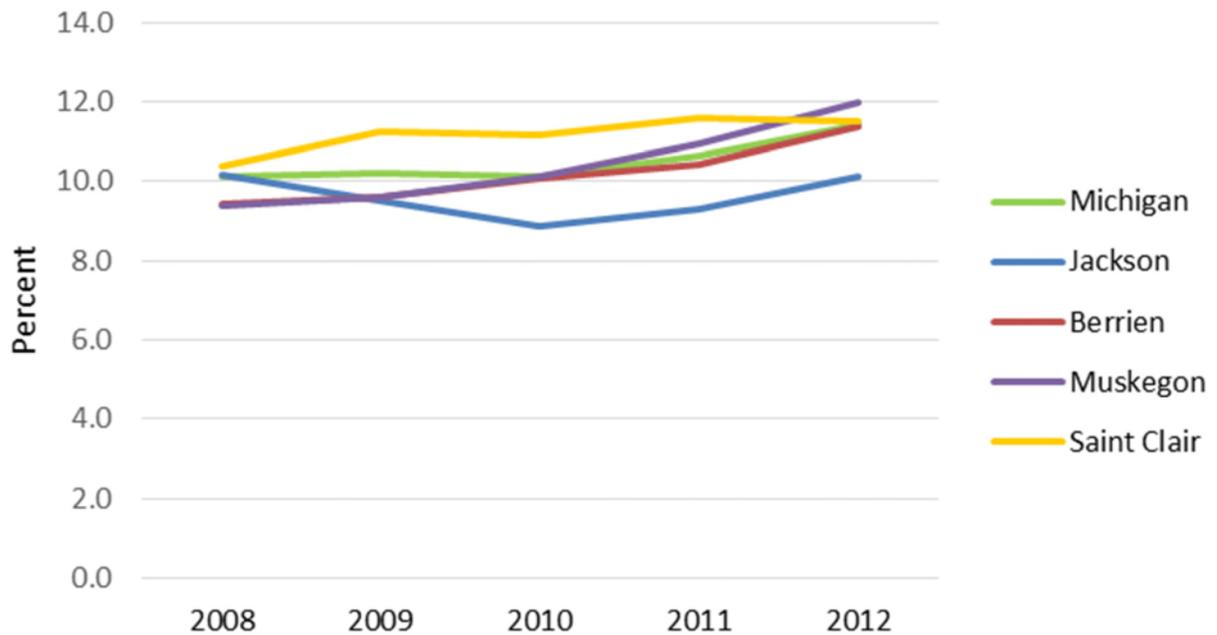
% Live Births to Women Who Smoked During Pregnancy



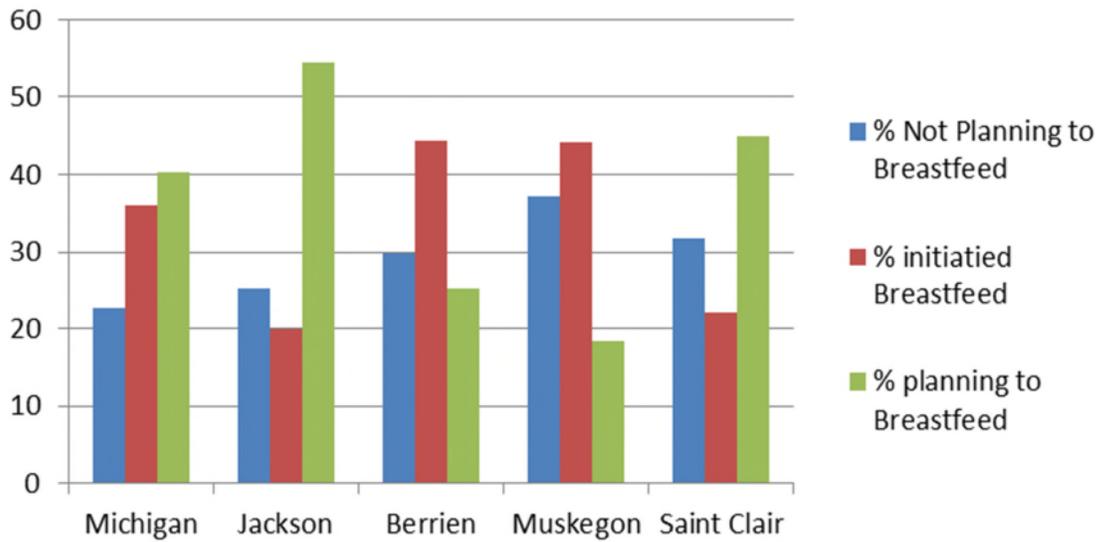
Prenatal/Infant Risk Factors



Preterm Births

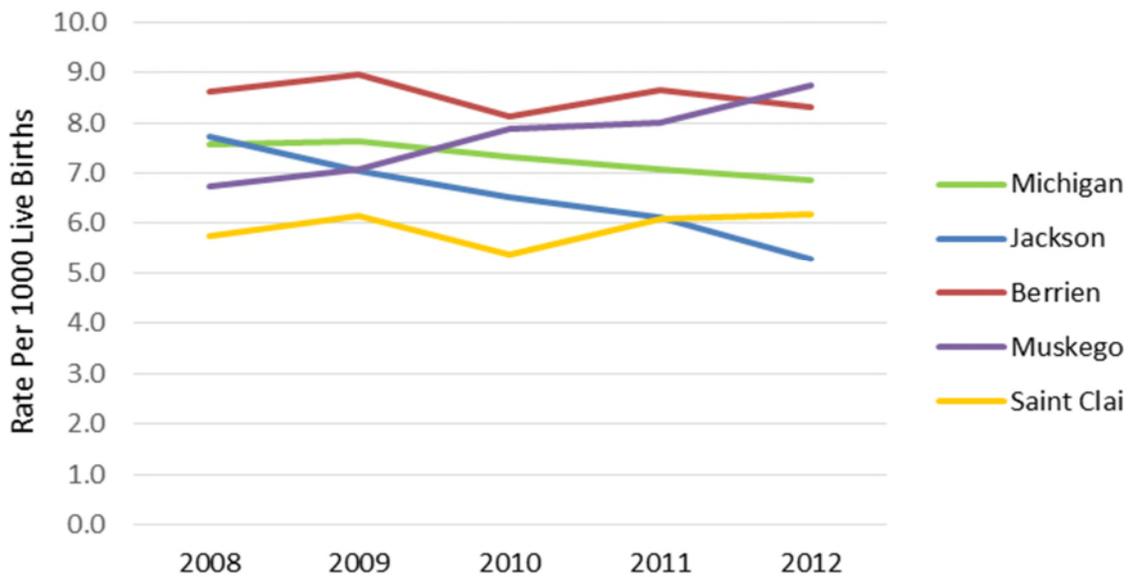


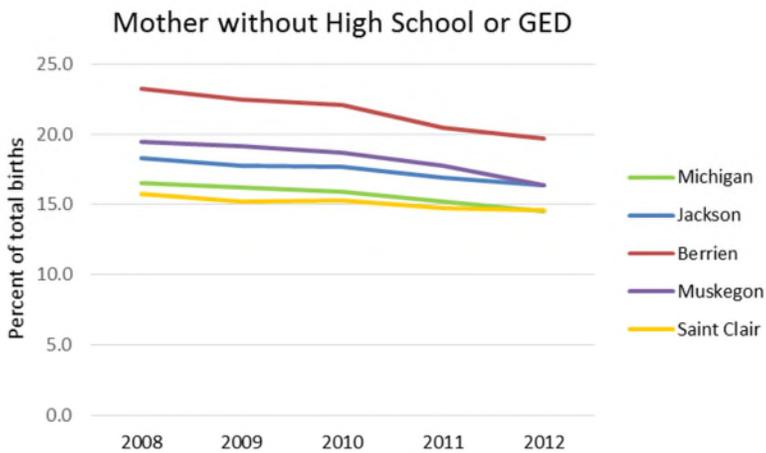
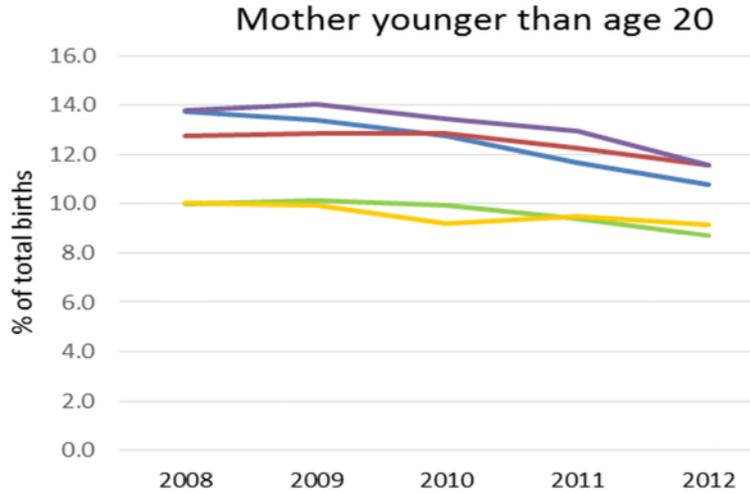
Outcome 2: Children are healthy, thriving, and developmentally on track birth to 3rd grade.



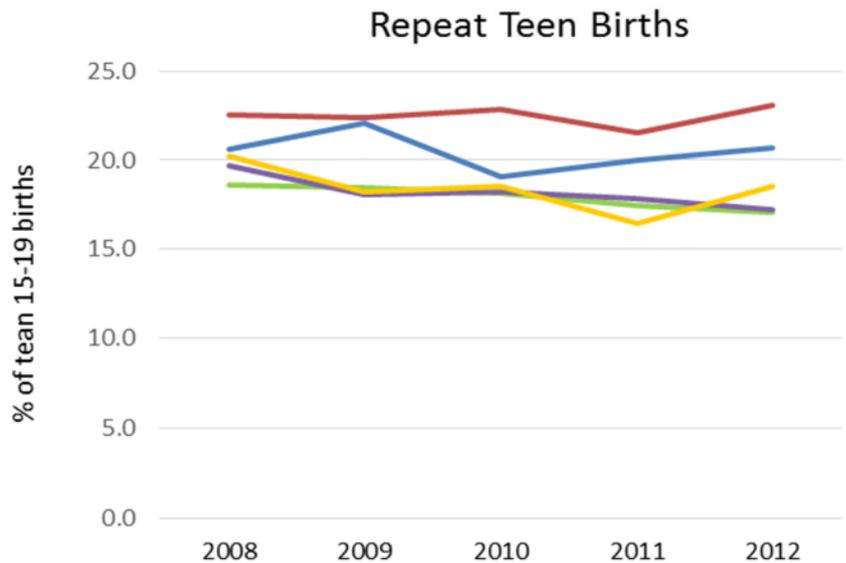
Many factors influence a family and their ability to meet all the needs of their child. Early care can directly influence the rates of growth and the health of infants. Parent age can impact the influences available. Additional stressors can also impact teen parents.

Infant Mortality

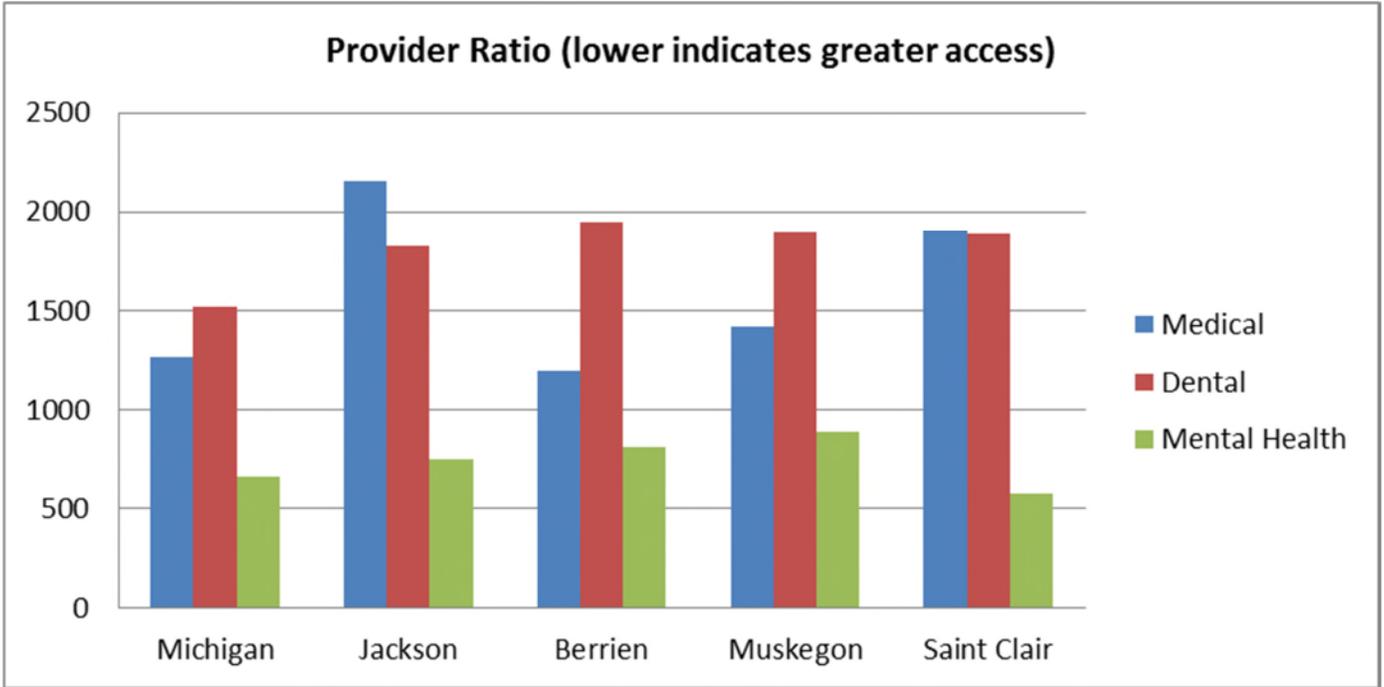




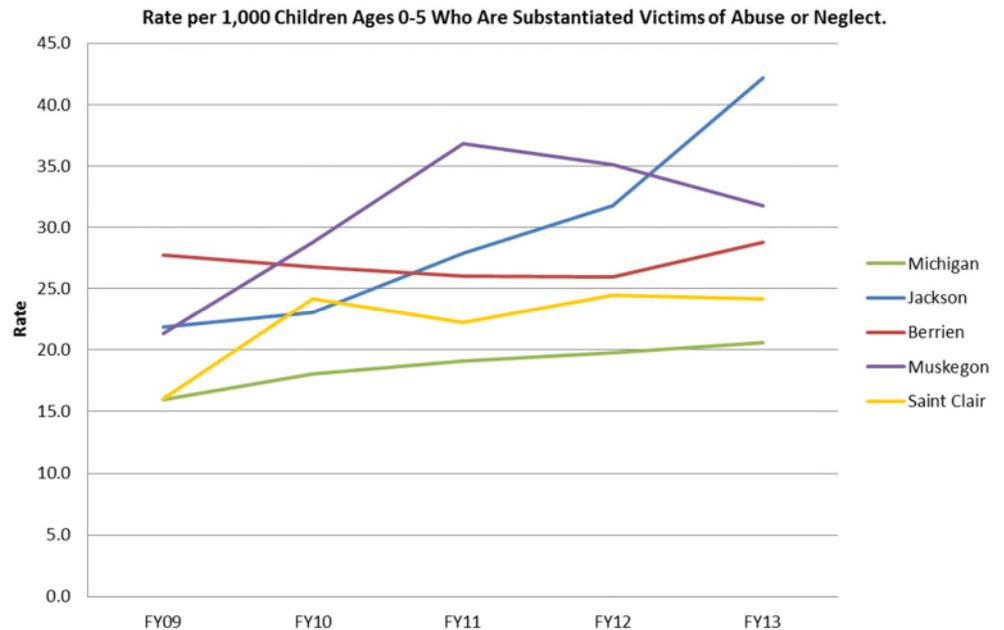
Early indicators for health of infants have been improving for Jackson County. Repeat teen births have not shown much improvement hovering around 20% of teen births. This is higher than Michigan and two peer counties.



Access to primary care providers is a concern in Jackson County. A higher rate indicates that there are more people per provider. This can lead to waiting lists, limited providers accepting Medicaid or private pay patients, and transportation barriers if accessible providers are not located in outlying areas.

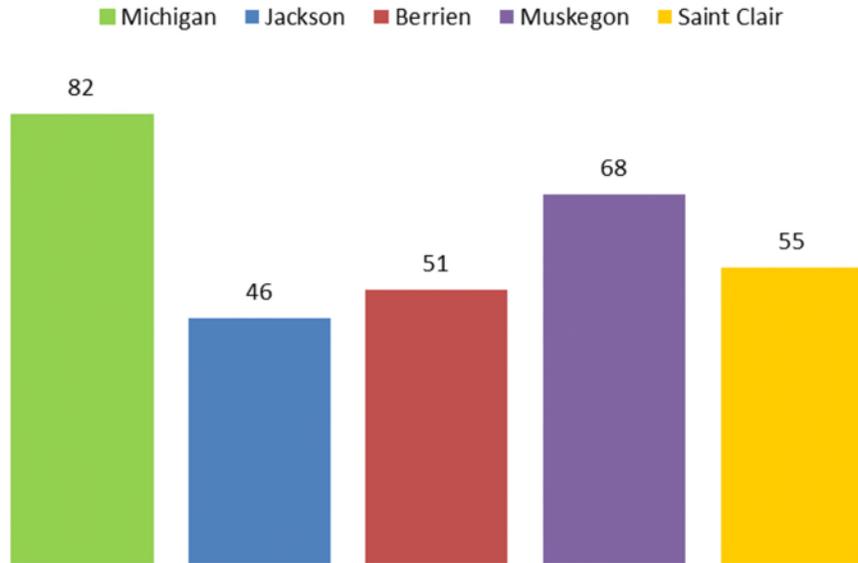


Children who experience child abuse or neglect have greater physical and social emotional health needs.

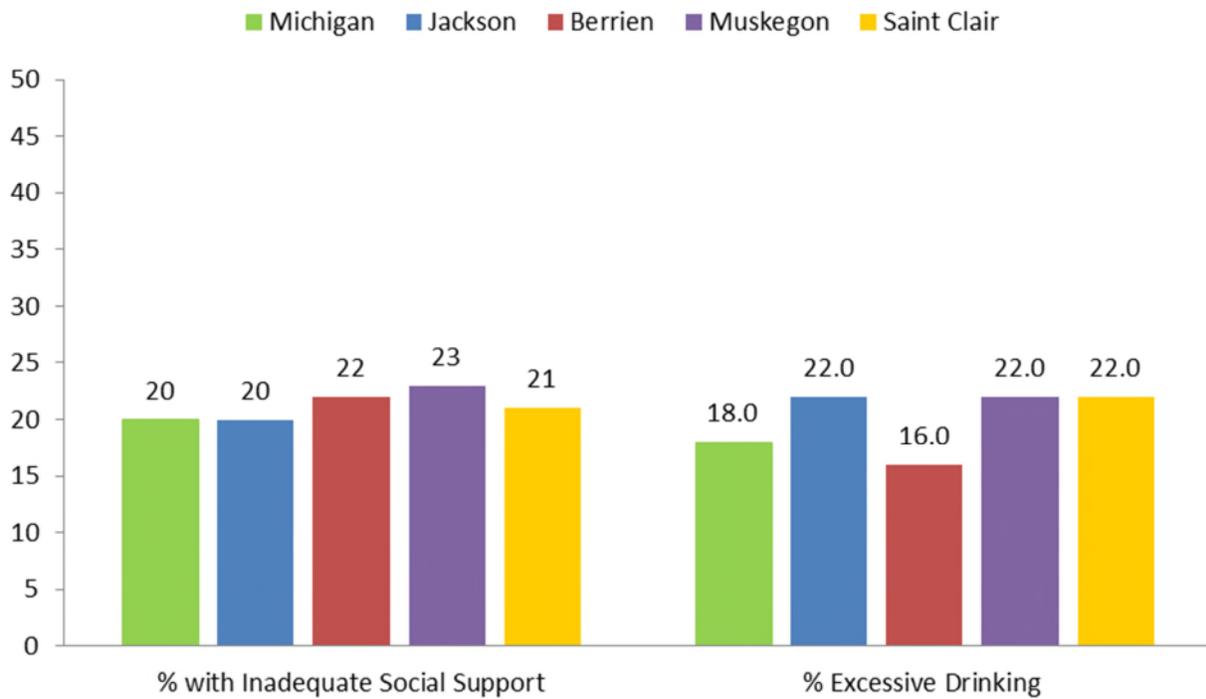


Social Emotional Health Indicators may also point to possible needs in the system.

**County Health Ranking- Social & Economic Indicators
(# 1 is best ranking)**



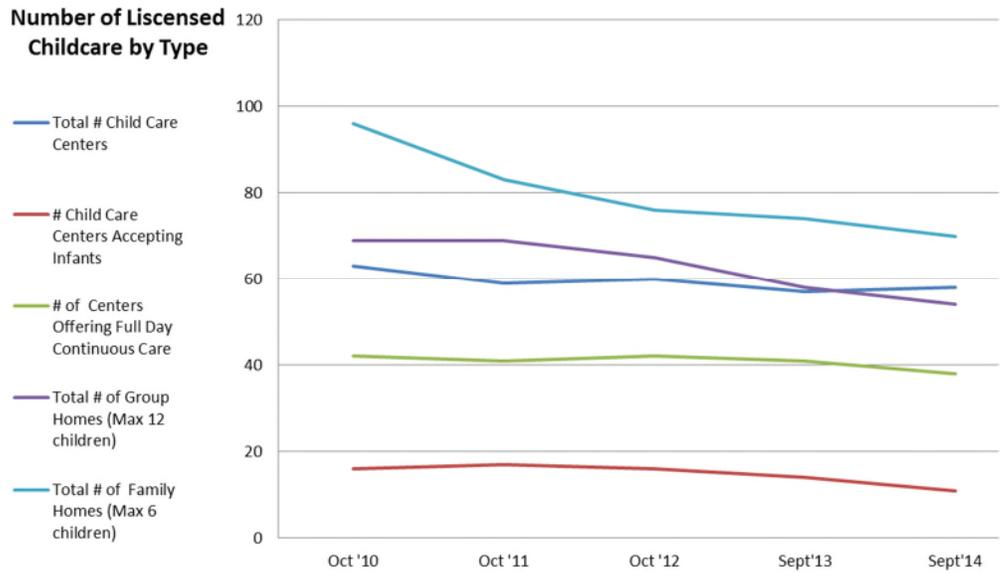
Social Emotional Indicators



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

Although there was an increase in center based care, those accepting infants and young children has decreased. Home based licensed childcare also decreased significantly for families with young children. 67% of Children in Jackson County < Age 6 have All Parents in Labor Force.

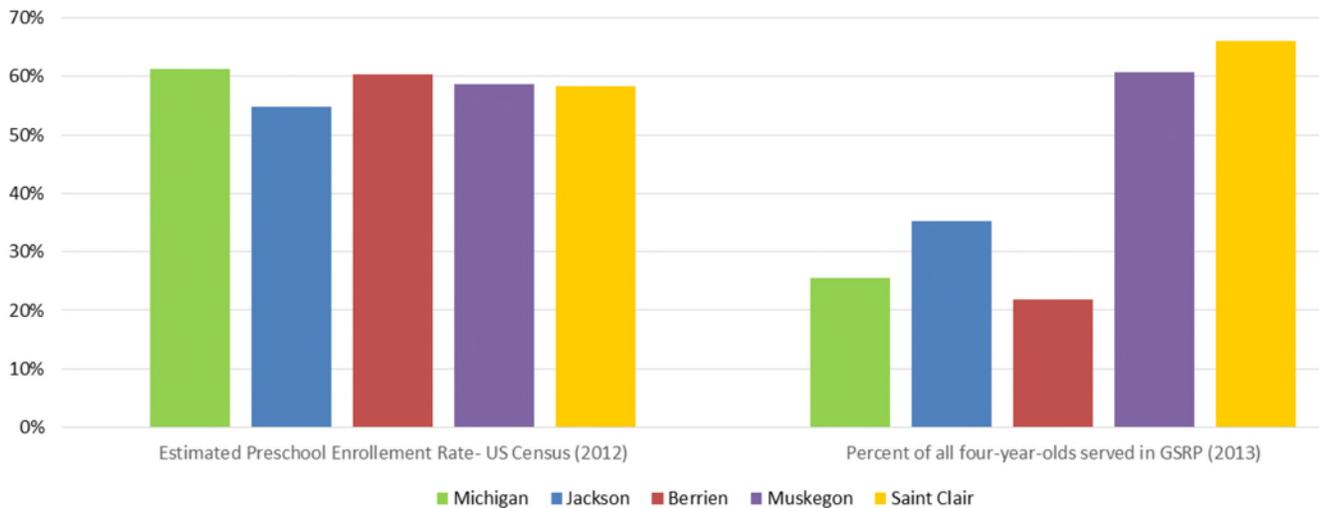
Number of Liscensed Childcare by Type



	2010	2011	2012	2013	2014
Total # Child Care Centers	63	59	60	57	58
# Child Care Centers Accepting Infants	16	17	16	14	11
# of Centers Offering Full Day Continuous Care	42	41	42	41	38
Total # of Group Homes (Max 12 children)	69	69	65	58	54
Total # of Family Homes (Max 6 children)	96	83	76	74	70

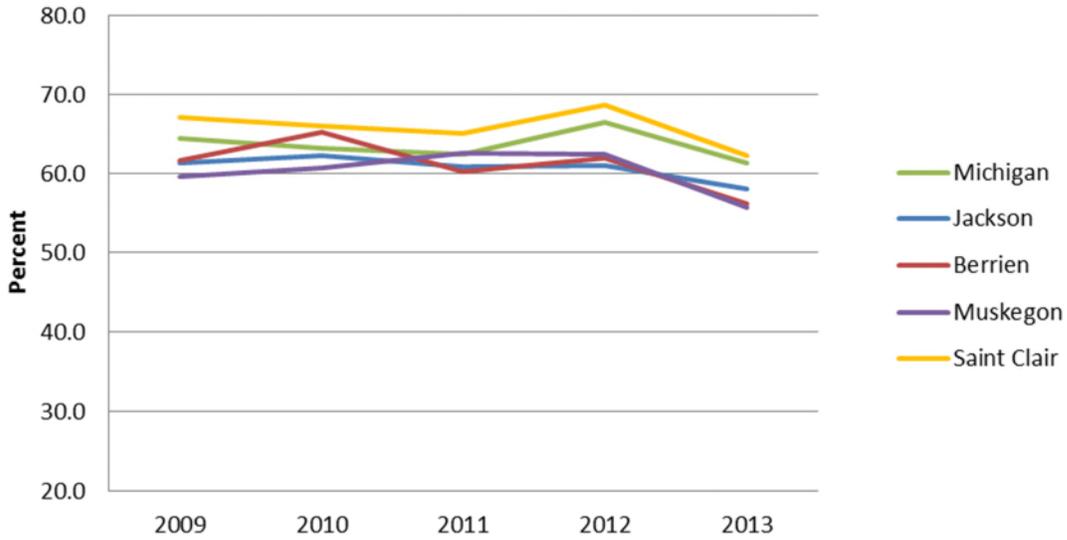
Preparing a child for school requires a partnership between families, schools, childcare providers, support services, and the community.

PreSchool Data

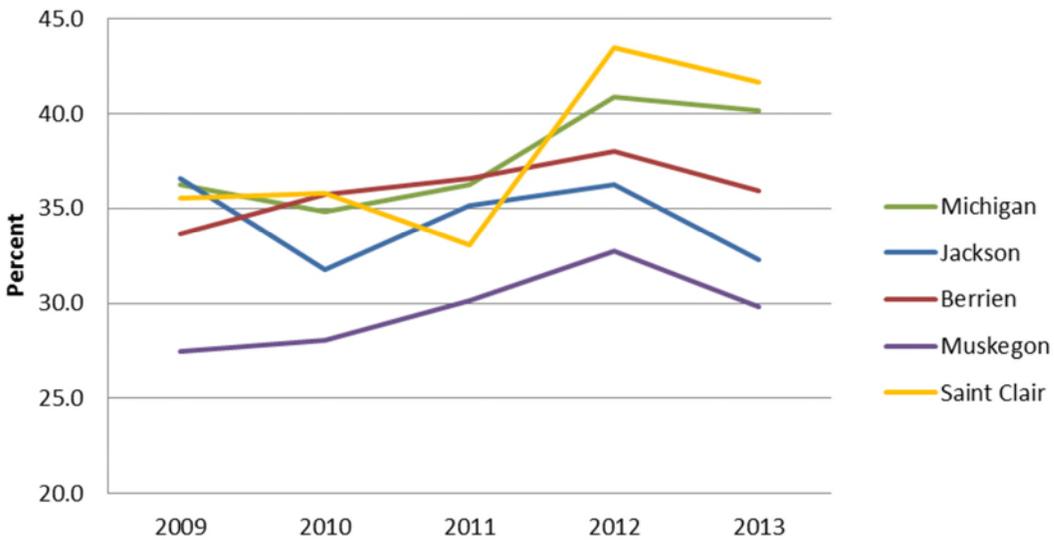


Outcome 4: Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

3rd Grade Reading Proficiency

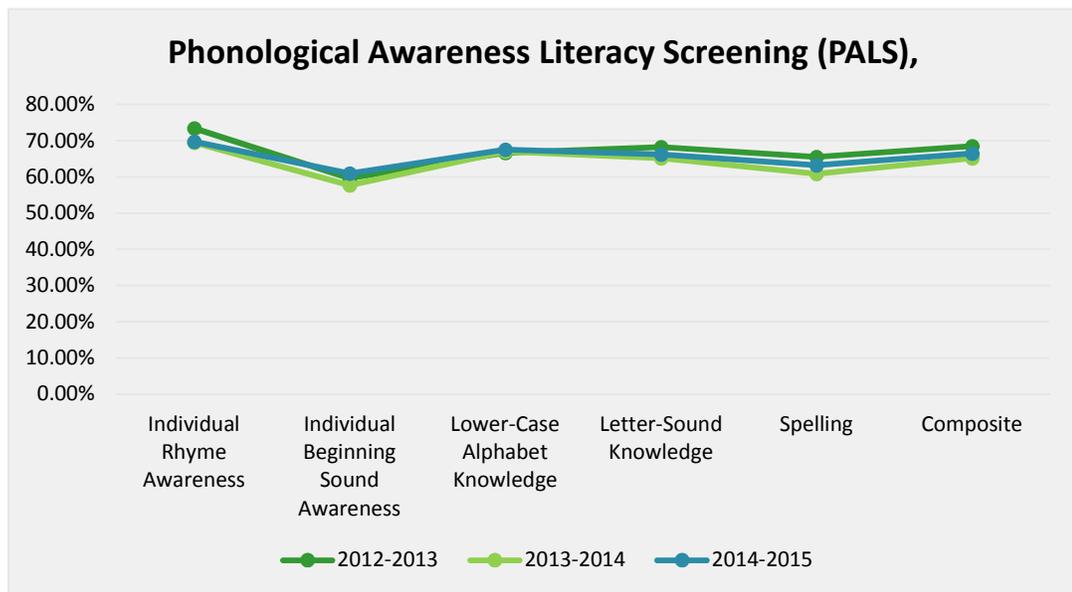


3rd Grade Math Proficiency



Data from three years of Phonological Awareness Literacy Screening (PALS), indicates that there is a consistent pattern of children not meeting specific literacy skills.

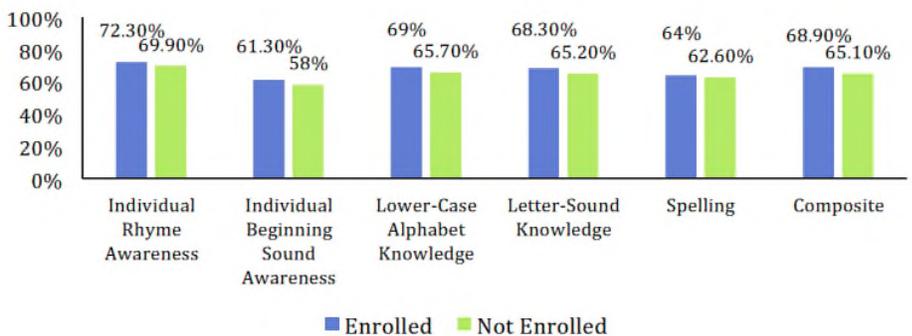
Literacy Skill	2012-2013	2013-2014	2014-2015
Individual Rhyme Awareness	73.44%	69.47%	69.76%
Individual Beginning Sound Awareness	59.63%	57.67%	60.92%
Lower-Case Alphabet Knowledge	66.70%	66.99%	67.57%
Letter-Sound Knowledge	68.24%	65.13%	66.19%
Spelling	65.52%	60.84%	63.26%
Composite	68.50%	65.15%	66.49%



Evaluation data comparing Imagination Library participation and Phonological Awareness Literacy Screening, indicates:

- Children enrolled in Imagination Library performed better.
- Even when controlling for demographic characteristics, participating in Imagination Library was a significant and positive predictor of children's literacy scores.
- The longer a child participated in Imagination Library the greater the impact.

Figure 2b: Percent of Students Enrolled or Not Enrolled in Imagination Library Met or Exceeded PALS Benchmark Assessment in Jackson County Kindergarten from 2012-2015



Analysis of the quantitative data identified strengths and needs within the outcome indicators.

Strengths

- ★ **Unemployment** has steadily decreased since 2009, with a slight uptick in 2013.
- ★ **Prenatal care** has improved and is at the same level as Michigan and better than one peer county.
- ★ Over 50% of women giving birth reported that they plan to **breastfeed**, however rates of initiation was lower than peers and the county.
- ★ **Infant mortality** has steadily declined.
- ★ **Teen births** and mothers without a diploma/GED have decreased.
- ★ Medical, dental, and mental health **provider access** is better than Michigan.
- ★ Jackson County ranks 46 out of 82 for social and economic indicators in the county health ranking system, which is better than all peers.
- ★ Jackson County adults were more likely to report having adequate **social support** than peer counties.
- ★ Evaluation data comparing the Imagination Library participation and Phonological Awareness Literacy Screening, indicates that the program is having an impact on literacy skills for children participating.

Indicated Needs

- **Poverty rates** for Hispanic and African American families are higher.
- The Jackson County rate of children under 18 in **single parent families** increased from 2005 to 2012.
- **Median income** has increased in recent years, but is still lower than it was in 2008.
- **Repeat teen births** have shown a variable trend around 20% of teen births and are higher than Michigan and two peer counties.
- **Smoking during pregnancy** did not change from 2008 to 2011 with a slight uptick in 2012.
- **Low birth weight** increased slightly from 2008 to 2012.
- **Preterm births** saw a decline from 2008 to 2010, but has increased from 2010 to 2012 to a rate of 10%.
- **Primary Care Provider access** is slightly worse than peer counties.
- **Excessive drinking rates** for Jackson County were higher than Michigan and one peer. Rate was the same as two other peers.
- Although there was an increase in center based **care**, those accepting infants and young children has decreased and the overall number decreased.
- Jackson County had a lower **preschool enrollment** rate than Michigan or peers.
- From 2009 to 2013, 3rd grade **reading proficiency** rates have fluctuated around 60% and was lower than Michigan and one Peer County.
- Data from three years of **Phonological Awareness Literacy Screening (PALS)**, indicates that there is a consistent pattern of children not meeting specific literacy skills.
- 3rd grade **math proficiency** rates have fluctuated around 35% and was lower than Michigan and two Peer County.

Unclear Data

Some observations in the data are not clearly positive or negative:

- **Child abuse/neglect rates** have increased along with foster care placement over from 2010 to 2013.
- **Foster care rates** have increased, but it is not clear if it is proportional to the increase in abuse/neglect rates.
- **Utilization** of WIC and food assistance supports have remained constant.



System Scan & Root Cause Analysis

In order to better understand the strengths and needs illustrated by the quantitative data, Jackson GSC members conducted a system scan of the early childhood services and programs. Using a combination of meetings, surveys, and focus groups, input was sought from multiple perspectives: families, direct service providers, community members, and decision makers. Data collected through the system scan process was analyzed and compared to quantitative data. Data was organized into the three mega-headlines with thirteen headlines². Through a group prioritization process, goals were developed from mega-headlines and headlines were identified for root cause analysis:



Goal A: Families and community members understand the importance of and how to provide high quality early childhood learning opportunities.

- ★ RESOURCES: Educators and families have different ideas regarding their roles in kindergarten readiness.
- ★ COMPONENTS: Not all children have access to high quality early learning experiences or early services.
- ★ MINDSETS: Many people (families, providers, community members) have not prioritized a preschool education or preparing children for kindergarten.

Goal B: Service delivery system is accessible and responsive to family needs.

- ★ RESOURCES: Families don't know what help is available and how to meet their needs.
- ★ COMPONENTS: There is an access gap for people who are not eligible for free services and that creates barriers to services.
- ★ CONNECTIONS: Communication between families and providers is lacking or not always effective.
- ★ POWER: Decisions are made about budgets and services without considering the voice of families and direct service providers.

Goal C: Educators are confident and have the resources and support to help families and children.

- ★ RESOURCES: Educators and service agency professionals are not adequately assisting families who struggle with basic needs, difficult behaviors, or need other referrals.
- ★ REGULATIONS: Agencies and schools have barriers in place to communicate with each other.

Goal D: Families, providers, and community members have the knowledge and skills to meet the needs of children age 0-8.

- ★ This is a Cross Cutting goal that addressed numerous headlines from other goals.

Connecting Root Causes to Strategies:

As a result of root cause analysis³, the GSC gained a deeper understanding of conditions that were contributing to the community needs. The root causes were labeled by the system characteristics: Mindsets, Components, Connections, Resources, Power, and Regulations. Utilizing reference materials from the ABL^e Change manual, the members selected strategies that were most likely to impact the cause based on its system label. The strategies were then assembled into an action agenda with goals, objectives, activities, timelines, and person responsible. Root cause charts will be utilized at the end of year 2 and 3 to review progress and assess readiness to address additional conditions in the system.

² See Appendix for complete list of Mega Headlines and Headlines and prioritization results.

³ See Appendix for root cause analysis charts



Goals and Objectives

Alignment with Office of Great Start

Jackson County Great Start Collaborative and Great Start Families, utilizes the guidance provided through the Office of Great Start and **Great Start, Great Investment, Great Future** publication. The ABLe Change framework is aligned with six characteristics of system change. The Office of Great Start has utilized this diagram to show how many of these frameworks are aligned.

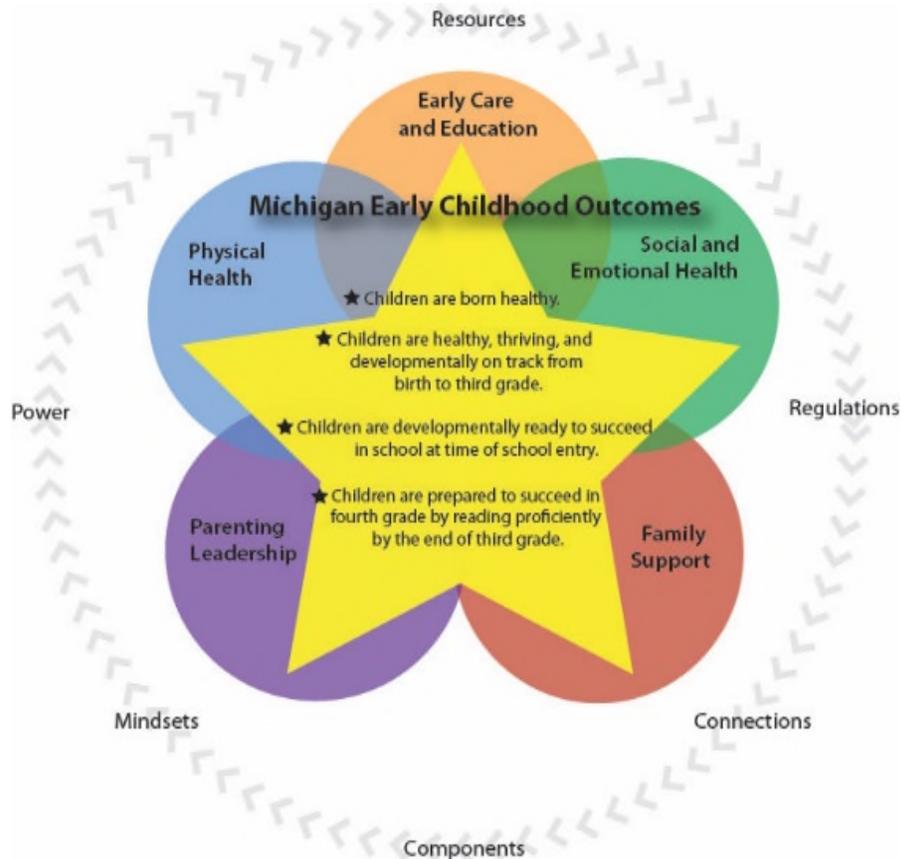
A Five Point Holistic Approach

The Jackson Great Start Action Agenda includes a checklist to ensure that all four outcomes and a holistic approach are utilized.

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

ABLe Change System Characteristics

1. Mindsets
2. Components
3. Connections
4. Regulations
5. Resources
6. Power



Infrastructure Priorities

The GSC also follows the Levers for Change⁴ model developed by Michigan State University during the 2012 GSC Evaluation. To ensure that the strategic plan is aligned with research that supports collaborative work, Jackson County Great Start conducted a check in with GSC members regarding the Levers for Change. Based on results of the check in, the GSC set priorities and integrated many of the levers into Action Agenda activities.

Continue to Support and Maintain

- Root Cause Focus
- Effective Partnerships

Focus Areas for Year 1

- Parent Leadership and Voice
- Strong Relational Network
- Local Champions
- Readiness for Change

Future Areas for Discussion

- Equity Orientation
- Active Constituents

⁴ Foster-Fishman and Watson, 2012. Summary of check in report included in appendix.





2016-2018 Goals

- ★ **Goal A:** Families and community members understand the importance of and how to provide high quality early childhood learning opportunities.
- ★ **Goal B:** Service delivery system is accessible and responsive to family needs.
- ★ **Goal C:** Educators are confident and have the resources and support to help families and children.

Objectives & Strategies

Goal A: Families and community members understand the importance of and how to provide high quality early childhood learning opportunities.

- ✓ **Objective A-1:** There is a common definition of kindergarten readiness across districts and between elementary educators and pre-k teachers and childcare providers.
 - ★ Strategy 1: Create a common definition of school readiness
 - Headline: Educators and families have different ideas regarding their roles in kindergarten readiness. RESOURCES
 - Root Cause: Different schools are different definitions/criteria for kindergarten readiness: REGULATIONS (practices)
 - ★ Strategy 2: Build strong connections and relationships between pre-k programs and elementary principals and school staff.
 - Headline: Standards and outcomes are not shared between preschool programs, elementary schools, and administrators.
 - Root Cause: Each group operates in silo and view themselves as separate. MINDSETS
 - Root Cause: Elementary schools don't help build connections. CONNECTIONS
 - ★ Strategy 3: Create connections between special education and curriculum based community playgroups in order to identify developmental delays, provide education and make referrals for screening and early intervention services.
 - Headline: Children are coming into preschool programs with significant delays that were not identified in early learning settings and services such as playgroups and home visiting. COMPONENT
 - Root Cause: Providers are not making referrals to services because they are not trained to screen children and they do not have a connection with programs that can provide screening. CONNECTIONS



- ✓ **Objective A-2: Families have access to high quality childcare including those families in the access gap.**
 - ★ Strategy 1: Increase connections with employers.
 - Headline: Not all children have access to high quality early learning experiences or early childhood services. COMPONENTS
 - Root Cause: Hours of service do not accommodate non-traditional working hours or weekend shifts. COMPONENTS
 - There is a lack of awareness of childcare options. RESOURCES
 - Employers do not understand the value of childcare and a quality early childhood system to their business. MINDSETS
 - ★ Strategy 2: Create childcare services to wrap around preschool hours (before, after)
 - Root Cause: Transportation is a barrier to participating in preschool (especially half day programs) RESOURCES
 - There is a lack of partnerships between GSRP, Head Start, Private preschool, and childcare providers. CONNECTIONS
 - ★ Strategy 3: Increase family access to preschool information.
 - Root Cause: Parents are left uncertain during the time between an application and interest to an actual placement or award determination is too long
 - State funded programs are not given final slot numbers until end of July
 - There is a lack of communication with parents during the enrollment/eligibility process so parents find other childcare to make sure they are covered. CONNECTIONS

Goal B: Service delivery system is accessible and responsive to family needs.

- ✓ **Objective B-1: Families and providers have access to information about services and process for getting services.**
 - ★ Strategy 1: Invite/identify additional GSC members to establish community champions to promote services
 - Headline: Families don't know what help is available and how to meet their needs. RESOURCES
 - Root Cause: There are not community or neighborhood leaders that can spread information via word of mouth RESOURCES
 - Some families do not have good support systems or community connections. RESOURCES
 - ★ Strategy 2: Establish connections and relationships with pediatricians.
 - Headline: Families don't know what help is available and how to meet their needs. RESOURCES
 - Root Cause (s): Standards and outcomes are not shared between preschool programs, elementary schools, and administrators.
 - Each group operates in silo and view themselves as separate. MINDSETS
 - Elementary schools don't help build connections. CONNECTIONS



✓ **Objective B-2: Increase the level of and improve the effectiveness of communication between families and providers.**

★ Strategy 1: Develop and implement a parent mentoring program

- Headline: Communication between families and providers is lacking or not always effective.

CONNECTIONS

- Root Causes: Parents lack the power and skills to communicate and advocate for their needs POWER
 - Parents are afraid and lack confidence RESOURCES
 - Parents lack experience and role models RESOURCES
 - Lack of peer mentors CONNECTIONS

✓ **Objective B-3: Families have a voice in the decision making process.**

★ Strategy 1: Use ongoing system scan and root cause processes to create a collective voice for families.

- Headline: Decisions are made about budgets and services without considering the voice of families and direct service providers. POWER

Root Causes

- Parents lack the power and skills to communicate and advocate for their needs POWER
- Parents are afraid and lack confidence RESOURCES
- Parents lack experience and role models RESOURCES
- When parents have a complaint, it is not always addressed and immediate needs do not get immediate response POWER
- Don't have a process in place to use parent input

★ Strategy 2: Increase skills of parents involved with parent coalition and GSC

Root Causes

- Parents allow others to speak for them because...
 - They feel less educated, and are insecure
 - Families sit on a board but the rest of the board talks over the parent.
 - Parents perceive others in the room are the experts
 - No process in place to ensure all board members can share thoughts
 - Practice has been to speak up if you have something to say
 - It is assumed if a parent member doesn't speak up they don't care when they really feel unvalued.
- Although some structures are in place for parent input, (i.e. Strategy meetings, GS Parent Coalition, Cradle 2 Career, most groups now required to have parents participate in communities) only some organizations really include this input in decision making.
 - No real way for parents to be involved
 - Limited meeting time
 - Hard to reach locations

✓ **Objective B-4: Decision makers are provided understandable information regarding the needs of families.**

★ Strategy 1: Utilize information in the strategic plan to begin conversation around value of diverse perspectives.

- Headline: Power is primarily from state. State doesn't incorporate input from communities. POWER

Root Causes

- Policy makers do not see long term impact of seeking input. MINDSET
- Some regulations do not reflect family needs because language used by early childhood services providers is not easy for all decision makers to understand. CONNECTIONS



Goal C: Educators are confident and have the resources and support to help families and children.

✓ **Objective C-1: Increase coordination of services and level of and effectiveness of communication between providers.**

- ★ Strategy 1: Increase GSC use of website for communication between providers
 - Headline: Agencies and schools have barriers in place to communicate with each other. REGULATIONS
 - Root Cause: There aren't enough opportunities to network and share information. CONNECTIONS

Cross Cutting Goal D: Families, providers, and community members have the knowledge and skills to meet the needs of children age 0-8.

- ✓ **Objective D-1:** Families and providers have the information, services, and tools to support children in becoming ready for kindergarten.
- ✓ **Objective D-2:** Preschool education is viewed as a priority to prepare children for kindergarten.

Also related to Objective A-1, Objective A-2, Objective B-1, Objective B-2, Objective B-4

- ★ Strategy 1: Develop and implement a comprehensive marketing plan that addresses various root causes listed throughout the action agenda using connections and natural touches.
 - Headline 1: Many people (families, providers, community members) have not prioritized a preschool education or preparing children for kindergarten. MINDSETS
Root Causes:
 - Parents have a lack of knowledge on the first 5 years brain development and window they are missing. RESOURCES
 - Expectations have changed and parents think that the preparation they had as a child is still adequate for today's kindergarten. MINDSET
 - Parents don't know their role in the school preparation process. RESOURCES
 - Families believe that preschool is similar to daycare because they do not know the value of play and about brain development and early child learning. RESOURCES
 - Preschool is not promoted as a way to prepare kids for kindergarten because only signing up is advertised and not the benefits/comparison of readiness of children who go and don't go REGULATION/PRACTICE
 - Headline: Not all children have access to high quality early learning experiences or early childhood services. COMPONENTS
Root Causes:
 - Lack of knowledge of what is available and where preschools are available. RESOURCES
 - Families are not aware of changed levels of income for eligibility and childcare subsidy funds. RESOURCES
 - Parents don't see who attends parenting programs and what they will learn. CONNECTIONS
 - Pediatricians are not sharing information with parents because they do not know what is available and there is not enough time in the appointment. RESOURCES;
REGULATIONS/PRACTICES



- ★ Strategy 2: Partner with organizations that provide professional development which incorporates information related to root causes.
 - **Headline: Families and providers lack information RESOURCES**
Root Causes:
 - Caregivers are not aware of factors other than income that can make a child eligible for programs or subsidies. RESOURCES
 - Service information and eligibility changes frequently making it difficult for providers to make referrals. COMPONENTS
 - We're expecting teachers to do too much i.e.: Trauma Training is super but if the 3rd grader has the brain development of a 5 year old other services need to kick in and teachers don't know how or where to get those services.
 - Children are coming into preschool programs with significant delays that were not identified in early learning settings and services such as playgroups and home visiting CONNECTIONS.
 - May providers do not have the knowledge, skills, or resources to identify behaviors and developmental delays that are linked to trauma. RESOURCES
 - Limited training on working with traumatized children and children with social/emotional issues has only focused on education providers.
 - Overarching cause behind many of the root causes is that families do not feel respected and are judged MINDSETS by providers and that there is a lack of trust CONNECTIONS
 - Lack of respect by providers for parents and lack of cultural competency MINDSETS
 - Providers lack a cultural understanding of teen parenthood, poverty, Spanish speaking. RESOURCES; MINDSETS
 - Educators and service agency professionals have not received adequate (ongoing) poverty training. They do not understand what effort is required to function in society RESOURCES
 - Staff do not meet families where their needs are at (phones, technology, housing) CONNECTIONS
 - Providers do not use effective communication strategies. CONNECTIONS
 - Parents are not communicated with at their level of understanding RESOURCES
 - Families don't know the "language" of providers (schools) that use jargon. CONNECTIONS
 - Some families perceive that their kids with IEP's get blown off. MINDSETS
 - Head Start teachers are not prepared and taught how to handle IEP's & disabilities. RESOURCES

Implementation Considerations

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

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



Action Agenda

Early Childhood Action Agenda – Jackson County Great Start Collaborative

<p>Targeting the following early childhood outcomes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Children are born healthy. <input checked="" type="checkbox"/> Children are healthy, thriving, and developmentally on track from birth to third grade. <input checked="" type="checkbox"/> Children are developmentally ready to succeed in school at time of school entry. <input checked="" type="checkbox"/> Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade. 	<p>Addresses the following early childhood components:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Pediatric and Family Health <input checked="" type="checkbox"/> Social and Emotional Health <input type="checkbox"/> Parenting Leadership <input checked="" type="checkbox"/> Child Care and Early Learning <input checked="" type="checkbox"/> Family Support 		
<p>% and # of children not reaching targeted outcome(s), broken down by demographics when possible (Targeted Problem(s)):</p> <ul style="list-style-type: none"> → Data from three years of Phonological Awareness Literacy Screening (PALS), indicates that there is a consistent pattern of children not meeting specific literacy skills. → Evaluation data comparing the Imagination Library participation and Phonological Awareness Literacy Screening, indicates that the program is having an impact on literacy skills for children participating. → Although there was an increase in center based care, those accepting infants and young children has not decreased and the overall number decreased. → Jackson County had a lower preschool enrollment rate than Michigan or peers. → From 2009 to 2013, 3rd grade reading proficiency rates have fluctuated around 60% and was lower than Michigan and one Peer County. → 3rd grade math proficiency rates have fluctuated around 35% and was lower than Michigan and two Peer County. 			
<p>Goal A: Families and community members understand the importance of and how to provide high quality early childhood learning opportunities.</p>			
<p>Objective A-1: There is a common definition of kindergarten readiness across districts and between elementary educators and pre-k teachers and childcare providers.</p>			
<p>Strategy 1: Create a common definition of school readiness</p>	<table border="1" style="width: 100%;"> <tr> <td data-bbox="726 1015 1274 1253"> <p>Prioritized root causes related to the objective and addressed by this strategy:</p> <ul style="list-style-type: none"> • Headline: Educators and families have different ideas regarding their roles in kindergarten readiness. RESOURCES • Root Cause: Different schools are different definitions/criteria for kindergarten readiness: REGULATIONS (practices) </td> <td data-bbox="1274 1015 1934 1253"> <p>Performance Measure:</p> <p>At least six school districts agree to adopt the core school readiness listing with an option to add specific district school readiness skills. Goal is to have all 13 school districts agreeing to adopt the core school readiness listing, with an option to add specific district readiness skills by December 2019.</p> </td> </tr> </table>	<p>Prioritized root causes related to the objective and addressed by this strategy:</p> <ul style="list-style-type: none"> • Headline: Educators and families have different ideas regarding their roles in kindergarten readiness. RESOURCES • Root Cause: Different schools are different definitions/criteria for kindergarten readiness: REGULATIONS (practices) 	<p>Performance Measure:</p> <p>At least six school districts agree to adopt the core school readiness listing with an option to add specific district school readiness skills. Goal is to have all 13 school districts agreeing to adopt the core school readiness listing, with an option to add specific district readiness skills by December 2019.</p>
<p>Prioritized root causes related to the objective and addressed by this strategy:</p> <ul style="list-style-type: none"> • Headline: Educators and families have different ideas regarding their roles in kindergarten readiness. RESOURCES • Root Cause: Different schools are different definitions/criteria for kindergarten readiness: REGULATIONS (practices) 	<p>Performance Measure:</p> <p>At least six school districts agree to adopt the core school readiness listing with an option to add specific district school readiness skills. Goal is to have all 13 school districts agreeing to adopt the core school readiness listing, with an option to add specific district readiness skills by December 2019.</p>		



Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
1. Survey teachers, childcare providers and parents to identify the K readiness skills and criteria currently being utilized	School Readiness committee	October 2015	Email address	# of completed surveys
2. Pre-K and Kindergarten Teachers provide input at meetings.	School Readiness Committee; GSC Staff	April 2016	Time; access to Pre-K and Kindergarten staff	Invitations extended to 30 Pre-K and Kindergarten teachers and staff members.
3. Meet with elementary principals to discuss expectations for Kindergarteners.	School Readiness Committee; GSC Staff	July 2016	Time; agenda item for principals meeting	Presentation made at Principals meeting with follow up to those schools not in attendance.
4. Develop a core list of criteria to be utilized throughout the county.	School Readiness Committee; GSC Staff	October 2016	Consensus and support for core skills	Readiness list is ready for review and approval.
5. Create a family friendly infographic that includes requirements for kindergarten, core readiness skills, registration information, and information about additional skills required at individual districts.	GSC Staff; contractors	January 2016	Printing funds; time; ongoing input during development of teachers and preschools	Infographic is provided to the marketing committee.
6. Incorporate Kindergarten Readiness Infographic in marketing plan.	GSC Staff	April 2016	Infographic	Infographic is completed and inserted into marketing materials



Strategy 2: Build strong connections and relationships between pre-k programs, elementary principals and school staff.	Prioritized root causes related to the objective and addressed by this strategy: <ul style="list-style-type: none"> • Standards and outcomes are not shared between preschool programs, elementary schools, and administrators. <ul style="list-style-type: none"> ○ Each group operates in silo and view themselves as separate. MINDSETS ○ Elementary schools don't help build connections. CONNECTIONS 	Performance Measure: Communication between childcare, preschool, and kindergarten teachers increases as indicated by utilization of communication venues created under this strategy.		
Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
1. Develop a process to maintain an updated list of childcare, preschool providers, and kindergarten teachers.	GSC staff, Regional Resource Center	November 2015	Email addresses, names	Listing has been created.
2. Develop three venues to promote direct communication between childcare, preschool, and kindergarten teachers (examples) <ul style="list-style-type: none"> a. Closed Facebook Group b. Speed networking or PD breakfasts c. Newsletter d. Blog or other online forum 	GSC staff, GSRP Advisory Committee	January 2016	Creation of Facebook account, newsletter, online forum and speed networking opportunities	Facebook account is created. Newsletter has been developed. Online forum has been established. Speed networking opportunities have been identified.
3. Meet with elementary principals to discuss the GSC and invite to become members of various committees and groups.	GSC coordinator	December 2015	Meeting dates, times and location of elementary principal meeting	Attend elementary principal meeting.
4. Obtain input from school principals and Pre-K and Kindergarten staff regarding communication options.	GSC staff	December 2015	Listing of school principals, Pre-K staff and Kindergarten staff	Obtain input by sending emails to gain feedback, attending principal meetings and attending early childhood network groups.
5. Refine and launch communication methods.	GSC staff	December 2016	Feedback	System updated



<p>Strategy 3: Create connections between special education and curriculum based community playgroups in order identify developmental delays, provide education and make referrals for screening and early intervention services.</p>	<p>Prioritized root causes related to the objective and addressed by this strategy:</p> <ul style="list-style-type: none"> Children are coming into preschool programs with significant delays that were not identified in early learning settings and services such as playgroups and home visiting. COMPONENT <ul style="list-style-type: none"> Providers are not making referrals to services because they are not trained to screen children and they do not have a connection with programs that can provide screening. CONNECTIONS 		<p>Performance Measure:</p> <ul style="list-style-type: none"> Parents in the community playgroups know how to access special education resources and all families feel comfortable in the playgroup environment. The number of referrals to the Birth to 3 team at the ISD will increase. Inclusion opportunities will improve for special education children to attend community playgroups in natural environments. 		
<p>Activities (small wins promoting the strategy and addresses root causes)</p>	<p>Persons or Groups Responsible</p>	<p>Target Dates</p>	<p>Resources Needed</p>	<p>Progress Measures (outputs of activities):</p>	
<p>1. Identify existing opportunities for special education to connect with more parents.</p>	<p>Birth to 3 team at ISD, GSC staff, Great Start Families, Family Support Committee</p>	<p>November 2015</p>	<p>Community resource listing and special education programs/supports</p>	<p>Opportunities will be identified</p>	
<p>2. Integrate special education staff (Birth to 3 team) into playgroups.</p>	<p>Birth to 3 team at ISD; GSC Playgroup Staff</p>	<p>November 2015</p>	<p>Calendar of dates, times and locations of community playgroups</p>	<p>Birth to 3 team (ISD) will begin attending community playgroups</p>	
<p>3. Invite playgroup and home visiting staff to events/trainings where they can connect with and learn about special education and developmental delays before age 4 and project find.</p>	<p>GSC staff, Birth to 3 team at ISD, Regional Resource Center, Child Care Network, Great Start Families, Community Action Agency</p>	<p>August 2016</p>	<p>Listing of events Trainings on how to identify special education needs and developmental delays</p>	<p>Playgroup and home visiting staff will have received more knowledge about developmental delays and special education needs.</p>	
<p>4. Invite special education (Birth to 3 team) and project find staff to present or join committees and advisory groups where playgroup and home visiting staff already convene.</p>	<p>GSC staff, Jackson County Health Dept., Dept. of Health and Human Services, Great Start Families, Community Action Agency, Family Support Committee</p>	<p>December 2015</p>	<p>Identify groups and locations where playgroup and home visiting staff already convene</p>	<p>The GSC committees will see an increased membership from special education providers. Listing of groups where playgroup and home visiting staff already convene will be completed.</p>	



5. Explore feasibility incorporating screenings into playgroups and home visiting programs.	GSC staff, Birth to 3 team at ISD, GSC Playgroup staff, Jackson County Health Department, Dept. of Health and Human Services, Community Action Agency, Family Support Committee	March 2016	Identify cost of screenings. Identify who will administer screenings and review them. Talk with home visiting and playgroup staff regarding feasibility.	Feasibility data will be compiled that was gathered from home visiting and playgroup staff. Cost of screenings will be known. Administration and review of screenings will have been determined.
6. Creation of a flyer to indicate when and where playgroups are located; as well as helpful resources for children and families.	GSC staff, Family Support Committee	October 2015	Listing of resources available for children and families in Jackson County. Dates, times and locations of community playgroups.	Flyer is completed and distribution begins.
7. Obtain brochures from the Birth to 3 Team, at the ISD, that educate families on special education resources and referrals.	GSC staff, Birth to 3 team at ISD, GSC playgroup staff	November 2015	Completion of brochure.	Pick up brochures to distribute to community playgroups.
8. Develop a community playgroup page on the Great Start Collaborative of Jackson County’s web-site.	GSC staff	November 2015	Playgroup dates, times and locations for Jackson County. Narrative content for playgroup page.	Playgroup page is completed on Great Start Collaborative of Jackson County’s web-site.



Objective A-2: Families have access to high quality childcare including those families in the access gap.				
Strategy 1: Increase connections with employers.		Prioritized root causes related to the objective and addressed by this strategy: <ul style="list-style-type: none"> • Headline: Not all children have access to high quality early learning experiences or early childhood services. COMPONENTS • Root Cause: Hours of service do not accommodate non-traditional working hours or weekend shifts. COMPONENTS <ul style="list-style-type: none"> ○ There is a lack of awareness of childcare options. RESOURCES ○ Employers do not understand the value of childcare and a quality early childhood system to their business. MINDSETS 		Performance Measure: 3 businesses are engage in the GSC work.
Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
1. Identify existing licensed childcare programs and hours of service.	Regional Resource Center, Child Care Network, GSC staff, Family Support Committee	December 2015	Listing of all licensed childcare programs and their hours of service	Listing will be complete
2. Create a list of potential childcare partners for weekend and/or evening care.	GSC staff, Regional Resource Center, Child Care Network, Jackson Educators of Young Children, Family Support Committee	January 2016	Contact potential childcare partners to gauge their willingness and/or ability to offer weekend and evening care	Listing of potential childcare partners for weekend and/or evening care will be complete
3. Identify materials developed in marketing plan (eligibility, Kindergarten readiness, etc) to use with employers.	GSC staff, Child Care Network, Regional Resource Center, Great Start Families, Family Support Committee	January 2016	Materials	Materials are ready for distribution
4. Meet with employers (Employee Assistance Program) to develop ways to increase knowledge of available care options and discuss meeting gaps in available services (i.e. no weekend care or evening hours). Potential solutions may include a paid guarantee for off hour slots via partnership with existing care providers.	GSC staff, Child Care Network, Regional Resource Center, Great Start Families, Family Support Committee	February 2016	Listing of potential employers to talk with. Listing of what childcare is currently available and at what times. Find out what gaps employers see in childcare options for their employees.	Feedback is obtained from employers on what they feel the need is and how they might be able to collaborate in closing identified gaps



Strategy 2: Create childcare services to wrap around preschool hours (before, after)	Prioritized root causes related to the objective and addressed by this strategy: <ul style="list-style-type: none"> • Transportation is a barrier to participating in preschool (especially half day programs) RESOURCES <ul style="list-style-type: none"> ○ There is a lack of partnerships between GSRP, Head Start, Private preschool, and childcare providers. CONNECTIONS 	Performance Measure: There are 2 additional preschool locations where wrap around childcare is in place.		
Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
1. Assess where wrap around care and transportation is already provided and identify community needs for this strategy.	GSC staff, Family Support Committee, Great Start Families, Child Care Network, Regional Resource Center	December 2015	Listing of what childcare providers provide wrap around care and transportation. Listing of what childcare providers are easily accessible via public transportation.	Look at completed listing that contains childcare providers who provider wrap around care and who offer (or have near them) transportation. Review listing of needs/gaps identified by employers to see if there are gaps in specific Jackson County areas.
2. Identify one or two preschools that have conditions that would support piloting the wrap around childcare concept.	GSC staff, Family Support Committee, Great Start Families, Child Care Network	January 2016	Information from gaps analysis (activity 1 above)	Preschools would be identified
3. Invite potential preschools and local childcare providers to a meeting to discuss concepts.	GSC staff, Family Support Committee, Great Start Families, Child Care Network	February 2016	Information from gaps analysis (activity 1 above). Listing of potential preschool and childcare provider addresses.	Invitations would be sent out
4. Identify transportation resources that could support a local mini route (preschool to childcare providers) and determine feasibility (i.e. school transportation, public transportation, carpooling, volunteer drivers).	GSC staff, Family Support Committee, Great Start Families,	February 2016	Research what transportation resources are in the county. Brainstorm non-traditional ideas for transportation (church van, etc...)	Transportation resources would be identified and only feasible options would remain for consideration



<p>5. Explore feasibility of co-locating preschool and childcare services within one building or walking distance.</p>	<p>GSC staff, Family Support Committee, Great Start Families</p>	<p>February 2016</p>	<p>Identify interested preschool and/or childcare providers. Review needs and gaps identified by employers. Identify any available space at employer locations that may be interested in partnering with a preschool or childcare center.</p>	<p>Partners to discuss co-locating or resource sharing will be identified and conversation will begin</p>
<p>6. Develop a pilot wrap around childcare partnership in one community for implementation in the 2017-2018 school year.</p>	<p>GSC staff, Family Support Committee, Great Start Families</p>	<p>April 2016</p>	<p>Identify steps needed to plan for wrap around care implementation. Develop agreements.</p>	<p>Partnership is set and opportunity is marketed to families</p>
<p>Strategy 3: Increase family access to preschool information.</p>	<p>Prioritized root causes related to the objective and addressed by this strategy:</p> <ul style="list-style-type: none"> • Parents are left uncertain during the time between an application and interest to an actual placement or award determination is too long <ul style="list-style-type: none"> ○ State funded programs are not given final slot numbers until end of July ○ There is a lack of communication with parents during the enrollment/eligibility process so parent find other childcare to make sure they are covered. CONNECTIONS 		<p>Performance Measure: Number of calls responded to by hotline and parent satisfaction shows that families have better access to information about preschool.</p>	
<p>Activities (small wins promoting the strategy and addresses root causes)</p>	<p>Persons or Groups Responsible</p>	<p>Target Dates</p>	<p>Resources Needed</p>	<p>Progress Measures (outputs of activities):</p>
<p>1. Identify resources (existing staff or funding for additional hours/new staff) to man a hotline for parents regarding the preschool enrollment process.</p>	<p>Childcare Network and ISD</p>	<p>November 2015</p>	<p>Hot line phone number. Identify ISD staff to assist in hotline management and call return.</p>	<p>Resources are identified. Phone number is established and messages have been recorded.</p>
<p>2. Create a process timeline handout that is provided to parents during the registration that includes the hotline number.</p>	<p>GSC Coordinator, ISD</p>	<p>January 2016</p>	<p>Preschool process timeline is created. Timeline is approved by GSRP Advisory Committee.</p>	<p>Handout is created</p>
<p>3. Review data on registration and enrollment to assess if the hotline impacted number of children in preschool programs fall 2017 and if parents felt more connected to the process.</p>	<p>GSC Coordinator, GSRP Advisory Committee, ISD</p>	<p>September 2016</p>	<p>Survey for parents of GSRP and Head Start children</p>	<p>Parents complete survey. Reduced number of calls from preschool families to ISD to check on preschool status. Families report feeling more informed about preschool process.</p>



<p>Targeting the following early childhood outcomes:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Children are born healthy. <input checked="" type="checkbox"/> Children are healthy, thriving, and developmentally on track from birth to third grade. <input type="checkbox"/> Children are developmentally ready to succeed in school at time of school entry. <input type="checkbox"/> Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade. 	<p>Addresses the following early childhood components:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Pediatric and Family Health <input checked="" type="checkbox"/> Social and Emotional Health <input checked="" type="checkbox"/> Parenting Leadership <input type="checkbox"/> Child Care and Early Learning <input checked="" type="checkbox"/> Family Support
<p>% and # of children not reaching targeted outcome(s), broken down by demographics when possible (Targeted Problem(s)):</p> <ul style="list-style-type: none"> → The Jackson County rate of children under 18 in single parent families increased from 2005 to 2012. → Median income has increased in recent years, but is still lower than it was in 2008. → Prenatal care has improved and is at the same level as Michigan and better than one peer county. → Smoking during pregnancy did not change from 2008 to 2011 with a slight uptick in 2012. → Low birth weight increased slightly from 2008 to 2012. → Preterm births saw a decline from 2008 to 2010, but has increased from 2010 to 2012 to a rate of 10%. → Over 50% of women giving birth reported that they plan to breastfeed, however rates of initiation was lower than peers and the county. → Infant mortality has steadily declined. → Teen births and mothers without a diploma/GED have decreased. → Repeat teen births have shown a variable trend around 20% of teen births and are higher than Michigan and two peer counties. → Medical, dental, and mental health provider access is better than Michigan. → Dental and mental health access is slightly worse than peer counties. → Utilization of WIC and food assistance supports have remained constant. 	
<p>Goal B: Service delivery system is accessible and responsive to family needs.</p>	
<p>Objective B-1: Families and providers have access to information about services and process for getting services.</p>	
<p>Strategy 1: Invite/identify additional GSC members in order to establish community champions to promote services</p>	<p>Prioritized root causes related to the objective and addressed by this strategy:</p> <ul style="list-style-type: none"> • Headline: Families don't know what help is available and how to meet their needs. RESOURCES • Root Cause (s): There are not community or neighborhood leaders that can spread information via word of mouth RESOURCES
<p>Performance Measure: A network of community champions is established for promotion of services.</p>	



Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
1. Identify “where” there currently are informal community champions- “who” are the local promoters.	GSC Members; Great Start Families	November 2015	System scan of gaps. Identify those who promote the idea of early childhood.	List of identified promoters/champions
2. Identify geographic or population gaps in where community champions current are.	Great Start Families	November 2015	Find out where families go.	List of community champions from family perspective
3. Review people currently engaged with the GSC, Parent Coalition, or other agencies that may be potential community champions.	GSC Members; Family Support Committee, Great Start Families	November 2015	Identify the level of engagement members have with GSC	List of potential community champions
4. Identify GSC or parent coalition individuals who have a relationship with potential community champions.	GSC Members; Family Support Committee, Great Start Families	November 2015	Find out what natural touches members already have in the community	Listing of what connections GSC members and Great Start Families members have
5. Develop a “description” for a community champion that outlines expectations.	Great Start Families	December 2015	Define what is a champion	Definition/description is created for the title champion
6. Develop a community champion registration form.	Great Start Families	December 2015	Create form	Form is created that members can fill out
7. Develop a workflow for how champions would be contacted and information would flow into the community.	Great Start Families; GSC Staff	January 2016	Look at past processes	Workflow is developed to help direct champion efforts
8. Develop a contact list and assign individuals to invite people to become champions and share the champion description.	GSC Members; Family Support Committee, Great Start Families	February 2016	Identify person for contact list. Solicit GSC member volunteers to assign for contacting potential champions.	Contact list with assigned GSC member is completed
9. Collect champion registration forms and begin sending out information based on the workflow that has been developed.	GSC Members; Family Support Committee, Great Start Families	February 2016	Track who has forms. Enter registration form information into spreadsheet. Reference champion workflow.	Champion registration forms are collected and workflow process is followed to send out information
10. Integrate the use of Community Champions into the cross-cutting marketing strategy.	GSC Staff and Family Support Committee	March 2016	Cross reference champion workflow into marketing strategy	Integration is complete
11. Review the effectiveness of Community Champions, make modifications, and if there is effectiveness, continue developing this network.	GSC Members; Family Support Committee, Great Start Families	April 2016	Seek input from champions and community on how process is working. Evaluate the potential increase of champions due to the outreach being done.	Review is completed and modifications are considered based on feedback



<p>Strategy 2: Establish connections and relationships with pediatricians.</p>	<p>Prioritized root causes related to the objective and addressed by this strategy:</p> <ul style="list-style-type: none"> • Headline: Families don't know what help is available and how to meet their needs. RESOURCES • Root Cause (s): Standards and outcomes are not shared between preschool programs, elementary schools, and administrators. <ul style="list-style-type: none"> ○ Each group operates in silo and view themselves as separate. MINDSETS ○ Elementary schools don't help build connections. CONNECTIONS 	<p>Performance Measure: 2 pediatricians are engaged with GSC work.</p>		
<p>Activities (small wins promoting the strategy and addresses root causes)</p>	<p>Persons or Groups Responsible</p>	<p>Target Dates</p>	<p>Resources Needed</p>	<p>Progress Measures (outputs of activities):</p>
<p>1. Develop talking points for connecting with pediatricians...</p> <ul style="list-style-type: none"> a. Benefits of collaboration b. Invitation to become involved as a GSC member, committee member, or join other partner organizations such as the Health Improvement Organization. c. Do wellness screenings include social-emotional and developmental milestones? d. Resources for making referrals e. Available training and screening tools 	<p>GSC members, GS staff, Great Start Families, Family Support Committee</p>	<p>December 2015</p>	<p>Identify resources, benefits and expertise available to share with pediatricians</p>	<p>Talking points are developed</p>
<p>2. Develop a provider profile to complete after visit to pediatrician offices that includes best way to provide pediatrician office with information.</p>	<p>GS staff, pediatricians, Family Support Committee</p>	<p>March 2016</p>	<p>Obtain feedback from pediatricians as to the best way to provide them with information</p>	<p>Provider profile completed</p>
<p>3. Visit each pediatrician office with talking points and marketing information developed as part of the cross cutting strategies for marketing and professional development.</p>	<p>GS staff, GSC members, Family Support Committee</p>	<p>April 2016</p>	<p>Contact pediatricians to identify best days and times to stop by</p>	<p>Pediatrician offices visited and information has been shared</p>
<p>4. Integrate profile info into marketing plan.</p>	<p>GS staff</p>	<p>April 2016</p>	<p>Cross reference marketing plan</p>	<p>Profile integrated</p>
<p>5. Discuss effectiveness of meetings and determine ways to continue developing relationships with pediatricians.</p>	<p>GS staff, GSC members, pediatricians</p>	<p>June 2016</p>	<p>Brainstorm with pediatricians what worked well and what they might like to see done differently to provide them with information</p>	<p>Evaluation of effectiveness is complete and ideas are shared to improve relationships</p>



Objective B-2: Increase the level of and improve the effectiveness of communication between families and providers.				
Strategy 1: Develop and implement a parent mentoring program	Prioritized root causes related to the objective-addressed by this strategy:		Performance Measure:	
	<ul style="list-style-type: none"> • Headline: Communication between families and providers is lacking or not always effective. CONNECTIONS • Root Causes: Parents lack the power and skills to communicate and advocate for their needs POWER <ul style="list-style-type: none"> ○ Parents are afraid and lack confidence RESOURCES ○ Parents lack experience and role models RESOURCES 		5 parents have been assisted by parent mentors.	
Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
1. Review parent mentor programs implemented by other GSCs for best practices.	Great Start Families, GSC staff	November 2015	Example materials from other GSCs	Review is completed and evaluation of what will work in Jackson County is done.
2. Develop a local parent mentor process.	Great Start Families, GSC staff	December 2015	Conversation with Great Start Families group to gain ideas and further direction	Parent mentor process is developed using family feedback, comparisons from other counties and best practices
3. Based on process, develop parent mentor expectations.	Great Start Families, GSC staff	January 2016	Review process.	Parent mentor expectations are developed and finalized by Great Start Families group
4. Develop a parent contact list and assign individuals to invite people to become mentors.	Great Start Families, GSC staff	January 2016	Look at parent information forms to identify those who may be interested in being a parent mentor. Survey parents, caregivers of Great Start Families to see who would be willing.	Develop the contact list and assign GSC members to invite parents/caregivers involved with GSC to become parent mentors
5. Provide mentor training.	Great Start Families, GSC staff	February 2016	Set up training dates, times and location. Secure trainer. Tools for the mentors to use are developed.	Parent mentoring training is offered and completed. Tools/resources are reproduced and given to mentors.
6. Using marketing plan and professional development, create awareness that parent mentors are available to help parents communicate with providers and schools.	Great Start Families, GSC staff, Family Support Committee, School Readiness Committee	March 2016	Create flyers. Give talks to various groups to let them know parent mentors are available.	
7. Review the effectiveness of parent mentor program, make modifications, and if there is effectiveness, continue with program.	Great Start Families, GSC staff	November 2016	Collect data on how many parent mentors were used, in what capacity, what was the satisfaction of the family using the parent mentor, etc...	Analyze data collected and evaluate effectiveness of parent mentor program



Objective B-3: Families have a voice in the decision making process.				
Strategy 1: Use ongoing system scan and root cause processes to create a collective voice for families.		Prioritized root causes related to the objective and addressed by this strategy: <ul style="list-style-type: none"> • Headline: Decisions are made about budgets and services without considering the voice of families and direct service providers. POWER Root Causes <ul style="list-style-type: none"> • Parents lack the power and skills to communicate and advocate for their needs POWER <ul style="list-style-type: none"> ○ Parents are afraid and lack confidence RESOURCES ○ Parents lack experience and role models RESOURCES • When parents have a complaint, it is not always addressed and Immediate needs do not get immediate response POWER • Don't have a process in place to use parent input 		Performance Measure: Annual input is utilized for updating the strategic plan and creating the 32 P workplan.
Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
1. Identify natural touches for obtaining parent input.	Family Support Committee; Great Start Families, GSC staff	December 2015	Create listing of various parent/family groups in the community	List is completed
2. Identify tools for collecting input using natural touches (surveys, interviews, focus groups)	Great Start Families, Family Support Committee, GSC staff	December 2015	Begin creating surveys based on feedback from Great Start Families. Identify potential dates and locations for focus groups.	Tools are completed and ready for implementation
3. Using the ABLe Change Framework and Action Learning principles, outreach to families.	GSC staff, Family Support Committee, Great Start Families	January 2016	Create easy to understand materials regarding ABLe Change to prepare for family outreach	Begin family outreach to solicit participation. Families participate.
4. Tabulate results of activities annually.	GSC staff	September 2016	Collect data through all outreach activities. Enter data into spreadsheet format and compile according to similarities.	Create headlines and mega headlines for annual prioritization



<p>Strategy 2: Increase skills of parents involved with parent coalition (Great Start Families) and GSC</p>	<p>Prioritized root causes related to the objective and addressed by this strategy:</p> <ul style="list-style-type: none"> • Parents allow others to speak for them because... <ul style="list-style-type: none"> ○ They feel less educated, and are insecure ○ Families sit on a board but the rest of the board talks over the parent. ○ Parents perceive others in the room are the experts ○ No process in place to ensure all board members can share thoughts ○ Practice has been to speak up if you have something to say ○ It is assumed if a parent member doesn't speak up they don't care when they really feel unvalued. • Although some structures are in place for parent input, (i.e. Strategy meetings, GS Parent Coalition, Cradle 2 Career, most groups now required to have parents participate in communities) only some organizations really include this input in decision making. <ul style="list-style-type: none"> ○ No real way for parents to be involved ○ Limited meeting time ○ Hard to reach locations 	<p>Performance Measure: Parents at GSC meetings demonstrate increased comfort through visibly increased participation.</p>		
<p>Activities (small wins promoting the strategy and addresses root causes)</p>	<p>Persons or Groups Responsible</p>	<p>Target Dates</p>	<p>Resources Needed</p>	<p>Progress Measures (outputs of activities):</p>
<p>1. Review other meeting structures such as action learning agenda, around the world, parent café, for best practices that can be incorporated into local GSC and Great Start Families meetings.</p>	<p>GSC staff</p>	<p>January 2016</p>	<p>Collect data on various meeting structures and their effectiveness</p>	<p>Data collected and reviewed</p>
<p>2. Revise agenda to provide for increased group process and input from all.</p>	<p>GSC staff</p>	<p>February 2016</p>	<p>Identify which group process will be utilized and how</p>	<p>Agenda is revised in order to create an increase in participation from the group as a whole</p>
<p>3. Create informational pieces on board roles/responsibilities that can help increase parent comfort levels.</p>	<p>GSC staff</p>	<p>February 2016</p>	<p>Identify important information to convey about board roles/responsibilities</p>	<p>Marketing materials are created to inform current and new board/committee members as to what their role is</p>
<p>4. Explore other engagement practices such as meeting mentors that will help parents understand jargon and engage them in discussion.</p>	<p>GSC staff, Great Start Families</p>	<p>March 2016</p>	<p>Explore with parents/families if they would find a meeting mentor helpful</p>	<p>Host discussion on benefit of meeting mentors to gauge possibility</p>



Objective B-4: Decision makers are provided understandable information regarding the needs of families.				
Strategy 1: Utilize information in the strategic plan to begin conversation around value of diverse perspectives.	Prioritized root causes related to the objective and addressed by this strategy: <ul style="list-style-type: none"> • Headline: Power is primarily from state. State doesn't incorporate input from communities. POWER Root Causes <ul style="list-style-type: none"> • Policy makers do not see long term impact of seeking input. MINDSET • Some regulations do not reflect family needs because language used by early childhood services providers is not easy for all decision makers to understand. CONNECTIONS 		Performance Measure: The strategic plan is shared with 20 decision makers.	
	Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed
1. Develop talking points for communicating with decision makers... <ol style="list-style-type: none"> Strategic planning process and outcomes Benefits of local input Continued information and involvement 	GSC staff, GSC members, Great Start Families	January 2016	Data from strategic plan. Easy to read informational pieces. Prioritize information to share with decision makers. Develop messaging.	Talking points are developed. Informational pieces are developed.
2. Create a list of decision makers with which to share the strategic plan and best approach.	GSC staff, GSC members	January 2016	Identify decision makers to target and in what order.	List is created of decision makers to contact and what information will be shared with them
3. Assign people to outreach to decision makers.	GSC staff, GSC members	February 2016	Identify GSC members to assist in outreach	List is created with decision maker names and the GSC member who will reach out to them
4. Integrate profile info into marketing plan.	GSC Coordinator	March 2016	Cross reference process with marketing plan	Integration of process into marketing plan in complete



Targeting the following early childhood outcomes: <input type="checkbox"/> Children are born healthy. <input checked="" type="checkbox"/> Children are healthy, thriving, and developmentally on track from birth to third grade. <input checked="" type="checkbox"/> Children are developmentally ready to succeed in school at time of school entry. <input checked="" type="checkbox"/> Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.		Addresses the following early childhood components: <input type="checkbox"/> Pediatric and Family Health <input checked="" type="checkbox"/> Social and Emotional Health <input type="checkbox"/> Parenting Leadership <input checked="" type="checkbox"/> Child Care and Early Learning <input type="checkbox"/> Family Support			
% and # of children not reaching targeted outcome(s), broken down by demographics when possible (Targeted Problem(s)): → Jackson County ranks 46 out of 82 for social and economic indicators in the county health ranking system, which is better than all peers. → Jackson County adults were more likely to report having adequate social support than peer counties. → Excessive drinking rates for Jackson County were higher than Michigan and one peer. Rate was the same as two other peers. → Child abuse/neglect rates have increased along with foster care placement over from 2010 to 2013. → Foster care rates have increased, but it is not clear if it is proportional to the increase in abuse/neglect rates. (move to page 16)					
Goal C: Educators are confident and have the resources and support to help families and children.					
Objective C-1: Increase coordination of services and level of and effectiveness of communication between providers.					
Strategy 1: Increase GSC use of website for communication between providers		Prioritized root causes related to the objective and addressed by this strategy: <ul style="list-style-type: none"> Headline: Agencies and schools have barriers in place to communicate with each other. REGULATIONS Root Cause: There aren't enough opportunities to network and share information. CONNECTIONS 		Performance Measure: 15 providers are enrolled as the GSC website user.	
Activities (small wins promoting the strategy and addresses root causes)		Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
1. Obtain cost information on GSRP login and blog capabilities.		GSC Director	January 2016	Funding	Cost proposal received.
2. Develop policies for sharing of information via the GSC website.		GSC Director	March 2016	Policy samples	Policy approved
3. Enroll GSRP providers as website users.		School Readiness Committee; GSC Staff	April 2016	Interested individuals, support of leaders	Invitations extended to GSRP to enroll
4. Evaluate current use of by website GSRP users and feasibility of open up to additional providers.		School Readiness Committee; GSC Staff	November 2016	Input from users	Decision on moving forward with expanding users.



<p>Targeting the following early childhood outcomes:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Children are born healthy. <input checked="" type="checkbox"/> Children are healthy, thriving, and developmentally on track from birth to third grade. <input checked="" type="checkbox"/> Children are developmentally ready to succeed in school at time of school entry. <input checked="" type="checkbox"/> Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade. 	<p>Addresses the following early childhood components:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Pediatric and Family Health <input checked="" type="checkbox"/> Social and Emotional Health <input checked="" type="checkbox"/> Parenting Leadership <input checked="" type="checkbox"/> Child Care and Early Learning <input checked="" type="checkbox"/> Family Support 	
<p>Cross Cutting Goal D: Families, providers, and community members have the knowledge and skills to meet the needs of children age 0-8.</p>		
<p>Objective D-1: Families and providers have the information, services, and tools to support children in becoming ready for kindergarten. Objective D-2: Preschool education is viewed as a priority to prepare children for kindergarten. Also related to Objective A-1, Objective A-2, Objective B-1, Objective B-2, Objective B-4</p>		
<p>Strategy 1: Develop and implement a comprehensive marketing plan that addresses various root causes listed throughout the action agenda using connections and natural touches.</p>	<p>Prioritized root causes related to the objective and addressed by this strategy: Headline 1: Many people (families, providers, community members) have not prioritized a preschool education or preparing children for kindergarten. MINDSETS Root Causes:</p> <ul style="list-style-type: none"> • Parents have a lack of knowledge on the first 5 years brain development and window they are missing. RESOURCES <ul style="list-style-type: none"> ○ Expectations have changed and parents think that the preparation they had as a child is still adequate for today’s kindergarten. MINDSET ○ Parents don’t know their role in the school preparation process. RESOURCES • Families believe that preschool is similar to daycare because they do not know the value of play and about brain development and early child learning. RESOURCES • Preschool is not promoted as a way to prepare kids for kindergarten because only signing up is advertised and not the benefits/comparison of readiness of children who go and not go REGULATION/PRACTICE <p>Headline: Not all children have access to high quality early learning experiences or early childhood services. COMPONENTS Root Causes:</p> <ul style="list-style-type: none"> • Lack of knowledge of what is available and where preschools are available. RESOURCES • Families are not aware of changed levels of income for eligibility and childcare subsidy funds. RESOURCES • Parents don’t see who attends parenting programs and what they will learn. CONNECTIONS • Pediatricians are not sharing information with parents because they do not know what is available and there is not enough time in the appointment.ng information about resources. RESOURCES; REGULATIONS/PRACTICES 	<p>Performance Measure: Resources for marketing are aligned with identified root causes that were prioritized during strategic planning.</p>



Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
1. Collect information and samples from GSC members of what is already being done for marketing.	Regional Resource Center, Family Support Committee, GSC staff & Great Start Families	January 2016	Example marketing materials from other GSCs	Material collected
2. Develop messages for a marketing campaign that are centered on root causes. Examples developed during strategic planning: a. What is the value of early learning-brain development? b. What services are available such as parent education? And locations c. What is the importance of Play? d. Eligibility guidelines e. Focus on age 0-8 f. Everything includes 2-1-1 reference	GSC staff, GSC members, Great Start Families, Family Support Committee, School Readiness Committee	March 2016	Reference strategic plan	Messages developed
3. Determine locations for marketing (focus on natural touches with credible sources) a. Pediatricians b. Worksites c. Mental Health and In-Home service providers d. Navigators (don't exist yet) e. Community Centers f. Food Pantry g. Health Department h. DHHS i. Friend of the Court j. Jackson Area Transit k. Libraries l. Michigan Works m. Events and booths n. Community Champions (developed under Goal B)	GSC members, GSC staff, Great Start Families, Family Support Committee	April 2016	Identify natural touches that families have and go to	Finalize locations for marketing efforts



<p>4. Determine marketing methods effective for various audiences</p> <ul style="list-style-type: none"> a. Kindergarten Readiness Infographic b. Business Card Size items c. Website & Facebook d. Electronic Kiosk or EMR e. Table Tent f. Flyer with Rip Off Tabs g. Educational DVDs h. Reach out to Read Imagination Library Concept & Bookmarks i. Electronic Medical Records 	<p>GSC members, GS staff, Great Start Families, Family Support Committee</p>	<p>April 2016</p>	<p>Brainstorm methods of marketing to be effective in reaching diverse audiences</p>	<p>Marketing methods are defined for each audience and created</p>
<p>5. Assess available resources of the GSC, GSC members, and other partners for marketing.</p>	<p>GS staff</p>	<p>May 2016</p>	<p>Determine what supports and resources GSC members have in moving marketing efforts forward</p>	<p>Assessment of resources is complete</p>
<p>6. Align resources with marketing plan.</p>	<p>GS staff</p>	<p>May 2016</p>	<p>Cross reference with marketing plan</p>	<p>Alignment is complete</p>
<p>7. Establish timeline and target numbers for marketing plan.</p>	<p>GS staff, GSC members</p>	<p>May 2016</p>	<p>Develop a prioritized plan to identify what audiences to begin with and when</p>	<p>Timeline established and target numbers created to gauge effectiveness</p>
<p>8. Implement marketing plan</p>	<p>GS staff, GSC members, Great Start Families, Family Support Committee</p>	<p>April 2016</p>		<p>Implementation begins</p>



Strategy 2: Partner with organizations that provide professional development which incorporates information related to root causes into programs.	Prioritized root causes related to the objective and addressed by this strategy: <ul style="list-style-type: none"> Families and providers lack information RESOURCES Additional root causes are listed as they relate to individual training topics.		Performance Measure: Resources for marketing are aligned with identified root causes that were prioritized during strategic planning.		
Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):	
Root causes related to Referral Training: <ul style="list-style-type: none"> Caregivers are not aware of factors other than income that can make a child eligible for programs or subsidies. RESOURCES Service information and eligibility changes frequently making it difficult for providers to make referrals. COMPONENTS We're expecting teachers to do too much i.e.: Trauma Training is super but if the 3rd grader has the brain development of a 5 year old other services need to kick in and teachers don't know how or where to get those services. 					
1. Partner with 2-1-1 to expand the 2-1-1 current training to include additional information on making referrals and eligibility <ol style="list-style-type: none"> Where the provider can find information on services (i.e. 2-1-1, project find, key people at agencies) Overview of eligibility including non-income based factors Pathways to Potential Workers- DHS located in the schools to help families in that school navigate services. 	Family Support Committee, GS staff	February 2016	Identify training components used and what will be covered. Identify training methods 2-1-1 will use.	Create training curriculum/objectives	
2. Identify participants for training such as Childcare Providers, Parents in Parent Coalition, other human service providers, preschool teachers, touch points with families	Family Support Committee, GS staff	March 2016	Identify target groups that want and need training.	Targets are set for each participant group.	
3. Identify natural touches for identified participants and methods for 2-1-1 and referral training. <ol style="list-style-type: none"> Recorded webinar (GSC website, Facebook, YouTube, email link) Existing meetings On-site at agencies CE training 	Family Support Committee, GS staff	March 2016	Explore what method each target group would prefer	Methods are identified for each target group.	
4. Partner with 2-1-1 to provide referral training	Family Support Committee, GS staff	April 2016	Begin to identify training dates for each target group	Referral trainings begin	



Root causes related to Trauma Training:				
<ul style="list-style-type: none"> • Children are coming into preschool programs with significant delays that were not identified in early learning settings and services such as playgroups and home visiting CONNECTIONS. • May providers do not have the knowledge, skills, or resources to identify behaviors and developmental delays that are linked to trauma. RESOURCES • Limited training on working with traumatized children and children with social/emotional issues has only focused on education providers. 				
5. Expand membership in the trauma informed community collaborative.	School Readiness Committee, GS staff	November 2015	Look at current membership listing to identify gaps and send invites to target groups that are not represented	Membership is increased
6. Partner with the Trauma Informed Collaborative to provide professional development.	School Readiness Committee, GS staff	November 2015	Assist in the identification of training areas needed and being requested	Partnership has been developed. The Great Start Collaborative is on the Coordinating Council.
Root causes related to Cultural Competency and Communication Training:				
<ul style="list-style-type: none"> • Overarching with many of the root causes is that families do not feel respected and are judged MINDSETS by providers and that there is a lack of trust (CONNECTIONS). • Lack of respect by providers for parents and lack of cultural competency MINDSETS • Providers lack a cultural understanding of teen parenthood, poverty, Spanish speaking. RESOURCES; MINDSETS <ul style="list-style-type: none"> ○ Educators and service agency professionals have not received adequate (ongoing) poverty training. They do not understand what effort is required to function in society RESOURCES ○ Staff do not meet families where their needs are at (phones, technology, housing) CONNECTIONS • Providers do not use effective communication strategies. CONNECTIONS <ul style="list-style-type: none"> ○ Parents are not communicated with at their level of understanding RESOURCES ○ Families don't know the "language" of providers (schools) that use jargon. CONNECTIONS 				
7. Partner to identify or develop a training for cultural competency and communicating with families.	Childcare & preschool- RRC, Child Care Network, Nonprofit Network	February 2016	Work with partners to identify training needs. Research already established trainings	Partnership has been established and a training has been collaboratively developed to meet this need



Root causes related to training related to Special Education:				
<ul style="list-style-type: none"> Some families perceive that their kids with IEP's get blown off. MINDSETS <ul style="list-style-type: none"> Head Start teachers are not prepared and taught how to handle IEP's & disabilities. RESOURCES 				
8. Partner with the GSRP Advisory Committee and ISD Special Education Program to develop a training for childcare, preschool, and early elementary providers.	GS staff, School Readiness Committee, Jackson County Intermediate School District	April 2016	Discuss training components and what audiences to target	Finalize a training date, time and location to begin providing Special Education training and information
Root causes related to training related to Literacy:				
<ul style="list-style-type: none"> 				
9. Partner with the RRC, ISD to offer literacy training to childcare, preschool teachers, early elementary teachers.	GS staff, Jackson County Intermediate School District	April 2016	Create training components. Begin marketing training date, etc.	Partnership is established, training is created and dates to offer training have been set
Other Training Opportunities:				
<ul style="list-style-type: none"> Based on the topics of other trainings, the GSC will partner with those that are linked to Action Agenda focus areas and root causes. 				
10. Create a list of other training opportunities.	Family Support Committee, GSC Director	May 2016	Explore other training needs based on feedback found from systems scan. Collect training requests from targeted groups.	List of offered trainings is created



PARTNERING TO ADDRESS REMAINING CAUSES:

There were many other root cause and issues discussed during strategic planning. In order to manage our plan and our resources, the following items were identified as important but not focus areas for the first year’s action agenda. We will be partnering with other organizations to ensure that these topics are addressed.

Related Goal	Root Causes your Organization is NOT targeting	Which other organizations in the community are currently working on this root cause?	Which other organizations in the community are uniquely positioned to address this root cause, but are not doing so yet?	How can you connect with these organizations to strengthen your efforts?
Goal A: Families and community members understand the importance of and how to provide high quality early childhood learning opportunities.	a. Lack of knowledge of Kindergarten Curriculum b. Preschool curriculums are focused on developmentally appropriate learning via social-emotional not academic focus c. Preschool and Kindergarten curriculums are very different and there is a lack of continuity.	GSRP Advisory Council, GSC School Readiness Committee	Jackson Educators of Young Children (JEYC), Child Care Network	<ul style="list-style-type: none"> Promote purposeful transition efforts and coordination efforts between pre-k and Kindergarten Serve on the Regional Resource Center’s Advisory Committee Membership in JEYC
Goal A: Families and community members understand the importance of and how to provide high quality early childhood learning opportunities.	a. Home visitors are not sharing information about preschools because they do not know what is available. b. Many families are still using unlicensed or relative care providers		Regional Resource Center, Jackson County Health Dept., Dept. of Health and Human Services (DHHS)	<ul style="list-style-type: none"> Connect with the Regional Resource Center to ensure that Home Visitors are on outreach lists for promoting preschool Educate families on benefits of licensed child care Connect with DHHS to provide educational materials for staff



Related Goal	Root Causes your Organization is NOT targeting	Which other organizations in the community are currently working on this root cause?	Which other organizations in the community are uniquely positioned to address this root cause, but are not doing so yet?	How can you connect with these organizations to strengthen your efforts?
<p>Goal A: Families and community members understand the importance of and how to provide high quality early childhood learning opportunities.</p>	<p>a. Caregivers and preschool providers do not have skills and knowledge to address behavioral issues or identify developmental delays. b. What counts as training is not regulated c. Some programs lack funding for any training d. Curriculums are not adopted due to cost of material and training.</p>	<p>Regional Resource Center, GSC School Readiness Committee, GSRP Advisory Committee</p>		<ul style="list-style-type: none"> • Draw attention to the childcare, preschool providers need for training to address behavioral needs and developmental delays • Collaborate with the RRC to support continuing education and curriculum training programs • Provide curriculum and skill building trainings for preschool staff • Marketing efforts that focus on what kids learn and why it is important
<p>Goal A: Families and community members understand the importance of and how to provide high quality early childhood learning opportunities.</p>	<p>Many people (families, providers, community members) have not prioritized a preschool education or preparing children for kindergarten because.. MINDSETS</p> <p>→ Some parents have their own needs which get in the way because...</p> <p>a. They are not sure where to go for help b. No transportation c. Parent doesn't know what is wrong d. Some families do not have good support systems or community connections</p>	<p>Family Support Committee</p>	<p>Financial Stability Network</p>	<p>Expand the discussion around kindergarten readiness to include the whole family and needs of parents</p>



Related Goal	Root Causes your Organization is NOT targeting	Which other organizations in the community are currently working on this root cause?	Which other organizations in the community are uniquely positioned to address this root cause, but are not doing so yet?	How can you connect with these organizations to strengthen your efforts?
Goal B: Service delivery system is accessible and responsive to family needs.	People do not know about 2-1-1 because it is not visibility marketed and venues used are only through agencies, systems, and services.	2-1-1; Community Collaborative; GSC		Continue to partner with and promote 2-1-1 as a resource
Goal B: Service delivery system is accessible and responsive to family needs.	Schools and other providers are not making referrals because... <ol style="list-style-type: none"> a. They don't have adequate knowledge about what is available. b. They are only focused on educating the child not whole family. 	GSC, Project Aware		Promote social-emotional support in schools by partnering with Project Aware
Goal B: Service delivery system is accessible and responsive to family needs.	Schools and other providers are not making referrals due to... <ol style="list-style-type: none"> a. HIPAA, confidentiality and lack of information releases. b. some providers (i.e. medical community) lack an understanding of the importance of and lack a commitment to working across agencies and systems c. Staff and parents lack an understanding of the codes 	GSC, Health Improvement Organization		<ul style="list-style-type: none"> • Promote better care coordination and shared releases through the Health Improvement Organization • Create a standardized release of information we can all understand and accept
Goal B: Service delivery system is accessible and responsive to family needs.	Transportation services do not meet the needs of families because signage is confusing and difficult to understand.		GSC, parent coalition, Public Transportation	<ul style="list-style-type: none"> • Previous attempts to discuss signage at bus stops did not result in change. We will draw attention to the project with new leadership in the Public Transportation office. • Explore the logistics of developing a ride share program.



Related Goal	Root Causes your Organization is NOT targeting	Which other organizations in the community are currently working on this root cause?	Which other organizations in the community are uniquely positioned to address this root cause, but are not doing so yet?	How can you connect with these organizations to strengthen your efforts?
Goal B: Service delivery system is accessible and responsive to family needs.	<p>Missed DHS and WIC appointments take a long time to reschedule because of...</p> <ul style="list-style-type: none"> a. Lack of flexibility in scheduling b. Location of service are not convenient 		Community Collaborative; GSC	Draw attention to the need for services at core of all GSC member agencies to be flexible and located in convenient areas such as schools or local communities.
Goal C: Educators are confident and have the resources and support to help families and children.	<p>Families do not always relay consistent information from one entity to another</p> <ul style="list-style-type: none"> a. Families don't know what is important because it is not explained at their level b. Providers just see family and don't address transition c. Families are not provided a written summary, discharge, or referral services <ul style="list-style-type: none"> • No best practice • Lack of policy or procedures 	Community Action Agency	GSC School Readiness Committee, Regional Resource Center Advisory Committee	<ul style="list-style-type: none"> • Partner to explore feasibility of Transition of Care process between community based providers and/or Navigator system • Find out what licensed preschool and child care centers are doing to promote successful transition • Find out what Kindergarten classrooms are doing to promote successful transition • Begin exploring a county-wide transition effort
Goal C: Educators are confident and have the resources and support to help families and children.	<p>Information that could help in service design, lesson plans, curriculum development is not being shared.</p> <ul style="list-style-type: none"> a. No understanding of standards between preschool and kindergarten = include in the lesson plan or not? Common core? What is developmentally appropriate? 	School Readiness Committee, GSRP Advisory Committee		Create a Kindergarten Transition process



Fund Development

Introduction

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

Using the Great Start Collaborative’s guiding principles, the criteria outlined by the Office of Great Start, and the input of the local Great Start Collaborative and Parent Coalition (Great Start Families), the 32P Early Childhood Funding has been used in the following ways: Jackson District Library – Digital Storytime, Community Playgroups, ABC Academy-Classroom Specials, Health Department Home Visitors and Playgroups, Love and Logic parent training, Preschool music therapy, and funding for the Jackson County Imagination Library. All programs are open to every child in the community to achieve the Office of Great Start outcomes.

Past and Current Fund Development Activities

The Great Start Collaborative has consistently collected data since 2008 to direct its’ efforts. Through data evaluation and the completion of various community assessments two major needs were identified: 1) Increase reading skill, 2) Child Care Scholarships. With these two goals in mind, Jackson County Great Start began discussions with Consumers Energy, a Michigan based utility company headquartered in Jackson. Consumers Energy had a long history of supporting the planning process for the United Way’s Success by Six initiative. With a strategic plan and proposal Great Start developed a multifaceted early childhood proposal that was submitted to Consumers Energy spring of 2008. The first grant of \$110,000 was awarded in May of 2008 to launch Dolly Parton’s Imagination Library and to fund up to 20 young children for child care scholarships. The success of the first year has led to 7 years of continuous funding from Consumers Energy.

The award of funds directly to the Jackson County Great Start Collaborative, to support its work, necessitated the establishment of a Great Start Early Childhood Fund at the Jackson Community Foundation. All funds raised or awarded to the Great Start of Jackson County or the Imagination Library Fundraising Council are put into a fund at the Jackson Community Foundation for later distribution to Great Start partners to implement identified projects and initiatives in support of the priorities identified in the Great Start Collaborative Strategic Plan. The original Great Start Early Childhood Funds remain as an endowment to build long term financial support for local Great Start priorities. Funds are monitored and administered by the Executive Committee of the Great Start Collaborative of Jackson County.



FUND QUALITY

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

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

FOCUS FIRST ON CHILDREN WITH HIGHEST NEEDS



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

- ★ In Jackson County, children with the highest need must be served first in all programs. Program priority is targeted to areas of the community that is identified in the community assessment of an area of high poverty and low resources.

SUPPORT COMMON PRIORITIES THROUGH COLLABORATIVE FUNDING STRATEGIES

The GSC supports common priorities through collaborative funding strategies.

- ★ The Great Start Collaborative of Jackson County represents early childhood on the Jackson County Cradle 2 Career Coordinating Council. Through the collaborative work with Cradle 2 Career, Great Start has increased its' network with school districts and educators and is a champion of School Readiness and developing a common definition for Kindergarten Readiness for Jackson County. Great Start has also been a catalyst for partnership with schools and private nonprofits to bring parenting and positive discipline programs into early elementary schools.
- ★ The established health network in Jackson County known as the Health Improvement Organization (HIO), was a perfect collaborative opportunity for Great Start. The Great Start Collaborative represents early childhood on the HIO's Coordinating Council and has merged its' health committee work with the committees offered through the Health Improvement Organization.
- ★ These collaborative partnerships have presented opportunities to Great Start to apply for additional funding solely or with other entities to further work needed in Jackson County for children ages 0-8 and their families.



BLEND AND BRAID FUNDING

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

- ★ Funding for the Great Start School Readiness program has been blended with Federal Head Start dollars to ensure the children with the most need and lowest income receive the most comprehensive services to ensure children are ready for kindergarten.
- ★ Funding for Community Playgroups is also blended with Early Head Start and Early On federal dollars to allow the maximum number of play groups to be offered to children birth to age three throughout Jackson County. The blended playgroups are offered throughout Jackson County to allow easy access to families in urban and rural settings. The blended groups also provide highly skilled staff from the local Intermediate school district such as a speech therapist, physical therapist, and occupational therapist to identify children early and provide early intervention services to children.

ENGAGE PHILANTHROPIC PARTNERS

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

- ★ Consumers Energy funds were used to provide Parenting Counts curriculum, materials and training for 50 parents education providers in Jackson. Talaris Institute donated 450 Parenting Counts kits retail value of more than \$17,000 to the Great Start Collaborative.
- ★ Jackson County Intermediate School District, in partnership with the Great Start Collaborative, launched a county wide – early literacy assessment to determine the level of foundational literacy skills for each incoming kindergarten student. Each year a team of trained assessors visit each public, private, parochial and charter school to conduct the Phonological Awareness Literacy Screening (PALS) with each new kindergarten student. Since 2008, 7752 assessments have been completed county wide.
- ★ Consumers Energy funding was used to expand programming that was funded by 32P however when funds were reduced the GSC and Parent Coalition felt the parenting program was so important that they voted to continue to fund the program using the local funds from Consumers Energy.



Appendix

ABLE Change Overview

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

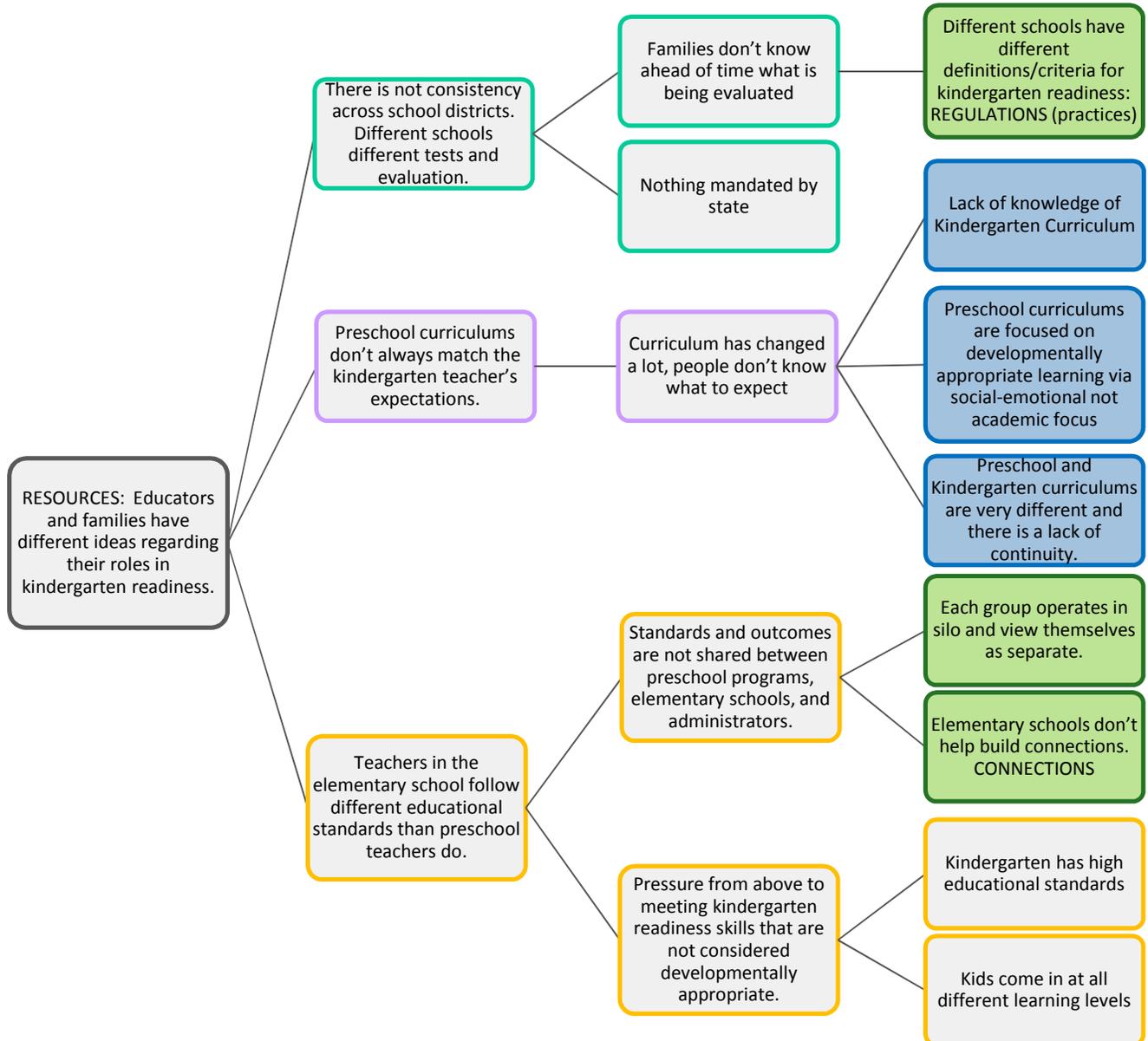
- **THINK SYSTEMICALLY:** Change efforts often target the surface of problems, not the underlying systemic conditions causing local problems. Thinking systemically attends to and shifts system characteristics and their interactions.
- **ENGAGE DIVERSE PERSPECTIVES:** Diverse stakeholders hold unique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



Root Cause Charts

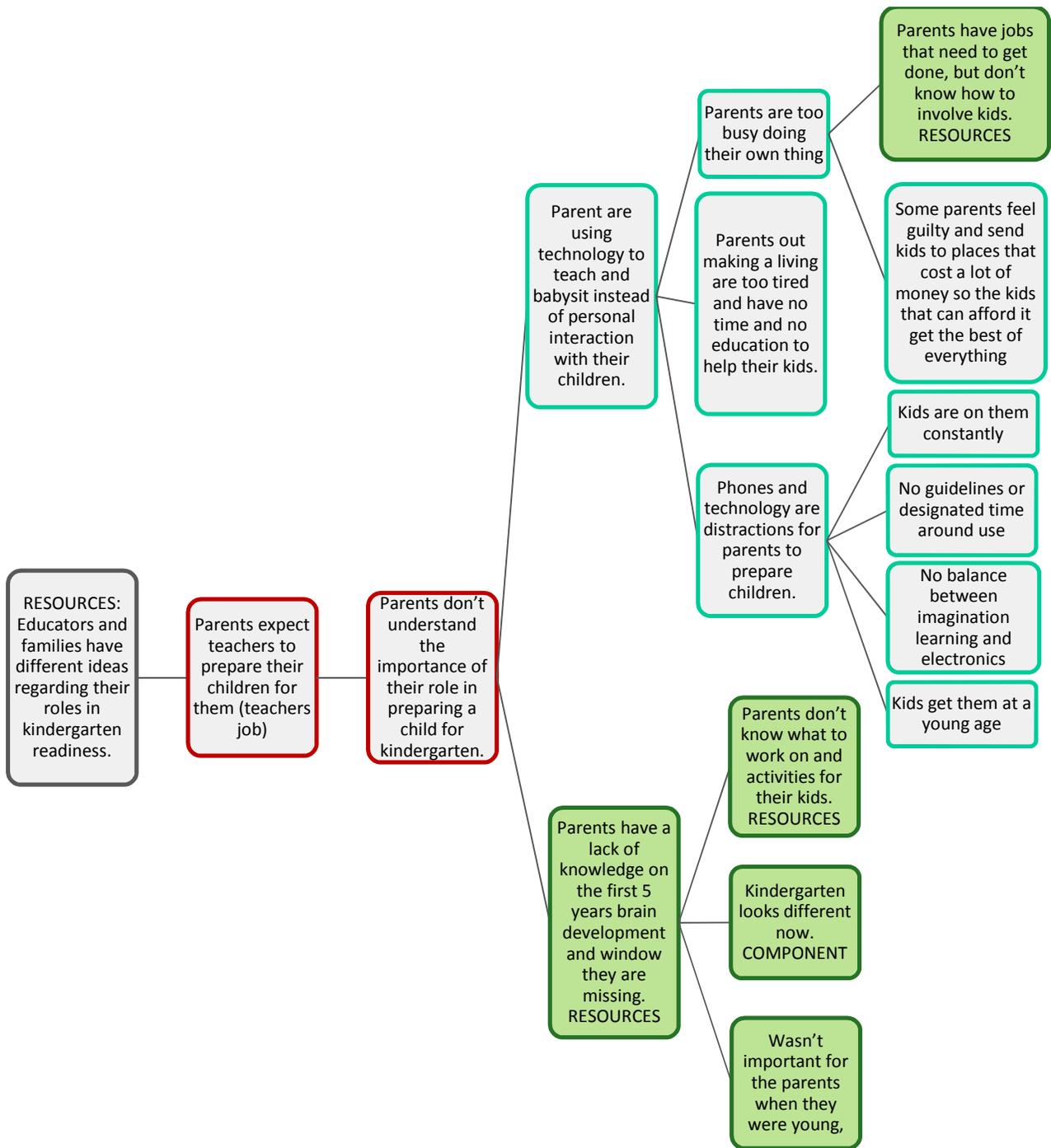
Goal A: Families and community members understand the importance of and how to provide high quality early childhood learning opportunities.

Green blocks indicated a Focus Area Priority; blue blocks indicate a secondary priority.



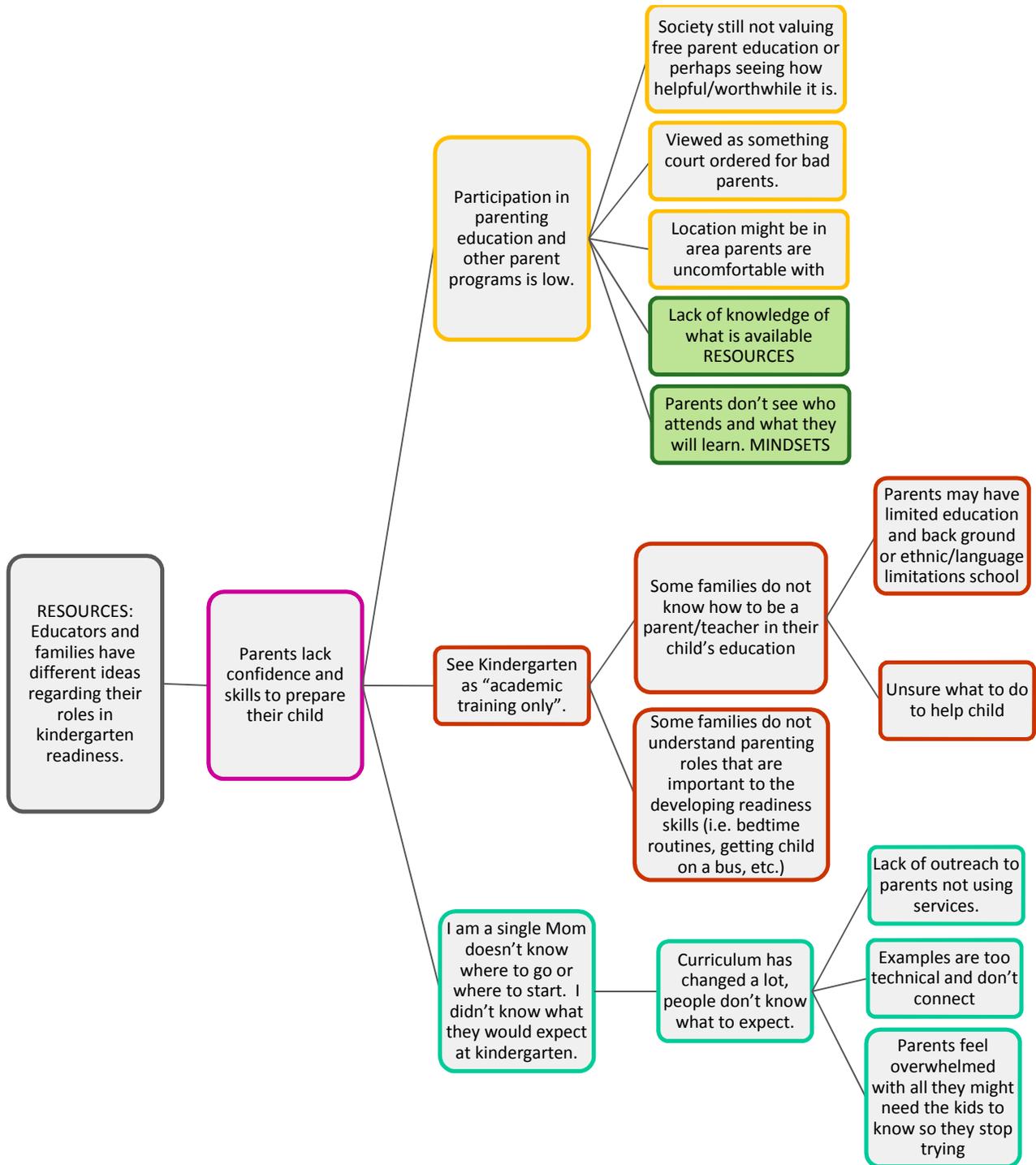
Goal A: Families and community members understand the importance of and how to provide high quality early childhood learning opportunities.

Green blocks indicated a Focus Area Priority; blue blocks indicate a secondary priority.



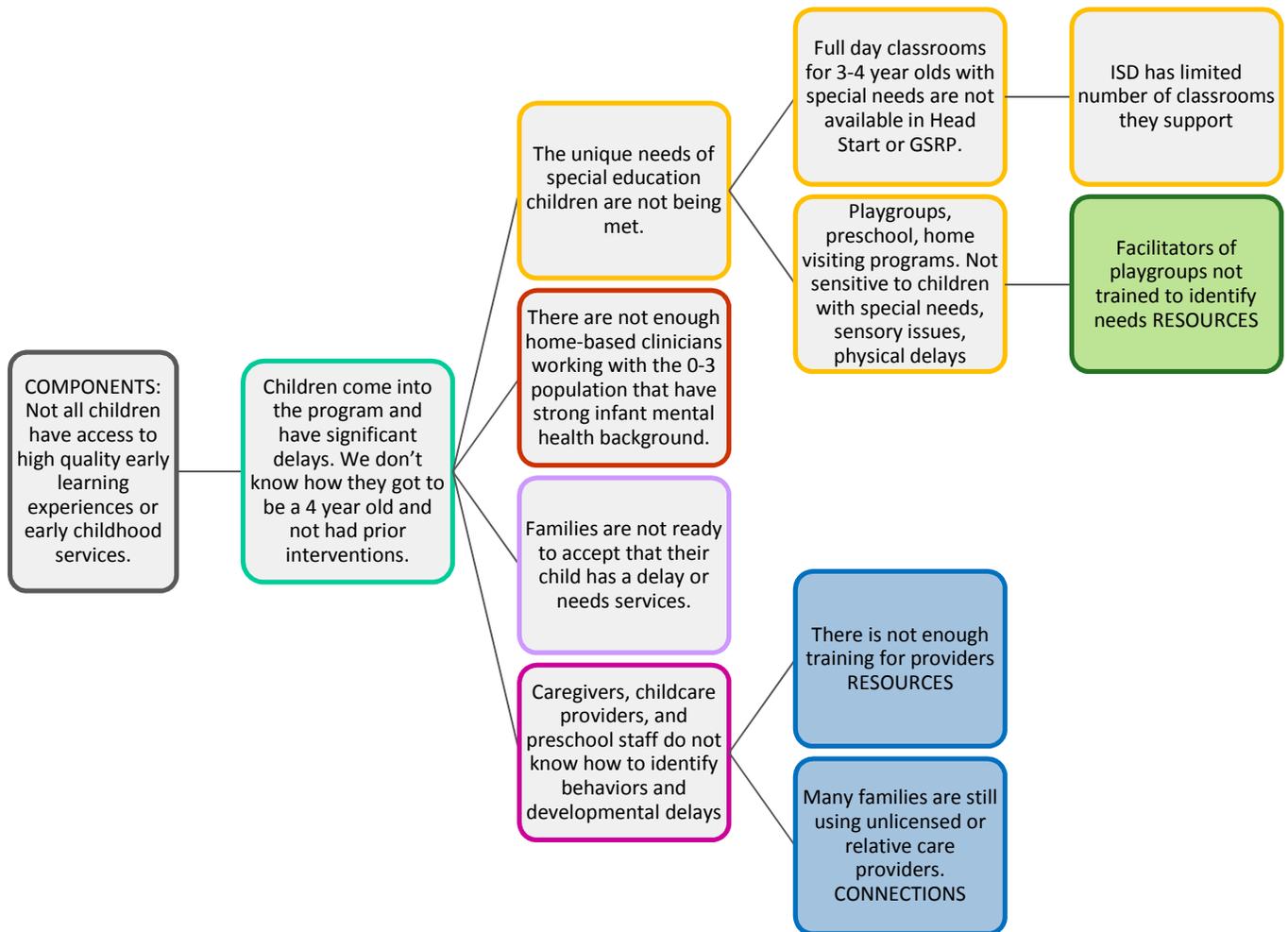
Goal A: Families and community members understand the importance of and how to provide high quality early childhood learning opportunities.

Green blocks indicated a Focus Area Priority; blue blocks indicate a secondary priority.



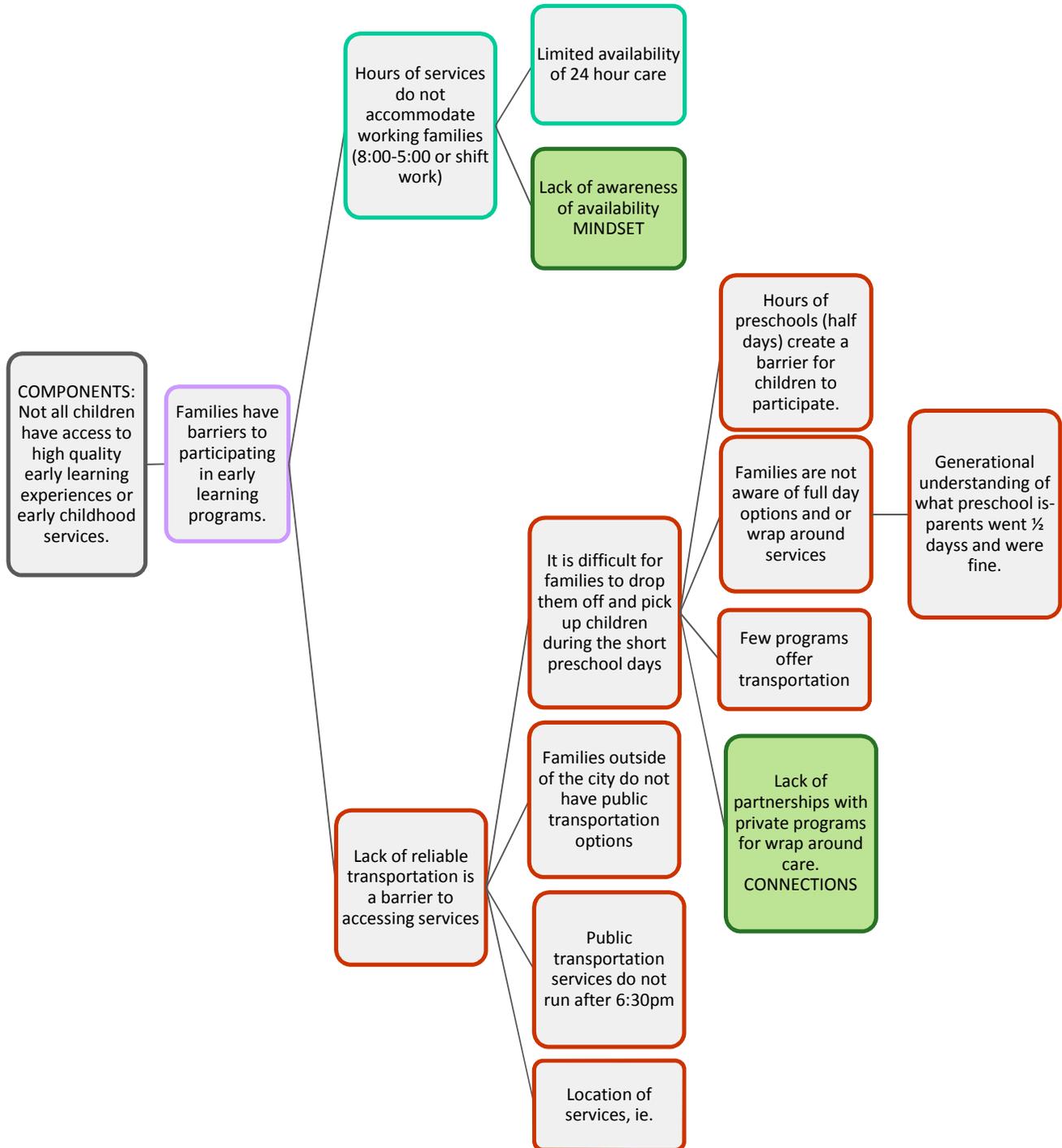
Goal A: Families and community members understand the importance of and how to provide high quality early childhood learning opportunities.

Green blocks indicated a Focus Area Priority; blue blocks indicate a secondary priority.



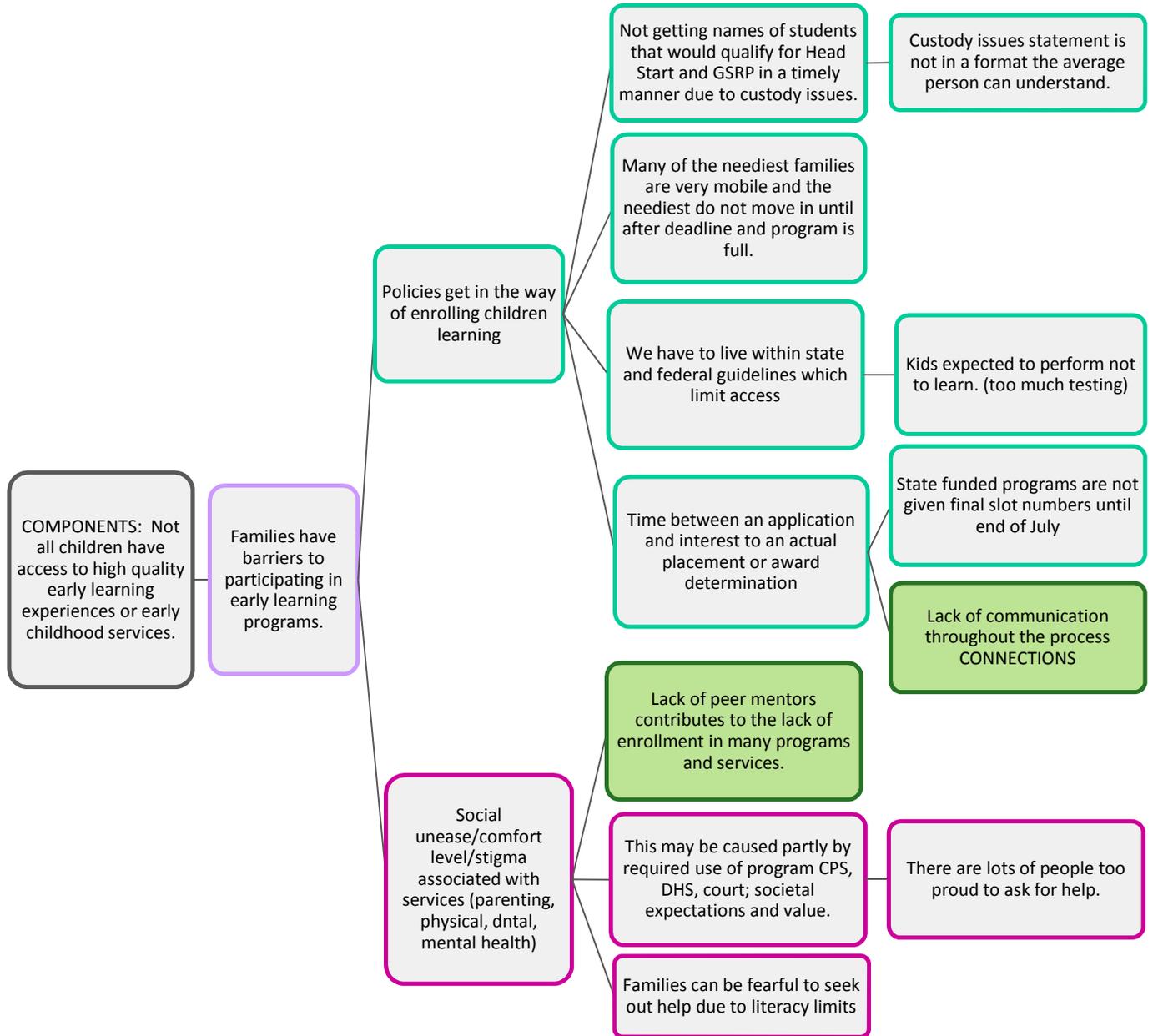
Goal A: Families and community members understand the importance of and how to provide high quality early childhood learning opportunities.

Green blocks indicated a Focus Area Priority; blue blocks indicate a secondary priority.



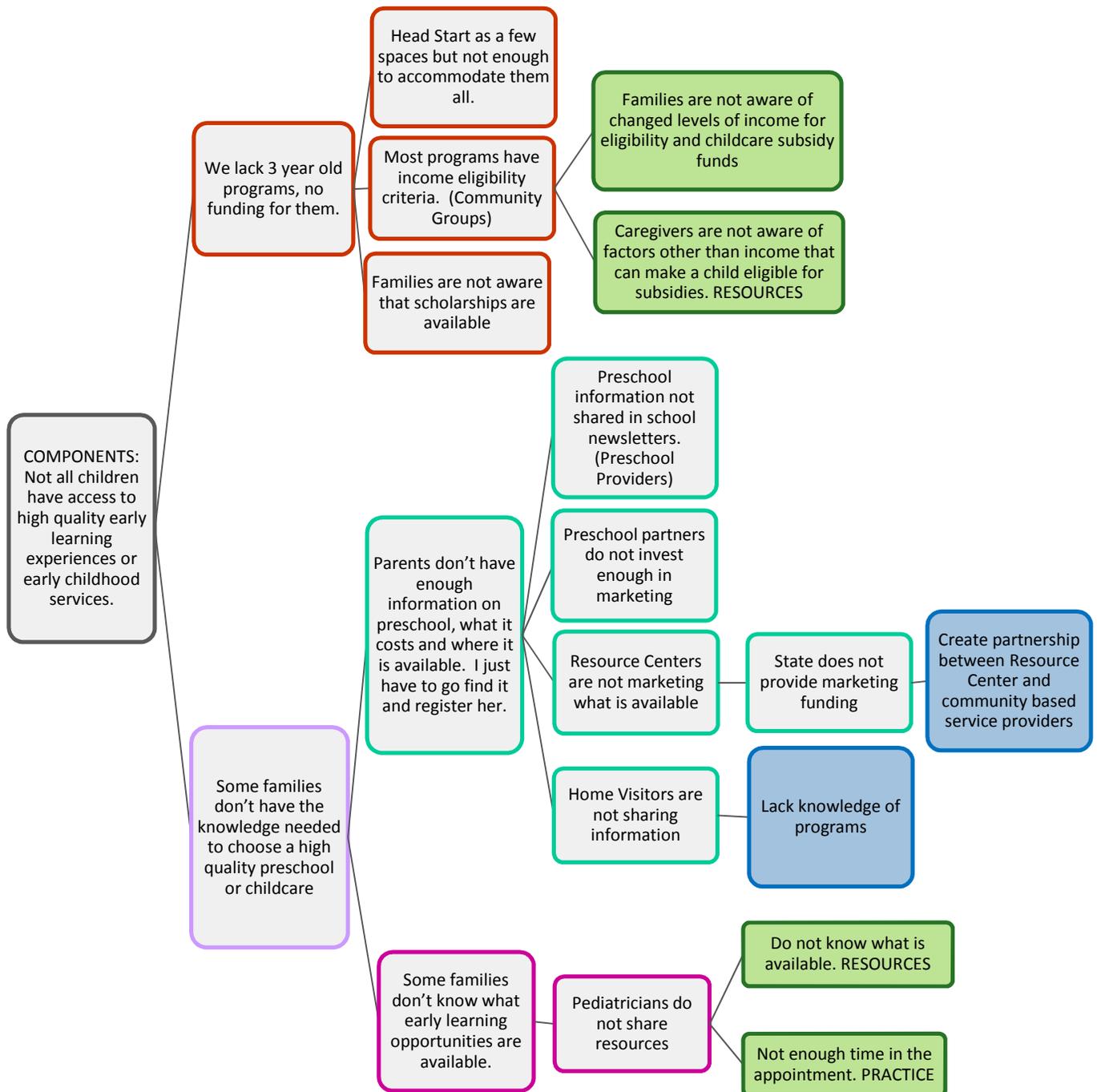
Goal A: Families and community members understand the importance of and how to provide high quality early childhood learning opportunities.

Green blocks indicated a Focus Area Priority; blue blocks indicate a secondary priority.



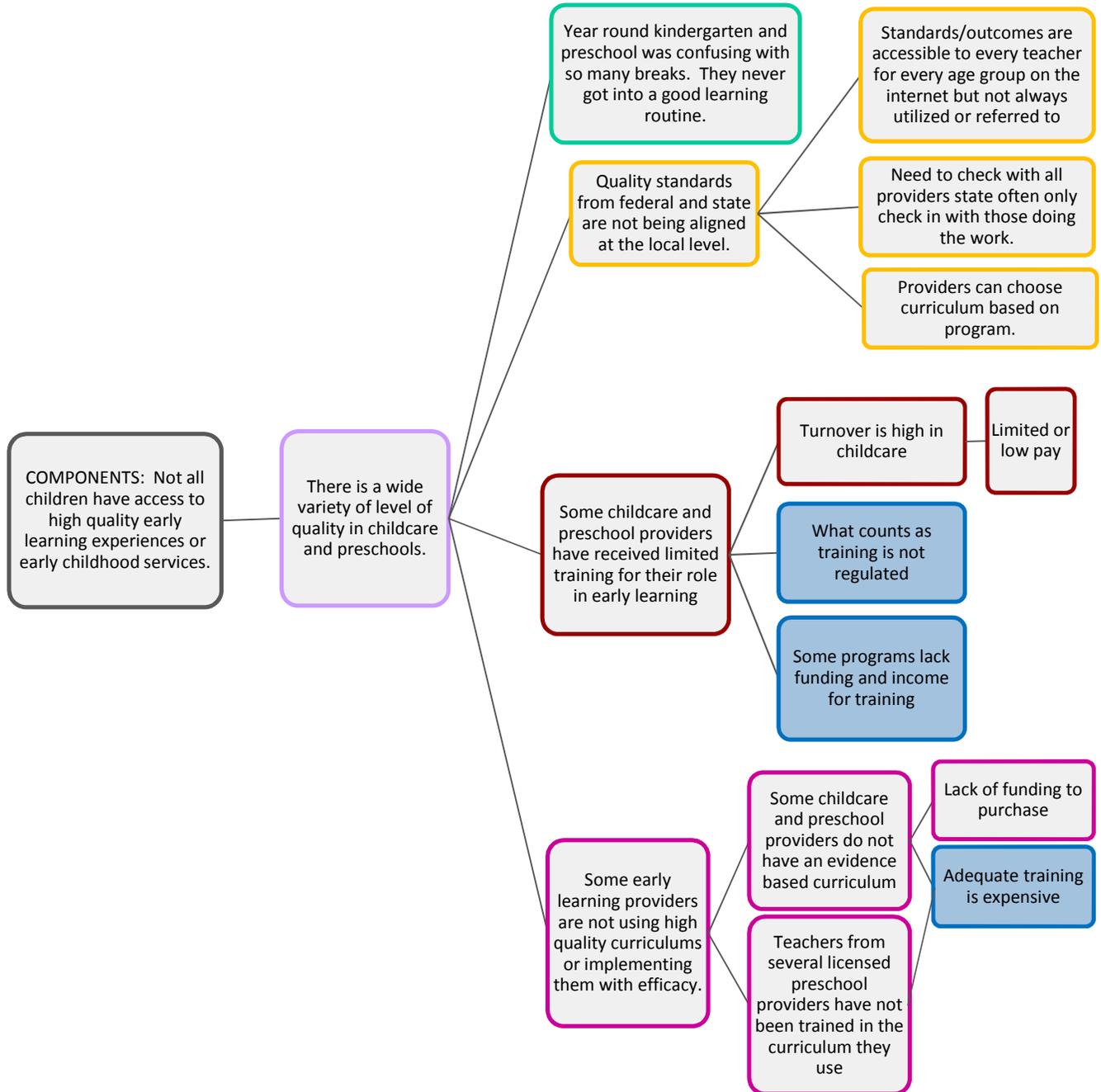
Goal A: Families and community members understand the importance of and how to provide high quality early childhood learning opportunities.

Green blocks indicated a Focus Area Priority; blue blocks indicate a secondary priority.



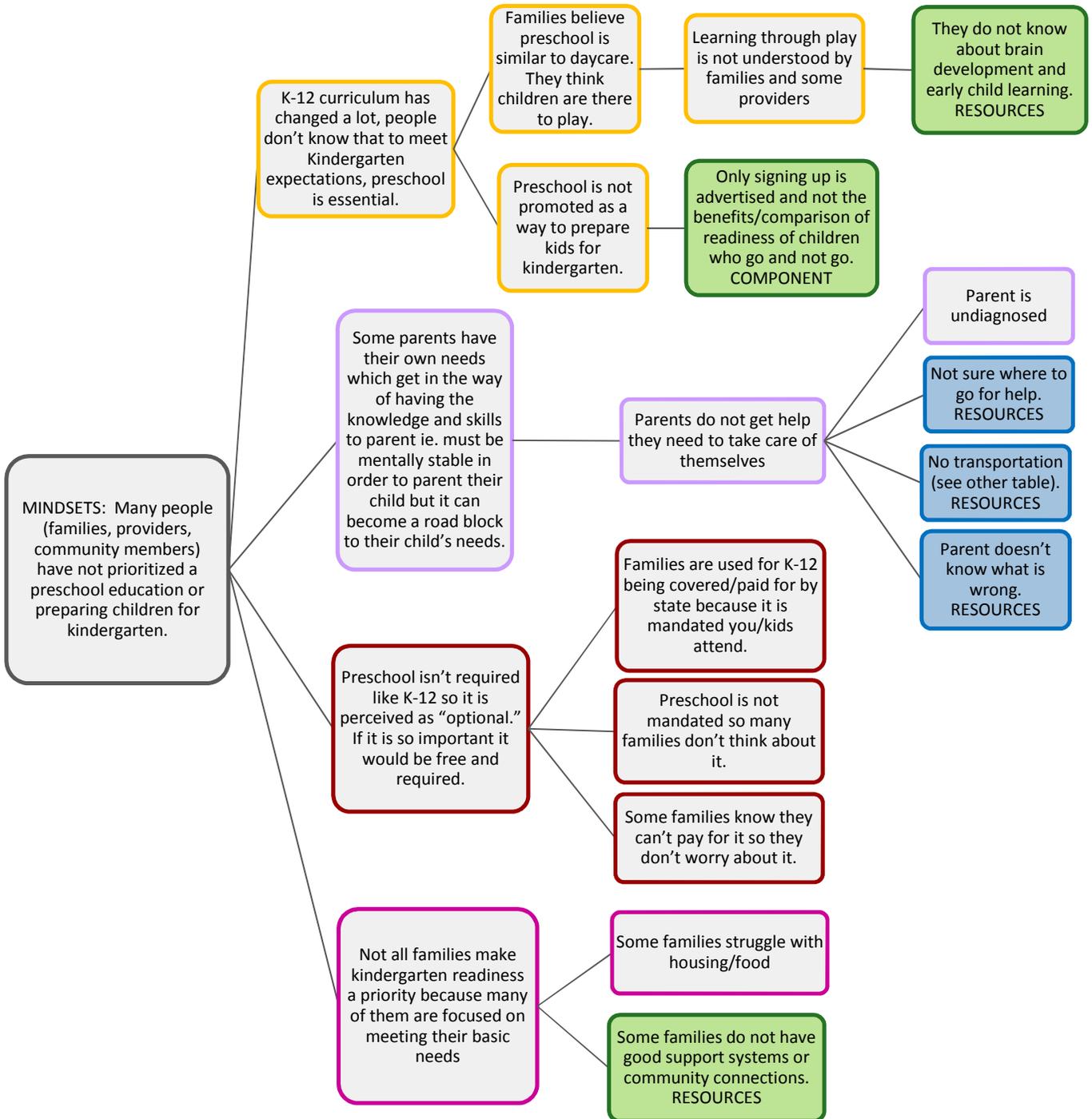
Goal A: Families and community members understand the importance of and how to provide high quality early childhood learning opportunities.

Green blocks indicated a Focus Area Priority; blue blocks indicate a secondary priority.



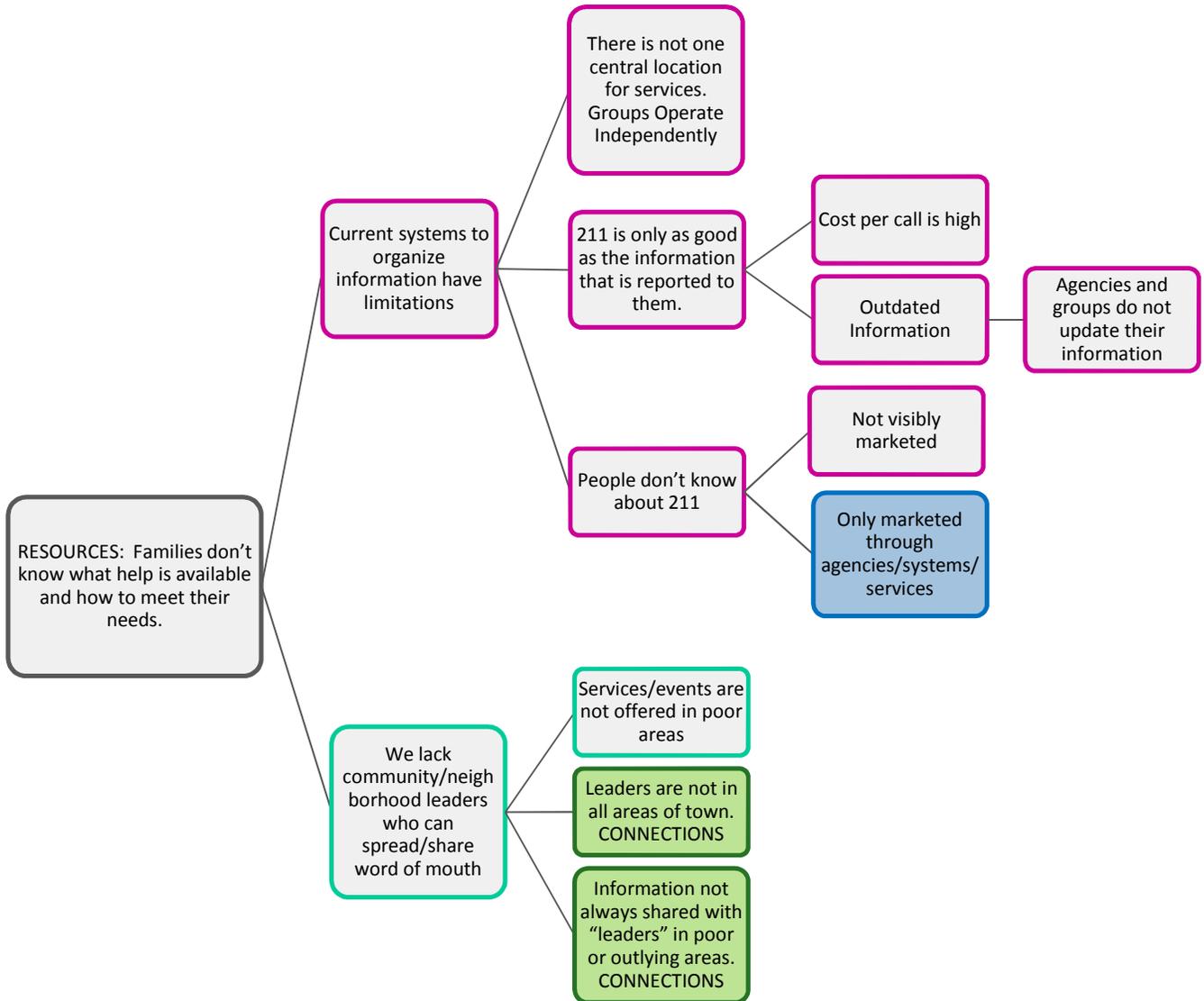
Goal A: Families and community members understand the importance of and how to provide high quality early childhood learning opportunities.

Green blocks indicated a Focus Area Priority; blue blocks indicate a secondary priority.



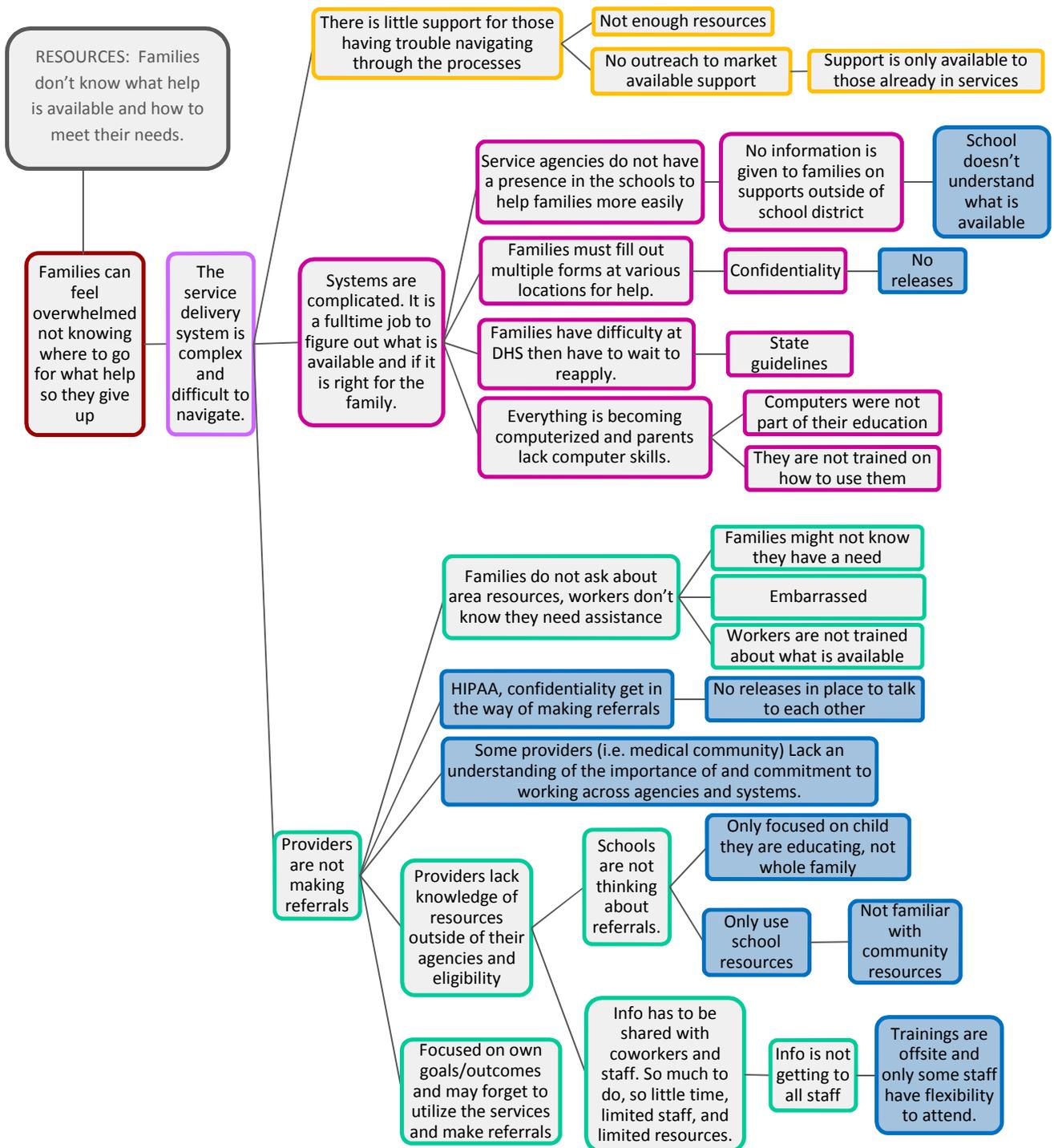
Goal B: Service delivery system is accessible and responsive to family needs.

Green blocks indicated a Focus Area Priority; blue blocks indicate a secondary priority.



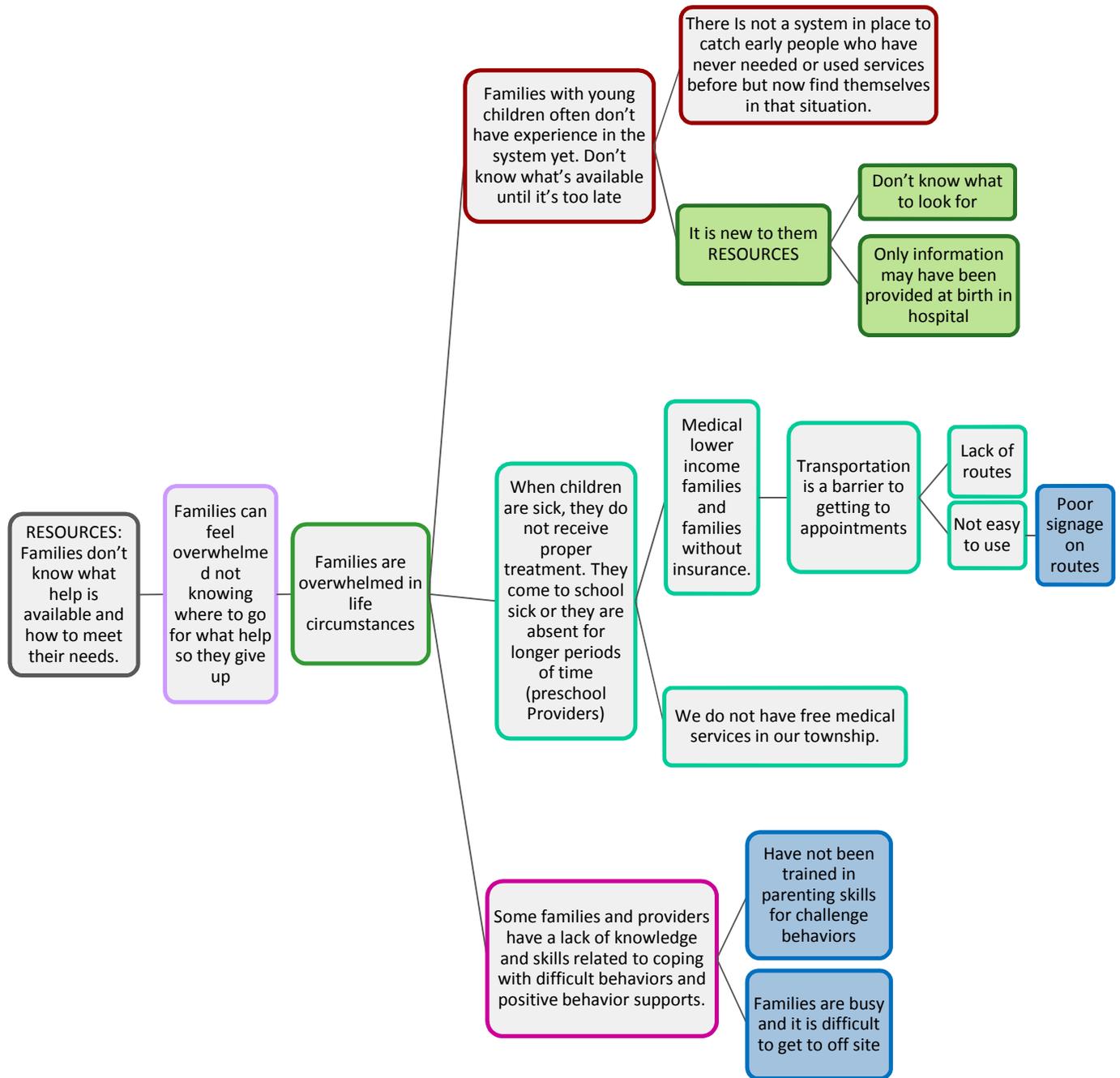
Goal B: Service delivery system is accessible and responsive to family needs.

Green blocks indicated a Focus Area Priority; blue blocks indicate a secondary priority.



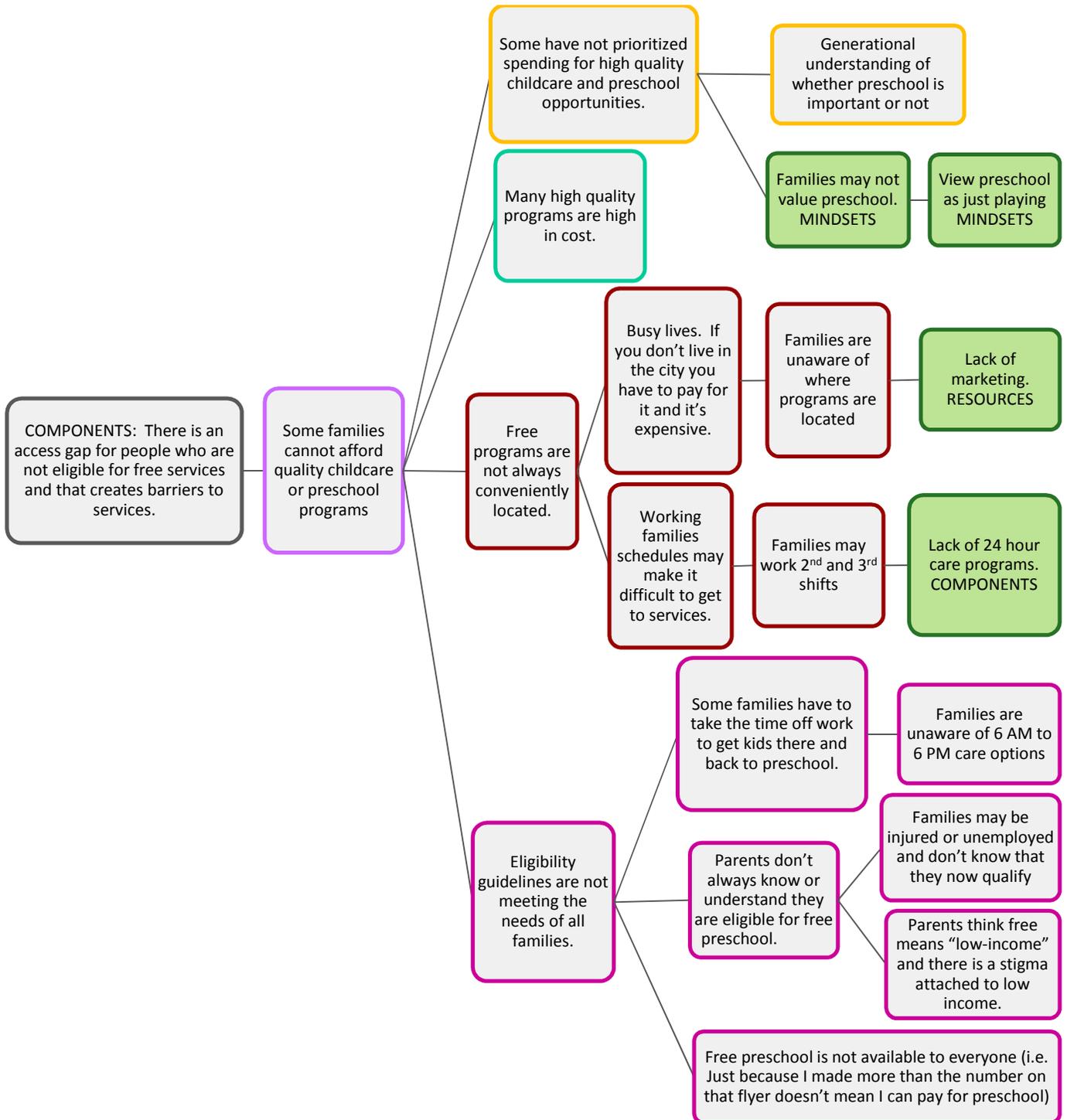
Goal B: Service delivery system is accessible and responsive to family needs.

Green blocks indicated a Focus Area Priority; blue blocks indicate a secondary priority.



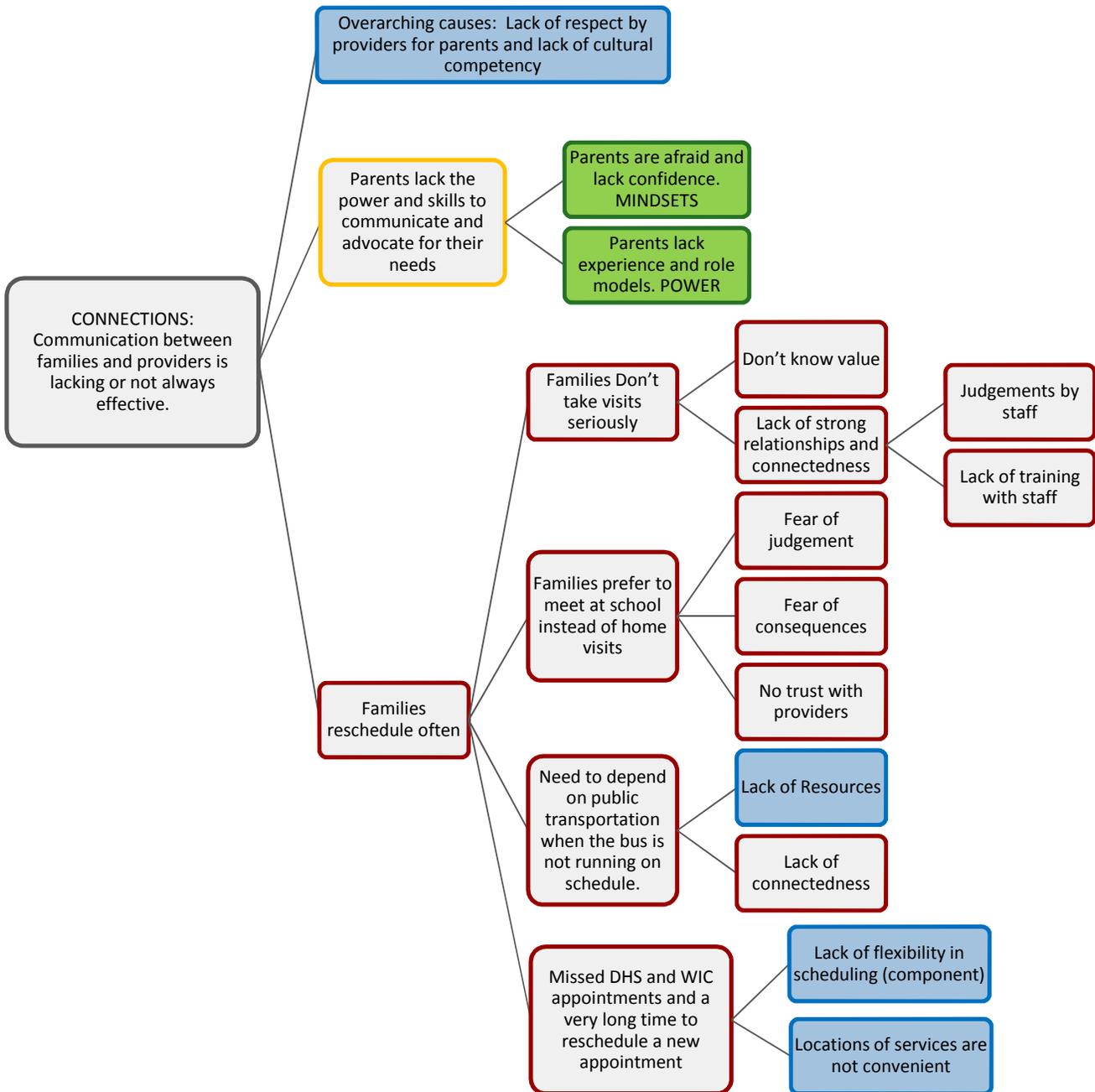
Goal B: Service delivery system is accessible and responsive to family needs.

Green blocks indicated a Focus Area Priority; blue blocks indicate a secondary priority.



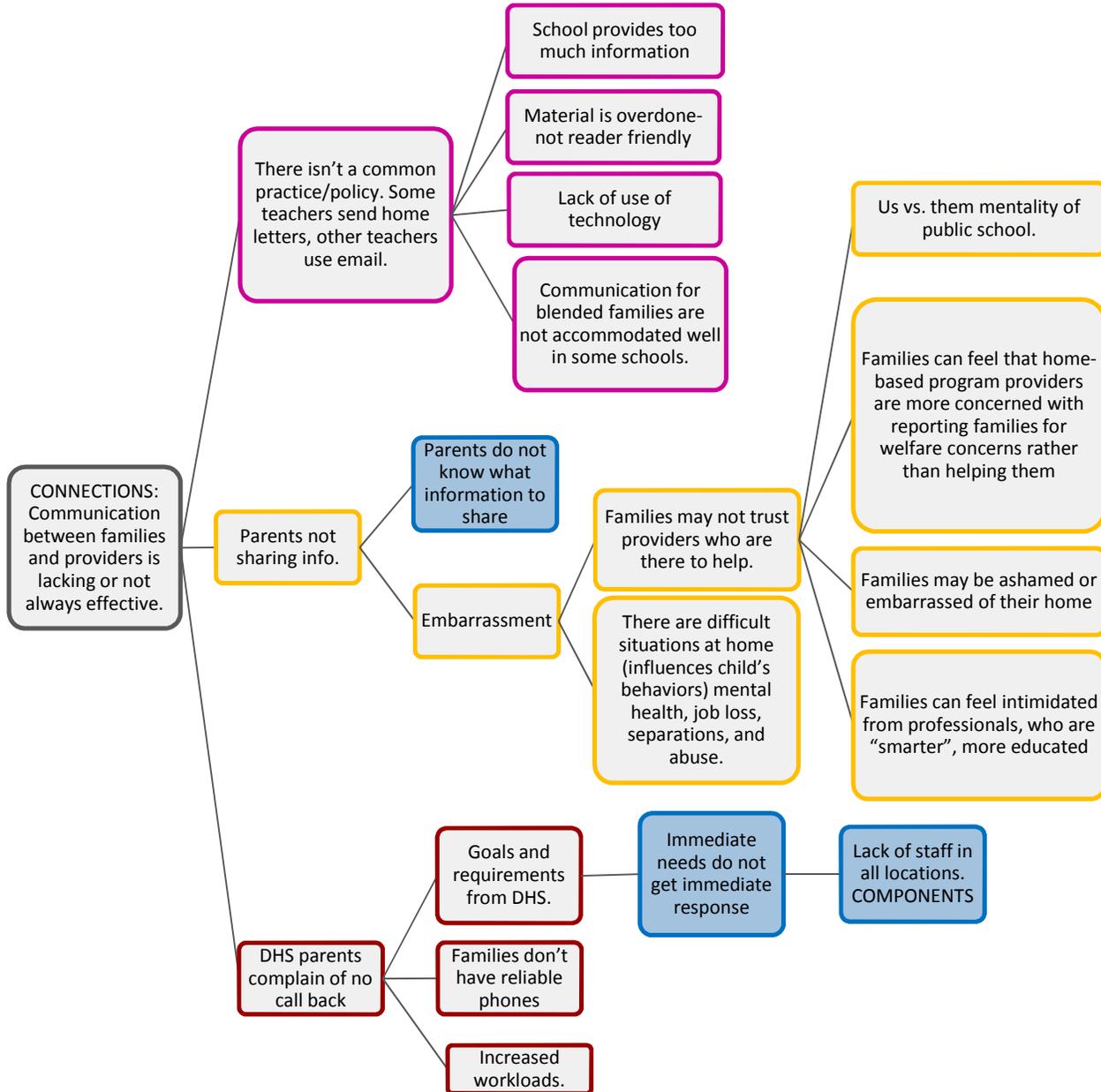
Goal B: Service delivery system is accessible and responsive to family needs.

Green blocks indicated a Focus Area Priority; blue blocks indicate a secondary priority.



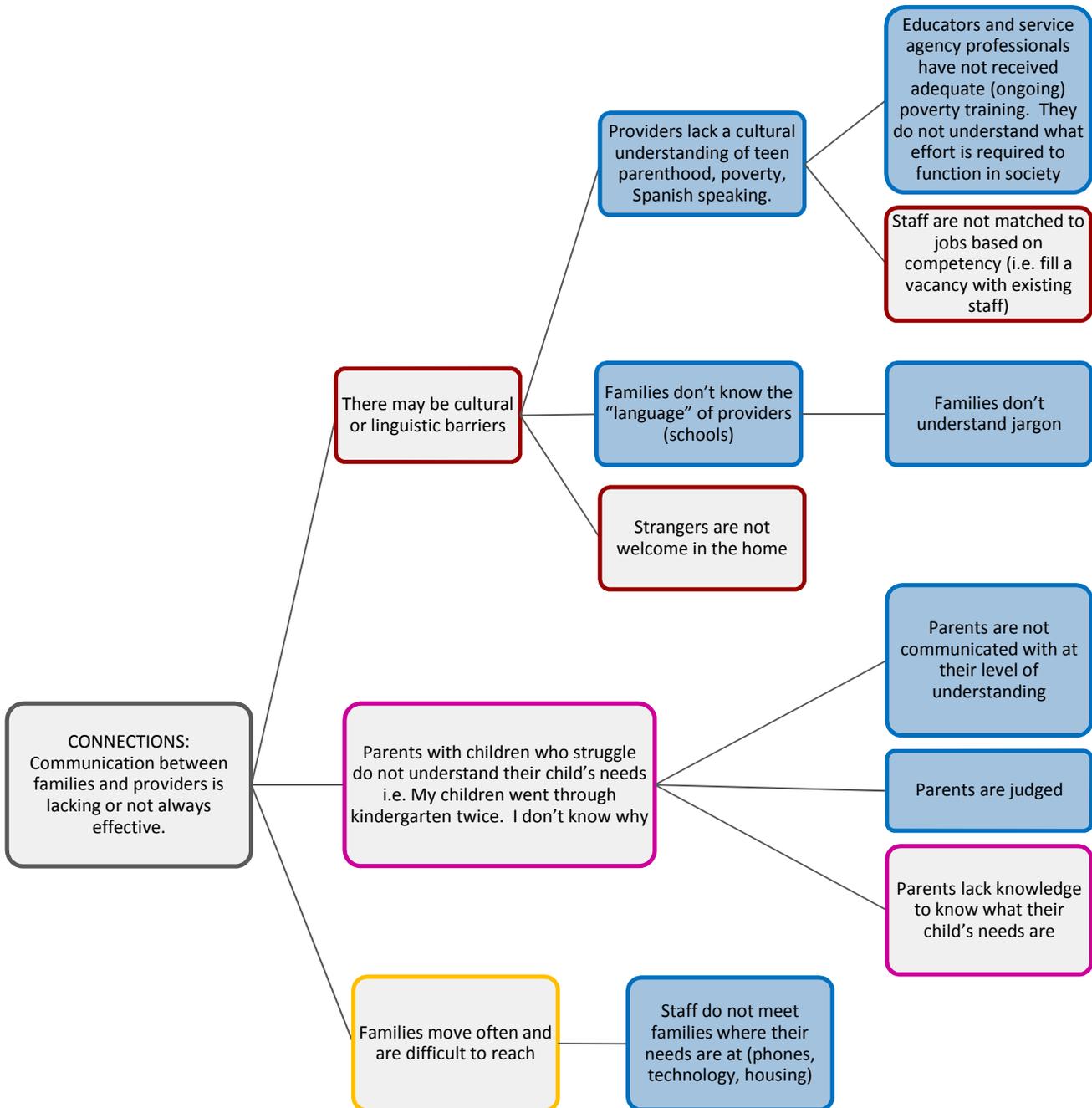
Goal B: Service delivery system is accessible and responsive to family needs.

Green blocks indicated a Focus Area Priority; blue blocks indicate a secondary priority.



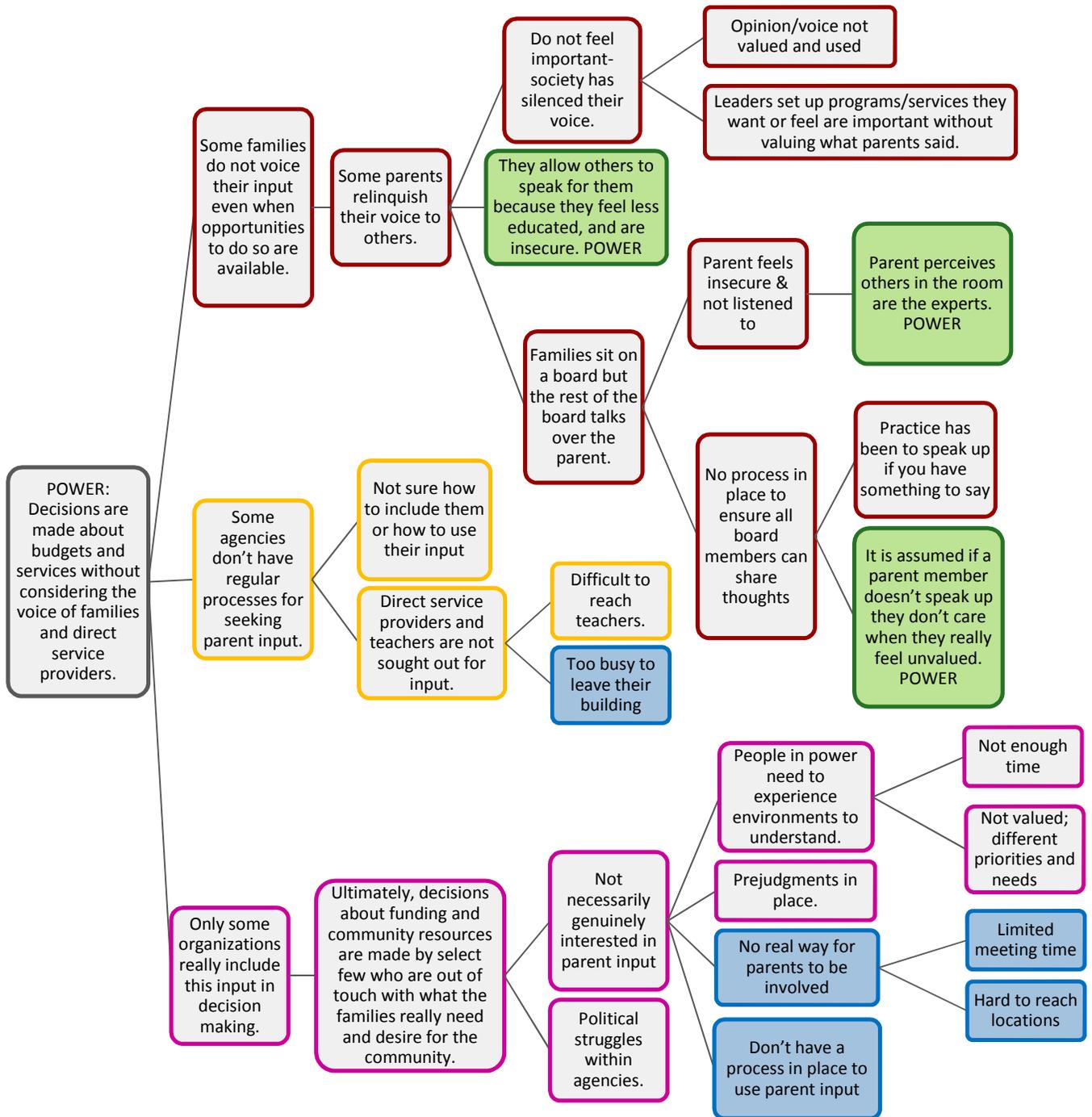
Goal B: Service delivery system is accessible and responsive to family needs.

Green blocks indicated a Focus Area Priority; blue blocks indicate a secondary priority.



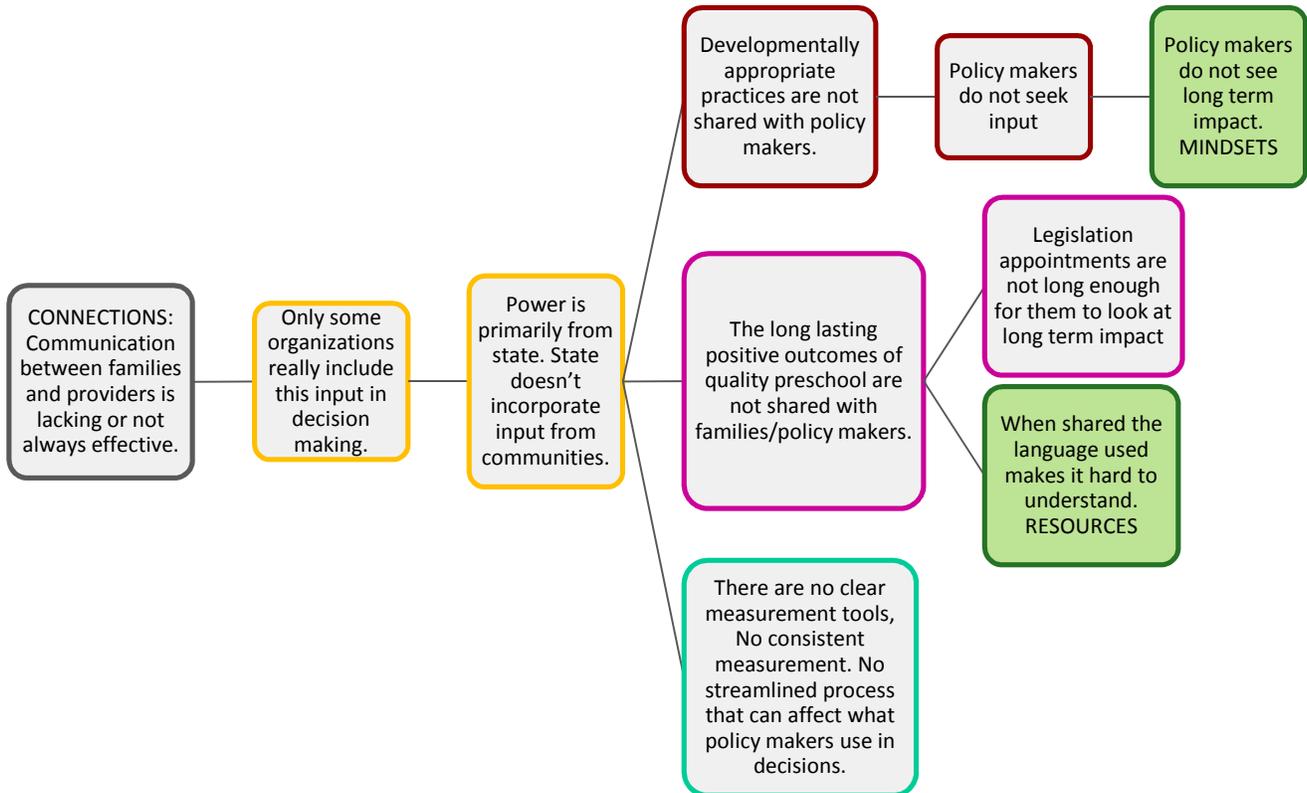
Goal B: Service delivery system is accessible and responsive to family needs.

Green blocks indicated a Focus Area Priority; blue blocks indicate a secondary priority.



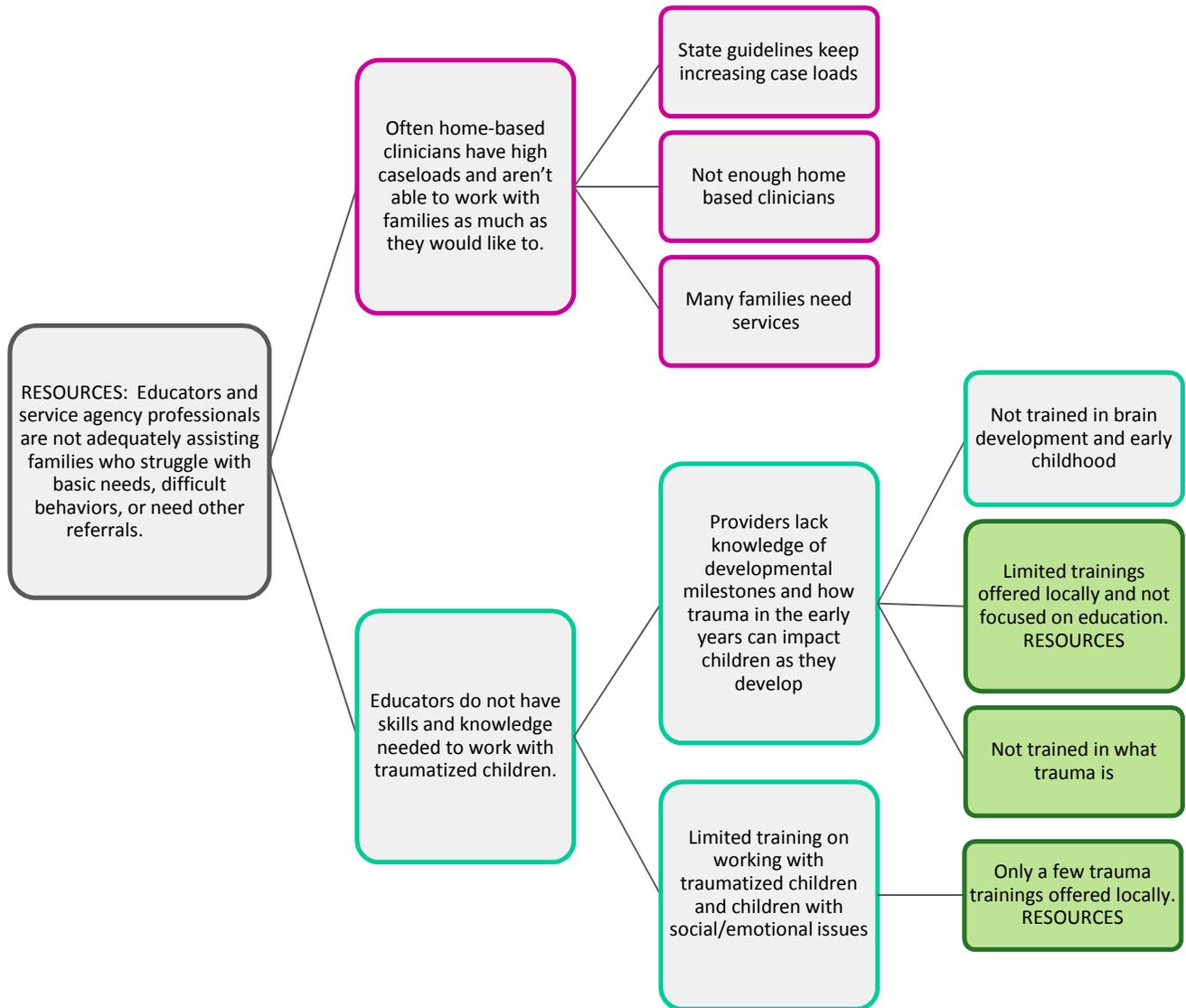
Goal B: Service delivery system is accessible and responsive to family needs.

Green blocks indicated a Focus Area Priority; blue blocks indicate a secondary priority.



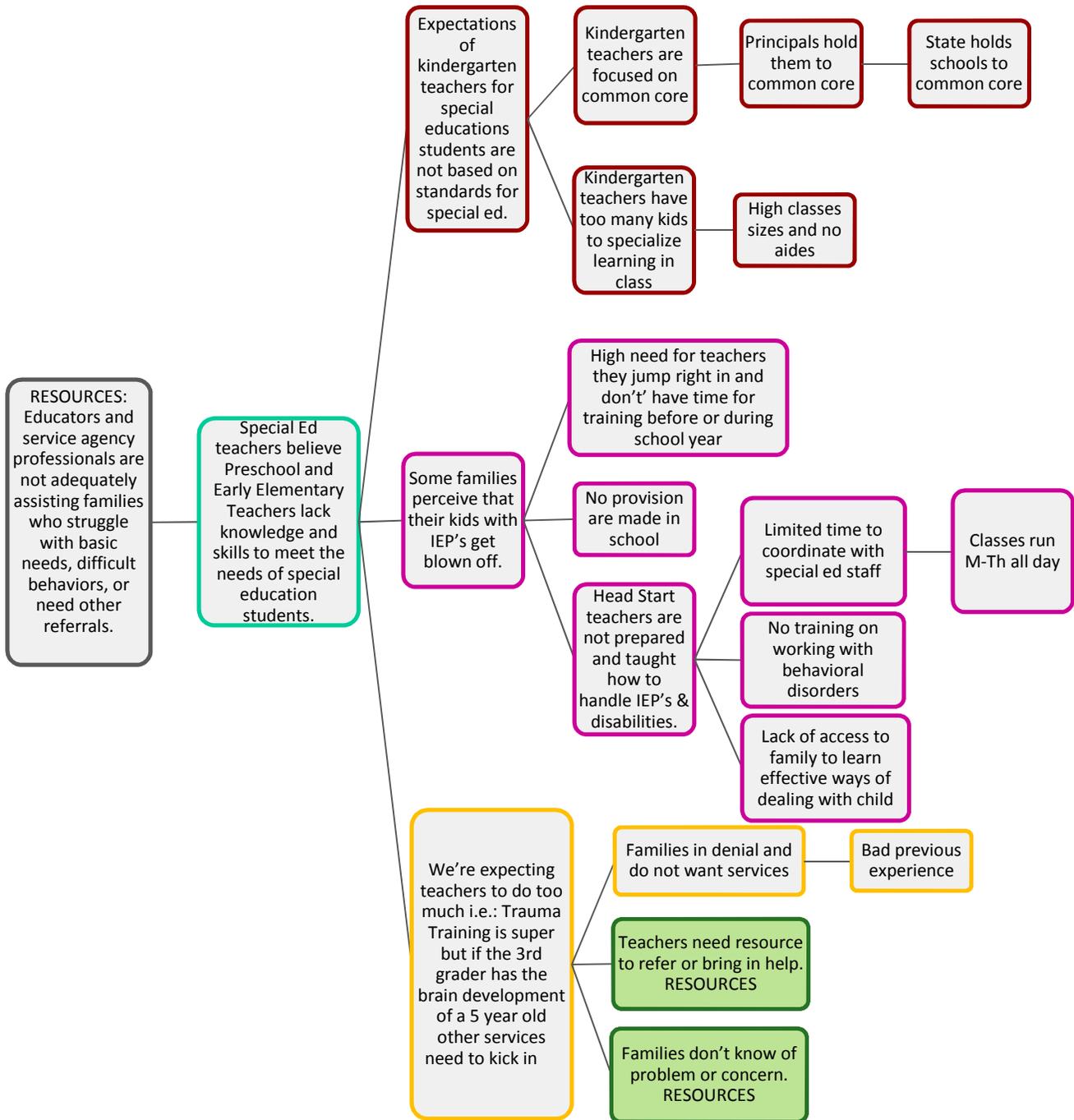
Goal C: Educators are confident and have the resources and support to help families and children.

Green blocks indicated a Focus Area Priority; blue blocks indicate a secondary priority.



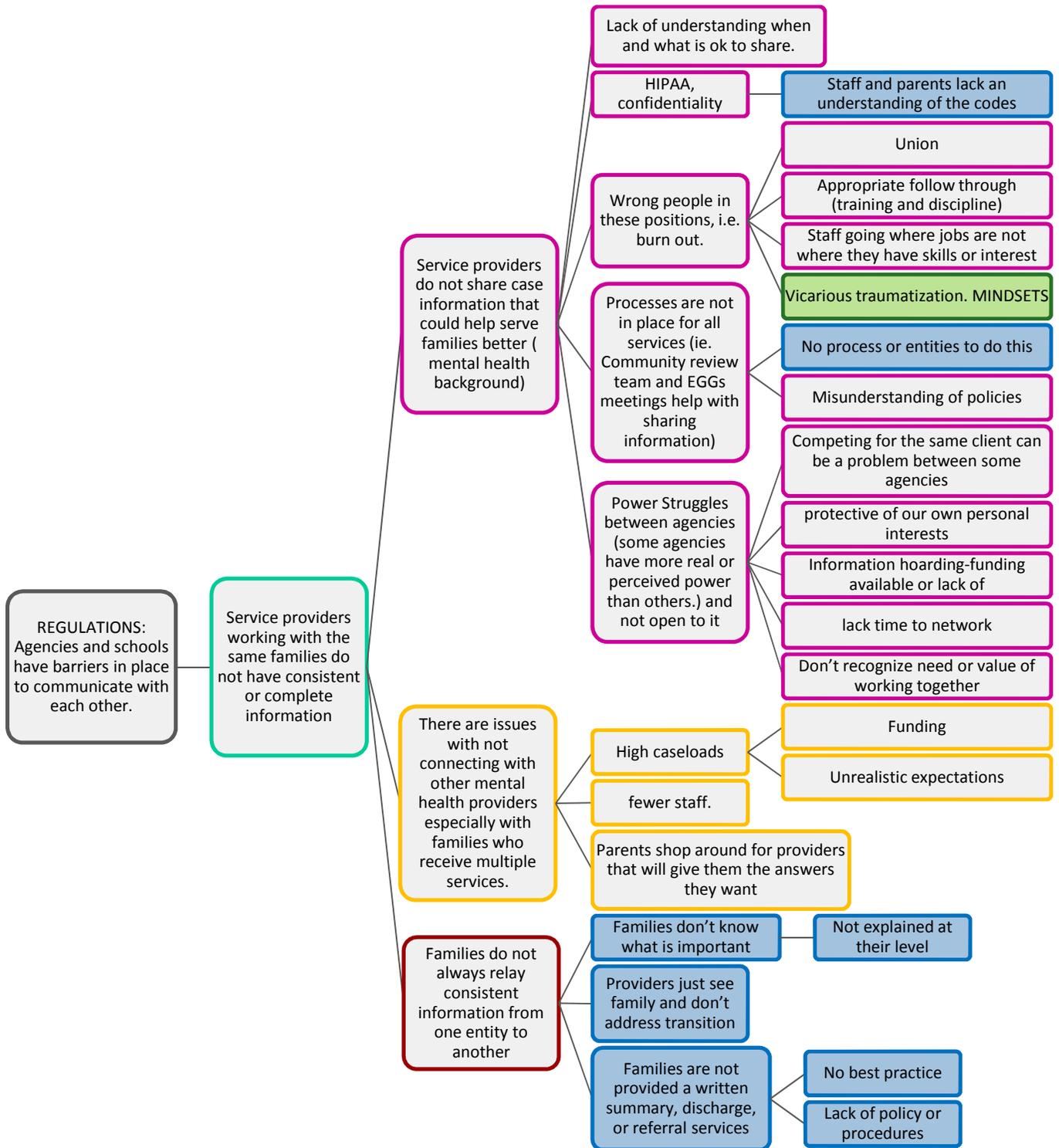
Goal C: Educators are confident and have the resources and support to help families and children.

Green blocks indicated a Focus Area Priority; blue blocks indicate a secondary priority.



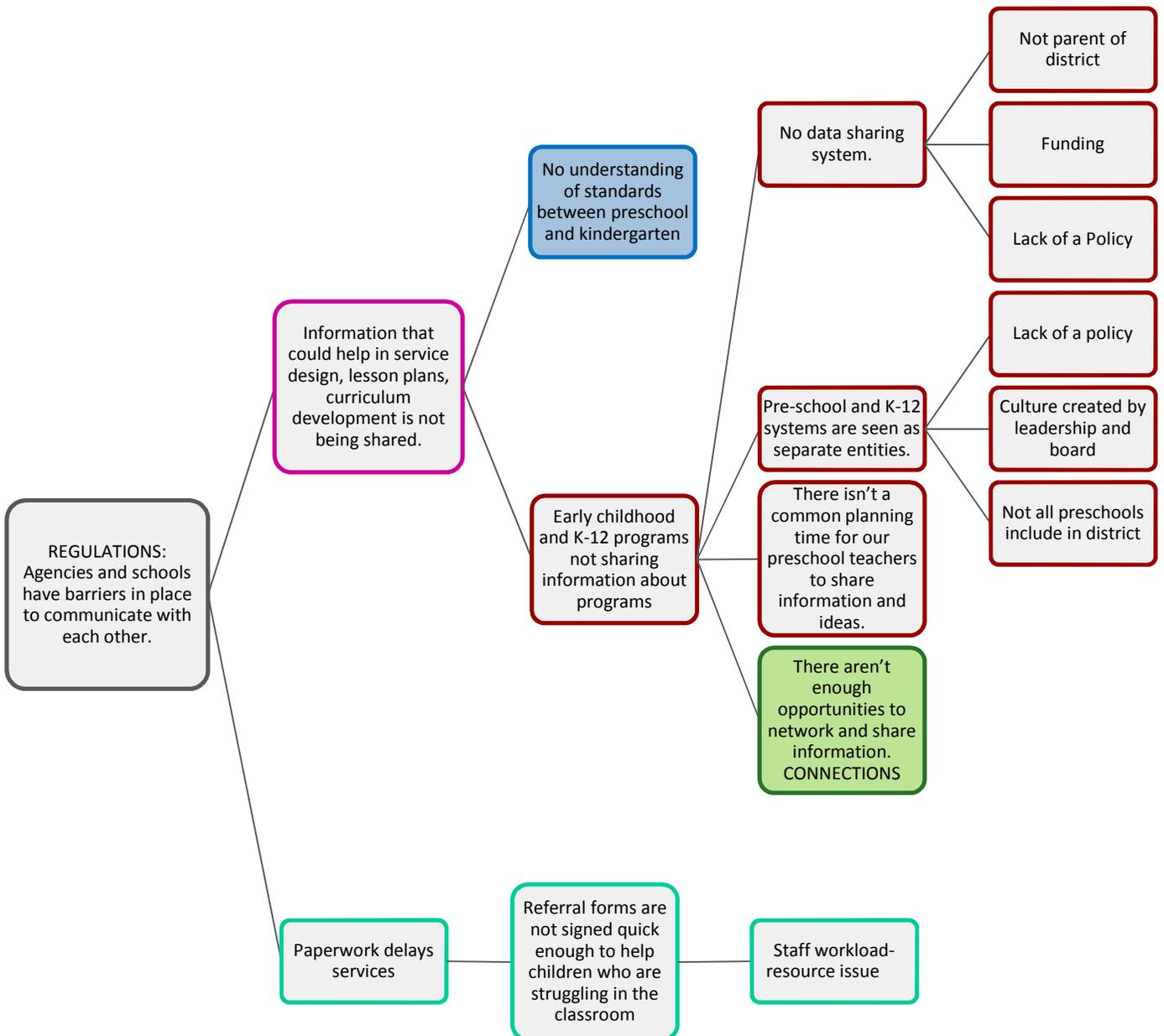
Goal C: Educators are confident and have the resources and support to help families and children.

Green blocks indicated a Focus Area Priority; blue blocks indicate a secondary priority.



Goal C: Educators are confident and have the resources and support to help families and children.

Green blocks indicated a Focus Area Priority; blue blocks indicate a secondary priority.



Headlines Prioritization Results

GSC Prioritization Survey-Jackson GSC

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

Answer Options	Response Percent	Response Count
Families	26.5%	18
Direct Service Provider	25.0%	17
Decision maker or Agency Administrator, Director, Department Head, etc.	33.8%	23
Other Community Member	14.7%	10
answered question		68

Goal A: Families and community members understand the importance of and how to provide high quality early childhood learning opportunities.

Answer Options	Changing this theme would have a BIG impact!!!	Changing this theme would have SOME impact!!	Changing this theme would have a SMALL impact!	Count	Impact Score	Feasible Score	Total Score	Rank
1. RESOURCES: Educators and families have different ideas regarding their roles in kindergarten readiness.	41	25	1	67	2.60	2.66	5.26	1
2. COMPONENTS: Not children have access to high quality early learning experiences or early childhood services.	54	11	2	67	2.78	2.49	5.26	1
3. MINDSETS: Many people (families, providers, community members) have not prioritized a preschool education or preparing children for kindergarten.	48	17	2	67	2.69	2.59	5.27	1
4. REGULATIONS: There are regulations and practices in the Pre-K and K-12 system that are barriers to preparing children for school.	28	30	8	66	2.30	2.11	4.41	2

Items for Root Cause Analysis:

1. RESOURCES: Educators and families have different ideas regarding their roles in kindergarten readiness.
2. COMPONENTS: Not children have access to high quality early learning experiences or early childhood services.
3. MINDSETS: Many people (families, providers, community members) have not prioritized a preschool education or preparing children for kindergarten.



Goal B: Service delivery system is accessible and responsive to family needs.

Answer Options	BIG impact!!!	SOME impact!!	SMALL impact!	Count	Impact Score	Feasible Score	Total Score	Rank
1. RESOURCES: Families don't know what help is available and how to meet their needs.	53	14	1	68	2.76	2.83	5.60	1
2. COMPONENTS: There is an access gap for people who are not eligible for free services and that creates barriers to services.	47	20	1	68	2.68	2.51	5.18	2
3. MINDSETS: Families may not trust providers who are there to help.	30	35	3	68	2.40	2.42	4.81	5
4. COMPONENTS: The service delivery system is complex and difficult to navigate.	40	25	3	68	2.54	2.48	5.02	3
5. COMPONENTS: Services are offered at times and locations that are hard for families for get to.	38	25	5	68	2.49	2.40	4.89	5
6. CONNECTIONS: Communication between families and providers is lacking or not always effective.	38	27	3	68	2.51	2.66	5.17	2
7. POWER: Decisions are made about budgets and services without considering the voice of families and direct service providers.	42	22	3	67	2.58	2.58	5.16	2

Items for Root Cause Analysis:

1. RESOURCES: Families don't know what help is available and how to meet their needs.
2. COMPONENTS: There is an access gap for people who are not eligible for free services and that creates barriers to services.
6. CONNECTIONS: Communication between families and providers is lacking or not always effective.
7. POWER: Decisions are made about budgets and services without considering voice of families and direct service providers.

Goal C: Educators are confident and have the resources and support to help families and children.

Answer Options	BIG impact!!!	SOME impact!!	SMALL impact!	Count	Impact Score	Feasible Score	Total Score	Rank
1. RESOURCES: Educators and service agency professionals are not adequately assisting families who struggle with basic needs, difficult behaviors, or referrals.	46	18	3	67	2.64	2.55	5.19	1
2. REGULATIONS: Agencies and schools have barriers in place to communicate with each other.	43	22	2	67	2.61	2.58	5.19	1

Items for Root Cause Analysis:

1. RESOURCES: Educators and service agency professionals are not adequately assisting families who struggle with basic needs, difficult behaviors, or need other referrals.
2. REGULATIONS: Agencies and schools have barriers in place to communicate with each other.



Levers of Change-Survey Results

Great Start Collaborative Infrastructure Assessment (20 participants)

How well would you say that your GSC practices each of these principles?

Answer Options	Not at All	Not Much	Somewhat	Quite A Bit	A Great Deal	Rating Average	Strength	Some Need	High Need
1. Equity Orientation	1	0	3	10	6	4.00		3	
2. Root Cause Focus	0	0	6	4	9	4.16	1		
3. Strong Relational Network	0	1	7	7	5	3.80			6
4. Intentional System Change Actions	0	0	3	11	6	4.15	1		
5. Local Champions	0	3	6	6	5	3.65			8
6. Interdependent Organizations	0	0	5	10	5	4.00		3	
7. Readiness for Change	0	0	7	10	2	3.74			7
8. Parent Leadership and Voice	0	2	4	9	5	3.85		5	
9. Effective Partnerships	0	1	5	6	8	4.05	2		
10. Shared Goals	0	0	6	7	7	4.05	2		
11. Active Constituents	0	0	6	9	5	3.95		4	



From the eleven items listed, check three items that you would like to see the GSC work on in the next year. Please check **THREE** items or less. You may refer to the definitions listed in the last question if needed. If there are other things that you think the GSC should do to strengthen its operations, please describe them under other.

Answer Options	Response Percent	Response Count	
1 Equity Orientation	29.4%	5	Some Need
2. Root Cause Focus	35.3%	6	Strength
3. Strong Relational Networks	23.5%	4	High Need
4. Intentional Systems Change Actions	17.6%	3	Strength
5. Local Champions	29.4%	5	High Need
6. Interdependent Organizations	5.9%	1	Some Need
7. Readiness for Change	29.4%	5	High Need
8. Parent Leadership & Voice	47.1%	8	Some Need
9. Effective Partnerships	35.3%	6	Strength
10. Shared Goals	17.6%	3	Strength
11. Active Constituents	29.4%	5	Some Need
	<i>answered question</i>	17	
	<i>skipped question</i>	3	

Definitions

1. Equity Orientation: The needs of the most vulnerable and/or underrepresented children and families in a local community are understood and addressed in a systematic and meaningful manner. Input of vulnerable constituents is valued and disparities in outcomes are targeted.
2. Root Cause Focus: Identifying the underlying causes of community problems is a priority, and the complexity of these causes is recognized. Members understand that the coordinated effort of multiple organizations/agencies is required to target these root causes.
3. Strong Relational Networks: Strong relational networks easily exchange referrals, coordinate services and share resources across various agencies in the community.
4. Intentional Systems Change Actions: Active pursuit of system change efforts, such as shifting or adopting new policies, procedures, or programs to reduce barriers and improve the early childhood system.
5. Local Champions: The broader community understands the urgency of the Great Start effort and member organizations are aligning their own strategic plans with Great Start priorities. Community leaders, including those from the business and government sector, act in support of the Great Start effort in the community.
6. Interdependent Organizations: Member organizations see the value in the collaborative effort and support other partners at the table.
7. Readiness for Change: Individuals and organizations believe in the need for change and have the capacity to pursue it.
8. Parent Leadership & Voice: Parents are effective leaders and competent champions for early childhood and represent a knowledgeable, diverse, and visible parent constituency."
9. Effective Partnerships: Strong, effective ties between the GSC and GSPC, and also with key outside organizations in the community.
10. Shared Goals: A unified vision shared with the GSC and GSPC, including: an aligned understanding of, and agreement upon problems, possible solutions, and overall goals.
11. Active Constituents: Active and involved members making valuable contributions to the GSC/GSPC, including: speaking at meetings, holding an office, or advocating for early childhood in the community.

