



Traverse Bay/Manistee

A partner of the
Early Childhood Investment Corporation

Strategic Plan

2013 - 2015

TABLE OF CONTENTS

I	Letter to the Community	3
II	Executive Summary	5
III	Great Start Collaborative Profile & History	10
IV	Strategic Analysis Findings	12
V	Goals & Strategies: Shared Priorities & Shared Work	17
	Early Care & Learning	
	Family Support	
	Parenting Leadership	
	Pediatric & Family Health	
	Social/Emotional Development	
	Great Start for Success Network	
	Communications & Community Education	
	Fundraising	
	Needs, Gaps & Data Sharing	
	Parent Voice	
	Strengthening Families	
VI	Infrastructure	20
VII	Fund Development	21
VIII	The Early Childhood Action Agenda	22
IX	Appendices	77

I. A LETTER TO OUR COMMUNITIES

The vision of the *Great Start* initiative in Michigan is that every child arrives at the door to kindergarten healthy, safe and eager to succeed in school and life, with equal opportunity to achieve at her/his



highest potential. To realize this vision for every child, the Early Childhood Investment Corporation was formed in 2005 as a public-private partnership modeled after similar, successful economic development partnerships and charged with implementing a strong and locally responsive early childhood system. Since that time, Great Start Collaboratives and Great Start Parent Coalitions have developed throughout the state so that now every community can participate in systems-building and problem solving to help achieve this vision for all children.

Many people wonder why this focus on early childhood has recently emerged as a major state and national issue. The answer lies in the availability of new information. Research over the last thirty years is

providing strong evidence for what some had thought all along—that the early years are a uniquely critical period of development. Advances in technology allow us to understand more and more about how the brain develops and functions, and to gain insight into how the experiences of early childhood influence behavior and relationships in school and throughout adult life. The evidence is compelling: The best way to prepare our children to become productive, engaged and happy adult citizens is to ensure that every child gets a great start in life. Action on our part is urgently needed if we do not want to leave another generation of talent and potential to chance.

The Great Start Traverse Bay/Manistee Collaborative (GSC) and Great Start Parents (GSP) invites you to explore this Strategic Plan to learn about the goals we've identified, the plans for achieving them in the time period covered by this plan, and to consider what role you might play in this work. There are many ways individuals and organizations can be involved, from membership in the GSC, which is open to all interested community members and organizations, and/or Great Start Parents, which is open to parents, grandparents and guardians of children birth to age twelve, to participation on working groups, advisory committees or volunteering to help with specific events and activities.

This plan has been reviewed by the GSC Executive Team and accepted on behalf of the Collaborative.

GREAT START TRAVERSE BAY/MANISTEE COLLABORATIVE EXECUTIVE TEAM 2012^{1 2}

Michael J. Hill

*Traverse Bay Area Intermediate School District
GSC co-chair*

Scott Crosby

Manistee Intermediate School District

Kathleen Kundrat

*Northwest Michigan Community Action
Agency/Head Start*

Mary U. Manner

*Traverse City Area Chamber of Commerce
GSC coordinator*

Robert P. Gluszewski

*Consumers Energy
GSC co-chair*

Yvonne Donohoe-McCool

Traverse Bay Area Intermediate School District

Ann Tisdale

*Parent
Core GSP member*

Robin Hornkohl

*Traverse Bay Area Intermediate School
District/GSC-GSP Community Engagement
Specialist*

¹ GSC = Great Start Collaborative; GSP = Great Start Parents

² Effective October 1, 2013 Manistee ISD will no longer be a member of this GSC

II. EXECUTIVE SUMMARY

Introduction

Our commitment to early childhood comes from a deeply-held belief that every child matters, and also from an economic development perspective on the impact that children and families have on community vibrancy and prosperity. Research from communities across the nation indicates that the presence of family-friendly community infrastructure plays an important part in decisions employers, and employees of choice, make about where to locate. The economic future of northwest Lower Michigan will depend on whether our communities are able to attract and retain the talented young workers—and their families—who will sustain, create and grow businesses in the area. Thus we can expect the investments we make today in building a strong and responsive early childhood system will pay dividends in the years ahead for our children, and for the children who come after them.

Overcoming Barriers

Six counties, 2400 square miles with a population of 190,000 people³, two Native American sovereign nations, two intermediate school districts, three Department of Human Services units, four health departments, six county collaboratives and 0 – 6 work groups... Sometimes simple geography and jurisdiction boundaries can become barriers to inter-agency collaboration and limit families' access to services. The GSC and GSP strive together to develop a model network for regional collaboration that surmounts these barriers and create a “no wrong door” environment for families seeking information, programs and services for young children.

Mission & Values

The mission of the Great Start initiative in Michigan is “to assure a coordinated system of community resources and supports to assist all Michigan families in providing a great start for their children from birth through age five.”⁴ This Collaborative wholeheartedly supports that mission and actively directs our efforts toward achieving it.

As a collaborative, we share these values:

- We seek to understand the experiences common to all families and to honor their diversity
- We are family-centered advocates for children
- We promote universal access to programs and services
- We promote parent leadership in the home, the workplace and the community
- We seek a common vision for a *Great Start for Success Network* that serves all families

Collaborative Membership & Community Partners

The Traverse Bay/Manistee Great Start Collaborative is a group of citizens who share these values and work on behalf of *all* families and young children in our region. Membership is open to all who care about young children, and includes parents, caregivers and educators, business people, philanthropists, healthcare professionals, members of the faith community, elected officials and

³ 2010 Census http://www.michigan.gov/cgi/0,4548,7-158-54534_51713_51716-252541--,00.html accessed October 22, 2012

⁴ <http://greatstartforkids.org/content/vision-mission-system-and-results> accessed July 11, 2013

community leaders who represent the cultural, social, economic and demographic diversity of our communities. The authentic voice of families with children with special needs, families with experience accessing community-based early childhood services, grandparents, foster parents and prospective parents is welcomed. Through membership in the Collaborative, as core members of the Great Start Parents, and by participation in Great Start working groups and advisory groups, people and organizations are empowered to share their wisdom and expertise with each other and with the larger community.

Great Start Parents

The authentic voice of parents is fundamental and essential to the work of the Collaborative. At the state level, the parent group is known as the Great Start Parent Coalition, but in our region the parent group chose to drop the word “coalition” and focus on “parents” as the defining word for their organization. There is another significant characteristic of Great Start Parents (GSP) which distinguishes the group from some others around the state—they are fully integrated with the Collaborative through shared planning, agenda and funding. From this point forward in the Strategic Plan when we use the term Collaborative we are referring to the combined GSC and GSP unless otherwise noted. Membership in the GSP is open to any parent, grandparent or guardian of a child age birth to twelve.

Strategic Plan Development

The members of this Collaborative formed the core group that reviewed the 2010 strategic plan and recommended revisions to its goals and strategies. The goals and strategies outlined in this plan emerged from analysis of current data, community needs assessment, and facilitated planning sessions at Collaborative meetings. Numerous community stakeholders, including parents, also contributed to the review process through informal conversations and facilitated group discussions. The resulting strategic plan is both a guiding document and a vital component of our collective work, responsive to the changing needs of our communities.

Progress

In the three years since our first Strategic Plan was published, this Collaborative has made progress in developing a responsive network and addressing some of the most pressing needs of the families in our six county region. Both Traverse Bay Area Intermediate School District (TBAISD) and Manistee Intermediate School District (MISD) have made organizational and policy changes to enhance their early childhood programs:

- TBAISD is piloting a two-year project testing the effectiveness of a Department of Early Childhood that brings together all early childhood specialists under a single department head who reports to the Superintendent;
- In the city of Manistee, MISD converted a shuttered elementary school into an early childhood center, increased the number of publicly-funded preschool slots and dramatically expanded the resources available to parents and staff.

Across the region, local school districts have increased access to preschool and maintained early childhood services as their budgets allow. The business community has advocated for increased access to preschool and supported quality improvement in early care and education. The Traverse City Area

Chamber of Commerce has made financial commitments through the Traverse Bay Area Economic Development Corporation to support the work of the Collaborative, advocates with our elected officials, and promotes a regional early childhood policy agenda through the Northern Michigan Chamber Alliance. Philanthropic and service organizations are partnering with parents to increase families' access to early literacy programs and information on parenting and children's social/emotional development.

On the local level partnerships and collaborations are blossoming as well. Some examples are:

- In Leelanau County a collaboration between a school district and a private child development center hopes to provide a birth – age 8 educational continuum for families who would choose that option.
- In Manistee County the City of Manistee Parks and Recreation Department is renovating community playgrounds to include developmentally appropriate play areas for children age 2 to 5
- In Kalkaska County the Great Start Parents partner with the United Way to provide activities for families with young children that promote physical, social-emotional and cognitive development.

Shared Priorities and Shared Work

It is often said that it takes a village to raise a child. As the examples above show, our “villages” are committed to their children. However, a child does not exist in isolation from her/his family. One of our core values is that parents are a child's first and best teacher, which led us to create a paraphrase: It takes a village to support the parents who raise the child.

The Great Start system is made up of five components [see the *Great Start Star* in the appendix]. Three components focus on direct services and programs to serve children: early care and learning; social/emotional development; pediatric and family health. The remaining two components focus on parents and families: parent leadership and family support. The goals and priorities set out in the Action Agenda are organized by component and shared by all members of the Collaborative. However, the action agenda is divided into two categories to reflect the unique, and sometimes confounding, realities of what it means to make a difference in the lives of families living and working in a six-county region with multiple community health, human services, legislative, legal, educational jurisdictions.

Shared priorities are goals we all agree upon, but understand that political and/or organizational boundaries prevent us from working on them together. While, in time, those boundaries may fade, for the present we agree to seek ways to support each others' work and to assist families in taking advantage of shared resources to improve outcomes for children. These eight goals address the needs of families for childcare, preschool, access to screenings and early interventions, parent education and other critical needs as they exist in various communities, counties and jurisdictions.

Shared work, on the other hand, are goals that cut across boundaries and have the potential to unite the Collaborative in achieving them. The six goals in shared work include efforts to share data, communicate a consistent and compelling message, develop sustainable funding, and empower

authentic parent voice. The remaining two shared goals are being advanced with additional community resources.

Strengthening Families: a Framework for Community Engagement

In the 2010 Strategic Plan, the Parent Leadership component goals were to adopt the Strengthening Families Framework as the preferred method of community engagement and to promote the Protective Factors throughout the six-county region⁵. Since 2011 members of this Collaborative have been involved at the state and national level with the Children's Trust Fund and the Center for the Study of Social Policy to develop the expertise and experience necessary to begin implementation of the Framework and to provide training in Strengthening Families for communities in northwest lower Michigan. A Strengthening Families working group formed in 2012 after a team of Collaborative members attended an intensive train-the-trainer program with national experts, and the goals related to the Framework were moved to the shared work agenda⁶.

Great Start for Success Network: a Commitment to the future

We hold a collective vision of an early childhood system that meets the needs of all families living in small communities in rural areas. The systems models that are known to be effective and efficient in urban settings do not transfer to rural communities where distances are large, communications infrastructure is inconsistent, and average population density is low. This is not a new finding, indeed the idea has been discussed many times over the years, but in 2011 the Collaborative circulated a concept paper which inspired the community. In 2012 the Collaborative issued a national Request for Proposals to develop the *Great Start for Success Network*. Three proposals were submitted and a combined community/Collaborative advisory team selected a team of expert consultants drawn from early childhood, business, architecture and communications to lead the initiative. Work toward this system and network is a primary focus of our shared work⁷.

Levers for Change

Michigan State University System exChange Evaluation team has conducted two state-wide evaluations of Great Start Collaboratives and Great Start Parent Coalitions (in 2010 and 2012) based on a theory of systems change known as the *Community Problem Solving Model*. In this model, collaboratives pass through four stages along the path to achieving a population-level goal. Levers for change are the strategies collaboratives employ to create systems change. According to the 2012 report, this Collaborative is effectively activating all but one of eight levers—"strong relational networks."⁸ According to the evaluation, "Strong relational networks easily exchange information, coordinate services and share resources across various agencies in the community." This evaluation result is consistent with the challenges we face and the priorities we've identified. Change is never easy, but

⁵ See the Center for the Study of Social Policy www.cssp.org for a complete discussion of Strengthening Families and the Protective Factors. Leelanau Children's Center in Leland, MI was one of twenty-two sites studied in the national evaluation study that led to the development of the Framework. LLC is a member of the GSC and continues to provide leadership in authentic parent voice and early care and learning best practices.

⁶ Participation in the working group is open to anyone interested in learning more about Strengthening Families, Framework implementation, and/or developing strategies to help families acquire the Protective Factors.

⁷ The "5 to 1" project report and timelines are available at www.greatstartkids.com, the Collaborative's website.

⁸ The 2012 MSU Evaluation Executive Summary is available at www.greatstartkids.com

we are committed to making northwest lower Michigan the best place in the world to live, work and raise a family.

Looking Ahead

While this plan was being revised changes were occurring within the region, and Manistee ISD made a decision to move affiliation to the Wexford/Missaukee ISD and the Great Start Collaborative/Great Start Parent Coalition that serves that region. Effective beginning Fiscal Year 2014, this GSC will revert to its original configuration which includes the five counties served by the Traverse Bay Area ISD: Antrim (southern), Benzie, Grand Traverse, Kalkaska, and Leelanau counties with a small portion of Wexford County included in the Buckley School District. This change does not effect the Strategic Plan, nor does it in any way affect our regional outlook or our willingness to partner across jurisdictional lines to do what is best for families. We look forward to continuing collaboration with Manistee County.



AERIAL VIEW OF TRAVERSE CITY LOOKING EAST TOWARD ANTRIM COUNTY

III. GREAT START COLLABORATIVE PROFILE & HISTORY

The Traverse Bay Great Start Collaborative was formed in May of 2008 after receiving funding from the Early Childhood Investment Corporation (ECIC). The five county community including Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau County, was excited for the new opportunity to enhance their collaborative skills and partnerships around early childhood issues. The Traverse Bay Area has had a long-standing commitment to work in the interest of young children and their families. These collaborative efforts took many forms including partnerships formed around All Students Achieve Program Parent Involvement in Education (ASAP-PIE), the Traverse Bay Early Childhood Consortium, and the Poverty Reduction Initiative Early Childhood Workgroup. In addition, each of our county-based community collaborative councils supported working subcommittees addressing the needs of young children.

The past collaborative work was supported greatly by the efforts of local early childhood professionals, K-12 educators, and health and human service staff. The Traverse Bay Great Start Collaborative built upon this foundation and added membership from business, faith, philanthropy, and government. Additionally, there was a strong focus on including parents of young children from across the region to ensure that parent input would be central to all the discussions. Representation was targeted to include underserved and minority populations as well as geographic diversity. In accordance with the Investment Corporation stipulation, each required membership area was filled including: the Intermediate School District superintendent, public health, human services, community mental health, local hospitals, family court, Early On, Zero to Three Secondary Prevention, Regional 4-C Association, Head Start, Michigan School Readiness, licensed childcare centers, elementary principals, and local elected government. These partners committed to the establishment and maintenance of a strong early childhood system in the Traverse Bay Region that would meet the needs of *all* children from birth to age five and their families. The Executive Director of the Chamber of Commerce and the Intermediate School Superintendent led our initial efforts as co-chairs of the Collaborative.

In June 2008 the Collaborative hired a Coordinator and a Parent Liaison to steer the work of the Great Start Collaborative and Parent Coalition. Parent Consultants were contracted in each of the counties to further ensure the presence of parents at the Collaborative table and to establish grassroots contacts in each county. The next order of business was to recruit additional stakeholders, develop operating guidelines, and form essential committees, including the executive and communications.

Beginning in the fall of 2008, the full group began the task of conducting a Local Early Childhood System Assessment. The information garnered from this assessment would be used to develop a Strategic Plan and Early Childhood Action Agenda. Workgroups began to review, analyze, and prioritize local data.

In January 2009 Traverse Bay Great Start began a conversation with Manistee Great Start and the Investment Corporation regarding a possible merger. After four months of developing a working model and budgets, Manistee County was added to the newly named Great Start Traverse

Bay/Manistee Collaborative. Manistee county would benefit from the established infrastructure of the existing collaborative and Traverse Bay would gain additional funds to implement the regional work. The geographic proximity allowed multi-county representatives the opportunity to attend a single Collaborative meeting, guaranteeing the success of all of the counties invested.

In the spring of 2009 a Great Start Specialist and a Parent Liaison were hired to assist with the work of Manistee County. The inclusion of a sixth county provided new opportunities and challenges in the coming months.

The assessment and data review work continued and now included a picture of a six county region. In August of 2009 the *Great Futures Report* was released to the public. In response to the report on early childhood, staff held community conversations and focus groups using the information from the report to gain greater community input, understanding, and to build will around early childhood. Additional information was completed through a formal Infrastructure Review, the completion of the Wilder Collaborative Factors Inventory, a review of current early childhood programs and services, and the recommendations of the newly formed Social Emotional, Childcare and Early Education, and Pediatric and Family Health workgroups.

During this critical period, the founding coordinator resigned and an interim coordinator was named until, in the beginning of January 2010, a new Great Start Coordinator was hired. During the hiring process the executive committee made a decision to also contract for a new position, a Great Start Business Liaison, to better meet our goals of connecting early childhood to economic development. All agreed that it was essential to have staff in place prior to the creation of the strategic plan.

The data collection and review in the preceding months helped to inform the Collaborative and prepared the group for the Strategic Planning meeting held in January 2010. The goals developed by the Collaborative during the planning session were refined and expanded at the committee level in the following months. The 2010 Strategic Plan and Early Childhood Action Agenda was the culmination of eighteen months of work, and reaffirmed our commitment to improve the lives of young children in this region. We looked forward to the implementation of the Action Agenda and building our Coalition and Collaborative, groups committed to every child in the Traverse Bay/Manistee region having a Great Start – safe, healthy, and eager to succeed in school and in life.

Since the original work plan was created the GSC, Parent Coalition, and community partners have been working toward the established goals and objectives. As we continue to work toward bringing action to our working agenda, our 6-county collaborative has participated in consistent dialogue to establish how all sectors can best support the work of young children and families in our community.

2012 Update

The current strategic plan has been rewritten to better support all members in the community to identify pieces of the shared work that they can act on and give voice to our shared priorities. In the coming years, an intentional focus on community engagement using the Strengthening Families Framework and community cafes, fund development, and the development and implementation of a network that serves all families in the region will be the main work of the Collaborative.

IV. STRATEGIC ANALYSIS FINDINGS

The Great Start Traverse Bay/Manistee Collaborative conducted a three-part Local Early Childhood System Assessment in 2008 – 2009 as part of the year-long process which resulted in a Strategic Plan and Early Childhood Action Agenda designed to meet the needs of children age 0-5 and their families residing in Antrim, Benzie, Grand Traverse, Kalkaska, Leelanau, and Manistee Counties.

Part 1: Data Analysis, was conducted primarily from October 2008 to June 2009. The period was extended to allow for data to be collected in late spring on Manistee County after the successful merger of the two Collaboratives. The Collaborative as a whole reviewed Kids Count data and additional local data on children and families in each of the Great Start component areas. The results of the data review were reported to the public in a report entitled Great Futures: The Status of Young Children in the Six County Region.

The Data Review Team, composed of professionals working in each component area, parent representatives, and Great Start staff, met in December to provide additional analysis and recommendations for prioritizations. The team established a process for systematic review, identified gaps in data and additional sources of data needed. They then ranked and prioritized the various indicators to arrive at the most important ones to carry forward to the Collaborative, in public documents and strategic planning processes.

The Great Start Coordinator and Specialist then sifted through hundreds of indicators of child and family status provided by ECIC and from many other sources, including the U.S. Census, Michigan Departments of Community Health, Education, and other State sources, and locally developed data from agency record and reporting systems. In each case, local data were compared, for each of the counties to statewide and/or national statistics to better understand trend and comparison data.

The purpose of this process was to inform the full Collaborative both on community assessment in general and on the findings of the Data Committee regarding the status of young children and families in our six-county region.

The key findings were presented again to the full Collaborative. With Collaborative input, several indicators were selected from each point of the star. These indicators became the basis of our community report entitled the “Great Futures Report”. This document was printed, and distributed at focus group/stakeholder meetings. Additionally, the report was mailed to each of the 2,300 members of the Chamber of Commerce, School Board Members, County Commissioners, and other community stakeholders.

Part 2: Strategic Review

The Strategic Review for Great Start Traverse Bay/Manistee began in October 2009 and continued throughout December and the first weeks of January 2010. During this time period GS staff presented the Great Futures Report to a diverse cross section of the community. The full list of focus groups that examined the report is outlined in the Appendices, along with documentation from each session. Focus groups included parents, agency partners, community leaders, educators and business leaders. In addition an online survey was made available for individual comment. Documentation from these focus groups informed the decision making of the Great Start staff as they prepared to lead the Strategic Planning session. Data from the Great Futures Report along with focus group input were considered as the staff prepared a list of goals that represented both the data and the concerns noted by the community.

At the Strategic Planning session, held January 26, 2010, a diverse group of 70 community members from all six counties, and representing all sectors of the community, including parents, faith-based, business, non-profit, government, and education, came together to prioritize the goals and give input on strategies and action items to support the goals. This rich foundation, based both on data and community knowledge and experience, informed the work groups as they developed strategy and action items to support the agreed upon goals.

Part 3: The Infrastructure Review was completed by an outside contractor, North Sky Non-profit Network. North Sky developed a structured process including multiple tools and analysis to provide a comprehensive infrastructure review of our Collaborative.

Our review focused on key elements of infrastructure and identified areas of strength and areas that can be further developed in order to increase the capacity of the Collaborative. The infrastructure elements reviewed by North Sky included:

- Governance
- Leadership
- Alliances & Partnerships
- Communication
- Financial Management
- Evaluation
- Funding
- Fundraising
- Human Resources
- Information and Technology
- Planning
- Accountability and Transparency
- Volunteer Management

Several assessment tools along with face-to-face interviews were used to complete assessment process, including a review of existing documents, policies and reports, as well as completion of the Wilder Collaborative Factors Inventory.

North Sky concluded that the majority of infrastructure elements were in place or under development for the Collaborative. The initiative was found to be making adequate progress in the areas of communication, needs assessment and planning, and parent volunteer development and management. Several areas of focus for further development included:

- Increased funding and a more diverse and stable funding model. Development of fundraising infrastructure and capabilities will be critical to the Collaborative's long-term success.
- Increased participation by current members and participation by organizations/constituents .
- Clarification of Collaborative members' roles, and responsibilities in decision-making. The role description should address the Collaborative members' relationship to the Coordinator. A revised role description for the Collaborative and its officers should be developed after completion of the strategic plan. A clearer role that is tied to the strategic plan, mission, and over-arching goals should stimulate and encourage participation.
- An orientation for every new Collaborative member.
- A Collaborative member manual that expands upon the operating guidelines and includes the role descriptions, strategic plan, committees, policies and procedures and organizational chart.
- Recruitment of additional Collaborative members including faith-based and business/corporate representatives.
- Expansion of policies to include staff compensation reviews, staff, performance appraisals, financial management & controls, conflict of interest, Whistleblower, confidentiality, problem resolution, and media relations. Human resources and financial policies can reflect those in place for the Chamber of Commerce and TBA but should be shared with Collaborative members.
- Refinement of the Collaborative committee structures and role descriptions to reflect the needs of the strategic plan.
- Increased involvement of Collaborative members in implementing the strategic plan and communications plan.

Several recommendations emerged through the review process including greater resource sharing, common data systems, clearer process and protocols, and greater capacity to build local support and sustainable funding.

2012 Strategic Review

As noted above, our Great Start Collaborative's Strategic Plan was developed over a number of months in 2008 - 2009, involving facilitated community focus groups and data collection. At the culminating event in January 2010 the critical goals in each of five component areas (listed below) were presented to community stakeholders who prioritized those goals and recommended action plans for accomplishing them. As a living document, the plan has been used successfully to direct the

development and implementation of three work plans, as required by the Early Childhood Investment Corporation (ECIC) at the start of each fiscal period.

However, as a Collaborative we have changed since 2009; our stakeholders now include more business and community leaders, and our focus is more uniquely northwest lower Michigan. Our GSC members include some of the most innovative and forward-thinking people and organizations in the state, and we want to leverage their great ideas for building robust and accessible early childhood systems in our region. On the state level, 2011 brought all early childhood under the auspices of the Office of Great Start and changes to the funding and purpose of Collaboratives.

For these reasons, the GSC team reached out to the community and asked stakeholders to review the prioritized strategic goals and make recommendations for additions, deletions and/or refinements. Many original stakeholder groups were asked to participate, as well as the many of the new groups who reflect the increased engagement in early childhood that has occurred in our region.

Stakeholders were asked to focus on one or two component areas⁹ in the strategic plan in which they have knowledge and expertise. We provided a set of questions to help guide the review process:

- Has progress been made toward accomplishing these individual goals? Do you have questions about the impact/outcomes for families?
- Are these still the right goals for our region?
- Have other priorities emerged that should be considered?
- Are there compelling reasons why any of these goals should be abandoned?
- What other data or information would be helpful to have as you consider these goals?

Qualitative and quantitative data were contributed by Munson Health Care, county health departments, Traverse City Area Chamber of Commerce healthcare committee, county collaboratives, 0 – 6 workgroups, and GSC survey data, along with Kids Count, Right Start and the American Community Survey data which are routinely used by the GSC to identify trends and target outcomes. In the action agenda for each component, which follow the Goals section, these data are discussed and referenced.

All stakeholders' input was compiled and presented at the March 20, 2012 GSC meeting. At the May 22, 2012 meeting GSC members used this input and available data to discriminate between shared priorities and shared work, and to identify eight shared priorities across the five component areas. At the September 25, 2012 meeting the members began the task of creating action plans for the shared work.

Development of Shared Priorities & Shared Work

For most Great Start Collaboratives in the southern part of the state, strategic plans are developed for a single county. However, as one moves toward northern Lower Michigan and the Upper Peninsula it is more common to find multi-county Collaboratives representing families living in rural communities.

⁹ Component Areas: Pediatric & Family Health; Social/Emotional Development; Early Care & Education; Parenting Leadership; Family Support

In developing a strategic plan for a six county region which includes some of the largest socio-economic disparities in the state, the main challenge was to find a way of thinking about and acting on priorities that addressed varying local needs and parent concerns while at the same time achieving progress toward systems change as outlined in the MSU *Community Problem Solving Model*. In the Early Childhood Investment Corporation vision for systems building, the Collaboratives with their Parent Coalition partners are the agents of change in their communities, utilizing data and evidence-based practices to move along a trajectory leading to a robust and responsive early childhood system. The component areas (previously referenced in this plan) are the common work of all GSCs: Pediatric & Family Health; Social/Emotional Development; Early Care and Learning; Family Support; and Parent Leadership. In a straightforward approach, systems change occurs by increased coordination of resources and partners' commitments. However, in a multi-county environment with various jurisdictions, inconsistent resources, and varying capacities for change, progress occurs along different pathways.

In this strategic plan the GSC identifies eight shared priorities reflecting a common vision for children and families in the region and set of goals for the five component areas. We also identify six areas of work that is shared by all GSC members regardless of their agency, affiliation or location. This novel approach was developed by GSC executive team members and approved by consensus of the GSC members. In subsequent planning sessions, work groups were created which are responsible for developing specific action steps and accountable to the full GSC for progress. Overall coordination of the systems-building process is built into the annual work plan and the responsibility of GSC staff with help from the GSC executive team and one or more advisory teams.

Many data sources were utilized in the construction of this strategic plan. Instead of summarizing all the data for the goals of our shared priorities and shared work in this section, the data are described within the relevant section of the action agenda pertaining to the component area or shared work. The reader is encouraged to utilize the embedded links or refer to items in the appendix to gain a deeper understanding of a particular issue. The Kids Count data book and the annual Right Start snapshot are helpful summaries for understanding some of the issues related to early childhood in our region, and for assessing how children in northwest lower Michigan fare compared to children living in other regions of the state.

V. GOALS & STRATEGIES

Summary of Shared Priorities & Shared Work: *Philosophy & Rationale*

This Collaborative is comprised of representatives from two Intermediate School Districts, three Departments of Human Services jurisdictions, four health departments, six county collaboratives each with its own 0 – 6 work group (or group with a similar function), and numerous parent organizations, agencies, nonprofit organizations, businesses, faith-based groups and concerned citizens. A one-size-fits-all early childhood action agenda for this region is neither possible nor desirable. What is possible is to come together in shared vision and agree upon a common set of priorities to guide us each in our own work. In this way we can be both opportunistic—taking advantage of opportunities as they come along to support our partners and thus advancing the goals—as well as intentional in directing our work toward meeting these objectives. In addition, there is work that we can share and that does serve to knit us together into a larger network, one capable of leveraging our individual contributions toward a whole greater than the sum of its parts. It is toward this ideal that we strive on behalf of all families.

Shared Priorities

These shared priorities are the result of our thinking together with our communities and represent collaboration in its truest form—*coordinated action based on a common agenda*.

Healthy Families: Pediatric & Family Health

VISION: All children will be born healthy with continuous access to comprehensive care that supports the whole child.

Goal: All families will be encouraged to maintain a healthy lifestyle for children ages pre-birth to eight.

Healthy Families: Social/Emotional Development

VISION: Infants, young children and their families are socially and emotionally healthy.

Goal: Increase public and parent awareness and knowledge of social/emotional health, and ensure that all families have access to screening, referral, and treatment and support services.

Family Support/Community

VISION: All children have their basic needs met—food, clothing and supplies, shelter and safety.

Goal 1: Employers and agencies have access to evidence-based information about family-friendly best practices that have direct impact on the workforce, benefit employers and are measurable.

Goal 2: Ensure that children's safety issues and community crisis response plans are coordinated across agencies.

Parent Leadership

VISION: All families are resilient, have knowledge of child development, and are valued for nurturing their children.

Goal: The region adopts the Strengthening Families framework for parent and community engagement to promote awareness, education and action.

Early Care & Learning

VISION: All children succeed and schools are ready for all children.

Goal 1: Increase access to affordable, high quality early care and learning options, including opt-in universal preschool, for children ages birth to five.

Goal 2: Children with developmental delays or disabilities receive the interventions and continuous support they need to develop to their highest potential.

Goal 3: Increase access to quality information about early childhood development and learning, and opportunities for continuing education, for all caregivers, including parents and guardians.

Shared Work

Shared work differs from shared priorities in this important way: shared work is work in which all agencies/organizations/individuals play a role. Inspired by stakeholder meetings that regularly take place at a favorite coffee shop, we chose the pie chart as the visualization of how this work is shared. The pie chart is conceptually accurate because it is non-hierarchical and every piece touches the center. Thus it is with our Collaborative: we contribute according to our capacity toward a common goal.

This part of our Early Childhood Action Agenda is a set of six critical areas that emerged as a result of priorities identified in our GSC's Priority Matrix. The Priority Matrix itself resulted from a synthesis of the 2010 Strategic Plan and the economic impact study "The Dividends of a Great Start: Regional Economic Impacts of Conditions Affecting Children Birth to Five Years in Six Michigan Counties" commissioned by this GSC in 2010. [All three documents are available on our website www.greatstartkids.com] Each area consists of a statement upon which we agree and one or more motivating questions to guide our thinking and prompt a response. These motivating questions are posed in a direct, personal style because we are asking each other to act both as individuals and as agents of the organizations we might represent.

The Six Strategic Areas of Shared Work & the Motivating Questions

Strengthening Families

We agree to implement Strengthening Families & the Protective Factors as our framework for working with families and engaging the community.

- What will you do to move this work forward personally and as part of a group or organization?

Parent Voice

Parents are their children's first and best teachers and advocates. Their input guides decision-making.

- How do you get better at hearing parents?
- How do you ensure that parent voice and parent energy are helping to drive the work?

Communications & Community Education

Communication is relationship-building and the foundation for collaboration.

- What is the common message you want everyone in the community to hear?
- What are the most effective ways for you to reach people?

Needs, Gaps & Data sharing

Data drives our decision-making.

- How do you work with others to identify needs and gaps?
- How can we share our data to create stronger, more responsive system

Funding

Sustainability is the hallmark of successful programs.

- How do we identify where there are funding gaps?
- How can you work with others to create sustainable funding?

Great Start for Success Network

All families, all children have the resources they need to develop to their potential.

- What is most important to you about this idea of a "one-stop-shop" network for families?
- What great ideas will you bring to this concept?

VI. INFRASTRUCTURE

Infrastructure Goals & Outcomes

1. Refine and maintain internal organizational structure - The GSC has established a working structure including a full membership collaborative, an executive committee, policies and procedures, and a staffing structure that supports the work of the collaborative. Structure should be reviewed bi-annually to ensure that the organizational structure continues to best support the work of our collaborative.

2. The GSC provides communication support - The GSC team and partners from TBAISD, the Traverse City Area Chamber of Commerce, and the Great Start to Quality Resource Center have enlisted existing communications staff and contracted staff to support regional efforts to increase positive messaging and earned media support of early childhood. To continue to support this goal in the upcoming strategic plan, a half-time communications and engagement staff member has been added to the team. Support in the new strategic plan will specifically focus on capitalizing on work related to the Strengthening Families model and Community Cafes.

3. Actively seek stable and diversified funding - Work was completed with a local non-profit development agency, North Sky, to develop a plan for long term funding diversification. Further, a funders group has been established to specifically support the identified work in the collaborative plan.

4. Data collection system - GSC staff have collected county level data snap shots demonstrating licensed childcare availability. Further, Kids Count data has been used in aggregate form to better inform the community on the status of young children. We continue to work on this goal, collecting Kindergarten entry data in 5 counties, parent engagement information, tiered quality rating information, etc. This is an area marked for continued growth.

VII. Financing & Fund Development

Philanthropy

Goal – The Traverse Bay / Manistee Great Start Collaborative increases investment in early childhood services and initiatives through a variety of funding sources, both public and private. By doing so, it assures that the strategies and objectives of the Traverse Bay / Manistee Great Start Collaborative Strategic Plan may be successfully implemented and positive outcomes are achievable to support our youngest citizens.

Financing & Fund Development

This Collaborative qualified for and successfully received \$250,000 in American Recovery and Reinvestment Act of 2009 funding for scholarships for low-income three year olds. A match was required to receive the funds, which led to the creation of the Great Start Early Childhood Fund housed at the Traverse City Area Chamber Foundation. Area businesses, foundations and individuals made donations and grants to the fund which allowed the Collaborative to provide additional home visiting funding to partner organizations that served the scholarship families. The Fund also provided matching dollars for a Rotary Charities planning grant that launched the *Great Start for Success Network* initiative.

The Collaborative will continue to leverage this Fund as well as other resources to help our partners, supporters and friends fill the gaps in services or needs that exist within our 6-county region. For some, it will be to connect the need with entities that have financial resources such as advised contributions, endowments, foundation grants, or even sponsorships. These matches will reinforce the strategic goals of Traverse Bay / Manistee Great Start Collaborative. In other cases, outreach opportunities will link the voices of community champions to our mission and goals through individuals acting as a community spokespersons and advocates. Their leadership may promote additional financial support for programs or services, as well as recruit others to the cause.

Fiscal year 2013 will be a year of reevaluation of our local and regional funding activities. Sustainability of funding through local/regional investment and increased efficiency through coordination among partners are our goals moving forward. By directly engaging, inviting and challenging stakeholders to discuss, understand and embrace the goals of Traverse Bay / Manistee Great Start Collaborative, we create new relationships which reach deeper and farther into our communities ... like the ripples from a stone thrown in a pond.

A new working group formed in June 2013. At the organizational meeting community stakeholders discussed the difference in outlook between fundraising, which has specific end goal in mind, versus sustainability, which seeks to establish a predictable funding structure that allows growth while protecting existing resources. The new name for this working group is the Philanthropy working group and it includes community stakeholders as well as GSC members and parents. The working group will investigate a variety of financial instruments such as donor-advised funds held at the Community Foundation, social bonds and low-profit business structures such as L3C, in addition to more traditional fundraising and grant-seeking for specific projects such as preschool scholarships and childcare assistance. Participation in this working group is open to any interested community member.

VIII. THE EARLY CHILDHOOD ACTION AGENDA

Early Care and Learning Goals	Goal 1
<i>Vision: All children succeed and schools are ready for all children.</i>	Increase access to affordable, high quality early care and learning options, including opt-in universal preschool, for children ages birth to five.
Who reviewed this goal	<ul style="list-style-type: none"> • County 0 – 6 work groups • Great Start Parents • SuperRegion early childhood directors’ group • Great Start to Quality Northwest Resource Center team • Early On • Head Start/Early Head Start team • GSC Coordinator
Issue(s) of concern and what we know about the fundamental causes.	<p>Accessibility. Affordability. Quality. Choice. These are the four basic issues most working families looking for early care and learning options struggle to balance. For a family with all parents working outside the home (the case for 66% of children ages birth to five) or going to school, finding the right early care and learning setting for their child is essential , yet for many there is simply nowhere to go. There are waiting lists in every county for infant care as well as publicly funded preschool. Families limited by lack of choice of setting (home, private center or school) are frustrated that they cannot find the type of care that works best for their children. Many cannot afford quality care, especially infant care. DHS policies penalize parents in case of job change or loss, or delay benefit determinations for student parents with the result that parents simply give up trying to work or go to school until their children are old enough to start kindergarten. Families</p>

are pressured in other ways: some families opt for shift work so one parent is always home; others rely on neighbors or relatives to watch their children, with little or no assurance that their children are receiving quality care. With the limited number of slots available for families who qualify for GSRP or Head Start, many children are simply slipping through the cracks and not receiving the high quality care and learning experiences they need to be ready for school and eager to learn.

Research tells us that education is the best way out of poverty. Making sure that every family who needs it has access to quality early care and learning should be a top priority for our state and nation.

Data used to evaluate this goal and assessment of need.	<ul style="list-style-type: none"> • Kids Count • GSC/Traverse City Area Public School parent survey • Head Start wait lists • GSRP wait lists • Early care & learning provider reports
How parent input guides this concern.	<ul style="list-style-type: none"> • County 0 – 6 work group parent members • Great Start cafés • Surveys • The Great Start Parents network and Great Start Parents Facebook page are sources of input to the Collaborative • Expectant Parent Advisory Group
Current activities and resources.	<ul style="list-style-type: none"> • CONNECT - online resource for finding child care • Early Care & Learning provider advisory group

- Community collaborations
- GSRP consortium funding
- CARES continuum kits
- Women’s Caring Program scholarships
- Private center fundraisers and scholarships
- DHS subsidies

Additional resources needed.

- Childcare scholarships for children birth to age 4
- GSRP slots
- Birth to three slots

Agencies/organizations/individuals current involved and their roles/activities

- Great Start to Quality Northwest Resource Center—professional development for licensed caregivers participating in STARS; trainings and workshops open to parents
- TBAISD Infant/Toddler Team—home visiting, screening and consultation
- Community FRS workers and Home Visitors—home visiting, connecting families to support resources
- Head Start/Early Head Start—home visiting, parent education
- PNC Bank—volunteers
- United Way—Success by Six
- Great Start Parents—Great Start Cafés, parent networking and outreach
- Leelanau County Family Coordinating Council/Parenting Communities

Others who could be helpful & their role and/or activities

- Pediatricians and Family Practice Physicians—provide child development information, referrals

- Unlicensed care providers—participate in training and workshops
- Community partners—funding childcare scholarships for student and working parents
- College and university partners—provide childcare scholarships or subsidy for student parents
- County commissioners—early childhood millage or other funding source to provide childcare scholarship
- Community Foundations—advised funds, childcare scholarship (or subsidy) endowment

Progress measures used.

- Increased enrollment in publicly-funded preschool
- Number of infants on wait lists

How we will know when this goal has been achieved

This goal will be achieved when GSRP slots are based on student population, there is a sustainable scholarship fund in the region that meets the needs of student parents, and all families have choices for accessible, affordable quality care.

Action Steps

Partner category

Recommended activities

County 0 - 6 work groups

Maintain and distribute community calendar of play groups, trainings and workshops, events
Track which educational materials are available and how they are distributed
Track numbers of parents and children participating or otherwise involved in parent education

	Identify local needs/gaps based on parent input Report to GSC every six months
GStQ Northwest Resource Center	Joint trainings and workshops for parents and providers
Parent Voice/GSP	Distribute information to community network
TBAISD/MISD	Early childhood programs and services
GSC	Convene working groups Communications Leadership in Strengthening Families Great Start for Success Network
Community Partners	Funding Advocacy Vision for community change efforts around early childhood.

Early Care and Learning Goals

Goal 2

Vision: All children succeed and schools are ready for all children.

Children with developmental delays or disabilities receive the interventions and continuous support they need to develop to their highest potential.

Who reviewed this goal

- County 0 – 6 work groups
- Great Start Parents
- Infant Mental Health workers
- SuperRegion early childhood directors' group
- Great Start to Quality Northwest Resource Center team
- Head Start/Early Head Start team
- Early On

Issue(s) of concern and what we know about the fundamental causes.

Early intervention is the key to success for many children who experience moderate developmental delays. According to a National Early Childhood Technical Assistance Center (NECTAC) policy brief, outcomes for young children who receive services early experience better outcomes across all domains: "Intervention is likely to be more effective and less costly when it is provided earlier in life rather than later."¹⁰ All children ages birth to five should receive interventions regardless of their care settings and the socio-economic status of their families. Children who have been victims of abuse and/or neglect and maltreated infants and toddlers in foster care are most at risk for developmental delays, as well as a host of other setbacks, and should receive services as early as possible. All parents should be

¹⁰ *The Importance of Early Intervention for Infants and Toddlers with Disabilities and their Families* (2011) <http://www.nectac.org/~pdfs/pubs/importanceofearlyintervention.pdf> accessed October 30, 2012

linked to information and appropriate resources, and the community should be aware of the resources that are available. But this is not the case. Lack of funding for home visiting and a shortage of trained therapists mean that many children who qualify based risk factors receive no services at all and those who do often do not receive adequate dosage. Children in Early On turning three too often become ineligible for services and do not continue to make progress.

Developmental delays do not discriminate based on educational attainment, marital status or economic well-being of the mother, the family or the caregiver. To borrow a phrase from infant mental health workers involved in Baby Court, we need to put the baby at the center of the room. For each child to succeed to the best of their potential it is imperative that early intervention and service coordination be a high priority. Funding follows policy. In the case of early intervention there is ample evidence to show that the return on our investments in increased home visiting, service coordination and community education are worthwhile both in terms of the individual and society.

Data used to evaluate this goal and assessment of need.

- 2012 Kids Count
- The Dividends of a Great Start: Regional Economic Impacts of Conditions Affecting Children Birth to Five Years (2010)
- NECTAC
- Michigan Association of Infant Mental Health
- ZERO TO THREE Policy Brief: *Making It Happen: Overcoming Barriers to Providing infant-Early Childhood Mental Health*
- *Maltreated Infants/Toddlers Treatment Court: A Quick Summary* in The Michigan Child Welfare Law Journal (Winter 2010)

How parent input guides this concern.	<ul style="list-style-type: none"> • County 0 – 6 work groups • The Great Start Parents network and Great Start Parents Facebook page are sources of input to the Collaborative • Parents who are using or have used Early On and/or infant/toddler services through their ISD
Current activities and resources.	<ul style="list-style-type: none"> • Joint training calendar/Infant Mental Health Consortium • Collaboration with GStQ Northwest Resource Center on events and trainings throughout the region • Implementation of the Strengthening Families Framework and Great Start Cafe’s promote the Protective Factors • “Baby Court” working group is developing resources for the court and child protection workers to improve outcomes for maltreated infants/toddler and their families • Play groups and home visits where developmentally appropriate information is shared and modeled • Autism Resource Center of Northwest Michigan www.autismresourcenetwork.org
Additional resources needed.	<ul style="list-style-type: none"> • Increased funding for infant mental health services, parent education and home visiting • Additional IMH workers, slots for infants in licensed care • Screening at medical offices • Community education
Agencies/organizations/individuals current involved and their	<ul style="list-style-type: none"> • Great Start to Quality Northwest Resource Center—professional development for licensed caregivers participating in STARS; trainings

roles/activities

and workshops open to parents

- TBAISD Infant/Toddler Team and Early On—home visiting, screening and consultation
- Community FRS workers and Home Visitors—home visiting, connecting families to support resources
- Head Start/Early Head Start—home visiting, parent education
- County Health Departments—home visiting, immunization
- Maternal/Infant Health Program—assessment and referral for Medicaid babies
- Munson Health Care—Healthy Futures
- Twilight Rotary (Traverse City)—fundraising for Welcome Baby kits
- Pediatricians—developmental information
- Great Start Parents—Great Start Cafés, parent networking and outreach
- DHS/CPS/Private Foster Care Agencies and the Judiciary—developing policies and procedures to ensure maltreated infants/toddlers are referred to IMH professionals, improving parent education/coaching during visitation, and providing training for judges and court workers

Others who could be helpful & their role and/or activities

- Pediatricians and Family Practice Physicians—provide screening and referrals
- Unlicensed care providers—participate in training and workshops

Progress measures used.

- Increase in number of children/families served
 - Community data as reported in Kids Count
 - Decrease in number of children who fall through the gaps in service
-

How we will know when this goal has been achieved

- Reduction and downward trend in assignment to special education would be considered one measure of success
- Policy changes improve access to services and dosage
- Parents feel supported throughout their children's treatment/therapy period and transition to kindergarten

Action Steps

Partner category

Recommended activities

County 0 - 6 work groups

Maintain and distribute community calendar of play groups, trainings and workshops, events

Track which educational materials are available and how they are distributed

Track numbers of parents and children participating or otherwise involved in parent education

Identify local needs/gaps based on parent input

Report to GSC every six months

GStQ Northwest Resource Center

Joint trainings and workshops for parents and providers

Parent Voice/GSP

Distribute information to community network

TBAISD/MISD

Early childhood programs and services

GSC

Convene working groups

Communications

Leadership in Strengthening Families
Great Start for Success Network

Community Partners

Funding for materials and events to promote community awareness
Screening, parent education and referral network
Family support groups
Advocacy

Early Care and Learning Goals	Goal 3
<i>Vision: All children succeed and schools are ready for all children.</i>	Increase community access to quality information about early childhood development and learning, and opportunities for continuing education, for all caregivers, including parents and guardians.
Who reviewed this goal	<ul style="list-style-type: none"> • County 0 – 6 work groups • Great Start Parents • Infant Mental Health workers • SuperRegion early childhood directors’ group • Great Start to Quality Northwest Resource Center team • GSC Parent Liaisons • Head Start/Early Head Start team • GSC Coordinator
Issue(s) of concern and what we know about the fundamental causes.	<p>Child development information, parent education and community resources must be readily available to parents and providers to give them the most up to date information and make the role of teacher and parent an exciting, empowering role that will help to prepare the child for what lies ahead. However, parents struggle to find trusted sources of information in our communities. Home visiting, an effective source of information and support for parents of infants and young children, is underfunded in this region. Publicly-funded parenting classes are being reduced or eliminated, leaving parents with fewer and fewer opportunities for accessing reliable information. Anecdotal evidence from parents using social media and attending Great Start Cafés indicates that access to information is one their top concerns. Research shows that knowledge of child development and</p>

well-developed parenting skills helps reduce the incidence of child abuse and neglect, and increases the interval between births.

Data used to evaluate this goal and assessment of need.

Based on 2012 Kids Count data:

- Births to single mothers are increasing in the region;
- Medicaid births average slightly more than 50% across the region, ranging from 44% in Leelanau County to 63% in Kalkaska County
- Confirmed cases of child abuse and neglect (CAN) are increasing in all counties [see below]

How parent input guides this concern.

- Counties hold a 0-6 workgroup meeting in which parents are asked to be a part of and their feedback is used to guide in the planning of these events and trainings. For example, in Kalkaska County, a CPR class is being held for parents free of charge based on their input and what they wanted to see in their county.
 - The Great Start Parents network and Great Start Parents Facebook page are sources of input to the Collaborative.
-

Current activities and resources.

- Trainings and events are currently being planned throughout the region for childcare providers and parents alike based on Michigan Standards . All early childhood professionals as well as parents are invited to attend any of these trainings for events.
- Advocacy events are held to bring attention to early childhood and the importance of the first five years: Go to Bat for Early Childhood, Parent/Legislator Conversation, etc.
- Collaborations on events and trainings throughout the region allowing networking and education through the Resource Center and other agencies
- Parents may soon be able to view the TQRIS system online when looking for quality childcare in their area.
- Implementation of the Strengthening Families Framework and Great Start Cafe's promote the Protective Factors
- "Baby Court" working group is developing resources for the court and child protection workers to improve outcomes for maltreated infants/toddler and their families
- Training Calendars
- Play groups and home visits where developmentally appropriate information is shared and modeled
- CONNECT - online resource for finding child care
- TBAISD Kindergarten Round Up (Boehm-3 & Parent Report of Child Skills)
- Community collaborations

Additional resources needed.

- Increased funding for infant mental health services, parent education and home visiting
 - Locations for supervised visitation
 - Additional IMH workers, slots for infants in licensed care
-

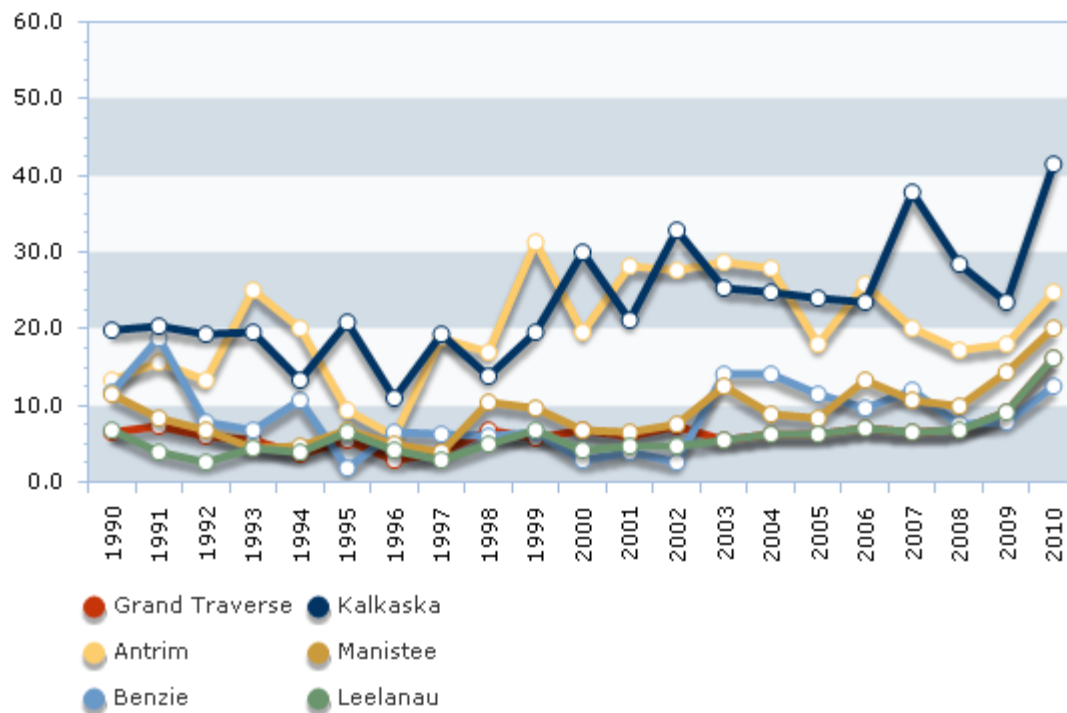
Agencies/organizations/individuals
current involved and their
roles/activities

- Great Start to Quality Northwest Resource Center—professional development for licensed caregivers participating in STARS; trainings and workshops open to parents
 - TBAISD Infant/Toddler Team—home visiting, screening and consultation
 - Community FRS workers and Home Visitors—home visiting, connecting families to support resources
 - Head Start/Early Head Start—home visiting, parent education
 - County Health Department—home visiting, immunization
 - Munson Health Care—Healthy Futures
 - Twilight Rotary (Traverse City)—fundraising for Welcome Baby kits
 - PNC Bank—Grow Up Great
 - United Way—Success by Six
 - Great Start Parents—Great Start Cafés, parent networking and outreach
 - DHS/CPS/Private Foster Care Agencies and the Judiciary—developing policies and procedures to ensure maltreated infants/toddlers are referred to IMH professionals, improving parent education/coaching during visitation, and providing training for judges and court workers
-

Others who could be helpful & their role and/or activities	<ul style="list-style-type: none"> • Pediatricians and Family Practice Physicians—provide child development information, referrals • Unlicensed care providers—participate in training and workshops
Progress measures used.	<ul style="list-style-type: none"> • Outreach programs and projects measured by number of families reached • Community data as reported in Kids Count
How we will know when this goal has been achieved	Reduction and downward trend in confirmed CAN would be considered one measure of success
Action Steps	
Partner category	Recommended activities
County 0 - 6 work groups	Maintain and distribute county-based calendar of play groups, trainings and workshops, events Track which educational materials are available and how they are distributed Track participation Identify local needs/gaps based on parent input Report to GSC every six months
GStQ Northwest Resource Center	Joint trainings and workshops for parents and providers
Parent Voice/GSP	Distribute information to community network

TBAISD	<p>Early childhood programs and services (Special Education, Early On, other funded programs)</p> <p>“Get Set for Summer” free literacy event for families of children ages birth - 8</p> <p>“Ready for School” free STEM¹¹ event for families of children ages birth - 8</p>
GSC	<p>Convene working groups</p> <p>Communications</p> <p>Leadership in Strengthening Families</p> <p>Great Start for Success Network</p>
Community Partners	<p>Philanthropy</p> <p>Advocacy</p> <p>Business engagement and partnerships</p> <ul style="list-style-type: none"> • Traverse City Area Chamber of Commerce Business Expo • National Cherry Festival Cherry Royale Parade • Employer/Employee Best Practices Childcare Demonstration Project

¹¹ Science Technology Engineering Mathematics



Definitions: The number of children ages 0-5 who were confirmed victims of abuse or neglect; this includes victims of both, and is greater than the sum of abuse-only and neglect-only. The rate is per 1,000 children ages 0-5.

Data Source: Michigan Department of Human Services.

Footnote: Combined data for Grand Traverse and Leelanau counties beginning in 2003.

Confirmed Victims of Abuse and/or Neglect, Ages 0-5 (Rate) – 1990 to 2010

Michigan League for Public Policy

KIDS COUNT Data Center, www.kidscount.org/datacenter

A Project of the Annie E. Casey Foundation

Family Support

Vision: All children are nurtured and have their basic needs met—food, clothing and supplies, shelter, and safety.

Goal 1

Employers and agencies have access to evidence-based information about family-friendly best practices that have direct impact on the workforce, benefit employers and are measurable.

Who reviewed this goal

- Great Start Parents
- GSC members
- GStQ Northwest Resource Center director and staff
- Business partners/Human Resource managers

Issue(s) of concern and what we know about the fundamental causes.

In our region 66% of children ages birth to five have all available parents working outside the home, and thus are in some form of care while their parents work. This percentage is comparable to the national average and represents a challenge for employers. Companies have vested interests in creating workplace environments that promote productivity, retain skilled workers, and attract new workers. However, lack of information about which family-friendly best practices benefit the bottom line and how to implement them in the workplace as well as practical information about local resources for childcare, children's health services and family supports impacts employers' ability to support employees performance.

A study conducted by the Society of Human Resource Managers Foundation concluded that while return on investment varied for companies that provided work-family benefits for employees with young children, merely offering these supports created positive employee perceptions. The study concluded that the presence of family-friendly benefits in the workplace influenced employee attitudes and performance regardless of whether they used the benefits and "may lead to favorable outcomes for organizations

even when the use of these programs is low.”¹²

The most common concerns reported by HR professionals and working parents in our area are:

- Lack of quality infant care; waiting lists are long
- Lack of sick child care
- Lack of back-up or emergency care

Infant care is labor-intensive and expensive. Private childcares are small businesses with thin profit margins. For provider-operators, the bottom line is a balancing act between providing the services that families request and making payroll. Public subsidies for childcare do not cover the full cost and policies regarding termination of subsidy due to changes in parent employment/student status are not always applied in the best interests of the child.

Sick child care and back-up care are in short supply, and policies both in the workplace and at childcare facilities increase the problems working parents face as they struggle to balance employment obligations against family needs. These are issues that employers, caregivers and parents might work together to solve.

Data used to evaluate this goal and assessment of need.

- Society of Human Resource Managers (SHRM) publications at www.shrm.org
- Families and Work Institute www.familiesandwork.org
- Working Mother online magazine www.workingmother.com/best-companies/2012-working-mother-100-best-companies

¹² *Work-Family Support Programs as a Strategic Human Resource Initiative: A meta-analysis of effects of organizational outcomes* (2010) <http://www.shrm.org/about/foundation/research/Pages/SHRMFoundationResearchCasper.aspx> accessed November 1, 2012

- CNN Money Magazine
<http://money.cnn.com/magazines/fortune/bestcompanies/2011/index.html>
- www.ReadyNation.org
- Kids Count

How parent input guides this concern.

- Facebook
- Parent focus groups
- Surveys in the workplace
- Great Start Parents network
- Great Start Cafés

Current activities and resources.

- GSC team presentations to local businesses and HR societies
- Articles in the Traverse City Area Chamber of Commerce Bulletin
- Outreach to Chamber business members
- “Tiny Tool Kit for Business” recommendations for family-friendly best practices in the workplace

Additional resources needed.

- On-going business community engagement
- Development of consistent messaging and use of public event calendars, press releases, blogs, Facebook, e-news articles to disseminate information
- Funding for print advertisements, outreach kits, and educational materials

Agencies/organizations/individuals current involved and their roles/activities	<ul style="list-style-type: none"> • GSC team—presentations and outreach • Chambers of Commerce –public will building • GStQ Resource Centers—referral and information resources • Traverse Area Human Resources Association—data and best practices implementation • Northern Michigan SHRM—data and best practices implementation • Northwest Michigan Council of Governments business liaisons—consultants to small businesses
Others who could be helpful	<ul style="list-style-type: none"> • Northwest Community College • Community foundations and philanthropic organizations/charities • SCORE
Their role and/or responsibilities	<ul style="list-style-type: none"> • Shifting procedures and policies to support student parents • Child care scholarships for working and/or student parents • Developing partnerships and business models
Progress measures used	<ul style="list-style-type: none"> • Number of businesses engaged • Increased number of scholarships available to working and/or student parents • Distribution of “Tiny Tool Kit for Business”
How we will know when this goal has been achieved	This goal will be achieved when the business community in our region is recognized for its commitment to family-friendly best practices in the

workplace, and actively participates in helping find solutions to the shortages of quality care.

Action Steps	
Partner category	Recommended activities
County 0 - 6 work groups	Track what materials are available and how they are distributed Identify local needs/gaps based on parent input Report to GSC every six months
GStQ Northwest Resource Center	Referral service and information resources for employers
Parent Voice/GSP	Distribute information to community network Advisory groups to GSC Leadership in advocacy
TBAISD/MISD	Early childhood programs and services
GSC	Convene Employer/Employee Best Practices working group Communications Leadership in Strengthening Families Great Start for Success Network
Community Partners	Funding for scholarships

Advocacy

Align policies and procedures to create a family-friendly business culture

Leadership in providing access to quality childcare

The Tipping Point:

“Before I had my daughter, it was theoretical, you know? After I had my daughter, it was urgent,” quipped Secretary of State Hillary Rodham Clinton during her remarks given at the October 25, 2012 National Work-Life and Family Month Event. She went on to say regarding the State Department’s discussions on work/life balance: “And it’s also similarly gone from an afterthought in policy discussions to the centerpiece of debates.”

<http://www.state.gov/secretary/rm/2012/10/199724.htm> accessed November 1, 2012

Family Support

Vision: All children are nurtured and have their basic needs met—food, clothing and supplies, shelter, and safety.

Goal 2

Ensure that children's safety issues and community crisis plans are coordinated across agencies.

Who reviewed this goal

- Great Start Parents
- GSC members
- 0 – 6 County work groups
- County human services collaboratives

Issue(s) of concern and what we know about the fundamental causes.

Accidents are the leading cause of death among children ages 1 – 4. Young children, because of their size and inexperience, present special circumstances for first responders. Training and proper equipment are key components for successful crisis response. The Great Start Collaborative and Great Start Parents want to ensure that our communities are ready.

Data used to evaluate this goal and assessment of need.

- Centers for Disease Control Child Health data
- Kids Count

How parent input guides this concern.

- Facebook
- Parent focus groups
- Great Start Parents network
- Great Start Cafés

Current activities and resources.	<ul style="list-style-type: none"> • First responder training • “Safety Day” events at schools and nonprofits • American Academy of Pediatrics: <i>Disaster Preparedness to Meet Children’s Needs</i> http://www2.aap.org/disasters/index.cfm accessed November 2, 2012
Additional resources needed.	<ul style="list-style-type: none"> • Community-level communications to help families know what to do in case of emergency • Funding for training for childcare providers • Funding for community events and education programs
Agencies/organizations/individuals current involved and their roles/activities	<ul style="list-style-type: none"> • County human services collaboratives—review of preparedness • Northern Michigan Pediatric Coalition—training and preparedness • Great Lakes Children’s Museum—annual safety day event • Red Cross, schools and other nonprofits—safety day events, information, crisis support • Power Squadron—water safety
Others who could be helpful	<ul style="list-style-type: none"> • County Commissioners • Great Start to Quality Northwest Resource Center
Their role and/or responsibilities	<ul style="list-style-type: none"> • Policy and funding • Joint training and providing community information

Progress measures used	<ul style="list-style-type: none"> • Increase in number of families who receive information about how to respond in a crisis • First responders receive adequate training and are proficient in procedures for helping young children crisis
------------------------	--

How we will know when this goal has been achieved	This goal will be achieved when families feel the community is prepared assist young children in times of crisis, and all first responders have the equipment and skills they need to help young children in times of crisis.
---	---

Action Steps	
Partner category	Recommended activities
County 0 - 6 work groups	Track what materials are available and how they are distributed Identify local needs/gaps based on parent input Report to GSC every six months
GStQ Northwest Resource Center	Training and information distribution
Parent Voice/GSP	Distribute information to community network Advisory groups to GSC
TBAISD/MISD	Early childhood programs and services
GSC	Coordinate with county collaboratives and first responder organizations to gather information and develop community-level communications

Leadership in Strengthening Families
Great Start for Success Network

Community Partners

Funding for communications, education and resources
Coordination of services
Partnering to promote safety and preparedness

Parenting Leadership	Goal
<p><i>Vision: All families are resilient, have knowledge of child development, and are valued for nurturing their children.</i></p>	<p>The region adopts the Strengthening Families framework for parent and community engagement to promote awareness, education and action.</p>
<p>Who reviewed this goal</p>	<ul style="list-style-type: none"> • Parents • Early care and learning providers • GSC community liaison • GSC team and members • GStQ Northwest Resource Center director and staff
<p>Issue(s) of concern and what we know about the fundamental causes.</p>	<p>It is often stated that children do not come with a user manual, and that it takes a village to raise a child. Most of us agree that there is no more important role in life than parenting, yet we often lack the skills and information we need to be the kind of parent we want to be. With rising rates of child abuse and neglect, continued economic pressures on families and a persistent downtrend in support for families, more and more children are at risk in our communities. The increase in single parent families and rising rates of Medicaid births are risk indicators, as is the subtle upward trend in the state-wide high school dropout rate which spells increased risk for young children since their well-being and success in school is strongly tied to the educational attainment of their mothers. Brain development is strongly influenced by early experiences, by attachment (or lack of attachment) to trusted caregivers, and by toxic stress. Research shows that of all age groups, the youngest children are the most deeply affected by poverty.</p>

The decision to adopt the Strengthening Families Framework is based on the effectiveness of the five Protective Factors, identified by the Center for the Study of Social Policy, as a means to better understand what families need to have in place in order to be successful, to reduce the incidence of abuse and neglect, and to improve child development outcomes. The Strengthening Families framework provides a common language and way of understanding how changes in our theory and practice of parenting will lead to a more powerful and permanent system of support for parents and families.

Data used to evaluate this goal and assessment of need.

- In the United States, 90% of abuse and neglect occurs before a child is one year old.
- The percentage of our children living in poverty (birth to age 17) is trending strongly upward to levels as high or higher than the poverty rates of the early 1990's; poverty rates range from 13% to 27% in the six-county region; in 2009 (the most recent year for which county-level data are available) there were nearly 7500 children living in poverty in our region. According to 2011 data released in September 2012 by Kids Count nearly 1 in 4 children in Michigan now live in poverty or about 560,000 children.
- This GSC Right Start rank is 12 (out of 54 Collaboratives) based on eight key indicators of maternal/infant health.
- Michigan is ranked 32 (out of 50 states) based on key indicators in the Kids Count 2012 Data Book, and 36th in economic well-being of its families.
- On average, about 49% of school-aged children living in the six-county region are eligible for free and reduced lunch (families with income

135% - 185% of poverty are eligible for reduced price lunch, those below 135% qualify for free lunch), with a range from 37% in Leelanau County to slightly more than 60% in Kalkaska County.

- Almost half the births in our six-county region are paid by Medicaid.
- Confirmed incidences of CAN is increasing in all six counties.

How parent input guides this concern.

- Facebook
- Parent focus groups
- Surveys
- Great Start Parents network
- Great Start Cafés

Current activities and resources.

- Leelanau Children's Center is a center of excellence for Strengthening Families; Parenting Communities in Leelanau County use the Framework for family engagement
- A core group of knowledgeable SF practitioners leads a regional SF Northwest MI learning community.
- Seven GSC and GStQ Northwest Resource Center team members and staff attended an intensive train-the-trainer workshop in September 2012 and are qualified to provide trainings to agencies and organizations; a training calendar is being developed.
- Web-based communications and social media help educate the community and provide access to information and training opportunities: www.greatstartvillage.com, www.greatstartkids.com, Facebook groups

- Trainings through the GStQ Northwest Resource Center
-

Additional resources needed.

- On-going communication with partners
 - Development of consistent messaging and use of public event calendars, press releases, blogs, Facebook, e-news articles to disseminate information
 - Additional trainings open to GSC/GSP and the community
 - Funding for print advertisements, outreach kits, and educational materials
 - Identify, train and provide continuing professional development for speakers and trainers
-

Agencies/organizations/individuals current involved and their roles/activities

- United Way, national sponsor
 - Children's Trust Fund in Michigan, state leadership and implementation at agency level
 - ECIC, statewide training and coordination
 - GStQ Resource Centers, training for providers
 - 0-6 workgroups, local implementation
 - SF NW MI Learning Community, increasing practitioners' understanding and competency in SF
 - Northwest Michigan Community Action Agency Head Start/Early Head Start, parent engagement
 - GSC/GSP team and GSC Community Liaison, regional leadership and implementation
-

- Develop informational materials and distribution plan
- Identify opportunities to raise awareness
- Regularly update information on website
- Provide formal and informal training for groups (service clubs, PTO/PTA, parent groups, faith-based groups, others)

Others who could be helpful	<ul style="list-style-type: none"> • DHS, Health Departments, other social service agencies, Protective Services and Foster Care, • Judicial system and law enforcement • Schools, churches, parent groups, • Home visitors, FRS workers • Home- and center- based early care and learning providers including GSRP teachers
Their role and/or responsibilities	<ul style="list-style-type: none"> • Shifting organizational procedures and policies to be supportive of parents and children using the Protective Factors as a guide; • Hosting Parent Cafes/community discussions related to parenting; • Providing child development information; • Advocacy
Progress measures used	<ul style="list-style-type: none"> • number of presentations given • Facebook online metrics • number of focus groups held

- number of communications shared and re-shared
- survey responses
- website metrics
- number of people attending trainings
- number of Parent Cafes held and participants.

How we will know when this goal has been achieved

The goal will be considered achieved when Strengthening Families is embedded in the procedures of the majority of partner agencies, organizations and individuals.

Action Steps

Partner category

Recommended activities

County 0 - 6 work groups

Maintain and distribute community calendar of play groups, trainings and workshops, events

Track what materials are available and how they are distributed

Track numbers of parents and children participating, contacted or otherwise involved

Identify local needs/gaps based on parent input

Report to GSC every six months

GStQ Northwest Resource Center

Joint trainings and workshops for parents and providers

Parent Voice/GSP

Distribute information to community network

Advisory groups to GSC
Leadership in advocacy

TBAISD/MISD

Early childhood programs and services

GSC

Convene working groups
Communications
Leadership in Strengthening Families
Great Start for Success Network

Community Partners

Funding
Advocacy
Align policies and procedures to SF Framework

**HEALTHY FAMILIES:
Pediatric & Family Health**

Vision: All children will be born healthy with continuous access to comprehensive care that supports the whole child.

Goal 1

All families will be encouraged to maintain a healthy lifestyle for children ages birth to eight.

Who reviewed this goal

- Human Services Collaborative Health Coalition workgroup (Manistee County)
- Munson Health Care
- Leelanau County Family Coordinating Council
- Traverse City Area Chamber of Commerce Health Care Committee
- GSC/GSP members
- Parents

Issue(s) of concern and what we know about the fundamental causes.

Of the many health concerns that families face, these healthy lifestyle-related issues emerged as the most significant concerns in our communities:

- Obesity, nutrition and exercise
- Maternal drug use/smoking before, during and after pregnancy
- Whole child health/medical home and access to care

Health is a family issue. Living healthy involves every member of a family, but the most important actions are the lifestyle choices the adults in the household model for children. The Centers for Disease Control lists four tips for healthy living for families and children: eat right, be active, take care of your teeth, avoid tobacco. There is abundant evidence that these

four tips lead to healthier outcomes and many organizations, agencies and businesses promote them in the community, yet more of our children are becoming obese, drug use is on the rise and smoking remains stubbornly constant among pregnant women.

According to CDC data Michigan is one of twelve states where the prevalence of adult obesity is more than 30%. Nationally, 12.1% of children ages 2 – 4 are obese, and the prevalence of obesity trends strongly upward as children grow to adulthood; in Michigan 13.3% preschoolers are obese. Being overweight or obese predisposes children to serious and often chronic health consequences, including an increased likelihood that they will be overweight or obese as adults. Furthermore, according to a recent review of children's health issues in Michigan data show that: "Low-income, minority and rural children are at greater risk for overweight and obesity, placing them at a significant disadvantage early in their physical, emotional, and educational development."¹³ Habits, economic status and heredity play interconnected roles in the obesity epidemic growing in our nation and in our state; the challenge for families is to learn which of these they can change and for communities how to provide the tools they will need to succeed.

Kids Count data indicate that the rate of maternal smoking is higher in northwest lower Michigan than in any other region of the state, and that in Kalkaska County the rate is among the highest in the nation. In addition to the known dangers of smoking to adults, smoking during pregnancy can have profound and serious effects on babies' birth weight and failure to thrive. Smoking cessation is a complicated medical and behavioral issue, especially among low income populations. Effective cessation treatments using nicotine and nicotine replacement therapies are contraindicated during pregnancy when medications could be covered by Medicaid for low

¹³ An Overview of Children's Health Issues, 2010. http://www.hmhbmi.org/document/page_42_Obesity_for%20web.pdf accessed October 30, 2012

income women, and the cost of evidence-based treatment programs after pregnancy is prohibitive for many individuals. Research demonstrates that nicotine is one of the most addictive drugs and that the motivation for smoking, and tobacco use generally, coupled with ease of access makes cessation very difficult. While many pregnant women, once they understand the dangers to their unborn child, are able to quit or cut back the rate of relapse is high, approaching 50%. For many women the perceived dangers of second-hand smoke to young children and others in the household do not supersede the physical and behavioral aspects of the addiction¹⁴.

Whole child health is concerned with physical, including dental and vision, and social/emotional development. Children's access to physical health care in Michigan is improving, but families and caregivers continue to struggle with access to behavioral health services. Identifying a medical home model that integrates all aspects of child health and that can be sustained is a challenge for our rural health care system.

Data used to evaluate this goal and assessment of need.

- Kids Count
 - Munson Community Health Needs Assessment
 - Centers for Disease Control data
 - Michigan League for Public Policy reports
 - Michigan Department of Community Health
 - Healthy kids/Healthy Michigan
 - C. S. Mott Children's Hospital at the University of Michigan
-

¹⁴ <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5804a1.htm> accessed September 12, 2013

- Healthy Mothers/Healthy Babies Michigan
 - *F as in Fat: How Obesity Threatens America's Future 2012*
http://www.rwjf.org/content/dam/farm/reports/reports/2012/rwjf401318/subassets/rwjf401318_1 accessed October 30, 2012
-

How parent input guides this concern.

- GSP parent conversations
 - Surveys
 - Great Start Cafés
 - Home visits
-

Current activities and resources.

- Programs:
 - ShapeMichigan
 - Home visiting
 - Double Up Bucks
 - WIC
 - Head Start
 - Healthy Futures
 - Smoking abatement
 - Collaborations and network development
 - Father Fred
 - Community food banks
 - MSU Extension food safety programs
 - Traverse Health Clinic pediatric program
-

- Baby pantries
- Parenting Communities
- Faith-based volunteer services
- County and municipal funding for recreation, farmers' markets
- Tobacco Coalition

Additional resources needed.

- sustainable program funding,
- facilities, program enhancement (esp. additional home visitors)
- public education & outreach
- medical services for at-risk pregnancies
- increased resources for agency collaboration (training and professional development, policy changes, technology)
- communications technology and broadband internet

Agencies/organizations/individuals
current involved and their
roles/activities

- Fair Food Network <http://www.fairfoodnetwork.org/what-we-do/projects/double-food-bucks>

Non-profit raises matching funds to double the amount of money SNAP families can spend at local farmers' markets

- MI Farm to School <http://www.mifarmtoschool.msu.edu/>

Creating networks to supply schools with fresh locally produced schools and implement classroom curriculum; a farm to preschool project is starting; supported by USDA

- Michigan Land Use Institute Food & Farming Network--Youth/Health working group <http://www.mlui.org/food-farming/projects/healthy->
-

food-for-all/healthy-food-policy.html#.UFMiKbKPW8A

regional implementation of Double Up Bucks, education and outreach to families

- Northern Michigan Pediatric Coalition
<http://www.nmpediatriccoalition.org/>

advocacy, practice and professional development for pediatricians

- Healthy Futures <http://www.munsonhealthcare.org/healthy-futures-online>
- Munson Health Care Women & Children
<http://www.munsonhealthcare.org/?id=532&sid=1>

OB and newborn services

- Munson Pediatric Hospitalists

Regional coordination of hospital services for children

- Blue Cross/Blue Shield Community Advisory Committee
<http://www.bcbsm.com/home/healthier/community-advisory-councils.shtml>

Community input, networking and collaboration

- ShapeMichigan <http://www.facebook.com/ShapeMichigan/timeline>

Priority Health initiative to address obesity and related health issues in Michigan

- GT Health Dept., Benzie/Leelanau Health Dept., District 10 Health Dept. (Kalkaska & Manistee), Health Dept. of Northwest MI (Antrim)
- Help-Link <http://www.unitedwaynwmi.org/find-help>

navigators, comprehensive resource for finding services and programs

- Great Start to Quality Northwest Resource Center training
- Food Corps
- Cooking Matters curriculum <http://cookingmatters.org/>, outreach to schools and communities promoting use of local, fresh food in menu planning and curricula for schools and childcare

Others who could be helpful

- Chambers of Commerce
- Pediatricians & Family Practice physicians
- Municipalities
- Grand Vision

Their role and/or responsibilities

- Leadership and vision for health lifestyle initiatives
- Collaborations across disciplines
- Planning and sustainability for family-friendly growth

Progress measures used

- Family participation rate in target programs
- Community health assessments
- Surveys of participating organizations
- Kids Count indicators

How we will know when this goal has been achieved

Success indicators:

- Decrease in number of low birth weight babies,

- Decrease in maternal smoking and substance abuse
- Increase in use of Double Up Bucks among SNAP families,
- Evidence of positive change in self-assessments taken by families participating in community health initiatives
- Increased community-level participation in regional planning

Action Steps

Partner category	Recommended activities
County 0 - 6 work groups	<p>Maintain and distribute community calendar of play groups, trainings and workshops, events</p> <p>Track what materials are available and how they are distributed</p> <p>Track numbers of parents and children participating, contacted or otherwise involved</p> <p>Identify local needs/gaps based on parent input</p> <p>Report to GSC every six months</p>
GStQ Northwest Resource Center	<p>Nutrition training for caregivers</p> <p>Fresh food partnerships</p>
Parent Voice/GSP	<p>Distribute information to community network</p> <p>Advisory groups to GSC</p> <p>Leadership in advocacy</p>

GSC

Convene Maternal Smoking working group
 Communications
 Leadership in Strengthening Families
 Great Start for Success Network

Community Partners

Promote community-based wellness programs
 Collaborate to promote and/or fund smoking cessation programs
 Support local farm to family/school food programs
 Plan, renovate and/or expand family-friendly outdoor activity spaces
 Collaborations to implement medical home

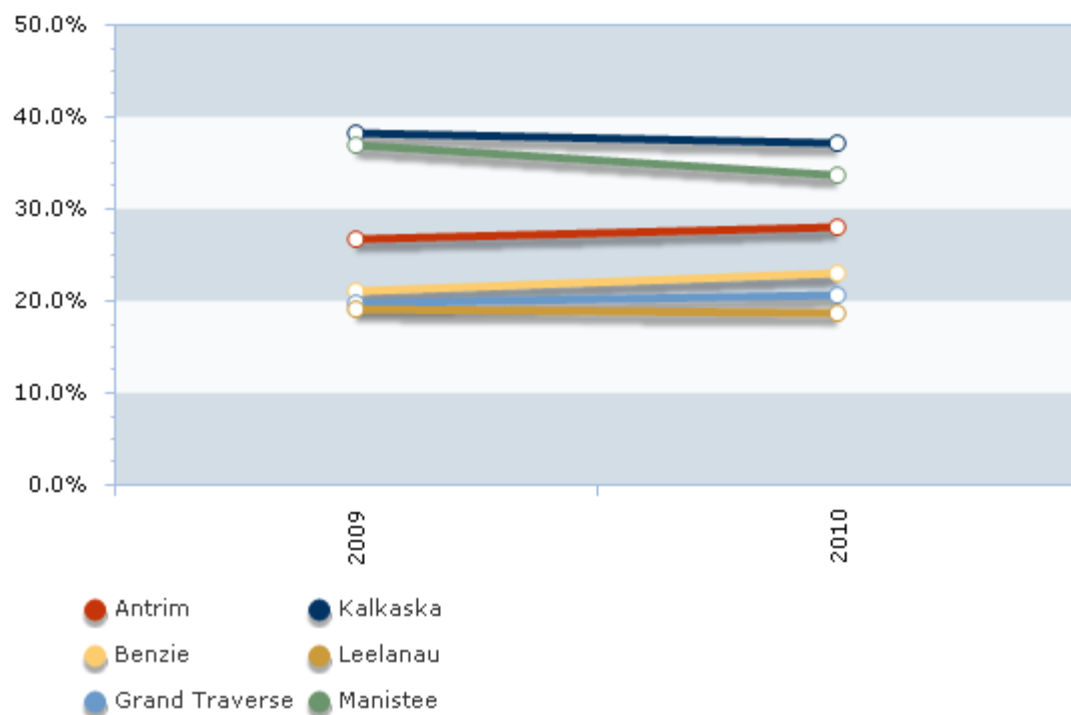


Figure 1 Births to Mothers Who Smoked During Pregnancy

Definitions: The number of births to mothers who smoked during pregnancy (from the new birth certificate, used in Michigan beginning in July 2007). This is a two-year average for 2009 and a three year average for 2010. The percent is based on total live births. Revised data were received for 2008-2010 in July 2012

Data Source: MI Department of Community Health, Vital Records and Health Data Development Section.

HEALTHY FAMILIES:**Social/Emotional Development**

Vision: All families are resilient, have knowledge of child development, and are valued for nurturing their children.

Goal 2

Increase public and parent awareness and knowledge of social/emotional health, and ensure that all families have access to screening, referral, and treatment and support services.

Who reviewed this goal

- Parents
- Early care and learning providers
- TBAISD Early On & Infant/Toddler workers
- Great Start Pediatric & Social/Emotional working group
- 0 – 6 county work groups
- Infant mental health workers
- GStQ Northwest Resource Center director and staff
- GSC members

Issue(s) of concern and what we know about the fundamental causes.

The social/emotional development of young children is as important as their physical development. Delays in social/emotional development can have lasting effects on a child's educational achievement and later life. The effects of toxic stress on brain growth and function are well documented, as are the effects of alcohol and illicit drug use during pregnancy. Children with significant social/emotional delays may receive early diagnoses and appropriate therapies. However, children with mild delays and those who present subtle or confusing symptoms often go without diagnosis and treatment, and their families lack the information and support to help them. What is even less well documented is the rate of challenging behaviors

encountered by parents and primary care providers which go unreported because of lack of access to consultants and therapists resulting in lack of hard data to evaluate the magnitude of this issue. The effectiveness of early intervention and its impact on children in childcare cannot be overstated; families whose children are expelled from care become at risk for poverty and child abuse. The lack of social/emotional development and behavioral health support for caregivers and parents prompted this GSC to take action regionally to protect children and families and promote awareness.

In the current health insurance environment coverage for mental health is largely inadequate for both adults and children. Recent legislation requiring coverage for autism treatment and therapy provides small, though important, progress, but doesn't begin to address the issue of promoting children's mental health through prevention and early intervention. Funding for home visiting, a well-researched evidence-based practice that dramatically improves outcomes for children and their families, is completely inadequate, especially in rural regions of the state which were not included in the first round of maternal/infant home visiting funding due to low population density. This is an example of how the use of census tract data to guide funding compromises child wellness in rural Michigan.

Data used to evaluate this goal and assessment of need.

- Kids Count
- Trauma Informed Treatment
- ISD internal data
- Great Start to Quality Northwest Resource Center provider survey
- Michigan Association for Infant Mental Health

- ZERO TO THREE research and policy briefs

How parent input guides this concern.

- Facebook
- Parent focus groups
- Surveys
- Great Start Parents network
- Great Start Cafés

Current activities and resources.

- Infant Mental Health training consortium
- Conscious Discipline trainings
- Strengthening Families/Protective Factors
- Pediatric & Social/Emotional working group
- SEEL partnership: GStQ Northwest Resource Center, TBAISD, Pine Rest
- Trainings through the GStQ Northwest Resource Center
- “Baby Court” working group

Additional resources needed.

- On-going communication with partners
 - Additional trainings open to the community
 - Business model to support on-site social worker/mental health worker at pediatric and family health clinics
 - Identify, train and provide continuing professional development as speakers and trainers
-

<p>Agencies/organizations/individuals current involved and their roles/activities</p>	<ul style="list-style-type: none"> • Pine Rest Christian Mental Health Services—training, coaching and consultation • Community Mental Health—assessment, referral and therapy • TBAISD Early On and Infant/Toddler practioners—home visiting, treatment and referral • GStQ Northwest Resource Center—training and workshops for providers and parents • Head Start/Early Head Start—infant mental health, home visiting • GSRP classrooms—education • “Baby Court” working group—developing early intervention and post-removal protocols that involve IMH therapy, improved visitation practices including coaching, and education for the court • Love INC—parent education
<p>Others who could be helpful</p>	<ul style="list-style-type: none"> • DHS, Health Departments, other social service agencies, Protective Services and Foster Care agencies not already involved in Baby Court working group • Judicial system and law enforcement • Traverse Bay Child Advocacy Center • Addiction Treatment Services • Schools, churches, parent groups • Home visitors, FRS workers • Home- and center- based early care and learning providers including GSRP teachers

Their role and/or responsibilities	<ul style="list-style-type: none"> • Shifting organizational procedures and policies to be supportive of parents and children using the Protective Factors as a guide • Hosting Parent Cafes/community discussions related to parenting • Providing child development information • Advocacy
Progress measures used	<ul style="list-style-type: none"> • number of community presentations given • Facebook metrics related to SF activities • number of focus groups held • number of communications shared and re-shared • survey responses • website metrics • number of people attending trainings • number of Parent Cafes held and participants
How we will know when this goal has been achieved	The goal will be considered achieved when Strengthening Families is embedded in the procedures of the majority of partner agencies, organizations and individuals.

Action Steps	
Partner category	Recommended activities
County 0 - 6 work groups	Maintain and distribute community calendar of play groups, trainings and

workshops, events

Track what materials are available and how they are distributed

Track numbers of parents and children participating, contacted or otherwise involved

Identify local needs/gaps based on parent input

Report to GSC every six months

GStQ Northwest Resource Center	Joint trainings and workshops for parents and providers
Parent Voice/GSP	Distribute information to community network Advisory groups to GSC Leadership in advocacy
TBAISD/MISD	Early childhood programs and services
GSC	Convene Strengthening Families and other working groups Communications Regional/State leadership in Strengthening Families implementation Great Start for Success Network
Community Partners	Funding Advocacy Align policies and procedures to SF Framework

Shared Work elements emerged from the Collaborative’s strategic priority matrix and an on-going commitment to serving families through evidence-based, relationship-based best practices. These six elements were reviewed by GSC members who identified shared resources and action steps. In creating a timeline, many of the action steps were labeled “on-going” to indicate that implementation should happen as soon as possible and the actions should be embedded in future planning and work. Where sensible, time steps or benchmarks are added.

SHARED WORK	SHARED RESOURCES	ACTION STEPS
Strengthening Families	Community liaison Regional leadership team Trained presenters group Regional learning community Great Start to Quality NW Resource Center Great Start North Collaborative Group	<ul style="list-style-type: none"> • Develop shared understanding across systems • Maintain equal focus on how and what • Identify multiple pathways for communication • Develop partner accountability tool and share with community (2013) • Annual training calendar (January)
Authentic Parent Voice	Head Start program standards and parent engagement model Head Start program staff School superintendents Great Start Collaborative parent members Great Start Parents core members Community-based advocates Authentic Parent Voice Learning Community	<ul style="list-style-type: none"> • Inform families living in rural communities about existing programs • Encourage younger people and parents of young children participate on school boards and school committees • Schedule regional early childhood nights at school board meetings across all counties (2013) • Educate business leaders and legislators about the importance of parent voice in decision-making • Use Head Start model for parent engagement

SHARED WORK	SHARED RESOURCES	ACTION STEPS
Communications & Community Education	<p>Communications plan (update annually)</p> <p>Communications coordinator</p> <p>Great Start website(s) and social media</p> <p>Intermediate School District early childhood departments</p> <p>Traverse City Area Chamber of Commerce bulletin</p> <p>Traverse Bay Area ISD communications staff</p>	<ul style="list-style-type: none"> Identify one or more committee(s) to work on: <ol style="list-style-type: none"> Developing a brand and common message based on Strengthening Families Developing relationships with the media Creating a central source for early childhood information Identify a “mobilization” committee Outreach to physicians with
Great Start for Success Network	<p>Advisory team/GSC executive team</p> <p>Cornerstone consulting team</p> <p>Great Start Collaborative & Partners</p> <p>Parent & Community Advisory groups</p> <p>Funders group</p> <p>Community Foundations</p>	<p>Feasibility study (see Appendix)</p> <p>30 weeks from contract (2012-2013)</p> <ul style="list-style-type: none"> Phase 1: Discovery Phase 2: Engagement Phase 3: Concept Development <p>Implementation (2013 – 2014)</p> <ul style="list-style-type: none"> Network Model-regional/distributed Center Model-local/co-located staff & laboratory care setting

SHARED WORK	SHARED RESOURCES	ACTION STEPS
Funding	Great Start Early Childhood Fund Chambers of Commerce Intermediate School Districts United Way of Manistee Northwestern Michigan College Supporting Student Parents working group Community Foundations Rotary Charities Consumers Energy Oleson Foundation Regional Funders Group	<ul style="list-style-type: none"> • Develop a fundraising team comprised of GSC members and community partners charged with these activities: <ul style="list-style-type: none"> ○ Create a message ○ Identify current fund raising efforts ○ Identify funding gaps ○ Prioritize the “ask” based on four criteria: gaps, visibility, impact, & evidence-based programming ○ Plan a direct ask through the Chambers of Commerce ○ Identify grant writing support team • Evaluate potential for converting annual signature event “Go to Bat for Early Childhood” to a major fundraiser (2012 – 2013) • Evaluate the potential for funding childcare scholarships to support student parents (2012 – 2013) • Evaluate the potential for a regional enhancement millage through TBAISD (2013 – 2015)

SHARED WORK	SHARED RESOURCES	ACTION STEPS
Needs, Gaps & Data Sharing	Healthy Futures Head Start/Early Head Start Great Start Readiness Program Great Start to Quality Resource Center ISD internal data Kids Count SuperRegion Early Childhood Directors working group	<ul style="list-style-type: none"> • SuperRegion working group continues leadership in data improvement • Gather benchmark data to support the case for home visiting (2013 – 2014) • Improve kindergarten readiness; 75% of children assessed in 2015 will be “ready” • Implement social/emotional kindergarten assessment (2014) • Parents and the community know the Great Start name • Decrease or eliminate the wait list for Head Start and GSRP

VIII. Appendices

Great Start Organizational Chart

Member Profile & Memorandum of Understanding (sample)

Operational Bylaws (separate document)

Great Start Star—system components graphic

Kids Count Data: access online at

<http://datacenter.kidscount.org/data/bystate/StateLanding.aspx?state=MI>

- **Antrim**
- **Benzie**
- **Grand Traverse**
- **Kalkaska**
- **Leelanau**
- **Manistee**

Strategic Matrix (separate document)

***Dividends of a Great Start* white paper (separate document)**

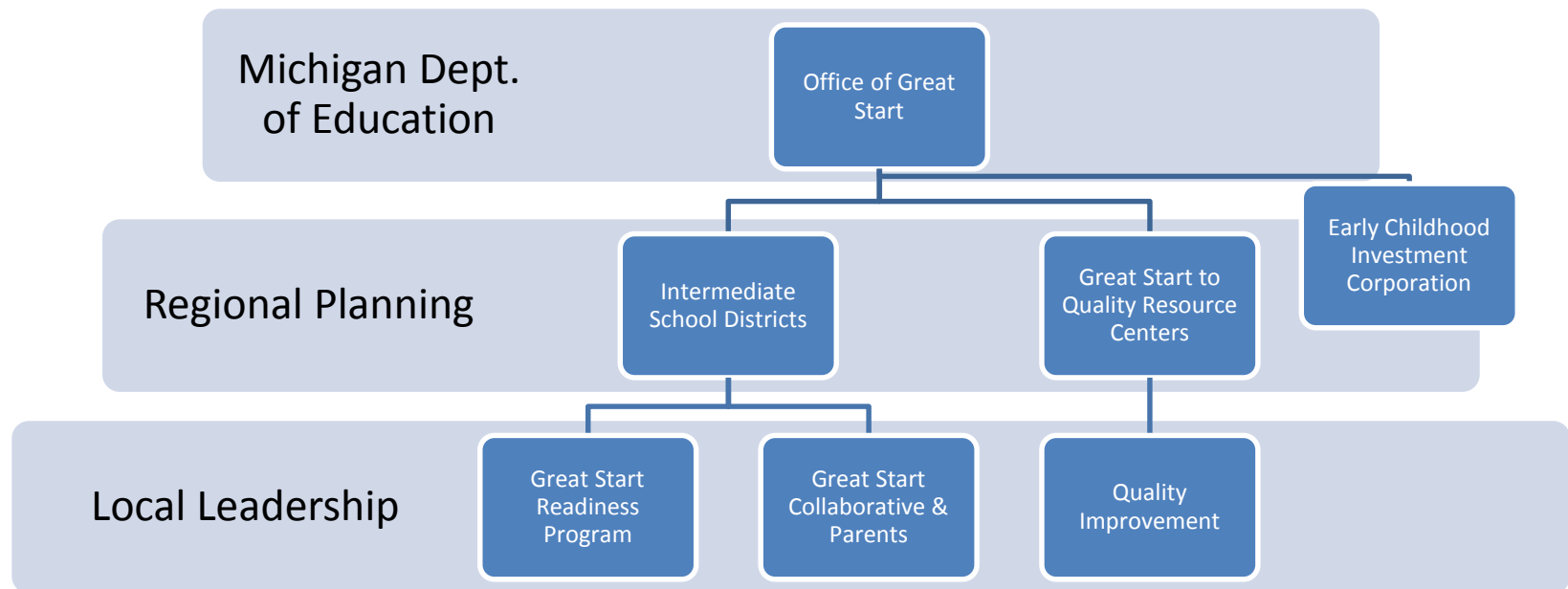
Informal Strategic Review Process 2012: *Achieving Our Goals*

2012 Communications Plan

Annual Calendar of Events

Great Start for Success Network Phase 1 Deliverable (separate document)

Michigan's Great Start Initiative Organizational Chart





Great Start Traverse Bay/Manistee Collaborative
Fiscal Year 2013*
Member Profile
&
Memorandum of Understanding

Name
Title
Agency/Business/ or Organization
Purpose/Focus
Mailing Address
Phone
Fax
Email
URL
Great Start Workgroup Affiliation
Memberships/Boards/ Groups of which you are a member

Memorandum of Understanding

I, _____ agree to attend 75% of the Collaborative meetings,
(print name)

and to designate an alternate from my organization to attend if I am absent.

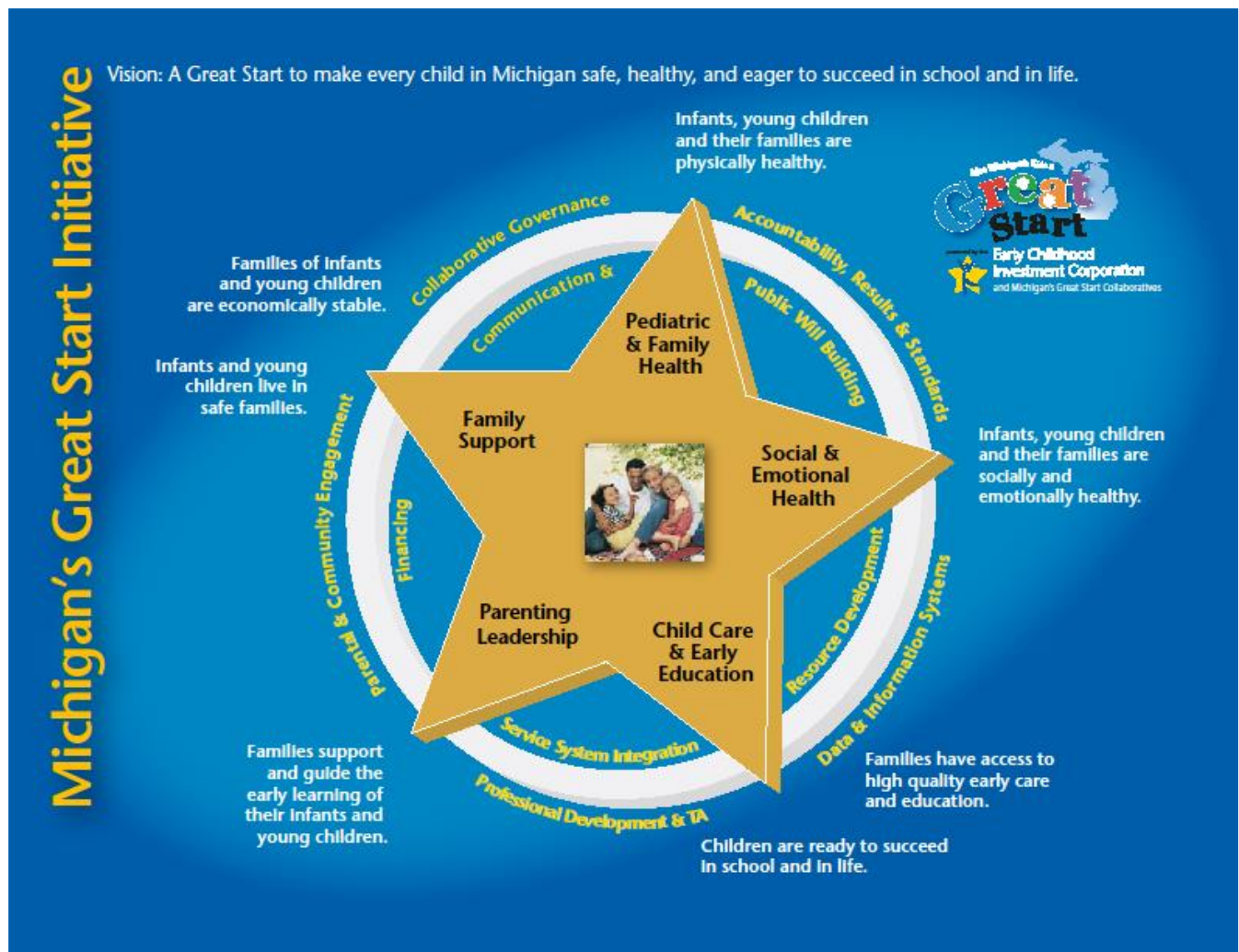
I agree to maintain an affiliation with at least one of the Great Start workgroups.

I agree to support and maintain the mission of this Collaborative and its Parent Coalition (Great Start Parents): to ensure that all children arrive at the door to kindergarten healthy, safe and eager to learn; to support parents as the first and best teachers of their children; and to promote collaboration and partnership among agencies, businesses and organizations to work toward a comprehensive early childhood system that is accessible to all families in our region.

Date	Signature
------	-----------

***October 1, 2012 – September 30, 2013**

Great Start Star—System Graphic



From the Early Childhood Investment Corporation

Achieving Our Goals: The 2012 Strategic Plan Review Process

Great Start Traverse Bay/Manistee Collaborative

Our Great Start Collaborative's (GSC) strategic plan was developed over a number of months in 2009, involving facilitated community focus groups and data collection. At the culminating event in January 2010 the critical goals in each of five component areas were presented to community stakeholders who prioritized those goals and recommended action plans for accomplishing them. As a living document, the plan has been used successfully to direct the development and implementation of three work plans, as required by the Early Childhood Investment Corporation at the start of each fiscal period.

However, as a Collaborative we have changed since 2009. Our stakeholders now include more business and community leaders, and our focus is more uniquely northwest lower Michigan. Our GSC members include some of the most innovative and forward-thinking people and organizations in the state, and we want to leverage their great ideas for building robust and accessible early childhood systems in our region. Finally, as we approach fiscal year 2013, we await the changes to Michigan's early childhood programs and services that will result from the consolidation of effort and funding through the Office of Great Start and block granting to the intermediate school districts for selected early childhood programs and services.

Since November 2011, the GSC team has been reaching out to our communities, asking stakeholders to review the prioritized strategic goals and make recommendations for additions, deletions and/or refinements. Many new stakeholder groups have responded, reflecting the increased engagement in early childhood that has occurred in our region. Groups were asked to review the priorities specified in any or all of the five component areas and comment on progress, appropriateness and emerging priorities. Summaries are being compiled that will be included in a draft of the strategic plan.

For the Collaborative, the team approached the strategic review from a three-fold perspective. Based on our experience working with members from all six counties, we determined that the GSC was operating using an informal and natural distinction between shared priorities and shared work (see below). We decided to capitalize on this innate behavior to facilitate the examination of current and future opportunities. When the strategic plan review is finished we will have created a document that accurately reflects how six counties with numerous multiple jurisdictions and sometimes competing interests are working together for a common purpose—to ensure a great start for every child.

The Three Perspectives

Shared priorities—the five components of the Great Start Star; not everyone works in every component, but we all understand the needs and agree to support each other in the work.

Shared work—the early childhood action agenda; everyone works on these for the greater good of all children, to grow and maintain a consistent message to the community, and to build sustainable support for quality programs and services that serve the needs of our families.

Infrastructure—how we agree to work together (bylaws, annual member MOU, executive team, business co-chair, shared decision-making by consensus, open communication).

The Early Childhood Investment Corporation requires that the every Collaborative review their strategic plan on a three-year cycle and submit their plans for review. As a Phase II Collaborative, our plan review is due this year on November 1. We developed a timeline that leverages this requirement by taking advantage of the opportunity to combine our annual "Year in Review" with the strategic plan executive

summary. The following timeline gives ample opportunity for input by our large membership and numerous stakeholders.

Timeline

September 11, 2012	Draft Strategic Plan submitted to GSC Executive Team
September 25, 2012	Draft Strategic Plan submitted to full GSC for review
October 16, 2012	Final draft
October 31, 2012	Strategic Plan submitted to ECIC for review
November 27, 2012	Draft of Report to the Community Report reviewed at GSC meeting
December 10, 2012	Report to the Community published on www.greatstartkids.com

Achieving our shared priorities: CREATING ACTION AGENDAS for COMPONENT AREA GOALS

This document is based on the Investment Corporation's recommended methods for Phase II GSC strategic plan review. The following glossary defines terms used to specify the information needed to create the action agendas for the five components of the Great Start Star:

pediatric and family health
social/emotional development
parent leadership
early care and education
family support

Glossary

Goal = general statement about what needs to be accomplished to address a major issues facing the community

Strategy = broad, overarching effort or approach that will be undertaken to achieve the goal

Objective = a measurable step that advances a strategy within a specific time frame

Resource Needs = materials, funds and/or conditions that are needed to accomplish an objective

Roles/Responsibilities = agencies and/or people who are accountable for achieving objectives

Target Dates = time line for accomplishing advancing a strategy

Progress Measures = on-going (formative) and achievement (summative) evaluations

Status = the starting point or initial conditions related to the goal

The following table provides a blueprint for creating action agendas for each of our agreed upon goals in the five component areas. These are our shared priorities: The Collaborative agrees these are the region's most important goals that some members actively work to achieve and all members support. GSC member organizations and individuals will work in small focus groups to provide input that will generate draft agendas to share with the full Collaborative. All members will be asked to contribute to at least one action agenda.

Complete this set of questions for each component area goal. The information gathered will be used to draft an action agenda for the strategic plan.		
Component... Goal ... Increase access to affordable, high quality childcare and opt-in universal preschool for 3- and 4- year olds.		
Status as of 2012 Answer these questions <i>For an example of a status narrative see Benzie/Leelanau Great Start Summary—Health Action Plan [below]</i>	Describe the issue of concern. How is parent input being used to guide this concern? What do we know about the fundamental causes? What data do we have? What is the need? What is currently available/being done? What more is needed? What resources are available? What resources are needed? Who is already involved? What is their role/responsibility? Who else could be helpful? What is their role/responsibility? What progress measures are being used?	
Infrastructure	How will strategies, data and communication be coordinated across counties and jurisdictions? How will decisions be made? How will new partners be engaged in the work?	
ACTION AGENDA		
Sharing the Priority	Agenda Action Items	
<i>Sidebar questions to focus on collaboration in the action agenda</i>	<i>Complete all the sections below for each strategy. A goal may have several strategies.</i>	
<i>Which organizations and/or groups work on this strategy?</i>	What is a strategy for achieving this goal?	
<i>What are the organizational strategies for including parent voice?</i>	How is parent input used to develop the action agenda?	
<i>List measureable step(s), who (organization, group and/or individual) is involved, and time frame.</i>	Objective(s) & Timeline	
<i>Which of these resources are or can be shared?</i>	Resource Needs	
<i>Who can partner to share these responsibilities?</i>	Roles/Responsibilities	
<i>Who will be responsible for accountability, gathering data, communications and reports?</i>	Progress Measures (on-going)	
	Progress Measures (achievement)	
	Communications & Reporting	

SHARED PRIORITIES: Reprioritized for 2012 at the GSC March 20, 2012 meeting

EARLY CARE AND LEARNING GOALS

VISION: All children arrive at kindergarten prepared to succeed and schools are ready to support the success of all children.

Increase access to affordable, high quality childcare and opt-in universal preschool for 3- and 4- year olds.

Children with developmental delays or disabilities receive the interventions and continuous support they need to develop to their highest potential.

SOCIAL/EMOTIONAL GOALS

VISION: Infants, young children and their families are socially and emotionally healthy.

Increase public and parent awareness and knowledge of social/emotional health, and ensure that all families have access to screening, referral, and treatment and support services.

PARENT LEADERSHIP GOALS

VISION: [none specified]

The region adopts the Strengthening Families framework for parent and community engagement to promote awareness, education and action.

FAMILY SUPPORT GOALS

VISION: All children have their basic needs met—food, clothing and supplies, shelter and safety.

Employers and agencies have access to evidence-based information about family-friendly best practices that have direct impact on the workforce, benefit employers and are measurable.

Ensure that children's safety issues and community crisis response plans are coordinated across agencies.

Increase access to quality information about early childhood development and learning, and opportunities for continuing education, for all caregivers, including parents and guardians. *[MOVED FROM CHILD CARE & EARLY EDUCATION]*

PEDIATRIC AND FAMILY HEALTH

VISION: All children will be born healthy.

Goals [none specified]

DATA EXAMPLE

Benzie/Leelanau Great Start Summary—HEALTH ACTION PLAN:

Goal One: All Children will be born healthy.

Important health indicators (5 counties plus Manistee, Kids Count Data Book 2011):

	<u>1998-2000</u>	<u>2007-2009</u>
Low Birth Weight	6.2%	7.3%
Infant Mortality	5.1%	5.6%
Births to Teens	38.3%	29.5%

Things happening in the community to address this:

Perinatal Substance Use Work Group: Goal is to create a more coordinated and supportive system for care of pregnant women with substance use. Most recently anecdotally, treatment providers have noticed a drop in pregnant admissions into treatment. The group is trying to create universal screening for prenatal sub use (similar to universal HIV testing) then surround those with positive tests with supports. One clinic has been doing this for over a year: GT Women's clinic. The Grand Traverse Women's Clinic is still drug testing clients but they are seeing a decline in the number of positive screens.

Perinatal Regionalization Group: The goal of this group is to construct a sustainable, cost-effective integrated and coordinated network of care to deliver perinatal services to women and children in northern Lower Michigan that builds on the existing structures of care and results in decreased infant mortality and morbidity. Basically, more coordination among healthcare providers, home visitors, and other local supports. This group hope to secure additional funding to expand Healthy Futures within our 5 counties and out to the northern 21 counties.

Early Childhood Workgroups : Benzie and Leelanau continue local planning and action through their EC workgroups.

Infant Mortality Coalition : Will be re-forming in Feb or March of this year with leadership from Munson/Healthy Futures.

GAPS: Ongoing challenge of coordinated system of care for moms and babes.

Goals Two and Three: All children will have access to quality medical home and dental home

Important health indicators (5 counties plus Manistee, Kids Count Data Book 2011):

2010

Fully immunized toddlers	73.4%
# of children insured	94.2%
Those with Medicaid or MI CHILD	43.6% (this includes medical and dental coverage)
Unsure of the 50% with private insurance...how many have dental insurance coverage.	

Things happening in the community:

Traverse Health Clinic is looking to expand their services through an application to become an FQHC. With health care reform coming with full implementation in 2014, we will see this gap decrease even more for medical care.

The Northern Michigan Health Coalition has formed initially with an emphasis on Benzie , Leelanau and Manistee Counties. Partners include Benzie – Leelanau District Health Department, Crystal Lake Clinic, Northwest Michigan Health Services, Centra Wellness Network, Catholic Human Services and the Manistee Area Community Clinic. The Coalition has set its vision high to become a regional Patient Centered Medical Home model for rural Michigan. The group collaborates to provide holistic, high quality and integrated health care for people with all levels of income with or without health insurance.

An initial grant from the Blue Cross Blue Shield Foundation was secured to build the foundation to provide primary care, acute care, mental health care, substance abuse treatment, dental care and wellness education in our region. Another more detailed proposal to support full implementation is being developed.

GAPS: Dental care

Goal 4: All families will be encouraged to maintain a healthy lifestyle for children ages birth to five.

	<u>1998-2000</u>	<u>2007-2009</u>
Free and Reduced Lunch	36%	46.8%

WIC overweight (2-5 year olds): Benzie has 26 kids (2 – 4 yrs) out of 159 or 16% overweight (bmi 95% or greater for age). Leelanau has 13 kids (2-4) out of 111 = 11% overweight.

Things happening in the community:

It is actually good that this enrollment has increased. We have felt for a long time that those who were eligible were not signing up. A BIG effort has been made to increase this enrollment. This means kids are getting at least one good meal a day and often it means breakfast too.

WIC continues to target toddlers who are overweight with intense counseling and follow up with a registered dietician. WIC is now offering a fresh fruit and vegetable benefit.

Farm to School is thriving in the northwest region with most schools offering more home cooked meals.

Cooking with Kids continues to be a hit at the Northwestern Michigan Fair in which kids get to learn about healthy cooking and participate hand on.

GAPS: This continues to be a challenge for our area.

###

GSC/GSP WORKSHEET

Achieving our shared work: CREATING the EARLY CHILDHOOD ACTION AGENDA

Shared work is work in which all agencies/organizations/individuals may play a role. Inspired by stakeholder meetings that regularly take place over coffee and an occasional sweet treat, we chose to use a pie chart as the visualization of how this work is shared. The pie chart is conceptually accurate because it is non-hierarchical and every piece touches the center. Thus it is with our Collaborative: we work together, we touch the heart.

The Early Childhood Action Agenda is a set of six critical areas that have emerged as a result of priorities identified in our GSC's Priority Matrix. The Priority Matrix itself resulted from a synthesis of the 2010 Strategic Plan and the economic impact study "The Dividends of a Great Start: *Regional Economic Impacts of Conditions Affecting Children Birth to Five Years in Six Michigan Counties*" commissioned by this GSC in 2010. [All three documents are available on our website www.greatstartkids.com]

The Six Critical Areas

Strengthening Families

We agree to implement Strengthening Families & the Protective Factors as our framework for working with families and engaging the community. How do we move forward individually and as a group?

Parent Voice

How do we get better at hearing parents?

How do we ensure that we use parent voice and parent energy to drive the work?

Communications & Community Education

What is the common message that we want everyone in the community to hear?

What are the most effective ways to reach people?

Needs, Gaps & Data sharing

How do we work together to identify needs and gaps?

How can we share our data to create stronger, more responsive systems?

Funding

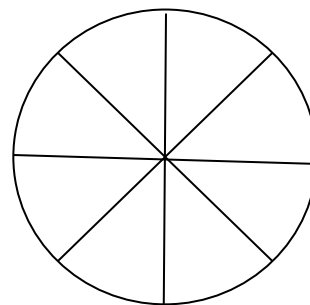
How do we identify where there are funding gaps?

How can we work together to create sustainable funding?

Center for Parent Leadership

What do you most want to get out of this model?

What do you bring to this model?



The Pie--everyone has a share

The Goals

To identify agency/organizational roles in this shared work

To identify and commit to roles as individuals

To consider how we will honor each other and be accountable to the work

The "Piece of Pie" Process

At each of six tables is a large sheet of paper with a circle (the pie), the foundational questions for that critical area, a statement of the goals for the day, and plenty of markers, pens, etc.

Participants may move from one table to another in any order.

10 minutes is allowed on each topic; each participant draws a “piece” on the pie and shares *in writing* input on the following:

What do you think your organization can do to advance this work?

What can you as an individual do?

How can we hold ourselves accountable for the work (sharing data and resources, achieving outcomes)?

Whole Group

What trends or obstacles emerged?

What’s missing?

Facilitator’s Note:

All written materials generated during these sessions are available for review by contacting the GSC coordinator.

FY 2013 Communications Plan:

Overarching Themes & Frames—the HOW

- Strengthening Families (frame)
 - It's All about the Brain, Baby! (theme)
 - Economic Prosperity (theme, frame)
-

The New Normal: a Great Start for Every Child—the WHY

The GSC is making it possible for the community to act—the WHO

- by telling the story
 - sharing the data
 - showing the way
-

Topics & Action Steps—the WHAT

Every story contains two “asks” or action steps for the reader

1. an easy step (personal action)
2. a not so easy step (changing a system)

Story Ideas

- maternal education/student parent
 - scholarships
 - fundraising
- why quality matters
- what is quality?
- understanding the Quality Improvement Rating System
- CARES
- child development/the brain
- gift-giving guide
- literacy partners: ReadAloud.org, etc
- What is Strengthening Families?
 - history
 - data
 - step by step
- Events
 - Parenting Awareness Month (March)
 - Month of the Young Child (April)
 - Training calendar
 - Small Businesses with Big Hearts (Monday before Valentine's Day)
 - Early Childhood-focused public events
- Great Start for Success Network
- Office of Great Start/state perspectives on EC
- Infant Mental Health--interview IMH trainers 3 times a year
- K-readiness/preK enrollment
- Value of home visiting
 - why Way to Grow is a good model
 - need for a sustainable “business” model

Target Groups

- Funders
- Advisory group
- GSC
- GS Friends
- GS committees
- GSP
- NMECC
- SuperRegion
- Chamber Team
- 0 - 6 Work groups
- Partner eNews: Chamber, TBAISD

Outside media

- TV
- Radio
- Print

Achieving our Goals

1. Consistent Messaging (Strengthening Families) HOW we do it
2. Create annual schedule for content responsibility WHAT we do
3. Timeline WHEN we do it

Annual Calendar of GSC/GSP Events

October	Start of the fiscal year
November	2 nd Tuesday Executive team; 4 th Tuesday GSC/GSP meeting
December	
January	2 nd Tuesday Executive team; 4 th Tuesday GSC/GSP meeting Michigan Collaborative Conference
February	Small Businesses with Big Hearts Celebration (Monday before Valentine's Day)
March	Parenting Awareness Month/Parenting Conference; 1 st Tuesday Executive team; 3 rd Tuesday GSC/GSP meeting
April	Month of the Young Child (Michigan)
May	"Get Set for Summer" literacy event (2 nd weekend) 2 nd Tuesday Executive team; 4 th Tuesday GSP/GSC meeting
June	
July	
August	GSC/GSP Annual Picnic (2 nd Friday)
September	"Ready for School" STEM event (tbd) 2 nd Tuesday Executive team; 4 th Tuesday GSC/GSP meeting; fiscal year ends

FOR MORE INFORMATION ABOUT THIS PLAN CONTACT COORDINATOR@GREATSTARTKIDS.COM