



A FIVE-COUNTY INITIATIVE OF THE GREAT START
TRAVERSE BAY COLLABORATIVE



July 31, 2014

Ms. Mary Manner
Great Start Collaborative
202 East Grandview Parkway
Traverse City, MI 49684

Mr. Mike Hill
TBA/ISD
1101 Red Drive
Traverse City, MI 49686

Re: Cornerstone Team

Mike and Mary,

Our entire team would like to thank you both and all who participated in our mutual journey to make Northern Michigan the best place for early childhood and strong parenting. We have collectively gained knowledge along the way that leads us to believe that with our combined efforts, we can realize the dream that was identified in our presentations.

More importantly, we have gained a passion for and realization of the magnitude that a successful implementation of our discoveries could have on our region and beyond. We feel that the combined efforts of network outreach, neighborhood centers, and the efficiency of a centralized hub can be cost effective, deliver a high level of quality, and provide consistency that assures a “no wrong door” experience for those most in need.

We acknowledge that many decisions still need to be made towards implementation, but we hope that our team of Dr. Cynthia Honoré Collins, Emily Mitchell, Woody Smith and I have provided direction for the steps that are ahead, and a vision of the goal.

We are honored and humbled to have been a part of this great process, and hope we can continue to assist in ways that reach implementation and enhance the quality of life for our entire northern Michigan community.

Sincerely,

The Cornerstone Team

Dr. Cynthia Honoré Collins, Emily Mitchell, Woody Smith, Tom Nemitz


5toOne

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Early childhood, make it count!

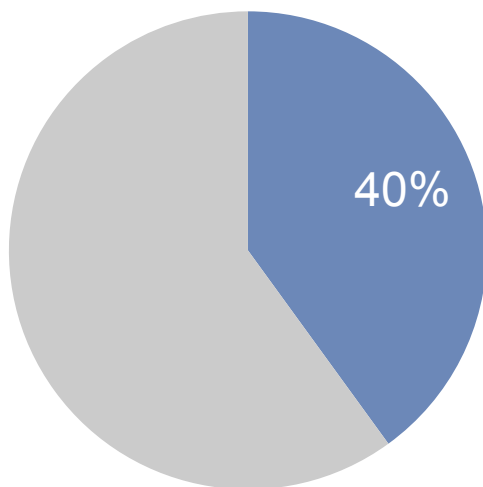
THE VISION



This region is
the best place in the U.S.
to grow up
as a young child

CHALLENGES FOR YOUNG CHILDREN (0-5)

MORE THAN 4 IN 10 SHOW UP FOR KINDERGARTEN WITH LOW KINDERGARTEN READINESS...



Source: TBAISD Kindergarten Roundup Assessment (using Boehm-3 test)

...INCIDENCE OF ABUSE AND/OR NEGLECT AT INTOLERABLE LEVELS...

400+
CASES

Source: Estimates based on Kids Count – Data Center 2012; Total for Antrim, Benzie, Grand Traverse, Kalkaska and Leelanau Counties

...LIMITED AVAILABILITY OF QUALITY CHILDCARE.

- Long waitlists for childcare centers
- Limited access to before/after hours care, infant/toddler care
- 20% of those parents who need childcare say options are poor

Source: Parent Survey and Provider Interviews

5-STEPS TO REALIZE THE VISION:

- 1** Discover Deeply understand regional issues, community benchmarking
- 2** Engage Conduct a parent survey and Asset mapping
- 3** Design Create a specific plan that meets regional needs
- 4** Fund Gather assets that meet capital needs and programming needs
- 5** Build Implement the plan

STEP 1

Discover

KEY ACTIVITIES:

- WORK WITH AN ADVISORY TEAM OF EARLY CHILDHOOD ORGANIZATIONAL LEADERS AND ADVOCATES TO FRAME ISSUES
- REVIEW LOCAL SECONDARY DATA AND INDICATORS
- INTERVIEW PRACTITIONERS AND FAMILIES THROUGHOUT 5-COUNTY REGION
- REVIEW SUCCESSFUL EARLY CHILDHOOD NETWORKS (URBAN AND RURAL) ACROSS THE U.S.
- DEVELOP 3-5 VIABLE ALTERNATIVES

KEY OUTPUTS:

- 3-5 ALTERNATIVES
- DISCOVERY FINDINGS
- COMMUNITY ENGAGEMENT PLAN
- 5toONE IDENTITY SYSTEM

STEP 2

Engage

KEY ACTIVITIES:

- COLLECT AND ANALYZE PARENT DATA
- DEVELOP AND TEST AN APPROACH TO ASSET MAPPING TO IDENTIFY SERVICE GAPS AND ASSESS REGIONAL NETWORK POTENTIAL
- ESTABLISH A STEERING COMMITTEE OF BUSINESS AND COMMUNITY LEADERS TO WORK WITH THE GSC ON STEP 3 AND BEYOND
- DEVELOP A RECOMMENDED ALTERNATIVE (NEIGHBORHOOD CENTERS + NETWORK + CENTRALIZED HUB) AND PLAN FOR CONCEPT DEVELOPMENT

KEY OUTPUTS:

- PARENT SURVEY FINDINGS AND IMPLICATIONS
- RECOMMENDED ALTERNATIVE WITH RATIONALE
- SUMMARY RESULTS OF BENCHMARKING STUDIES

STEP 3

Design

KEY ACTIVITIES:

- CONVENE THREE WORKING GROUPS OF PRACTITIONERS TO BUILD OUT RECOMMENDATIONS FOR NEIGHBORHOOD CENTERS, NETWORK AND CENTRALIZED HUB
- DESIGN PRELIMINARY TOOLS, SYSTEMS AND PLANS FOR IMPLEMENTATION
- DEVELOP COMMUNICATION DELIVERABLES AND COMMUNICATION PLAN
- DEVELOP REVENUE/ SUSTAINABILITY MODEL

KEY OUTPUTS TODAY:

- SHARE ALL DELIVERABLES
- DISCUSS NEXT STEPS FOR FUND AND BUILD PHASES

CHALLENGES TODAY

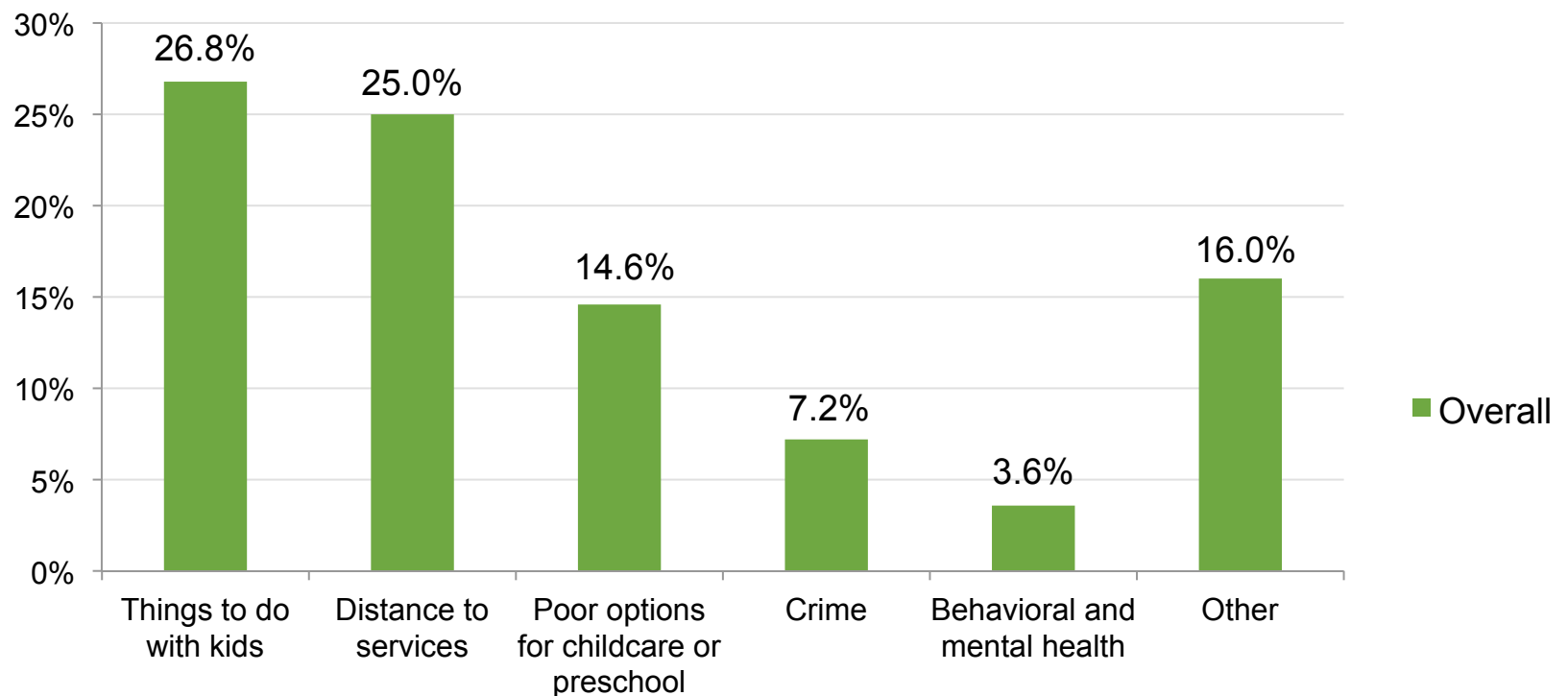
INTERVIEWS WITH FRONT-LINE SERVICE PROVIDERS REVEALED:

- There are real challenges today for young children and their families
- There are problems of proximity and transportation; families are cut off from services and each other
- Too many “wrong doors”
- Individual programs do good work but progress on overall indicators is limited; organizations struggle to provide comprehensive supports
- There are resource constraints in general, and programs come and go
- Collaboration is largely informal and preliminary
- Regional mindset is limited

PARENT SURVEY RESULTS

MANY REGIONAL PARENTS HAVE PROBLEMS FINDING ENOUGH THINGS TO DO WITH YOUNG KIDS AND NAVIGATING THE SIGNIFICANT DISTANCE TO SERVICES. A SIGNIFICANT NUMBER ALSO SEE POOR OPTIONS FOR CHILDCARE AND/OR PRESCHOOL.

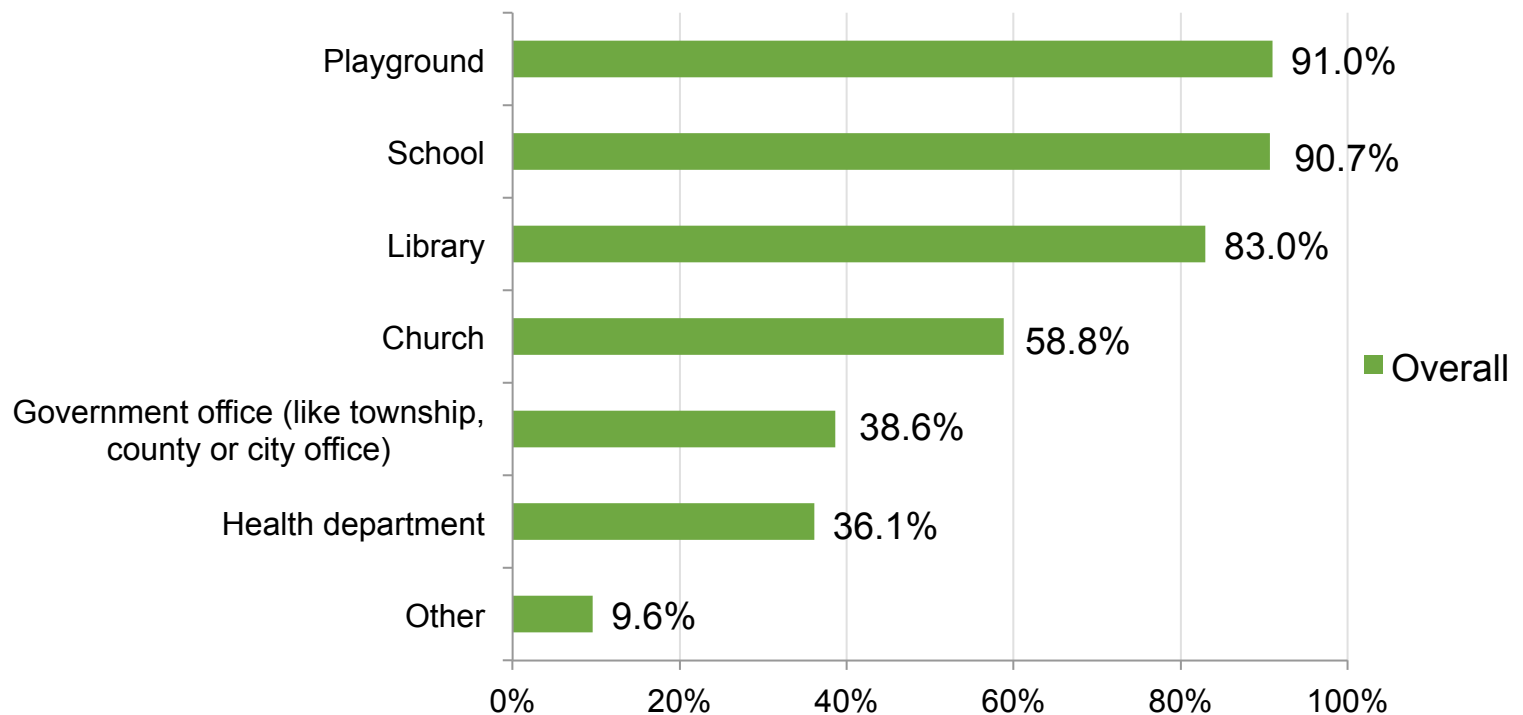
What are your biggest problems raising kids in your area?



PARENT SURVEY RESULTS

TO THE EXTENT THAT THEY ARE INTERESTED IN ACTIVITIES AND PROGRAMS FOR KIDS, PARENTS ARE MUCH MORE WILLING TO GO TO A PLAYGROUND, SCHOOL OR LIBRARY THAN THEY ARE TO GO TO A GOVERNMENT OR PUBLIC HEALTH OFFICE.

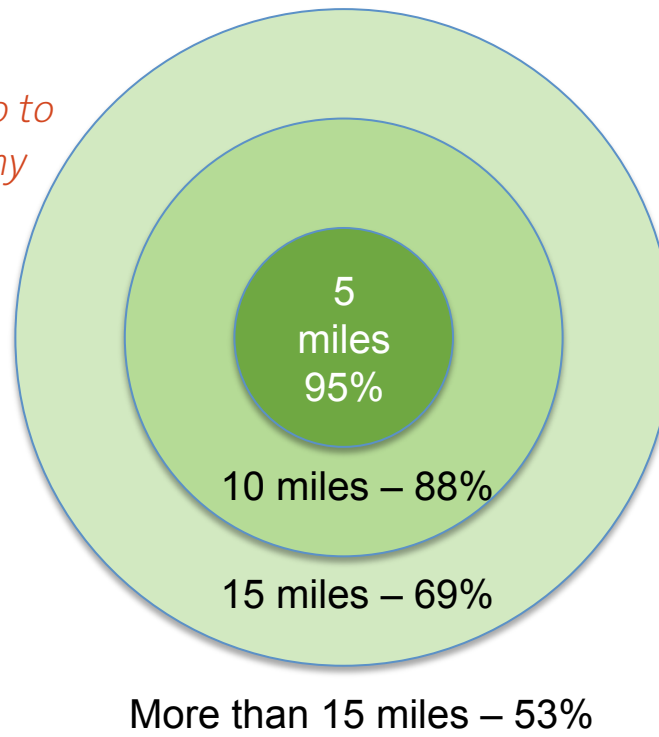
Where would you be willing to go for an activity or program with your kids? (check all that apply)



PARENT SURVEY RESULTS

88% OF PARENTS WOULD BE WILLING TO ACCESS ACTIVITIES OR PROGRAMMING WITHIN 10 MILES OF WHERE THEY LIVE. ONLY 69% ARE WILLING TO GO 15 MILES. 8% LACK CONSISTENT ACCESS TO A CAR; FOR THE BALANCE, LACK OF TIME AND FUEL COSTS MAKE LONG TRAVEL PROHIBITIVE.

If there is an activity or program you want to go to with your kids, how many miles would you go?



OUR GOALS

CREATE A COMPREHENSIVE REGIONAL SYSTEM FOR EARLY CHILDHOOD, CONSISTENT WITH THE WANTS/NEEDS OF PARENTS AND THE REALITIES OF RURAL NORTHERN MICHIGAN, TO ACHIEVE THE FOLLOWING GOALS:

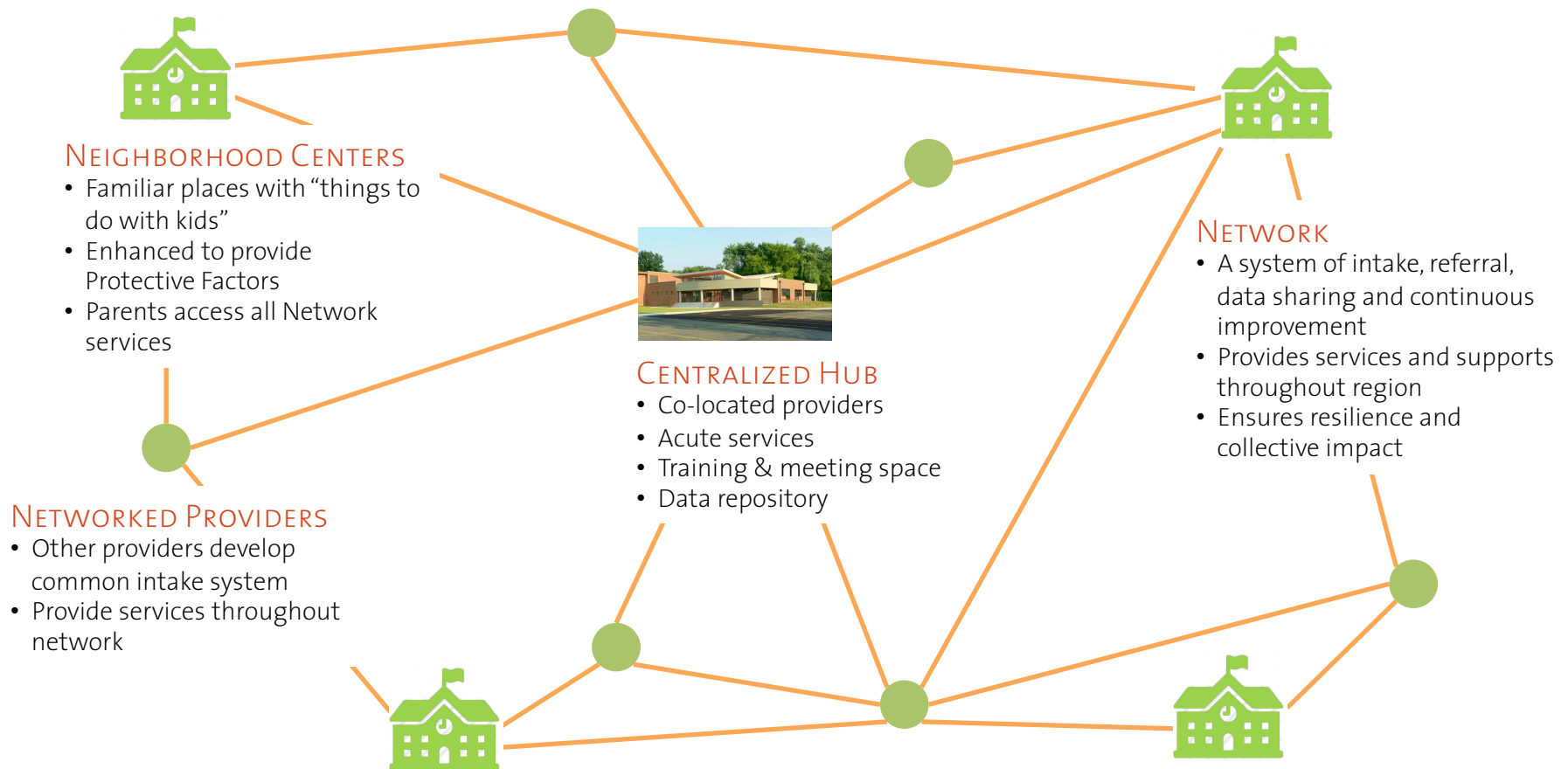
1. **IMPROVE KINDERGARTEN READINESS** – all kids show up for kindergarten happy, healthy and ready to learn
2. **IMPROVE ACCESS TO QUALITY CHILD CARE** – whether center-based, home child care or stay at home, all parents of young children have options within their means for quality child care
3. **REDUCE ABUSE AND NEGLECT** – rates are effectively eliminated throughout the 5 counties of Northwest Lower Michigan

OF ALTERNATIVES CREATED: WE RECOMMEND #4

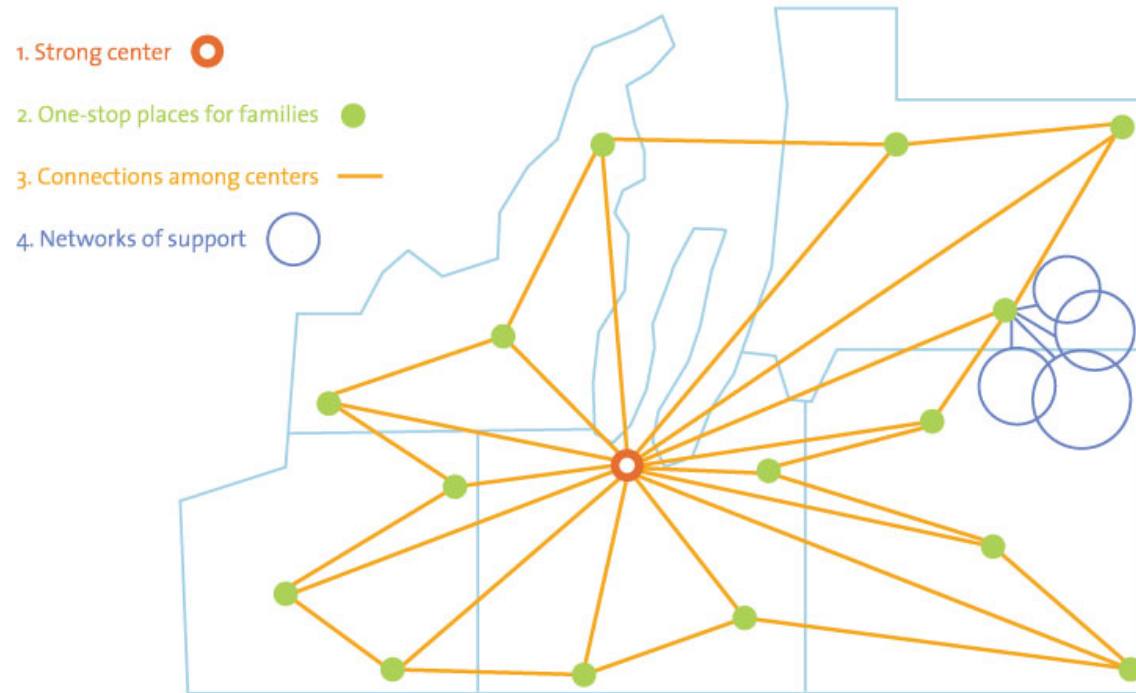
IT IS THE COMPREHENSIVE APPROACH THAT WILL BEST MEET THE NEEDS OF THE REGION WHILE PROVIDING SUSTAINABILITY/RESILIENCE.

	Engage Parents Where They Are	Point of Focus for Visibility & Resources	Hub for Regional Services	Coordination of Partners	Meet Acute Regional Needs
1. Centralized Hub Only		●	●		●
2. Network Only				●	
3. Centralized Hub + Network		●	●	●	●
4. Centralized Hub + Network + Neighborhood Centers	●	●	●	●	●
5. Neighborhood Centers + Network	●			●	

A SOLUTION TO SUPPORT NORTHERN MICHIGAN FAMILIES



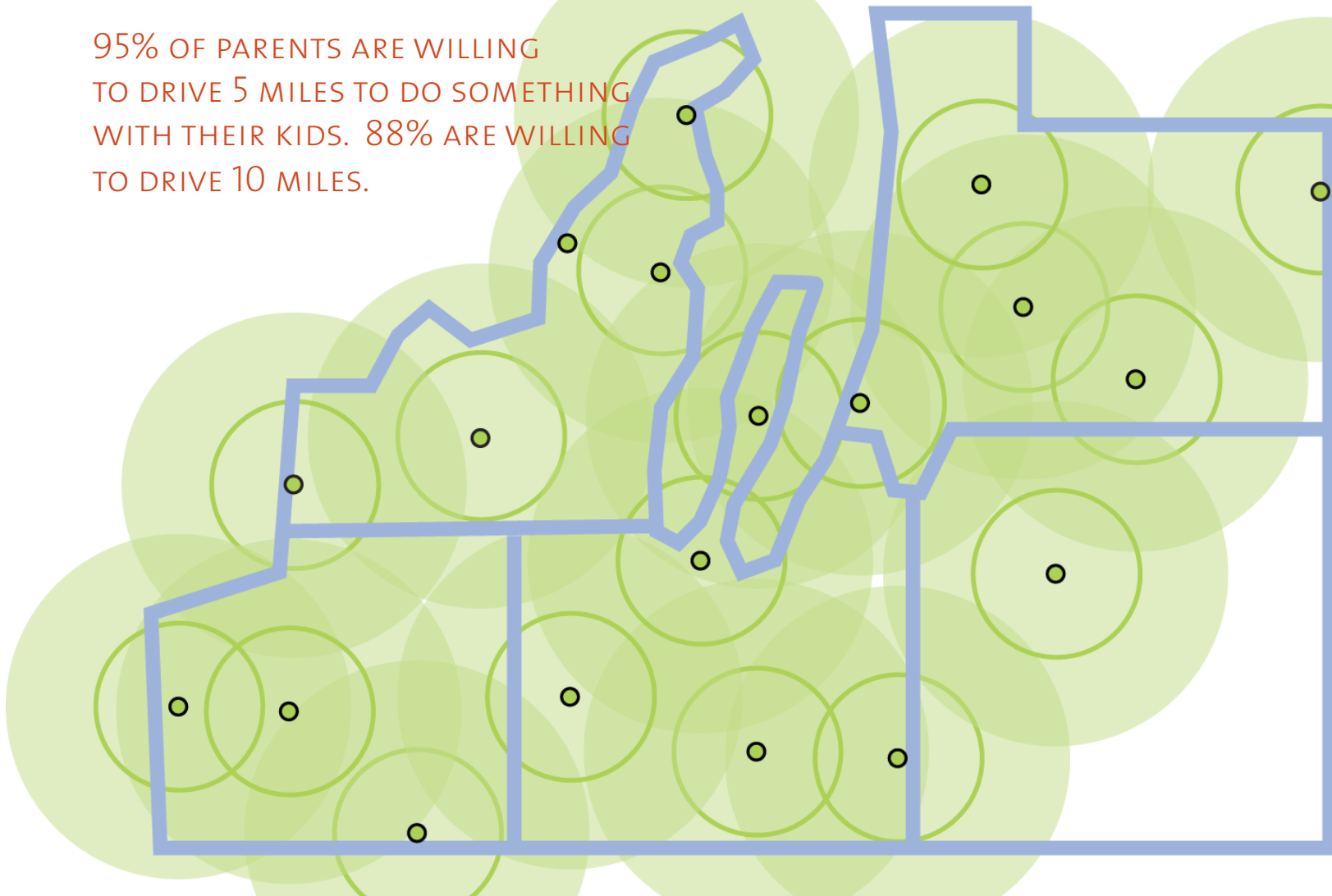
THE NETWORK: STRENGTHENED BY PARENT OUTREACH SUPPORTS



Using approaches that build and nurture parenting communities, strengthen parent advocates and provide points of connection back to the Network

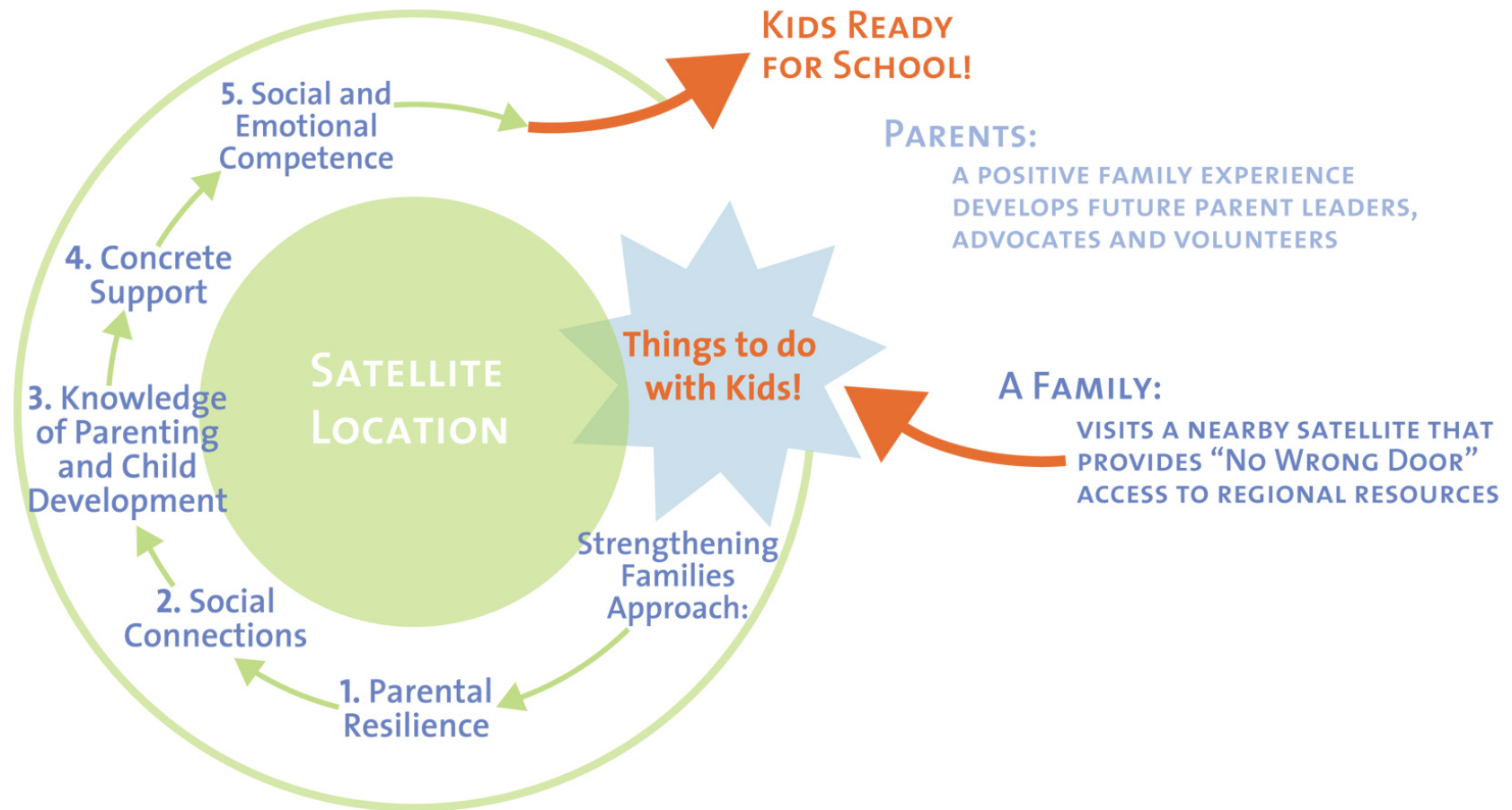
NEIGHBORHOOD CENTERS – (ILLUSTRATION)

95% OF PARENTS ARE WILLING
TO DRIVE 5 MILES TO DO SOMETHING
WITH THEIR KIDS. 88% ARE WILLING
TO DRIVE 10 MILES.



NEIGHBORHOOD CENTERS – OFFER A SIGNIFICANT OPPORTUNITY

THE STRENGTHENING FAMILIES APPROACH CAN FACILITATE FAMILY EXPERIENCE
—WHILE ACCOMPLISHING PROJECT GOALS



SIMILARITIES AND DIFFERENCES

	TODAY	NEW NETWORK
Programming, Licensure, Governance	Individual providers develop competence and excellence within the context of their missions, mandates and governing authority.	
Intake	Families access one provider at a time	Families access any service/ support in the region
Referral	“Cold” handoff; no follow up	“Warm” handoff; follow up and tracking
Data Sharing	At most, providers report to each other	Key data sets are developed and used in common
Measuring Outcomes	Providers are focused on internal metrics only	Providers measure success against regional outcomes
Supports to Providers	Providers sometimes receive informal and ad hoc support from others	Systems for training, access to funders, continuous improvement, etc.
Parent Voice	Parent input is haphazard and narrowly focused	Parents are given input into how <u>all</u> services and supports in the network are deployed

NEAR TERM RECOMMENDATIONS

NEIGHBORHOOD CENTERS	NETWORK	CENTRALIZED HUB
DEVELOP 3-5 DEMONSTRATION SITES	IMPLEMENT NO WRONG DOOR APPROACH	CONTINUE PLANNING FOR CENTRALIZED HUB
<ul style="list-style-type: none">• Identify 3-5 willing participants in different counties• Work with different types of locations, e.g. an elementary school, a home childcare, a library• Using the input of area families, develop a set of enriched services, programming and support that are doable right now• Develop baseline metrics from participating children and families for measurement of outcomes• Begin providing services	<ul style="list-style-type: none">• Expand participating institutions to include diverse regional institutions who touch the lives of families and young children• Determine common approaches to intake and data sharing, where possible• Provide enhanced training in Strengthening Families throughout the Network	<ul style="list-style-type: none">• Identify partners/tenants• Create a design committee to develop/update preliminary design• Develop a space plan and preliminary design package• Develop financial pro forma and feasibility study based on potential participation• Form a capital campaign committee, as appropriate



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July 2014

Neighborhood Centers Summary

This document serves as a capstone for work conducted by the Neighborhood Center Working Group of the 5toOne initiative. It is broken down into four sections – Overview, Proposed Locations, Operational Identity and Financial Implications.

Overview

According to a Parent Survey conducted by the Great Start Collaborative Traverse Bay as part of Step 2 of the 5toOne initiative, we learned several things from parents that speak to the best ways in which to connect with them where they are:

- In addition to acute needs for services and supports for young children (0-5), parents contend with a sense of disconnectedness and isolation in rural Northern Michigan
- For this reason, “things to do with kids” is both a parent wish and a widespread point of entry through which to engage parents and build the Protective Factors of the Strengthening Families approach
- Parents are most willing to participate in programs and events within 5-10 miles of their homes
- Parents are most willing to participate in programs and events at existing centers of family and community activity that are accessible, welcoming and free of stigma; specific examples include schools, libraries, playgrounds (and by implication beaches and other public parks) and, to a lesser extent, churches

For these reasons, participants in the 5toOne initiative have developed plans for a number of Neighborhood Centers whose characteristics are described in subsequent sections.

Participants in Working Group sessions are as follows: Woody Smith (Cornerstone Team, Strategy consultant), Mary Manner (Great Start Executive Director), Cynthia Honoré-Collins (Cornerstone Team, Early Childhood and Collaborative expert), Robin

Hornkohl (Great Start, TBAISD), Emily Mitchell (Cornerstone Team, Marketing and Communications expert), Eileen Mikulski (5 to One Steering Committee Administrative Assistant), Amy Burk (Communities in Schools, Mancelona), Kristin Witt (Mancelona Public Schools), Elizabeth Hardy (Healthy Futures), Maggie Spattmoran (Leelanau County Childcare Advocate), Kim Babcock (Kalkaska Memorial Hospital), Chasity Gouker (Paul Oliver Memorial Hospital), Jen Krause (Great Start to Quality Northwest Resource Center), Rachel Birgy (Kalkaska County Library). Many other early childhood experts, community advocates and parents participated through general meetings of the Great Start Collaborative Traverse Bay.

Proposed Locations

A fully deployed rural Network of services and supports for families and young children may ultimately involve a large number of Neighborhood Centers with overlapping service areas of 5-10 miles each. In the near term, the Cornerstone Team has recommended implementing 3-5 demonstration sites where some of the details specific to Neighborhood Centers in Northwest Lower Michigan can be tested and evolved over time before full deployment.

The Neighborhood Center Working Group went through several steps in determining the proposed locations of Neighborhood Centers:

1. The Working Group developed a map of the 5-County Region ("5toOne Regional Children Organized by Census Block") showing where the children (0-5) are located, as of the 2010 Census. Based on this map, several communities throughout the region emerged as likely candidates for demonstration sites:
 - a. In Grand Traverse County – the greater Traverse City area
 - b. In Leelanau County – Suttons Bay
 - c. In Benzie County – Lake Ann, Honor and Frankfort/Elberta
 - d. In Kalkaska County – the Village of Kalkaska
 - e. In Antrim County – Mancelona
2. The Great Start Collaborative Traverse Bay met on January 28, 2014 and May 27, 2014 to develop a vision for what Neighborhood Centers might be – where they would be located, the types of programming that might occur there, etc. (notes from these sessions include many specifics that can be applied to specific communities and specific Network Providers)

3. The Neighborhood Center Working Group prioritized those locations where leaders had already demonstrated an interest in and commitment to the issues of early childhood

At the conclusion of these deliberations, representatives of the Neighborhood Center Working Group determined to move forward with one location each in Antrim, Benzie, Kalkaska and Leelanau Counties. A demonstration site Neighborhood Center in Traverse City was deemed less urgent as this is the intended location of the 5toOne initiative's Centralized Hub which may also perform some of the functions of a Neighborhood Center for the Traverse City area.

The following four locations (with associated primary contacts) are proposed as demonstration sites for the Neighborhood Centers:

- Kalkaska County Library – Bradley Chaplin (Director) and Rachael Birgy (Administrative Assistant/Youth Services)
- Mancelona Public Schools – Kristin Witt (Early Childhood Coordinator) and Amy Burk (Communities in Schools)
- Lake Ann Elementary School or alternate location in Benzie County (e.g. Betsie Valley, Honor, Frankfort) – Chasity Gouker (Childcare Coordinator, Paul Oliver Memorial Hospital) and Peter Marinoff (President, Paul Oliver Memorial Hospital)
- Suttons Bay Bingham District Library – Ryan Deery (Director) and Tricia Denton (Parenting Communities Coordinator)

Note: preliminary conversations were conducted with the primary contacts associated with each potential demonstration site as part of a discovery process to determine terms and conditions by which Neighborhood Centers could be brought online. Ultimately, additional individuals will need to be engaged both as decision-makers and as primary contacts for ongoing operation of the 5toOne Neighborhood Centers.

Operational Identity

What is a 5toOne Neighborhood Center and how does it work? Simply put, a Neighborhood Center is any place where a parent can consistently go to access services and supports throughout the regional Network. A Neighborhood Center can be a library, school or church basement. Although “things to do with kids” such as playgroups may be offered by staff in beaches and parks, these locations would

generally not be considered Neighborhood Centers because they cannot be consistently accessed for services.

Based on the recommendations of the Neighborhood Center Working Group, the 5toOne initiative would expect the following terms and characteristics

Physical Characteristics/Conditions

- Must be located in close proximity (5-10 miles) to a concentration of families with children 0-5.
- Must be a safe place for children and families and have a welcoming atmosphere
- Must be easily accessible – must be ADA-compliant and should be easily accessible by car, foot and bus
- Must have sufficient and appropriate space for family activities
- Should be a place that parents/families want to go (i.e. “friendly”, non-threatening, non-institutional) – examples include schools, libraries and churches
- Must meet zoning/use requirements of that locale
- Must have a published phone which is staffed regularly during regular business hours (generally 9 am to 5 pm)
- Should have flexible hours that are responsive to the needs of children and families in their communities
- Must have appropriate technology for internet access
- Must identify itself as a location of the 5toOne project

Other Characteristics/Conditions

- Must be a member of the 5toOne Network with a signed memorandum of understanding in place
- Must abide by all other conditions expected of participants in the Network
- Must have one or more trained (or otherwise licensed) 5toOne Point Person(s) who serve(s) as the main point of contact for parents and families
- Must operate/abide by the Strengthening Families approach and have staff participate in Strengthening Families training
- Must provide a universal “No Wrong Door” intake approach and actively provide information/referral for services throughout the Network

- Must be universally accessible, regardless of demographics or affiliation (for example, a room in a church basement that serves as Neighborhood Center would be open to all, not just members of that church)
- Must be continuously responsive to the needs of parents and families, with mechanisms in place to include Parent Voice in design and programming decisions
- Should provide (or should closely coordinate with another provider from the 5toOne Network who provides) outreach approaches (e.g. home visiting, sponsored playgroups, participation in or hosting of community events, meals and parties, etc.) to further connect with parents and other caregivers “where they are”
- Will likely serve the needs of other children beyond the age of 5, in order to welcome the entire family

Support Offered to Neighborhood Centers

5toOne intends to support Neighborhood Centers with the following systems and supports:

- Ongoing Strengthening Families training
- Materials and/or technology to provide a No Wrong Door intake system
- Current, compelling and up to date information about services, supports and activities for families throughout the Network (which can be organized by geography, age of child and other meaningful filters)
- Referral to the Neighborhood Center from all other participants in the Network, as programming and space allows
- Access to services and programming that can be offered through the Neighborhood Center by other providers within the Network, as available and desired by the Neighborhood Center
- Promotion of the 5toOne Neighborhood Centers through the larger 5toOne communication program
- Access to training, technical support, resources, meeting space and early childhood events at a Centralized Hub (and some events offered throughout the region)
- Shared data about program usage and regional outcomes to aid with reimbursement and planning

- Access to a Funders Collaborative of area funders who come together to support regional early childhood programs
- Access to 5toOne brand template materials such as advertising art, event posters, flyers, web banners, digital images, etc.

Financial Implications

In preliminary conversations with potential demonstration sites, it was clear that dedicating additional staff time to Strengthening Families training and ongoing work to participate in the Network and work with families would have a real cost to organizations. Some were willing to provide this service without compensation; others estimated it would be difficult.

It is estimated that operating a 5toOne Neighborhood Center will cost \$10,000-20,000 per year in staff time and materials (apart from other fees associated with developing and implementing the Network). This could consist of direct transfer of funds from 5toOne to Neighborhood Centers; however, following are several additional ways that organizations can cover these costs:

- If they are reimbursed based on usage, being a Neighborhood Center may help participants attract (and count) incremental visitors beyond their current population
- 5toOne intends to establish a Funders' Collaborative of regional and statewide funders who are interested in supporting early childhood initiatives; participation at a 5toOne Neighborhood Center may provide improved access to potential funders



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July 2014

Step 3 Network Deliverables Summary

This document serves as introduction to two key categories of Network deliverables that are the result of the Network Working Group of the 5toOne Initiative.

Each category represents a foundation element of the Network's formation and operation, and are provided as one stand-alone template documents, attached.

Memoranda of Understanding

It is recommended that the 5toOne project team develop and implement Memoranda of Understanding (MOU) with each organization/agency working with the 5toOne Project and/or participating in the network.

Each MOU must be individualized for each organization/agency according to the level of participation: i.e. Network only; Neighborhood Center; or Regional Hub. All participating entities, or Partners, must formally agree to participate in the Network. The MOUs are the instrument of such formal agreement, and are legally binding.

Partners have the opportunity to participate by providing services at a Neighborhood Center, Regional Hub and/or from a current location. For example, service providers who would continue to be based in a current location may need to travel to where the client is accessible, such as home visiting.

All MOUs should be developed by both parties. Each MOU must contain the specific services to be provided by both parties. It is recommended that each MOU be reviewed by the legal counsel of both parties, before signing and implementing.

Attached are MOU Templates that include commitment statements developed by the 5toOne Network Working Group. The templates are labeled: Network, Neighborhood, and Hub. The attached are templates only and must not be implemented as-is. Specifics must be carefully added according to each partnering organization/agency.

Planned Service Menu

The attached Planned Service Menu template includes activities and services that have two sources: 1) regional providers, and; 2) the wishes of parents/families who participated in the 5toOne 2013 Parent Survey.

This Menu represents an ideal list of services that are intended to form the corpus of the 5toOne Network. The goal of the Network is to systematically and collaboratively provide one way for families to access one offering of comprehensive services to children and families, with a primary focus on children birth to age five, in this 5-county region of northwestern lower Michigan. The list is not exhaustive. Therefore the Planned Service Menu should be seen as a template, to be adjusted iteratively, as the 5toOne initiative is developed and moves forth.

The Menu has been placed in a grid. The grid has four columns. The first column lists the services; the second column lists corresponding organization/s that provide the services; the third column lists and tracks the status of MOUs; and the fourth lists the status of recruiting to fill gaps in the Network.

Below is an explanation of the content for each column in the Service Menu grid.

1. Services that create the Network. Services and activities can be deleted and added to the menu
2. Which organization, agency or provider is to provide the service or activity
3. The status of Memorandum of Understanding (the written agreement signed by both parties), either a date of signing is entered, or the status is "in progress," or the space is blank if nothing is being done
4. When recruitment is needed to bring a specific service, organization, agency or provider into the Network, the name of a candidate is entered

It is recommended that all blanks in column two are completed. This will assist in knowing who provides the services. Providers of services can be duplicated in the network. Some may provide services in a specific geographic area only. Some may provide services to specific populations or communities, and not others, etc.

It is recommended the grid be used to guide the development of the network.

It is recommended a recruitment plan be developed and implemented to fill gaps in Network services.



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July 2014

Planned Service Menu

Planned Service Menu	Providers	Recruit	MOU
Case Management (coordination of services)	DHS; NMCAA		
Home Visitation	TBAISD		
Strengthening Families (Services & Approaches)			
Playgroups	TBAISD/K-12		
Family Activities			
Sports & Culture			
Parenting Education (i.e. classes)	NMCAA		
Child Care (Home, Center, School & Workplace based)	NMCAA		
Child Care Scholarships	NMCAA		
Respite Child Care for Parents of Children with Special Needs			
Early Childhood Services	TBAISD/K-12		
Early Childhood Education	TBAISD		
Education (Early Head Start, Head Start, Great Start Readiness Program & Preschool)	NMCAA TBAISD/K-12		
School Readiness & Kindergarten	TBAISD		
K-12 Ed/Entry	TBAISD		
CARES Developmental Continuum for Parents	TBAISD		
Special Education 0-6 Assessment	TBAISD/K-12		
Early Intervention	TBAISD/K-12		
Developmental Delay (Intervention/Support)	TBAISD/K-12		
Great Start Parents	TBAISD/K-12		
Great Start Reading Program	TBAISD/K-12		
Pre-School 4yrs.	TBAISD/K-12		

Basic Needs (TANF, SNAP, Food Pantry, Baby Pantry, Clothing, Housing Assistance)	DHS NMCAA		
Heating Assistance	NMECA		
Emergency Assistance	NMCAA		
Home Weatherization			
Mental Health Services Adult/Children			
Infant Mental Health Services			
Pastoral Counseling			
Post Partum Depression Services			
Trauma Services and Support			
Autism Support Groups			
Support Groups (Parents, Drug/Alcohol, Teen Pregnancy & Self-Improvement)	TBAISD		
Teen Parent Network			
Child Protective Services	DHS		
Health Care-Child Programming (Healthy Futures)	MUNSON		
Health Services: Direct Care	MUNSON		
Prenatal/Perinatal	MUNSON		
Neonatal			
Pediatric			
Adult Health Services			
Health Services: Immunization			
Information Counseling Referral			
Adult Education			
GED Instruction			
GED Testing			
Job Training/Readiness	TBAISD		
Financial Literacy/Education (Budgeting & Tax Preparation & IDA)	NMCAA		
Job Placement/Employment Services			
Career Tech. Center	TBAISD		
Training Network			
Opportunities to Volunteer (mentoring, etc.) and Fundraise			

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Financials B

Operating Costs—The Centralized Hub

Narrative:

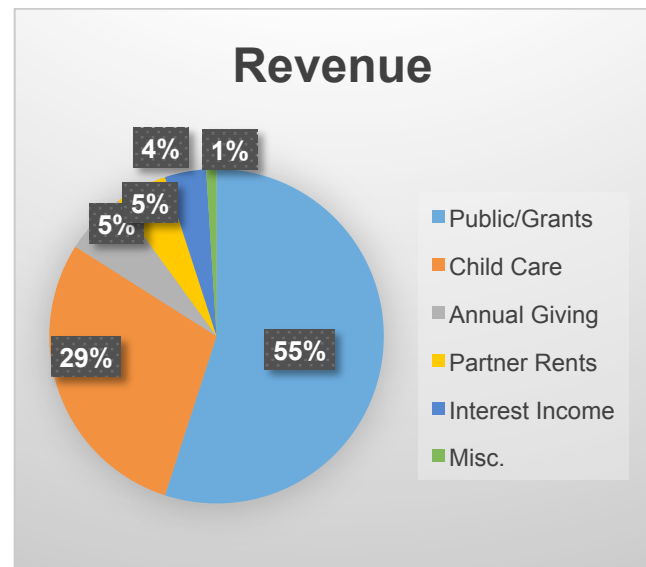
This estimate is based on data derived from similar facilities and review of annual reports for 2013. Facilities used for comparisons included the Mahalia Jackson Center in New Orleans, Louisiana, Educare of Tulsa, Oklahoma, and information from IFF for Illinois Facilities.

Annual Operating Budget per year: \$2.85 to \$3.5 million based on similar facilities in the 25,000 to 30,000 s.f. size with a child development component.

Revenue:

	Low	High	Percentage
1. Public/Grants:	\$1,567,500	\$1,925,000	55%
2. Child Care:	\$826,500	\$1,050,000	29%
3. Annual Giving:	\$171,000	\$210,000	6%
4. Partner Rents:	\$142,500	\$175,000	5%
5. Interest Income:	\$114,00	\$140,000	4%
6. Misc*.::	\$28,500	\$35,000	1%
TOTALS:	\$2,850,000	\$3,500,000	100%

*Includes scholarships, donated materials, volunteer efforts, etc.

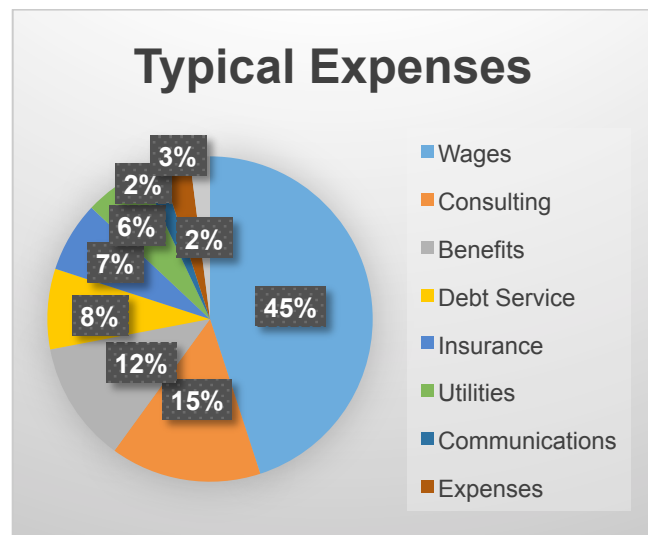


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Operating Costs—The Centralized Hub

Expenses:

	Low	High	Percentage
1. Wages:	\$1,282,500	\$1,575,000	45%
2. Consulting:	\$427,500	\$525,000	15%
3. Benefits:	\$342,000	\$420,000	12%
4. Debt Service:	\$228,000	\$280,000	8%
5. Insurance:	\$199,500	\$245,000	7%
6. Utilities:	\$171,000	\$210,000	6%
7. Communications:	\$14,500	\$70,000	2%
8. Expenses:	\$128,000	\$105,000	3%
9. Misc.:	\$57,000	\$70,000	2%
TOTALS:	\$2,850,000	\$3,500,000	100%



July 2014 / Financials B Pg 3

Start Up / Operating Costs—The Network

Narrative:

This estimate is based on data derived from research of similar support systems that connect rural communities and neighborhood centers with providers, resources, and consistency with addressing the many needs of our region. (2014 dollars-adjust for inflation)

One Time Start Up Costs:

Technology Implementation:

Network Development Costs: \$250,000

Includes network registration/intake, secure participant database, HIPPA-compliance, intake assessment, service referrals, case notes, reporting, secure remote access with authentication, SSL, encryption, and system administration such as backup, records archives and roles of users.

Office Hardware Costs: \$250,000

Includes portable computers, network servers, infrastructure upgrades, designated printers, and other equipment.

Office Software Costs: \$75,000-\$150,000

Includes software to facilitate providers, monitoring systems, back up software and other items.

Annual Operating Budget per year to support the network:

IT Staff: Provided by the Centralized Hub: see Centralized Hub Wages.

Hardware upgrades: \$50,000 per year

Software upgrades: \$15,000 to \$30,000 per year

Funding from Centralized Hub:-see Consulting and Expense categories.

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Operating Costs—The Neighborhood Centers

Narrative:

Costs associated with the neighborhood centers are primarily related to incidental supplies and materials needed for the operation of the defined physical spaces. It is intended that existing community centers, libraries, churches, schools or other appropriate physical spaces could provide some space at no or low cost rental rates. Staffing these satellite centers may utilize a rotation of providers from the Centralized hub, and/or volunteers to keep over-all costs as low as possible. Even with this, for these neighborhood centers to be fully utilized, some staff needs may be required beyond volunteers. The following estimates are based on that premise and 2014 dollars. This will need to adjust for inflation for subsequent years.

Per Neighborhood Center:

Technology Implementation:	See Network costs
Supplies Materials, etc.:	\$10,000 per year
Rent:	\$5,000 per year
Part Time Staff:	\$10,000 per year

If this is applied to the four counties (Grand Traverse would have the centralized hub), total expenditures on a yearly basis would be in the \$25,000 range

TOTAL ESTIMATED COSTS:

Start up:

1. The Centralized Hub:	\$8,000,000
2. Operating Endowment:	\$2,000,000
3. The Network:	<u>\$650,000</u>
Total:	\$10,650,000

Annual Operating:

1. The Centralized Hub:	\$3,500,000
2. The Network:	\$80,000
3. The Neighborhood Centers:	<u>\$25,000 x 4 = \$100,000</u>
Total:	\$3,680,000

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Financial Recommendations:

1. Keep debt load low:

Reduce capital expenses (initial construction) through major gifts, fundraising, low cost/no cost land acquisitions, public-private relationships, and creative financing, (interest only, rent to own, etc.).

2. Keep salaries and benefits in check:

While experienced people need to be paid commensurate with their abilities, the high cost of infant and toddler care could be offset with volunteer or college credit students in a support role to the professionals. This would help offset the expense of 4:1 ratios of infants to caregivers.

3. Establish an endowment fund:

The uncertainty of public grants and public program dollars requires a “rainy day fund” that generates interest when not needed.

4. Establish a constant liaison to Lansing and Washington, D.C.

This person will identify funding opportunities and lobby for those funds.

5. Look for appropriate revenue producing opportunities:

This could include the renting out of certain facilities to likeminded, and complimentary professionals and groups, or leasing health care related spaces to medical professionals, nutritionist, etc.

6. Implement GREEN principles:

Energy costs will only climb higher, so dollars spent up front to insure sound practices in energy use and management will pay dividends in the future. There is no time like the present to “do it right”.

7. Attract partners:

Look to Northern Michigan to establish, grow and retain relationships with school districts, NMC, Munson, Hagerty, and other supporters that will provide intellectual and monetary capital for the sustainability of the 5toOne System.

8. Engage a fundraising consultant:

During Step 4, create a fundraising committee to research, interview and hire an experienced fundraising consultant. Conduct a strategic capital campaign.

9. Budget for Professional Communications:

Step 4 and 5 Communications are a vital agent in populating the network; facilitating the fundraising engagement, and building community awareness.



A FIVE-COUNTY INITIATIVE OF THE GREAT START
TRAVERSE BAY COLLABORATIVE



July 2014

Cornerstone Team Recommendations:

Organizational Capacity

1. Develop a specific plan for implementation
2. Create a staffing plan appropriate to the scope of the project
3. Develop a workable governance structure that meets the needs of partners while advancing the 5toOne initiative
4. Create a Funders Collaborative of local, regional and statewide funders

Neighborhood Centers

1. Formally confirm 4-5 demonstration sites
2. Finalize the scope of services that will be offered through each site
3. Develop MOUs for demonstration sites

Network

1. Finalize planned service menu
 - a. Compile a list of needed services
 - b. Develop a plan for recruiting needed services
2. Develop MOUs for all network participants

Centralized Hub

1. Establish a management team of diverse interests
 - a. It may be necessary to establish a Building Committee and a separate (with some overlap) managing team for long term
2. Secure land that is located appropriately, zoned, and non-taxable currently
3. Acquire this Land for minimal cost: \$1.00
4. Secure intent from partners, providers, public funding sources and complimentary private sector renters (health care, counselling, etc.) Key will be to implement and “frame” the collaboration with the network and neighborhood centers

5. Review, edit and approve presented space plan needs and preliminary estimates of cost:
 - a. Initial Bricks and Mortar Costs
 - b. Operational Costs
 - c. Pro-forma for sustainability
6. Complete design to an 80% stage: schematic design, design development, construction documents at 80 %.
7. Options:
 - a. Put out an RFP for a developer/design team to construct a center that meets the design criteria. The established entity would secure terms with the developer to lease with option to purchase.
 - b. Assemble a construction team that would complete design and construction for the center owned and operated by the new entity
8. Secure final intent from providers, partners, renters
9. Secure the remaining financing for construction
10. With completed construction documents, bid or negotiate with capable construction professionals
11. Review bids and select a contractor
12. Start Construction (a 28,000 sf facility will most like take between 12-18 months to construct)
13. Occupy and Utilize

Communications

1. Unify all 5toOne communications into one organizational function
2. Mount a 5toOne Working Group for Communication
3. Charge one person with responsibility for the success of all 5toOne communications
4. Focus early Step 4 efforts on the Network and major Funding; and then on strategic Community Awareness Campaigns

Common Elements

1. Establish a Working Entity: LLC, new 501C3, etc.
2. Secure Donors, establish silent campaign, and then capital campaign. Lead donation is very important. An Endowment Fund is crucial
3. Solidify Public Funding sources: State, Local and Federal
4. Management Team to monitor operations and adjust as required



Project Report

JUNE 2014



A FIVE-COUNTY INITIATIVE OF THE
GREAT START TRAVERSE BAY COLLABORATIVE

Note: This is a Concept Rough Only



If we need captions—Early 5toOne Project partners: TC Chamber of Commerce; Traverse Bay Area Intermediate School District; Munson Healthcare/Munson Healthy Futures.

Challenges for Families:

- **Low-40% Kindergarten Readiness**
- **400+ Cases Abuse/Neglect**
- **Limited access to childcare**

Sources: TBAISD Kindergarten Roundup Assessment (using Boehm-3 test); Estimates based on Kids Count – Data Center 2012; Total for Antrim, Benzie, Grand Traverse, Kalkaska and Leelanau Counties; Source: Parent Survey and Provider Interviews

We Develop a Plan to Solve it:

- 1 Discover
- 2 Engage
- 3 Design
- 4 Fund
- 5 Build

This region:
the best place in the U.S.
to grow up
as a young child

An explanation of the graph above

EARLY CHILDHOOD, MAKE IT COUNT!

This is a Positioning Stmt or Description/intro, Either for general project introductions or for specific use, such as Mary Manner's webinar on June 27. Four logos for quick skimming will quickly show the initial multi-sector partnership that has occurred to solve this regional, rural, young family health and wellness challenge, or whatever other intro is appropriate to use.

A RURAL REGION: CRITICAL FAMILY NEEDS

The need is critical. set up the problem at-hand. Snapshot of this region's families with young children. Based on data from the parent survey and one-on-one interviews with key community leaders and service providers, we settled on a model that includes local satellites where parents can find things to do with their children plus access info and services; a network characterized by a "no wrong door" approach to intake; and a center located in Traverse City that will energize the network and satellites.

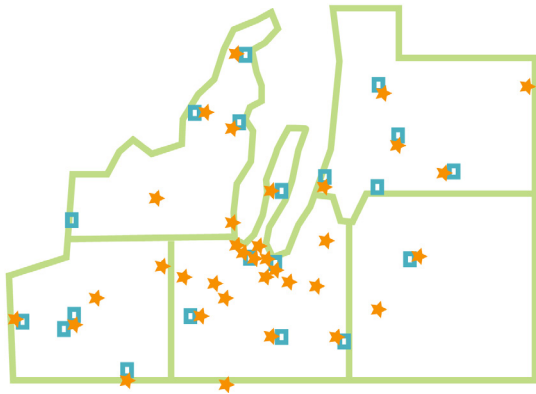
The first few satellites will be demonstration projects, not in the sense of pilots, but instead will serve as examples communities can follow. We have several potential sites identified, and at tomorrow's GSC meeting the Collaborative will be contributing additional ideas.

OUR VISION: A GREAT PLACE TO GROW UP

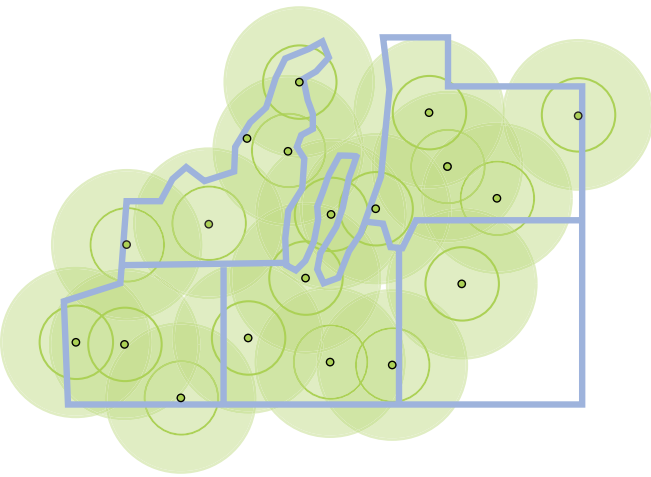
The opportunity is huge, set up the mission. A steering committee has been seated and their first working meeting is coming up on February 13 (7:30 - 9 a.m. in case you happen to be in TC). This will be their first opportunity to establish a schedule and identity. Perhaps you heard that Consumers Energy funded this third phase of the project--we received \$40K from them earlier this month--that will support the Cornerstone team. We're writing for one more small grant from Rotary to help us with a day-long planning session for the steering committee.

A steering committee has been seated and their first working meeting is coming up on February 13 (7:30 - 9 a.m. in case you happen to be in Traverse City).

The Parent Voice, via Survey 2013:

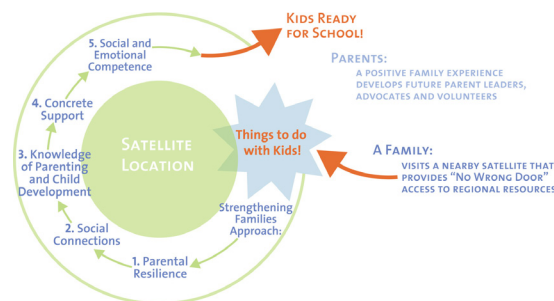


Above: 83% of parents are willing to go to libraries, 91% of parents are willing to go to schools.



Above: 95% of parents are willing to drive 5 miles to do something with their kids. 88% are willing to drive 10 miles.

Strengthening Families Approach:



Above: Explain the graph above about a network of (rural) neighborhood, no-wrong-door, one-stop places for families. Or other graph

5toONE: How It Will Provide A SOLUTION

A description of the project model, and what is the status now.

Based on data from the parent survey and one-on-one interviews with key community leaders and service providers, we settled on a model that includes local satellites where parents can find things to do with their children plus access info and services; a network characterized by a “no wrong door” approach to intake; and a center located in Traverse City that will energize the network and satellites.

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A RURAL REGIONAL MODEL FOR ANY LOCALE

This project intends to be a method that is useful nation-wide.

Snapshot of this region’s families with young children. The first few satellites will be demonstration projects, not in the sense of pilots, but instead will serve as examples communities can follow. We have several potential sites identified, and at tomorrow’s GSC meeting the Collaborative will be contributing additional ideas. A steering committee has been seated and their first working meeting is coming up on February 13 (7:30 - 9 a.m. in case you happen to be in TC). This will be their first opportunity to establish a

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OUR VISION: GREAT PLACE TO GROW UP

A closer-paragraph with contact info. schedule and identity. Perhaps you heard that Consumers Energy funded this third phase of the project--we received \$40k from them earlier this month--that will support the Cornerstone team. We’re writing for one more small grant from Rotary to help us with a day-long planning session for the steering committee. Kathleen Guy and Bill Craft are on deck for that.

Spokesperson Contact Info Here: i.e.; (Mary Manner, *Coordinator*)

Note: This is a Concept Rough Only