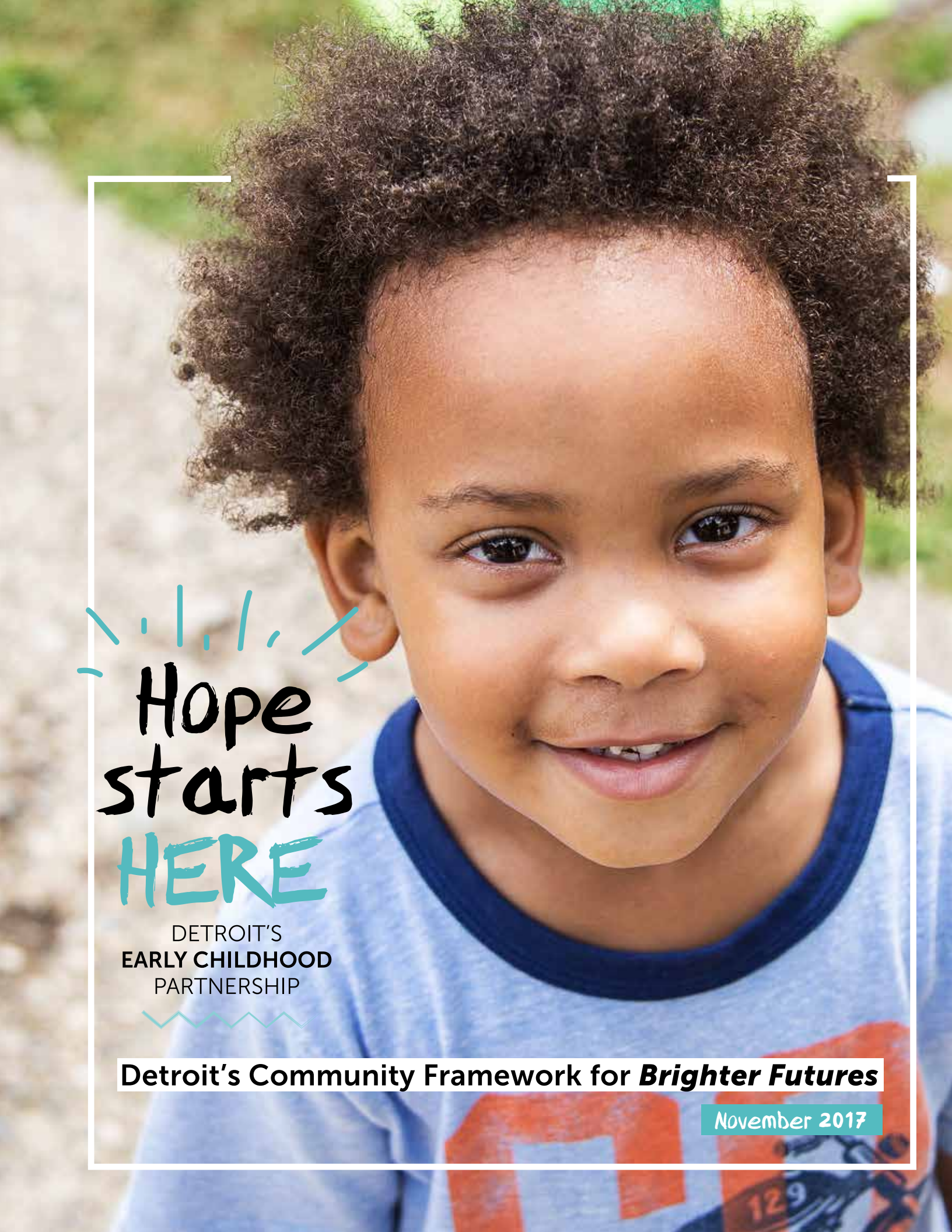

Hope starts HERE

DETROIT'S
EARLY CHILDHOOD
PARTNERSHIP

Detroit's Community Framework for ***Brighter Futures***

November 2017



“SOMETIMES I BUILD THINGS, AND I GET HAPPY. WHEN I GET BIG I WANT TO BE A CONSTRUCTION MAN.”

Braxton (age 5)

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Hope Starts Here
DETROIT'S EARLY CHILDHOOD PARTNERSHIP

Hope Starts Here is a joint initiative of:

W.K. KELLOGG FOUNDATION

THE KRESGE FOUNDATION

Hope starts right here.

How might we inspire wide-scale, positive change for Detroit's young children and their families?

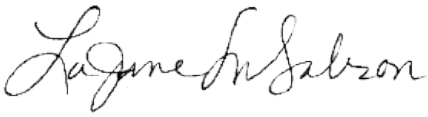
We asked ourselves that question in late 2015. Detroit had recently exited bankruptcy and signs of resurgence were evident, yet we knew the city's success would be incomplete if young children and families did not thrive as a result. If Detroit's upsurge was creating opportunities for business and other sectors, shouldn't its youngest residents – any city's most precious resource – experience the same kind of benefits?

We joined forces because we believed that Detroit could emerge as a leader in creative investments to strengthen children's futures. And we recognized that our two organizations could play a pivotal role in that process. Together the W.K. Kellogg Foundation and The Kresge Foundation bring a wealth of experience based on many decades of investing in cities and early childhood education. In collaboration with a wide array of contributors – a vibrant community of parents and caregivers, and Detroit's dedicated leaders – we placed the well-being and future of the city's young children at the center of our combined efforts.

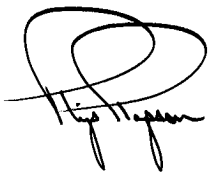
Hope Starts Here grew from that commitment.

Today we are an alliance of advocates and champions for early childhood systems in Detroit. Hundreds of partners have shaped this endeavor, and thousands have shared their insights, observations and deep desires for children in the process. After a year of dedicated listening, imagining and learning together, we are proud to share this document – a framework for changing the futures of Detroit's young children. Hope starts inside each of us when we recognize how and where we can be contributors. The information and Community Framework offered here invite your participation.

The Community Framework described in the following pages marks the end of our initial community engagement phase. We hope it inspires you to join Hope Starts Here in the next phase of learning, listening and action on behalf of young children and their families in Detroit.



La June Montgomery Tabron
President and CEO
W.K. Kellogg Foundation



Rip Rapson
President and CEO
The Kresge Foundation



Our Vision:

By 2027, Detroit will be a city that puts its young children and families first.



Her Vision:

"I WANT TO BE A TEACHER!

Dominique (age 8)


HOPE starts
with THEM

What is Hope Starts Here?

The first eight years of a child's life are profoundly important. What happens during this period lays the foundation for what follows in both school and life. Research has repeatedly shown that positive early childhood experiences have a ripple effect with impact felt far beyond these early years and into adulthood.[1] It doesn't stop there. That positive impact spreads across a child's community, generating tremendous benefits for families and society as a whole.

The importance of these years makes investing in early childhood a no-brainer. It's simple: when we support children and families from the beginning, children start on – and are more likely to stay on – a strong path toward healthy, productive lives. And that benefits all of us.

Detroit has always known this. In the 1960s, the city piloted some of the country's first Head Start sites, setting the bar for quality early childhood programming that works. Even as the city has struggled with urgent, entrenched challenges, we've continued to invest in our kids. Over the last decade, significant resources have been invested to provide high-quality programs and services for Detroit's children and families. Today, more than 225 organizations across the city work to ensure our hildren have a strong, healthy start. Increased funding and many citywide initiatives are improving the city's walkability, vibrancy and economy in ways that will benefit families now and in the years to come.

Yet even as interest in Detroit increases and investments return to the city, children and families continue to face challenges they've grappled with for decades, from hunger and housing issues to lack of quality education options. Many who live in the city's neighborhoods feel disconnected from the revitalization of the downtown core. And although there are resources at work to improve outcomes for children and families, those resources are simply not sufficient.

As we work to create a brighter future for our city, young children remain our unfinished business. Hope Starts Here was born out of the belief that Detroit won't reach its full potential until our kids reach theirs – *all* of them. This **one-year community engagement process** launched in fall 2016 with three goals:

1. Create a vision for early childhood in Detroit that gives every child a strong start
2. Develop a Community Framework to make that vision a reality
3. Inspire people across the city to bring that Community Framework to life

Since then, thousands of Detroiters have come together to chart a new course for the city's children and families, providing ideas, brainstorming solutions, and sharing their hopes for our youngest citizens.

Hope Starts Here was born out of the belief that Detroit won't reach its full potential until our kids reach theirs – *all* of them.

Now, as we transition from planning to action, we join places like Palm Beach County, Cleveland, Pittsburgh, Philadelphia, and New York that have become innovation labs for early childhood interventions and solutions. They have piloted creative ideas that we can tap into and make our own to drive change here. At the same time, Detroiters bring incredible creativity and ingenuity to this work, and Hope Starts Here has already surfaced new, exciting ideas that haven't been tried anywhere else. Through our planning process, we've woven together an array of solutions to chart our own innovative path forward, one that is *by* and *for* Detroit. The strategies and recommendations on the pages that follow make up our blueprint for success.

Why should we invest in early childhood?

In 2000, the National Research Council and the Institute of Medicine of the National Academies released a landmark report called *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Over 600 pages, researchers laid out why a child's early years are so critical. "What happens during the first months and years matters a lot," the authors wrote," ... because it sets either a sturdy or fragile stage for what follows."[2] When you consider the many cognitive, physical and emotional milestones that fall within the first eight years of a child's life – take, for instance, the fact that 90 percent of a child's brain is developed by age five[3] – our task to meet children's needs during this time takes on extraordinary urgency.

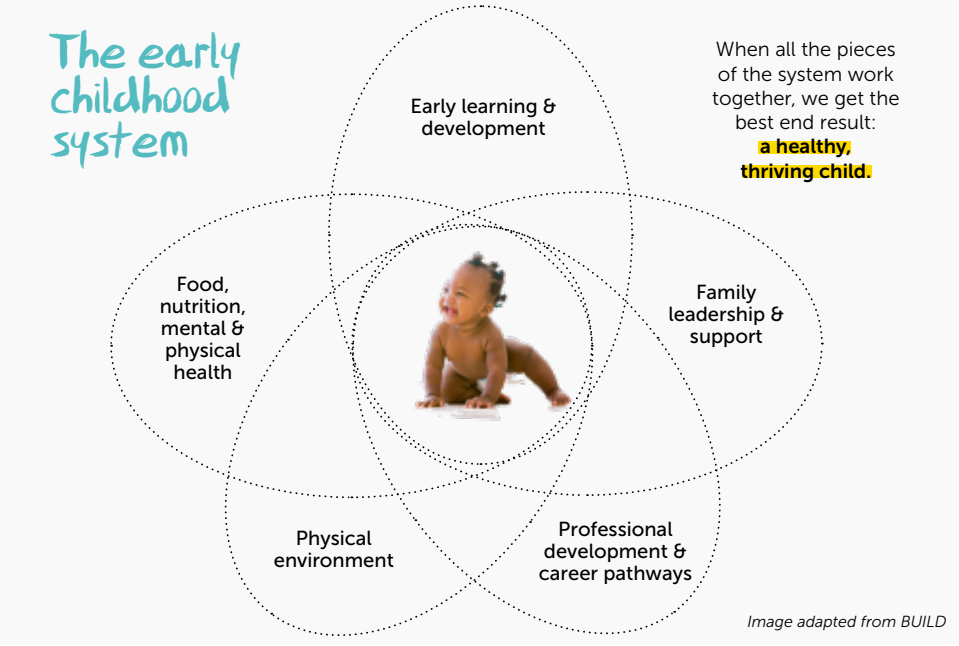
Luckily, interventions during this period can dramatically change a child's life. For example, having high-quality early childhood experiences has been proven to prevent achievement gaps between low- and higher-income children. These benefits extend into adulthood, where lower income children who participate in these programs earn up to 25 percent more than their peers.[4]

By "high quality early childhood experiences," we mean children are in early care programs or environments designed to foster healthy physical, cognitive, and emotional development.

But the impacts extend far beyond each child. From putting families on firmer financial ground to helping child care providers create local jobs, our efforts to make life better for Detroit's youngest citizens will also make life better for *all* of us. This is supported by a bevy of research, including that of Nobel laureate and University of Chicago professor James Heckman who concluded that early childhood investments are the most effective way to strengthen the economy.[5] His research found programs for at-risk 0-5 year olds are associated with a 13 percent return on investment for society.[6] This is because of the reduced need for other spending, such as on remedial education or the criminal justice system, coupled with higher levels of academic achievement, better health, and stronger economic productivity.

What do children need to thrive?

There are many factors in a child's life that impact whether or not they are healthy and thriving. Each of those factors is a piece of the puzzle Hope Starts Here has spent the last year assembling. To ensure Detroit's children are set up to succeed, we must understand how each piece of the puzzle fits together, then create solutions that take that knowledge into account. Those factors and the way they connect make up Detroit's early childhood system.



What happens during **the first eight years?**

The first eight years of a child's life have a huge impact on their development and set the stage for their future success. A large number of developmental milestones fall within this period. If we make sure children have a strong first eight years, we set them up to continue growing and thriving. If we don't, we risk leaving them behind. Luckily, having positive experiences during this time can dramatically change a child's life — and have big impacts on their family and community.

The first eight years provide a critical window of opportunity to change children's lives – and our communities – for the better. *We need to seize it.*

What is early childhood like in Detroit?

Early childhood starts **BEFORE BIRTH.**

9% of Detroit moms get late or no prenatal care.

80,000 children 8 and under live in Detroit.

13% of Detroit babies are born **too early**, compared to nine percent nationally.

13% of Detroit babies are born **too small**, compared to eight percent nationally.

Both of these can have significant long-term effects on a child's health and development.

Detroit ranks **near the bottom** in child well-being.

Detroit has one of the highest infant mortality rates in the **country.**

13.5 out of every 1,000 babies born in Detroit dies before their first birthday. That's more than **twice** the national number.

African American babies have a *40%* higher infant mortality rate than white babies in the city.





MORE THAN **60%** of Detroit's children 0-5 live in **poverty.**

(That's more than in any of the country's 50 largest cities.)

Kids who grow up in poverty are at higher risk for health and academic problems.

Sources: See endnotes 7-14

90%

of a child's brain has formed by **age five**.

By this age, many Detroit kids are already experiencing serious challenges, including:

- Health problems
- Hunger
- Homelessness

Many families aren't receiving the services they need because of:

- **poor transportation**
- **confusing eligibility requirements**
- **long waiting lists**
- **limited funding for services & programs**

Nearly 30,000 of our eligible young children have NO high quality early learning or child care options.



All of those factors combined mean young children in Detroit are starting kindergarten at a **disadvantage.**

26 Detroit K-12 schools rank in the **lowest performing** 5% of schools in Michigan.

If students are not reading at grade level by third grade, they are **four times more likely** to drop out of school.

Starting in the 2019-2020 school year, a new Michigan law means that 3rd graders not reading at grade level could be held back and would have to repeat 3rd grade.

86.5%

of Detroit's third graders are **not** reading at grade level.

That number provides the final shocking evidence that **we are failing our children in their early years.**

Sources: See endnotes 21-23

Child care in the city

PARENTS *AND* PROVIDERS ARE STRUGGLING

In 2015, the average cost of child care in Michigan for one child was

$10,178

That is more than the median annual cost of rent.



That cost is out of reach for all low-income families.

Yet in Michigan, child care subsidies to help offset these costs are only available to families living below 130 percent of the federal poverty level. The federal poverty level for a family of four is $24,600.

Michigan is starting to move in the right direction on this but there is still much work to be done.

We need to add **23,000** additional licensed child care seats to ensure they all have high quality early care experiences.

This shortage is concentrated in several high-needs neighborhoods.

Early childhood providers have to make do with limited funding to open and maintain their programs, and there are few viable funding options to improve and enhance them once open.

It's hard to hire, train and keep talented early childhood staff.

On average, they make just

$8.36 PER HOUR.

(That puts many below the poverty line.)

Not surprisingly, they leave the city in search of programs that offer higher wages or leave the field altogether, which results in **high turnover**.

Detroit families say cost is a key barrier to accessing quality child care.

For Michigan families with modest income, a lack of affordable child care is among the **top three barriers** to workforce participation.

71%

of non-working, low-income Americans with children under five cite **"taking care of family"** as their reason for not working.

Sources: See endnotes 16-20

On a regular basis, young children in Detroit face serious barriers that threaten their ability to thrive, both now and as they grow up.

Yet there is hope.

The Detroit Collaborative Design Center has identified more than 225 organizations serving young children and families in Detroit, many that have been doing so for years. Initiatives such as Continuum of Care for Homelessness, The Detroit Institute for Equity in Birth Outcomes (DIEBO), and Detroit Food Justice Taskforce (among others) are doing important work that improves children and families' quality of life. Their reach and impact can be increased if we better connect these efforts across the city and start analyzing whether they meet the needs of all families raising children in Detroit.



Progress is accelerating at the state level as well. Several state programs offer comprehensive family services, and work is happening across a range of agencies and partnerships to better serve families. For example, the Michigan Department of Health and Human Services launched the River of Opportunity initiative to promote integrated service delivery in Michigan over the next year. The Office of Great Start is working to develop a shared provider registry system to better coordinate professional development and employment services for the early childhood workforce.

From the state to the local level, a new wave of investments and better coordination among programs is creating an environment of opportunity. **The energy and momentum to finally and comprehensively address Detroit's early childhood challenges are growing.** Hope Starts Here was created to harness this energy and momentum in order to address the many challenges Detroit's children experience every day.

The Hope Starts Here Process

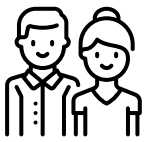
WHO WAS PART OF THE PLANNING PROCESS?

More than
18,000
DETROITERS
DIRECTLY CONTRIBUTED

GUIDED BY A
23 MEMBER
STEWARDSHIP BOARD



FRAMEWORK CREATED BY
SIX
STRATEGY TEAMS



MADE UP OF MORE THAN
240
COMMUNITY MEMBERS & EXPERTS

2 Million
PEOPLE EXPOSED TO **HOPE STARTS HERE** THROUGHOUT THE PROCESS

Hope Starts Here launched with a public event at the Michigan Science Center on November 10, 2016. Over the following months, the process brought together thousands of Detroiters to develop a vision for early childhood in Detroit, to create a blueprint to achieve that vision, and to mobilize people across the city to bring that blueprint to life. More than 18,000 Detroiters directly contributed to Hope Starts Here's planning process: families and caregivers, child care providers, educators, health care professionals, community advocates, business leaders, policy makers, funders, and a diverse range of other stakeholders.

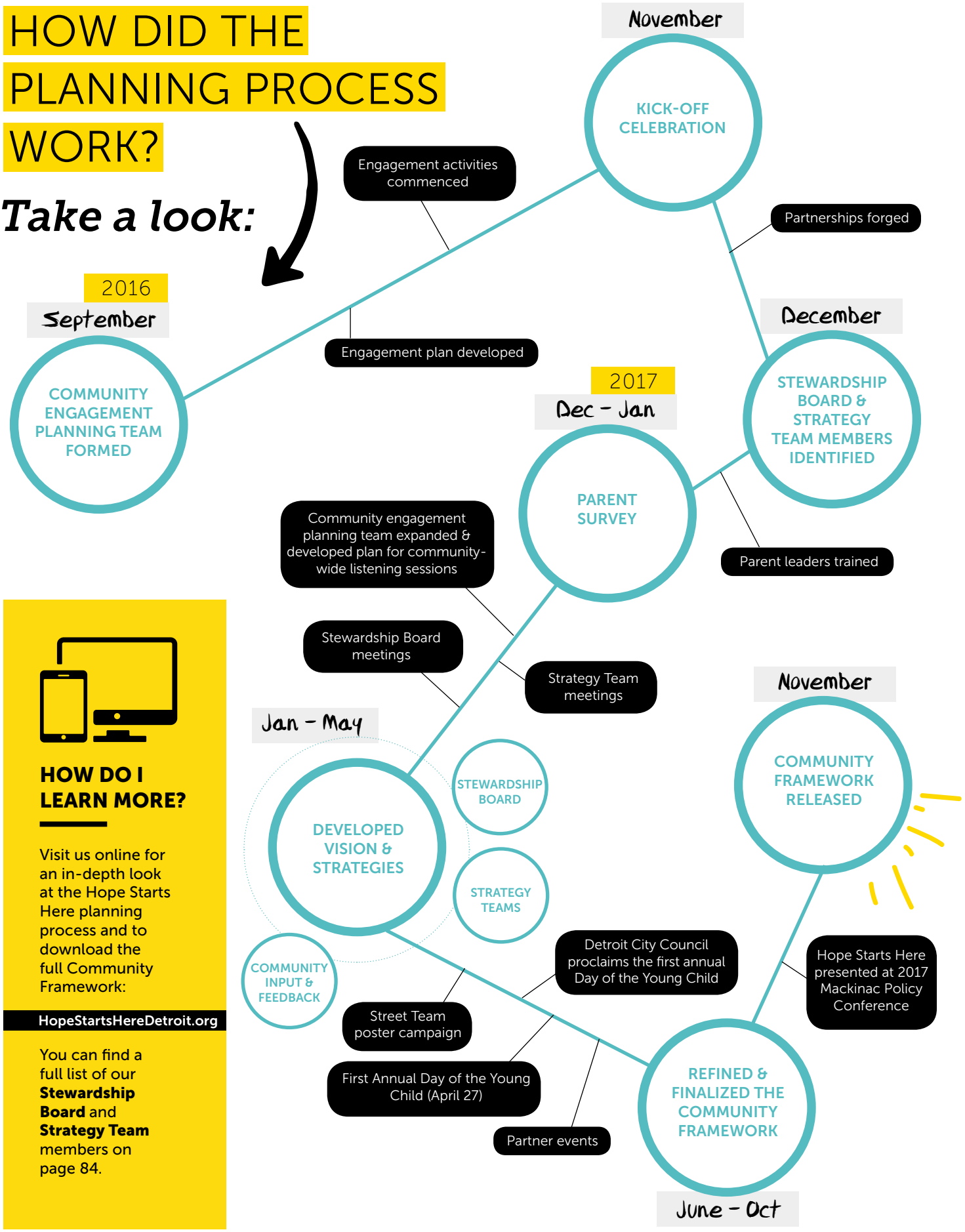
Hope Starts Here was guided by a **Stewardship Board** made up of parents, child care providers, early childhood educators, health care providers, local and state government representatives, as well as business, community and philanthropic leaders.

Six **Strategy Teams** took on the big task of understanding the many challenges children and families face in Detroit, then coming up with ideas to address them. More than 240 parents, caregivers, early childhood professionals, and others made up the Strategy Teams.

Detroit residents provided input, ideas and feedback through a citywide community engagement process that informed the work of the Strategy Teams and Stewardship Board. This included the formation of a dedicated Community Engagement Planning Team, a parent survey that reached caregivers in every neighborhood in the city, 125 listening sessions that brought people together to discuss their ideas and hopes for our youngest citizens, Detroit's first Day of the Young Child, as well as digital and traditional media campaigns. More than two million people were exposed to Hope Starts Here through this work.

HOW DID THE PLANNING PROCESS WORK?

Take a look:



HOW DO I LEARN MORE?

Visit us online for an in-depth look at the Hope Starts Here planning process and to download the full Community Framework:

HopeStartsHereDetroit.org

You can find a full list of our **Stewardship Board** and **Strategy Team** members on page 84.

Our Vision:

By 2027, Detroit will be a city that puts its young children and families first.

Detroit will be a city where **all children are healthy and thriving**, and have high quality experiences that help them grow and develop.

Detroit will be a city where **families feel supported** raising their kids and use their power to make sure their children have high quality early childhood experiences.

Detroit will be a city where the **professionals who care for our children are valued**, well-trained and respected.

Detroit will be a city with many high quality **spaces and places where children can learn**.

Detroit will be a city where **everyone understands that the first eight years of a child's life are important**, and that efforts to help our kids help *all* of us.

Detroit will be a city where the systems that affect early childhood have the **funding they need** to make an impact, and **work with each other** to do the most they can do.





Our Values:

Our work is guided by four important beliefs:

Equity
Every child in Detroit deserves the same chance to grow up and be successful.

Proven Practices
There are great ideas in Detroit, and there great ideas outside of Detroit. We can and should learn from and use both to create a path forward that is *by* and *for* our city.

Family-Focused
Healthy families mean healthy kids, so our work to make Detroit a better place for children must include families, too.

Community Leadership
Every Detroiter has a role to play in making our city a great place for children. Achieving our vision will require everyone to roll up their sleeves and lead in some way.



MAKING OUR VISION **A REALITY**

The Hope Starts Here FRAMEWORK

6 **IMPERATIVES:** what we must do to make Detroit a city that puts our young children and families first

15 **STRATEGIES:** recommended actions to achieve our vision by 2027

IMPERATIVE #1:

Promote the health, development and well-being of all Detroit children

- **Strategy #1:** Support the first 1,000 days of a child's life
- **Strategy #2:** Establish a comprehensive health and developmental screening system

IMPERATIVE #2:

Support parents and caregivers as children's first teachers and champions

- **Strategy #3:** Support the role of families in children's development
- **Strategy #4:** Improve the processes, programs and systems that support them
- **Strategy #5:** Create a team of advocates to champion early childhood

IMPERATIVE #3:

Increase the overall quality of Detroit's early childhood programs

- **Strategy #6:** Develop common standards, and support providers with professional development opportunities
- **Strategy #7:** Attract, better compensate, and retain the early childhood workforce
- **Strategy #8:** Align the early childhood and K-3 systems

IMPERATIVE #4:

Guarantee safe and inspiring learning environments for our children

- **Strategy #9:** Improve facilities quality across Detroit
- **Strategy #10:** Align, increase, and better leverage existing resources

IMPERATIVE #5:

Create tools and resources to better coordinate systems that impact early childhood

- **Strategy #11:** Create a central coordinating body to lead early childhood efforts
- **Strategy #12:** Use one integrated data system to increase information sharing across systems
- **Strategy #13:** Ensure systems adjacent to early childhood also take children into account

IMPERATIVE #6:

Find new ways to fund early childhood, and make better use of the resources we have

- **Strategy #14:** Increase state and local funding
- **Strategy #15:** Better coordinate philanthropic giving



IMPERATIVE #1

We must promote the health, development and well-being of all Detroit children, starting before birth and through age eight.



The period from the time a woman gets pregnant to age eight is a critical time in a child's life. Their experiences and development during this window lay the foundation for future success, so it's particularly important for young children and their families to have access to the information, services and resources they need for a healthy start. Our health care and social service systems are crucial entry points for families to tap into the web of services and resources that exist to help kids thrive, but families' disconnect from them – and the lack of coordination between them – means Detroit children experience health and developmental problems at higher rates than they should.

Take, for example, the first 1,000 days (the time between a woman's pregnancy and her child's second birthday) – an important window of opportunity to create stronger, healthier futures. What happens during this time has a profound impact on a child's capacity to grow, learn and thrive. It also creates a strong foundation for a mother's health and well-being. Because of this, health care practitioners recommend prenatal and postnatal visits for mothers along with "well child" visits to ensure healthy pregnancies, births and development for infants and young children. These early, regular connections to the health care system are needed to identify potential health and development issues and to ensure families have adequate support.

However, due to systemic and structural barriers, Detroit children and mothers are not always able to access the quality health care they need. This creates both immediate and long-term challenges for their health and development. As noted on page 10, Detroit currently experiences a range of poor birth outcomes, many of which are preventable. These birth outcomes

can lead to health challenges and developmental problems later on. Many developmental delays in young children can be identified and addressed during regular health care visits, but due to this lack of interaction with the city's health care system, developmental delays often go unaddressed. These touch points with our systems of care are especially important for families with challenging economic circumstances, as children living in poverty are more likely to be exposed to violence, trauma, and environmental health risks that can affect their development. Public health officials and medical professionals in the city report that many children are living with physical, emotional, and mental health conditions that could have been avoided if families were better connected to systems of care.

What is prohibiting Detroit families from accessing the early, frequent care they need? Across the city, parents cite a variety of reasons, from lack of health insurance and discomfort engaging with health care professionals in clinical settings, to health providers who lack a deep understanding of patient backgrounds. Coupled with Detroit's relatively fragmented health care system, these challenges lead to an underutilization of primary, preventative health care, which has been proven a critical ingredient to child and maternal health. It is clear that better coordination and deeper community connections in Detroit's health and human service systems would assist children and families in reaching their full potential.

PRIMARY CHALLENGES



Preventable Health Problems Among Mothers and Children: Mothers and young children in Detroit experience health issues like underweight births and premature delivery at rates well above the national average because they often lack access to the coordinated, comprehensive and culturally responsive health care they need.



Developmental Delays: Detroit children struggle with developmental delays that could be addressed through regular contact with clinical and community-based health care.



HOW WILL WE ADDRESS THESE CHALLENGES?

	0-3 YEARS (2017)	3-6 YEARS	6-10 YEARS (2027)
STRATEGY #1: Support the first 1,000 days by prioritizing healthy pregnancies, breastfeeding, term births, food access and good nutrition to ensure babies are born healthy and are on track developmentally	Coordinate and scale the work of effective maternal and child health programs and partners already active in the city (ex: maternal home visits, doulas, breastfeeding coaches, community health workers, etc.) to ensure they are making maximum impact		
	Advocate for policies promoting maternal and infant health at the city, county and state levels		
	Ensure access to quality, integrated health care		
	Advocate for policies and practices to promote early childhood education		
STRATEGY #2: Set up a comprehensive screening system that identifies health and developmental challenges in both children and caregivers, then connects them to services that can help		Integrate and align screenings across health care, social service and early education settings to ensure critical needs are flagged as early as possible	
	Strengthen and increase the capacity of local agencies that connect families to key social safety net programs		

HOW WILL WE KNOW WE'RE MAKING PROGRESS?

We'll see...

- A decreased infant mortality rate
- A decrease of racial/ethnic disparities in birth outcomes
- An increase in the percentage of mothers and children with a primary source of care
- An increase in infant and toddler immunization rates
- A decrease in food insecurity

WHAT WORK CAN WE BUILD ON?

- The **Detroit Institute for Equity in Birth Outcomes** (DIEBO) is leading a partnership to support, coordinate and expand the reach of several effective programs already in the city, including maternal home visitors, doulas, newborn care programs, breastfeeding coaches and community health workers.
- The **Women-Inspired Neighborhood (WIN) Network** is working to improve women's access to health care and other services by collaborating with local health care providers.
- **SisterFriends Detroit**, a partnership between the City of Detroit, Make Your Date and Wayne State University, pairs expectant mothers with knowledgeable peers who help them navigate the health system through the major milestones of pregnancy and beyond.
- **Health systems in the city** – including Detroit Medical Center, Henry Ford Health, St. John Providence Health System, and Oakwood Health Care Systems – have already partnered on the Detroit Regional Infant Mortality Reduction Task Force and can increase screening and referrals.

WHO'S ON DECK?

Maternal and child health programs and partners, health systems, social service providers, public health officials, advocacy organizations, policymakers, health care payers, early education providers, neighborhood facilities, and more.

"Empower parents from birth... to make decisions, access information and gain confidence. This includes access to midwives and doulas during pregnancy to improve prenatal care, infant health, and mother's health. This would also include breastfeeding education and support."

- DETROIT PARENT

"[Have Mobile Medical Units] available in neighborhoods where a large percentage of children live. Families as a whole could also receive services, such as mental health services, substance abuse, etc."

- DETROIT RESIDENT

WHAT ARE OUR POLICY PRIORITIES?

Hope Starts Here's policy priorities offer public officials, the business community, community-based organizations and citizens a place to start advocating for and making change. *See page 72 for more details.*

PRIORITY 1.1. Implement a universal screening and referral system. Michigan should provide a state supplement to the Early On program as a first step toward initiating and adequately funding a universal screening and referral system to ensure all of Detroit's pregnant mothers, infants, and preschool children receive screenings for disabilities and developmental delays.

PRIORITY 1.2. Support policies and programs that increase access to fresh food. Detroit should implement a local initiative that provides additional funding for Child and Adult Care Food Program (CACFP) that incentivizes the procurement of fresh fruits and vegetables, supports physical activity, and promotes local gardens in child care programs.

PRIORITY 1.3. Support policies and programs that reduce food insecurity. Detroit safety net programs must work to better coordinate with early care and education providers to increase access to programs that reduce food insecurity. Also, it is important to expand access to the School Breakfast Program and summer meals, protect Supplemental Nutrition Assistance Program (SNAP)/Food Assistance Program funding within the Federal and Michigan budgets, and advocate for improved benefit levels and measures to strengthen the Farm Bill and the Healthy, Hunger-Free Kids Act.



Practicing a DIFFERENT kind of MEDICINE

A DETROIT PEDIATRICIAN WEIGHS IN ON WHAT IT TAKES TO HELP CHILDREN THRIVE

The alarm sounds at 5:45 a.m. for Dr. Nakia Williams, a pediatrician and mother of two. Dr. Williams, 38, says that it's important she makes time for her morning Bible devotion and prayer, which helps her to reflect and recharge. "Working with so many people and addressing their needs can be challenging."

Williams is a doctor at the Henry Ford Pediatric Clinic at New Center One. She's spent the last six years here, seeing nearly 25 patients per day – one every 20 minutes. Most of her patients are under the age of five.

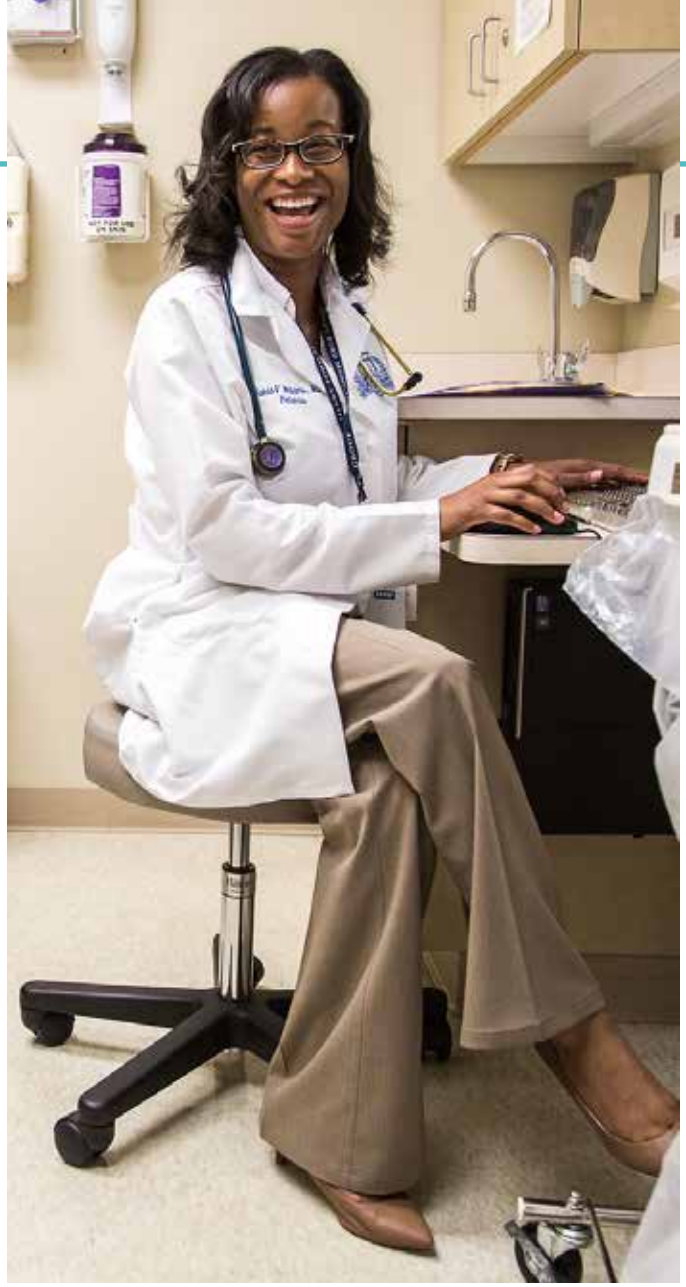
But before heading off to a packed day at the clinic to see children and concerned parents, she has her own children to attend to—2-year old son, Zion, and 13-year-old step-daughter, Zoe, whom she likes to refer to as her "bonus child."

Williams tries to drop her son off at daycare most days and is grateful to have found a place she trusts. "I'll stay for a while to make sure he's comfortable. I know he's going to be there for ten hours until I return," said Dr. Williams. She'll be the first to admit that her perspective as a parent raising two children in Detroit impacts her work as a pediatrician here. "I certainly believe that my personal experience helps to guide my advice," she explained. "We live in the city, so we are aware of many resources that are out there."

It's her local perspective - plus her holistic approach - that benefits Dr. Williams' patients.

The importance of working with children under five does not escape her. "Most of a child's brain development occurs in the first five years. The child is learning more things at this point than perhaps any other time in their life," she said.

Treating children during such a pivotal point in their lives, Williams uses the same approach she learned working with children in Flint during medical school: you have to treat the whole child. And to treat the whole child, you have to know the whole picture. Williams sees children for a variety of health reasons, the most common being check-ups, skin issues, and respiratory-related ailments such as colds, coughs



and asthma. These respiratory issues, she pointed out, can be exacerbated by living in Detroit. The rate of children's asthma-related ER visits here is about twice that for the rest of Michigan.

But she sees patients for behavioral problems and developmental delays too, issues that are all connected to a child's basic health care and impact their development. She often works together with parents to stop problems from snowballing. Even a mild speech delay, if untreated, can lead to delays in potty training. It can also lead to a child starting school with other delays and adversely affect their education.

"As a pediatrician, I have the privilege of partnering with parents to help to raise a multitude of children," she said, but she acknowledges there are many obstacles. She sees toddlers who aren't getting enough sleep because parents are working long, varied hours to make ends meet. She sees parents who are so busy and stressed trying to provide for their families that figuring out how to get their child ready for kindergarten becomes a lower priority. She is often

"Our families are dealing with life and all that means. We need to find ways to support them so they can stay ahead of the game rather than find themselves in a position of just trying to keep their heads above water."

asked about job openings and WIC (Women, Infants, and Children, nutrition and food services), as well as counseling options for children when a family is broken up by death, divorce or protective services. Williams believes that a pediatrician's office should be a one-stop shop for families, a place that not only addresses health care but the many other challenges Detroit families grapple with. She believes that schools, behavioral health services, and pediatrics sometimes operate in unnecessary silos. "Our families are dealing with life and all that means," she explained. "We need to find ways to support them so they can stay ahead of the game rather than find themselves in a position of just trying to keep their heads above water. I already write letters to help keep utilities on, refer parents for additional mental health resources, and help them with work attendance problems. These processes should be streamlined."

She imagines multidisciplinary clinics in high-risk neighborhoods across the city that would provide health care providers, social services, financial support agencies, academic supports and dentists, as well as safe places for children to learn and play. Even the simple act of placing a social worker in



every pediatrician's office would help tremendously, she says – allowing doctors more time to deal with patients' direct health needs rather than matching families with needed services and resources.

Williams is amassing quite the stockpile of information on available supports here in Detroit and often reaches out directly to children's schools to learn how they are progressing between visits. She teaches her medical students and residents to do the same: "They are learning a different kind of medicine at our clinic. We are not only addressing bread-and-butter pediatrics but dealing with social issues that affect our patients."

She is continually impressed with how her patients look at the world and deal with challenges. "Children are amazing patients to take care of. They say 'Someone take care of my mommy.' They are always worried about someone else. Isn't that an awesome example to live by?" she said. Now, she's frustrated that we aren't adequately taking care of them. Despite the fact that we know how crucial early years are for a child's development, we don't do enough to support them. "Free public education begins at age five," she explained. "I think parents can be confused about the subtle mixed message society sends: first five is important, but preschool/early education is optional."

Despite this, she is hopeful. She thinks we are reaching a critical point in Detroit with more opportunities for early childhood education and intervention in the city. "There are several dedicated individuals and funding resources that are committed to helping. Now is our time to act," she said. **"We should be doing better than this for our children."**

IMPERATIVE #2

We must transform systems to support parents and caregivers as children's first teachers and champions.



Healthy early childhood experiences begin at home.

Family plays a unique and critical role in a young child's life. Parents and caregivers are children's first teachers and champions, so ensuring they have access to resources that help them promote emotional, health, and educational development from birth is key. However, they often face barriers that interfere with their ability to give their children a healthy start.

Detroit's extreme poverty rates – highest of all major American cities – mean parents and caregivers focus on basic needs such as housing, food, and transportation. When families turn to the agencies and systems designed to serve them, they encounter a jumble of systems and processes. This creates daunting complexities that can take up significant time and leave caregivers unsure of how to best advocate for their families' needs. Low vehicle ownership rates, Detroit's large geography, and insufficient public transit mean that despite their best efforts, families are often unable to access resources or provide experiences for their children. Since child health and development are closely tied to family income, it's clear that any work to transform the early childhood experiences of Detroit's children must address families' basic needs and economic security.

At the same time families – and others across the city – don't hear a lot of messages about how important children's early years are. K-12 education is widely understood to be important for children and their future success, and challenges with Detroit's K-12 system are frequently covered in local and national media, which serves to reinforce the importance of these years. Local conversations about early childhood aren't nearly as high profile. Too often, while parents know that quality early childhood experiences matter, in the public conversation about them, quality childhood experiences are seen as optional activities rather than the essential developmental tools that they are. While the tide is turning and both private sector leaders and public officials are becoming more attentive to the importance of early childhood, Detroit is only just beginning to develop a sense of urgency that matches the challenge at hand. We need a visible effort to spotlight the importance of early childhood so we can spotlight for community members across the city about the importance of this period and what families can do to set kids up for success.

PRIMARY CHALLENGES

Family Understanding of Child Development: Detroit families want to better understand how they can support early childhood development at home.

Family Economic Needs: Detroit continues to rank as America's worst big city for childhood poverty, which leads to negative child health and developmental outcomes. Families face a variety of barriers when trying to obtain the resources and support they need to meet their basic needs.

Lack of Information about Importance of Early Childhood: There is not yet a robust public conversation about how essential quality early childhood experiences are for children's healthy development and the community's well-being.

During Hope Starts Here's listening sessions, the idea mentioned most often was focusing attention on parents: providing opportunities to build their understanding of child development and support their engagement in their children's learning. This could take the form of educational workshops, support for new parents, connection with experienced parents, and opportunities for parents and grandparents to be educational leaders.

"Prepare a 'best practices' parent education training series about early childhood development, including brain development."

- ORGANIZATION STAFF MEMBER



HOW WILL WE ADDRESS THESE CHALLENGES?

	0-3 YEARS (2017)	3-6 YEARS	6-10 YEARS (2027)
STRATEGY #3: Support the critical role family plays in making sure kids' first years are healthy and positive	Provide parents with knowledge to support early childhood development		
	Equip parents with tools to support and advocate for their children		
STRATEGY #4: Make the processes, programs, and systems that support young children and their families easier to use so they better meet families' needs	Streamline services to reduce barriers so families can successfully use programs and services		
	Address transportation barriers that prohibit families from accessing the services they need		Work across systems to improve the economic security of families across Detroit
STRATEGY #5: Build a team of family advocates and community champions to promote early childhood	Organize a league of Detroiters to become champions for early childhood		
		Raise awareness about the importance of early childhood in order to inform public policy and inspire new solutions	

HOW WILL WE KNOW WE'RE MAKING PROGRESS?

We'll see...

- An increase in parent engagement at early childhood centers
- Community members engaged in an advocacy team as early childhood champions
- A decrease in the number of children living in poverty

WHAT WORK CAN WE BUILD ON?

- The **United Way for Southeastern Michigan's Bib to Backpack** program connects new childhood development approaches to parents and caregivers along with resources where they can find support networks.
- The **Great Start Collaborative** maintains a calendar of early childhood community resources, trainings and events.
- **Detroit Public Television's new Kids Channel**, which streams 24/7 online and broadcasts quality child-focused programming for more than eleven hours daily.
- Several **neighborhood-based groups** bring local families together to share caregiving tips and experiences. Some of these efforts are coordinated by the Detroit Health Department, however, they could be further scaled and integrated.
- Several early childhood providers offer **family navigation services**, which help Detroiters access care for their children, however these supports are not offered on a coordinated, citywide basis.
- Several **local and state-based organizations** currently advocate for public policy issues affecting early childhood. These organizations could enhance their public reach and deepen their alignment and collaboration.

WHO'S ON DECK?

Public health officials, health systems, Detroit Health Department, social service providers, early childhood providers, neighborhood-based family navigators, neighborhood organizations, transit advocates and planners, workforce programs, job training programs, community colleges, parents and caregivers, advocacy organizations, policymakers, state and local business leaders, and more.

WHAT ARE OUR POLICY PRIORITIES?

Hope Starts Here's policy priorities offer public officials, the business community, community-based organizations and citizens a place to start advocating for and making change. *See page 73 for more details.*

PRIORITY 2.1. Increase public and private health care payers' focus on preventive and integrated care for children and mothers. Michigan policymakers need to continue to build on existing initiatives with an even greater focus on preventive care, including the identification of Adverse Childhood Experiences (ACEs), expansion of home visitation programs, infant mortality reduction initiatives, screening and referral services, and reproductive health services.

PRIORITY 2.2. Streamline application requirements for child care subsidies, as well as other social safety net programs such as WIC and Medicaid. Michigan will need to evaluate the simplified application processes that will start in early 2018 to assess the impact on access to services and determine whether barriers to entry still exist, including low eligibility thresholds.

PRIORITY 2.3. Increase Michigan's Earned Income Tax Credit (EITC) and consider a Detroit EITC. To allow low-income working families to keep more of their hard-earned wages, Michigan's EITC should be increased to the initial 2006 level of 20 percent of the federal credit. Detroit should also consider a local EITC.

PRIORITY 2.4. Create a Michigan Child and Dependent Care Tax Credit. Michigan currently does not have a State Child and Dependent Care Credit and should create a refundable program to provide critical support to working families struggling to afford quality child care with tight household budgets.

PRIORITY 2.5. Implement a family leave policy in Michigan and in Detroit. Both the state and the city should consider implementation of a model like that of the Washington D.C's Universal Paid Leave Amendment Act, which starting in 2020 will provide private-sector workers with 8 weeks of paid leave to care for a new child, 6 weeks to care for an ill relative, and 2 weeks for their own health. Even without a family leave policy, employers should consider providing paid family leave, given its impact on employee retention.

PRIORITY 2.6. Promote living wage initiatives. Michigan's Workforce Development Wage Act provides for gradual increases to the state's minimum wage including an increase to $8.90/hour on January 1, 2017. However, the MIT Living Wage Calculator estimates that the living wage in Michigan is $10.24 an hour for a single adult and $27.26 for an adult with two children. Michigan can increase economic security for its families by implementing a living wage initiative that better reflects the true cost of meeting basic family expenses.

PRIORITY 2.7. Promote policies that increase the predictability of employee schedules. Detroit should expand availability of child care solutions for families who work unpredictable schedules. Michigan and Detroit should implement policies that improve the working conditions for low-income Detroit families by increasing the predictability of work schedules. Both Michigan and Detroit can also create policies to require that workers receive advance scheduling notice for irregular schedule jobs.

PRIORITY 2.8. Support local transportation system improvements that increase mobility for families. Michigan should continue improve access to transportation both at the system and individual levels, including expansion of its private nonemergency medical transportation program which received $1.4 million in the 2017.

PRIORITY 2.9. Support efforts to maintain health care coverage for low-income families and children. Given uncertainties at the federal level and the potential impacts on state funding decisions, it's critical that Michigan residents continue to advocate for investments in health care coverage to ensure children and the adults who care for them continue to be covered at high rates moving forward.



We asked: What is it like raising children in Detroit?

We talked with parents from across the city about their experiences raising children here: what's going right, challenges they're facing, and why they're hopeful about the future.



LATOYA KIMBROUGH

Lives with her parents, her son, and two nieces on the east side of Detroit



JAMES HILL

Lives in Grandmont-Rosedale with his wife and three children



ESMERALDA TORRES

Lives in Southwest Detroit with her husband and three children



EDGAR GOMEZ

Lives on the west side of Detroit with his young daughter



ORA WILLIAMS

Lives in Brightmoor where she raises her grandchildren



FRANKIE PICCIRILLI

Lives in Indian Village with her husband, where they're raising two daughters

WHAT'S WORKING WELL FOR YOU AND YOUR FAMILY IN DETROIT?

Frankie: I really love our neighborhood. We have made so many wonderful friends that I actually consider family. We recently lost our child care option, and two of the stay-at-home moms who live near us offered to help this summer because I'm a working mom. So they're taking care of my children. I don't think it gets better than that. We have also been so overwhelmingly pleased with school options in the city. I'm impressed with places like Detroit Edison Public School Academy and University Prep. There are more than a few DPS elementary schools that are great options. We don't talk enough about the positive things going on in the schools or the teachers that are helping to educate all these children.

Esmeralda: I love my neighborhood. Yes, it has its flaws. There are occasional shootings, all the garbage and the blight. But the neighbors are slowly fighting these, and our community is becoming more vibrant. One of the things I love about my block is it's one of the most populated with children that you will find in Detroit. There's always something going on outside. And I love that aspect. If I were living in the suburbs, I wouldn't be able to find something like that.

Edgar: There are a lot of family friendly events happening in the city throughout the year. I am a very busy person working two part time jobs and being a college student. Knowing that I can leave

my daughter at an after school program or even a summer program for a couple hours a day really supports me being successful for my daughter.

WHAT ARE THE CHALLENGES OF RAISING A FAMILY IN DETROIT?

Ora: My community is a desert area. Or we were, I'll put it that way. We now have a brand new Meijer that opened up in our community, which has made it easier to get fresh fruit and vegetables and just go grocery shopping, period. Before, there was no place to go unless you got in your car.

Edgar: Although there are a lot of things going on for children and families, I feel like the biggest issues are: one, not knowing all the programs that are being offered, and two, transportation. I am a single father that co-parents with my daughter's mom, but most of my daughter's time is spent with me. I do have dependable transportation, but it does seem to take a lot of time out of my day.

Frankie: I also drive really far to take my daughter to activities. She does competitive cheer, and there's not a cheer gym or a gymnastics gym close to my home. She was at a dance studio on the northwest side that we really loved, but I was driving 40 minutes to get there because I live on the far east side. It just felt crazy to me. Child care has also been really difficult. Recently we lost our child care option for our second child. She's on multiple waiting lists because child care is full around the city.



James: For me, there was never any question as to whether or not I would want my children to be cared for or educated in Detroit. The challenge came, however, when we wanted to find a place that we felt was the right fit. We found no child care centers in our neighborhood, and very few centers or schools within a short drive from our house. As a result all of our children are now commuting with us every day downtown, and that isn't community to us. We'd love for them to be able to have access to programs near our home.

LaToya: A couple of weeks ago, I had an incident where I asked: "Are those fireworks or gunshots?" Unfortunately, it was gunshots. That was nerve-wracking because I have a young child. It's scary to experience those types of things, but at the same time I love my city. I want to stay in this city, but I do fear moving out of my parents' house and living with just my son.

My son will be going to kindergarten in a couple years, and I'll have to take him to school outside of my community. I would like the convenience of being able to take him around the corner. My nieces, they live with us but they don't go to school in our neighborhood. They went to a charter school in Roseville because we didn't have any schools. With my son, maybe I'll be able to send him there as well, but it's not in our neighborhood so I have to drive. What concerns me is not so much my family, but what about the kids in my neighborhood? They don't have transportation, so they're forced to go to the schools in our neighborhood.

WHAT ARE ONE OR TWO THINGS THAT WOULD REALLY MAKE A DIFFERENCE WHEN RAISING YOUR KIDS IN THE CITY?

Esmeralda: In order to encourage my kids' education, I would love to see more tutoring and more support for children, parents and teachers. I didn't realize there were certain resources for parents until my little girl was in kindergarten. If I would have known about these resources when she was freshly born, it would have made a difference in her education.

James: There's so much discussion around improving our schools, but we know for a fact that for our boys, a solid early childhood education made all the difference in them being able to adjust to school. We consider ourselves informed, but there needs to be more information available to all Detroit families on enrolling in preschool.

Ora: It's the communication network. We're not letting parents know what kind of resources are out there. You have to get the word out because a lot of times organizations need people in their programs, and they're not getting enough people because nobody knows about it.

And keep moving that blight. Just making it safe for children to walk, safe for people to catch buses, just making it safe, period.

Edgar: I would like if there was a community of parents banded together to help each other, similar to a parent group in schools but something more community based, or even online. Although I am already well connected to what is going on, I feel like there is a large population of parents who are not, and it would be amazing to be able to share that information.

Frankie: It is already going on in the city, but I'd like to see more park reinvestment. That's where you build community. We live close to the Erma Henderson Park. Recently the city redid it, so this summer we've been riding our bikes two blocks and we hang out there all the time. It's awesome that we are so close to this park and that our kids can get to know other neighborhood kids. Otherwise I don't think that we would have that opportunity.

WHAT MAKES YOU HOPEFUL ABOUT RAISING YOUR CHILDREN IN DETROIT?

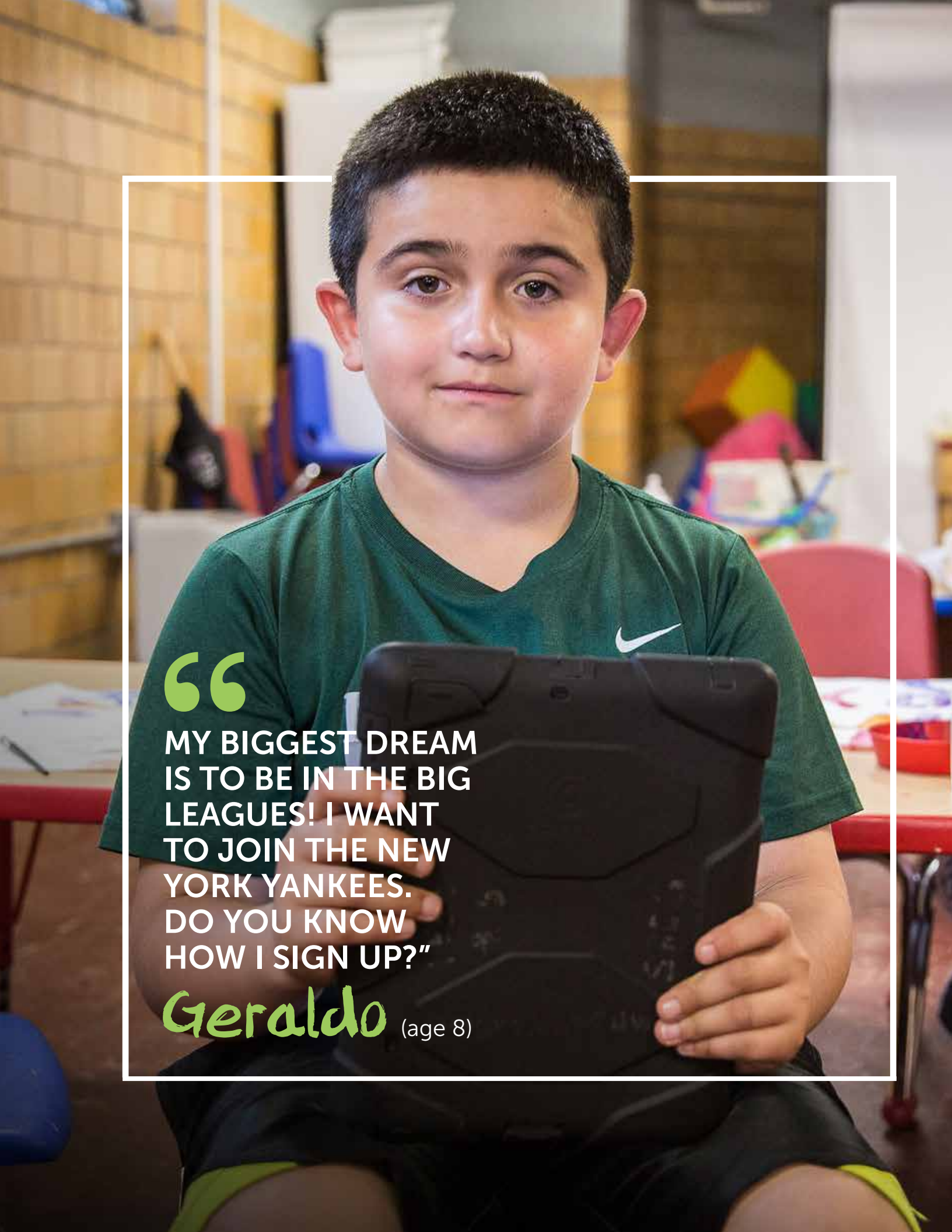
Frankie: I really want to raise my children in a diverse community. I used to have this checklist of all the things I enjoyed about living in Chicago, and I feel like I have checked off almost every box when we moved back to Detroit. Slowly but surely it's coming around.

Esmeralda: I have lived here my whole life. It's almost a renaissance in Detroit. Just go downtown. It's slowly and surely becoming beautiful. I do see investment in the community and new businesses thriving, and I see this pride and love for the community. I don't think I've heard anyone here say that they don't love living here. Yes, it has it challenges, definitely, but I am very hopeful that tomorrow will be another Detroit, and we're close.

"We have to realize that this is going to take all of us, not just one or two people. We've got to all pitch in, and if everybody pitches in and does their little bit, it will make Detroit a much better and safer place."

LaToya: You're actually seeing people putting things in motion. Downtown is coming together. They're actually trying to fix the school system. They are starting to tear down abandoned houses in certain neighborhoods. Parks are being renovated. You're seeing people actually doing the work, so it does make me feel hopeful that things are going to turn around, get better.

Ora: When I first moved to Brightmoor, I watched how it was. I watched it go down, and now I'm watching it come back up because there are people interested in the city as a whole, and they're interested in communities. We're putting the "neighbor" back in "neighborhood," because no man is an island. We have to realize that this is going to take all of us, not just one or two people. We've got to all pitch in, and if everybody pitches in and does their little bit, it will make Detroit a much better and safer place.



“MY BIGGEST DREAM IS TO BE IN THE BIG LEAGUES! I WANT TO JOIN THE NEW YORK YANKEES. DO YOU KNOW HOW I SIGN UP?”

Geraldo (age 8)

3

IMPERATIVE #3

We must increase the quality of Detroit's early childhood programs, both formal and informal, and the knowledge and skills of the city's professionals.



Accessible, high quality early childhood experiences are essential for setting children on the right path.

These include the programs, services and environments where young children spend their time, such as child care centers and Pre-K programs, and are key to advancing children's development and ensuring they are ready to begin kindergarten. Yet many of Detroit's children are not getting the high quality experiences they need and deserve to prepare them for the next stage of their education. Across five scales of Early Development – including physical health and well-being, social competence, emotional maturity, language and cognitive skills, and communication skills and general knowledge— only 5.3 percent of Detroit children scored "Very Ready" when entering kindergarten.[23] Ensuring children's early childhood experiences effectively aid their development depends on both the overall quality of the programs and the early childhood professionals who teach and care for them during these formative years.

But what does "quality" mean? Detroit has not yet collectively developed a shared understanding of the cost of "high quality" across the whole early childhood system, which means there are inconsistencies in quality across programs, curricula, student outcomes, professional development, and professional competencies. This creates many challenges. For example, many of the current standards used to evaluate providers and educators do not fully reflect what it takes to set children up to succeed. Creating a shared understanding of the cost of quality will establish baselines that improve children's early childhood experiences across the board.

Once a shared understanding is established, providers will need support to deliver programs that meet the new criteria. This may include professional development opportunities for their staff as well as information on administrative best practices that can help them be sustainable, improve their programs, and grow.

Children's early experiences also suffer because there is such a limited pool of high quality providers in the city. Given how important early childhood is to establishing a firm foundation for children's development, these providers are among the most important educators in the city. However, due to several factors, the profession has difficulty attracting

and retaining high-quality educators. First, early childhood education career pathways can be difficult to learn about and navigate. Second, these professionals are not viewed as the critical contributors to the cognitive and emotional development of our children that they are. Because they are not adequately valued, the profession suffers from low-compensation levels, putting many of them below the poverty line. Coupled with a lack of clear opportunities for development and advancement, the early childhood workforce experiences high turnover.

Finally, Detroit's early childhood and K-3 systems don't "talk" with each other. This misalignment creates a bumpy transition for parents and children alike as children enter kindergarten and have to adjust to classroom norms, socialize with other students, and meet academic expectations. Detroit also has not yet implemented a universal kindergarten readiness assessment, a commonplace tool used in school districts across the country to structure a child's transition into kindergarten. We know anecdotally that many Detroit children are showing up to kindergarten not ready to learn, and the school system is not sufficiently equipped to help students and families get on the right track. Challenges experienced in the first years of school can have a ripple effect, creating serious future ramifications. For example, 86.5 percent of Detroit's third graders are not reading at grade level.[24, 25] National research shows that if students are not reading at grade level by third grade, they are four times more likely to drop out of school later on.[26] Aligning our care and education systems to intervene early can get children on the right track before they fall further behind.

During Hope Starts Here's listening sessions, support for teachers and providers was the most commonly suggested strategy for improving the quality of Detroit's early childhood experiences.

PRIMARY CHALLENGES



No Shared Understanding of the Cost of "High Quality": There is no shared understanding of how much "high quality" truly costs in Detroit, which means quality is inconsistent across programs and may not reflect what it takes to set all kids up to succeed.



Insufficient Pool of High Quality Providers: There are too few high quality early childhood providers, driven by a lack of coherent career pathways and inadequate compensation.



Misaligned Early Childhood and K-3 Systems: There is a lack of alignment between the early childhood and K-3 systems, which means we miss opportunities to align what children are learning to ensure they start school ready to succeed.

HOW WILL WE ADDRESS THESE CHALLENGES?

	0-3 YEARS (2017)	3-6 YEARS	6-10 YEARS (2027)
STRATEGY #6: Develop common standards for early childhood programs and professionals, and support them with professional development opportunities	Identify a shared set of professional competencies for the early childhood workforce	Develop new professional development offerings and channels, including additional administrative professional development opportunities	Increase awareness of and participation in professional development opportunities for early childhood providers
STRATEGY #7: Attract, better compensate, and retain members of the early childhood workforce	Mobilize resources to increase compensation and incentives for the early childhood workforce	Raise community awareness of and appreciation for early childhood careers	Develop clear early childhood career pathways and supports
STRATEGY #8: Align key components of the early childhood and K-3 systems to ensure children are ready for kindergarten	Create a plan to better align Detroit's early childhood and K-3 systems, and foster the partnerships needed to bring that plan to life	Share and integrate data between the K-3 and early childhood systems	Align child assessments used by the early childhood and K-3 systems

HOW WILL WE KNOW WE'RE MAKING PROGRESS?

We'll see...

- An increase in the percentage of early childhood education programs using the state's quality rating and improvement system
- An increase in the percentage of providers ranked 3, 4, or 5 stars in the state's quality rating and improvement system
- An increase in the percentage of centers offering full day, full year care
- An increase in the number of seats in 3, 4, and 5 star rated programs
- An increase in the percentage of children who are kindergarten ready
- An increase in the percentage of 3rd graders reading at grade level
- An increase in the average wages of the early childhood education workforce compared to the K-3 workforce

WHAT WORK CAN WE BUILD ON?

- The **Office of Great Start** and the **Department of Education** are leading efforts to develop standard career pathways for the early childhood workforce.[27]
- The **Office of Great Start, the Great Start Resource Center, and others** are working to provide professional development opportunities to providers in Detroit. The Office of Great Start is leading the way with new and existing professional development opportunities and systems both at the state and local levels, though there are some gaps in their offerings, such as program administration/ sustainability and supporting provider participation.
- The **state of Michigan** is currently pilot testing a Kindergarten Entry Observation in certain regions, but there are no current local efforts to do so.
- The **Coalition for the Future of Detroit School Children 2.0** is advancing this work in the K-12 space.

WHO'S ON DECK?

Early childhood providers, Office of Great Start, Department of Education, parents, legal and data specialists, advocacy organizations, foundations, policymakers, local school systems, and more.

"I would make sure that the teachers, who are second parents to our children, are paid well and make the teachers feel good about teaching."

- DETROIT PARENT

WHAT ARE OUR POLICY PRIORITIES?

Hope Starts Here's policy priorities offer public officials, the business community, community-based organizations and citizens a place to start advocating for and making change. *See page 77 for more details.*

PRIORITY 3.1. Adapt higher education degree programs to meet the needs of Detroit's early childhood workforce. Michigan should improve access and remove barriers to degree programs for early childhood professionals by implementing degree programs that include mentoring, foundational courses, life skills, and bilingual career advisors like the community college cohort model offered in Rhode Island.

PRIORITY 3.2. Increase access to and affordability of higher education through financial aid programs and scholarships. To help make higher education more affordable for older students and workers, Michigan should reinstate state funding for the Part-Time Independent Student Grant, which has not been funded since the 2009–10 school year. In addition to promoting general access to higher education, Michigan can focus specifically on early childhood professionals by sustaining and expanding the T.E.A.C.H. program. The T.E.A.C.H. program should be sustained and expanded after the Race to the Top–Early Learning Challenge grant period to support early childhood professionals in Detroit.

PRIORITY 3.3. Expand and improve citywide early childhood coaching models to support impactful teacher-child interactions. Detroit should expand and improve existing coach models that match teachers with coaches who provide in-depth, ongoing modeling, and coaching using a mixed delivery format to improve teacher-child interactions.

PRIORITY 3.4. Increase compensation and benefits of early childhood educators. Michigan should closely examine other states' models of increasing compensation and implement a model that best meets the needs of the state's early childhood professionals.

PRIORITY 3.5. Implement a statewide Kindergarten Entry Observation. Michigan should move toward mandatory statewide implementation of the Kindergarten Entry Observation for all public schools. Implementation of a kindergarten readiness assessment tool would provide valuable, consistent data to the state on the school readiness of nearly all of Michigan's children entering kindergarten, would be extremely valuable for data-driven decision making, and potentially provide evidence for additional early childhood funding.

PRIORITY 3.6. Develop formal partnership agreements between the early childhood and K-12 systems. Detroit Public Schools Community District and Charter Schools must successfully implement the Every Student Succeeds Act (ESSA) requirement that Local Educational Agencies receiving Title I funds form agreements with Head Start and other early childhood programs to coordinate information sharing, professional development, early childhood services, curriculum, facilities, and transportation.



WHAT IS IT LIKE TO BE *an early childhood provider* IN DETROIT?



Monique Snyder

Monique is the owner/director of Brainiacs Clubhouse Child Development, on the far east side of Detroit. Her program is affiliated with the Great Start Readiness Program (GSRP), Michigan's state-funded preschool program for low-income four-year-olds.



Rhonda Mallory-Burns

Rhonda is the Early Head Start/Head Start director with Development Centers, which runs both home-based and center-based programs for 310 children ages birth to five in northwest Detroit.



Zina Davis

Zina operates a licensed group child care and preschool education program in her home in Brightmoor. She has received a five-star rating from the state for two consecutive years.

PERSPECTIVES ON THE EARLY CHILDHOOD WORKFORCE

Rhonda: We have a challenge with staff turnover, for many various reasons. It could be the salary. It could be the work environment. When you have turnover it impacts quality because you want the continuity. We want the children to build those relationships with their teachers, so when you have that swinging door, that's a challenge.

Our agency is committed to providing best practices and high quality education to the children that we serve. Even when we went into this in 2014, we made sure that all of our teachers had a Bachelor's Degree. All our assistant teachers have an Associate Degree. We do have some Masters level teachers in the classroom. We wanted to make sure that we put professional development as a high priority, so we have a partnership with High Scope because that's a curriculum that we utilize. Even with Head Start, our performance standards set all these guidelines, but it's like, "Well, how am I supposed to make this work with the budget that you just gave me?" That's why we have to go out and try to get additional support.

Monique: We don't receive the same funding Head Start centers receive, and then we're held to the same standards. You want this child to be able to spell their name, identify different colors, shapes, speak in complete sentences, begin phonics before kindergarten? It's the same work, but I've got to tell this teacher, "Oops, I've got to pay you about $20,000 less than they can." So yes, it's hard to retain them.

Do you know what I have to do to get my teachers into training? One training for eight teachers is $5,500. Head Start has the budget. We don't. We have to beg, plead, claw to get

our professional development. We're held to the same standards, but we have totally different opportunities.

Zina: Just being able to afford quality teachers is a challenge. It's different when you're in a home, than in center-based. They expect us to have quality as well in the homes, but we cannot afford to pay the wages that government programs do because we only have 12 children.

PERSPECTIVES ON FACILITIES

Rhonda: The infrastructure for buildings in Detroit is awful. It's hard to find a really good facility to operate in. Just recently we were able to obtain a lease in an old Detroit Public School, but we still had to put a lot of money in it just to get it operable. But we had struggled for the last couple years in a facility that was not conducive to a healthy and safe learning environment. So I'm excited for the upcoming school year. As of right now, all of our sites are in good locations.

Zina: It's hard to get out and actually purchase a building or do a startup unless we have our own capital ourselves. It's a little difficult, especially when you're dealing with banks, or you're dealing with different entities. They ask for a lot in order for you to get certain funding.

PERSPECTIVES ON FUNDING

Rhonda: Head Start is federally funded, so you are given a set a budget. It's tight.

Monique: It's challenging to keep our budgets tight and on point without losing our business. One of the best things that happened to our organization was our partnership with GSRP, because we were able to pick up qualified teachers and pay them good rates so they could pay their bills and come to work and work efficiently. That helped us tremendously.

But funding is still a challenge because as a community-based organization, we don't have $17,000 per pupil. We have a set budget for the year, and then I have to stretch it and give the same opportunities and resources. There is no financial equal playing field. Period. We get ten dollars, and we have the same expectations as the school that gets a hundred dollars. But we make it happen.

HOPES FOR EARLY CHILDHOOD

Monique: As a business owner in early childhood, I totally appreciate the amount of emphasis that is being placed on low-income areas within this sector right now. I've had the opportunity to sit down with at least three organizations that are hands-on trying to help build quality early childhood education centers. The resources that they're giving us, 90% of it is just knowledge, but it's huge.

I wish there could be some type of universal communication where all the providers could see these resources are here and that they're going to help us. When you're dealing with providers who've never had that, it's almost like someone coming to you and saying, "I got a million dollars. Do you want it?" What would you say? "Aw, what are you going to do to me for that money?" You're apprehensive, so you don't go after it. But the resources that are being poured in right now...

Rhonda: It still falls back on the providers to take the initiative to go and seek those new opportunities. I've been in early childhood for over 25 years. In the last three years, the number of initiatives has just been amazing. The hands-on support is just phenomenal. That's what keeps me hopeful and optimistic. Because I see the changes. It was like early childhood was just on the backburner. I think over the years, nationally, we've finally figured it out. A light bulb finally went off with somebody.

I have a partnership with Madonna University and have spoken with their field placement coordinator. I want myself and my education specialists to go out to promote early childhood education. I have a passion for it. I was a teacher for so many years in the classroom.

Zina: I've been doing this since 1996, and this is a different time now. It's like we matter now. A lot of organizations are opening up their eyes and looking at us more as professionals. They're seeing that early childhood is a time of great need, and there's a great need for quality education for the children.

A lot of organizations are willing to support quality all over the state, all over the country, so we're putting a lot of money into it, a lot of policies into it. Early childhood is a big focus right now. All eyes are on us.

IMPERATIVE #4

We must guarantee safe and inspiring learning environments for our children.



Safe and inspiring learning environments lay the foundation for high quality early childhood experiences. The physical location and environment of early childhood programs has a tremendous influence on children, families, and providers. The quality and design of these environments can not only ensure safety and comfort, but also actively promote development, learning, and positive social interactions.[28] Locating programs near where parents live or work is fundamental to their ability to access child care, allowing them to work and support their families. Unfortunately, many Detroit families lack a safe, inspiring place to send their children for early childhood care.

Detroit is currently facing a critical shortage of high-quality learning environments for young children. There are 55,000 children under the age of five in Detroit and not nearly enough high quality licensed child care seats to serve them. We need 23,000 additional seats to make up this gap, with this shortage concentrated in several high-need neighborhoods that have large populations of children and families but few local early childhood programs.[29]

This shortage is driven by several factors: first, we lack a shared understanding of what constitutes a high-quality learning environment. We also lack data on where child care is being provided across the city, particularly data on the safety and quality of providers' facilities. This makes it challenging to push for more resources to invest in early childhood facilities and to make informed investments when resources are available.

Detroit's early childhood providers work miracles with pennies and overcome mountains of red tape to open and sustain programs. Many need to make immediate improvements to their spaces but don't have the funds to do so. While financing options exist, providers are reluctant to take on debt to pay for facilities projects or haven't yet developed an operating model that allows them to do so. Helping them improve their environments will require new financing options. We also need to amplify professional development offerings to address program environment: most focus on important topics like curriculum and instructional methods but neglect financial and facilities management – two key aspects of running an early childhood program.

Finally, though parents want safe and healthy spaces for their children (child care that is "safe, healthy, and clean," was the top priority for parents who completed Hope Starts Here's community survey), there is little awareness of how physical environments actually contribute to children's development. Even the state's Quality Rating Improvement System reflects this oversight, rating programs' physical environments only on the absence of environmental health hazards, without accounting for how facilities design impacts development, learning and social interactions.[30] As a community, we also lack appreciation for how quality early childhood centers contribute to a community's development. Given that these environments are both important to families' quality of life and economic well-being, and that providers themselves are small businesses contributing to Detroit's economy, early childhood facilities should be considered essential ingredients for a healthy community.

PRIMARY CHALLENGES



No Shared Understanding of "High Quality:" Although a rating and improvement system exists to track and increase programmatic quality, Detroit lacks a shared understanding of a "high-quality learning environment." A comprehensive process to acquire data on current facilities would make it easier to push for more investment.



Insufficient Supply: The city needs more high-quality spaces for children, improvements to current care facilities, and funding and financing options to supply both.

During Hope Starts Here's listening sessions, bringing back parks and recreational facilities for Detroit children — along with creating accessible child care and early education spaces — were the second and third most mentioned needs, respectively.

"[Develop] more full-day early childhood education centers where families actually reside that are clean and safe. Have child care that's open 24 hours."
- COMMUNITY MEMBER

HOW WILL WE ADDRESS THESE CHALLENGES?

	0-3 YEARS (2017)	3-6 YEARS	6-10 YEARS (2027)
STRATEGY #9: Improve facilities quality throughout Detroit	Develop a shared understanding of "high quality facilities" that includes factors that impact development	Increase the scope of facilities data captured by Michigan's Quality Rating Improvement System (QRIS)	
	Integrate existing facilities quality data systems to create an initial facilities inventory		Expand use of the QRIS (Quality Rating Improvement System)
	Develop facilities-focused guides and resources for providers to help them upgrade their facilities		Create a variety of model facilities that demonstrate "high quality" learning environments in action
	Raise parent awareness of facilities quality to help them understand and find quality spaces for their children		
STRATEGY #10: Align, expand, and better leverage available resources to increase the number of high-quality early childhood facilities	Create a working group to raise, align, and deploy public, private and foundation resources for early childhood facilities		
	Support public policies that raise resources for facility construction and improvement		
	Advocate to include early childhood environments as a core component of the City of Detroit's neighborhood revitalization plans		
	Forge partnerships to support the development of early childhood facilities in non-traditional spaces		

HOW WILL WE KNOW WE'RE MAKING PROGRESS?

We'll see...

- An increase in the number of providers reporting facilities conditions
- An increase in the number of providers across the city earning top marks in a revised facilities quality rating
- An increase in the square footage of new high quality learning space, both from construction and renovation
- An increase in the number of renovated facilities and new facilities brought online
- An increase in the number of new high quality child care seats

WHAT WORK CAN WE BUILD ON?

- **IFF**'s Learning Spaces grants are designed to increase capacity and improve access to quality early care and education across the City of Detroit. Providers can receive technical assistance, consulting services, and grants to improve facility quality.
- **IFF, Motor City Mapping** and **Detroit's Licensing Department** have all conducted some form of facilities mapping.

WHO'S ON DECK?

Early childhood providers, local licensing regulators, Office of Great Start, parents and caregivers, Detroit Health Department, Detroit Building, Safety, Engineering & Environmental Department, local data system administrators, Office of Great Start, foundations, institutional funders, policymakers, developers, Detroit Planning and Development Department, Department of Housing and Neighborhood Revitalization, Detroit Public Schools Community District, and more.

WHAT ARE OUR POLICY PRIORITIES?

Hope Starts Here's policy priorities offer public officials, the business community, community-based organizations and citizens a place to start advocating for and making change. *See page 80 for more details.*

PRIORITY 4.1. Allocate funding specifically for improving Detroit's early childhood facilities: Michigan and/or the city of Detroit should explore a facilities bond as a means for funding the capital enhancements that are needed to improve the state's early childhood infrastructure. In addition, early childhood facilities enhancements should be an acceptable use of funds in local community development programs such as DEGC's Motor City Match and Small Business Association initiatives.



“

I WANT TO BE A FROG. I LIKE TO JUMP AROUND LIKE FROGS DO. AND SWIM. I KNOW HOW TO SWIM.

Nala (age 5)

Spaces & places:

WHY ENVIRONMENT MATTERS FOR KIDS

This is an excerpt from "The importance of facility quality in early education" by Claire Charlton published August 07, 2017 on *Model D*. Check it out online to explore additional case studies of facility improvements in Philadelphia, Atlanta and Cuyahoga County, Ohio. Read the full piece at: **http://tinyurl.com/detfacilities**

At Development Centers' Winston Head Start program in northwest Detroit, a temperamental boiler kept staff on edge daily. When it broke down, parents scrambled for child care, often days at a time.

"That boiler continued to impede our ability to provide high quality education for these children," says Sally Bond, director of development at Development Centers, a Head Start provider. "These children and families deserved better."

Winston urgently needed to relocate. For Head Start programs, federal regulations mandate a specific building type in a limited service area—a big ask in an urban area with few options. "It's not like we could go to an abandoned grocery store. We needed the premise of a school environment, in a certain location," says Bond.

After an exhaustive search, Bond and her colleagues found a former charter school on Seven Mile Road near Lahser. They completed a facilities review with IFF—a nonprofit community development financial institution (CDFI), lender, and real estate consultant and developer—scheduled some small modifications, and moved in May. There are future plans for additional renovations.

Without frigid classrooms in the winters and poorly ventilated, hot conditions in the summers, the children will learn better. "The children are already more comfortable, and they interact more. We are doing great now," says teacher Tamika Nicks.

Quality early childhood educational programming held in a thoughtfully designed, well-maintained learning space is a cost-effective investment in family well-being. Studies show that quality early learning spaces have a profound positive impact on students. Simply put, children learn better when they are comfortable in their surroundings.

Too often, true quality is confused with health and safety standards. While critically important, these minimum licensing standards do not address the many environmental aspects of a quality early childhood environment, like indoor air quality, temperature, adequate ventilation, noise reduction, optimal lighting, furnishings, ease of access, group gathering spaces, and more.

These elements impact student productivity. One study found that young students performed better on tests in classrooms with good ventilation and comfortable air temperature. Additional research supports better student performance and behavior in comfortable classrooms.

A facilities-forward approach to Detroit's early childhood education landscape can align with proven curricula and lift quality overall. "When a teacher and child have ample space to move around and engage in activities, this presents more opportunities for exciting things to happen. Cramped spaces limit the opportunity for resources and experiences," says Monica Duncan, director of early childhood services at IFF. Since establishing a presence in Detroit in 2014, IFF has, through grants and loans, added or preserved 585 early childhood seats, helped improve 23 facilities, and conducted research to highlight service gaps in Detroit neighborhoods most in need of quality child care.

Facilities also contribute indirectly to student success by improving job satisfaction for teachers and administrators. Traditionally, child care is a low-compensation environment, but a quality facility can provide the resources necessary for the teachers to do their best work. "Very important to child development is the teacher-



Children enjoy updated classrooms at Development Centers' Winston Head Start in northwest Detroit

child interaction," says Duncan. "When a teacher works in an environment that is comfortable and inspiring and leverages their best, it helps the teacher, and it also helps the child."

A robust early childhood infrastructure in Detroit will increase access to high quality education for families and children most in need, supporting a population of young Detroiters prepared for school success, and productive lives well into adulthood. No center knows the importance of facility quality more than the teachers and 100 families at Development Centers' Winston Head Start program.

While the malfunctioning boiler forced the center into a difficult move, the new Northrop site is a space they can grow into. "We have a couple of empty classrooms, which is exciting because we plan to lease one to a provider for before and after care," says Bond. The potential for full day/full year programming could also boost the quality of service the program provides. "That's exciting and an added bonus," says Bond, "because it enhances the parents' ability to go to school or work." And an adjacent building may become a community resource center. "The goal is to expand early childhood education opportunities to family education. And now there is room and the ability to do so."

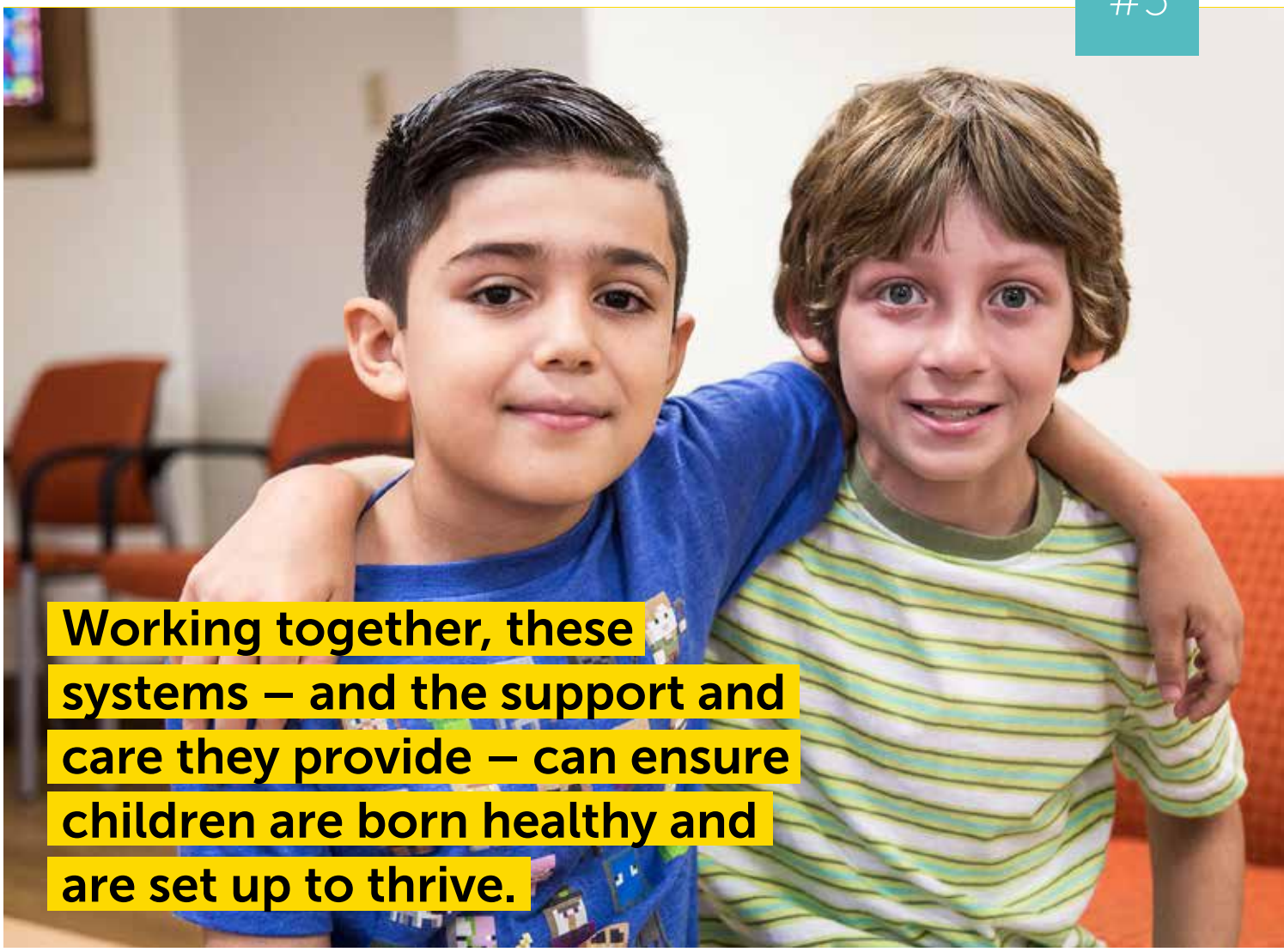
Less recognized is the way a quality environment boosts teacher satisfaction in an industry choked by high turnover and low pay. "Instantly, morale changed," says Head Start program director Rhonda Mallory-Burns. The drive to continue services, despite facility challenges, was a growth experience for staff and teachers.

"We need to focus on infrastructure, classrooms and the quality that we provide," Mallory-Burns says. "The facility is first. Teachers' qualifications are important, but you need to make sure it's a good facility, and there are so many different things involved in that process."

5

IMPERATIVE #5

We must create the structures and tools to better coordinate the various systems that impact the well-being of children and families.



Working together, these systems – and the support and care they provide – can ensure children are born healthy and are set up to thrive.

Children and families interact with many systems starting from the time a woman gets pregnant through a child's early years. These systems include early childhood care and education, health care, K-3 education, social services, and community development. Throughout the Hope Starts Here planning process, one theme repeatedly emerged: the need to increase coordination and alignment within and across them. Increasing their coordination would increase their overall efficiency and impact as well as directly support the goals of the four preceding Imperatives. However, coordination at that level requires a central mechanism that can catalyze and support alignment efforts, and this does not currently exist in Detroit.

A lead early childhood coordinating entity would be a game changer. It would be well-positioned to provide a home for some of the strategies proposed in this plan that are in everyone's best interest to have, but not necessarily in any one organization's best interest to provide. For example, it would make it easier to create an integrated early childhood data system, a specific need that also repeatedly surfaced during the Hope Starts Here process. Finding a way to follow children across the health care, early care and education, K-12, and social services systems would improve care, instruction, and services. Plus, it would allow us to have better longitudinal data and research on Detroit's early childhood system as a whole. Other tasks this coordinating entity could take on include

developing a shared services hub for providers, creating a platform to connect providers with resources to improve facilities, and implementing a universal screening system.

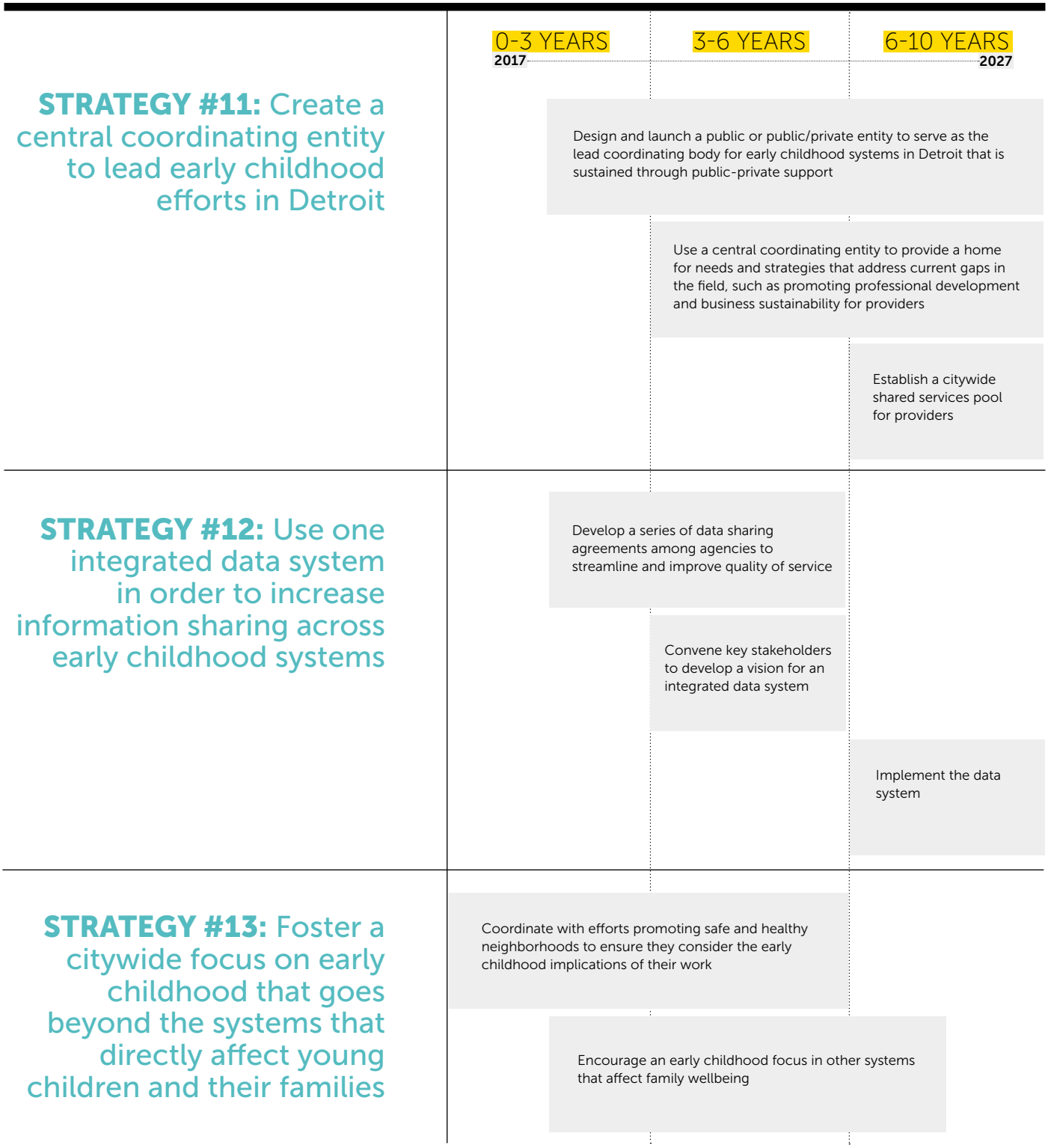
Truly making Detroit a city that puts its young children and their families first will require a focus on early childhood that goes beyond the systems that directly affect young children and their families. Organizations like community and neighborhood development initiatives, neighborhood groups, cultural and recreation institutions, organizations working on environmental health and food systems, and others have an important impact on the well-being of children and families and should be deliberately considering how they can play a role in addressing the challenges children and families face. A lead early childhood entity could help connect organizations doing adjacent work with efforts happening within the early childhood system.

PRIMARY CHALLENGES

No Coordinating Body: In Detroit, there is no central coordinating entity that leads on early childhood, so our systems that serve young children and families don't interact in ways that would increase their efficiency and impact.



HOW WILL WE ADDRESS THESE CHALLENGES?



HOW WILL WE KNOW WE'RE MAKING PROGRESS?

We'll see...

- An increase in provider financial sustainability
- An increase in cross-system communication and utilization of services stemming from increased data sharing and coordination
- The existence of individualized, holistic longitudinal data on early childhood development

WHAT WORK CAN WE BUILD ON?

- Other places, including **Palm Beach County** in Florida, and **Cuyahoga County** in Ohio, have developed integrated data systems for early childhood and could serve as models for Detroit as we consider and develop our own system.
- Many community development efforts are already underway in Detroit, including **Detroit Future City** and work led by the city's **Housing and Revitalization Department**.

WHO'S ON DECK?

Foundations, early childhood providers, the health care system, the K-3 system, program, legal and IT leaders from key systems, public and community development initiatives, Detroit Planning Department, workforce and economic development initiatives, efforts to promote safe, healthy neighborhoods, and more.

WHAT ARE OUR POLICY PRIORITIES?

Hope Starts Here's policy priorities offer public officials, the business community, community-based organizations and citizens a place to start advocating for and making change. *See page 81 for more details.*

PRIORITY 5.1. Create a public or public-private coordinating mechanism for early childhood in Detroit. Detroit must create an early childhood governance structure that aligns policies and programs to more effectively and efficiently coordinate programs and funding to promote safe, healthy, and school ready children.

PRIORITY 5.2. Integrate early childhood data collection, analysis, and utilization. Michigan must sustain and build upon the the newly integrated statewide data system made possible by the Race to the Top - Early Learning Challenge grant.

During Hope Starts Here's listening sessions, community members discussed how to better coordinate services. They were most interested in one-stop shops in neighborhoods that could support multiple needs, like health care, education and job training.


“
I WANT TO BE A DOCTOR. AN ANIMAL DOCTOR!
Daniela (age 8)

How do other places align their systems?

Across the country, other regions and cities have created entities to lead on early childhood. These entities take on the work to better align and coordinate early childhood systems. As we explore ways to improve early childhood in Detroit, we can look elsewhere for inspiration and ideas.



THE CHILDREN'S SERVICES COUNCIL OF PALM BEACH COUNTY (CSC)[31] is an independent special district established by Palm Beach County voters in 1986. Today, the Children's Services Council of Palm Beach County provides leadership, funding, services and research on behalf of Palm Beach County's children to ensure they grow up healthy, safe and strong. This community-level early care and education system was formed through a countywide ballot measure to create a property tax levy that generates $128 million in annual revenue for child and family services. The CSC administers the funding independent of, but in coordination with, the county social service system and is governed by a 10-member board, including four gubernatorial appointees in addition to locally appointed officials.

- In 2015-2016, CSC's programs served 26,622 children and families through the Healthy Beginnings screening initiative, 38,081 children and families through quality child care and afterschool program initiatives, and 6,368 children and families through a place-based initiative designed to connect them to resources.
- The CSC partners with several community-based organizations, more than 250 child care programs, and approximately 150 afterschool programs, and provides more than 17,000 full-time or part-time jobs throughout the county.
- Results to date include a reduction in children born with a low birth weight; a 20-year low in teen birth rates; less than one percent of children receiving services verified as victims of abuse or neglect; and a 70.3 percent county-wide school readiness rate.

Learn more: **www.cscpbc.org**

Cleveland is the county seat of Cuyahoga County, with nearly one-third of the county's residents living in the city. But in the mid-1990s, county officials and leaders recognized that unless the young children and families in the city were doing well, the whole region would suffer. A group of philanthropists, city and county officials, early childhood advocates and community leaders forged an alliance that became **INVEST IN CHILDREN**.[32]

Invest in Children is a community-wide, public/private partnership administered by the Cuyahoga County Office of Early Childhood. Its purpose is to help increase the development, funding, visibility and impact of early childhood services in Cuyahoga County. Each of Invest in Children's goals is pursued through a number of service strategies for children. These strategies range from prenatal interventions to the start of kindergarten and focus on preparing children to enter school ready to learn, and in good mental and physical health.

Representatives from the Detroit strategy and community engagement teams visited Invest in Children and other organizations working collectively to improve child outcomes in Cleveland.

KEY LEARNINGS FROM THAT VISIT INCLUDED:

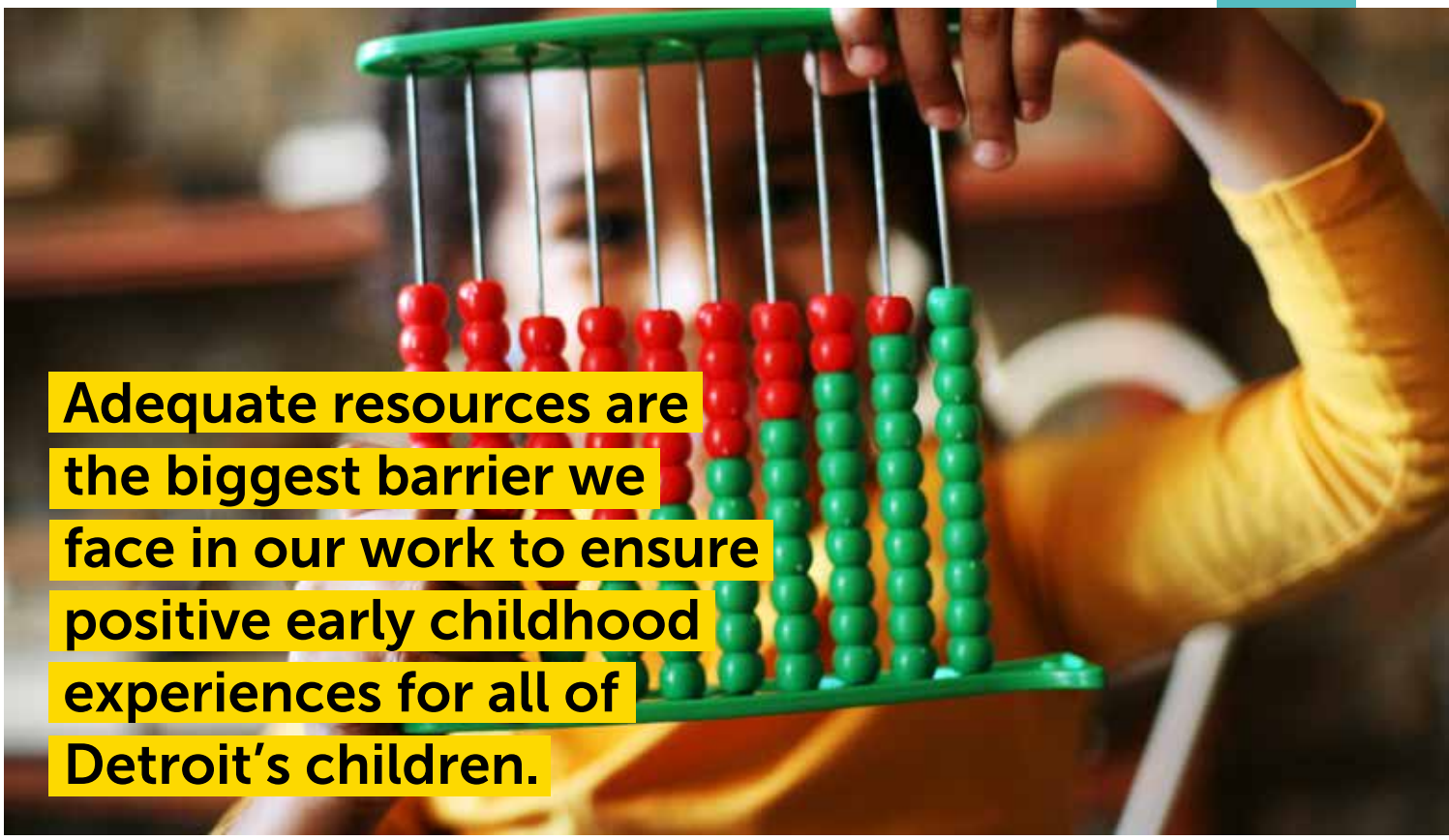
- **Have a collective strategy:** Cleveland funders, system leaders, and public officials have agreed to align their efforts and funding decisions to a collective plan. This means that everyone is focused on the same end results – better outcomes for children – using the same playbook.
- **Change takes time and requires public funding:** Voters in Cuyahoga County invest in early childhood funding with their ballots. This means that public awareness about and support for early childhood programming must stay top of mind for the average voter, requiring a sophisticated and continuous communications structure that connects information and resources to parents and caregivers as well as voters, the ultimate decision makers.
- **Invite business to the table, too, from the beginning:** PNC Bank has a large presence in Cuyahoga County's efforts and other businesses have joined suit, recognizing that at its heart, investing in early childhood benefits current workers and supports a stronger future workforce.



Learn more: **investinchildren.cuyahogacounty.us**

IMPERATIVE #6

We must find new ways to fund Detroit's early childhood system and better ways to use the resources we already have.



Detroit lacks sufficient public or private funding to fully address the city's early childhood challenges. Because of this, additional resources will be essential, and we need better coordination to maximize the resources that are available.

At the state level, Michigan invests relatively little in early childhood compared to other states: in 2013 the funding rate was $336 per child, which is less than half the national average.[33] This funding shortfall has ripple effects across Detroit's early childhood system, impacting the number, accessibility, and quality of programs and services. It's also a primary contributor to the under-compensation of Michigan's early childhood workforce. At the same time, Michigan ranks near the bottom nationally in helping families subsidize care costs, and as a result, these costs are among the largest household expense for Detroit families. Due to high costs, a lengthy, often-confusing subsidy application process, and an overall lack of resources for the early childhood system, many families can't access quality early childhood experiences for their children.

Fortunately, the greater Detroit area has a rich legacy of community-based philanthropy, and over the past several years the community's emphasis on early childhood has increased. Since 2000, 22 new philanthropic efforts that focus on the city of Detroit and issues related to early childhood have been founded.[34] Although these additional resources for early childhood experiences are helpful, philanthropic investments could be more transformative if they were better integrated and aligned.

During Hope Starts Here listening sessions, in discussions about financing early childhood strategies, the desire for community control over resources was a common theme that emerged.

Discussions also focused on the importance of government funding for early childhood; participants wanted to see a child care system and universal preschool funded by the state.

PRIMARY CHALLENGES

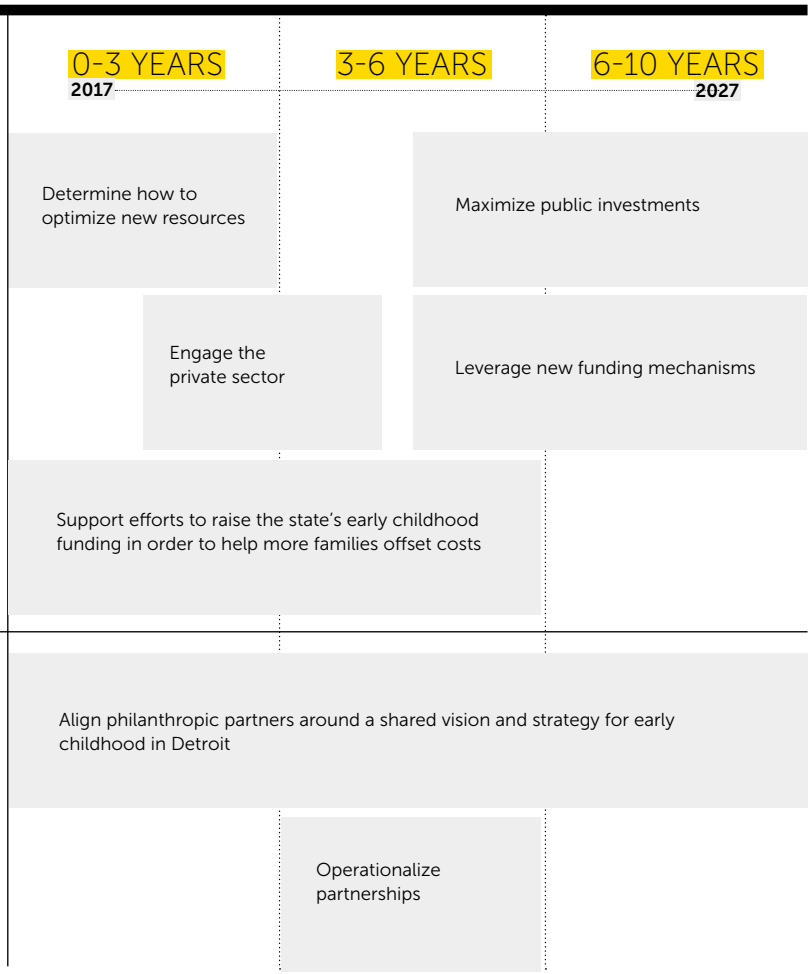
Insufficient Resources: Michigan has one of the lowest funding levels for early childhood in the country, leaving Detroit with insufficient resources to meet families' early childhood needs.

Lack of Funding Coordination: Silos across foundations lead to redundancies, funding gaps, and misaligned strategies for supporting early childhood, meaning the resources we have aren't creating the maximum impact they could.



HOW WILL WE ADDRESS THESE CHALLENGES?

STRATEGY #14: Find new ways to increase state and local funding for early childhood



STRATEGY #15: Better align and coordinate philanthropic giving

HOW WILL WE KNOW WE'RE MAKING PROGRESS?

We'll see...

- An increase in public funding levels for early childhood
- An increase in the percentage of families approved for state child care subsidies
- An increase in the amount of coordinated philanthropic dollars spent on shared early childhood priorities

WHAT WORK CAN WE BUILD ON?

- **Local stakeholders** have already conducted research and site visits to other cities innovating in the early childhood space that can help inform efforts to raise new funding here. These findings can help illustrate how other cities have successfully found new approaches to finance early childhood.
- Some **early childhood organizations** have begun exploring alternative financing to increase subsidy rates and flexible funding for families, however none of these practices have been adopted in the city at scale.
- The **Southeast Michigan Early Childhood Funders Collaborative** already convenes several foundations supporting high quality early childhood services and stronger outcomes for Detroit's children and provides an existing model for philanthropic collaboration.

WHO'S ON DECK?

Advocacy organizations, policymakers, foundations and other philanthropic partners, private sector leaders, and more.



WHAT ARE OUR POLICY PRIORITIES?

Hope Starts Here's policy priorities offer public officials, the business community, community-based organizations and citizens a place to start advocating for and making change. *See page 81 for more details.*

PRIORITY 6.1. Create a local public funding mechanism for early childhood in Detroit to supplement state and federal resources. Detroit should explore and implement a local funding mechanism to support a high-quality early childhood system.

PRIORITY 6.2. Raise child care subsidy reimbursement rates and change reimbursement policies. Michigan should consider an additional increase in the state's child care subsidy reimbursement rates and change state subsidy policy to better align with how providers charge parents for care.

PRIORITY 6.3. Expand Great Start to Quality. Michigan must find ways to sustain the current quality improvement process and continue to increase the number of programs in Great Start to Quality.

PRIORITY 6.4. Ensure Michigan pursues and leverages all available federal resources. Michigan must pursue federal grant opportunities and draw down all available federal funding authorized in the Every Student Succeeds Act (ESSA) and other federal legislation. For example, Michigan should apply for Preschool Development Grants when funding becomes available, as well as a Statewide Family Engagement Center grant, which can support implementation of family engagement strategies.

PRIORITY 6.5. Allow automatic eligibility for child care subsidies for all residents of low-income neighborhoods, following the example of the school lunch program. Families living in high-poverty neighborhoods in Detroit and other communities should be automatically eligible for the child care subsidy program.

Getting creative

FINDING NEW WAYS TO FUND EARLY CHILDHOOD

If Detroit is to raise the money we need to overhaul our early childhood systems, we'll need to get creative.

Public funding could come from a variety of mechanisms. These ideas could include (but aren't limited to):



A DEDICATED MILLAGE



A SURCHARGE ON TICKETS FOR SPORTS AND ENTERTAINMENT EVENTS



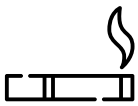
A LOCAL SALES TAX ON BEER OR OTHER ALCOHOL



A GEOGRAPHIC SPECIAL ASSESSMENT



A REGIONAL TAX (LUXURY, SALES, PROPERTY OR USER)



A SIN TAX



A LOCAL ORDINANCE THAT WOULD REQUIRE THE CITY TO SET ASIDE A PORTION OF ITS ANNUAL BUDGET FOR EARLY CHILDHOOD

All kids need
is a little HELP,
a little
HOPE,
and someone who
BELIEVES
in them.

MAGIC JOHNSON

HOPE starts with YOU

Take the pledge to be an
early childhood champion
at HopeStartsHereDetroit.org

Every Detroiter has a role to play in making our city a great place for children. **It's time to roll up our sleeves and get to work.**

Across the city, organizations and individuals are making the commitment to step up and be early childhood champions.

Join the movement at HopeStartsHereDetroit.org





26 POLICY PRIORITIES TO PUT CHILDREN & FAMILIES FIRST

Hope Starts Here's Framework requires policy changes at every level – institutional, local, state and federal – to ensure Detroit is a city where children and families come first. During the Hope Starts Here listening and planning phase, thousands of Detroiters shared how difficult it can be to obtain services for their family members, and hundreds of strategy team members spoke about the red tape and hurdles providers face when helping those in need. **Let's change this.** Hope Starts Here's policy priorities offer public officials, the business community, community-based organizations and citizens a place to start. And in many cases, the change can happen right now. The recommendations focus on supporting financial stability, creating a stronger connection between early childhood, health, K-12, and regional food systems, and identifying resources for higher quality early childhood programs and services.

To foster change and help Detroit children and their families thrive, the recommendation in this section offer a wide range of possibilities to consider. Recommendations marked with an asterisk (*) indicate policies and practices that companies and other community-based organizations can advance on their own, with or without the implementation of the recommended policy change.



IMPERATIVE #1: Promote the health, development and well-being of all Detroit children

PRIORITY 1.1. IMPLEMENT A UNIVERSAL SCREENING AND REFERRAL SYSTEM. Michigan should provide a state supplement to the Early On program as a first step toward initiating and adequately funding a universal screening and referral system to ensure all of Detroit's pregnant mothers, infants, and preschool children receive screenings for disabilities and developmental delays.

Here's why: Long-term outcomes for children improve significantly when a disability or developmental delay is detected early and when tailored, high-quality services are offered in response to a child's needs.[35] Early identification promotes positive outcomes for children and families, and offers substantial cost savings to the educational system and community.[36] Federal programs authorized by the Individuals with Disabilities Education Act (IDEA) fund Michigan's Early On and Early Childhood Special Education programs, which support screening and referral services for children birth to kindergarten entry. Michigan also implements the Help Me Grow initiative which provides free screenings using the Ages and Stages Questionnaire (ASQ) and targets four counties, including Wayne County. These programs screen only a portion of Detroit's children and rely on parents or service providers to recognize a potential delay and request a screening. In addition, these programs lack the resources to follow up on referrals that are made if the screening results indicate a potential disability or developmental delay.

Here's what it might look like: In Palm Beach, Florida, the Healthy Beginnings program provides free universal screenings to pregnant women, newborns, and three-year-olds to identify those who may be at risk of poor outcomes because of poverty, limited access to health care, poor nutrition, substance abuse, homelessness, domestic violence and other challenges. Pregnant women and parents are provided access to screenings using the existing infrastructure of hospitals, medical homes, early childhood programs, and home visiting programs. Once screened, families are given assistance navigating a network of more than two dozen social service providers and receive tailored prevention or early intervention services.

PRIORITY 1.2. SUPPORT POLICIES AND PROGRAMS THAT INCREASE ACCESS TO FRESH FOOD.* Michigan policymakers should work to meet the goals of the Michigan Good Food Charter and Detroit should implement a local initiative that provides additional funding for Child and Adult Care Food Program (CACFP) that incentivizes the procurement of locally-grown fresh fruits and vegetables, supports physical activity, and promotes local gardens in child care programs.

Here's why: One in three of children in Michigan are overweight or obese,[37] putting them at risk of health problems in adulthood.[38] The high percentage of overweight and obese children is in part the result of changes in U.S. food system, which has caused the American diet to shift toward more processed, high-fat, high-sugar foods. Simultaneously, the increase in the use of child care by working families means that children typically consume up to two-thirds of their daily meals and snacks while in child care.[39] Children who attend full-time child care consume more overall calories than recommended when they leave child care, but fewer than the recommended servings of whole fruits, whole vegetables, and white milk relative to dietary guidelines.[40]

Here's what it might look like: Michigan is taking important steps to increase child health through changes to the regional food system and state supplements to federal school nutrition programs. Michigan State University has spearheaded the Michigan Good Food Charter, which provides a roadmap for a state food system that supports access to nutritious healthy food, economic development, equity, and sustainability. Michigan is also piloting a 10 Cents a Meal project which provides match funding for schools to pay for healthier snacks and meals from local farms. Detroit can examine policies from other

cities, like the Washington, D.C. Healthy Tots Act, which provides support to early childhood programs to access the CACFP program; supplement federal CACFP funding; and support physical activity, gardens, and nutrition education. Even without these policies, organizations in Detroit can work with early childhood programs to pool resources and purchasing power to procure healthier locally-grown foods; collaborate with the Detroit Public Schools Food and Nutrition Program, which procures a large percentage of Michigan-grown fresh fruits and vegetables; and work to remove barriers to providing nutritious meals and promoting physical activity for children.

PRIORITY 1.3. SUPPORT POLICIES AND PROGRAMS THAT REDUCE FOOD INSECURITY.* Detroit safety net programs must work to better coordinate with early care and education providers to increase access to programs that reduce food insecurity. Also, it is important to expand access to the School Breakfast Program and Summer Food Service Program, protect Supplemental Nutrition Assistance Program (SNAP)/ Food Assistance Program funding within the Federal and Michigan budgets, and advocate for improved benefit levels and measures to strengthen the Farm Bill and the Healthy, Hunger-Free Kids Act.

Here's why: One in five Detroit-area households are designated as "food insecure," meaning that families must make trade-offs between important basic needs and purchasing food for a healthy life.[41]

Here's what it might look like: In Michigan, the Supplemental Nutrition Assistance Program (SNAP) provides roughly $2.3 billion in support to 1.5 million Michigan residents. In addition, the Fair Food Network, in partnership with farmers markets, retail grocery stores, and many local community partners, implements Double Up Food Bucks, providing a healthy food incentive for families participating in the SNAP program that is funded through the federal Food Insecurity Nutrition Incentive program, local philanthropic funders, and the Michigan Department of Health and Human Services. More than 230,000 women, infants and children in the state also receive services from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).[42]

Michigan State University Extension implements the state's SNAP-Ed program, which provides nutrition education and promotes physical activity to increase the likelihood that individuals eligible for SNAP will make healthy food choices within a limited budget and choose healthy lifestyles. In addition, the Federal School Breakfast Program and School Lunch Program provide free meals for children living in families below 130 percent of federal poverty threshold, and reduced-price meals for children between 130 and 185 percent of poverty. However, only 52 percent of children receiving a free or reduced lunch also receive a free or reduced breakfast, and only 10 percent of eligible children receive free or reduced meals during the summer. These programs and SNAP account for a vast majority of nutrition spending are up for reauthorization in two pieces of legislation: the Farm Bill and Healthy, Hunger-Free Kids Act. These programs must be protected and expanded.

They're going hungry: nine out of 10 eligible children don't receive free or reduced meals during the summer.

IMPERATIVE #2: Support parents and caregivers as children's first teachers and champions

PRIORITY 2.1. INCREASE PUBLIC AND PRIVATE HEALTH CARE PAYERS' FOCUS ON PREVENTIVE AND INTEGRATED CARE FOR CHILDREN AND MOTHERS. Michigan policymakers need to continue to build on existing initiatives with an even greater focus on preventive care, including the identification of Adverse Childhood Experiences (ACEs), expansion of home visitation programs, infant mortality reduction initiatives, screening and referral services, and reproductive health services.

Here's why: The U.S. spends more on health care than any other country, and yet ranks worse than many countries in life expectancy, infant mortality, and other indicators.[43] The dramatic disconnect between health care funding and health outcomes has sparked the need to reevaluate the nation's health care priorities and a shift toward preventive health practices. Racial disparities also remain. For example, the infant mortality rate for African-Americans in Michigan is nearly three times the rate for whites (13.2 infant deaths for every 1,000 babies born, compared with 5.1 per 1,000).[44]

Here's what it might look like: Michigan is already engaged in several efforts to promote preventive care and reduce health risk outcomes, including the identification of Adverse Childhood Experiences (ACEs), expansion of home visitation programs, infant mortality reduction initiatives, screening and referral services, and reproductive health services. For example, pediatricians and other health care providers are performing routine child health screenings that ask about abuse, mental illness, violence, and substance abuse in the home with the Trauma Screening Checklist provided by Michigan Department of Health & Human Services. At the local level, the Detroit Regional Infant Mortality Reduction Task Force designed the Women-Inspired Neighborhood (WIN) Network: Detroit, which uses community health and outreach workers ("Community & Neighborhood Navigators") to connect at-risk women with clinical and social services within their community. The state must continue to build upon this work to serve additional children and families.

PRIORITY 2.2. STREAMLINE APPLICATION REQUIREMENTS FOR CHILD CARE SUBSIDIES, AS WELL AS OTHER SOCIAL SAFETY NET PROGRAMS SUCH AS WIC AND MEDICAID. Michigan will need to evaluate the simplified application processes that will start in early 2018 to assess the impact on access to services and determine whether barriers to entry still exist, including low eligibility thresholds.

Here's why: A recent report prepared for the Michigan Office of Great Start found that 73 percent of families who applied for child care subsidies in 2015 were denied.[45] While many of the denied families met eligibility requirements, they did not correctly complete the application.

Here's what it might look like: In order for Detroit's children and families to benefit from child care subsidies and other social safety net programs, they must be able to access them. States across the country are streamlining application processes and aligning the eligibility requirements of programs like CCDF, TANF, SNAP and Medicaid.[46] In Delaware, eligibility information is collected and stored in one data system with families seeking benefits engaging in one review process for multiple programs. Non-profit organizations also play a role in connecting needy families to appropriate social safety net programs at the local level. For example, Impact NW in Portland, Oregon, helps local families to apply for and engage in services including workforce training, housing, SNAP, and energy assistance programs. The Camden Coalition, a coalition of health care providers in Camden, New Jersey partnered with a public benefit company to develop an online search tool to help residents find up-to-date lists of services providing food, health, housing, transportation, and employment. Michigan is currently simplifying the state's application processes and working to better use data to remove barriers to entry. Implementation of the new streamlined application process is scheduled for early 2018.

PRIORITY 2.3. INCREASE MICHIGAN'S EARNED INCOME TAX CREDIT (EITC) AND CONSIDER A DETROIT EITC. To allow low-income working families to keep more of their hard-earned wages, Michigan's EITC should be increased to the initial 2006 level of 20 percent of the federal credit. Detroit should also consider a local EITC.

Here's why: The EITC supplements the wages of working families. This tax program helps to "make work pay" for low- and moderate-income working families by reducing the tax burden, allowing individuals to keep more of their earnings to support basic needs. Not only is this tax credit an effective

anti-poverty tool that promotes work and reduces reliance on public assistance, but research also shows it is linked to improved infant and maternal health, school outcomes, increased college enrollment, and better earnings and employment prospects for children in families who receive the credit.[47] Several localities implement their own EITCs, including Montgomery County, Maryland, New York City, and San Francisco.

Here's what it might look like: In addition to the federal program, Michigan has a state-level EITC that is now 6 percent of the federal credit, having been reduced from 20 percent in 2011. This level is dramatically lower than other state EITC programs like Illinois, which will be 18 percent in 2018, and Minnesota, which can be up to 21 percent depending on a family's income. Michigan should increase the EITC level to be on par with these other states.

PRIORITY 2.4. CREATE A MICHIGAN CHILD AND DEPENDENT CARE TAX CREDIT. Michigan currently does not have a State Child and Dependent Care Credit and should create a refundable program to provide critical support to working families struggling to afford quality child care with tight household budgets.

Here's why: The federal Child and Dependent Care Credit (CDCTC) helps to offset the costs of caring for an eligible child or other dependent while a caregiver is working or looking for employment. The amount of the credit is between 20 and 35 percent of allowable expenses, depending on a family's adjusted gross income. For example, if an individual qualifies for the maximum 35 percent credit and has $4,000 in child care expenses, they may receive up to a $1,400 credit. The credit is reduced as income increases and is not refundable, meaning it only benefits those families with incomes high enough to have a tax burden.

Here's what it might look like: Twenty-six states (including the District of Columbia) have state-level child and dependent care tax provisions that build off the federal credit, with maximum credits ranging from $192 in Montana to $2,310 in New York. Unlike the non-refundable federal credit, 12 of these states offer a refundable credit, which allows families to receive a refund of the difference if the credit is more than they owe in taxes.[48]

PRIORITY 2.5. IMPLEMENT A FAMILY LEAVE POLICY IN MICHIGAN AND IN DETROIT.* Both the state and the city should consider implementation of a family leave policy like that of Washington, D.C. Even without a family leave policy, employers should consider providing leave given the impact on employee retention.

Here's why: Neither Michigan nor Detroit has a family leave policy. Family leave policies allow workers to receive income while they are away from work for an extended period of time to care for a new biological or adopted child. The positive impacts of paid family leave are well-documented and include benefits for both child and maternal health—such as the increased likelihood of breastfeeding and reduced infant mortality rates—as well as economic benefits like an increased labor force participation rate for women. Employers also benefit from these leave policies with increased employee retention.

Here's what it might look like: A growing number of states have enacted paid leave legislation, including California, Washington, New Jersey, Rhode Island, New York, and Washington, D.C.[49] For example, under the D.C. Universal Paid Leave Amendment Act of 2016, all private-sector workers in the District of Columbia will be eligible for 8 weeks of paid leave to care for a new child, 6 weeks to care for an ill relative, and 2 weeks for their own health needs starting in July of 2020. To fund the policy, all D.C.-based private-sector employers pay a 0.62 percent payroll tax into a fund managed by the city. Individuals do not have to pay for this benefit. Out of this fund, the city would reimburse employees for 90 percent of wages up to 150 percent of the minimum wage, and then 50 percent of wages above that level, up to a maximum of $1,000 per week.

PRIORITY 2.6. PROMOTE LIVING WAGE INITIATIVES.* One way that Michigan can increase

economic security for its families is to promote a living wage initiative in the state. Michigan should continue to look at efforts that provide living wages that better reflect the true cost of meeting basic family expenses.

Here's why: In many communities, working families earning a minimum wage do not make enough to cover the actual cost of living and have trouble meeting basic needs, despite being employed. Researchers sometimes use the term Asset Limited, Income Constrained, Employed or "ALICE" to describe families with incomes below the income threshold that causes them to struggle to meet basic household needs. In 2015, 40 percent of Michigan's 3.86 million households and 70 percent of Detroit families fall in the ALICE category. This is compounded by the fact that, on average, roughly 24 percent of a four-person family's monthly income goes towards child care expenses in Michigan.[50]

Here's what it might look like: A "living wage" is defined as the wage needed to cover basic family expenses— such as food, child care, transportation, housing, and medical expenses—plus all relevant taxes for a given state or community. The MIT Living Wage Calculator estimates that the living wage in Michigan is $10.24 an hour for a single adult and $27.26 an hour for one adult with two children.[51] For the Detroit-Warren-Dearborn metropolitan area, it increases to $10.32 an hour for an adult and $27.66 for one adult with two children. This means an adult with two children should earn at least $57,528 in annual income (before taxes) to be able to support their basic needs for the region. In contrast, the Michigan minimum wage is currently $8.90 an hour, or roughly $18,512 a year for full-time work. In 2014, Michigan passed legislation to phase in a four-year increase in the minimum wage. The Workforce Opportunity Wage Act[52] increased the minimum wage in Michigan from $7.40/hour to $8.15/hour on September 1, 2014; to $8.50/hour on January 1, 2016; and to $8.90/hour on January 1, 2017. The law will increase the minimum wage again to $9.25/hour on January 1, 2018.

PRIORITY 2.7. PROMOTE POLICIES THAT INCREASE THE PREDICTABILITY OF EMPLOYEE SCHEDULES.*

Michigan and Detroit should implement policies that improve the working conditions for low-income Detroit families by increasing the predictability of work schedules.[53] Both Michigan and Detroit can also create policies to require that workers receive advance scheduling notice for irregular schedule jobs. In addition, Detroit should expand availability of child care solutions for families who work unpredictable schedules.

Here's why: National research shows that about 17 percent of the workforce have irregular shift schedules, with low-income workers facing the most unstable schedules. Irregular and unpredictable work schedules are associated with working more hours per week and can lead to increased work–family conflict, income instability, and challenges for families needing last-minute or overnight child care options while they work. In fact, 30 percent of low-income working mothers with children under age 13 work irregular schedules and are more likely to use any type of child care compared to low–income mothers with standard work schedules.[54] Unfortunately, only 17 percent of child care providers offer evening care in Wayne County, with only 13 percent open on Saturdays.[55]

Here's what it might look like: The state of Vermont and cities of Berkeley and San Francisco in California have developed legally protected "right to request" changes in work hours, schedules, or location, with protection from retaliation. These policies provide employees with caregiving responsibilities a right to request flexible work schedules or part-time work. In addition, providing additional monetary incentives for child care providers to offer additional evening and overnight child care options can incentivize more convenient and flexible child care options for families.

PRIORITY 2.8. SUPPORT LOCAL TRANSPORTATION SYSTEM IMPROVEMENTS THAT INCREASE MOBILITY FOR FAMILIES.

Michigan should continue improve access to transportation both at the system and individual levels, including expansion of its private

nonemergency medical transportation program which received $1.4 million in the 2017.[56]

Here's why: Low-income families require access to reliable and safe transportation options to allow them to find and retain employment and to access health care. Transportation is also an important factor in getting young children to child care and school. Without good transit options, children may miss out on learning opportunities and parents may struggle to hold a steady job. Unfortunately, too many communities lack a reliable public transit system and many of these families may be unable to afford their own vehicle.

Here's what it might look like: Michigan can look to other state models for strategies to improve local transportation options for families. Many states, including Michigan, provide public transit subsidies or reimbursement to families receiving Temporary Assistance to Need Families (TANF) funding to help cover their transportation expenses, or help families to buy a car or purchase insurance. For example, other states offer programs that collect donated cars, repair them, and then allow them to be used by TANF recipients and other low-income families. The Maryland State Department of Human Resources, for example, partnered with a nonprofit organization, Vehicles for Change, to implement a Transportation Assistance Program (TAP). The program provides reliable used vehicles to eligible low-income families, particularly those receiving TANF benefits, for two years or up to 24,000 miles.[57]

Without good transit options, children may miss out on learning opportunities and parents may struggle to hold a steady job.

PRIORITY 2.9. SUPPORT EFFORTS TO MAINTAIN HEALTH CARE COVERAGE FOR LOW-INCOME FAMILIES AND CHILDREN. Given uncertainties at the federal level and the potential impacts on state funding decisions, it's critical that Michigan residents continue to advocate for investments in health care coverage to ensure children and the adults who care for them continue to be covered at high rates moving forward.

Here's why: Access to quality health care coverage has tremendous benefits for low-income children as well as the adults who care for them. When families are insured, parents can take their sick child to the doctor whenever necessary, receive immunizations and other preventive care, and identify developmental delays before they become severe. Not only do children do better in school and miss fewer days due to sickness when they are insured, but they also see long-term benefits. Children with access to quality health care are more likely to finish high school, attend college, and graduate, have fewer emergency room visits, and earn more as adults.[58] In Michigan, 1,189,900 children—or 4 of 9 children in the state—get their health coverage through Medicaid/CHIP.[59] However, threats to dismantle major components of ACA at the federal level may leave Michigan with severe cuts to its federal Medicaid funding, with some estimating an $8 billion loss.[60] In particular, Federally Qualified Health Centers (FQHCs) will be adversely impacted by changes to Medicaid funding. Medicaid makes up a large portion of the FQHC funding, enabling them to provide quality medical, dental and behavioral health services to residents, regardless of their ability to pay.

IMPERATIVE #3: Increase the overall quality of Detroit's early childhood programs

PRIORITY 3.1. ADAPT HIGHER EDUCATION DEGREE PROGRAMS TO MEET THE NEEDS OF DETROIT'S EARLY CHILDHOOD WORKFORCE. Michigan should improve access and remove barriers to degree programs that include mentoring, foundational courses, life skills,

and bilingual career advisors like the community college cohort model offered in Rhode Island.

Here's why: Although most individuals who pursue a degree in early childhood are "nontraditional students" (e.g., working full-time, single parent, limited financial resources), few higher-education programs meet the needs of this population with adequate financial assistance, conveniently scheduled/located classes, and academic counseling.[61] The mismatch between the conventional structure of degree programs and the needs of these learners weaken the positive effects of higher educational experiences on this population.[62, 63]

Here's what it might look like: Several states have recognized the need to provide early childhood education students with additional supports. For example, Rhode Island's Early Childhood Education and Training Program offered through the Community College of Rhode Island uses a cohort model[64] and includes intensive mentoring and courses on foundational academic and life skills. The program also uses a bilingual career advisor to meet the needs of their immigrant population of adult learners. Addressing barriers to professional development was a recommendation outlined in Michigan's Building a Better Child Care System 2016 report.[65]

PRIORITY 3.2. INCREASE ACCESS TO AND AFFORDABILITY OF HIGHER EDUCATION THROUGH FINANCIAL AID PROGRAMS AND SCHOLARSHIPS.

To help make higher education more affordable for older students and workers, Michigan should reinstate state funding for the Part-Time Independent Student Grant, which has not been funded since the 2009–10 school year.[66] In addition to promoting general access to higher education, Michigan can focus specifically on early childhood professionals by sustaining and expanding the T.E.A.C.H. program. The T.E.A.C.H. program should be sustained and expanded after the Race to the Top – Early Learning Challenge (RTT–ELC) grant period to support additional early childhood professionals in Detroit.

Here's why: Financial assistance is one of the most important supports for helping early childhood educators access higher education. Yet, college students, including many adults who are enrolling in post-secondary education for the first time, face limited financial aid options. Michigan's financial aid programs have not kept up with tuition costs, and due to eligibility restrictions, much of the state financial aid that Michigan offers tends to favor traditional college students. For example, students who enroll less than half-time or applicants who have been out of high school for more than a decade do not qualify for state-supported financial aid.[67]

Here's what it might look like: Policymakers can also look to other state models to increase post-secondary access for non-traditional students. For example, New Jersey's College Access Challenge Grant/ Disengaged Adults Returning to College Program provided financial support to adult students, age 20 or older, who have left a New Jersey college or university within the past ten years. Grant awards were based on financial need and the student's academic status. The Tennessee HOPE Scholarship for Non-traditional Students is a state-based grant for adult students (age 25 or older) entering college as freshmen. Applicants must have an annual gross income of less than $36,000 in order to be eligible.

For early childhood professionals, T.E.A.C.H. is a national scholarship model to support an associate's or bachelor's degree in early childhood education. T.E.A.C.H. operates in nearly two dozen states and improves access to higher education, addresses compensation disparities, and reduces turnover of current early learning educators. Michigan implements the model through T.E.A.C.H. Early Childhood® MICHIGAN, which helps early childhood professionals meet their professional development goals while continuing their current employment in regulated early childhood settings. The program covers a portion of the cost of tuition and books; gives the scholarship recipient paid release time for work to attend classes or study (T.E.A.C.H. Early Childhood® MICHIGAN reimburses the center for a part of the

cost); and awards the recipient a bonus or a raise upon completion of the contract requirements. The program is implemented by the Michigan Association for the Education of Young Children as a part of the state's Race to the Top-Early Learning Challenge grant, and would not be implemented without a blend of state and federal resources.

PRIORITY 3.3. EXPAND AND IMPROVE CITYWIDE EARLY CHILDHOOD COACHING MODELS TO SUPPORT IMPACTFUL TEACHER-CHILD INTERACTIONS. Detroit should expand and improve existing coach models that match teachers with coaches who provide in-depth, ongoing modeling, and coaching using a mixed delivery format to improve teacher-child interactions.

Here's why: Studies have found that the on-the-job professional development experienced by most teachers and staff is "inconsistent, fragmented, and often chaotic," which contributes to staff turnover.[68] In contrast, the most effective forms of professional development are ongoing, intensive, and individualized models rather than one-time workshops where teachers might forget what they learned and that lack continuing feedback as they try to apply new strategies.

Here's what it might look like: National early childhood coaching models like MyTeachingPartner (MTP) use a mixed delivery method of on-line and in-person coaching to provide feedback to providers to support their practices with good results.

PRIORITY 3.4. INCREASE COMPENSATION AND BENEFITS OF EARLY CHILDHOOD EDUCATORS. Michigan should closely examine other states' models of increasing compensation and implement a model that best meets the needs of the state's early childhood professionals.

Here's why: The average child care worker in Michigan makes poverty-level wages and can qualify for public assistance benefits. A Michigan workforce study commissioned by the Early Childhood Investment Corporation found that child care workers make $9 an hour, on average, equating to an annual salary of $20,000. Such low compensation is associated with job dissatisfaction, turnover, occupational burnout, and classroom quality. The living wage laws and additional funding for child care subsidies discussed above will help to alleviate this issue in part.

The average child care worker in Michigan makes poverty-level wages and can qualify for public assistance benefits.

Here's what it might look like: Several states have initiatives specifically designed to increase early childhood educator salaries. For example, the R.E.W.A.R.D.™ Wisconsin Stipend Program provides incremental yearly salary supplements to early childhood professionals based on educational attainment and longevity in the field. Louisiana's School Readiness Tax Credits benefit early childhood teachers and directors who work at centers in the state's Quality Rating and Improvement System and are enrolled in a provider registry. Tax credits are determined based on the early childhood professionals' level of education and length of experience.

PRIORITY 3.5. IMPLEMENT A STATEWIDE KINDERGARTEN ENTRY OBSERVATION. Michigan should move toward mandatory statewide implementation of the Kindergarten Entry Observation for all public schools. Implementation of a kindergarten readiness assessment tool would provide valuable, consistent data to the state on the school readiness of nearly all of Michigan's children entering kindergarten, would be extremely valuable for data-driven decision making, and potentially provide evidence for additional early childhood funding.

Here's why: Observing children in the first few weeks of kindergarten to better understand their developmental level is an important way for teachers

to get to know and plan instruction for the children in their classrooms. The information gathered from these observations is also important to states and school districts to help them better measure and assess the impact of early childhood programs and where children in the early childhood system need more support. In turn, this helps effectively allocate resources for professional development and other supports.

Here's what it might look like: Currently, 40 states are either implementing or piloting a kindergarten entry assessment system. Those states that have been most successful, like the Washington state WAKIDS initiative, implement a developmentally appropriate whole-child observation tool that is embedded within a larger framework that includes family engagement, early childhood/K–12 transitions, and community planning. Maryland and Ohio have worked together to develop a valid and reliable Kindergarten Readiness Assessment (KRA) that uses both observation and performance tasks to accurately measure child development across multiple domains of child development. Michigan initially conducted a pilot of a Kindergarten Entry Observation tool, and Intermediate School Districts are now piloting the KRA developed by Maryland and Ohio.

PRIORITY 3.6. DEVELOP FORMAL PARTNERSHIP AGREEMENTS BETWEEN THE EARLY CHILDHOOD AND K-12 SYSTEMS.* Detroit Public Schools and Charter Schools must successfully implement Every Student Succeeds Act (ESSA) requirement to coordinate with early childhood programs to support a smooth transition from the early childhood to the K–12 system.

Here's why: ESSA includes a provision that requires Local Educational Agencies receiving Title I funding to form agreements with Head Start and other early childhood programs in the community. These agreements are required to coordinate information sharing, professional development, early childhood services, curriculum, facilities, and transportation.

Here's what it might look like: The Council of Chief State School Officers (CCSSO) has developed an implementation guide to support states and communities in developing these agreements, which should be used for implementation support.

IMPERATIVE #4: Guarantee safe and inspiring learning environments for our children

PRIORITY 4.1. ALLOCATE FUNDING SPECIFICALLY FOR IMPROVING DETROIT'S EARLY CHILDHOOD FACILITIES. Michigan and/or the city of Detroit should explore a facilities bond as a means for funding the capital enhancements that are needed to improve the state's early childhood infrastructure. In addition, early childhood facilities enhancements should be an acceptable use of funds in local community development programs such as DEGC's Motor City Match and Small Business Association initiatives.

Here's why: A critical, yet often overlooked component of early care and education quality is the physical state of early childhood facilities. The overall poor quality of Detroit's facilities—particularly those that are serving children from low-income families—puts the health and safety of young children at risk and negatively impacts the ability of early childhood programs to promote school readiness. Most of Detroit's early childhood programs operate in buildings designed for another use and many face critical issues including licensing violations, inadequacy of indoor and outdoor play spaces, building security and safety, and a lack of compliance with Americans with Disabilities Act requirements. Even though facilities provide the foundation for a high-quality early care and education program, Michigan policymakers have paid relatively little attention to the financing, design, and construction of early childhood facilities.

Here's what it might look like: States like Massachusetts have developed capital bond funds to support facilities enhancements that can be used as a model for Michigan. Massachusetts allocated $45 million in 2013 for facilities development and enhancement in the form of grants to child care facilities.

IMPERATIVE #5: Create tools and resources to better coordinate systems that impact early childhood

PRIORITY 5.1. CREATE A PUBLIC OR PUBLIC-PRIVATE COORDINATING MECHANISM FOR EARLY CHILDHOOD IN DETROIT. An early childhood governance structure that aligns policies and programs to more effectively and efficiently coordinate programs and funding to promote safe, healthy, and school ready children.

Here's why: Funding for early childhood services is allocated through several different federal and state programs, each with different goals, eligibility criteria, program standards, professional development and technical assistance opportunities, and data reporting and accountability measures. This fragmentation creates challenges to implementing a cohesive, coordinated early learning system.

Here's what it might look like: To overcome the fragmentation, some localities have created a unified governance structure in which one entity administers and coordinates all of the early childhood programs. The Children Services Council of Palm Beach County is an excellent example of a coordinated early childhood governance structure that aligns policies and programs to more effectively and efficiently work toward promoting safe, healthy, and school ready children.

PRIORITY 5.2. INTEGRATE EARLY CHILDHOOD DATA COLLECTION, ANALYSIS, AND UTILIZATION.* Michigan must sustain and build upon the newly integrated statewide data system made possible by the Race to the Top–Early Learning Challenge grant.

Here's why: Fragmentation in the administration of early childhood programs results in a number of separate, agency-specific data systems that do not work together. Prior to the development of the Michigan Statewide Longitudinal Data System (MSLDS) with guidance from the P–20 Longitudinal Data System Advisory Council, Michigan used a number of different data platforms for its P–20 system. However, to begin to understand the relationship between services and impact, it is important to know the cumulative effect of the health history of a child, the quality of early childhood programs attended, and other information about the child's early experiences. Both the lack of data and the fragmentation of data sources in Michigan did not allow policymakers or administrators to look at all of the important factors that affect children's well-being. This fact negatively impacts the ability to make data-driven policy investments. The MI School Data website offers the public and policymakers access to data, including reports on specific early childhood issues, such as Kindergarten Pathways and early childhood impact on K–3 absenteeism.

IMPERATIVE #6: Find new ways to fund early childhood and make better use of the resources we have

PRIORITY 6.1. CREATE A LOCAL PUBLIC FUNDING MECHANISM FOR EARLY CHILDHOOD IN DETROIT TO SUPPLEMENT STATE AND FEDERAL RESOURCES. Detroit should explore and implement a local funding mechanism to support a high-quality early childhood system.

Here's why: Federal and state early childhood funding is not sufficient to provide high-quality early childhood programming to all at-risk children in Detroit. The federal Head Start program serves less than half of eligible children and only 4 percent of Early Head Start children. Similarly, even with the dramatic expansion of Michigan's Great Start to Readiness Pre-kindergarten program in 2013 and 2014, the program only serves a portion of Michigan's eligible 4-year-olds. Many communities across the country have attempted to compensate for this shortfall by generating local sources of revenue for early childhood services. Michigan, however, is close to enacting a law that prohibits local governments from taxing food, drinks, or chewing gum.

Here's what it might look like: Recognizing the importance of quality early care and education programs for school readiness and economic development, Cincinnati voters approved Issue 44 in November of 2016. The referendum increased property taxes to allow a five-year, $48 million emergency levy, of which $15 million was earmarked annually to expand quality preschool. In total, $75 million in public funding is expected to be generated for the five-year project. Homeowners with property valued at $100,000 pay an additional $278 a year.

PRIORITY 6.2. RAISE CHILD CARE SUBSIDY REIMBURSEMENT RATES AND CHANGE REIMBURSEMENT POLICIES. Michigan should consider an additional increase in the state's child care subsidy reimbursement rates and change state subsidy policy to better align with how providers charge parents for care.

Here's why: Child care subsidy reimbursement rates are paid to providers on behalf of parents to offset the cost of child care. The size of this reimbursement is extremely important because it determines the level of provider quality that parents can access with the subsidy. In July of 2017, Michigan's Office of Great Start made a number of positive changes to the state's reimbursement policies. The rate increased $0.25, $0.50, or $0.75 per child, per hour depending on the provider's rating in the Great Start to Quality program. There was also a small increase for unlicensed providers. However, even with the increase, the size of the reimbursement rate does not allow a parent to access the highest quality care in Michigan and only pays for the hours that a child is in care. This means that while providers must reserve a slot for a child every hour or every day for the program year, they are only paid for the hours that a child attends. This is a significant cost burden to providers that also impacts the level of quality they can provide. The state must also make it easier for programs to braid and blend funding from different early childhood programs.

PRIORITY 6.3. EXPAND GREAT START TO QUALITY. Michigan must find ways to sustain the state's current quality improvement process and continue to increase the number of programs in Great Start to Quality.

Here's why: Great Start to Quality is Michigan's Quality Rating and Improvement System (QRIS). A QRIS defines a progression of quality standards for early care and education providers, measures quality and rates providers based on those standards, and offers resources, professional development supports, training, and bonuses to incentivize and improve quality. The QRIS is particularly important in Michigan because only early care and education providers who have a rating of three stars or higher can be eligible to receive state prekindergarten funding through the Great Start to Readiness prekindergarten program. The state has brought in over 3,500 providers—both licensed and registered—into the Great Start to Quality system through the Race to the Top-Early Learning Challenge grant. Despite this expansion, less than 50 percent of programs receiving child care subsidies participate in the Great Start to Readiness program. The subsidy reimbursement level in Michigan not only has implications for access to quality but also plays a

significant role in supporting providing the funding for providers to improve quality. Increasing the subsidy will have positive implications not only for parental access to higher quality care, but also for the Great Start to Quality system.

In 2016, Michigan's Office of Great Start returned over $20 million in federal child care funding because the Michigan legislature failed to appropriate the required match for the funding.

PRIORITY 6.4. ENSURE MICHIGAN PURSUES AND LEVERAGES ALL AVAILABLE FEDERAL RESOURCES.

Michigan must pursue grant opportunities and draw down all available federal funding authorized in ESSA and other federal legislation.

Here's why: Each year, Michigan receives over $500 million in federal early childhood funding, including Head Start, the Child Care and Development Block Grant, Race to the Top–Early Learning Challenge, and IDEA Part C and Part B, Section 619 monies. In many cases, the federal funding is contingent on a state match. In 2016, Michigan's Office of Great Start returned over $20 million in federal child care funding because the Michigan legislature failed to appropriate the required match for the funding.

Here's what it might look like: Michigan should apply for a Preschool Development Grant when funding becomes available, which provides funding for an early childhood needs assessment, strategic planning, and funding of programs to meet identified needs. In addition, funding may become available for Statewide Family Engagement Centers, which can support implementation of family engagement strategies in the state.

Other federal funding opportunities to explore include Child Care Access Means Parents in School (CCAMPIS), Social Services Block Grant (SSBG) and The Education for Homeless Children and Youth (EHCY).

PRIORITY 6.5. ALLOW AUTOMATIC ELIGIBILITY FOR CHILD CARE SUBSIDIES FOR ALL RESIDENTS OF LOW-INCOME NEIGHBORHOODS, FOLLOWING THE EXAMPLE OF THE SCHOOL LUNCH PROGRAM.

Families living in high-poverty neighborhoods in Detroit and other communities should be automatically eligible for the child care subsidy program.

Here's why: Nationally, a 2010 change to federal child nutrition programs makes it easier for high-poverty schools to get access to school meals. The "community eligibility" option allows schools with high percentages of low-income students to provide free breakfast and lunch to all students without collecting school meal applications. Not only does it increase participation in school meal programs, it also eliminates the task of collecting paperwork at the school level.

Here's what it might look like: Similar efforts were made to improve access to services in the aftermath of the water crisis in Flint, Michigan. The Flint Emergency Declaration allowed families with children under age 4 living, working, or receiving child care in the Flint water system area to be eligible for the child care subsidy program. The Michigan Legislature also appropriated $7 million in federal TANF dollars to provide additional emergency food assistance benefits for 15,622 children impacted by the crisis. Families did not have to take any steps to receive additional benefits, which were automatically loaded onto their Bridge Cards.

All hands on deck

From the beginning, we've said that transforming early childhood in Detroit will take **all of us**. We extend our deepest appreciation to those who have already taken our call of "all hands on deck" to heart. The following individuals and organizations have been instrumental in shaping Hope Starts Here and the Community Framework on these pages.

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Children are not a distraction from more IMPORTANT work. They are the MOST IMPORTANT work.

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