

Special Report  
February 2003

A Call to Action:

The Genesee County Plan  
to Promote School Readiness

Planning process facilitated by **Priority Children**,  
a locally-based child advocacy organization in Genesee County, Michigan

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## **Preface**

We are a resilient community --- unshakable in the midst of adversity. We have not lost sight of what we can be, though obstacles and setbacks shadow our path. Challenging years lay behind us, and more are ahead. Yet, we are a community with a vision--- a vision for our children.

Who will save us? The grandmother, the single dad, the painter, the police officer, the politician, the grocer, the health care worker, the day care provider--- we all have a stake and we all have a role.

And what odds are in our favor! It is said that investing in children is the wisest investment of all -- wiser than even the most informed stock market pick. We in Genesee County are prepared to act on this wisdom.

So how are the children? With our vision, our commitment, our skill, and our plan for action, we are set for success and well positioned to say:

“ our children are well.....”

## **Community Perspective**

Schools want children who are ready to learn.  
Employers want workers who are ready to perform.  
Parents want children who are ready to succeed in life.

Recent brain research confirms the importance of the early years in school readiness, in job readiness, and in readiness for success in life. We must constantly remind ourselves, and all community members, that the road to success in school, work, and life is widest during the early years.

## **Our Vision**

Every child in Genesee County will be ready to succeed in school.

## **Our Mission**

To develop, implement and evaluate a strategic action plan to ensure school readiness.

## **Community Goals for Promoting School Readiness**

- Goal I. Assure that community members are aware of the indicators of quality early childhood education and care programs, including factors that strengthen children's emotional well being.
- Goal II. Raise community awareness of the importance of children's emotional well-being in school readiness and long-term functioning.
- Goal III. Assure high quality (including competence in promoting children's emotional well-being) among all early childhood education and care programs in Genesee County.
- Goal IV. Increase the supply of quality early childhood education and care programs for infants and toddlers, with an emphasis on program's preparedness to promote the emotional well-being of young children.
- Goal V. Make quality child care more affordable for families in Genesee County.
- Goal VI. Develop stronger links between early childhood education and care programs and:  
1) the K-12 system, and  
2) mental health professionals.

## **Goal I.**

***Assure that community members are aware of the indicators of quality early childhood education and care programs, including factors that strengthen children's emotional well being.***

---

### **Objective I-a.**

**Document values, attitudes and beliefs that guide community leaders, providers, parents, and other caregivers in making decisions that impact early childhood education and care programs.**

Step 1:

Conduct a series of Community Dialogues encompassing a diversity of individuals from all sectors to better understand the multitude of community perspectives related to early childhood education and care.

Proposed Leadership:

University of Michigan-Flint, Priority Children *and the Genesee County Health Department.*

Step 2: Develop and distribute a report that summarizes the Community Dialogue findings.

Proposed Leadership:

University of Michigan-Flint and Priority Children

Step 3: Work with a public relations firm to craft sound bytes and themes for a broad-based media campaign that would stress the importance of quality early childhood education and care in school readiness, work productivity and quality of life.

Proposed Leadership: Priority Children

### **Objective I-b.**

**Develop and implement a county-wide public relations/ media campaign and dissemination strategy that incorporates the qualitative data gathered from the community dialogues to effectively inform the public of the importance of quality early childhood education and care, and emotional well being in school readiness, work productivity and quality of life.**

Step 1:

Conduct a media briefing regarding attitudes and messages about early childhood education and care gleaned from community dialogues, and messages to be used in the campaign.

Proposed Leadership:

Priority Children, Passport *and the Genesee County Health Department*

Step 2. Implement a full-scale campaign utilizing multiple types of media to reach all segments of the Genesee County population.

Proposed Leadership:

Priority Children, Passport *and the Genesee County Health Department.*

## **Goal II.**

# ***Raise community awareness of the importance of children's emotional well-being in school readiness and long-term functioning.***

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### **Objective II-a.**

**Aggressively promote innovative and culturally competent approaches to parenting education to reach families not being reached by current programs.**

Step 1.

Establish an ongoing Parenting Collaborative to foster and stimulate best practices in parenting education in the community.

Proposed Leadership:

*School districts and Mott Children's Health Center*

Step 2.

Document the number and demographics of parents of preschool aged children being reached by current comprehensive parenting education and/or home visiting programs.

Proposed Leadership:

Project SKIP, school districts, Head Start

Step 3.

Convene an ethnically/racially diverse planning committee to determine ways to expand local participation in culturally appropriate parenting programs (e.g. the Effective Black Parenting Program).

Proposed Leadership:

*Early Childhood Priority Team w/Mott Children's Health Center*

Step 4.

*Work with local school districts to explore the possibility of offering a parenting education curriculum and other innovative strategies for middle school and high school students.*

Proposed Leadership:  
*Genesee Intermediate School District*

**Objective II-b.**

**Provide early, universal screening in multiple settings to identify children at risk.**

Step 1:

Explore the expansion of home-visiting services as one mechanism for providing early, universal screening and identifying children and families who may need intervention services.

Proposed Leadership:

Mott Children's Health Center, Priority Children and the Consortium on Child Abuse and Neglect

Step 2:

Better coordinate existing mental health screening efforts, and identify opportunities to assess early childhood emotional well-being, including prevention, risk reduction and treatment needs.

Proposed Leadership:

Mott Children's Health Center, Community Mental Health and Head Start

Step 3.

Explore the establishment of centralized community diagnostic/assessment centers for children identified by screening as being in need of further evaluation.

Proposed Leadership:

Mott Children's Health Center, Community Mental Health, and local funders.

Step 4.

Explore availability of services for those children in need of treatment by providers specializing in the preschool aged population.

Proposed Leadership:

Mott Children's Health Center, Community Mental Health and Head Start

**Objective II-c.**

**Develop strategies to reduce stigma and other barriers that may prevent families from utilizing services (including parenting education) they may need.**

Next Step:

Explore, with children's mental health advocacy organizations, strategies for broadening availability of parenting education and children's mental health services.

Proposed Leadership:

*Mott Children's Health Center and the Consortium on Child Abuse and Neglect*

**Objective II-d.**

**Explore the need for establishing a toll free line (utilizing the Resource Center) staffed by trained personnel to respond to questions about resources for families seeking emotional support services for their children.**

Proposed Leadership:

*Mott Children's Health Center and the Consortium on Child Abuse and Neglect*

### **Goal III.**

## ***Assure high quality and accessibility (including competence in promoting children's emotional well-being) among all early childhood education and care programs in Genesee County.***

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#### **Objective III-a.**

**Analyze and report results of GISD and 4C surveys of licensed early childhood education and care facilities regarding degree of adherence to Michigan Department of Education (MDE) quality standards.**

Step 1:

Compile a report of the survey findings, and distribute for discussion among Early Childhood Priority Team members.

Proposed Leadership:

UM School of Education and Human Services

Step 2:

Identify key audiences with which to share survey results, and develop and implement effective methods to communicate survey findings.

Proposed Leadership:

Early Childhood Priority Team

#### **Objective III-b.**

**As part of a more comprehensive strategy, conduct an assessment of licensed child care providers to determine degree of adherence to National Association for the Education of Young Children (NAEYC) standards.**

Next Step:

Work with Mott Community College and the University of Michigan School of Education and Human Services to develop and distribute the assessment tools.

Proposed Leadership:

4C and Family Independence Agency (FIA).

**Objective III-c.**

**Encourage positive relationships with early childhood education and care providers and child care licensing staff to secure participation and buy-in for promoting NAEYC accreditation.**

Step 1:

Work with Center Directors Association and others to share results of GISD and 4C's surveys.

Proposed Leadership:

Early Childhood Priority Team

Step 2. Meet with child care licensing staff to share community quality goals for early childhood education and care.

Proposed Leadership:

Genesee Intermediate School District (GISD) and 4C's

**Objective III-d.**

**Based on survey findings, child care provider and licensing staff input, develop and implement strategies to improve operations of early childhood education and care programs such that they are consistent with the NAEYC standards.**

Step 1:

Explore implementation and ongoing support of NAEYC's Self and Peer Assessment Accreditation System for use by all types of Genesee County early childhood education and care providers (and made available at minimal cost).

Proposed Leadership:

4 C

Step 2:

Meet with Center Directors Association to discuss sensitive and appropriate strategies and approaches to enhancing quality of care.

Proposed Leadership:

4C

Step 3:

Develop and implement strategies for distributing, and increasing compliance with, MDE and NAEYC quality standards among local child care providers.

Proposed Leadership:  
GISD and 4C

Step 4:

Meet with licensing professionals to share community quality goals for early childhood education and care programs.

Proposed Leadership:  
GISD and 4C

**Objective III-e.**

**Encourage, facilitate and secure funding to promote NAEYC accreditation for all licensed child care facilities.**

Next Step:

Develop and submit grant proposals to secure funding to support NAEYC accreditation.

Proposed Leadership:  
Priority Children, University of Michigan-Flint School of Education and Human Services

**Objective III-f**

**Expand training for child care providers.**

Next Step:

1) Convene a sub-committee consisting of the Proposed Leadership (committee members will also represent superintendents, financial managers, administrators and private child care providers) to discuss expansion of training programs for child care providers, the financial costs for expansion, and a business plan.

Proposed Leadership:  
Mott Community College, 4C's, Baker College, UAW, U of M Flint, Head Start and Early Start (CEO's and childcare providers).

**Objective III-g.**

**Work with higher education institutions and others to develop a local training program (e.g. an advanced graduate seminar) to extend and increase infant mental health service quality and capacity.**

Proposed Leadership:

University of Michigan, Mott Children's Health Center, Mott Community College, Infant Mental Health Association

**Objective III-h.**

**Identify ways to reach relative care and registered family care home providers with information and training about quality child care standards, and provide incentives/rewards for steps taken to enhance quality care.**

Step 1:

Develop a series of articles in 4C's newsletter specifically directed towards relative and friend care providers that highlight approaches to enhancing quality in ECEC programs.

Proposed Leadership:

University of Michigan and Mott Community College

Step 2:

Develop Passport materials directed towards parents regarding child care choices, quality indicators and how friends and relatives can enhance the quality of care.

Proposed Leadership:

4C and Passport

**Objective III-i.**

**Explore ways to increase the number of trainers available and knowledge regarding Michigan Child Care Futures certificate training program, and to increase provider participation.**

Step 1:

Convene exploratory committee to review the Child Care Futures Training program and plan for its local implementation.

Proposed Leadership:

4C, Bendle/Carman-Ainsworth Learning Community, Project SKIP.

Step 2:

Work with Center Directors Association to combine UAW Apprentice Program and T.E.A.C.H. to increase education and on-the-job training for center-based staff.

Proposed Leadership:

UAW-GM and 4C

**Objective III-j.**

**Increase child care worker wages/compensation to reduce staff turnover and promote consistency within the child care setting.**

Next Step:

Learn more about the Department of Labor's and other apprenticeship programs for possible local use.

Proposed Leadership:

UAW-GM Child Care Center and Early Childhood Priority Team

## **Goal IV.**

***Increase the supply of accessible, quality early childhood education and care programs for infants and toddlers, with an emphasis on program's preparedness to promote the emotional well-being of young children.***

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### **Objective IV-a.**

**Develop a business plan for expanding the number of slots of quality early childhood education and care programs for infants and toddlers.**

Step 1:

Convene committee to establish parameters (questions to be addressed), *possible funding sources*, and to identify and select a consulting firm to complete the business plan.

Proposed Leadership:

Community Foundation of Greater Flint, Priority Children and 4C.

### **Objective IV-b.**

**Examine community attitudes and acceptable approaches for addressing the issue of child care accessibility for sick children, children and parents with special needs\* and especially children and parents with emotional health needs.**

Step 1:

Meet with University of Michigan-Flint School of Education and Human Services to request assistance in developing a focus group tool.

Step 2:

Identify a firm/organization to conduct focus groups and develop report of findings.

Proposed Leadership:

Priority Children

\* For example: physical, visual, hearing or other impairments.

## **Goal V.**

# ***Make quality child care more affordable for families in Genesee County.***

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### **Objective V-a.**

**Determine actual cost (and cost/benefit) of providing high quality child care at accredited centers in Genesee County.**

Next Step:

Review state and national quality child care cost studies to determine their appropriateness for Genesee County.

Proposed Leadership:

4C, U-M Flint and Mott Community College.

### **Objective V-b.**

**Utilize findings of child care cost studies to identify and approach new sources of funding for expanding direct monetary assistance (e.g. scholarships) to families of varying income levels, or to providers wishing to make care more affordable.**

### **DISCUSSION ITEM:**

Step 1.

*Determine what “affordable” means to families of varying income levels.*

Proposed Leadership:

Family Independence Agency  
Michigan 4C, Michigan Child Care Task Force  
Michigan AEYC

Step 2:

Establish a local coordinating team to seek expansion funding for early childhood education and care.

Proposed Leadership:

Community Foundation of Greater Flint

### **Objective V-c.**

**Encourage employer (incl. retail) participation in subsidizing early childhood education and care: on site care, flex plans, purchasing slots for employees, etc.**

Next Step:

Convene meeting with union and business leaders to discuss re-vamping/implementation of a family-friendly work place

campaign with an emphasis on employer assistance with child care.

Proposed Leadership:  
Priority Children

**Objective V-d.**

**Advocate at the state level for:**

- 1) increases in state child care subsidies**
- 2) raising the income eligibility for families needing subsidized child care, and**
- 3) increased income tax deductions for child care.**

Next Step:

Identify and join forces with state level advocacy groups currently involved in lobbying and legislative activity.

Proposed Leadership:  
Priority Children

**Objective V-e.**

**Encourage provision of subsidized child care by local educational institutions for non-students (Mott Community College, Baker College, UM-Flint, school districts).**

Next Step:

Convene committee of current providers (see list above) to identify opportunities and limitations for expansion of existing programs.

Proposed Leadership:  
Priority Children

**Goal VI.      *Develop stronger links between early childhood education and care programs and:***  
***1) the K-12 system, and***  
***2) mental health professionals.***

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**Objective VI-a.                      *Sensitize school districts to the needs of preschool aged children, and the positive effects of quality early childhood education and care programs, early childhood mental health programs and early literacy programs on school readiness.***

*Next Steps:*

Coordinate with the Enhancing Schools/Community Collaborative to develop a strategy for presenting this issue to local superintendents.

Proposed Leadership:

Priority Children

**Objective VI-b.                      *Establish formal links between elementary schools and early childhood programs in their surrounding neighborhoods to better align the preschool experience with the requirements and demands of elementary school.***

Step 1:

Encourage elementary schools to partner with early childhood education and care programs in their neighborhoods.

Proposed Leadership:

Passport and Project SKIP

Step 2:

Explore feasibility of pilot testing a full-day preschool/school/mental health system relationship that can be replicated throughout the county.

Proposed Leadership:  
Bendle/Carman Ainsworth Learning Community,  
Beecher Head Start and Early Childhood Program,  
and Passport.

**Objective VI-d.**

**Foster increased cooperation and collaboration between schools, mental health agencies, childcare providers and other partners, and advocate for the participation of mental health professionals in the provision of early childhood programs.**

Step 1:

Develop a guide to best practice strategies for inclusion of mental health professionals in the provision of early childhood programs.

Proposed Leadership:  
Project SKIP, Mott Children’s Health Center and Head Start.

Step 2:

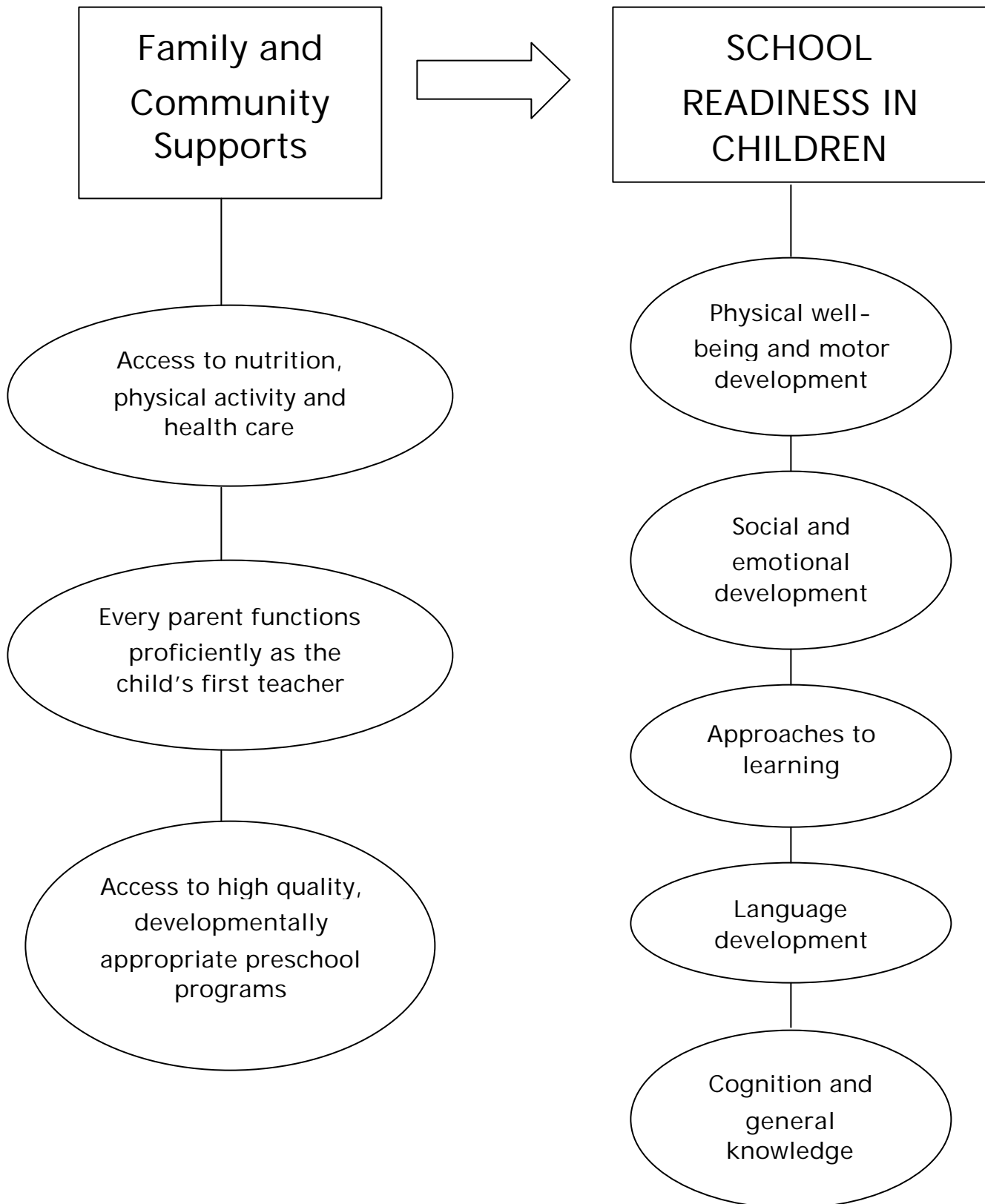
Identify and/or provide training opportunities for mental health professionals in the health, education, human service and managed care systems to enable them to better serve the 0 – 5 population.

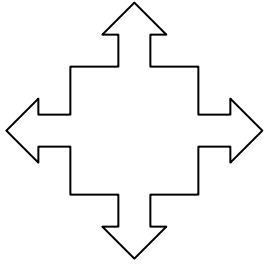
Proposed Leadership:  
Mott Children’s Health Center, Project SKIP, Head Start

Step 3:

Approach pediatricians and family practitioners about the importance of identifying and referring families to an array of mental health services (prevention, risk reduction and treatment).

Proposed Leadership:  
Mott Children’s Health Center and Project SKIP



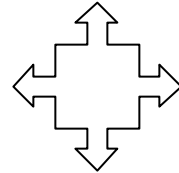


# **PRESSURE POINTS**

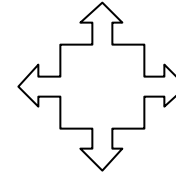


## PROMOTING SCHOOL READINESS IN CHILDREN

**I. Increase the number of children receiving proper nutrition, physical activity and health care**



**II. Increase the number of parents who function proficiently as the child's first teacher**



**III. Improve access to high quality developmentally appropriate preschool programs**

### **Improve:**

- 1) Awareness of healthy eating practices
- 2) Participation in exercise, recreational and fitness programs
- 3) Access to prenatal care, immunizations and well-child care

### **Increase:**

- 1) Percentage of children whose parents read to them every day
- 2) Percentage of parents who engage in language and literacy activities with their preschool child
- 3) Percentage of parents of 3 – 5 year olds who participate in parent support activities

### **Increase:**

- 1) Children enrolled in preschool
- 2) Teachers/care-givers with child-related training
- 3) Child care centers not exceeding standards for child/staff ratios
- 4) Child care centers not exceeding recommended group size
- 5) Families receiving home visits consistent with their needs.



*Our Mission:  
Improve the quality of life  
for children and families in  
Genesee County through  
assessment, public  
awareness and advocacy.*

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Commissioners



# EARLY CHILDHOOD CARE: *Supply is Far Below Estimated Need*

The National Education Goals Panel, a bipartisan group of federal and state officials established in 1990, has recommended, “all children...have access to high-quality and developmentally appropriate preschool programs that help them prepare for school.”

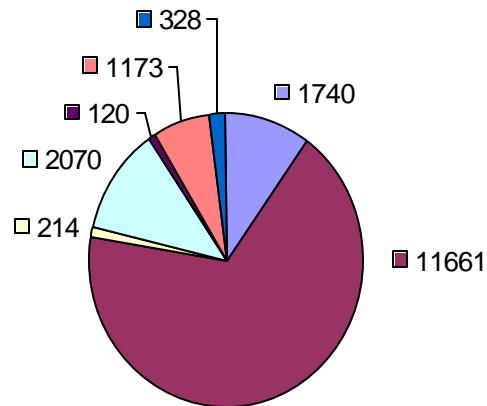
A recent assessment of the availability of early childhood care and education programs in Genesee County suggests that the community is falling short of meeting the estimated need for these services.

While there are 31,622 children under the age of five years in the county (U.S. Census, 2000), existing licensed programs are only able to accommodate an estimated 17,318 children, or **55%** of the total. Further, many of the available programs are part-day, and the extent to which they are effective in preparing children for school may vary.

**Early Childhood Care and Education Programs:  
Number of Children Each Program Can Serve**

*Early childhood care  
and education programs\*  
in Genesee County have  
space for only 55% of  
children under age 5.*

*\*Includes licensed programs  
only.*



- Family day care homes
- Child care centers
- Early Head Start
- Head Start
- Even Start
- Michigan School Readiness Program
- Special Education Programs

Source: Greater Flint/Thumb Area 4C Association  
and Genesee Intermediate School District.  
Revised: October 2002

# EARLY CHILDHOOD CARE:

## *Supply is Far Below Estimated Need*

Continued.....

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**Family day care homes** are homes licensed by the Michigan Department of Consumer and Industry Services, Child Day Care Licensing. There are 290 licensed family day care homes in the county with a total capacity of 1,740 children.

**Child care centers** are also licensed by the State of Michigan and serve groups of children based on adherence to a regulated staff/child ratio. There are 237 licensed child care centers in Genesee County, with a total of 11,661 slots.

**Early Head Start** is a federally funded program that provides services to enhance the social and emotional development of young children from ages birth to three. There are four Early Head Start programs in Genesee County: Atherton Schools, Carman-Ainsworth Schools, Flint Community Schools and Genesee County Community Action Agency. These four programs have the capacity to serve 214 children. Nationally, Early Head Start serves only 2% of income-eligible children.

**Head Start** is also a federally supported program that provides educational, health, nutritional and social services to income-eligible children. The Genesee County Community Action Agency administers the program locally, and 19 of the 21 school districts in the county provide Head Start services. The program is funded to serve 2,070 children and has an actual county-wide enrollment of 2,082 children, or roughly **37%** of those eligible (5,660). Nationally, the program serves 50% of eligible children.

**Even Start** serves a total of 120 children locally; however, this number includes some children who are school aged (up to seven years). Even Start involves parents, who are eligible to participate in an adult education program, and their children in a cooperative effort to help parents become full partners in the education of their children and to assist children in reaching their full potential as learners.

The **Michigan School Readiness Program** serves four year olds in the county who exhibit two of 24 “at risk” factors, and more than 50% must be income-eligible. The program is located in eleven school districts in Genesee County, and serves 1,173 children.

**Special Education Programs** for preschool aged children are operated by the Flint Community Schools and the Genesee Intermediate School District. Together, these two programs serve 328 preschool-aged children, or 8.6% of the approximately 3,800 who are expected to receive special education services once enrolled in school (12% of the public school population).

## LEGISLATIVE BREAKFAST HIGHLIGHTS

### ***Opening Remarks and Introduction:***

Given by Jerry Johnson, President and Executive Director of Priority Children

### ***Building Community Support for Early Childhood Education:***

☞Gloria Bourdon, Director of Health, Safety & Nutrition Services for the Genesee Intermediate School District.

☞Dr. Cassandra Joubert, Consultant for Priority Children

### ***The highlights given by the speakers:***

☞The benefits of targeted early intervention (intervention intended to overcome the cognitive, emotional and resource limitations that may characterize the environments of disadvantaged children during the first several years of life), and how Project SKIP supports school readiness.

☞Funding for Project SKIP will be cut by 5% next year and eliminated altogether in year three (2003).

☞An analytic framework for promoting school readiness: based on a report by the Knight Foundation and modified for local use by Priority Children. Purpose of the framework is to promote dialogue about what more needs to be done at the community level to promote school readiness.

☞Fact Sheet: The supply for early childhood care is far below the need in Genesee County (prepared by Priority Children).

## **Panel Discussion: Action Steps for Improving Early Care and Education of Children**

### ***Participants:***

☞Mark Sullivan, Executive Director of Michigan 4C Association

☞Mary Ann Ketels, Executive Director of Greater Flint/Thumb Area 4C Association

☞Karen Eaton, Director of UAW-GM Child Development Center

☞Dan Hodgins, ECE Coordinator of Mott Community College

☞Mac McKeever, Director of GCCAA Out-County Head Start

☞Carolyn Rutledge, Coordinator of Bendle/Carman-Ainsworth Learning Community

### ***Mark Sullivan's Highlights:***

☞The importance of providing training to child care providers. \$1.5 million is devoted per year for childcare provider training; an evaluation of the program showed success. They trained 10% of childcare providers although provider turnover is 35%.

☞Improved teacher education and compensation helps improve early care and education of children. Two hundred (200) child care providers are presently enrolled in community colleges for their Child Development Associates.

☞Licensing sets no standards for who works with children; there is no in-service for teachers, the only requirement is that you are free of tuberculosis.

☞Children 3-4 years old are the focus of "preschool", this tends to neglect children ages 0-2.

☞Low wages paid to childcare workers tend to keep childcare capacity (and quality) low.

☞Continued decreases in funding for early childhood education programs.

☞Childcare is labor intensive.

***Mary Ann Ketels' Highlights:***

- ☞☞ The Michigan Child Care Futures Training Program works to fill gaps identified by Project Skip.
- ☞☞ An Early Childhood Conference was held at Baker College for childcare providers.
- ☞☞ Accreditation forums: licensed providers are starting to see the importance of accreditation.
- ☞☞ When we factor in school aged children, we can only accommodate 25% of the population (up to age 12).

***Karen Eaton's Highlights:***

- ☞☞ GM-UAW receives 40% of its funding from the private sector, and 60% from families. As a result, teachers are better compensated, and educational requirements are higher (a two year degree is required).
- ☞☞ National Association for the Education of Young Children (NAEYC) accreditation is a very tedious process and needs to be ongoing through re-accreditation.
- ☞☞ Community attitudes towards child care professionals: center directors, family day care home providers were recognized at the Children's Champion Awards.
- ☞☞ National Resource Council: "Eager to Learn" program is a national model.

***Dan Hodgins' Highlights:***

- ☞☞ Turnover rate for childcare providers is 57%, according to a Flint Journal article.
- ☞☞ Mott Community College provides a Child Development Associates Program: 91% of childcare center directors come from Child Development Associates Program.
- ☞☞ 98% success rate with training programs.
- ☞☞ Genesee County has the highest divorce rate in the county: 1 out of 3 families.
- ☞☞ Two-parent families are no longer the norm, so childcare is even more important.
- ☞☞ Mott Community College has programs that give parents credit for taking parenting classes; there is also a video library for parents, and apprenticeship program with GM-UAW.
- ☞☞ The 0-3 age population is growing in Genesee County. There is a need to focus on programs for infants and toddlers. 67% of the female population in Genesee County is working, which makes childcare necessary.

***Mac McKeever's Highlights:***

- ☞☞ Head Start provides services to 2,100 families; and they work closely with Project Skip.
- ☞☞ Will be hosting training for parents at the Holidome.
- ☞☞ Before and after school program grants are also on the decline and maybe non-existent in the next 2 years.
- ☞☞ Provider training is needed on how to handle joint custody situations.
- ☞☞ Need more funding for full day programs for preschoolers.

***Carolyn Rutledge's Highlights:***

- ☞☞ Bendle/Carman-Ainsworth Learning Community Program is 11 years old; focus on early intervention, children and families. All three objectives are covered in home based and school based environments.
- ☞☞ Program also provides adult education and literacy programs and services.
- ☞☞ It is impossible to provide quality programming to a child without serving the family.
- ☞☞ Families don't trust schools due to violence and hostility.
- ☞☞ Exhausted children due to early rising, dragging children from program to program and caretaker to caretaker is problematic.

## **Audience Feedback and Recommendations**

### ***Sick Child Care:***

- ☞ Multiple caretakers and relatives used as backup when child is ill.
- ☞ This topic should be one of the identified gaps in services in Genesee County.
- ☞ 4,000-5,000 relative providers are not quality childcare providers.
- ☞ Family day cares serve up to six children and are less likely to take in a sick child.
- ☞ Maybe we should do more to support families to stay at home with their kids when they are sick.

### ***Extended Day Child Care: (Beyond 7:30am – 6pm)***

- ☞ Less than 10% of childcare centers have extended or 24-hour childcare.
- ☞ 4C's have offered providers incentives to offer extended daycare hours.
- ☞ Some programs have night space openings because families are hesitant to leave kids overnight.
- ☞ GM provides 24-hour childcare, which is great if a family's shift changes.

### ***Access to Pediatric Community:***

- ☞ Childcare providers need to talk to pediatricians about developmental milestones, and early development.
- ☞ Early Head Start is seeking pediatricians for program collaboration.
- ☞ Healthy Child Care America Campaign is working with State 4C's and the American Academy of Pediatricians.
- ☞ 4,000 families leave Genesee County everyday because they can make \$3 more per hour in another county.
- ☞ Genesee County is in the bottom five cities in terms of entry-level wages.

### ***Children with Disabilities:***

- ☞ Major gaps in the community services that are equipped to handle children with disabilities.
- ☞ By law, Head Start is required to accept 10% of children with special needs.
- ☞ Early On helps to identify children early and provides respite care up to age 3.

### ***Affordability of Child Care:***

- ☞ Does increased quality translate into higher cost?
- ☞ In higher education, institutions are subsidized.
- ☞ Nationally, there is a Child Care Tax Credit and an Earned Income Tax Credit – neither are offered in Michigan.

### ***Legislative Response:***

- ☞ Speaker of the House will not take up the tax issues such as Child Care Tax Credit and Earned Income Tax Credit.
- ☞ Dads are important, and are included in the Project Skip Program.
- ☞ The Paycheck Protection Legislation will affect GM's participation in childcare.
- ☞ The Governor will enact 5-10% cuts across the board in all programs, especially programs considered to be "extras". Enormous cuts are slated.
- ☞ Two tax cuts go into affect January 1, 2002

### ***Does a Group Exist to Make Child Care More Affordable?***

- ☞ Strong Families Safe Children
- ☞ School Reform Group

***Family Independence Agency (FIA):***

☞ Teaching classes to encourage family formation, co-parenting at Family Road and Passport.

***Success Measures:***

☞ Improved collaborations among key organizations

## **Ranking of Factors Which May Explain High Level of Unmet Need for Mental Health Services**

### **Family Factors**

- ☞ parents are ill-prepared to help children; don't know how to receive help
- ☞ little follow through with mental health referral services
- ☞ clients refuse to go to counseling, accept diagnosis, take medication
- ☞ parents feel they failed and don't wish to acknowledge problem
- ☞ stress from families because of low wages, no insurance
- ☞ children are ridiculed, tormented at home
- ☞ others in home environment are depressed
- ☞ financial problems affording medication
- ☞ parents not educated on how to structure homes for ADHD behavioral problems
- parents are unaware ADHD can be a result of lead poisoning
- ☞ parents don't take responsibility to work with doctors
- ☞ irresponsible, abusive, neglectful parents
- ☞ children live in violent environment; child continuously exposed
- ☞ uneducated parents not knowing how to cope with violent kids

### **Preschool/School factors**

- ☞ school help is denied until child is failing
- ☞ schools need to screen more effectively
- ☞ overwhelmed teachers need training to identify children's symptoms
- ☞ "need more counseling services within schools"
- ☞ lack of educational resources for expelled/suspended children

### **Insurance factors**

- ☞ insurance often only covers medication
- ☞ poor insurance coverage for counseling, assistance

### **Service system factors**

- ☞ some problems do not fit into the DSS category for reporting
- ☞ services we have are not providing all inclusive care
- ☞ difficult to find services to meet special needs
- ☞ medication is often provided without counseling
- ☞ insufficient services to meet need
- ☞ insufficient preventive services available
- ☞ no follow up services available
- ☞ "not enough staff to monitor/manage child's medication regime
- ☞ medication is not always the answer
- ☞ fragmentation between juvenile justice and mental health

### **Court system factors**

- ☞ courts are threatening and don't provide resources, referrals
- ☞ problems defined as delinquency vs. depression

### **Community factors**

- ☞ need more mentors, counseling services outside of schools
- ☞ depression/mental illness has been unrecognized in younger children

*Taken from Unmet Need Survey conducted by Priority Children, 2001  
Revised 10/15/01*

## **Summary of Community Impacts and Desired Outcomes**

### Impact on the Individual

- 1) Higher rates of substance abuse
- 2) Affected persons may go without needed health care and other services due to their inability to function at their full potential
- 3) Affected persons may end up in the criminal justice system due to inability to regulate behavior; lost human potential
- 4) Diminished relationship skills and inability to resolve conflicts
- 5) Diminished resiliency factors; increased population of emotionally needy individuals
- 6) Low self-esteem, depression and suicide
- 7) Inability to maintain employment; reduced productivity in the work force

### Impact on Schools

- 1) Higher truancy, dropout rates and behavior problems
- 2) Increased costs associated with special education and other specialty services

### Impact on Human Service Providers

- 1) Higher referral rates to Children's Protective Services and other Family Independence Agency (FIA) Services (foster care, adoption)
- 2) Increased demand for treatment services
- 3) Disproportionate allocation of dollar resources for treatment

### Impact on Hospitals

- 1) Psychiatric care is more likely be uncompensated; continual cost-shifting
- 2) Inadequate sources of care after hospital discharge lead to unnecessary hospitalization costs
- 3) Inappropriate inpatient hospitalizations due to inadequacy of outpatient resources
- 4) Too high demand on rehabilitation/treatment vs. services to keep individuals psychologically healthy

### Impact on Families

- 1) Higher rates of divorce and unhealthy family environments
- 2) Higher rates of domestic violence
- 3) Multigenerational effect: parents with mental illness leading to children with mental illness
- 4) Unplanned/mistimed pregnancies
- 5) Poor parenting skills, over reacting or mishandling disciplinary issues
- 6) Child abandonment, child neglect
- 7) Child becomes the focus of family dysfunction; may result in classic symptoms of post traumatic stress disorder

### Impact on Community

- 1) Overcrowded jails and prisons
- 2) Higher rates of unemployment
- 3) Higher rates of homelessness
- 4) Higher juvenile crime rates
- 5) Perpetuates disparities among diverse income and racial/ethnic groups
- 6) Disproportionate share of resources devoted to fixing problems at the expense of protecting human capital
- 7) High cost of crime and institutionalization
- 8) Perceived threats to personal safety
- 9) Lack of understanding that mental illness is treatable

## Desired Outcomes

### Better use and disbursement of resources

- ☞☞ Reallocation of resources towards prevention and mental health promotion
- ☞☞ One pot of money for out-of-home care
- ☞☞ Increased resources for social work consultation in hospitals
- ☞☞ Stronger cooperation between insurance companies and court systems

### Improved rates of school success

- ☞☞ Reduced placements in special education/more appropriate placements in schools
- ☞☞ Reduce stigma in schools, isolating kids less so that they don't feel "different"

### Increased parental involvement

- ☞☞ Stronger parental involvement in early childhood programs

### Enhanced system of service delivery

- ☞☞ Reduced barriers to treatment
- ☞☞ Better continuity of care (fewer treatment plans, better communication among providers)
- ☞☞ Earlier identification and intervention, before Head Start (age 4) through programs like Passport, home visiting for new mothers, etc.
- ☞☞ Adoption of best practice models (Hawaii, Toronto)
- ☞☞ Diminished barriers to service for mobile families
- ☞☞ More provider education regarding disparities in treatment
- ☞☞ Increased consumer education regarding available services
- ☞☞ Universal tool and methods for assessing risk for mental health problems
- ☞☞ Greater adherence to recognized standards of care

*Revised 10/15/01*

## Children's Mental Health Meeting Summary

The meeting opened with welcome and introductions followed by a review of the Mental Health Priority Teams Action Plan progress to date:

- ☞ Judge Bruce Newman's community and agency perspective.
- ☞ Organize priority strategies with work groups.
- ☞ Progress made in mental health in the United States vs. other parts of the world.
- ☞ Focus on prevention.

Dr. Joubert shared excerpts from a document "Making It Happen", a guide to delivering mental health promotion. This document can be downloaded at:

<http://www.doh.gov.uk/mentalhealth>

### Analytic Framework

- ☞ Risk factors potentially influencing the development of mental health problems and disorders in individuals (particularly children).
- ☞ Protective factors potentially influencing the development of mental health problems and disorders.
- ☞ Projecting evidence from individual to community and organizational levels.
- ☞ Source of support for people with mental health problems.
- ☞ Program: what we know, what this project will add, future research, settings, etc.

### List of Critical Issues (tabulated from previous meetings)

1. Children with undiagnosed mental health problems are ending up in the court system.
2. There is too little emphasis on prevention in the mental health service system.
3. Mental health services are fragmented from other health services.
4. There is a lack of awareness of services (among families).
5. Mental health services are under funded.
6. The stigma associated with mental illness prevents families from seeking help.
7. Costs of care and insurance difficulties are barriers (including managed care issues).
8. The service delivery system is complicated for families to navigate.
9. The mental health services in schools need to be expanded.
10. Children are ridiculed and tormented within their families and communities.
11. Mental health providers don't communicate with each other.
12. Families are unable to care for difficult children; they end up in the foster care system.
13. There is a shortage of 0-3 children psychiatrists and other pediatric mental health providers.
14. There is a failure to focus early on those crying out for help: truant, unstable parental support, acting out in schools.
15. Parents lack skills/knowledge about setting limits and discipline may be too harsh; they also fail to adequately supervise.
16. Families with substance abuse problems are having drug affected children with behavioral problems.

17. The funds for screening and diagnosis are too limited.
18. Children with severe problems end up in expensive care (inpatient hospitalization), because of lack of more appropriate services and failure of parents to follow-up.
19. Children living in families that abuse substances are neglected.
20. There are limited services for those needing intensive interventions (home based, crisis residential, partial hospitalization – 6 hours a day/ 5 days a week).
21. The childcare sector is ill prepared to care for children with behavioral problems and/or mental illness.

### **Categories**

- ☞ Inadequate parenting or support for parents
- ☞ Fragmented/ limited services delivery system (schools, agencies etc.)
- ☞ Poorly funded services and insurance barriers
- ☞ Lack of community awareness and understanding of mental health issues.

### **Strategies** (tabulated from previous meetings)

- A. Provide mental health promotion and consultation services in early childhood settings.
- B. Increase parent and community awareness of the mental health issues facing children.
- C. Provide comprehensive mental health services at every point in the Juvenile Justice System.
- D. Provide centralized screening, universal screening, and diagnostic services to improve access and identification.
- E. Provide comprehensive school-based mental health services throughout Genesee County: prevention, assessment, treatment, and case management.
- F. Strengthen collaborations between schools, community mental health agencies and providers.
- G. Encourage regular dialogue among mental health agencies and providers (for networking).
- H. Develop a tiered approach to services: parenting education, support during situational crises, comprehensive services for children who are mentally ill.
- I. Target youth placed on probation for the first time (for any offense) for screening and assessment for mental health and substance abuse disorders.
- J. Develop/ promote policies to require families to seek care that has been professionally recommended.
- K. Mandate early screening and case management of children for behavioral problems via the primary care setting (private and public).
- L. Integrate child development into high school curriculum to promote better parenting.
- M. Promote family involvement in structuring the provision of services.

**Strategies That Received the Highest Priority** (determined by priority team vote)

1. Provide mental health promotion and consultation services in early childhood settings. Provide comprehensive school-based (K-12) mental health services throughout Genesee County: prevention, comprehensive screening, assessment, treatment, and case management. Develop a tiered approach to services: parenting education, support during situational crises, comprehensive services for children who are mentally ill. **(combined strategy A, E & H)**
2. Increase parent and community awareness of the mental health issues facing children. Promote family involvement in structuring the provision of services. **(combined strategy B & M)**
3. Provide centralized screening, universal screening, and diagnostic services to improve access and identification. Mandate early screening and case management of children for behavioral problems via the primary care setting (private and public). **(combined strategy D & K)**
4. Strengthen collaborations between schools, community mental health agencies and providers. Encourage regular dialogue among mental health agencies and providers (for networking). **(combined strategy F & G)**

Work groups will meet during the May 23<sup>rd</sup> Mental Health Meeting to outline and provide more detail to the above strategies for the community action plan.

The mission statement was phrased by Alice Hart and adopted by the Mental Health Priority Team:

**Mission**

To create a universal, comprehensive, screening assessment treatment program integrated for 0-18 year old children in Genesee County.

## **Unmet Need for Mental Health Services in Genesee County: Findings from a Recent Survey of Health Providers**

Among those who thought managing children's emotional problems was one of the top five areas of unmet need in Genesee County--reasons included the following:

- ☞ parents don't get kids into counseling
- ☞ need more counseling services
- ☞ parents are ill-prepared to help children
- ☞ school help is denied until child is failing
- ☞ insurance often only covers medication
- ☞ difficult to find services to meet special needs
- ☞ services we have are not providing all inclusive care
- ☞ little follow through with mental health referral services
- ☞ clients refuse to go to counseling, accept diagnosis, take medication
- ☞ courts are threatening don't provide resources, referrals
- ☞ parent feel they failed and don't wish to acknowledge problem
- ☞ some problems do not fit into the DSS category for reporting
- ☞ stress from families because of low wages, no insurance
- ☞ children are ridiculed, tormented at home

Among those who thought managing unstable home environments was one of the top five areas of unmet need in Genesee County--reasons included the following:

- ☞ Services aren't sufficiently on problems of unsupportive parents
- ☞ ill-prepared parents
- ☞ programs focus on youth vs. adults
- ☞ children often have multiple caregivers, no single source
- ☞ Insufficient services available to meet need
- ☞ need more support services for families
- ☞ parents are substance. abusers; children live in drug homes
- ☞ irresponsible, uninvolved parents
- ☞ parents unaware of services
- ☞ parents have difficulty meeting own needs, let alone child's
- ☞ kids do not have options to get out of unhealthy environment
- ☞ lack of motivation of families to utilize available services
- ☞ lack of diversity in multicultural individuals
- ☞ environmental issues
- ☞ unmarried parents often split; financial burden on mom
- ☞ absent parents in the home
- ☞ limited outreach efforts
- ☞ families fearful of FIA
- ☞ uninvolved fathers, irresponsible parents
- ☞ parents pass behaviors are passed down through generations
- ☞ lack of communication

Among those who thought managing violence was one of the top five areas of unmet need in Genesee County--reasons included the following:

- ☞insufficient preventive services available
- ☞poor insurance for counseling, assistance
- ☞fragmentation between juvenile justice and mental health
- ☞irresponsible, abusive, neglectful parents
- ☞child live in violent environment; child continuously exposed
- ☞uneducated parents not knowing how to cope with violent kids
- ☞lack of educational resources for expelled/suspended children
- ☞due to lack of parental involvement in child's school
- ☞students don't qualify for special ed but act out negatively
- ☞difficult to place children in a secure setting
- ☞lack of family structure
- ☞professionals are unaware of causes problem and what to do
- ☞parents don't take responsibility to work with doctors
- ☞teachers should be trained to identify symptoms
- ☞child's environment has no structure
- ☞needs to be some type of combined comprehensive program
- ☞programs need to be expanded
- ☞Children resort to violence because they will get attention

Among those who thought managing childhood depression was one of the top five areas of unmet need in Genesee County--reasons included the following:

- ☞need more mentors, counseling services outside of schools
- ☞others in home environment depressed
- ☞schools need to screen more effectively
- ☞medication often provided without counseling--need more counseling
- ☞Insufficient services to meet need
- ☞"need more counseling services within schools"
- ☞No follow up services available
- ☞parents do not know what to do to receive help for their child
- ☞depression has been unrecognized in younger children
- ☞problem defined as delinquency vs. depression
- ☞overwhelmed teachers need training to identify children with symptoms
- ☞kids change story being fearful of admission to facility

Among those who thought ADHD was one of the top five areas of unmet need in Genesee County--reasons included the following:

- ☞financial problems affording medication
- ☞parents not educated on how to structure homes for ADHD behavioral problems
- ☞people don't know the extent of this issue
- ☞parents are unaware ADHD can be a result of lead poisoning
- ☞parents don't know how to help
- ☞"not enough staff to monitor/manage child's medication regime
- ☞medication is not always the answer

# Plan to Promote School Readiness In Genesee County Proposed Leadership Model

## Our Vision

Every child in Genesee County will be ready to succeed in school.

## Our Mission

To develop, implement and evaluate a strategic action plan to ensure school readiness.

### Action Plan Components:

### Coach:

### Leading Agency:

#### Community Awareness:

**Goal I** – Assure that community members are aware of the indicators of quality early childhood education and care programs, including factors that strengthen children’s emotional well-being.

**Priority Children**

#### Emotional Well-Being:

**Goal II** – Raise community awareness of the importance of children’s emotional well-being in school readiness and long-term functioning.

**Mott Children’s Health Center**

#### Quality of Care:

**Goal III** – Assure high quality (including competence in promoting children’s emotional well-being) among all early childhood education and care programs in Genesee County.

**4C Child Care Unlimited**

#### Supply of Infant and Toddler Care:

**Goal IV** – Increase the supply of quality early childhood education and care programs for infants and toddlers, with an emphasis on program’s preparedness to promote the emotional well-being of young children.

**Bendle/Carman-Ainsworth Learning Community**

#### Affordability of Care:

**Goal V** – Make quality child care more affordable for families in Genesee County.

**University of Michigan - Flint**

#### Education/Service Coordination:

**Goal VI** – Develop stronger links between early childhood education and care programs and: 1) the K-12 system, and 2) mental health professionals.

**Genesee Intermediate School District**

Priority Team  
Review and Evaluation