

Michigan P3 Collaborative

P3 Policy Priorities & Action Team Toolkit: Facilitator Guide

On behalf of Michigan's P3 Executive Committee, **thank you** for your interest, enthusiasm and willingness to support us in creating a powerful policy agenda focused on Michigan's infants and toddlers — informed by the voices of parents, providers and other valued stakeholders! This Facilitator Guide has been designed to complement the Action Team Toolkits to make this process easy and efficient.

THIS FACILITATOR GUIDE INCLUDES:

- · A sample agenda.
- · Talking points about the P3 project and next steps.
- · Facilitator policy solution notes.
- Tips for facilitating group discussions.
- · Information about supports available to facilitators.

SAMPLE AGENDA

In order to gather as many responses as possible, the Action Team Toolkits were designed with flexibility in mind. If you can use 30, 60 or 90 minutes during an existing meeting or gather people in your community specifically to support this project, the following sample agenda will help guide your meeting and support participants in understanding what the P3 project is, what current data reflects and how their input will be used.

Prior to your meeting, please review the questions and policy solution suggestions in the Toolkit and select the questions you are going to ask, based on who will be attending your meeting. The following is a suggested agenda to use as a guide:

- 1. Welcome and introductions.
- 2. Provide a brief explanation of the P3 project.
- 3. Review Michigan by the Numbers data included in the Toolkit.
- 4. Facilitate a conversation using **Discussion Questions** chosen from the Toolkit
- 5. Facilitate a conversation using **Potential Policy Solutions** chosen from the Toolkit, if time permits.
- 6. Thank participants for their participation and share next steps!



MICHIGAN P3 TALKING POINTS

The following are suggested talking points to support you in explaining the P3 project and what will happen following your meeting.

About the P3 project:

- Michigan is one of 11 states funded by the Pritzker Children's Initiative to create a policy agenda and action plan to expand high-quality services to at least one million children in the United States, prenatal to three, whose families are living at or below 200% of the federal poverty level, by the year 2023.
- In Michigan, there are currently 167,000 children between the ages of zero and three whose families are living within these income guidelines, and our goal is to create a powerful policy agenda that will increase the number of these children that are being served by 25% which is 41,750 children, by the year 2023.
- There five policy priorities in this project which include: increasing access and use of early intervention, home visiting, preventative care, child care subsidy and infant-toddler child care availability.
- For policy recommendations to be successfully adopted and effective, they must be driven by community and family voice this Action Team process has been designed to ensure that the policy agenda reflects what families of children raising infants and toddlers in Michigan want and need.

About next steps:

- All responses and recommendations gathered during this statewide process are being collected and reviewed by teams co-led by a parent leader and programmatic expert working within the Action Team focus area.
- These leaders will carefully review all the submitted information to make recommendations about new and existing policy ideas that should be included in our final proposal in early November.
- In mid-November the P3 Executive Committee will make a final decision about which policy changes to pursue focusing on policies that are feasible and powerful.
- The Executive Committee will ask two primary questions during this phase: can we get them passed and will they increase the number of infants and toddlers served by 41,750?
- The Executive Committee will then create a plan to successfully achieve the policy agenda with your support!
- The Policy Agenda/Action Plan are due to the Pritzker Children's Initiative on January 15, 2020.
 - · This also serves as an application for funding over the next three years to implement the action plan.
 - · Notification of the implementation awards will be released in Spring 2020.
- While the opportunity to have funding support to advocate for the policies selected in this process would be fantastic, if we are not awarded the continuing funding, the P3 committees are committed to pursuing these policy changes with the support of everyone included in this process!
- Once submitted, the final Policy Agenda/Action Plan will be shared with everyone who participated in this process, and we will have a call to action to advocate!
 - · Save the date for Jan. 23, 2020, when we release the final policy report.



FACILITATOR POLICY SOLUTION NOTES

Each P3 Policy Priorities & Action Team Toolkit includes question prompts for your organization's stakeholders. For facilitators wishing to take a deeper dive into the **Potential Policy Solutions**, we've listed additional policy considerations here.

Things to Think About:

- · What are your reactions to these potential policy solutions?
- · How do each of these solutions make you feel?
- Would these address your challenges?
- · If you had to prioritize the solutions, what order would you place them in?
- · What holes would you poke in these potential solutions?
- What aren't we asking or thinking about?

If you have more ideas outside of your group discussions, please submit them online at ecic4kids.org/p3action.

Across All Policy Areas

- Examine geographic, racial and ethnic disparities and cultural relevance concerns that may indicate why eligible families are not applying for or receiving child care subsidy.
- Enact policy to increase earnings for infant-toddler early childhood workforce to stabilize and increase the workforce supply to address demand from more enrollment.
 - Policy = tax credit or incentive payment.
 - · Workforce = early care and education, early intervention, home visiting and preventive care.
 - · Solution must avoid cliff effect for low-wage labor force.
 - · Solution must also address career pathways and intentionally address equity at all levels.

Child Care Assistance

- A proposal to increase the income eligibility for child care subsidies so that more families can afford child care might be to raise it from 130% to 250% (~85% State Median Income) and utilize increased child care block grant dollars to cover the cost.
 - The State of Michigan would also publish an official waiting list of the number of eligible families who do not receive subsidy to increase awareness and justify future funding needs.
- To simplify the application process, let's automatically enroll parents in child care assistance if the family is already approved for other public benefits with similar qualifications.
- · Potential alignment with MDE's strategy on certification for birth-12th grade?
 - · Research estimates that 60% of parents of children 0-3 work outside the home, full time.



Early Intervention

- To increase Early On/early intervention funding gradually over three years to adequately serve 100% of eligible children, the total increase necessary would be \$68 million by FY2023.
 - One strategy to do this is to explore Medicaid funding options, increasing the resources available so that more ISDs can leverage Medicaid funding to increase the adequacy/quality of early intervention services.
- To increase the availability of infant mental health services both within the Community Mental Health system and in other settings one suggestion is to require multiple providers and agencies to do perinatal and maternal depression screenings, for which Medicaid coverage and codes already exist.
- In addition, they would not just refer, but facilitate enrollment with Infant Mental Health, other behavioral health and SUD providers.

Home Visiting

- In order to improve referrals and expand parent choice by creating a system that matches the family's needs with the best Home Visiting model, one idea is to create a centralized intake system that offers all Home Visiting Models that are available within that geographic area and that the family qualifies for to all families.
 - Families would choose the model that best matches their needs through a nonbiased, outcome-based incentive system.
- In order to increase Home Visiting funding gradually over ten years to serve all eligible children, the total increase necessary would be \$10 million more per year to enroll 3,000 plus more families per year for ten years and grow at a reasonable, sustainable rate.
 - One idea is to examine Medicaid funding options to tie more models to Medicaid and/or create a better continuum that takes advantage of Medicaid dollars.

Infant-Toddler Child Care

- To expand the number of high-quality child care slots by incentivizing providers to offer infant-toddler care through a variety of funding strategies, the target would be to increase the number of slots by 5,000 children per year, focused on the areas in the state that are child care deserts.
 - · Suggestions include utilizing the \$60 million increased child care block dollars and:
 - offering contracts to providers to expand high-quality infant-toddler slots;
 - increasing tuition rates/reimbursement rates to reflect actual cost of providing care for infants and toddlers;
 - blend funding through strategies such as Early Head Start-Child Care Partnership grants.
- The collection of child care enrollment information by age, location and self identified race/ethnicity would provide data to be used to advocate with policymakers, state agency directors and local early childhood administrators and providers to make data-informed decisions.
 - To reduce and eliminate infant-toddler child care deserts. not just capacity or number of slots and not just enrollment for subsidy-eligible families.
- Increase the number of high-quality licensed and license-exempt child care options by providing additional supports and resources to providers to increase quality.
 - Over the next five years with targeted funds to support low-quality or non-rated programs to become high-quality so that 10,000 more infants and toddlers receive high-quality care, utilizing increased child care block grant dollars.
 - Example: cohort/network model from Washington, D.C., and grants for capital improvements needed to meet licensing requirements, etc.



TIPS ON FACILITATING EFFECTIVE GROUP DISCUSSIONS

In order to be successful, all P3 Action Team conversations require a facilitator, a note-taker and participants who have direct experience with infant and toddler programs and services — whether as a parent, provider or other community leader. The following are some helpful reminders for facilitators and note-takers in order to support a productive conversation where all participants feel safe and heard.

Facilitators:

- Assure participants that information shared is confidential notes will not include names
 of participants.
- · Remain neutral about the content.
- · Keep the group on task.
- · Encourage everyone to participate.
- · Ask clarifying questions.

Note-takers:

- · Remain neutral about the content.
- · Record basic ideas as the facilitator paraphrases them.
- · Do not engage in the conversation unless asking for clarification.

Support available to Action Team facilitators:

The following supports are available by simply clicking here:

- · Financial support for child care, transportation and food to remove barriers to participation.
- · Topic-specific consultation and coaching.
- · Facilitation and note-taking support.
- Translation of the Toolkits.

If you have any questions or would like support in preparing for your meeting, please contact us: ta@ecic4kids.org or 855.790.4900