

# Policy Priorities: 2023-2025

# **Early Childhood Funding & Coordination**

- <u>Funding Structure</u>: Create a dedicated fund for the early childhood system, maximize existing funding sources, use the true cost of services to inform future investments and invest in coordination of services and systems.
- <u>Local Infrastructure</u>: Increase funding for the Great Start Collaboratives and Great Start Parent Coalitions to support coordination of local early childhood infrastructure and services.

## Child Care

- <u>Maximize Investments</u>: Sustain and expand the historic federal investment in child care:
  - Maintain family eligibility for subsidy at 200% of the federal poverty level and fund an information campaign to reach and enroll all eligible families.
  - Ensure providers are prospectively reimbursed based on the true cost of care analysis and based on eligible child enrollment rather than attendance.
  - Provide funding to support implementation of an infant-toddler contract model.
  - Automatic eligibility of early care and education providers into the Child Development and Care subsidy program for their own children to attend child care.
  - Increase funding to intermediaries, including Child Care Resource & Referral, Early Childhood Support Networks, and other institutions of trust for child care providers.
- <u>Provide Support through Social Emotional Consultation</u>: Expand funding for Infant and Early Childhood Mental Health Consultation for early educators and families.

#### **Home Visiting**

- <u>Equity</u>: Make home visiting available and accessible to all families who want to enroll with outreach efforts that share all options and honor family choice and voice.
- <u>Maintain & Expand</u>: Seek inflationary increases for current programs to retain and attract workforce and support expansions where there is unmet demand.
- <u>Maximize with Flexibility</u>: Ensure every available dollar for home visiting, including state and federal resources, is utilized while adequately investing in necessary system supports such as professional development across all models and programs.

# **Cross-Sector Workforce Strategies**

- <u>Provide Adequate Compensation</u>: Establish and implement cross-sector wage scales that are aligned with the compensation research done by Prenatal-to-Five Fiscal Strategies at the state-level and in Detroit.
- <u>Strengthen Pathways, Professional Development & Collaboration</u>: In collaboration and alignment with intermediate school districts (ISDs) and higher education institutions, create a

cross-sector career lattice to improve professional development, pathways, and other supports, while ensuring it is designed with adequate support and resources to move through and across.

- <u>Improve Public Perception</u>: Conduct a public awareness campaign to lift the value of the early childhood workforce and to support recruitment efforts.
- <u>Implement Implicit Bias Training</u>: Build on the state government efforts that require implicit bias training for licensed health care workers through implementation of this requirement for those licensed in the early childhood workforce.

## **Medicaid**

- <u>Extend Continuous Eligibility</u>: Implement multi-year continuous eligibility for children enrolled in Medicaid through age 6 and consider broadening this policy to include other public health insurance programs that Michigan residents access.
- <u>Five Year waiting period</u>: Remove the waiting period for pregnant people and children who are lawfully residing ("green card" holders), through the Immigrant Children's Health Improvement Act option.
- <u>Responsive models of care</u>: Support Medicaid reimbursement for the full continuum of perinatal care to address social determinants of health including doulas, birthing centers, group-based prenatal care, care received at birthing centers, and lactation support.

## **Early Intervention**

• <u>Expand</u>: Continue to expand state investment in *Early On* to fund at the true cost of delivering services, and adequately invest in system supports by expanding MDE's capacity to support ISDs.

## Family Supports

- <u>Remove Barriers to Access</u>: Eliminate requirement that families initiate child support cases against a non-custodial parent to be eligible for child care subsidy and food assistance.
- <u>Paid Family & Medical Leave (PFML)</u>: Create a PFML program in the State of Michigan so that every family has access to paid leave at the time of childbirth, adoption, foster care placement, and after experiencing perinatal loss.

#### Prevention of Child Welfare

• <u>Support</u>: Expand and fund additional Baby Courts, a specialized treatment court designed to help children under 3 who are being served by child welfare.

# Support universal screenings and referrals

- <u>Timely Developmental Screenings</u>: Ensure that children have a developmental screening at 9, 18 and 30 months of age, as recommended by the American Academy of Pediatrics.
- <u>Maternal Health Screenings</u>: Implement mental health screenings for new mothers as part of their baby's 4-week, 8-week, 6-month, and 18-month check-ups and require insurance (private and Medicaid) to cover the service.

#### Invest in complete, equitable data systems

• <u>Improved Data</u>: Invest in state systems to provide easier, streamlined access to services that Michiganders need and to which they are entitled and to increase the capacity to collect and publish data that is disaggregated by race, ethnicity, and income to evaluate, understand and improve outcomes for kids and families.