



## TBMI Policy Priorities: 2023-2025

### **Early Childhood Funding & Coordination**

- **Sustainable Funding Structure**: Create a dedicated and sustainable 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 to ensure equitable access to quality services statewide.
- **Local Infrastructure**: Increase funding for the Great Start Collaboratives and Great Start Parent Coalitions to support coordination of local early childhood infrastructure and services.

### **Child Care**

- **Maximize Investments**: 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; and,
  - Increase funding to intermediaries, including Child Care Resource & Referral, Early Childhood Support Networks, and other institutions of trust for child care providers.

### **Home Visiting**

- **Equity**: 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.
- **Maintain & Expand**: Seek inflationary increases for current programs to retain and attract a highly qualified workforce and support expansions where there is unmet demand.
- **Maximize with Flexibility**: 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**

- **Provide Adequate Compensation**: 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.
- **Strengthen Pathways, Professional Development & Collaboration**: 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, including the integration of the Michigan Association of Infant Mental Health's Endorsement, to move through and across.
- **Improve Public Perception**: Conduct a public awareness campaign to lift the value of the early childhood workforce and to support recruitment efforts, with a focus on high school and undergraduate students.

- **Implement Implicit Bias Training:** Build on the state government efforts that require implicit bias training for licensed health care workers through implementation of this requirement for the licensed early childhood workforce and provide ongoing resources, such as reflective supervision/consultation, to support changes in policy and practice.

### **Medicaid**

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

### **Promote Maternal & Infant Mental Health**

- **Perinatal Mental Health Screenings:** Implement mental health screenings for mothers as part of their baby's 4-week, 8-week, 6-month, and 18-month check-ups, require insurance (private and Medicaid) to cover this service, and expand the capacity of trusted professionals outside of the medical system (e.g., doulas, community-based mental health paraprofessionals, home visitors) to implement maternal mental health screenings and link mothers to appropriate treatment.
- **Provide Support through Social Emotional Consultation:** Expand funding for Infant and Early Childhood Mental Health Consultation for early educators, home visitors and families.

### **Developmental Screenings & Early Intervention**

- **Expand:** 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 MiLEAP's capacity to support ISDs.
- **Timely Developmental Screenings:** Ensure that infants, toddlers, and young children have a developmental screening at 9, 18 and 30 months of age, as recommended by the American Academy of Pediatrics, and ensure follow up supports are available, such as developmentally appropriate assessment and treatment services in their communities.

### **Family Supports**

- **Remove Barriers to Access:** Eliminate requirement that families initiate child support cases against a non-custodial parent to be eligible for food assistance (similar to recent elimination of this requirement for the Child Care Scholarship eligibility).
- **Paid Family and Medical Leave (PFML):** Establish a statewide PFML policy that includes at least 12 weeks of paid leave for parents with a new baby or child in their family, or for workers to address their own serious health concerns that prevent them from working or care for a family member with a serious health condition.

### **Prevention of Child Maltreatment**

- **Support:** Expand and fund additional Baby Courts, a specialized treatment court designed to support infants, toddlers, young children under 3, and their families who are being served by child welfare.
- **Increase Early Care & Education Access:** Make families with open child welfare cases categorically eligible for the Child Care Scholarship program, eliminate the Child Care Scholarship work requirement

for foster parents, and augment Child Care Scholarship reimbursement rates for providers serving children in the child welfare system.

### **Invest in Complete, Equitable Data Systems**

- Improved Data: 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, zip code, and income to evaluate, understand and improve outcomes for kids and families.