

**Logic Model for SECCS Grant Program:
The Michigan Early Childhood Comprehensive Systems (MECCS) Implementation Project**

ORGANIZATIONAL STRUCTURE / ENVIRONMENT	INPUTS/RESOURCES	TARGET POPULATION	INTERVENTION		EXPECTED CHANGE (Outcomes/Objectives)	EVIDENCE OF CHANGE (Indicators)	BARRIERS	FACILITATORS
			DESCRIPTION	ACTIVITIES				
GRANTEE/ PROJECT CHARACTERISTICS (i.e., goals and description of the project, environment, description of population/case load and partner organizations):	TOTAL FUNDS REQUESTED: \$140,000 (for the first year of the project) TOTAL PROJECT BUDGET: \$140,000 (for the first year of the project)	People/Families with children age birth to five over 200 - 350% of poverty	Access to Health Insurance and Medical Home	Expand health insurance coverage options for people/families with children age birth to five over 200 - 350% of poverty through the expansion of strategies underway in MI (e.g., co-pays, purchasing pools, county health plans and Three Share plans).	By August 2006, coverage options exist for people/families with children age birth to five over 200 - 350% of poverty beginning in 2006, with Great Start Collaboratives (GSCs) in Phase 1.	Coverage options exist for people/families with children age birth to five over 200 - 350% of poverty beginning in 2006, with Great Start Collaboratives (GSCs) in Phase 1.		
Michigan Department of Community Health (MDCH), Bureau of Family, Maternal, and Child Health is the fiduciary agency and provides oversight. MDCH promotes access to the broadest possible range of quality services and supports, takes steps to prevent disease, promotes wellness, improves quality of life, and strives for the delivery of those services and supports in a fiscally prudent manner.	PROJECT INPUTS (i.e., personnel and non-personnel)	Children age birth to five		Establish standards for a medical home.	By August 2006, a medical home standards document is developed.	A medical home standards document is developed.		
Early Childhood Investment Corporation (ECIC) will oversee development, implementation, and evaluation of the Great Start system. Great Start system is the name of the early childhood comprehensive system project. The public and private sector partnership, local Great Start Collaboratives (GSCs), will ensure access to the six critical service components: physical and social-emotional health, parenting education, early care and education, basic needs and family support. The GSCs will be the decision-making body for the local early childhood system, linking existing early childhood programs and identifying and filling gaps in the component areas, over time. GSCs will have access to funding, technical assistance and system building resources provided through the auspices of the ECIC.	Personnel	Children age birth to five		Create methods to recognize and assure medical home access to all children age birth to five.	By August 2006, database to recognize and assure medical home access to all children age birth to five is created.	Database to recognize and assure medical home access to all children age birth to five is created.		
The project will begin with the development of 5-7 Great Start Collaboratives at the local level in 2005. Approximately 10 new Great Start Collaboratives (GSCs) will be created in each subsequent year, covering all communities by 2010.	Project Director: .2 FTE	Children age birth to five		Ensure that health care coverage provides for a medical home reimbursement.	By August 2006, medical home coverage is extended to children birth to five.	Medical home coverage is extended to children birth to five.		
Michigan (MI) has completed its Great Start System Blueprint, a strategic plan for the implementation of the Great Start comprehensive early childhood system. The four goals are as follows: 1) ECIC serves as clearinghouse of information, resources and technical assistance for local early childhood system building; 2) ECIC serves as a focal point and convener for the Great Start system, bringing the public and the private sectors together to develop and finance it; 3) ECIC partners with communities to form GSCs; and 4) ECIC phases-in implementation of the Great Start system, assuring all children 0-5 and families have access by 2010.	Non-Personnel:	Families with children age birth to five; employers; schools; and anyone who works with children age birth to five and families with children age birth to five		Increase outreach and education about health care plans and coverage options to families with children birth to age five, employers, schools, and anyone who works with children age birth to five and families.	By August 2006, parents of children age birth to five receive information about health coverage options.	Parents of children age birth to five receive information about health coverage options.		
ENVIRONMENT:	Direct Costs: Sum of travel, supplies, and contractual costs	Primary Health Care Providers		Explore options and funding to expand current Immunization Registry, which will help to improve continuity of care.	By August 2006, immunization Registry is expanded to include health status information.	Immunization Registry is expanded to include health status information.		

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There is a great need to simplify and consolidate reimbursement systems to increase access to health care coverage. Access to health care is not family-friendly, especially for families who work and do not have private, employer-provided health care. Children under six have not been a priority population of the public mental health system, which has led to fewer and fewer children being served. There is a need to reduce stigma of seeking and/or receiving mental health services.	Indirect Costs: 5% included in the total contract amount.	Children age birth to five	Access to Health Insurance and Medical Home	Create workplan and timeframes for implementation of the Maternal-Infant Health program (which addresses psycho-social needs of infants and parents; provides education about nutrition and health deficits; supports access to parenting education; and addresses transportation needs).	By August 2006, a workplan and schedule for implementation of the Maternal-Infant Health program are created.	A workplan and schedule for implementation of the Maternal-Infant Health program are created.		
Poverty rate has gone up in MI. The economy is weak and job losses continue. Food stamp use is also up.	Technical Assistance: \$31,884	General Public		Create research-based public awareness and education strategies on mental health and social emotional development to reduce stigma and increase understanding of the importance of social-emotional health.	By August 2006, research-based public awareness and education strategies are used in campaign on mental health and social emotional development.	Research-based public awareness and education strategies are used in campaign on mental health and social emotional development.		
There are missing state investments in affordable housing as reflected by the long Section 8 wait lists. Michigan has also seen an increase in the number of families paying 35% or more of their income for housing. 50% of renters cannot afford their rent in this state.	Parent Support: \$10,000	Children's Cabinet		Promote awareness of the Children's Cabinet regarding the early childhood mental health implications in all new program and policy development.	By August 2006, policy and program development reflects social-emotional health.	Policy and program development reflects social-emotional health.		
Parenting education and family support is not broadly accepted as useful to any parent, so building up the Great Parents/Great Start website will hopefully be seen as a useful type of parenting education and family support tool. There is a need to increase parent understanding of what constitutes typical development and where to go for assistance. Parents lack understanding of the importance of daily reading. Lack of easy access to libraries and books due to geography or economics provides additional challenges. Michigan has fewer college graduates than many other states; parents may not have literacy skills to assist their own children.	OTHER INPUTS (contracts, other grant awards, matching funds):	Parents with children age birth to five and Childcare Providers	Mental Health and Social Emotional Development	Distribute social-emotional developmental wheels in Ready Kits to parents with children age birth to five and social-emotional development booklet to childcare providers to increase access to social-emotional information for all parents and childcare providers.	By August 2006, social-emotional developmental wheels and social-emotional development booklet are distributed.	Social-emotional developmental wheels and social-emotional development booklet are distributed.		
There are still disparities in low birth weight and deaths for minority infants as compared to Caucasian infants.	Grant Coordinator: 1.0 FTE from a contract with the Southeast Michigan Health Association			Translate social-emotional developmental wheels and social-emotional development booklet into Spanish and Arabic.	By August 2006, social-emotional developmental wheels and social-emotional development booklet are available in Spanish and Arabic.	Social-emotional developmental wheels and social-emotional development booklet are available in Spanish and Arabic.		
Parents find it difficult to find reliable care that meets needs. Parents need to demand better quality care but need to understand what better quality means.		Business, Faith and Education Communities		Develop a cost/benefit analysis with target messages to business, faith and education communities regarding social-emotional health to increase understanding of the long-term impact of ignoring social-emotional health.	By August 2006, cost/benefit analysis document is distributed by ECIC.	Cost/benefit analysis document is distributed by ECIC.		
PARTNERING ORGANIZATIONS:		Qualified Early Childhood Mental Health Providers		Survey and compile results into a database of individuals within MI who are qualified to provide early childhood mental health consultation for child care.	By August 2006, database of individuals within MI who are qualified to provide early childhood mental health consultation for child care is created.	Database of individuals within MI who are qualified to provide early childhood mental health consultation for child care is created.		
Parents: participate in the Early Childhood Investment Corporation (ECIC) as a parent member of the Executive Committee and Sub-Committees of ECIC and in other focus groups or meetings held to implement the strategic plan.		Child Care Expulsion Program (CCEP) and Head Start Mental Health consultants		Provide joint training and technical assistance on mental health and social-emotional development at the local and state level to Child Care Expulsion Prevention (CCEP) and Head Start Mental Health consultants.	By August 2006, a calendar for trainings exists.	A calendar for trainings exists.		
Michigan Department of Education		Primary Health Care Providers		Convene a group of stakeholders to identify a social-emotional screening tool.	By August 2006, a single social-emotional screening tool to be used across all early childhood programs is selected.	A single social-emotional screening tool to be used across all early childhood programs is selected.		

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Michigan Department of Human Services: has an inter-local agreement with an intermediate school district to form the ECIC.		Leadership of the Collaborative Group	Mental Health and Social Emotional Development	Bring together a collaborative group to ensure that the mental health system promotes the social-emotional health of all children; provides specialty services for children at-risk; provides mental health treatment to children with serious mental health problems; and ensures that the social-emotional health component is embedded within the Great Start System.	By August 2006, social-Emotional Health/Early Childhood Mental Health Leadership group exists.	Social-Emotional Health/Early Childhood Mental Health Leadership group exists.		
Early Childhood Investment Corporation (ECIC): will oversee development, implementation, and evaluation of the Great Start system		Children age birth to five in child care and early education settings		Develop the social-emotional health component of the standards for children age birth to five in child care and early education settings.	By August 2006, standards for children age birth to five in child care and early education settings include the social-emotional component.	Standards for children age birth to five in child care and early education settings include the social-emotional component.		
Governor Jennifer Granholm: committed to ongoing growth of mechanisms to promote an early childhood system of care in the state.		Children age birth to five and their parents/families		Establish uniform standards for children age birth to five and their parents/families to access Community Mental Health Services Programs (CMHSPs).	By August 2006, uniform standards for children age birth to five and their parents/families to access CMHSPs are completed.	Uniform standards for children age birth to five and their parents/families to access CMHSPs are completed.		
Children's Cabinet: is active in the implementation of the Great Start system.		Children 1-7 years old		Develop standards of care (evidence-based practice) for mental health treatment and services for children 1-7 years old.	By August 2006, standards of care (evidence-based practice) for mental health treatment and services for children 1-7 years old are completed.	Standards of care (evidence-based practice) for mental health treatment and services for children 1-7 years old are completed.		
Business: the members of the ECIC Executive Committee will include business members from the local community.		Families with children age birth to five	Early Care and Education	Complete promulgation process for family home rules related to early care and education.	By August 2006, family home rules related to early care and education are published.	Family home rules related to early care and education are published.		
Philanthropic Organizations (e.g., state and national foundations): a Kellogg Foundation member chairs the ECIC.				Provide training on family home rules.	By August 2006, trainings on family home rules provided.	Trainings on family home rules provided.		
Michigan Department of Community Health, Division of Managed Health Care		General Public		Hold public hearings for center rules related to early care and education.	By August 2006, existence of hearing transcripts.	Existence of hearing transcripts.		
Local Government		Early Childhood Centers		Complete promulgation process for early childhood center rules related to early care and education.	By August 2006, early childhood center rules related to early care and education are published.	Early childhood center rules related to early care and education are published.		
Local Communities (e.g., faith based organizations)				Provide training on early childhood center rules.	By August 2006, trainings on early childhood center rules provided.	Trainings on early childhood center rules provided.		
		Primary Health Care Providers		Complete technical assistance (TA) for draft rules related to early care and education so primary health care providers can implement the rules.	By August 2006, TA document is disseminated.	TA document is disseminated.		
		Primary Health Care Providers		Dissemination of <i>Early Childhood Standards of Quality for Three and Four Year-Olds</i> with funds from CCDBG so primary health care providers know what standards should be implemented.	By August 2006, standards are disseminated.	Standards are disseminated.		
		Infants and Toddlers		Complete <i>Early Childhood Standards of Quality for Infants and Toddlers (0-3, centers and homes)</i> .	By August 2006, standards are completed.	Standards are completed.		
		Early Care and Education Settings		Design instrumentation to measure levels of quality in early care and education settings.	By August 2006, existence of instrumentation.	Existence of instrumentation.		
		Early Care and Education Settings		Correlate quality measures with child outcomes.	By August 2006, existence of correlation document.	Existence of correlation document.		
		<i>Early On Michigan</i> (Part C of IDEA)	Redesign <i>Early On Michigan</i> (Part C of IDEA) to improve child and family outcomes.	By August 2006, existence of a State Improvement Plan.	Existence of a State Improvement Plan.			

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		Children age birth to five	Early Care and Education	Create a plan for a data system that begins at birth and is able to upload to Single Record Student Database (SRSDB) to follow children's health, growth and development.	By August 2006, a plan for the data system is developed.	A plan for the data system is developed.			
		Providers of Parent Education	Parenting Education and Family Support	Identify current models for parenting education.	By August 2006, current models for parenting education are identified.	Current models for parenting education are identified.			
				Review impact data of parenting education models.	By August 2006, impact report of parenting education models is prepared.	Impact report of parenting education models is prepared.			
				Review research on parenting education models.	By August 2006, research report on parenting education models is prepared.	Research report on parenting education models is prepared.			
				Providers of Family Resource Center Models	Seek guidance and input from Family Support America (FSA) on Family Resource Center (FRC) models.	By August 2006, record of input from FSA on FRC models is developed.	Record of input from FSA on FRC models is developed.		
				Providers of Family Resource Center Models	Define a core set of parenting education and family support services for each FRC.	By August 2006, document defining core services is developed.	Document defining core services is developed.		
				Teachers/Staff/Administrators	Develop education for teachers/staff/administrators regarding the value and necessity of parent leadership and engagement.	By August 2006, educational curriculum is developed and available.	Educational curriculum is developed and available.		
				Families with children age birth to five	Develop a document that identifies an array of meaningful parent roles/opportunities for use by GSCs.	By August 2006, document on parent roles is available.	Document on parent roles is available.		
		Great Start System	Infrastructure Development	Ensure that parents of children birth age to five are equal partners in the development and implementation of the Great Start system at the state and local levels.	By August 2006, parents of children age birth to five are leaders at every level of the Great Start system.	Parents of children age birth to five are leaders at every level of the Great Start system.			
				Charter a finance task force to design and prepare an implementation plan for stable and sustainable funding for the Great Start system.	By August 2006, implementation funding plan for the Great Start system is completed.	Implementation funding plan for the Great Start system is completed.			
				Ensure that state-level, early childhood policies (financing, monitoring, quality, etc.) are collaboratively developed, realigned and implemented.	By August 2006, existence of policy alignment documents.	Existence of policy alignment documents.			
				Provide leadership to develop, integrate and adopt high quality standards for each critical component, including accountability for performance.	By August 2006, standards document is complete.	Standards document is complete.			
				Local Communities	Provide TA to local communities focused on early childhood system building.	By August 2006, existence of documentation of TA provided.	Existence of documentation of TA provided.		
				Great Start System	Serve as an interactive hub for Great Start system to link information, people and resources.	By August 2006, user evaluations are conducted.	User evaluations are conducted.		
				Great Start System	Establish baseline data for Great Start results.	By August 2006, baseline data report on Great Start results is developed.	Baseline data report on Great Start results is developed.		
				Great Start System	Compile and share state and local evaluation data.	By August 2006, evaluation report is produced.	Evaluation report is produced.		
				Parents with children age birth to five	Maintain and support tools targeted to parents with children age birth to five (Great Parents/Great Start website and Ready Kits).	By August 2006, Ready Kits and website are available to parents with children age birth to five.	Ready Kits and website are available to parents with children age birth to five.		
				Great Start System	Develop and support overall framework for comprehensive system of personnel development.	By August 2006, a document outlining the framework for a personnel development system is created.	A document outlining the framework for a personnel development system is created.		

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		Stakeholders	Infrastructure Development	Provide consistent and timely communication to all stakeholders.	By August 2006, user evaluations are conducted.	User evaluations are conducted.		
		Early childhood programs		Consolidate and operate initiatives to increase the quality of and expand early childhood programs.	By August 2006, documentation of consolidation efforts exists.	Documentation of consolidation efforts exists.		
		Public		Lead messaging campaign regarding economic imperative of early childhood investment.	By August 2006, campaign materials are developed.	Campaign materials are developed.		
		ISDs		Contract with up to 7 intermediate school districts (ISDs) in support of GSC.	By August 2006, contracted with up to 7 ISDs in support of GSC.	Contracted with up to 7 ISDs in support of GSC.		
		Great Start Collaboratives		Administer Great Start grants for the GSCs.	By August 2006, administered Great Start grants for the GSCs.	Administered Great Start grants for the GSCs.		
		Great Start Collaboratives		Define expectations for GSCs' structure and governance.	By August 2006, document defining expectations for GSCs' structure and governance is developed.	Document defining expectations for GSCs' structure and governance is developed.		
		Great Start Collaboratives		Define and monitor performance standards for GSCs.	By August 2006, performance standards document and monitoring reports are produced.	Performance standards document and monitoring reports are produced.		
		ISDs		Provide Great Start capacity building grants to up to 3 ISDs.	By August 2006, Great Start capacity building grant contracts are provided to up to 3 ISDs.	Great Start capacity building grant contracts are provided to up to 3 ISDs.		
		Great Start System		Begin to coordinate and promote integration of existing early childhood programs and services across public agencies.	By August 2006, coordination and integration reports are produced.	Coordination and integration reports are produced.		
		General Public		Basic Needs, Economic Security, and Child Safety	Children's Cabinet supports implementation plan from National Governor's Association Policy Academy on Homeless Families and Children.	By August 2006, implementation plan is published.	Implementation plan is published.	
		General Public	Prepare definition of self-sufficiency and poverty.		By August 2006, definition of self-sufficiency and poverty is published.	Definition of self-sufficiency and poverty is published.		
		General Public	Gain broad-based support for definition of self-sufficiency.		By August 2006, documents regarding the definition of self-sufficiency are available.	Documents regarding the definition of self-sufficiency are available.		
		General Public	Implement definition of self-sufficiency.		By August 2006, definition of self-sufficiency is incorporated into policy.	Definition of self-sufficiency is incorporated into policy.		
			Sustainability	Explore options and funding to expand current Immunization Registry, which will help to improve continuity of care.	By August 2006, immunization Registry is expanded to include health status information.	Immunization Registry is expanded to include health status information.		
				Charter a finance task force to design and prepare an implementation plan for stable and sustainable funding for the Great Start system.	By August 2006, implementation funding plan for the Great Start system is completed.	Implementation funding plan for the Great Start system is completed.		
			Evaluation	Provide leadership to develop, integrate and adopt high quality standards for each critical component, including accountability for performance.	By August 2006, standards document is complete.	Standards document is complete.		
				Annual reports will be provided to all sectors regarding the impact and performance of the GSCs.	By August 2006, annual reports were provided to all sectors regarding the impact and performance of the GSCs.	Annual reports were provided to all sectors regarding the impact and performance of the GSCs.		
				Compile and share state and local evaluation data.	By August 2006, evaluation report is produced.	Evaluation report is produced.		