

**Logic Model for SECCS Grant Program:  
Successful Start, Rhode Island's Early Childhood Comprehensive Systems Building Initiative**

ORGANIZATIONAL STRUCTURE / ENVIRONMENT	INPUTS/RESOURCES	TARGET POPULATION	INTERVENTION		EXPECTED CHANGE (Outcomes/Objectives)	EVIDENCE OF CHANGE (Indicators)	BARRIERS	FACILITATORS
			DESCRIPTION	ACTIVITIES				
<b>GRANTEE/ PROJECT CHARACTERISTICS (i.e., goals and description of the project, environment, description of population/case load and partner organizations):</b>	<b>TOTAL FUNDS REQUESTED:</b> \$140,000 (for the first year of the project) <b>TOTAL PROJECT BUDGET:</b> \$195,012 (for the first year of the project)	Legislators and Other State Officials		Convene small group meetings with legislators and other officials to discuss the issues affecting families with young children.	By August 2006, two meetings with legislators and other state leaders have occurred.	By August 2006, two meetings with legislators and other state leaders have occurred.		
<b>The Rhode Island Department of Health (HEALTH)</b> is the lead agency for the implementation grant. HEALTH manages the overall project, and coordinates the efforts of state and community agencies. It also provides technical assistance. As the state MCH agency, HEALTH has taken a lead role in developing a comprehensive system of preventative health services for pregnant women, young children, and families, and has also made substantial investments in community-based and statewide systems-building initiatives to improve outcomes for children and families.	<b>PROJECT INPUTS (i.e., personnel and non-personnel)</b>	Consumers	Public Engagement Campaign	Develop materials and fact sheets for consumers to advocate for policies and resources.	By December 2006, materials and fact sheets for consumers to advocate for policies and resources were developed and disseminated.	By December 2006, materials and fact sheets for consumers to advocate for policies and resources were developed and disseminated.		
<b>Successful Start</b> is Rhode Island's Early Childhood Comprehensive Systems Building Initiative. The Successful Start Early Childhood System Plan builds on current strengths and opportunities in RI's early childhood system, while addressing the significant gaps that remain. There are many critical policies and programs in place for children and families, but work must be done to build the capacity of specific services, ensure coordination across sectors, and ensure quality. The plan's focus is to change the way the system is currently structured, and the way that services are delivered. Collaboration between service providers in different sectors will also be facilitated.	<b>Personnel:</b>	Task Force/Steering Committee		Convene a task force/steering committee to design a statewide child care Quality Rating System (QRS).	By August 2007, the system development plan is completed.	By August 2007, the system development plan is completed.		
Internal and external environmental scans were conducted during the Successful Start planning process, and focused on the capacity, access, coordination, quality and financing of RI's early childhood system. Within the scans, the following components were included: a review of existing early childhood systems initiatives; an early childhood and family and service program survey; analysis of state-funded early childhood services; evaluation of data and indicators; key informant interviews and parent focus groups; and a review of existing needs assessments.	Early Childhood Program Manager: 0.35 FTE	Statewide Child Care Quality Rating System	Statewide Child Care Quality Rating System	Evaluate current quality and set benchmarks for improvement for the statewide child care QRS.	By August 2007, report of current quality of the statewide child care QRS is completed.	By August 2007, report of current quality of the statewide child care QRS is completed.		
Specific goals to be accomplished in implementing the Successful Start strategic plan include: (1) Facilitate the implementation of early childhood systems building goals, objectives, and strategies outlined in RI's Early Childhood Systems Plan; (2) Develop and support a project organizational structure that facilitates the implementation of all components of RI's Early Childhood Systems Plan; and (3) Evaluate the implementation of RI's Early Childhood Systems Plan.	Successful Start Project Director: 1.0 FTE				By August 2007, benchmarks for the improvement of the statewide child care QRS are developed.	By August 2007, benchmarks for the improvement of the statewide child care QRS are developed.		

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Objectives to be accomplished for the above three goals include: (1a) Coordinate efforts to build a state-level infrastructure that promotes the delivery of comprehensive and coordinated early childhood services; (1b) Assist state and community partners in securing funding for specific plan objectives that have unmet needs; (1c) Ensure that program and policy development efforts are coordinated and consistent; (1d) Support efforts to increase the effective use of early childhood resources; (2a) Support a broad-based, inclusive partnership team of early childhood stakeholders, including families;	Child Care Health Consultant: 0.25 FTE	National Child Care Information Center	Statewide Child Care Quality Rating System	Utilize the expertise of the National Child Care Information Center (NCCIC) in developing and implementing a statewide child care QRS.	Evidence of collaboration (e.g., meeting minutes).	Evidence of collaboration (e.g., meeting minutes).		
(2b) Convene a Steering Committee of state and community leaders to provide guidance for the project and monitor progress; (2c) Facilitate ongoing communication and coordination between all partners; (2d) Provide technical assistance as needed; (3a) Use performance measures to track progress throughout the three-year grant period; (3b) Conduct participant satisfaction surveys; and (3c) Use indicators developed during the strategic planning process to track improvements in service delivery systems and child and family outcomes.	Parent Consultant: 1.0 FTE (x2)	Behavioral Health Specialists and Young Children and their Families		Address barriers to providing behavioral health services in natural settings, including primary care, child care, and parenting and family support programs.	By June 2006, increased the number of child care providers who have access to mental health consultation.	By June 2006, increased the number of child care providers who have access to mental health consultation.		
<b>ENVIRONMENT:</b>	Fringe Benefits: Family Medical Waiver, Retirement, Dental, Medical, Vision, Payroll Assessment, FICA.				By June 2006, increased the number of mental health services provided on-site in child care and family support programs annually.	By June 2006, increased the number of mental health services provided on-site in child care and family support programs annually.		
Rhode Island has a strong and well-coordinated system of early care and education services. All eligible children and families in RI are entitled to child care subsidies that provide low-income families the opportunity to sustain work. Child care services are also coordinated across state and community agencies, with program partners being experienced with blending resources to leverage additional funds and create efficiencies. In 2003, 95% of children in RI were covered by public or private health insurance. RI also has one of the highest rates of childhood immunization, and was ranked 1st in the nation in a composite of 15 key indicators for CSHCNs.	<b>Non-Personnel:</b>	Behavioral Health Specialists and Young Children and their Families	Social-Emotional Development: Providing Care in Natural Settings	Educate the provider community on successful local and national models for providing behavioral health consultation and direct services in natural settings.	By June 2006, increased the number of child care providers who have access to mental health consultation.	By June 2006, increased the number of child care providers who have access to mental health consultation.		
However, a few challenges are also present in the state. RI lacks basic and specialty dental services for children, partially due to low reimbursement rates (43% of children in 2004 receiving publicly funded health insurance in 2004 received any dental services. Also, in 2004, only 5% of eligible infants were enrolled in Early Head Start programs in the state, due to limited capacity. Child abuse and neglect disproportionately affect young children, with 37% of the child abuse and neglect victims in RI in 2004 being under age six. Additionally, RI's system for providing social-emotional health services also lacks coordination, is difficult to access, lacks coordination, and is insufficient to meet the needs of families and children in the state.	Staff travel and mileage reimbursement				By June 2006, increased the number of mental health services provided on-site in child care and family support programs annually.	By June 2006, increased the number of mental health services provided on-site in child care and family support programs annually.		

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Through the needs assessment conducted by Successful Start in the first planning year, it was determined that there are significant gaps in local and state-level services, community resources and systems of care. Different state agencies are responsible for different programs within the same component area, which often leads to service fragmentation and misalignment of policies. Other challenges include the lack of culturally appropriate services; lack of coordination between medical homes, child care, and parents; and no system for quality assurance across all sectors. Also, financing the development of the comprehensive early childhood system poses a challenge, and will be maximized through efforts that blend and coordinate funding, integrate services and resources, and reduce administrative inefficiencies and service duplication.	Office Supplies: Printing, copying, postage	Behavioral Health Specialists and Young Children and their Families	Social-Emotional Development: Providing Care in Natural Settings	Build on the efforts of the Providence Center Foundations for Learning grant to support ways for behavioral health specialists to provide consultation and direct services in natural settings.	By June 2006, increased the number of child care providers who have access to mental health consultation.	By June 2006, increased the number of child care providers who have access to mental health consultation.		
<b>PARTNERING ORGANIZATIONS:</b>	Indirect Costs: 14.9% for the Dept. of Health				By June 2006, increased the number of mental health services provided on-site in child care and family support programs annually.	By June 2006, increased the number of mental health services provided on-site in child care and family support programs annually.		
<b>RI Dept. of Children, Youth and Families (DCYF):</b> A member of the Successful Start initiative, Steering Committee and the Management Team. DCYF will play a lead role in implementing many of the strategies related to children's mental health and social-emotional development.	<b>OTHER INPUTS (contracts, other grant awards, matching funds):</b>	Early Childhood Care Providers	Social-Emotional Development: Building Social-Emotional Protective Factors	Train and support child care providers in the use of the Devereaux Early Childhood Assessment (DECA) to build social-emotional protective factors in children.	Increased the number of child care providers using the DECA annually.	Increased the number of child care providers by 15% each year using the DECA.		
<b>RI Dept. of Human Services (DHS):</b> A member of the Successful Start initiative, Steering Committee and the Management Team. DHS will have primary responsibility for plan elements related to early care and education. DHS will also work with HEALTH and the RI Chapter of the American Academy of Pediatrics in engaging and working with pediatric primary care providers to build comprehensive and coordinated medical homes.	Medical Director: 0.05 FTE (in-kind)	Young children and their families		Implement Positive Behavioral Intervention and Supports (PBIS) in child care settings to build social-emotional protective factors in children.	By the end of 2007, increased the number of child care providers participating in PBIS.	By the end of 2007, increased the number of child care providers participating in PBIS.		
<b>RI Dept. of Education:</b> A member of the Successful Start initiative, Steering Committee and the Management Team.	Chief, Office of Family Youth and School Success: 0.05 FTE (in-kind)	Early Childhood Health Professionals	Social-Emotional Development: Professional Development	Identify and recruit persons qualified to conduct training, including professionals working in the field and higher education, to provide multi-disciplinary professional development opportunities focused on early childhood social-emotional development.	Three training sessions are conducted in the first year of the project, and the number of trainings increases in subsequent years.	Three training sessions are conducted in the first year of the project, and the number of trainings increases in subsequent years.		
<b>University of California, Los Angeles (UCLA):</b> A member of the Successful Start initiative. Successful Start will implement best practices in developmental screening using methods developed by the Center for Healthier Children, Families, and Communities at UCLA.	Sector Specific Implementation Funds: \$25,000 (\$5,000 will be given for each of the five core components for systems building during the implementation of the plan).			Conduct training in collaboration with professional organizations and other groups that provide training to service providers.	Sixty participants are trained in the first year of the project, and the number of participants trained increases in subsequent years.	Sixty participants are trained in the first year of the project, and the number of participants trained increases in subsequent years.		

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<b>United Way of RI (UWRI):</b> A member of the Successful Start initiative. UWRI has supported a strategic planning process convergent with that of Successful Start, and is currently developing a strategic plan to fund systems-building efforts focused on early care and education and parenting/family support.	Connecticut Nurses Association: \$1,500 (contributed to sustain Child Care Health Consultant Training developed by the Healthy Child Care New England).	Families of Young Children		Work with Family Support America to define family support across various levels of intensity.	By December 2006, consensus around the definition of family supports achieved.	By December 2006, consensus around the definition of family supports achieved.		
<b>RI Chapter of the American Academy of Pediatrics (RIAAP):</b> A member of the Successful Start initiative and the Steering Committee. The AAP will also collaborate with Health and DHS in engaging and working with pediatric primary care providers to build comprehensive and coordinated medical homes.	Title V will contribute funds to the project to support staff time, travel, and office support as needed.	Families of Young Children	Family Support: Infrastructure Development	Assess capacity to develop a statewide family support infrastructure at various levels of intensity.	By June 2006, an analysis of gaps in capacity of services is completed.	By June 2006, an analysis of gaps in capacity of services is completed.		
<b>National Health Plan of RI (NHPRI):</b> A member of the Successful Start initiative and the Steering Committee.		Statewide Parenting and Family Support Alliance		Develop and convene a statewide Parenting and Family Support Alliance to work on issues of capacity, quality, and coordination in developing a statewide family support infrastructure.	By the end of 2007, alliance meetings occur regularly.	By the end of 2007, alliance meetings occur regularly.		
<b>RI Parent Information Network (RIPIN):</b> A member of the Successful Start initiative and the Steering Committee. RIPIN will serve as the lead agency to implement objectives related to parent education and family support.				A written summary of Alliance progress is completed bi-annually.	A written summary of Alliance progress is completed bi-annually.			
<b>The Providence Center:</b> A member of the Successful Start initiative and the Steering Committee. The Providence Center, a community mental health center, is collaborating two RI communities to promote young children's social development by providing training to child care providers and families to community services and supports.		Early Care and Education Providers	Family Support: Development of Family Support Activities	Expand the Pediatric Practice Enhancement Project peer-to-peer model to non-medical settings.	By August 2008, the Pediatric Practice Enhancement Project peer-to-peer model is piloted in other settings (e.g., parenting and support programs).	By August 2008, the Pediatric Practice Enhancement Project peer-to-peer model is piloted in other settings (e.g., parenting and support programs).		
<b>Children's Friend and Service:</b> A member of the Successful Start initiative.				Research and disseminate information on best practice outreach, engagement and family support models.	Best practice models are incorporated into existing and new family support services.	Best practice models are incorporated into existing and new family support services.		
<b>Connecting for Children and Youth:</b> A member of the Successful Start initiative.		Early Care and Education Providers	Early Care and Education: Higher Education Scholarship Program	Work with existing initiatives at DHS to develop and secure funding for a higher education scholarship program for early care and education providers.	By July 2007, early care and education providers secured licenses from the TEACH program.	By July 2007, early care and education providers secured licenses from the TEACH program.		
<b>RI Kids Count:</b> A member of the Successful Start initiative and the Steering Committee.				By July 2007, scholarship funds for higher education for early care and education providers are awarded.	By July 2007, scholarship funds for higher education for early care and education providers are awarded.			
<b>Hasbro Children's Hospital:</b> A member of the Successful Start initiative and the Steering Committee.		Early Care and Education Providers	Early Care and Education: Higher Education Curricula	Review and revise higher education curricula with a workgroup of child care directors/education coordinators and higher education providers.	By August 2008, evidence of workgroup meetings (e.g., meeting minutes) exists.	By August 2008, evidence of workgroup meetings (e.g., meeting minutes) exists.		
<b>RI Infant Mental Health Association:</b> A member of the Successful Start initiative and the Steering Committee.				Develop mechanisms to give college credit for experience and other completed training.	By August 2008, completed the analysis of the effectiveness of the current curriculum.	By August 2008, completed the analysis of the effectiveness of the current curriculum.		
				By August 2008, agreements articulated with institutions of higher education with child development programs in place.	By August 2008, agreements articulated with institutions of higher education with child development programs in place.			
		Early Child Care Providers	Early Care and Education: Consultation Model for Child Care Providers	Build the capacity of the Child Care Support Network/Healthy Child Care America to provide a consultation model for providers to quality early care and education.	Increased the number of child care providers served by the Child Care Support Network/Healthy Child Care America projects annually.	Increased the number of child care providers served by the Child Care Support Network/Healthy Child Care America projects by 10% annually.		
				Evaluate the effectiveness of the current child care health consultant licensing requirements and research other state models.	By March 2006, completed the evaluation of the effectiveness of the current child care health consultant licensing requirements and provided recommendations.	By March 2006, completed the evaluation of the effectiveness of the current child care health consultant licensing requirements and provided recommendations.		

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		Early Child Care Providers	Early Care and Education: Therapeutic Child and Youth Care	Ensure child care providers are knowledgeable about the Therapeutic Child and Youth Care (TCYC) resource.	Increased the number of families in TCYC annually.	Increased the number of families in TCYC by 10% annually.		
		Early Childhood Care Providers	Information Dissemination	Disseminate materials and train child care providers to implement <i>Strengthening Families (SF)</i> models and approaches.	By July 2006, at least 20 child care centers/homes are participating in SF.	By July 2006, at least 20 child care centers/homes are participating in SF.		
		Early Childhood Care Providers		Support child care provider use of <i>Early Learning Standards (ELS)</i> family materials.	Increased the number of child care providers using ELS materials with families annually.	Increased the number of child care providers using ELS materials with families annually.		
		Pregnant Women		Work with existing efforts at HEALTH to evaluate the efficacy of the Family Outreach Program (FOP) and expand the program's ability to outreach to pregnant women.	By December 2005, FOP evaluation is completed. By August 2006, increased the number of obstetricians who make referrals to FOP annually.	By December 2005, FOP evaluation is completed. By August 2006, increased the number of obstetricians who make referrals to FOP annually.		
		Young Children	Developmental Screening and Referral to Services	Assess current levels and types of developmental screening for young children in natural settings.	By February 2006, analysis of existing efforts is completed.	By February 2006, completed analysis of existing efforts.		
				Work with the UCLA Center for Healthier Children, Families and Communities to identify best practices in developmental screening for young children in natural settings.	Evidence of collaboration (e.g., meeting minutes).	Evidence of collaboration (e.g., meeting minutes).		
				Convene a workgroup to identify appropriate screening tool(s), settings for children to be screened, and effective referral mechanisms.	By December 2005, consensus is achieved regarding screening tool(s)/settings for young children. By February 2006, a system development plan for referring children with positive screening results for assessment, treatment, and other services is completed.	By December 2005, consensus is achieved regarding screening tool(s)/settings for young children. By February 2006, a system development plan for referring children with positive screening results for assessment, treatment, and other services is completed.		
		Young Children	Developmental Screening and Referral to Services	Pilot development screening for young children in selected sites.	By March 2007, 20 child and health care providers are trained for the pilot development screening. By March 2007, 200 children are screened through the pilot development screening in selected sites.	By March 2007, 20 child and health care providers are trained for the pilot development screening. By March 2007, 200 children are screened through the pilot development screening in selected sites.		
				Address reimbursement policies for developmental screening in the medical home.	By August 2007, development screening is reimbursed by the three major health plans in RI.	By August 2007, development screening is reimbursed by the three major health plans in RI.		
		Three and Four Year Old Children	Developmental Screening through Child Outreach	Work with existing efforts at DOE to increase the number of children receiving comprehensive screening through Child Outreach.	Increased the number of children screened through Child Outreach annually.	Increased the number of children screened through Child Outreach annually.		
				Incorporate social-emotional screening into Child Outreach.	By August 2006, new/additional social-emotional screening tool is being used through Child Outreach.	By August 2006, new/additional social-emotional screening tool is being used through Child Outreach.		
				Promote a universal screening tool through Child Outreach for all districts in RI.	By June 2007, increased the number of districts in RI using a shared universal screening tool.	By June 2007, increased the number of districts in RI using a shared universal screening tool.		

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		Parent Consultants	Medical Homes: Use of Parent Consultants	Secure funding to support current programming and expand capacity for the use of parent consultants in primary care offices.	By May 2007, increased the number of parent consultants in the Pediatric Practice Enhancement Project annually.	By May 2007, increased the number of parent consultants in the Pediatric Practice Enhancement Project annually.		
				Work with current efforts to evaluate the Pediatric Practice Enhancement Project.	By December 2005, completed the evaluation of the Pediatric Practice Enhancement pilot project.	By December 2005, completed the evaluation of the Pediatric Practice Enhancement pilot project.		
		Primary Care Providers	Medical Homes: Primary Care Provider Training	Promote the use of Bright Futures tools and guidelines among primary care providers so they incorporate child development and anticipatory guidance into well-child visits.	By August 2006, 50% of the pediatric primary care providers participating in local Community Access to Child Health (CATCH) projects use Bright Futures.	By August 2006, 50% of the pediatric primary care providers participating in local CATCH projects use Bright Futures.		
				Offer trainings at hospital grand rounds about incorporating child development and anticipatory guidance into well-child visits.	Increased the number of trainings offered.	Increased the number of trainings offered.		
				Increased the number of participants trained.	Increased the number of participants trained.			
		Young children and their families	Medical Homes: Access to Medical Specialty Providers	Develop a plan for oral health promotion in child care settings to support the work of existing early childhood oral health access and disease prevention programs.	By August 2006, all Head Start programs in RI and 10% of other child care programs disseminate information about oral health promotion to parents.	By August 2006, all Head Start programs in RI and 10% of other child care programs disseminate information about oral health promotion to parents.		
		Primary Care Providers and Early Childhood Mental Health Experts		Disseminate information about successful local and national models of referral processes for primary care providers and early childhood mental health experts.	By August 2006, best practices around referral systems have been researched and disseminated.	By August 2006, best practices around referral systems have been researched and disseminated.		
				Create opportunities for networking for primary care providers and early childhood mental health experts.	By the end of the first year, networking opportunities are offered quarterly to providers.	By the end of the first year, networking opportunities are offered quarterly to providers.		
		At-Risk Children and Families	Services for At-Risk Children and Families	Work with the Early Intervention (EI) Interagency Coordinating Council to develop and evaluate the effectiveness of referral procedures and protocols.	By December 2005, increased the number of Department of Children, Youth, and Families-involved (DCYF) children referred to EI.	By December 2005, increased the number of DCYF-involved children referred to EI.		
				Work with local funders and state agencies to develop financing strategies to expand Early Head Start programs.	By March 2006, at least two meetings with stakeholders (including state agencies and local foundations) are held.	By March 2006, at least two meetings with stakeholders (including state agencies and local foundations) are held.		
				Examine intensive, comprehensive service delivery models in other states/communities.	By June 2006, completed analysis of successful models of capacity building.	By June 2006, completed analysis of successful models of capacity building.		
		Young children and their families	Streamlined and Coordinated Early Childhood System	Communicate best practice models of integrated services (e.g., family resource centers; mental health in primary care) that build inter-agency partnerships and include co-location of services.	By May 2006, dissemination of best practices models for integrates services to early childhood providers.	By May 2006, dissemination of best practices models for integrates services to early childhood providers.		
				Partner with OHHS to develop policies that support integrated service delivery models that build inter-agency partnerships and include co-location of services.	By August 2007, new or revised state/local policies that promote service integration are developed.	By August 2007, new or revised state/local policies that promote service integration are developed.		
				Develop transition plans between early care providers and school districts/Kindergarten programs to improve the collaboration among child care providers, Early Intervention, school districts, and health care providers.	Increased the number of child care providers submitting transition plans to school districts annually.	Increased the number of child care providers submitting transition plans to school districts annually.		

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		Early Childhood System	Sustainability	Shift early childhood resources from high-end, crisis services to prevention services.	By the end of the third year, increased the amount of funding and resources available for early childhood systems.	By the end of the third year, increased the amount of funding and resources available for early childhood systems.		
				Ensure objectives and strategies selected for action in the first year will be self-sustaining once in place.	By the end of the third year, increased the amount of funding and resources available for early childhood systems.	By the end of the third year, increased the amount of funding and resources available for early childhood systems.		
				Blend and coordinate existing funding streams to maximize early childhood resources.	By the end of the third year, identified resources for those system changes that require significant investments beyond the development phase.	By the end of the third year, identified resources for those system changes that require significant investments beyond the development phase.		
		Early Childhood System	Evaluation	Assess the extent to which Successful Start project and plan goals and objectives are achieved.	By the end of the third year, analyzed status of strategies and adherence to timelines to evaluate progress toward completion of objectives on an ongoing basis.	By the end of the third year, analyzed status of strategies and adherence to timelines to evaluate progress toward completion of objectives on an ongoing basis.		
					By the end of the third year, increased the amount of data collected for Successful Start by all of the state agencies involved and evaluated to ascertain whether the project objectives have been met.	By the end of the third year, increased the amount of data collected for Successful Start by all of the state agencies involved and evaluated to ascertain whether the project objectives have been met.		
				Assess whether changes made to the early childhood system have a positive impact on the health and well being of young children and families in RI.	By the end of the third year, assessed whether changes made to the early childhood system have a positive impact on the health and well being of young children and families in RI.	By the end of the third year, assessed whether changes made to the early childhood system have a positive impact on the health and well being of young children and families in RI.		
		Early Childhood System		Use performance measures to track progress toward the completion of strategies and objectives throughout the three-year grant period.	By the end of the third year, analyzed performance measures to evaluate progress toward completion of objectives on an ongoing basis.	By the end of the third year, analyzed performance measures to evaluate progress toward completion of objectives on an ongoing basis.		