

Early Childhood Investment Corporation (ECIC) Great Start Collaborative – Saginaw County

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**Early Childhood Investment Corporation (ECIC)
Great Start Collaborative – Saginaw County**

***Local Early Childhood System Assessment
May 2007***

Great Start Vision

A Great Start for every child in Michigan: safe, healthy and eager to succeed in school and in life.

Great Start Mission

The purpose of Great Start is to assure a coordinated system of community resources and supports to assist all Michigan families in providing a great start for their children from birth through age five.

The Local Early Childhood System Assessment

Each Great Start Collaborative (GSC) will oversee the development of a strategic plan for the Great Start system in their community. The content of each GSC's strategic plan will be informed by the findings of a local early childhood system assessment. The local early childhood system assessment has three required elements:

1. The collection of data on the current status of infants, young children and their families in the community that will be used to inform the *strategic review* and will serve as the basis for a summary report of the data for the general public;
2. Completion of a *Strategic Review of Local Great Start System Components*
3. Completion of an *Early Childhood Infrastructure Review* that examines existing early childhood system infrastructure including, but not limited to, policies, procedures, funding, data collection and sharing, accountability, formal interagency agreements, etc.

This document provides the basic template for each element of the local early childhood system assessment. Great Start Collaboratives (GSC) can choose to expand on the template to obtain additional information for strategic planning or priority setting purposes.

GSCs will need to complete the template **prior** to the development of a strategic plan. GSCs will want to review the template with an eye toward strengths and needs assessments that may have already occurred¹ in the community, looking for opportunities to place existing information into the template.

Engaging the broader community in the completion of the local early childhood system assessment elements is critical to the future success of the strategic plan. Each element of the local early childhood system assessment offers a myriad of opportunities to engage community members in generating information, participating in focus groups, sharing results, etc.

Strategic Communication

Each GSC will need to create a **communications plan** that will detail the communication and dissemination strategies they will use for the information produced from the *Local Early Childhood System Assessment*. The communications plan needs to promote the education and engagement of stakeholders from the field of early childhood and individuals who represent the diversity of the community. The communications plan needs to consider what types of information will be provided to what audiences, when and in what manner.

GSCs are encouraged to contact their ECIC Technical Assistance Coordinator, with questions and/or to arrange for consultation regarding the completion of the local early childhood system assessment, strategic plan and communications plan.

Section 1: The Status of Young Children in Your Community

The data indicators that are used to determine the current status of young children in the community have been determined through research to be highly related to school readiness. The data indicators reflect conditions that can be altered through state and local action. A change in one or more of these indicators can make a real difference in a child's readiness for school.

All the data that is collected will be used as the foundation for the strategic review. Some of the data, those indicators your GSC believes will be most relevant and compelling to the general public, are to be published for community review in a written report.

Some data will be provided to you by the ECIC, other data will need to be collected locally. Each data indicator lists whether the data will be provided by the ECIC or will need to be produced locally. You will be entering the data into Excell Spreadsheets which you will send to the ECIC and also will be able to use locally to prepare different data reports. The tables in this document are used for explanatory purposes only.

¹ Local needs assessment information must have been generated within the last three years to be viable for use in the template.

Section 1. A. Community Conditions

Section 1.A. is concerned with the current status of demographic indicators which provide a general picture of the community in relationship to infants, young children and their families. In the table below are the indicators of community conditions that each Great Start Collaborative will use.

Legend for Data Tables

Column Heading	Explanation
Indicator	These are data indicators that are currently being used to measure the status of young children.
Original Data Source/Website for Easiest Data Access	This is the location of the source data for this indicator.
Michigan, Most Recent Year	This is the measure of Michigan's performance on the indicator. It is provided for comparison purposes.
Timeframe of Trend Data	These are the years for which the data is provided or needs to be secured.
Who will Provide the Data	<p><i>ECIC Data File</i> – This data will be provided by ECIC via email.</p> <p><i>DHS Data File</i> – This data will be provided by ECIC via email.</p> <p><i>GSC</i> – Your site will need to procure this data, using the source cited.</p> <p><i>ECIC Data CD</i> – This data will be provided by ECIC on a CD.</p> <p><i>MDE</i> – This data, as of 12/15/06 has not been provided by MDE. You are highly encouraged to secure this data locally to expedite your work. When it becomes available from MDE it will be provided to you from the ECIC.</p> <p>Head Start Data File – Provided via email by ECIC</p> <p>DCH-Mental Health Data File – Provided via email by ECIC</p>
Your Data	If you choose to use the template as a recording document, prior to insertion in the Excel Data Tables, this would be the place for your local data on the indicator.

Indicator	Original Data Source/Website for Easiest Data Access	Michigan, Most Recent Year	Timeframe of Trend Data	Who Will Provide Data	Your Data
A-1. Number of children under age 5	2000 Census www.kidscount.org	650,215 (2005) 651,261 (2004) 655,822 (2003) 661,042 (2002) 671,000 (2001)	2000-2005	ECIC Data File	13,271 (2005) 13,435 (2004) 13,617 (2003) 13,807 (2002) 13,809 (2001)
A.2.a. Number of children under 5 – White	2000 Census Data www.kidscount.org	505,063 (2005) 519,861 (2000)	2000 & 2005	ECIC Data File	9,337 (2005) 10,087 (2000)
A.2.b. Number of Children under 5 – Black	2000 Census Data www.kidscount.org	122,015 (2005) 127,438 (2000)	2000 & 2005	ECIC Data File	3,802 (2005) 3,801 (2000)
A.2.c. Number of Children under 5 – American Indian & Alaska Native	2000 Census Data www.kidscount.org	2,771 (2005) 5993 (2000)	2000 & 2005	ECIC Data File	18 (2005) 90 (2000)
A.2.f. Number of Children under 5 – Other Races	2000 Census Data www.kidscount.org	20,365 (2005) 17,708 (2000)	2000 & 2005	ECIC Data File	114 (2005) 173 (2000)
A-3a. Number of Children under 5 Hispanic	2000 Census	38,876 (2005) 39,601 (2000)	2000 & 2005	ECIC Data File	1,229 (2005) 1,669 (2000)
A-3.b. Number of Children under 5 non-Hispanic	2000 Census	611,339 (2005) 631,399 (2000)	2000 & 2005	ECIC Data File	12,042 (2005) 12,482 (2000)
A-4a. Number of children under age 5 in poverty	2000 Census Data & ACS 2005 (where available) www.kidscount.org	133,944 (2005) 102,664 (2000)	2000 ² & 2005	GSC	2,291 (2005) 3,666 (2000)

² List GCSs that go here

A-4.b. Percentage of Children under 5 in poverty	2000 Census Data & ACS 2005 www.kidscount.org	20.6% (2005) MI 15.6% (2000) MI	2000 & 2005	GSC 21% (2005) US 19% (2000) US	17% (2005) 26.1% (2000)
A.5a. Number of K-12 public school students receiving free or reduced price lunch	Community-Level Information on Kids (CLIKS) www.kidscount.org	622,817 (2005) 609,393 (2004) 587,895 (2003) 564,004 (2002) 550,419 (2001)	SY01/02 – SY 05/06	ECIC Data File	16,800 (2005) 16,939 (2004) 16,711 (2003) 16,514 (2002) 15,883 (2001)
A.5.b. Percentage of K-12 public school students receiving free or reduced price lunch	Community-Level Information on Kids (CLIKS) www.kidscount.org	37.1% (2005) 36.0% (2004) 34.5% (2003) 32.9% (2002) 32.2% (2001)	SY01/02 – SY 05/06	ECIC Data File	48.3% (2005) 47.6% (2004) 46.0% (2003) 44.8% (2002) 42.6% (2001)
A.6.a. Number of Children under age 6 below 200% of poverty	2000, Community-Level Information on Kids (CLIKS) www.kidscount.org	123,830 (2005) 281,953 (2000)	No trend data.	GSC	3,846 (2000)
A.6.b. Percentage of children under age six below 200% of poverty	2000 Census Data www.kidscount.org	15.5% (2005) MI 35.3% (2000) MI	No trend data.	GSC 19%(2000) US	29% (2000)
A.7.a. Number of mothers with new babies without a high school diploma. (Three year average; latest year listed)	2004; CLIKS/Right Start www.kidscount.org	21,907 (2004) 22,248 (2003) 22,681 (2002) 22,985 (2001) 23,075 (2000)	2000-2004	GSC	488 (2004) 519 (2003) 536 (2002) 563 (2001) 579 (2000)
A.7.b. Percentage of mothers with new babies without a high school diploma. (three year average; middle year listed)	CLIKS/Right Start MI 2006 www.kidscount.org	16.8% (2004) 17.0% (2003) 17.1% (2002) 17.1% (2001) 17.2% (2000)	2000-2004	GSC 16.0% (2004) US 17% (2003) US 17% (2002) US 18% (2001) US 18% (2000) US	18.4% (2004) 19.3% (2003) 19.5% (2002) 19.9% (2001) 20.2% (2000)
A.8.a. Number of children under 18 in single parent families	2000 Census, ACS www.kidscount.org	735,000 (2005) 635,309 (2000)	2000 & 2005	GSC	723 (2005) 17,735 (2000)

A.8.b. Percent of children under 18 in single parent families	2000 Census Data www.kidscount.org	31% (2005) 24.5% (2000)	2000 & 2005	GSC 32% (2005) US 31% (2000) US	28.1% (2005) 28.3 (2000)
A.9. Median household income	SAIPE/ CLIKS www.kidscount.org	\$46,291 (2003) \$45, 202 (2000)	2000 & 2003	ECIC data file \$50,700 (2003) US \$48,600 (2000) US	\$37,954 (2003) \$39,616 (2000)
A.10. percent Pre-1950's housing stock	Census Data www.census.gov	27.0% (2000)	2000	ECIC Data File	29.3% (2000)
A.11. Rate of Unemployment. (Annual Average)	CLIKS www.kidscount.org	6.7% (2005) 7.1% (2004) 7.3% (2003) 6.1% (2002) 5.3% (2001)	2001-2005	ECIC data file 5.0% (2005) US 5.5% (2004) US 6.0% (2003) US 5.7% (2002) US 4.7% (2001) US	7.7% (2005) 9.1% (2004) 9.4% (2003) 6.9% (2002) 5.9% (2001)

Instructions for the Completion of Section A.

Step One: Compile data indicators.

The original data source for each indicator is specified in the chart, along with the website where the data can be most easily accessed. If the recent year data represents a small number of children it will increase the accuracy of the data if a three-year average is used.

The column titled, “Who will Provide the Data” tells you whether the data will be provided directly to you by the ECIC or another organization, or whether the Great Start Collaborative (GSC) will be responsible for going to the original data source/website and obtaining the data for your county or counties on your own.

Trend data compares recent data with data of a previous period of time. Trend data will be very useful in the completing the *Strategic Review*, the second element in the local early childhood system assessment. Trend data shows how performance on an indicator has changed over time. The *Strategic Review* will explore what might have caused those changes and what might be done to improve performance in the future.

Step Two: Geo-map the data, where possible.

GSC determines which indicator(s) when combined and presented in a visual format, provides the most useful information to the community.

Section 1. B. The Status of Infants, Young children and Their Families

Section 1.B. is concerned with the current status of infants, young children and their families. The status information is organized by the Great Start system components and the desired Great Start results. A definition of each component of the Great Start system is provided. The desired Great Start result is listed in the heading of the table which includes the indicators by which the result is currently being measured. The charts include both *required* as well as *recommended* indicators. Recommended indicators are grayed. There are three types of indicators which are used:

- Outcome Indicators - measures of the status of young children and/or their parents;
- Process Indicators - measures of activities used to accomplish good outcomes;
- Risk Indicators - measures of characteristics that have been shown by research to be related to outcomes – good or poor.

Ideally a data source would exist for each indicator that provides both the state and local status. Unfortunately this is currently not the case. The existing data source for some indicators provides only the state level data. For other indicators there is not currently a state-level data source. In both of these cases, the ECIC is requesting that Great Start Collaboratives (GSCs) determine whether they have the capacity to provide these data locally. If a local data source exists for an indicator, the indicator should be included in the as a part of the status report on young children. The status report will then provide a richer picture of the current conditions of young children and their families.

I. Great Start System Component: Physical Health Care

Definition: Comprehensive physical health and child development services – including screening, assessment, and intervention, as well as timely and appropriate referral for specialized developmental, behavioral and social-emotional assessments and interventions.

→ Great Start System Result: **Infants, young children and their families are physically healthy.**←

Indicator Type	Indicators for this Result	Data Source for the Indicator	Michigan	Timeframe of Trend Data	Who Will Provide Data	Your Data
Process	1. a. Number of live births to women with less than adequate prenatal care (3 year average – latest year listed)	CLIKS/Right Start MI 2006 www.kidscount.org	28,349 (2004) 28,455 (2003) 30,453 (2002) 32,267 (2001) 33,367 (2000)	2000-2004	ECIC Data File	432 (2004) 471 (2003) 498 (2002) 501 (2001) 543 (2000)
Process	1. b. Percent of live birth to women with less than adequate prenatal care. (3 year average)	CLIKS/Right Start MI 2006 www.kidscount.org	21.8% (2004) 21.7% (2003) 22.9% (2002) 24.9% (2001) 24.8% (2000)	2000-2004	ECIC Data File	16.3% (2004) 17.5% (2003) 18.1% (2002) 17.7% (2001) 18.9% (2000)
Risk	2. a. Number of live births to women who smoked during pregnancy. (3 yr. average – latest yr. listed)	CLIKS/Right Start www.kidscount.org	18,709 (2004) 19,613 (2003) 20,321 (2002) 20,815 (2001) 21,397 (2000)	2000-2004	GSC	456 (2004) 477 (2003) 511 (2002) 521 (2001) 549 (2000)
Risk	2. b. Percent of live births to	CLIKS/Right Start www.kidscount.org	14.4% (2004) 14.9% (2003)	2000-2004	GSC NA (2004) US	17.2% (2004) 17.8% (2003)

	women who smoked during pregnancy (3 yr average – latest year listed)		15.3% (2002) 15.5% (2001) 15.9% (2000)		10.7% (2003) US 11.4% (2002) US 12.0% (2001) US 12.2% (2000) US	18.6% (2002) 18.4% (2001) 19.1% (2000)
Outcome and Risk Indicator	3.a. Number of live births with low birth weight. (3 year average – latest year listed)	CLIKS/Right Start MI 2006 www.kidscount.org	10,683 (2004) 10,632 (2003) 10,608 (2002) 10,708 (2001) 10,626 (2000)	2000-2004	GSC	240 (2004) 241 (2003) 254 (2002) 257 (2001) 262 (2000)
Outcome and Risk Indicator	3.b. Percent of live births with low birth weight. (3 year average)	CLIKS/Right Start MI 2006 www.kidscount.org	8.2% (2004) 8.1% (2003) 8.0% (2002) 8.0% (2001) 7.9% (2000)	2000-2004	GSC NA (2004) US 7.9% (2003) US 7.8% (2002) US 7.7% (2001) US 7.6% (2000) US	9.1% (2004) 8.1% (2003) 8.0% (2002) 8.0% (2001) 7.9% (2000)
Process	4. Percentage of Toddlers aged 19-35 months who are fully immunized	DCH-MICR	63.9% (2005) 57.0% (2000)	December 2004 & 2005	ECIC Data File 84% (2004) US	69.5% (2005) 59.9% (2004)
Process	5. Percentage of children 0-17 insured	Child Health Survey/www.mchb.hrsa.gov/thechild/states/Michigan.html <i>No local level data is available.</i>	94.0% (2005) 91.9% (2000)	2000 & 2005	NA 88% (2005) US 87% (2000) US	NA 2005 90.1% (2000)
Process	6.a. Number of 0-18 year old children insured by Medicaid, Mi-Child	Unpublished – Kid’s Count MI data	894,211 (2005) 811,488 (2004) 782,244 (2003) 725,554 (2002) 673,709 (2001)	2001-2005	ECIC Data File	24,003 (2005) 22,544 (2004) 22,263 (2003) 21,263 (2002) 20,634 (2001)
Process	6.b. Percent of 0-18 children	Unpublished – Kid’s Count MI	33.4% (2005) 30.2% (2004)	2001-2005	ECIC Data File	42.8% (2005) 39.8% (2004)

	insured by Medicaid or MiChild	data	29.1% (2003) 26.7% (2002) 24.6 (2001)			39.0% (2003) 36.8% (2002) 35.0% (2001)
Process	7. a. Number of children 0-17 with a regular Medical Home ³	National State Child Health Survey. <i>No local level data is available from this source.</i>	2,189,742 (2003)	2003	NA	NA
Process	7. b. Percent of children 0-17 with a regular Medical Home	National State Child Health Survey. <i>No local level data is available.</i>	86.2% (2003)	2003	NA	NA
Outcome	8a. Infant mortality Number - Total (3 yr average; latest yr listed)	CLIKS – (race data is unpublished Kid's Count MI)	1,050 (2004) 1,077 (2003) 1,077 (2002) 1,083 (2001) 1,091 (2000)	2000-2004	ECIC Data File NA (2004) US 28,025 (2003) US 28,034 (2002) US 27,568 (2001) US 28,035 (2000) US	23 (2004) 25 (2003) 26 (2002) 25 (2001) 25 (2000)
Outcome	8a(1) Infant Mortality Number – White Non-Hispanic (3 year average)	CLIKS – (race data is unpublished Kid's Count MI)	551 (2004) 585 (2003) 578 (2002) 598 (2001) 607 (2000)	2000-2004	ECIC Data File	9 (2004) 10 (2003) 10 (2002) 12 (2001) 11 (2000)
Outcome	8a(2). Infant Mortality Number – Black (3 year average)	CLIKS – (race data is unpublished Kid's Count MI)	394 (2004) 398 (2003) 413 (2002) 420 (2001) 422 (2000)	2000-2004	ECIC Data File	13 (2004) 14 (2003) 15 (2002) 13 (2001) 12 (2000)
Outcome	8a (3). Infant Mortality	CLIKS – (race data is unpublished Kid's Count MI)	105 (2004) 95 (2003)	2000-2004	ECIC Data File	1 (2004) 1 (2003)

³ A medical home is a pediatric health care site with the capacity to provide counseling on developmental topics; screen for developmental problems; provide problem-specific developmental interventions or refer to specialized services; and connect parents with community resources.

	Number – Other Races and Unknown Races (3 year average)		86 (2002) 65 (2001) 62 (2000)			1 (2002) 1 (2001) 1 (2000)
Outcome	8b. Infant Mortality Rate per 1,000 Live Births (3 year average)	CLIKS – (race data is unpublished Kid's Count MI)	8.1% (2004) 8.2% (2003) 8.1% (2002) 8.1% (2001) 8.1% (2000)	2000-2004	ECIC Data File NA (2004) US 6.9% (2003) US 7.0% (2002) US 6.8% (2001) US 6.9% (2000) US	8.7% (2004) 9.3% (2003) 9.5% (2002) 8.9% (2001) 8.6% (2000)
Outcome	8b. (1) Infant Mortality Rate Per 1,000 Live Births – White (3 year average)	CLIKS – (race data is unpublished Kid's Count MI)	5.8% (2004) 6.1% (2003) 5.9% (2002) 6.1% (2001) 6.1% (2000)	2000-2004	ECIC Data File NA (2004) US 5.7% (2003) US 5.8% (2002) US 5.7% (2001) US 5.7% (2000) US	5.5% (2004) 6.0% (2003) 5.8% (2002) 6.6% (2001) 6.2% (2000)
Outcome	8b. (2) Infant Mortality Rate Per 1,000 Live Births – Black (3 year average)	CLIKS – (race data is unpublished Kid's Count MI)	17.7% (2004) 17.6% (2003) 17.8% (2002) 17.7% (2001) 17.6% (2000)	2000-2004	ECIC Data File NA (2004) US 14.0% (2003) US 13.8% (2002) US 13.3% (2001) US 13.5% (2000) US	17.8% (2004) 19.0% (2003) 20.6% (2002) 17.3% (2001) 16.4% (2000)
Outcome	8b. (3) Infant Mortality Rate Per 1,000 Live Births – Other Races (3 year average)	CLIKS – (race data is unpublished Kid's Count MI)	7.9% (2004) 7.4% (2003) 6.9% (2002) 5.4% (2001) 5.5% (2000)	2000-2004	ECIC Data File NA (2004) US 5.8% (2003) US 6.3% (2002) US 6.6% (2001) US 6.2% (2000) US	NA if under 6 occurrences
Process	9a. Number 1 & 2 year olds Tested for lead	CLIKS	72,242 (2005) 66,669 (2004) 51,450 (2003) 47,288 (2002) 44,961 (2001)	2001-2005	ECIC Data File	2,048 (2005) 1,781 (2004) 1,052 (2003) 878 (2002) 751 (2001)
Process	9b. Percent 1 & 2 year olds	CLIKS	28.1% (2005) 25.9% (2004)	2001-2005	ECIC Data File	37.9% (2005) 32.9% (2004)

	Tested for lead		19.7% (2003) 18.6% (2002) 17.1% (2001)			19.3% (2003) 16.2% (2002) 13.5% (2001)
*****Recommended, Not Required*****						
Outcome	<i>a.1.. Number of 1 & 2 year olds (of those tested) who are lead poisoned (Blood Levels >10 micrograms/dl)</i>	CLIKS	1,703 (2005) 1,695 (2004) 1,687 (2003) 2,017 (2002) 2,361 (2001)	2001-2005	ECIC Data File	25 (2005) 33 (2004) 30 (2003) 39 (2002) 37 (2001)
Outcome	<i>a.2. Percent of 1 and 2 year olds (of those who are tested) who are lead poisoned (10+ micrograms/dl)</i>	CLIKS	2.4% (2005) 2.6% (2004) 3.3% (2003) 4.3% (2002) 5..4% (2001)	2001-2005	ECIC Data File	1.2% (2005) 1.9% (2004) 2.9% (2003) 4.4% (2002) 4.9% (2001)
Outcome	b.1. Number of Children less than 18 with preventable hospitalizations	DCH – Vital Records and Health Statistics	26,031 (2005)	2005	NA	704 (2005) 687 (2004) 665 (2003) 732 (2002) 825 (2001)
Outcome	b.2. Rate per 10,000 Children less than 18 with preventable hospitalizations	DCH – Vital Records and Health Statistics	139.7% (2005)	2005	NA	132.3% (2005) 135.6% (2004)
Outcome	c. % of children aged 10-17 years who are overweight or at risk of overweight	National Child Health Survey. <i>Only state level data is available from this source.</i>	28.8% (2003)	2003	NA	NA

II. Great Start System Component: Social-Emotional Health Care

Definition: Specialized screening, assessment and intervention services designed to promote the social-emotional well-being of all infants and young children, including infants and young children at-risk of developing emotional disturbances and infants and young children with diagnosed emotional disturbances.

→**Great Start System Result: Infants, young children and their families are socially and emotionally healthy.**←

Indicator Type	Indicators for this Result	Data Source for the Indicator	Michigan	Data Provided by	Timeframe of Trend Data	Your Data
Risk	10a. Number of children Ages 0-5 in Foster Care	DHS	6,431 (2006) 6,237 (2005) 6,333 (2004) 6,417 (2003) 6,368 (2002)	DHS Data File	2002-2006	213 (2006) 186 (2005) 202 (2004) 186 (2003) 180 (2002)
Risk	10b. Rate per 1,000 of children Ages 0-5 in Foster Care	DHS	8.7% (2006) 8.0% (2005) 8.0% (2004) 8.0% (2003) 7.8% (2002)	DHS Data File	2002-2005	13.1% (2006) 11.4% (2005) 12.2% (2004) 11.1% (2003) 10.5% (2002)
Process	11a. Number of children 0- 3 receiving public mental health services	DCH-MH Website ⁴ - Please read footnote for directions as to how to find this information.	964 children 0-3 were served by Community Mental Health Services Programs (CMHSP)s in 2005 ⁵ <u>1,629 (2005)</u>	GSC	2003-2006	45 (2005) 65 (2004) 92 (2003)

⁴ http://www.michigan.gov/documents/02_Demographic_and_Summary_Data_part_1_168525_7.pdf. To navigate from the Michigan.gov page, select Departments and Agencies, then Community Health, then Mental Health and Substance Abuse (in left margin), then Developmental Disabilities, then Statistics and Reports, then Section 404 Community Mental Health Services Programs Report, FY 05. Keep scrolling down to find the reports for prior years. Scroll to the May 31 report for each year and select Section 404.2a. (Demographic and Summary Data). The county data are on pages 24-28 for FY 05 and about the same location in prior years. There is a table for each type of service.

⁵ DCH-MH believes that this number is actually higher but a more accurate number is not available currently due to the fact that some children receive mental health services under cases actually opened on their mothers.

			1,464 (2004) 1,535 (2003)			
Process	11b. Percent of children 0- 3 receiving public mental health services	ECIC Data File	0.2% (2005) 0.3% (2004) 0.3% (2003)	ECIC Data File – data file contains population totals you will need to calculate percent.	2003-2006	0.4% (2005) 0.6% (2004) 0.9% (2003)
Process	12a. Number of children 4-6 receiving early childhood mental health services	DCH-MH	3,019 (2005) 2,679 (2004) 2,317 (2003)	DCH – Mental Health Data File	2003-2006	83 (2005) 67 (2004) 47 (2003)
Process	12b. Percent of children 4-6 receiving public mental health services	ECIC Data File	0.76% (2005) 0.7% (2004) 0.6% (2003)	ECIC Data file – data file contains population totals you will need to calculate percent	2003-2006	1% (2005) 0.8% (2004) 0.6% (2003)
Process and Risk	13a. Number of women with Medicaid paid births screened as positive for Maternal Depression	MSU – Michigan Families Medicaid project	No state level data is currently available. Anticipate by August 2006 to have 800-900 Maternal Infant Health Program (MIHP) screening tools entered for analysis. This will not be a large enough of an N to predict for the entire State, at this time. State level data will be available in 2007.			NA
Process and Risk	13b. Percent of women with Medicaid birth screened as positive for	MSU – Michigan Families Medicaid project	No state level data is currently available. Anticipate by August 2006 to have 800-900 Maternal Infant Health Program (MIHP) screening tools entered for analysis. This will not be a large enough of an N to predict for the entire State, at this time. State level data will be available in			NA

	Maternal Depression		2007.			
Outcome	14. Number of children Grades K-2 identified as “emotionally impaired.”	MDE Special Education	909 (2004) 883 (2005) 866 (2006)			30 (2004) 28 (2005) 28 (2005)
Outcome	14. Number of children Grades K-12 identified as “emotionally impaired.”	MDE – Special Education – MICIS	18,132 (2006) 19,178 (2005) 19,826 (2004) 19,976 (2003) 19,557 (2002) 19,470 (2001)			547 (2006) 557 (2005) 522 (2004) 512 (2003) 510 (2002) 479 (2001)
*****Recommended, but not required*****						
Process	d. Number of Foster Children 0-5 who received a developmental assessment, including a social-emotional health screening	No state-level source currently exists for this data.	NA	NA	Check with local Early On Program.	23 (2005)

III. Great Start System Component: Parenting Education & Family Support

Definition Parenting Education: Services and supports for parents in the critical role they play in the healthy development of their infants and young children.

Definition of Family Support: Services and supports that address the stressors impairing the ability of families to nurture the well-being, safety and overall healthy development of their infants and young children.

→**Great Start Result: Families support and guide the early learning of their infants and toddlers.**←

Indicator Type	Indicators for this Result	Data Source for the Indicator	Michigan	Who Will Provide Data	Timeframe for Data Trend	Your Data
Process	15. Percent of parents who report reading aloud to their children 6-7 days/week	2003 National State Child Health Survey.	55.4%	NA	No trend data	NA
Risk	16a. Number of Children ages 5-17 who receive English language learning services	MDE or your local school districts	NA (2004) 47,668 (2005) 51,216 (2006)	MDE	2004-2006	NA (2004) 10 (2005) 5 (2006)
Risk	16b. Percent of K-12 enrollment who receive English language learning services	MDE or your local school districts	NA (2004) 2.9% (2005) 3.2% (2006)	MDE As of 12/15/06 this data has not been provided by MDE.	2004-2006	NA (2004) .03% (2005) .02% (2006)
Risk	17. Number of births to teens (less than age 20) – 3 year	CLIKS/Right Start MI 2006 www.kidscount.org	12,426 (2004) 12,829 (2003) 13,476 (2002) 14,262 (2001)	GSC	2000-2004	332 (2004) 348 (2003) 364 (2002) 393 (2001)

	average – latest year listed		14,881 (2000)			411 (2000)
Risk	17. b. Percent of births to teens (less than age 20) – (3 year average – latest year listed)	CLIKS/Right Start MI 2006 www.kidscount.org	9.6% (2004) 9.8% (2003) 10.1% (2002) 10.6% (2001) 11.1% (2000)	GSC	2000-2004 NA (2004) US 10.3% (2003) US 10.8% (2002) US 11.3% (2001) US 11.8% (2000) US	12.5% (2004) 13.0% (2003) 13.2% (2002) 13.9% (2001) 14.3% (2000)
*****Recommended, not required*****						
Process	e. Number of women for whom Medicaid paid for their birth who are served by a home visiting program – in the first three years	No current state source for this data.	NA	NA	Check with local programs who provide home visiting services.	
Risk	f. Mobility rates for elementary schools within the Great Start Collaborative	No current state source for this data.	NA	NA	Check with local elementary schools within the GSC area.	NA

IV. Early Childhood System Component: **Early Care & Education**

Definition: Early care (child care) and education services that support the early learning, health and social-emotional well-being of infants and young children.

→**Great Start Result: Families have access to high quality early care and education.**←

Indicator Type	Indicator for this Result	Data Source for the Indicator	Michigan	Who Will Provide Data	Timeframe for Trend Data	Your Data
Risk	18. Percentage of children 0 -2 who could have a dvlpmntl delay ⁶	2005 Early On Prevalence Study Data are only available by ISD.	7.5% (2005)	As of 12/15/06 the ECIC has not received this data.	No trend data.	8.6% (2005)
Process	19.a. Total Number of child care centers	DHS Licensing	4,880 (2006)	Licensing CD	Sept. 2006	132 (2006)
Process	19.b. Number of child care centers accepting infants	DHS Licensing	1,321 (2006)	Licensing CD	Sept. 2006	36 (2006)
Process	19.c. Number of child care centers that are half-day (less than 5 hrs continuous care)	DHS Licensing	2,079 (2006)	Licensing CD	Sept. 2006	61 (2006)
Process	19.d. Total # of group family homes. (up to 12 children)	DHS Licensing	3,587 (2006)	Licensing CD	Sept. 2006	104 (2006)

⁶ Early On Michigan prevalence study used the following indicators, Poverty, Low Birth Weight, Mother with Less than High School Diploma, Birth Defects Registry, Preterm Labor and Race, to predict the prevalence of children who would meet Early On eligibility definition.

Process	20. Number of registered family homes.(up to six children)	DHS Licensing	8,086 (2006)	Licensing CD	Sept. 2006	234 (2006)
Process	21a. Number of children 0-5 years of age receiving child care subsidy Total	DHS	76,909 (2006) 78,640 (2005) 80,086 (2004) 79,444 (2003) 79,144 (2002)	Licensing CD	2005-2006	2,982 (2006) 3,159 (2005) 3,129 (2004) 3,296 (2003) 3,174 (2002)
Process	21b. Number of Children Ages 0-5 Receiving child care subsidy for relative/aide care	DHS	53,032 (2006) 54,852 (2005) 55,545 (2004) 55,737 (2003) 55,570 (2002)	Licensing CD	2005-2006	2,245 (2006) 2,341 (2005) 2,362 (2004) 2,502 (2003) 2,384 (2002)
Process	21c. Percent Children receiving child care subsidies that are in relative/aide care	DHS	69% (2006) 69.8% (2005) 69.4% (2004) 70.2% (2003) 70.2% (2002)	Licensing CD	2005-2006	75.3% (2006) 74.1% (2005) 75.7% (2004) 75.9% (2003) 75.1% (2002)
Process	22. Number of regulated programs that are nationally accredited – National Association for Ed of Young Children ; NFCC – National	NAA http://www.naaweb.org/accreditation.htm NAEYC http://www.naeyc.org/accreditation/ NAFCC http://www.nafcc2.org/accred/search.html	293 - NAEYC 54-NAFCC 2 - NAA	GSC	2005	4 - NAEYC

	Association for Family Child Care NAA – National After School Association					
Process	23. Percentage of children under six with all parents in the labor force	2000 Census Data	60.9% (2000)	GSC	No trend data available	67.1% (2000)
Process	24a. Total Number of children (3-4) in Head Start	Head Start or your local Head Start Programs	42,980 (2006) _____ (2005) 35,124 (2004) _____ (2003) _____ (2002)	Head Start Data File	2002-2006	1,446 (2006) 1,144 (2005) 1,113 (2004) 1,318 (2003) 744 (2002)
Process	24b. Number of children (Not Slots) Age 4 in MSRP	MDE or your local MSRP programs	Pending	As of 12/15/06 have not received this data from MDE.	2001-2005	615 (2006) 585 (2005) 612 (2004) 793 (2003)

→ **Great Start Result: Children are ready to succeed in school and in life.**←

Indicator Type	Indicators for this Result	Data Source for the Indicator	Michigan	Data Provided by	Timeframe of Trend Data	Your Data
Risk	25a. Number of children by school district who attend developmental kindergarten	MDE or local school districts.	13,609 (05/06)	As of 12/15/06 have not received this data from MDE.	Pending	275 (05/06)
Risk	25b. Percent of children by school district who attend developmental kindergarten	MDE or local school districts	5.4% (05/06)	As of 12/15/06 have not received this data from MDE.	Pending	4% (05/06)
Outcome	26a. Number of children who achieve reading proficiency in 3 rd grade	MDE – MEAP Website	101,408 (2005)	ECIC Data File	2005	2,047 (2005)
Outcome	26b. Percent of Children who Achieved Reading proficiency in 3 rd grade	MDE – MEAP Website	86.6% (2005)	ECIC Data File	2005 30% (2005) US	86.7% (2005)
Outcome	26. c. Number of children who achieved mathematics proficiency in 3 rd grade	MDE – MEAP Website	102,528 (2005)	ECIC Data File	2005	2,052 (2005)
Outcome	26. d. Percent of children who achieved	MDE – MEAP Website	87% (2005)	ECIC Data File	2005 35% (2005)	87.7% (2005)

	mathematics proficiency in 3 rd grade					
Risk	27a. Number of children at 1 st grade who are older than cohort	MDE or locally at school districts.	797 (2004) 679 (2005) 535 (2006)	ECIC data file	2004-2006	21 (2004) 10 (2005) 13 (2006)
Risk	27b. Percent of children at 1 st grade who are older than cohort	MDE or locally at school districts.	0.6% (2004) 0.6% (2005) 0.4% (2006)	ECIC data file	2004-2005	0.8% (2004) 0.4% (2005) 0.5% (2006)
Risk	28a. Number of children 3-6 years who are participating in Special Education	MDE	NA (2004) 29,134 (2005) 30,010 (2006)	ECIC Data File	2004-2006	NA 2004 598 (2005) 634 (2006)
Risk	28b. Percent of children 3-6 years who are participating in Special Education	MDE	NA (2004) 9.7% (2005) 9.9% (2006)	ECIC Data File	2004-2005	NA 2004 9.5% (2005) 10.6% (2006)
*****Recommended, Not Required*****						
Process	G.1. Number of lead teachers in licensed child care centers with a BA in early education or related field	No current state-level source for this data.	NA	Check with your Regional 4C Office.	NA	NA
Process	G.2. Percent of	No current state-	NA	Check with	NA	NA

	lead teachers in licensed child care centers with a BA in early education or related field	level source for this data.		your Regional 4C Office.		
Outcome	H.1. Number of children at kindergarten entry who have participated in classroom-based preschool or child care for at least one year	No state-level source current exists for this data.	NA	Check with your local public and private preschool programs.		NA
Outcome	H.2. Percent of children at kindergarten entry who have participated in classroom-based preschool or child care for at least one year	No state-level source current exists for this data.	NA	Check with your local public and private preschool programs.		NA
Outcome	H.3. Number of children at kindergarten entry who have participated in classroom based	No state-level source current exists for this data.	NA	Check with your local public and private preschool programs.		NA

	preschool or child care for at least two years					
Outcome	H.4. Percent of children at k-entry who have participated in classroom based preschool or child care for at least two years	No state-level source current exists for this data.	NA	Check with your local public and private preschool programs.		NA

V. Early Childhood System Component: Basic Needs, Economic Security & Child Safety

Definition: Services and supports that address the basic, daily living needs of families as well as child and family safety.

→Great Start Result: Families of infants and young children are economically stable.←

Indicator Type	Indicators for this Result	Data Source for the Indicator	Michigan	Who will Provide the Data	Timeframe for Trend Data	Your Data
Risk	29a. Number of births paid for by Medicaid	CLIKS/Right Start MI 2006 www.kidscount.org	44,549 (2004) 43,529 (2003) 41,940 (2002) 40,591 (2001)	ECIC Data File	2001-2004	1,334 (2004) 1,279 (2003) 1,306 (2002) 1,328 (2001)
Risk	29b. Percent of births paid for by Medicaid	CLIKS/Right Start MI 2006 www.kidscount.org	34.3% (2004) 33.3% (2003) 32.4% (2002) 30.5% (2001)	ECIC Data File	2001-2004	50.4% (2004) 48.5% (2003) 49.2% (2002) 48.0% (2001)

Process	30. Number of children 0-5 receiving Family Independence Program (FIP)	DHS	64,347 (2006) 57,479 (2005) 56,990 (2004) 56,094 (2003) 50,205 (2002)	DHS Data File	2002-2006	2,435 (2006) 2,352 (2005) 2,322 (2004) 2,448 (2003) 2,529 (2002)
Risk	30a. Percent of children 0-5 who are receiving FIP (population attached)	DHS	8.2% (2006) 7.4% (2005) 7.3% (2004) 7.2% (2003) 6.4% (2002)	DHS Data File	2002-2006	15.2% (2006) 14.7% (2005) 14.3% (2004) 15.0% (2003) 15.3% (2002)
Risk	31a. Percent of FIP children 0-5 who are sanctioned	DHS	1,616 (2006) 1,412 (2005) 1,378 (2004) 1,366 (2003) 1,393 (2002)	DHS Data File	2002-2006	16 (2006) 13 (2005) 10 (2004) 10 (2003) 20 (2002)
Process	31b. Percent of FIP children 0-5 who are sanctioned	DHS	2.5% (2006) 2.5% (2005) 2.4% (2004) 2.4% (2003) 2.8% (2002)	DHS Data File	Dec.2001 – Dec.2005	0.7% (2006) 0.6% (2005) 0.4% (2004) 0.4% (2003) 0.8% (2002)
Process	32a. Number of children 0-5 receiving food assistance	DHS	194,974 (2005) 186,015 (2004) 174,647 (2003) 162,784 (2002) 142,209 (2001)	DHS Data File	Sept.2001- Sept. 2005	5,990 (2005) 6,070 (2004) 5,623 (2003) 5,395 (2002) 5,070 (2001)
Process	32b. Percent of children 0-6 receiving Food Assistance	DHS	24.8% (2005) 23.8% (2004) 22.3% (2003) 20.0% (2002) 18.0% (2001)	DHS Data File	Sept. 2001- Sept. 2005	37.5% (2005) 38.0% (2004) 34.6% (2003) 33.0% (2002) 30.6% (2001)
Process	33. Number of pregnant women, mothers with infants and	DCH WIC program data	418,134 (2005)	ECIC Data File	2005 – No trend data provided	11,661 (2005)

	children 1-4 years participating in WIC clinics. (by county of service not residence)					
*****Recommended, not required*****						
Risk	i. Number of homeless families with infants and young children in homeless or domestic violence shelters	No state-level data source currently exists for this indicator.	NA	Check with your local homeless and domestic violence shelters	NA	1 (2006) 1 (2005)

→Great Start Result: Infants and young children live in safe families.←

Indicator Type	Indicators for this Result	Data Source for the Indicator	Michigan	Data Provided by	Timeframe for Trend Data	Your Data
Outcome & Risk	34a.. Number children 0-5 who are substantiated victims of abuse	DHS	1,160 (2006) 1,148 (2005) 1,272 (2004) 1,479 (2003) 1,650 (2002)	DHS Data File	2002-2006	31 (2006) 40 (2005) 40 (2004) 46 (2003) 35 (2002)
Outcome & Risk	34b. Rate/1000 children 0-5 who are substantiated victims of abuse	DHS	1.5% (2006) 1.5% (2005) 1.6% (2004) 1.9% (2003) 2.1% (2002)	DHS Data File	2002-2006	1.9% (2006) 2.5% (2005) 2.5% (2004) 2.8% (2003) 2.1% (2002)

Outcome & Risk	35a. Number of children 0-5 who are substantiated victims of neglect	DHS	10,159 (2006) 9,447 (2005) 9,343 (2004) 8,712 (2003) 7,866 (2002)	DHS Data File	2002-2006	394 (2006) 354 (2005) 390 (2004) 260 (2003) 304 (2002)
Outcome & Risk	35b. Rate/1000 children 0-5 who are substantiated victims of neglect	DHS	13.0% (2006) 12.1% (2005) 11.9% (2004) 11.1% (2003) 10.0% (2002)	DHS Data file	2006-2006	24.0% (2006) 22.1% (2005) 24.0% (2004) 15.9% (2003) 18.4% (2002)

Section 2: Strategic Review of Local Great Start System Components

The *Strategic Review of the Local Great Start System Components* is intended to be a facilitated dialogue in which the Great Start Collaborative (GSC) members and other early childhood and community stakeholders will:

1. Conduct an analysis/review of the indicator data, for each Great Start Result, to develop a shared understanding of the contributing factors behind the current indicator performance;
2. Review the contributions (strengths/accomplishments) that existing programs, community assets and resources make toward addressing the community need, as defined by the indicators;
3. Determine the weaknesses, gaps and missing pieces that are currently impeding improved performance on the indicators;
4. Determine recommendations that will address the identified gaps, weaknesses and missing pieces and lead to improved performance on the indicators and subsequently to improved results;
5. Prioritize the recommendations.

The findings of the *Strategic Review* and the subsequent recommendations are to be documented in writing and will be incorporated into the strategic plan.

To assist with the *Strategic Review*, a chart which depicts a *Comprehensive Array of Early Childhood Programs and Community Assets and Resources* is provided below. The *Comprehensive Array* will be of use in steps two and three of the *Strategic Review*.

DRAFT: Comprehensive Array of Early Childhood Programs & Community Assets and Resources

<u>Physical Health</u>	<u>Social-Emotional (Mental) Health</u>	<u>Parenting Education</u>
<p>Primary Care Providers -Family Practice -Obstetricians -Pediatricians -Community Health Centers & Clinics</p> <p>EPSDT Providers</p> <p>Hospitals and Specialty Clinics Covenant HealthCare Neonatal Intensive Care Covenant HealthCare Pediatric Intensive Care Covenant HealthCare Pediatric Main Unit Health Delivery, Inc. Field Neuroscience Institute – FNI Partners in Pediatrics</p> <p>Dentists/Oral Health Care Programs</p> <p>Public Health -Children’s Special Health Care -Family Planning Services -Lead Testing -Maternal Infant Health Program -Nurse-Family Partnership -Nutrition consultation MSUE Family Nutrition Programs</p> <p>Model/Pilot Medical and Health Programs</p> <p>Sickle Cell Program</p> <p>Professional Organizations/Continuing Education</p>	<p>Screening for Social Emotional Wellness - Child -Primary Care -Child Care -Home Visiting -Foster Care</p> <p>Screening and Referral for Mothers -Primary care pre-and post-partum -Maternal-Infant Health Program</p> <p>Community Mental Health Services Programs -Home-based, family-centered early childhood mental health services -Infant Mental Health services program -Developmental disabilities programs 0-5 -Family therapy -Specialized Developmental Assessment</p> <p>Mental Health Consultation for Early Care and Education programs - CCEP</p> <p>Alcohol and Substance Abuse Groups (AA)</p> <p>Support Groups, including Parent-to-Parent (facilitated by parents for parents)</p> <p>Private Therapists -Family Therapy, Westlund Family Guidance, Catholic Family Services, etc.</p> <p>Pastoral Counseling</p> <p>Professional Organizations/Continuing Education</p>	<p>Web-based/Print -Great Parents/Great Start website www.migreatparents.org</p> <p>-Educational campaign (PSAs, posters, materials e.g. READY Kits, United Way – Born Learning Campaign, etc.)</p> <p>Adult education programs</p> <p>Family literacy programs (Even Start)</p> <p>Parenting Classes and/or Workshops, including parenting education for families of children with special needs and non-traditional families</p>

<u>Family Support</u>	<u>Early Care and Education</u>	<u>Basic Needs & Economic Security</u>
<p>Support groups -Parent-to-Parent (facilitated by parents for parents) -Parent groups (facilitated by professionals for parents) -Father groups/Fatherhood Initiatives</p> <p>Disability Supports -Family Support Subsidy -Respite care for parents of children with disabilities -Doula Programs</p> <p>Information & Referral -211 -Help-line/Crisis Line -Child abuse prevention campaign</p> <p>Community Centers -Family Resource Centers -Neighborhood Centers</p> <p>Program for At-Risk Families -0-3 Secondary Prevention Healthy Families Saginaw (MSUE, TPS & SPS)</p> <p>Family Recreation (parks, ball fields, play grounds) -YMCA/YWCA YMCA Saginaw Saginaw Children's Zoo -Museum -Library -Playgroups Birth-5 Play to Learn Groups SPS Birth-5 Play Groups Faith-based organizations -Churches -Synagogues -Mosques Michigan State University Cooperative Extension</p>	<p>Child Care Resource and Referral -4 C Association local and regional offices - Quality Child Care Initiative</p> <p>SISD Early Childhood Consultation services, including NAEYC Positive Beginnings</p> <p>0-3 years -Child care centers serving infants and toddlers -Early On (Part C of IDEA) -Early Head Start -Cooperative Child Care -School-based child care for adolescent parents</p> <p>3-5 years -Child care centers serving 3-5 year olds -Private Preschools -Preschool Special Education -Head Start Program -Michigan School Readiness Program -Head Start and MSRP Programs provided in child care centers -Cooperative child care</p> <p>Kindergarten -Local elementary schools (public, including charter, and private) -Child care centers with Kindergarten programs -Parent Teacher Organization</p> <p>Professional Development -Four-year Programs -Community Colleges -MSU Cooperative Extension -4C Association Offices (T.E.A.C.H.) -Professional Organizations</p> <p>Community Library Programs</p>	<p>Food -WIC -Food Stamps -School breakfast and lunch programs -Food Banks -Food Programs (soup kitchens)</p> <p>Income -TANF and workforce development - Job training/employment counseling and supports</p> <p>Shelter -Housing subsidies -Home energy assistance -Habitat for Humanity -Neighborhood Housing Program</p> <p>Transportation -Public Transportation -Disability Transportation -Taxi -Volunteer</p> <p>Emergency Assistance -Red Cross -Homeless Shelter(s) for Families -Utility Assistance</p> <p>Other -Baby Pantry</p>

Other Community Resources		Child Safety
<p>Child & Family Advocacy Organizations</p> <p>Legal Services</p> <p>Community Foundations Saginaw Community Foundation</p> <p>Civic Organizations -Junior League -Chamber of Commerce -Business Associations</p> <p>Local Associations</p> <p>Unions</p>		<p>Substance Abuse Programs DOT Inner-link</p> <p>Domestic Violence Programs/Shelters Underground Railroad</p> <p>Child Welfare Child Abuse and Neglect Council Baby Basics Baby Think It Over -Child Protection Services -Family Court & Juvenile Court -Foster care -Adoption</p> <p>Safety Promotion -Police Departments -Fire Departments</p>

Step 1: Determine a process(es), stakeholders, plan of work and timeline for completion of the Strategic Review.

GSC determines a process, stakeholders, and plan of work for the *Strategic Review*. It is crucial that the GSC uses process(es) that encourage the engagement of a broad group of diverse stakeholders. These processes could include: focus groups at child care centers, churches, community centers, family resources centers, etc.; town hall style meetings; broad distribution of written materials using community newspapers, newsletters, web sites, etc. Diligent and concerted efforts need to be made by the GSC to assure that stakeholders that are involved in the review are representative of the diversity of the county/community. Diversity in this case would include, but not be limited to, ethnicity, race, class, geography and disability.

GSCs are highly encouraged to seek consultation from their ECIC Technical Assistance Coordinator in the development of process(es) and invitee lists for this review.

Step 2. Examine existing documentation of prior strengths, needs and gap analyses conducted in the community.

GSC will review existing documentation to determine how it can best be incorporated in the *Strategic Review*.

Step 3. Implement the process for the Strategic Review.

GSC will complete the *Strategic Review*, including the elements detailed below:

- Conduct an analysis/review of the indicator data, for each Great Start Result, to develop a shared understanding of the contributing factors behind the current indicator performance.

The GSC will want to consider contributing factors that may be present at the state, community, program, and/or family level. Reaching a shared understanding or consensus amongst the GSC membership, based on the input of a larger group of early childhood and community stakeholders, as to the key contributing factors, will assist with the completion of the other steps in the process.

- Review the contributions (strengths/accomplishments) that existing programs, community assets and resources make toward addressing the community need, as defined by the indicators.

The GSC can use the *Comprehensive Array* to assist with this step, to assure that it is thinking broadly and not missing or forgetting the contributions of community partners. Outreach to community assets and resources to determine their contributions is an important aspect of this element of the review.

- Determine the weaknesses/adequacy, gaps and missing pieces that are currently impeding improved performance on the indicators.

The GSC needs to consider the impact of the following issues in the discussion of weaknesses and gaps: funding, access, adequacy, capacity, and quality. The GSC will also want to review the *Comprehensive Array* to determine missing pieces within the component areas, (e.g. screening for social-emotional health in primary health care, availability of physicians and dentists to serve children with Medicaid, etc.) that are contributing to current performance on the indicators.

- Determine recommendations that will address the identified gaps, weaknesses and missing pieces and can lead to improved performance on the indicators and subsequently to improved results.

The GSC will want to consider evidence-based and best practice approaches as it considers recommendations for each component area. ECIC Technical Assistance Staff can serve as resources for this information.

- Prioritize the recommendations.

The GSC will prioritize the recommendations based on the needs of the community. Community and early childhood stakeholder input needs to be a part of the prioritization process.

Step Four. Prepare a written report of the Strategic Review.

GSC prepares a written report of the review for dissemination to the community.

Step Five. Implement communications plan.

GSC follows through on communication and dissemination strategies as outlined in communications plan.

Section 3: *Early Childhood Infrastructure Review*

“High quality, easily accessible programs cannot exist without a quality infrastructure. (*sic*) infrastructure must be understood as being indispensable.”⁷

According to Kagan: Programs + Infrastructure = A System

AND

Infrastructure + Quality Programs = Good Child Outcomes

The following infrastructure elements undergird and connect the high quality programs within each component area to form a functional early childhood system across all the component areas. Each element of infrastructure must be informed by and work in tandem with the others to be effective.

- Collaborative Governance
- Accountability, Results and Standards

⁷ Kagan, Sharon Lynn. “Giving America’s Young Children a Better Start: A Change Brief.” May 2001.

- Data and Information Systems
- Professional Development and Technical Assistance
- Parental and Community Engagement
- Communication and Public Will Building
- Service System Integration
- Financing and Fund Development

The *Early Childhood Infrastructure Review* is intended to be a facilitated dialogue in which the Great Start Collaborative (GSC) engages that addresses two key questions:

1. What is the current status of a given infrastructure element? (Accomplishments, Strengths/Weaknesses and Opportunities);
2. What are our recommendations for the improvement and/or development of this infrastructure element, based on the status review findings?

The findings of the *Infrastructure Review* and the subsequent recommendations are to be documented in writing and will be incorporated into the strategic plan.

The *Infrastructure Review* is provided below, in outline form. It contains key activities for each infrastructure element. The GSC will complete the review activities and then address the two dialogue questions. GSCs are encouraged to add additional topics or questions as they see fit.

Early Childhood Infrastructure Review

Collaborative Governance

- GSC reviews performance standards for Year 1, as applicable.
- GSC completes *Collaboration Factors Inventory*⁸ or a similar tool to determine the current status of its collaborative governance.
- GSC reviews and documents links to other collaborative governance structures and early childhood workgroups or committees in the community.

Accountability, Results and Standards

GSC reviews and documents:

- existing cross component⁹ and/or component specific approaches/practices for accountability;
- existing cross component and/or component specific results, standards or goals.

Data and Information Systems

GSC reviews and documents current practices for shared data collection and sharing across component and/or within a component area.

⁸ Available from the Fieldstone Alliance.

⁹ Physical Health Care, Social Emotional Health Care, Early Care and Education, Parenting Education, Family Support, Basic Needs, Economic Security and Child Safety.

Professional Development and Technical Assistance

GSC reviews and documents:

- past or current examples of profession development (training) offered to staff across components and/or to staff across organizations within a specific component, e.g. physical health;
- existing practices for offering technical assistance and consultation across components and/or to staff across organizations within a specific component.

Parental and Community Engagement

GSC reviews and documents current practices for:

- assuring parental leadership and engagement within each component area and across components;
- promoting community engagement within each component area and across components.

Communication and Public Will Building

GSC reviews and documents current practices for:

- building public will for early childhood;
- sharing access and service information with parents across components;
- sharing information with administrators and staff across components and/or within each component area.

Service System Integration

GSC reviews and documents:

- existing written interagency agreements, contracts, policies and procedures related to the provision of early childhood services and service coordination; e.g. identification of at-risk newborn infants and referral for appropriate services
- past or current examples of two or more organizations working together to provide staff for a jointly developed program; e.g. parenting education in health care and child care settings or literacy, health and safety education in home visiting programs, etc.
- past or current examples of paperwork/documentation that was integrated to support families who receive services from multiple organizations, e.g. intake forms, release of information forms, service planning forms, etc.;
- past or current programs that were developed to serve the children and/or parents of one organization in another, e.g. Community Mental Health Services Program screens foster children from Department of Human Services for social-emotional concerns and makes referral for specialized assessment and follow-up;
- past or current examples of two or more organizations working together to avoid duplication and competition, e.g. joint recruitment by public early childhood programs, co-location of programs, etc.

Financing and Fund Development

GSC reviews and documents:

- current approaches to financing programs, services and supports for young children and their parents and summarizes the amount of funding by source;¹⁰
- past or current efforts to pool or braid funds for early childhood programs, services or supports;
- past or current efforts to raise, develop or leverage funds for early childhood programs, services and supports.

Instructions for the Completion of Section 3

Step One. Examine existing documentation of prior assessments of early childhood system infrastructure.

GSC will review existing documentation of prior reviews of infrastructure in light of *Early Childhood System Infrastructure Review* and dialogue questions to determine what information existing and what information needs to be developed.

Step Two. Develop a process and timeline for completion of review.

GSC determines a process and timeline to assure the timely completion of the review.

Step Three. Implement process for review.

GSC completes the infrastructure review using the dialogue questions and generating a set of recommendations for infrastructure improvement and development.

Step Four. Prepare written report of infrastructure review.

GSC prepares a written report of the infrastructure review for dissemination to the community.

Step Five. Implement Communication Plan.

GSC follows through on communication and dissemination strategies outlined in communication plan.

¹⁰ *Funding Matrix* template will be provided by ECIC.