

**Logic Model for SECCS Grant Program:
Idaho Early Childhood Comprehensive Systems (IECCS) 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)	Families of young children	Health Insurance Eligibility and Enrollment	Develop and distribute a common enrollment application for Medicaid, Children's Health Insurance Program (CHIP) A, CHIP B, and the Children's Access Card that is user friendly (including an electronic version).	By August 2008, common enrollment form for Medicaid, CHIP A, CHIP B, and the Children's Access Card exists.	Common enrollment form for Medicaid, CHIP A, CHIP B, and the Children's Access Card exists.		
The Idaho Department of Health and Welfare is the lead agency (coordinated out of the Governor's Office).	PROJECT INPUTS (i.e., personnel and non-personnel)				By August 2008, increased number of calls for the common enrollment form.	Increased number of calls for the common enrollment form.		
The Idaho Early Childhood Comprehensive Systems (IECCS) Implementation Project seeks to pull fragmented and multiple sector service delivery systems into a system that is responsive to needs of young children and families. This will be accomplished through agreements, communication, and connectedness to strengthen existing systems and develop services as needed.	Personnel:				By August 2008, increased number of common enrollment forms completed.	Increased number of enrollment forms completed.		
IECCS produced the Idaho Early Care and Learning Comprehensive Systems Plan which is designed to connect all stakeholders that serve families of young children at the state and local levels.	Project Director 1.0 FTE				By August 2008, the common enrollment form is submitted electronically.	The common enrollment form is submitted electronically.		
IECCS has the following ten shared goals: 1) Families of young children have a regular health care provider that oversees their health care and refers them to other services and resources as needed; 2) Young children have access to high quality child care when needed; 3) Families of young children have access to social and emotional screening, and when needed, assessment and age-appropriate follow-up care; 4) Young children have access to high quality child care, when needed; 5) Young children access early learning opportunities to support school readiness and their optimal development;	Project Assistant 0.5 FTE				By August 2008, increased number of locations offering electronic common enrollment form.	Increased number of locations offering electronic common enrollment form.		
6) Families and caregivers of young children have access to information, resources and support to help them raise healthy, strong children; 7) Parents and caregivers meet the basic needs of children; 8) Families, communities, businesses and the state work together to establish strategies and procedures that support families of young children; 9) Assure linkages and coordination among providers and programs that serve families of young children; and 10) Establish and use outcomes and indicators to assess and monitor changes in the health and well-being of families of young children.	Non-Personnel:				By August 2008, presumptive eligibility strategies are implemented.	Presumptive eligibility strategies are implemented.		
ENVIRONMENT:	Direct Costs: sum of fringe benefits, travel, equipment, supplies, contractual, and other.	Income-Eligible Families in CHIP, Medicaid and Access Card Programs			By August 2008, increased number of CHIP, Medicaid and Access Card enrollees.	Increased number of CHIP, Medicaid and Access Card enrollees.		
Multiple programs, services, and initiatives exist across the state with little, if any, connectedness. Communication is splintered and coordination fragmented within cities, counties, regions, and the state.	Other costs include money for implementation of specific strategies, phone, conference calls, email, task force facility meeting, publications, office, common, and meeting space.				Healthy Connections providers	Explore options to increase Medicaid reimbursements for Healthy Connections providers.	By August 2008, increased rate of Medicaid reimbursement for Healthy Connections providers.	Increased rate of Medicaid reimbursement for Healthy Connections providers.

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The sparse population limits the income tax and sales tax collection which in turn impacts the dollars available for general funds. Additionally, 65% of Idaho's land is federally owned and therefore places restrictions on the amount of property tax collected. With a paucity of resources, there is a critical need for coordinated, community systems of early care and learning to support and promote the development and implementation of a comprehensive statewide plan.	Indirect Costs: The Department of Health and Welfare charges indirect costs on all grants administered by the Department using a federal approved cost allocation plan. The amount is \$500.	Families		Convene representatives from health care, ID Department of Insurance (DOI), private health insurance providers, government entities, businesses, and other stakeholders to develop affordable insurance plans for all families (e.g., single payer health insurance, small business medical insurance "co-ops").	By March 2008, decreased number and percentage of uninsured working families.	Decreased number and percentage of uninsured working families.		
According to Idaho Kids Count, Idaho has one of the fastest growing populations of young children in the nation. Thus, ECCS is crucial to the success of these young children later in life.	Indirect Costs: Fiscal oversight that includes billing, financial statements, payroll, human resources, and budget that is administered through the Department of Health and Welfare and the Generation of Child Initiatives: \$2000.				By March 2008, increased number and percentage of employers offering health insurance coverage by region of the state.	Increased number and percentage of employers offering health insurance coverage by region of the state.		
60% of Idaho women in the workforce have children under the age of six. Most of these children require some form of child care during work hours, yet quality child care options are severely limited in many areas of the state.	OTHER INPUTS (contracts, other grant awards, matching funds):				By March 2008, increased number and percentage of businesses covering employees' children.	Increased number and percentage of businesses covering employees' children.		
Only 23% of migrant children and 18% of limited English proficient children entering kindergarten are adequately prepared.	Capacity Builder will assist with capacity building functions including working with communities, partners and lead agencies to identify current and new resources to help implement strategies at the state and local level.	Potential CHIP enrollees	Health Insurance Eligibility and Enrollment	Maximize CHIP enrollment (including renewals) by developing, financing, and implementing multiple outreach and process improvement strategies. Outreach should include: neighborhood schools, hospitals, clinics, public libraries, etc.	By August 2008, increased enrollment in CHIP and Access Card programs.	Increased enrollment in CHIP and Access Card programs.		
Child care health and safety standards are very limited. District health departments are operated on a county basis and function autonomously. 45% of the 9, 413 children receiving subsidized Idaho Child Care Program services were in unregulated settings.	The University of Idaho College of Agricultural and Life Science, School of Family and Consumer Science, will develop and implement the project evaluation during the term of the grant.				By August 2008, placement of public service announcements.	Placement of public service announcements.		
Every county in Idaho is classified as a Mental Health Professional Shortage area. Idaho children are less likely than children living elsewhere in the United State to have a medical home.					By August 2008, increased rate of retention for CHIP enrollment.	Increased rate of retention for CHIP enrollment.		
PARTNERING ORGANIZATIONS:		Families		Develop, resource and implement a health education initiative (including training) to help healthcare providers, child care and social service providers, educators, faith based organizations, and businesses educate families about the benefits and importance of disease prevention, healthy lifestyles, health insurance options, and medical homes.	By September 2007, funding to finance health education initiative is secured.	Funding to finance health education initiative is secured.		
Idaho Perinatal Project: is a long-term initiative in Idaho that has been involved in issues around pregnancy and childbirth.					By September 2007, tools and resources for health education initiative are developed.	Tools and resources for health education initiative are developed.		
Pregnancy Wellness Coalition: is a community-based collaborative located in Northern Idaho that has engaged in parent education specifically on birth, breast-feeding and postnatal areas.					By September 2007, number of state organizations, associations, and businesses participating in the health education initiative.	Number of state organizations, associations, and businesses participating in the health education initiative.		
Idaho Governor's Council on Adolescent Pregnancy Prevention (IGCAPP): focuses on delaying sexual activity by adolescents.					By September 2007, number of health education initiative tools and resources distributed.	Number of health education initiative tools and resources distributed.		
Success by 6: is an early childhood initiative located in two areas of the state. Both initiatives are involved in child care, health and literacy activities.					By September 2007, increased number of employer-based health education programs.	Increased number of employer-based health education programs.		

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Infant Toddler Interagency Coordinating Council (ICC) and Regional Infant Toddler Committees (RITC): adhere to federal requirements of including an array of partners in planning and guiding the Infant Toddler Program through implementation. The state director for Children's Special Health Program (CSHP) is a member of the ICC. Additionally, CSHP has been an active partner in an interagency agreement with the Infant Toddler Program.		Families	Health Insurance Eligibility and Enrollment	Develop, resource and implement a health education initiative (including training) to help healthcare providers, child care and social service providers, educators, faith based organizations, and businesses educate families about the benefits and importance of disease prevention, healthy lifestyles, health insurance options, and medical homes.	By September 2007, number of trainings for childcare providers and number of participants.	Number of trainings for childcare providers and number of participants.		
					By September 2007, determined value of health education initiative and number of services accessed.	Determined value of health education initiative and number of services accessed.		
					By September 2007, increased number of hits by families to DHW and DoI websites to download resources.	Increased number of hits by families to DHW and DoI websites to download resources.		
					By September 2007, increased number of people with health insurance.	Increased number of people with health insurance.		
Head Start Collaboration Council		Eligible young children	Health Insurance Coverage for Mental Health Needs	Ensure access for all eligible young children to mental health assessment and services through CHIP, Medicaid, and EPSDT (Part B & C).	By August 2008, tracked and reduced the number of eligible young children on waiting lists for mental health assessment and services through CHIP, Medicaid, and EPSDT (Part B & C).	Tracked and reduced the number of eligible young children on waiting lists for mental health assessment and services through CHIP, Medicaid, and EPSDT (Part B & C).		
					By August 2008, increased the number of eligible families receiving mental health assessment and services through CHIP, Medicaid, and EPSDT (Part B & C).	Increased the number of eligible families receiving mental health assessment and services through CHIP, Medicaid, and EPSDT (Part B & C).		
					By August 2008, increased the number of providers conducting mental health assessments and providing treatment.	Increased the number of providers conducting mental health assessments and providing treatment.		
University of Idaho		Insurance companies		Educate insurance companies about the value and cost-benefit of age-appropriate assessments and treatments.	By August 2008, increased the number of providers conducting mental health assessments and providing treatment.	Increased the number of providers conducting mental health assessments and providing treatment.		
					By December 2007, increased number of health providers educated via conferences, workshops, and trainings.	Increased number of health providers educated via conferences, workshops, and trainings.		
					By December 2007, increased number of health care providers using 211 (a community resource).	Increased number of health care providers using 211 (a community resource that provides state wide information through this referral number).		
		Healthcare providers	Linking Providers to Community Resources	Develop an education campaign for healthcare providers to help them access community-based resources including early care and education, family support, parent, education, and childhood mental health (CMH) resources.	By December 2007, increased number of referrals to Child Care Resource and Referral (CC R&R) from healthcare providers.	Increased number of referrals to CC R&R from healthcare providers.		
					By August 2008, by September 2007, report is developed on the pros and cons of using a universal screening and health tracking form.	Report is developed on the pros and cons of using a universal screening and health tracking form.		
					By August 2008, increased number of early screening appointments for target populations.	Increased number of early screening appointments for target populations.		
		Health care professionals and early childhood service providers	Screening	Explore the development and use of a universal screening and health tracking form for use by health care professionals and early childhood service providers.	By August 2008, number of children referred for EPSDT through WIC.	Number of children referred for EPSDT through WIC.		
					By August 2008, funding is secured for periodic, comprehensive health screening for all young children.	Funding is secured for periodic, comprehensive health screening for all young children.		
					By August 2008, increased number of early screening appointments for target populations.	Increased number of early screening appointments for target populations.		
					By August 2008, number of children referred for EPSDT through WIC.	Number of children referred for EPSDT through WIC.		
					By August 2008, funding is secured for periodic, comprehensive health screening for all young children.	Funding is secured for periodic, comprehensive health screening for all young children.		
					By August 2008, increased number of early screening appointments for target populations.	Increased number of early screening appointments for target populations.		
		Young children	Screening	Develop a report that substantiates the research on the cost-effectiveness/cost-benefit, fiscal impact and rationale for EPSDT screening for all Medicaid eligible children.	By August 2008, number of children referred for EPSDT through WIC.	Number of children referred for EPSDT through WIC.		
					By August 2008, funding is secured for periodic, comprehensive health screening for all young children.	Funding is secured for periodic, comprehensive health screening for all young children.		

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		Young children	Screening	Increase awareness with legislature and health insurance companies on the benefits of providing coverage for well child visits and screening.	By August 2008, funding is secured for periodic, comprehensive health screening for all young children.	Funding is secured for periodic, comprehensive health screening for all young children.			
		Women with young children		Identify and secure resources to develop the system to pay for well child visits for uninsured children and to include screening for maternal depression during the first year post-partum.	By August 2008, funding is secured for periodic, comprehensive health screening for all young children.	Funding is secured for periodic, comprehensive health screening for all young children.			
		EPSDT Service Coordinators		Evaluate the effectiveness of EPSDT Service Coordinators who work with health care professionals.	By August 2008, increased number of women with young children received screening for depression.	Increased number of women with young children received screening for depression.			
		Parents and guardians		Develop a health and social emotional screening checklist for parents and guardians to assess, track and monitor their child's well-being as well as document health care provider visits.	By June 2007, satisfaction survey results of EPSDT coordination efforts from health care professionals and parents/consumers.	Satisfaction survey results of EPSDT coordination efforts from health care professionals and parents/consumers.			
					By December 2007, existence of a health and social-emotional screening tool for parents and guardians.	Existence of a health and social-emotional screening tool for parents and guardians.			
					By December 2007, track the distribution of the health and social-emotional checklist through well-baby visits, WIC clinics, etc.	Tracked the distribution of the health and social-emotional checklist through well-baby visits, WIC clinics, etc.			
		Cross-agency group	Mental Health and Social-Emotional Development Services		By June 2008, increased number of public and private agencies signing System of Care Cooperative Agreement.	Increased number of public and private agencies signing System of Care Cooperative Agreement.			
					By June 2008, increased number of public and private agencies offering emotional health services to children and families.	Increased number of public and private agencies offering emotional health services to children and families.			
					Convene a cross-agency group to review current policies & procedures, as well as services related to prevention, intervention (after early onset), and intensive interventions for young children.	By June 2008, increased number of programs using standardized annual reporting measures.	Increased number of programs using standardized annual reporting measures.		
						By June 2008, standardized reporting measures are used in agency planning and budget cycles.	Standardized reporting measures are used in agency planning and budget cycles.		
						By June 2008, increased number of designated public/private staff/agencies available to intervene with high-risk children and families.	Increased number of designated public/private staff/agencies available to intervene with high-risk children and families.		
						By June 2008, document with identified protective factors, services, gaps, resources, and data is produced.	Document with identified protective factors, services, gaps, resources, and data is produced.		
		Children		Implement strategies identified in gap analysis to ensure that children served by agencies and programs receive comprehensive mental health services.	By March 2008, increased number of children referred for social and emotional screening by early childhood programs.	Increased number of children referred for social and emotional screening by early childhood programs.			
		Partners for Prevention, Promotion, Early Intervention, and Treatment of Mental Health Services		Develop an interagency agreement delineating the role of each partner for Prevention, Promotion, Early Intervention, and Treatment of mental health services for young children.	By March 2008, increased number of children referred for social and emotional screening by early childhood programs.	Increased number of children referred for social and emotional screening by early childhood programs.			
		Children ages 0-8	Screening for Emotional Development and Mental Health	The Infant/Early Childhood (Systems of Care) subcommittee will: a) identify appropriate mental health screening instruments for children ages 0-8, b) identify resources and training needs across public and private service agencies, and c) identify the data to be collected.	By August 2008, guidance document and training modules developed and adopted.	Guidance document and training modules developed and adopted.			

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		Primary health care providers	Adequate Healthcare Services	Assist in the recruitment and retention of primary health care providers for rural and frontier communities.	By August 2008, increased number and percentage of healthcare providers in rural and frontier communities.	Increased number and percentage of healthcare providers in rural and frontier communities.		
				Assist in the recruitment and retention of primary health care providers for rural and frontier communities.	By August 2008, increased retention of primary health care providers in rural and frontier communities.	Increased retention of primary health care providers in rural and frontier communities.		
		Health districts, and public and private health care providers	Adequate Healthcare Services	Develop a state level public health technical consultant position to help advise, support and link health districts and public and private health care providers.	By September 2007, increased coordination and collaboration between health districts, health care providers and other service providers.	Increased coordination and collaboration between health districts, health care providers and other service providers.		
				Develop a state level public health technical consultant position to help advise, support and link health districts and public and private health care providers.	By September 2007, increased leverage of Maternal and Child Health (MCH) funds.	Increased leverage of Maternal and Child Health (MCH) funds.		
		Mental health providers	Culturally Appropriate Services	Develop education programs, training, resources and contracting proposals to encourage mental health providers to use culturally sensitive methods.	By August 2008, increased number of conferences including culturally sensitive content.	Increased number of conferences including culturally sensitive content.		
				Develop education programs, training, resources and contracting proposals to encourage mental health providers to use culturally sensitive methods.	By August 2008, increased number of contracts/grants that required culturally sensitive materials.	Increased number of contracts/grants that required culturally sensitive materials.		
		Ethnic and minority students	Culturally Appropriate Services	Develop a recruitment program for ethnic and minority students for enrollment in CMH, clinical social work, psychology, and child development degree programs.	By August 2008, increased number of ethnic and minority students with social work, early childhood mental health degrees.	Increased number of ethnic and minority students with social work, early childhood mental health degrees.		
				Develop a recruitment program for ethnic and minority students for enrollment in CMH, clinical social work, psychology, and child development degree programs.	By August 2008, increased number of ethnic and minority students with social work, early childhood mental health degrees.	Increased number of ethnic and minority students with social work, early childhood mental health degrees.		
		Parents of children with special needs	Support for Families of CSHCN	Identify and promote the availability and accessibility of support groups for parents of children with special needs.	By December 2006, increased resources available to parents of children with special health care needs (CSHCN).	Increased resources available to parents of children with special health care needs (CSHCN).		
				Identify and promote the availability and accessibility of support groups for parents of children with special needs.	By December 2006, increased attendance at support groups for parents of CSHCN.	Increased attendance at support groups for parents of CSHCN.		
				Identify and promote the availability and accessibility of support groups for parents of children with special needs.	By December 2006, increased number of 211 referrals.	Increased number of 211 referrals.		
		Families with CSHCN	Support for Families of CSHCN	Promote the development of a statewide respite care system that includes services for families with CSHCN.	By March 2008, increased number of respite providers available for families with CSHCN.	Increased number of respite providers available for families with CSHCN.		
				Promote the development of a statewide respite care system that includes services for families with CSHCN.	By March 2008, increased number of referrals requested by parents of CSHCN.	Increased number of referrals requested by parents of CSHCN.		
				Promote the development of a statewide respite care system that includes services for families with CSHCN.	By March 2008, number of 211 referrals from IDSTARS.	Number of 211 referrals from IDSTARS.		
		Children's health insurers	Support for Families of CSHCN	Support legislation requiring insurers of children's health to include minimum level coverage for early intervention.	By September 2008, increased percentage of early intervention costs reimbursed by private insurance companies.	Increased percentage of early intervention costs reimbursed by private insurance companies.		
				Support legislation requiring insurers of children's health to include minimum level coverage for early intervention.	By September 2008, increased amount of funds coordinated and supporting Systems of Care activities.	Increased amount of funds coordinated and supporting Systems of Care activities.		
				Support legislation requiring insurers of children's health to include minimum level coverage for early intervention.	By September 2008, increased number of pilot programs.	Increased number of pilot programs.		
		Public and private agencies	Integration of Infant/Early Childhood Mental Health (CMH) into the Larger CMH System	Develop a braided (cross-agency) fiscal strategy of resources from public and private agencies to integrate the mental health component into the larger Childhood Mental Health (CMH) System of Care. The strategy must address: a) funding and governance for pilot programs, b) fiscal oversight, and c) provider payment rates.	By September 2008, increased provider payment rates.	Increased provider payment rates.		
				Develop a braided (cross-agency) fiscal strategy of resources from public and private agencies to integrate the mental health component into the larger Childhood Mental Health (CMH) System of Care. The strategy must address: a) funding and governance for pilot programs, b) fiscal oversight, and c) provider payment rates.	By September 2008, increased amount of funds coordinated and supporting Systems of Care activities.	Increased amount of funds coordinated and supporting Systems of Care activities.		
				Develop a braided (cross-agency) fiscal strategy of resources from public and private agencies to integrate the mental health component into the larger Childhood Mental Health (CMH) System of Care. The strategy must address: a) funding and governance for pilot programs, b) fiscal oversight, and c) provider payment rates.	By September 2008, increased number of pilot programs.	Increased number of pilot programs.		
		State, regional, and community governance structures	Integration of Infant/Early Childhood Mental Health (CMH) into the Larger CMH System	Develop state, regional, and community governance structures and plans to support a full range of mental health services (prevention, early intervention, and treatment).	By September 2008, state, regional, and community governance structures are developed and implemented.	State, regional, and community governance structures are developed and implemented.		
				Develop state, regional, and community governance structures and plans to support a full range of mental health services (prevention, early intervention, and treatment).	By September 2008, increased number of stakeholders working on CMH efforts.	Increase number of stakeholders working on CMH efforts.		
		Infant and Early Childhood Mental Health Care Providers	Training of Mental Health Professionals	Develop a certification and credentialing system for Infant and Early Childhood Mental Health Care Providers.	By September 2008, increased number of credentialed Infant and Early Childhood mental health professionals.	Increased number of credentialed Infant and Early Childhood mental health professionals.		
				Develop a certification and credentialing system for Infant and Early Childhood Mental Health Care Providers.	By September 2008, increased number of training opportunities for paraprofessionals and professional care providers.	Increased number of training opportunities for paraprofessionals and professional care providers.		

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		State child care licensing regulations	Licensing Regulations for Child Care Providers	Improve the state child care licensing regulations to include an agency for enforcement of child care licensing regulations.	By March 2008, successful changes to current laws.	Successful changes to current laws.		
					By March 2008, increased number of inspectors.	Increased number of inspectors.		
		By March 2008, increased enforcement of the laws.			Increased enforcement of the laws.			
		Caregivers		Increase the number of caregivers with formal education in early care and education or related fields.	By September 2008, increased degrees conferred in early childhood education field.	Increased degrees conferred in early childhood education field.		
					By September 2008, increased number of caregivers completing early childhood training programs.	Increased number of caregivers completing early childhood training programs.		
		DHW and Early Childhood Education non-profits	Child Care Subsidies	Work with DHW and ECE non-profits to provide education about the cost/benefits of providing state match for federal funds for child care.	By June 2007, increased amount of child care funds from new sources.	Increased amount of child care funds from new sources.		
		Families			Identify and promote information about a transitional strategy to continue to deliver subsidies to families that are just over the eligibility limit. The purpose of the strategy is to eventually transition parents off the subsidy.	By March 2008, increased number and percentage of eligible families able to obtain child care subsidies.	Increased number and percentage of eligible families able to obtain child care subsidies.	
		Child care health consultants	Availability of Child Care Health Consultants	Identify and secure funding to support the child care health consultant program including the consultant training component.	By September 2006, training is available to prepare child care health consultants.	Training is available to prepare child care health consultants.		
					By September 2006, increased number of trained child care health consultants.	Increased number of trained child care health consultants.		
					By September 2006, increased number and percentage of child care health consultants available to licensed child care providers.	Increased number and percentage of child care health consultants available to licensed child care providers.		
		Child care providers	Educational Opportunities and Resources for Child Care Providers	Expand community awareness and support for child care providers to access and enroll in the Idaho IDSTARS education program.	By August 2008, increased number of IDSTARS trainings occurs in rural areas.	Increased number of IDSTARS trainings occurs in rural areas.		
		New providers			Develop a toolkit to be used by child care networks to orient new providers to the early childhood resources in their community.	By June 2007, toolkits distributed to child care providers in Region 6.	Toolkits distributed to child care providers in Region 6.	
		Child care providers	Child Care Providers' Knowledge of Special Needs	Develop and/or coordinate an ongoing series of training events on special needs targeted at child care providers.	By August 2008, recommendations are completed and ready for dissemination and advocacy.	Recommendations are completed and ready for dissemination and advocacy.		
					By August 2008, increased number of knowledgeable child care providers caring for CSHCN.	Increased number of knowledgeable child care providers caring for CSHCN.		
					By August 2008, increased number of families who can obtain out-of-home child care for their CSHCN.	Increased number of families who can obtain out-of-home child care for their CSHCN.		
					By August 2008, increased number of caregivers trained to identify and care for children with social and emotional behaviors.	Increased number of caregivers trained to identify and care for children with social and emotional behaviors.		
					Research and develop recommendations for increased compensation to child care providers for services to children with special needs.	By December 2007, increased number of caregivers receiving compensation for services provided to children with special needs.	Increased number of caregivers receiving compensation for services provided to children with special needs.	

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		Children	Quality Early Learning Programs		By March 2008, increased number of age-eligible children who attended quality early childhood education (ECE) offered by school districts.	Increased number of age-eligible children who attended quality early childhood education (ECE) offered by school districts.			
				Remove restrictions on school districts so they can offer and/or partner with existing early learning programs to provide services to all children, in addition to children with special needs.	By March 2008, increased number of age-eligible children who are on school district waiting lists for quality ECE.	Increased number of age-eligible children who are on school district waiting lists for quality ECE.			
					By March 2008, increased number of school districts offering ECE programs.	Increased number of school districts offering ECE programs.			
					By March 2008, increased number of school districts partnering with quality ECE.	Increased number of school districts partnering with quality ECE.			
		Child care providers		Expand the professional development opportunities for childcare providers both at the higher education and community levels.	By August 2008, increased number of early childhood providers receiving training such as Parents as Teachers (PAT) component, conferences, TIME.	Increased number of early childhood providers receiving training such as PAT component, conferences, TIME.			
		Child care providers		Develop or locate training information, resources, materials, and equipment to promote healthy child development.	By December 2006, increased number of early childhood resource libraries available.	Increased number of early childhood resource libraries available.			
		Parents		Develop and/or identify quality resources in a variety of languages to meet parental needs.	By June 2007, increased number of state publications in a variety of languages are available.	Increased number of state publications in a variety of languages are available.			
						By June 2007, increased number of resources from early care and learning services in a variety of languages.	Increased number of resources from early care and learning services in a variety of languages.		
		Early childhood professionals and caregivers	Culturally Sensitive Early Childhood Program Staff	Identify resources to promote appropriate language learning and second language acquisition that is targeted at early childhood professionals and caregivers.	By December 2007, increased number of educational programs on second language acquisition.	Increased number of educational programs on second language acquisition.			
						By December 2007, increased number of early childhood students who speak a second language.	Increased number of early childhood students who speak a second language.		
		Young second language learners		Identify research-based approaches to assess the abilities and learning needs of young second language learners.	By December 2007, standardized core curriculum used by higher education.	Standardized core curriculum used by higher education.			
						By September 2007, resources are identified, accessible, and disseminated to early childhood professionals and caregivers.	Resources are identified, accessible, and disseminated to early childhood professionals and caregivers.		
		Child care providers and early childhood educators		Recruit child care providers and early childhood educators with different ethnic, cultural and linguistic backgrounds.	By September 2007, increased number of caregivers using assessment tools.	Increased number of caregivers using assessment tools.			
						By August 2008, increased number of child care providers with diverse ethnic, cultural and linguistic backgrounds.	Increased number of child care providers with diverse ethnic, cultural and linguistic backgrounds.		
		Families, communities, and schools	Coordination among Families, Communities, and Schools to Make Children School-Ready	Promote and distribute the National Governors' Association School Readiness Report to increase awareness about the need for "ready state - ready schools - ready communities - and ready parents."	By August 2006, number of reports distributed.	Number of reports distributed.			
						By August 2006, hits to the GCCFC website to download the report.	Hits to the GCCFC website to download the report.		
		Families, communities, and schools		Expand the reach of public awareness campaigns and the number of web-based information outlets that contain quality child care information.	By August 2006, number of newsletter articles.	Number of newsletter articles.			
						By December 2006, all identified agencies have a link on the 211 website.	All identified agencies have a link on the 211 website.		
						By December 2006, increased number of hits on partner websites.	Increased number of hits on partner websites.		
					By December 2006, strategic marketing plan is developed.	Strategic marketing plan is developed.			

**Logic Model for SECCS Grant Program:
Idaho Early Childhood Comprehensive Systems (IECCS) Implementation Project**

ORGANIZATIONAL STRUCTURE / ENVIRONMENT	INPUTS/RESOURCES	TARGET POPULATION	INTERVENTION		EXPECTED CHANGE (Outcomes/Objectives)	EVIDENCE OF CHANGE (Indicators)	BARRIERS	FACILITATORS
			DESCRIPTION	ACTIVITIES				
		Families of young children	Resources and Services for Families	Identify and help secure funding to ensure 211 ID CareLine and other information and referral systems will be able to increase their capacity and scope to better meet the needs of families of young children (possibly a "24/7" hotline).	By March 2008, increased funds for 211.	Increased funds for 211.		
					By March 2008, increased hours of operation of the 211 ID CareLine.	Increased hours of operation of the 211 ID CareLine.		
					By March 2008, increased number of 211 staff.	Increased number of 211 staff.		
		Families of young children	Resources and Services for Families	Develop methods to increase the number of services and resources listed in the 211 CareLine and other information and referral databases.	By August 2008, quality assurance reports for 211 CareLine indicated an increased number of resources added and updated.	Quality assurance reports for 211 CareLine indicated an increased number of resources added and updated.		
					By August 2008, increased number of state agencies and fundees requiring contractees to be listed in 211 ID CareLine database.	Increased number of state agencies and fundees requiring contractees to be listed in 211 ID CareLine database.		
		Families of young children		Create website links between the early care and learning community to increase awareness of resources and services.	By August 2008, increased number of website links between early care and learning communities.	Increased number of website links between early care and learning communities.		
		Families of young children		Identify or develop toolkits and resources to help organizations and community leaders better connect with parents to improve delivery of parent education services including the development of support networks.	By September 2007, increased numbers of families utilizing early childhood/parent programs.	Increased numbers of families utilizing early childhood/parent programs.		
					By September 2007, increased number and variety of churches, schools, hospitals, community and tribal health centers, health districts, civic and non profit organizations offering parent education programs.	Increased number and variety of churches, schools, hospitals, community and tribal health centers, health districts, civic and non profit organizations offering parent education programs.		
					By September 2007, increased number of parent education programs listed in the 211 database.	Increased number of parent education programs listed in the 211 database.		
					By September 2007, increased number of community partnerships that offer Parents as Teachers (PAT) Programs.	Increased number of community partnerships that offer PAT Programs.		
		Parents		Work with state level family service organizations to incorporate, sponsor, and/or facilitate parent education opportunities, including training, for those they work with at the community level.	By December 2007, increased number of partners facilitating or supporting parent education opportunities and training.	Increased number of partners facilitating or supporting parent education opportunities and training.		
					By December 2007, increased number of organizations including parent education in their communication documents (e.g., newsletters).	Increased number of organizations including parent education in their communication documents (e.g., newsletters).		
		Families	Parent Education and Peer Support for Families	Identify opportunities and help develop multi-purpose community centers that house family education resources, classes and services, as well as services for the broader population (e.g., seniors, disabled).	By August 2008, increased numbers of multi-purpose community centers.	Increased numbers of multi-purpose community centers.		
					By August 2008, increased number of families enrolled in training or courses at the community centers.	Increased number of families enrolled in training or courses at the community centers.		
		Parent education providers, members of state associations, and faith-based communities		Identify and promote cross-cultural training that is sensitive to the diverse populations represented in ID and targeted at parent education providers, members of state associations, and faith-based communities.	By August 2008, number of parent educators who completed cross-cultural training.	Number of parent educators who completed cross-cultural training.		
					By August 2008, parents satisfied with the cross-cultural training.	Parents satisfied with the cross-cultural training.		
					By August 2008, analysis of parent education programs listed on the 211 ID CareLine offered in other languages showed that these programs have a range of offerings and times, costs, and available childcare.	Analysis of parent education programs listed on the 211 ID CareLine offered in other languages showed that these programs have a range of offerings and times, costs, and available childcare.		
					By August 2008, increased number of trained facilitators serving multiple cultures and populations.	Increased number of trained facilitators serving multiple cultures and populations.		

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Idaho Early Childhood Comprehensive Systems (IECCS) Implementation Project**

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			DESCRIPTION	ACTIVITIES				
		Families		Identify and coordinate early literacy opportunities including implementing programs in medical settings.	By August 2008, increased number of medical settings with literacy programs.	Increased number of medical settings with literacy programs.		
					By August 2008, increased number of partners coordinating their literacy efforts.	Increased number of partners coordinating their literacy efforts.		
					By August 2008, increased number of participants in literacy programs.	Increased number of participants in literacy programs.		
		Working Families		Develop a working group of state and federal agencies to identify methods to streamline and increase flexibility in programs to promote asset development for working families (e.g. individual family accounts).	By August 2008, increased number of IDEA accounts.	Increased number of IDEA accounts.		
					By August 2008, existence of anti-predatory legislation.	Existence of anti-predatory legislation.		
					By August 2008, increased home ownership.	Increased home ownership.		
					By August 2008, identify and correct current barriers in asset disregard programs.	Identify and correct current barriers in asset disregard programs.		
		Faith-based and community organizations	Supporting Family Self-Sufficiency	Coordinate with faith-based and community organizations (FBCOs) to identify and promote self sufficiency resources and education (e.g., financial/budgeting courses, nutrition, and food preparation, housing programs).	By August 2008, increased number of faith-based and community organization resources in 211.	Increased number of faith-based and community organization resources in 211.		
					By August 2008, increased number of new partnerships between state agencies and FBCOs.	Increased number of new partnerships between state agencies and FBCOs.		
		Non-custodial parents		Identify and/or promote career guidance opportunities including job skills training with a specific emphasis on increasing the earning capacity of non-custodial parents so they so they can support their children.	By August 2008, increased number of people accessing career guidance.	Increased number of people accessing career guidance.		
					By August 2008, developed promotional campaign.	Developed promotional campaign.		
					By August 2008, increased number of people in a job that pay a living wage.	Increased number of people in a job that pay a living wage.		
					By August 2008, increased number of non-custodial parents with jobs.	Increased number of non-custodial parents with jobs.		
		Neighborhood centers	Resources for Parents to Provide Nurturing Family Environment	Help facilitate meetings and dialogue on the benefit of "neighborhood centers" in venues such as schools, senior citizen centers, libraries, faith-based organizations, etc. that share resources, serve as one-stop family resource centers, and promote intergenerational work.	By August 2008, increased number of multi-function neighborhood centers.	Increased number of multi-function neighborhood centers.		
					By August 2008, increased usage of current neighborhood centers.	Increased usage of current neighborhood centers.		
		Parents		Expand the scope and capacity of quality parent education and support programs such as PAT, Fatherhood "Best Practices" Initiatives, Head Start, etc.	By August 2008, increased number and percent of eligible families participating in Parents as Teachers (PAT), Head Start, Early Head Start programs by region of the state.	Increased number and percent of eligible families participating in PAT, Head Start, Early Head Start programs by region of the state.		
		Families with young children	Procedures, Policies, and Networks of Support to Address Family Behavioral Health Issues	The judicial system, state organizations, and agencies incorporate family support efforts in their work with families of young children including parent education, support groups, social-emotional assessments and substance abuse therapy.	By August 2008, increased number of parents on waiting lists for parent education programs.	Increased number of parents on waiting lists for parent education programs.		
					By August 2008, developed referral protocol used by state agencies and judicial system.	Developed referral protocol used by state agencies and judicial system.		
					By August 2008, increased number of judicial referrals.	Increased number of judicial referrals.		
					By August 2008, increased referrals by DHW to the specific services.	Increased referrals by DHW to the specific services.		

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Idaho Early Childhood Comprehensive Systems (IECCS) Implementation Project**

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			DESCRIPTION	ACTIVITIES					
		Families		Coordinate planning between domestic violence shelters, homeless shelters and other crisis response programs to develop procedures, policies and networks of support to coordinate services to make them more accessible and readily available.	By August 2008, mutually developed policies and procedures to serve families in crisis.	Mutually developed policies and procedures to serve families in crisis.			
					By August 2008, increased reporting of suspected child abuse.	Increased reporting of suspected child abuse.			
					By August 2008, operational methamphetamine protocol for children statewide.	Operational methamphetamine protocol for children statewide.			
					By August 2008, increased use of homeless and domestic violence services.	Increased use of homeless and domestic violence services.			
					By August 2008, coordinated planning documents developed.	Coordinated planning documents developed.			
		Parents of young children, especially pregnant mothers	Procedures, Policies, and Networks of Support to Address Family Behavioral Health Issues	Coordinate activities around the needs of parents of young children, especially pregnant mothers, in substance abuse treatment programs.	By August 2008, increased number of substance abuse treatment options in 211 ID.	Increased number of substance abuse treatment options in 211 ID.			
					By August 2008, increased knowledge of substance abuse treatment options in 211 ID.	Increased knowledge of substance abuse treatment options in 211 ID.			
					By August 2008, AR web portal number of babies born with substance abuse-related problems.	AR web portal number of babies born with substance abuse-related problems.			
					By August 2008, decreased number of substantiated substance abuse-related child abuse and neglect reports.	Decreased number of substantiated substance abuse-related child abuse and neglect reports.			
		Fathers		Identify resources and increase the capacity for father involvement programs and initiatives that strengthen marriages and build positive relationships with children.	By June 2006, increased number of fatherhood programs.	Increased number of fatherhood programs.			
					By June 2006, decreased divorce rate.	Decreased divorce rate.			
					By June 2006, increased number of marriage initiatives and programs.	Increased number of marriage initiatives and programs.			
					By June 2006, increased numbers of communities requesting technical assistance from Healthy Nampa family project.	Increased numbers of communities requesting technical assistance from Healthy Nampa family project.			
		TANF families	TANF Regulations	Develop a working group consisting of representatives that receive TANF funds, state agencies, legislators and other stakeholders to conduct an annual review and provide recommendations for improvement of the quality, access and use of TANF funds including regulations.	By August 2008, increased number and percent of TANF families using childcare services by region of the state.	Increased number and percent of TANF families using childcare services by region of the state.			
					By August 2008, increased number and percent of TANF families using job opportunities region of the state.	Increased number and percent of TANF families using job opportunities region of the state.			
					By August 2008, decreased number of "disincentives" identified in the TANF program.	Decreased number of "disincentives" identified in the TANF program.			
					By August 2008, legislative leadership to convene and report progress on the annual review.	Legislative leadership to convene and report progress on the annual review.			
		TANF Regulations		Increase emergency cash assistance by identifying and raising awareness of the community-based resources to help TANF families.	By August 2008, developed list of emergency cash assistance programs.	Developed list of emergency cash assistance programs.			
		Stakeholders	Governance Structure for Early Care and Learning	Work with stakeholders to identify and develop the governance structure for long-term early care and learning through cross-systems collaboration efforts (e.g., central office, cabinet, council).	By August 2006, governance structure in place.	Governance structure in place.			
					Identify the policies and resources needed to achieve the ten shared goals around early care and learning.	By December 2007, resource and policy action plan developed for ten shared goals.	Resource and policy action plan developed for ten shared goals.		
					Prioritize strategic action steps for each of the strategies of the first phase of the state plan.	By September 2006, a plan with timelines and evaluation measures is developed.	A plan with timelines and evaluation measures is developed.		

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Idaho Early Childhood Comprehensive Systems (IECCS) Implementation Project**

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		Stakeholders	Governance Structure for Early Care and Learning	Develop and implement a funding plan which includes building the capacity and expertise to apply for federal and private funds.	By June 2008, timelines exist.	Timelines exist.		
					By June 2008, increased amount of funding for early childhood initiatives.	Increased amount of funding for early childhood initiatives.		
		Families of young children		Identify and/or develop Memorandums of Understanding (MOUs) or Memorandums of Agreement (MOAs) between agencies to better coordinate the services they provide for families of young children to include integrating service delivery efforts, developing accountability measures across programs, streamlining in-take procedures, providing cross training, and developing outreach to parents.	By August 2008, increased number of MOUs/MOAs are developed between agencies to provide early childhood collaborative services and systems of care.	Increased number of MOUs/MOAs are developed between agencies to provide early childhood collaborative services and systems of care.		
					By August 2008, increased number of MOUs/MOAs that include requirements for single intake forms, referrals, and/or sharing of data.	Increased number of MOUs/MOAs that include requirements for single intake forms, referrals, and/or sharing of data.		
					By August 2008, increased number of regions with early care and learning coordination.	Increased number of regions with early care and learning coordination.		
		Agencies	Cross-System Coordination to Serve Families and Children at all Levels	Agencies co-host and/or co-sponsor trainings, conferences, workshops at the state and local levels to reduce duplication and encourage cross-training.	By August 2008, increased number of agencies co-hosting/co-sponsoring training for staff and volunteers.	Increased number of agencies co-hosting/co-sponsoring training for staff and volunteers.		
					By August 2008, number of state staff trained.	Number of state staff trained.		
					By August 2008, increased number of state organizations blending and braiding funding streams.	Increased number of state organizations blending and braiding funding streams.		
		Programs that address early childhood issues		Annual planning sessions for programs that address early childhood issues are coordinated so funding streams can be maximized and shared goals can be accomplished (e.g., Title 1, HSC, Infant Toddler Coordinating Council). This includes identifying opportunities and appropriate fit to co-locate or share infrastructure costs.	By August 2008, number of annual trainings on blending/braiding funds.	Number of annual trainings on blending/braiding funds.		
					By August 2008, increased number of partners sharing goals, outcomes, etc.	Increased number of partners sharing goals, outcomes, etc.		
					By August 2008, increased number of partners aligning resources, staff, data, communication outlets, etc.	Increased number of partners aligning resources, staff, data, communication outlets, etc.		
					By August 2008, increased number of organizations that co-locate.	Increased number of organizations that co-locate.		
					By August 2008, increased number of families served through co-location.	Increased number of families served through co-location.		
		General Public	Utilization of Family Support	Develop a strategic messaging plan to create public support and political will to ensure the long-term success of early care and learning resources including identifying resources for public information and awareness campaigns to address each focus area of the plan and targeted at multiple audiences and using multiple media.	Developed messaging plan.	Developed messaging plan.		
					By September 2006, developed communication documents.	Developed communication documents.		
					By September 2006, gauged public support and political will through surveying.	Gauged public support and political will through surveying.		
					By September 2006, increased support of early care and learning initiatives by decision-makers.	Increased support of early care and learning initiatives by decision-makers.		
					By September 2006, increased number of parents and caretakers using 211 by type of request, age of child and region of the state.	Increased number of parents and caretakers using 211 by type of request, age of child and region of the state.		
					By September 2006, tracked website hits.	Tracked website hits.		
					By September 2006, tracked placement of public service announcements.	Tracked placement of public service announcements.		
		Partners and responsible parties	Coordinated Fund Allocation to Initiatives that Serve Families of Young Children	Convene partners and responsible parties to identify funds (state and federal) that can be blended and/or braided, and to identify and/or develop flexible funding structures and tools to support coordination and collaboration at the state and local levels.	By December 2007, results from meeting evaluation forms indicated efficient and accountable systems to allocate funds to initiatives that service families of young children.	Results from meeting evaluation forms indicated efficient and accountable systems to allocate funds to initiatives that service families of young children.		
					By December 2007, increased number of organizations and agencies blending or braiding funds.	Increased number of organizations and agencies blending or braiding funds.		
					By December 2007, flexible funding tools identified.	Flexible funding tools identified.		

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		Partners and responsible parties		Convene partners and responsible parties to identify funds (state and federal) that can be blended and/or braided, and to identify and/or develop flexible funding structures and tools to support coordination and collaboration at the state and local levels.	By December 2007, documentation on the convening of partners and responsible parties to identify funds (state and federal) that can be blended and/or braided, and to identify and/or develop flexible funding structures and tools to support coordination and collaboration at the state and local levels.	Documentation on the convening of partners and responsible parties to identify funds (state and federal) that can be blended and/or braided, and to identify and/or develop flexible funding structures and tools to support coordination and collaboration at the state and local levels.		
		Families of Young Children	Coordinated Fund Allocation to Initiatives that Serve Families of Young Children	Work with private and non-profit funding agencies to develop performance-based contracting to better monitor program outcomes to ensure they meet their intended purposes of serving families of young children, and appropriate funding is based on desired results.	By March 2008, completed gap analysis of the early childhood initiative.	Completed gap analysis of the early childhood initiative.		
	By March 2008, developed streamlining plan to better coordinate fund allocation to initiatives that serve families of young children.				Developed streamlining plan to better coordinate fund allocation to initiatives that serve families of young children.			
	By March 2008, documented efforts between private and non-profit funding agencies to develop performance-based contracting to better monitor program outcomes to ensure they meet their intended purposes of serving families of young children and that appropriate funding is based on desired results.				Documented efforts between private and non-profit funding agencies to develop performance-based contracting to better monitor program outcomes to ensure they meet their intended purposes of serving families of young children and that appropriate funding is based on desired results.			
	By March 2008, improved quality of services.				Improved quality of services.			
	By March 2008, increased number of children and families impacted.				Increased number of children and families impacted.			
		State Agencies	Well-being Indicator Use in Systems, Programs and Agencies	Develop a data task force to convene state agencies that collect and analyze data to assess and identify opportunities for a) alignment of data collection and reporting, b) assessment of the types of data collected, including outcome measures, and c) coordinated reports used to define a set of child well-being indicators.	By August 2008, developed a defined set of child and family well-being indicators.	Developed a defined set of child and family well-being indicators.		
	By August 2008, aligned policies and state requirements.				Aligned policies and state requirements.			
	By August 2008, created a data dictionary and standardized reports based on key data points.				Created a data dictionary and standardized reports based on key data points.			
	By August 2008, number of agencies jointly collecting information on the early childhood indicators in the plan.				Number of agencies jointly collecting information on the early childhood indicators in the plan.			
		State policymakers and faith-based decision makers	Policy Recommendations	Work with state policymakers and faith-based decision makers to ensure that policy decisions and investments on early childhood are made based on facts, best practices and research.	By August 2008, wrote annual report to policy makers.	Wrote annual report to policy makers.		
	By August 2008, early childhood legislation based on facts, best practices and research is passed or failed.				Early childhood legislation based on facts, best practices and research is passed or failed.			
	By August 2008, tracked early childhood information to inform policy, program and service planning, funding and delivery decisions.				Tracked early childhood information to inform policy, program and service planning, funding and delivery decisions.			
		State Legislature		The state legislature is briefed annually on the status of young children.	By August 2008, wrote annual report on the status of young children.	Wrote annual report on the status of young children.		
	By August 2008, increased number of educational events hosted at the capitol.				Increased number of educational events hosted at the capitol.			
		Sustainability		Foundation funding will be explored to assist with the implementation of the plan.	Foundation funding is explored to assist with the implementation of the plan.	Foundation funding is explored to assist with the implementation of the plan.		
	Partnerships will be developed and strengthened.				Partnerships are developed and strengthened.			
	Additional business support will be requested.				Additional business support is requested.			
		Evaluation		External evaluator (University of Idaho Extension Office) will determine overall effectiveness of the plan.	Overall effectiveness of the plan is determined.	Overall effectiveness of the plan is determined.		