

**Logic Model for SECCS Grant Program:
The Indiana Early Childhood Comprehensive System (ECCS) Statewide Plan 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)	Children birth to 5	Access to Medical Home	Revise Child Care voucher applications to include a request for medical home information for each child who receives subsidized care.	By the end of Year 3, increased the number and percentage of children under age five with medical homes.	Increased number and percentage of children under age five with medical homes.		
The lead organization (lead fiscal agency) for the implementation project is the Indiana State Department of Health (ISDH) . ISDH is the statutory authority for Maternal and Child Health programs. ISDH, Maternal and Children's Special Health Care Services (MCSHCS) has an established relationship with the state agency partners serving infants and toddlers and their families, and is charged with planning and regulatory development and administration for all health care delivery, and with improving the health of the population through education and infrastructure building.	PROJECT INPUTS (i.e., personnel and non-personnel)	Children birth to 5			By the end of Year 3, increased the rate of early enrollment in Part C/CSHCS.	Increased rate of early enrollment in Part C/CSHCS.		
Indiana Early Childhood Comprehensive System (ECCS) Statewide Plan Project: The Indiana ECCS Statewide Plan Project represents a comprehensive, collaborative, statewide effort to implement a strategic plan to improve the array of services available to children aged from birth through five and their families. The plan will increase coordination of resources; expand stakeholder awareness and access to necessary informational resources; support public and private partnerships; and create a cross-agency infrastructure for training and technical assistance.	Personnel:	Children birth to 5			By the end of Year 3, increased the number and percentage of parents able to identify a primary care provider for their child(ren).	Increased number and percentage of parents able to identify a primary care provider for their child(ren).		
In order to build on work already accomplished in the state, and to ensure coordination between all partner organizations/agencies, needs assessments were gathered from the Core Partners Steering Committee, and the members of the Core Service Component Subcommittees, as well as from twelve community dialogues conducted across the state. Three outcomes and seven priority objectives were identified for the Indiana ECCS initiative based on the findings from the needs assessment data gathering process.	ECCS Project Director: 0.25 FTE (5-10 hrs/week)	Children birth to 5			By the end of Year 3, decreased rates of preventable morbidity.	Decreased rates of preventable morbidity.		
To achieve the goal of improving the ECCS system in Indiana, this project will follow a detailed implementation plan established by the Core Partners and subcommittees, and will include efforts that build upon existing early childhood initiatives.	ECCS Project Manager: 0.50 FTE (10-20 hrs/week)				By the end of Year 3, increased the number of foster families using medical passports with primary care providers.	Increased number of foster families using medical passports with primary care providers.		
The three outcomes/goals for the Indiana ECCS Implementation project are as follows: (1) Young children birth through age five and their families are a policy, program and resource priority; (2) Every family with young children birth through five has access to quality, comprehensive resources and supports; and (3) Resources and supports for young children birth through five are coordinated, cost effective, culturally and linguistically competent, and community-based.	There are no fringe benefit costs assigned with this project.	Children birth to five in the foster care system			Provide children in the foster care system with a medical passport.	By the end of Year 3, increased the utilization rates for pediatric primary and specialty care services.	Increased utilization rates for pediatric primary and specialty care services.	

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ENVIRONMENT:	Indirect Costs: ISDH has an established, approved indirect rate of 7.0%: \$327.	Children birth to five		Ask children (parents/guardians) screened for mental health and/or seeking immunizations if they have a medical home.	By the end of Year 3, increased immunization rates.	Increased immunization rates.		
The Indiana ECCS initiative serves all young children throughout the state, aged from birth through five and their families. Indiana has experienced a 9.7% increase in the general population over the past decade. In 2002, there were 84,839 births, with 7.6% of these classified as low birth weight (less than 2500 grams). Forty percent of children under the age of 6 are classified as low-income (200% of the federal poverty level). Over the past fifteen years, Indiana has participated in numerous state and federal initiatives focused on improving early childhood outcomes. Unfortunately, early childhood education, social service, and health programs have often lacked coordination, in turn leading to duplication of efforts that may not be universally applied throughout the state.	Non-Personnel:				By the end of Year 3, increased the number and percentage of children receiving developmental and behavioral screening by primary care provider.	Increased number and percentage of children receiving developmental and behavioral screening by primary care provider.		
Compounding the need for a coordinated system-wide plan is the fact that Indiana has currently moved from a comfortable budget surplus to a major budget deficit. There is a lack of resources to support the state and federal requirements of available programs. In the current fiscal and political environment, funding requests for new initiatives may not be feasible, and instead focus is currently on embedding ECCS outcomes improvement strategies within existing initiatives.	Staff travel and mileage reimbursement: \$2,000.				Access to Medical Home	By the end of Year 3, increased consumer satisfaction rates regarding cost, location, and access to resources and supports.	Increased consumer satisfaction rates regarding cost, location, and access to resources and supports.	
Other barriers include (1) limited early childhood program capacity (inconsistent program quality, urban-vs.-rural differences, lack of leadership to meet the population's needs, etc.); (2) little to no funding (disparities in funding, uncoordinated funding streams, no funding for preventative or well-child care); (3) complex eligibility processes (loss of continuous eligibility and repeated, complex applications making access to services/resources/supports difficult); (4) limited training/educational opportunities (training for early childhood educators and providers on best practices and community resources, training for families regarding keys topics and referral sources); and (5) lack of coordination for timely and accurate access to existing resources between programs and information systems.	Supplies: The costs to photocopy/print/create items such as pamphlets and other promotional and educational materials: \$2,673.	Children birth to five		Develop a universal application form that includes information on a medical and dental home.	By the end of Year 3, increased the number and percentage of children with a medical home.	Increased the number and percentage of children with a medical home.		
PARTNERING ORGANIZATIONS:	OTHER INPUTS (contracts, other grant awards, matching funds):				By the end of Year 3, increased the number and percentage of children with a dental home.	Increased the number and percentage of children with a dental home.		
Healthy Child Care Indiana: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project.	In-kind support: The salaries of the Project Director and the Project Manager are being paid for by the Maternal and Child Health Bureau's Title V Block Grant Fund.				By the end of Year 3, increased the utilization rates for pediatric primary and specialty care services.	Increased utilization rates for pediatric primary and specialty care services.		

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Early Childhood Center: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project.	Contractual: Dedicated staff person (0.50 FTE) hired to work with Maternal and Children's Special Health Care Services staff and manage day-to-day implementation of the project: \$30,000.	Uninsured children aged birth to five	Service Eligibility and Enrollment	Modify the Child Care Voucher application process to support access to Hoosier Healthwise (Medicaid/SCHIP).	Starting in the first quarter of Year 2 through the end of Year 3, increased the number and percentage of children enrolled in Hoosier Healthwise.	Increased number and percentage of children enrolled in Hoosier Healthwise.		
Office of Children's Services: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project.	Contractual: Senior Consultant to oversee dedicated staff and assist in program development: \$15,000.	Uninsured children aged birth to five		Modify the Child Care Voucher application process to support access to Hoosier Healthwise (Medicaid/SCHIP).	By the end of Year 3, decreased the number and percentage of uninsured children under age five.	Decreased number and percentage of uninsured children under age five.		
IN Academy of Family Physicians: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project.	Contractual: Utah Clicks -- purchase of software for universal application system: \$50,000.	Uninsured children aged birth to five		Modify the Child Care Voucher application process to support access to Hoosier Healthwise (Medicaid/SCHIP).	By the end of Year 3, decreased the number and percentage of uninsured children under 200% of federal poverty level.	Decreased number and percentage of uninsured children under 200% of federal poverty level.		
Indiana Parent Information Network: a member of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project. This group also has participated in contacting and recruiting parents to participate in ECCS subcommittees.	Contractual: Indiana University's Indiana Institute for Disability and Community. This proposed project would take the initial steps of further expanding the Early Childhood Meeting Place web site to include information concerning services and supports for families of young children. This expansion would provide a simple, online database of services and supports families need to access in caring for their young children: \$20,000.	Uninsured children aged birth to five		Strengthen the combined enrollment process utilized by Early Intervention, MCH and CSHCS to include questions related to Hoosier Healthwise recertification.	By the end of Year 3, increased the number and percentage of children enrolled in Hoosier Healthwise.	Increased number and percentage of eligible children in Hoosier Healthwise.		
Parents: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project. Parent representatives include parents involved with foster care, child care, and special needs advocacy.	Contractual: Evaluation -- the strategy will be developed for monitoring and reporting progress toward performance outcomes for children and families: \$15,000.	Uninsured children aged birth to five			By the end of Year 3, increased the number and percentage of eligible families in SCHIP.	Increased number and percentage of eligible families in SCHIP.		
Division of Mental Health and Addiction: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project. The Bureau of Children's Services is included under this division.	Contractual: Training Component for Social Emotional Screening. An expert facilitator will be hired to coordinate activities including convening a group of stakeholders to decide on common principles such as the need to ensure that all populations have equal access to services. This activity is in preparation for the development of training modules: \$5,000.	Uninsured children aged birth to five		CSHCS will develop a web application for the combined enrollment form.	By the end of Year 3, increased the number and percentage of eligible children in CSHCS.	Increased number and percentage of eligible children in CSHCS.		
Department of Education: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project. This department houses the Division of Exceptional Learners.		Families of uninsured children ages birth to five			By the end of Year 3, increased the number and percentage of families that apply for CSHCS.	Increased number and percentage of families that apply for CSHCS.		

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IN Institute of Disability and Community: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project.		Families of uninsured children ages birth to five	Service Eligibility and Enrollment	Adopt a universal application process reflecting eligibility requirements for enrollment in early childhood supports and services.	By the end of Year 3, increased the number and percentage of families that apply for Hoosier Healthwise, CSHCS, WIC, SCHIP.	Increased number and percentage of families that apply for Hoosier Healthwise, CCHCS, WIC, SCHIP.		
IN Department of Environmental Management: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project.					By the end of Year 3, increased the number and percentage of eligible families in Hoosier Healthwise, CSHCS, WIC, SCHIP.	Increased number and percentage of eligible families in Hoosier Healthwise, CSHCS, WIC, SCHIP.		
Bureau of Child Development: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project. The Bureau is housed under the Division of Family and Children, and oversees the Early Intervention, Child Care, Healthy Families, and Head Start programs.		Families of uninsured children ages birth to five		Adopt a universal application process reflecting eligibility requirements for enrollment in early childhood supports and services.	By the end of Year 3, increased the number and percentage of families eligible for multiple enrollments who are dually enrolled.	Increased number and percentage of families eligible for multiple enrollments who are dually enrolled.		
IN Department of Corrections: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project.		Children from birth to 5	Screening and Referral Improvements for Social-Emotional Health	Screen young children for social, emotional development status.	By the start of the first quarter of Year 3, increased the number and percentage of children screened for social emotional development.	Increased the number and percentage of children screened for social emotional development.		
IN Head Start Association: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project.					By the end of Year 3, increased the number and percentage of children enrolled in Medicaid who are assessed for social-emotional development through the EPSDT program.	Increased the number and percentage of children enrolled in Medicaid who are assessed for social-emotional development through the EPSDT program.		
Riley Child Development Center: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project.					By the end of Year 3, increased the number and percentage of providers providing developmental and behavioral screening for children under the age of 5.	Increased the number and percentage of providers providing developmental and behavioral screening for children under the age of 5.		
The Commission on Hispanic/Latino Affairs: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project.					By the end of Year 3, decreased the number and percentage of young children expelled from early care or early education settings due to behavioral problems.	Decreased the number and percentage of young children expelled from early care or early education settings due to behavioral problems.		
IN Child Care Resource and Referral: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project.		Early Childhood Providers	Implement a statewide outreach program to providers regarding the information clearinghouse of community resources to enhance appropriate referral/treatment.		By the end of Year 3, increased the number and percentage of children who are referred for and use services for social emotional problems identified through EPSDT, well child visits or other routine, preventative care.	Increased the number and percentage of children who are referred for and use services for social emotional problems identified through EPSDT, well child visits or other routine, preventative care.		
American Academy of Pediatrics (IN Chapter): Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project.					By the end of Year 3, increased the number and percentage of parents screened for mental health needs.	Increased the number and percentage of parents screened for mental health needs.		
IN Association for the Education of Young Children: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project.					By the end of Year 3, increased the number and percentage of mothers who received information on postpartum depression.	Increased the number and percentage of mothers who received information on postpartum depression.		
IN Minority Health Coalition: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project.					By the end of Year 3, increased the number and percentage of parents referred for mental health services.	Increased the number and percentage of parents referred for mental health services.		

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Office of Medicaid Policy and Planning: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project.		Early Childhood Mental Health Providers	Screening and Referral Improvements for Social-Emotional Health	Increase coordinated personnel preparation efforts (pre- and post-service training plan) to recruit qualified early childhood mental health providers.	By the end of Year 3, increased the number of mental health providers trained to work with young children.	Increased the number of mental health providers trained to work with young children.		
IN Child Care Fund: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project.					By the end of Year 3, increased the number of professional development opportunities offered throughout the state.	Increased the number of professional development opportunities offered throughout the state.		
Indiana Perinatal Network: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project.					By the end of Year 3, increased the number of post-secondary programs designed specifically to train mental health providers to work with young children.	Increased the number of post-secondary programs designed specifically to train mental health providers to work with young children.		
Hancock County Step Ahead: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project.		Families; Early childhood providers	Information Dissemination	Expand the Early Childhood Meeting Place to include resources and supports for families, utilizing a task force of parents to develop the design for the website expansion.	By the end of Year 3, increased the number of hits to the Early Childhood Meeting Place website.	Increase the number of hits to the Early Childhood Meeting Place website.		
Division of Exceptional Learners: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project. This division is housed under the IN Dept. of Education.					By the end of Year 3, increased the number of hits to links listed on the Early Childhood Meeting Place website.	Increase the number of hits to links listed on the Early Childhood Meeting Place website.		
Juvenile Justice Association: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project.					By the end of Year 3, increased the rate of consumer satisfaction with use of clearinghouse information.	Increased the rate of consumer satisfaction with use of clearinghouse information.		
IN Chamber of Commerce: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project.					By the end of Year 3, increased the number of resources listed in the clearinghouse.	Increased the number of resources listed in the clearinghouse.		
IN Latino Institute: Members of the Indiana ECCS Core Partners group, which oversees the activities of the ECCS project.		Families; Early childhood providers		Develop a universal application as a resource on the Early Childhood Meeting Place to allow providers and families access to information regarding the public support systems they may be eligible for.	By the end of Year 3, increased the number and percentage of families that apply for Hoosier Healthwise, CCHCS, WIC, SCHIP.	Increased number and percentage of families that apply for Hoosier Healthwise, CCHCS, WIC, SCHIP.		
					By the end of Year 3, increased the number and percentage of eligible families in Hoosier Healthwise, CSHCS, WIC, SCHIP.	Increased number and percentage of eligible families in Hoosier Healthwise, CSHCS, WIC, SCHIP.		
					By the end of Year 3, increased the number and percentage of families eligible for multiple enrollments who are dually enrolled.	Increased number and percentage of families eligible for multiple enrollments who are dually enrolled.		
		ECCS Core Partners	Coordination and Integration	Core Partners continue guiding ECCS activities, and meet on a quarterly basis to coordinate efforts across existing initiatives.	By the end of Year 1, increased the number of state and local agencies, organizations and facilities represented in Core Partner membership.	Increased the number of state and local agencies, organizations and facilities represented in Core Partner membership.		
					By the end of Year 1, Increased the number of family representatives guiding ECCS activities.	Increased the number of family representatives guiding ECCS activities.		
					By the end of Year 1, increased the number of Core Partners at meetings/leadership development events.	Increased the number of Core Partners at meetings/leadership development events.		

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		ECCS Core Partners	Coordination and Integration	Core Partners continue guiding ECCS activities, and meet on a quarterly basis to coordinate efforts across existing initiatives.	By the end of Year 3, increased the number of participants from Core Partners agencies involved in ECCS activities.	Increased the number of participants from Core Partners agencies involved in ECCS activities.		
		Parents		Develop and deliver additional training content that addresses any gaps identified by current early childhood providers of training or technical assistance related to social emotional development or service coordination/care coordination.	By the end of Year 3, increased parents' knowledge of elements of high quality, developmentally appropriate care.	Increased parents' knowledge of elements of high quality, developmentally appropriate care.		
		Early Childhood Providers		By the end of Year 3, increased the number of training opportunities for developmental and behavioral screening in early child care/educational settings.	Increased the number of training opportunities for developmental and behavioral screening in early child care/educational settings.			
		Families of Young Children		By the end of Year 3, increased the number and percentage of single parent families with infants and young children whose co-pay for subsidized child care is 10% or more of income.	Increased the number and percentage of single parent families with infants and young children whose co-pay for subsidized child care is 10% or more of income.			
		Children from birth to 5		By the end of Year 3, increased the number of licensing rules follow recommendations for SIDS prevention and incorporate Standards in "Stepping Stones to Caring for Our Children".	Increased the number of licensing rules follow recommendations for SIDS prevention and incorporate Standards in "Stepping Stones to Caring for Our Children".			
		Children from birth to 5		Implement national quality standards in early care settings	By the end of Year 3, increased the number and percentage of children in licensed and/or accredited child care/preschool facilities.	Increased the number and percentage of children in licensed and/or accredited child care/preschool facilities.		
		Children from birth to 5			By the end of Year 3, increased the number and percentage of children in accredited child care/preschool facilities.	Increased the number and percentage of children in accredited child care/preschool facilities.		
		Caregivers			By the end of Year 3, increased the caregivers' education level.	Increased the caregivers' education level.		
		Children from birth to 5			By the end of Year 3, increased the adult to child ratio in early care settings.	Increased the adult to child ratio in early care settings.		
		Children with special health care needs			By the end of Year 3, increased the number and percentage of CSHCN enrolled in early care and education settings.	Increased the number and percentage of CSHCN enrolled in early care and education settings.		
		Families of children from 0 to 5	Family Education	Use selected resources about child development with parents to educate families about child development.	By the end of Year 3, increased parent knowledge of child development milestones.	Increased parent knowledge of child development milestones.		
					By the end of Year 3, increased enrollment in parenting classes.	Increased enrollment in parenting classes.		
					By the end of Year 3, increased parent knowledge and parent-child relationship before and after participation in parenting education classes.	Increased parent knowledge and parent-child relationship before and after participation in parenting education classes.		
		Families of children from 0 to 5		Create electronic version of a developmental calendar for children birth to five.	By the end of Year 3, increased the number of hits to the calendar link.	Increased the number of hits to the calendar link.		

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		Families of children from 0 to 5	Family Education	Market the Early Childhood Meeting Place as a central source of information about child development.	By the end of Year 3, increased the number of hits to the Early Childhood Meeting Place website.	Increased the number of hits to the Early Childhood Meeting Place website.		
		Families; Early Childhood Providers			By the end of Year 3, increased the number of hits to links listed on the Early Childhood Meeting Place website.	Increased the number of hits to links listed on the Early Childhood Meeting Place website.		
		Families; Early Childhood Providers			By the end of Year 3, increased the rate of consumer satisfaction with use of clearinghouse information.	Increased the rate of consumer satisfaction with use of clearinghouse information.		
		Families; Early Childhood Providers		Market the Early Childhood Meeting Place as a central source of information about child development.	By the end of Year 3, increased the number of resources listed in the clearinghouse.	Increased the number of resources listed in the clearinghouse.		
		Parents		Provide families with a meaningful role in the development of policies and programs at the state and local level (through serving on early childhood boards, committees and task forces).	By the end of Year 3, increased the number of parents on committees, task forces, boards at both local and state level.	Increased the number of parents on committees, task forces, boards at both local and state level.		
					By the end of Year 3, increased the number of parents holding paid positions in early childhood.	Increased the number of parents holding paid positions in early childhood.		
		Families of Children from 0 to 5	Family Support Services	Maintain current information by the Early Childhood Meeting Place about children's health, safety and development resources.	By the start of the first quarter in Year 2, increased the number of community resources on health, safety and development.	Increased the number of community resources on health, safety and development.		
					By the end of Year 3, increased the utilization rates of health, safety and development resources included in database.	Increased the utilization rates of health, safety and development resources included in database.		
		Early Childhood Providers		Child Care Health Consultants educate child care providers regarding health, safety and development.	By the end of Year 3, increased health and dental care utilization rates.	Increased health and dental care utilization rates.		
					By the end of Year 3, increased the percentage of children fully immunized by age 2.	Increased the percentage of children fully immunized by age 2.		
					By the end of Year 3, increased the number and percentage of eligible women, infants and young children enrolled in WIC and other relevant programs.	Increased the number and percentage of eligible women, infants and young children enrolled in WIC and other relevant programs.		
					By the end of Year 3, decreased the rates of child abuse and neglect.	Decreased the rates of child abuse and neglect.		
					By the end of Year 3, decreased the injury rates of young children.	Decreased the injury rates of young children.		
					By the end of Year 3, decreased the number and percentage of births to teens.	Decreased the number and percentage of births to teens.		

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		Early Childhood Providers		Child Care Health Consultants educate child care providers regarding health, safety and development.	By the end of Year 3, decreased the number of subsequent births to teens.	Decreased the number of subsequent births to teens.		
					By the end of Year 3, decreased the number and percentage of children under 5 in single parent households.	Decreased the number and percentage of children under 5 in single parent households.		
		Families of Children from 0 to 5		Make training and technical assistance readily available and affordable to families throughout the state.	By the end of Year 3, increased the number of parenting education and support programs for families, including families of children with special needs and non-traditional families.	Increased the number of parenting education and support programs for families, including families of children with special needs and non-traditional families.		
					By the end of Year 3, increased the enrollment in parenting education programs.	Increased the enrollment in parenting education programs.		
		Families of Children from 0 to 5		Make training and technical assistance readily available and affordable to families throughout the state.	By the end of Year 3, increased the number of home visiting programs that incorporate parenting.	Increased the number of home visiting programs that incorporate parenting.		
					By the end of Year 3, increased the number and percentage of parents reporting receipt of early literacy information.	Increased the number and percentage of parents reporting receipt of early literacy information.		
		Early Childhood Providers	Family Support Services	Provide training and technical assistance to those serving young children and families.	By the end of Year 3, increased the number of training events.	Increased the number of training events.		
					By the end of Year 3, increased the number of participants at training and educational events.	Increased the number of participants at training and educational events.		
					By the end of Year 3, increased the number of events targeted at rural communities.	Increased the number of events targeted at rural communities.		
					By the end of Year 3, increased the variety of delivery methods for training (e.g., distance education, web-based, etc.)	Increased the variety of delivery methods for training (e.g., distance education, web-based, etc.)		
		Families of Children from 0 to 5		Make the application process for resources and supports efficient for families to access in a timely manner.	By the end of Year 3, increased the number and percentage of families that apply for Hoosier Healthwise, CCHCS, WIC, SCHIP.	Increased the number and percentage of families that apply for Hoosier Healthwise, CCHCS, WIC, SCHIP.		
					By the end of Year 3, increased the number and percentage of eligible families in Hoosier Healthwise, CSHCS, WIC, SCHIP.	Increased the number and percentage of eligible families in Hoosier Healthwise, CSHCS, WIC, SCHIP.		
					By the end of Year 3, increased the number and percentage of families eligible for multiple enrollments who are dually enrolled.	Increased the number and percentage of families eligible for multiple enrollments who are dually enrolled.		

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ORGANIZATIONAL STRUCTURE / ENVIRONMENT	INPUTS/RESOURCES	TARGET POPULATION	INTERVENTION		EXPECTED CHANGE (Outcomes/Objectives)	EVIDENCE OF CHANGE (Indicators)	BARRIERS	FACILITATORS
			DESCRIPTION	ACTIVITIES				
		Early Childhood System	Evaluation	Monitor the discrete activities detailed in the strategic plan for completion and efficacy.	By the end of each quarter in Years 1-3, the project activities were completed on time.	Completed the project activities on time.		
		Early Childhood System		Monitor the discrete activities detailed in the strategic plan for completion and efficacy.	By the end of Year 3, the plan accomplished what it said it will accomplish.	The plan accomplished what it said it would accomplish.		
		Early Childhood System		Monitor the discrete activities detailed in the strategic plan for completion and efficacy.	By the end of each quarter in Years 1-3, increased the effort on the part of all stakeholders to work together and integrate resources and supports for families.	Increased the effort on the part of all stakeholders to work together and integrate resources and supports for families.		
		Families of Children from 0 to 5		Determine whether any Indiana families are better off as a result of the ECCS implementation.	By the end of Year 3, increased families' access to quality comprehensive services.	Increased families' access to quality comprehensive services.		
					By the end of Year 3, increased the number and percentage of families that have an identified medical home where they are covered by a public or private source of payment for their care.	Increased the number and percentage of families that have an identified medical home where they are covered by a public or private source of payment for their care.		
					By the end of Year 3, increased the number and percentage of families that are able to access the resources and support they need when they need them.	Increased the number and percentage of families that are able to access the resources and support they need when they need them.		
					By the end of Year 3, increased the number and percentage of families able to access timely information about child development, physical and mental health, and safety.	Increased the number and percentage of families able to access timely information about child development, physical and mental health, and safety.		
		Early Childhood System		Determine how well Indiana has implemented the strategic plan.	By the end of Year 3, increased the resources being used more efficiently and without duplication.	Increased the resources being used more efficiently and without duplication.		
					By the end of Year 3, increased the number of services that are coordinated, cost-effective, and community-based.	Increased the number of services that are coordinated, cost-effective, and community-based.		