

**Logic Model for SECCS Grant Program:
The North Carolina State Early Childhood Comprehensive Systems (SECCS) Grant Program**

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)	Parents, Policy Makers, Business and Community Leaders		Join existing efforts to raise awareness and build public and political will for school readiness among parents, policymakers, business and community leaders.	During the third year, raised awareness and build public and political will for school readiness among parents, policymakers, business and community leaders.	Increased awareness and public and political will for school readiness among parents, policymakers, business and community leaders.		
The North Carolina Department of Health and Human Services (DHHS) is the lead agency for the ECCS implementation project. The grant will be managed in the Children and Youth Branch of the Women's and Children's Health Section within DHHS's Division of Public Health. DHHS is willing to invest in system-building as a means toward improving outcomes for young children, and the ECCS team is able to develop and/or enhance cross-system relationships necessary to achieve common goals and bring relevant resources to the table.	PROJECT INPUTS (i.e., personnel and non-personnel)	Families, Early Childhood System Stakeholders, Decision Makers		Educate families, stakeholders and decision makers about the costs, benefits and consequences of building or neglecting a comprehensive, integrated early childhood system.	During the first year, educated families, stakeholders and decision makers about the costs, benefits and consequences of building or neglecting a comprehensive, integrated early childhood system.	Increased knowledge among families, stakeholders and decision makers about the costs, benefits and consequences of building or neglecting a comprehensive, integrated early childhood system.		
The North Carolina State Early Childhood Comprehensive Systems (SECCS) program addresses system-level deficits in North Carolina, and the implementation phase of the grant program will focus on strategies to help stakeholders accomplish the goals outlined in the ECCS Plan. An ECCS Consortium will be created, shared indicators for school readiness will be agreed up, a shared early childhood data system developed, best practices instituted, and a government/philanthropic partnership and broad-based support built for investing in early childhood initiatives.	Personnel:	Early Childhood System		Develop social marketing strategies with guidance from others like Frameworks Institute.	During the first year, developed social marketing strategies with guidance from others like Frameworks Institute.	Increased the number of social marketing strategies for building broad-based support for investing in efforts to produce positive child outcomes.		
During the planning process for the ECCS Implementation Plan, partnerships were built among early childhood system leaders (Government and non-government) and policymakers; best practices reviewed for relevant materials; an internal environmental scan conducted on the existing resources of the Title V program; an external scan conducted on pre-existing early childhood systems and initiatives, relationships, and current financing external to MCH; piloting of potential system-building strategies during the planning period; and existing school-readiness initiatives were built upon (including development of the Shared Indicators for School Readiness Project).	Project Coordinator: 1.0 FTE	Parents and other Caregivers	Public Support for Early Childhood Initiatives	Emphasize the importance of the prenatal period and that early childhood begins at birth.	During the third year, emphasized the importance of the prenatal period and that early childhood begins at birth.	Increased parent/caregiver knowledge regarding the importance of the prenatal period and the early childhood timeframe.		
The goals for the ECCS Project include: (1) share accountability for an effective, comprehensive, and integrated early childhood system in NC in a multi-agency state-level partnership; (2) use a set of shared indicators for school readiness to evaluate success at all levels of the early childhood system; (3) develop a shared early childhood data system to measure success; (4) ensure that providers in the early childhood system have core competencies in early childhood (based in developmental science), and use evidence-based practices to positively affect child outcomes; (5) build a philanthropic government partnership for early childhood health and development; (6) build broad-based support for investing in efforts to produce positive child outcomes; and (7) improve our systems of care by using evidence-based practices to positively affect child outcomes for all critical components of a comprehensive early childhood system.	Indirect Costs: 5.3% of base salary.	General Public		Use the power of the "uncommon voice" (i.e., ask leaders other than child advocates to advocate for an effective early childhood system).	During the third year, used the power of the "uncommon voice" (i.e., asked leaders other than child advocates to advocate for an effective early childhood system).	Leaders other than child advocates are advocates for an effective early childhood system.		

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ENVIRONMENT:	Non-Personnel:	State Agencies and Communities		Develop and implement social marketing strategies to enhance the commitment to medical homes across agencies and communities.	During the third year, developed and implemented social marketing strategies to enhance the commitment to medical homes across agencies and communities.	Enhanced the commitment to medical homes across agencies and communities.		
North Carolina's young children are served by a wide variety of public and private programs addressing childcare, health, educational, social-emotional, and developmental needs. The organizations providing interventions and assistance to children and their families include state and local governmental agencies, and religious and community-based groups. North Carolina has developed many of the critical components of a comprehensive early childhood system, with well-developed systems in place to support these components. However, the systems have not always been connected to facilitate positive developmental outcomes for children, and NC remains in the lower ranking for a number of child well-being indicators. "Bridging Platforms," or a specific setting or component serving as a link to multiple resources for children and families, has also not been well-established in the state.	Staff and Family Travel	Families, Providers, Communities, Funders, Policymakers		Develop social marketing and communication strategies to enhance the perception of value/acceptance of family support and parent education by families, providers, communities, funders, and policymakers.	By the end of the third year, enhanced the perception of value/acceptance of family support and parent education by families, providers, communities, funders, and policymakers.	Enhanced the perception of value/acceptance of family support and parent education by families, providers, communities, funders, and policymakers..		
Across the state, most service agencies have also maintained separate data collection and management information systems. This lack of connection for the systems makes it difficult to evaluate outcomes over time. Overall, the lack of cohesiveness in the system has been fueled by the lack of a shared vision for child and family outcomes across the governmental and non-governmental agencies in NC.	Direct Costs: Office supplies, office rent, public and provider education/awareness materials, printing and copying; there are no equipment costs.	Community	Public Support for Early Childhood Initiatives	Develop a community campaign to facilitate an understanding of the importance of social-emotional development in young children highlighting factors that contribute to social-emotional well-being.	By the end of the third year, increased understanding among the community of the importance of social-emotional development in young children.	Increased understanding among the community of the importance of social-emotional development in young children.		
An important challenge to the ECCS process in NC has been how to create new pathways that connect the early childhood system critical components in a system that is comfortable and well-tolerated as it currently exists.	Twelve ECCS Consortium and work group meetings and Regional Collaborative Staff meeting.	General Public		Reframe and engage public investment (including business) for quality child care.	Increase public investment for quality child care.	Increased public investment for quality child care.		
PARTNERING ORGANIZATIONS:	The Dept. of Health and Human Services has implemented a new program to provide staff a complete menu of computing capabilities and associated support in a contract that is easy to use and designed to provide a high quality IT support to the non-technical customer.	Children		Link with North Carolina's Economic Future and Retooling Workforce to improve child outcomes for North Carolina.	Improve child outcomes for North Carolina.	Improved child outcomes for North Carolina.		
NC Division of Public Health: A member of the NC ECCS Consortium, a multi-agency, state-level partnership responsible for implementing NC's ECCS Implementation Plan. The Division provides coordination and oversight of maternal and child health programs and services in hospitals, health departments and other contract agencies. Some of the programs and initiatives provided through the Division include the state Early Intervention program, the Medical Home program, programs for children with special health care needs, immunizations, and the Child Care Health Consultants program.	Development of distance learning model for training in early childhood mental health coordinated with Tulane Infant Mental Health Training Program using the Public Health Training and Information Network.		Provider Training/Professional Development	Repeat the Regional Collaborative Staff meetings to strengthen community relationships necessary to provide effective services to children and families.	By the end of the second year, strengthened community relationships necessary to provide effective services to children and families.	Strengthened community relationships necessary to provide effective services to children and families.		

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NC Division of Child Development: A member of the NC ECCS Consortium, a multi-agency, state-level partnership responsible for implementing NC's ECCS Implementation Plan. This Division handles childcare regulation and monitoring based on a licensing scale that reflects quality of care; training, consultation and technical assistance to child care providers; public awareness; the Healthy Childcare Initiative; the Family Health and Childcare Resource Line; Head Start, Early Head Start and Migrant Head Start.	OTHER INPUTS (contracts, other grant awards, matching funds):	Early Childhood Providers		Promote approaches to training and staff development that are consistent with adult learning theory.	By the end of the third year, training provided to early childhood providers was consistent with adult learning theory.	Training provided to early childhood providers was consistent with adult learning theory.		
NC Division of Social Services: A member of the NC ECCS Consortium, a multi-agency, state-level partnership responsible for implementing NC's ECCS Implementation Plan. DSS covers child welfare, child abuse and neglect programs, as well as a work group on systems change to meet the Child Abuse Prevention Treatment Act requirements. DSS also handles the implementation of the multiple response system SSI disability determination.	Contract with an independent group facilitator to participate in all pre-meeting design work (managed by ECCS grant coordinator), facilitate all ECCS Consortium meetings, prepare written detailed summaries of meetings, and assist with smaller subgroup meetings focused on specific program goals.	Early Childhood Providers		Promote approaches to training and staff development that include shared basic competencies.	By the end of the third year, training provided to early childhood providers include shared basic competencies.	Early childhood providers are taught shared basic competencies.		
NC Department of Juvenile Justice and Delinquency Prevention: A member of the NC ECCS Consortium, a multi-agency, state-level partnership responsible for implementing NC's ECCS Implementation Plan. The Department handles the primary prevention of anti-social or criminal behavior, as well as overseeing the juvenile justice system in the state.	ECCS and SPARK collectively fund some ECCS activities based on restrictions.	Early Childhood Providers	Provider Training/Professional Development	Promote approaches to training and staff development that include cultural and linguistic competencies.	By the end of the third year, training provided to early childhood providers include cultural and linguistic competencies.	Early childhood providers are taught cultural and linguistic competencies.		
NC Pediatric Society: A member of the NC ECCS Consortium, a multi-agency, state-level partnership responsible for implementing NC's ECCS Implementation Plan. The Pediatric Society's managed care solutions committee is addressing financing, billing and reimbursement issues related to services for children. It also heads up the Child Abuse and Neglect Committee, and handles training for medical home and developmental screening and referrals to early interventions.		Early Childhood Providers		Coordinate with related initiatives (e.g., Domestic Violence Child Well Being Task Force) calling for professional development and training designed to improve child outcomes.	By the end of the third year, coordinated with related initiatives calling for professional development and training designed to improve child outcomes.	Coordinated with related initiatives calling for professional development and training designed to improve child outcomes.		
NC Partnership for Children: A member of the NC ECCS Consortium, a multi-agency, state-level partnership responsible for implementing NC's ECCS Implementation Plan. The Partnership heads up the <i>Smart Start</i> early childhood program, which funds programs that address childcare, health and family support needs. The Partnership is also over a network of local partnerships that coordinate early childhood services at the county level.		Early Childhood Providers		Promote staff development and training (pre-service and in-service) in all sectors of the early childhood system that are based in developmental science.	By the end of the second year, promoted staff development and training (pre-service and in-service) in all sectors of the early childhood system that are based on developmental science.	Developmental science serves as the basis for training and professional development for all early childhood providers.		
Prevent Child Abuse NC: A member of the NC ECCS Consortium, a multi-agency, state-level partnership responsible for implementing NC's ECCS Implementation Plan. Focuses on child abuse prevention, family support activities, and advocacy.		Early Childhood Providers		Use the concept of developmental trajectories as a framework for training and staff development and include approaches to developmental surveillance, medical home concepts, family support principles, effective parent education practices, and social-emotional development.	By the end of the second year, used the concept of developmental trajectories as a framework for training and staff development and include approaches to developmental surveillance, medical home concepts, family support principles, effective parent education practices, and social-emotional development.	Used the concept of developmental trajectories as a framework for training and staff development and include approaches to developmental surveillance, medical home concepts, family support principles, effective parent education practices, and social-emotional development.		

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Child and Health Policy Initiative, Center for Child and Family Policy (Duke University): A member of the NC ECCS Consortium, a multi-agency, state-level partnership responsible for implementing NC's ECCS Implementation Plan. The initiative is responsible for best practice models, program development and program evaluation.		Early Childhood Providers		Include positive, effective approaches in training early childhood providers and link evidence and emerging best practices.	By the end of the third year, included positive, effective approaches in training early childhood providers and linked evidence and emerging best practices.	Included positive, effective approaches in training early childhood providers and linked evidence and emerging best practices.		
NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services: A member of the NC ECCS Consortium, a multi-agency, state-level partnership responsible for implementing NC's ECCS Implementation Plan. This Division is in the process of reforming the community-based mental health services for children. They are considering options for enhancing training for providers caring for young children with social/emotional/behavioral problems.		Early Childhood Providers	Provider Training/Professional Development	Encourage a cross-disciplinary approach in existing professional development and training efforts.	By the end of the third year, encouraged a cross-disciplinary approach in existing professional development and training efforts.	Encouraged a cross-disciplinary approach in existing professional development and training efforts.		
NC Court Improvement Project: A member of the NC ECCS Consortium, a multi-agency, state-level partnership responsible for implementing NC's ECCS Implementation Plan.		Early Childhood Providers		Provide pre-service and in-service training and technical assistance to early childhood providers by area of expertise.	By the end of the second year, provided pre-service and in-service training and technical assistance to early childhood providers by area of expertise.	Provided pre-service and in-service training and technical assistance to early childhood providers by area of expertise.		
NC Child Advocacy Institute: A member of the NC ECCS Consortium, a multi-agency, state-level partnership responsible for implementing NC's ECCS Implementation Plan. The Institute is a statewide child advocacy group.		Families	Family Participation	Design family participation mechanisms that work for families.	During the first year, increased input/participation from families to share accountability for an effective, comprehensive, and integrated early childhood system.	Increased input/participation from families to share accountability for an effective, comprehensive, and integrated early childhood system.		
Office of the Governor: A member of the NC ECCS Consortium, a multi-agency, state-level partnership responsible for implementing NC's ECCS Implementation Plan. The Governor's Office is responsible for the <i>More at Four</i> school readiness initiative for 4-year-olds in the NC. The Office also covers a network of other programs statewide.		ECCS Consortium		Revise the state-level partnership created for the planning process (ECCS Think Tank) to create the ECCS Consortium that will function throughout the implementation period.	During the beginning of the first year, revised the state-level partnership created for the planning process (ECCS Think Tank) to create the ECCS Consortium that will function throughout the implementation period.	The ECCS Consortium was created and functioned as a highly effective, solutions-oriented leadership structure committed to improving child outcomes in North Carolina by focusing on system integration, with member representation from each of the five critical components.		
Department of Maternal and Child Health, UNC School of Public Health: A member of the NC ECCS Consortium, a multi-agency, state-level partnership responsible for implementing NC's ECCS Implementation Plan.		Early Childhood System Stakeholders		Maintain the "Voices from the Field" process developed during the planning phase to seek advice/input from existing advisory groups, including the Family Advisory Council, the NC Fatherhood Development Advisory Council, and other stakeholders.	During the first year, maintained the "Voices from the Field" process to seek advice/input on ECCS from existing advisory groups, including the Family Advisory Council, the NC Fatherhood Development Advisory Council, and other stakeholders.	Maintained the "Voices from the Field" process to seek advice/input on ECCS from existing advisory groups, including the Family Advisory Council, the NC Fatherhood Development Advisory Council, and other stakeholders.		
NC Department of Public Instruction: A member of the NC ECCS Consortium, a multi-agency, state-level partnership responsible for implementing NC's ECCS Implementation Plan. The Department is over the Exceptional Children's Services and Title I pre-school services.		Early Childhood System Stakeholders	ECCS Consortium	Maintain the "Voices from the Field" process developed during the planning phase to introduce ECCS concepts to partners in the field.	During the first year, ECCS concepts were introduced to partners in the field.	ECCS concepts were introduced to partners in the field.		
Individual Parents: Members of the NC ECCS Consortium, a multi-agency, state-level partnership responsible for implementing NC's ECCS Implementation Plan.		ECCS Consortium		Extend contract with neutral facilitator to facilitate group process for the state-level partnership.	During the first year, the group process is facilitated by a neutral facilitator for the state-level partnership.	Group process is facilitated by a neutral facilitator for the state-level partnership.		
Faith-Based Organizations: Members of the NC ECCS Consortium, a multi-agency, state-level partnership responsible for implementing NC's ECCS Implementation Plan.		ECCS Consortium		Use the state-level partnership process to build consensus on priorities and designate a neutral administrative space to take action on agreements.	During the first year, consensus on priorities was built, and a neutral administrative space to take action on agreements was designated.	Consensus on priorities was built, and a neutral administrative space to take action on agreements was designated.		
Center for Youth, Family and Community Partnerships, UNC: A member of the NC ECCS Consortium, a multi-agency, state-level partnership responsible for implementing NC's ECCS Implementation Plan.		ECCS Consortium		Use the ECCS Consortium to guide the ECCS implementation grant and take responsibility for achieving the recommendations for policy, governance, inter-agency agreements and/or structural changes designed to improve outcomes for children.	During the first year, the ECCS Consortium is used to guide the ECCS implementation grant and to take responsibility for achieving the recommendations for policy, governance, inter-agency agreements and/or structural changes designed to improve outcomes for children.	The ECCS Consortium guides the ECCS implementation grant and takes responsibility for achieving the recommendations for policy, governance, inter-agency agreements and/or structural changes designed to improve outcomes for children.		

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United Way NC: A member of the NC ECCS Consortium, a multi-agency, state-level partnership responsible for implementing NC's ECCS Implementation Plan. The United Way promotes the importance of early childhood development in the business community.		ECCS Consortium	ECCS Consortium	Adjust the state-level partnership structure as necessary (i.e., revise if the legislature creates a mechanism that would serve the same function).	By the end of the third year, adjusted the state-level partnership structure as necessary (i.e., revise if the legislature creates a mechanism that would serve the same function).	The state-level partnership structure is adjusted as necessary.		
El Pueblo, Inc.: A member of the NC ECCS Consortium, a multi-agency, state-level partnership responsible for implementing NC's ECCS Implementation Plan.		Philanthropists and Government Officials	Philanthropic/ Government Partnership Building	Continue discussions with Grantmakers in Health on how to build a philanthropic/government partnership for early childhood health and development.	By the end of the third year, discussions continued with Grantmakers in Health on how to build a philanthropic/government partnership for early childhood health and development.	Discussions continued with Grantmakers in Health on how to build a philanthropic/government partnership for early childhood health and development.		
Supporting Partnerships for Ready Kids (SPARK): A member of the NC ECCS Consortium, a multi-agency, state-level partnership responsible for implementing NC's ECCS Implementation Plan. SPARK is a Kellogg Foundation-funded initiative that aims to create partnerships among early childhood stakeholders to develop ready children.		Philanthropists and Government Officials		Use resources provided by Grantmakers in Health and other successful partnerships to guide the process of building a philanthropic/government partnership for early childhood health and development.	By the end of the third year, used resources provided by Grantmakers in Health and other successful partnerships to guide the process toward building a philanthropic/government partnership for early childhood health and development.	Used resources provided by Grantmakers in Health and other successful partnerships to guide the process toward building a philanthropic/government partnership for early childhood health and development.		
		Philanthropists and Government Officials		Create forums or issue-focused briefings to establish common understandings and strengthen relationships among philanthropists and government officials.	By the end of the third year, forums or issue-focused briefings conducted to establish common understandings and strengthen relationships among philanthropists and government officials.	Common understandings established and relationships strengthened among philanthropists and government officials.		
		ECCS Project	Linkages to Existing Early Childhood Initiatives	Link the ECCS project to initiatives that have taken the lead role for the critical components of a comprehensive early childhood service system in NC in order to accomplish shared goals.	By the end of the third year, linked the ECCS project to initiatives that have taken the lead role for the critical components of a comprehensive early childhood service system in NC.	Made progress toward accomplishing the shared goals.		
		ECCS Project		Coordinate ECCS strategies and action steps with related initiatives (e.g., DHHS Children's Services Advisory Committee, the NC Partnership for Children, SPARK).	By the end of the third year, ECCS strategies and action steps are coordinated with related initiatives.	ECCS strategies and action steps are coordinated with related initiatives.		
		Shared Data System	Shared Early Childhood Data System	Review the Mecklenburg County model of shared data systems to evaluate feasibility for a statewide application.	By the end of the second year, reviewed the Mecklenburg County model to evaluate feasibility for a statewide application.	The feasibility of applying the Mecklenburg County model statewide is determined.		
		Shared Data System		Follow up on technical assistance regarding shared early childhood data systems submitted to HRSA.	By the end of the first year, followed up on technical assistance regarding shared early childhood data systems submitted to HRSA.	Technical assistance regarding shared early childhood data systems is received from HRSA.		
		Shared Data System		Consider the benefits of a unique identifier system.	By the end of the first year, considered the benefits of a unique identifier system.	Benefits of a unique identifier system are identified.		
		Shared Data System		Evaluate existing data systems for commonalities.	By the end of the second year, evaluated existing data systems for commonalities.	Commonalities among existing data systems are identified.		
		Shared Data System		Assess steps necessary to combine data or enhance data sharing between information systems.	By the end of the second year, assessed steps necessary to combine data or enhance data sharing between information systems.	The necessary steps for combining data or enhancing data sharing between information systems are identified.		
		Shared Data System		Evaluate data linking and/or appropriate sampling to measure outcomes.	By the end of the second year, evaluated data linking and/or appropriate sampling to measure outcomes.	Outcomes are measured.		
		Shared Data System		Balance the child and family interest in securing individual outcomes with a system interest in evaluating population outcomes.	By the end of the third year, balanced the child and family interest in securing individual outcomes with a system interest in evaluating population outcomes.	Balanced the child and family interest in securing individual outcomes with a system interest in evaluating population outcomes.		

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		Young Children	Use of Evidence-Based Practices: Early Care and Education	Coordinate with state Child Care Health Consultant to accomplish Healthy Child Care America objectives (quality through standards, infrastructure building, and access to medical homes and health insurance through early care and education providers).	By the end of the first year, coordinated with state Child Care Health Consultant to accomplish Healthy Child Care America objectives.	Healthy Child Care America objectives accomplished.		
		Early Childhood Care and Education Providers		Provide incentives for training to early care and education providers.	By the end of the third year, provided incentives for training to early care and education providers.	Increased number of well-trained early care and education providers.		
		Child Care Health Consultants		Fully develop/expand the role of Child Care Health Consultants to include consultation regarding social-emotional development.	By the end of the second year, fully developed/expanded the role of Child Care Health Consultants to include consultation regarding social-emotional development.	Fully developed/expanded the role of Child Care Health Consultants to include consultation regarding social-emotional development.		
		Child Care Health Consultants		Explore reimbursement mechanisms for services provided by Child Care Health Consultants.	By the end of the second year, explored reimbursement mechanisms for services provided by Child Care Health Consultants.	Increased the number of services provided by Child Care Health Consultants that were reimbursed.		
		Early Care and Education Providers		Promote a universal developmental surveillance model that includes a role for Early Care and Education providers.	By the end of the third year, promoted a universal developmental surveillance model that includes a role for Early Care and Education providers.	Promoted a universal developmental surveillance model that includes a role for Early Care and Education providers.		
		Young Children and Their Families		Emphasize the concept of Early Care and Education settings as a place for strengthening families, preventing problems, and as a platform/connector to other important services for children and families.	By the end of the third year, emphasized the concept of Early Care and Education settings as a place for strengthening families, preventing problems, and as a platform/connector to other important services for children and families.	Emphasized the concept of Early Care and Education settings as a place for strengthening families, preventing problems, and as a platform/connector to other important services for children and families.		
		Early Childhood System Stakeholders		Address the workforce development issues in early care and education by supporting the work of the Division of Child Development, the NC Partnership for Children, the Professional Development Consortium in NC, and others.	By the end of the third year, addressed the workforce development issues in early care and education by supporting the work of the Division of Child Development, the NC Partnership for Children, the Professional Development Consortium in NC, and others.	Addressed the workforce development issues in early care and education by supporting the work of the Division of Child Development, the NC Partnership for Children, the Professional Development Consortium in NC, and others.		
		Young Children		Participate in the development of Infant Toddler Standards (DPI & DHHS initiative) to encourage inclusion of activities that would support the development of an integrated, comprehensive early childhood system.	By the end of the third year, activities that would support the development of an integrated, comprehensive early childhood system are included in Infant Toddler Standards (DPI & DHHS initiative).	Activities that would support the development of an integrated, comprehensive early childhood system are included in Infant Toddler Standards (DPI & DHHS initiative).		
		Public and Private Health Insurers		Encourage all public and private health insurers to cover the critical components of a medical home.	By the end of the third year, increased provider capacity to provide medical homes.	Increased provider capacity to provide medical homes.		
		Early Childhood Providers		Use of Evidence-Based Practices: Medical Home	Encourage all providers who serve young children to incorporate the expectation that children have a medical home into their practices and program standards.	By the end of the third year, encouraged all providers who serve young children to incorporate the expectation that children have a medical home into their practices and program standards.	Increased the number of providers who serve young children that incorporate the expectation that children have a medical home into their practices and program standards.	
		Early Childhood Providers	Develop outreach to appropriate providers to explain advantages of a medical home and to strengthen links/communication between the medical home and providers.		By the end of the second year, developed outreach to appropriate providers to explain advantages of a medical home and to strengthen links/communication between the medical home and providers.	Developed outreach to appropriate providers to explain advantages of a medical home and to strengthen links/communication between the medical home and providers.		
		Early Childhood Providers	Link primary care providers to child care providers and community resources.		By the end of the third year, linked primary care providers to child care providers and community resources.	Increased the number of child care providers and community resources available for young children and their families.		

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		Early Childhood System	Use of Evidence-Based Practices: Medical Home	Consider a common and simultaneous enrollment into all programs.	By the end of the second year, considered a common and simultaneous enrollment into all programs.	Considered a common and simultaneous enrollment into all programs.			
		Young Children and Their Families		Address barriers to a medical home for those who can not pay for medical care.	By the end of the third year, addressed barriers to a medical home for those who can not pay for medical care.	Increased the number of people who can not pay for medical care that have access to a medical home.			
		Young Children and Their Families		Address operational obstacles to being/becoming a medical home.	By the end of the third year, addressed operational obstacles to being/becoming a medical home.	Increased the number of medical homes operating.			
		Young Children		Develop registry or tracking to follow a child to receipt of all services and demonstrate effectiveness of providing a medical home.	By the end of the second year, developed registry or tracking to follow a child to receipt of all services and demonstrated effectiveness of providing a medical home.	Developed registry or tracking to follow a child to receipt of all services and demonstrated effectiveness of providing a medical home.			
		Early Childhood System		Develop a map of transition points in service system and connect the points for continuity.	By the end of the third year, developed a map of transition points in service system and connected the points for continuity.	Developed a map of transition points in service system and connected the points for continuity.			
		Early Childhood Providers		Promote/provide training for a universal developmental surveillance model (identify all children pre-natal or at birth) that includes a role for primary care providers.	By the end of the third year, increased knowledge of the universal developmental surveillance model.	Increased knowledge of the universal developmental surveillance model.			
		Early Childhood Providers		Continue to use Community Care of North Carolina model to develop professional champions to promote best practice expansion.	By the end of the third year, continued to use Community Care of North Carolina model to develop professional champions to promote best practice expansion.	Best practice expansion is promoted by professional champions.			
		Early Childhood Agencies and Communities		Create a common, shared definition of parent education and family support across agencies and communities.	By the end of year three, a common, shared definition of parent education and family support across agencies and communities was created.	A common, shared definition of parent education and family support across agencies and communities was created.			
		Young Children and Their Families		Use of Evidence-Based Practices: Parent Education/Family Support	Determine and promote the most effective practices for strengthening families and ensuring child safety and well-being, including prevention and life cycle approaches.	By the end of the third year, the most effective practices for strengthening families and ensuring child safety and well being, including prevention and life cycle approaches, are promoted.	Families are strengthened, and child safety and well-being are ensured.		
		Young Children and Their Families			Address the need for funding for family support and parent education services for all children/families, including fathers and grandparents.	By the end of the third year, addressed the need for funding for family support and parent education services for all children/families, including fathers and grandparents.	Addressed the need for funding for family support and parent education services for all children/families, including fathers and grandparents.		
		Young Children and Their Families	Acknowledge the need for leadership and collaboration to provide cohesive family support and parent education services to all families in NC.		By the end of the first year, acknowledged the need for leadership and collaboration to provide cohesive family support and parent education services to all families in NC.	Acknowledged the need for leadership and collaboration to provide cohesive family support and parent education services to all families in NC.			
		Early Childhood Organizations	Encourage individual organizations to include effective family support and parent education in their strategic plans.		By the end of the third year, encouraged individual organizations to include effective family support and parent education in their strategic plans.	Individual organizations include effective family support and parent education in their strategic plans.			
		Early Childhood Organizations	Work toward a common mindset and language for family support and parent education imbedded in program philosophy.		By the end of the third year, worked toward a common mindset and language for family support and parent education imbedded in program philosophy.	Worked toward a common mindset and language for family support and parent education imbedded in program philosophy.			
		Early Childhood System Funders	Encourage funders to only fund programs that include family support and parent education components.		By the end of the third year, encouraged funders to only fund programs that include family support and parent education components.	Funders only fund programs that include family support and parent education components.			

**Logic Model for SECCS Grant Program:
The North Carolina State Early Childhood Comprehensive Systems (SECCS) Grant Program**

ORGANIZATIONAL STRUCTURE / ENVIRONMENT	INPUTS/RESOURCES	TARGET POPULATION	INTERVENTION		EXPECTED CHANGE (Outcomes/Objectives)	EVIDENCE OF CHANGE (Indicators)	BARRIERS	FACILITATORS
			DESCRIPTION	ACTIVITIES				
		Parents and other Caregivers	Use of Evidence-Based Practices: Social-Emotional Development	Systematize prenatal and ongoing psycho-social assessments for parents and others who will nurture and care for young children.	By the end of the third year, systematized prenatal and ongoing psycho-social assessments for parents and others who will nurture and care for young children.	Systematized prenatal and ongoing psycho-social assessments for parents and others who will nurture and care for young children.		
		Community		Increase the community's capacity to provide a continuum of effective primary prevention services and mental health service to infants, young children and parents/caregivers.	By the end of the third year, increased the community's capacity to provide a continuum of effective primary prevention services and mental health service to infants, young children and parents/caregivers.	Increased the community's capacity to provide a continuum of effective primary prevention services and mental health service to infants, young children and parents/caregivers.		
		Kindergarten Children		Include a measure of social-emotional development in the Kindergarten Health Assessment and in other school readiness screening tools.	By the end of the second year, included a measure of social-emotional development in the Kindergarten Health Assessment and in other school readiness screening tools.	A measure of social-emotional development is included in the Kindergarten Health Assessment and in other school readiness screening tools.		
		Young Children and Their Families		Provide all infant/toddler care programs and other early childhood environments with access to mental health training, consultation and support.	By the end of the third year, provided all infant/toddler care programs and other early childhood environments with access to mental health training, consultation and support.	Increased the number of infant/toddler care programs and other early childhood environments that have access to mental health training, consultation and support.		
		Early Childhood Agencies		Provide agencies serving young children at increased risk for social-emotional problems with access to mental health training, consultation and support.	By the end of the third year, provided agencies serving young children at increased risk for social-emotional problems with access to mental health training, consultation and support.	Agencies serving young children at increased risk for social-emotional problems have access to mental health training, consultation and support.		
		Young Children and Their Families		Provide primary care settings with access to mental health training, consultation and support.	By the end of the second year, provided primary care settings with access to mental health training, consultation and support.	Increased the number of primary care settings that have access to mental health training, consultation and support.		
		Young Children in Child Protective Services and Foster Care		Address the needs of children in Child Protective Services and foster care regarding social-emotional development.	By the end of the third year, addressed the needs of children in Child Protective Services and foster care regarding social-emotional development.	Addressed the needs of children in Child Protective Services and foster care regarding social-emotional development.		
		Parents and other Caregivers		Promote psychosocial screening of parent/caregiver, with the child relationship and functioning as a part of the developmental surveillance.	By the end of the third year, promoted psychosocial screening of parent/caregiver, with the child relationship and functioning as a part of the developmental surveillance.	Promoted psychosocial screening of parent/caregiver, with the child relationship and functioning as a part of the developmental surveillance.		
		Early Childhood System		Continue negotiations with the Infant Mental Health Training Program at Tulane to create a distance learning training model for NC.	By the end of the second year, continued negotiations with the Infant Mental Health Training Program at Tulane to create a distance learning training model for NC.	Continued negotiations with the Infant Mental Health Training Program at Tulane to create a distance learning training model for NC.		
		Early Childhood System		Promote the inclusion of early childhood mental health principles and relationship-based service strategies.	By the end of the third year, promoted the inclusion of early childhood mental health principles and relationship-based service strategies.	Promoted the inclusion of early childhood mental health principles and relationship-based service strategies.		
		Early Childhood System	Sustainability	Ensure that the state-level partnership (ECCS Consortium) is tuned into the ECCS plan and goals and takes ownership of continuing the project past the three-year grant period (focusing across the five critical components).	By the end of the third year, increased the buy-in and provision of resources (e.g., money, time, staff) for continuation of the ECCS Plan by the ECCS Consortium members.	Increased the buy-in and provision of resources (e.g., money, time, staff) for continuation of the ECCS Plan by the ECCS Consortium members.		
		Governor's Office of School Readiness		Continue evolving the Governor's Office of School Readiness beyond its current Pre-K activities and focus to include all young children's school readiness factors.	By the end of the third year, increased the availability of early childhood school readiness activities and initiatives.	Increased the availability of early childhood school readiness activities and initiatives.		

**Logic Model for SECCS Grant Program:
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ORGANIZATIONAL STRUCTURE / ENVIRONMENT	INPUTS/RESOURCES	TARGET POPULATION	INTERVENTION		EXPECTED CHANGE (Outcomes/Objectives)	EVIDENCE OF CHANGE (Indicators)	BARRIERS	FACILITATORS
			DESCRIPTION	ACTIVITIES				
		Children, Families, Schools, Communities, States	Evaluating the Early Childhood System Using the Shared Indicators for School Readiness	Complete the Shared Indicators for School Readiness Project designed to create a set of shared indicators for ready children, families, schools, communities and states.	By the end of the first year, completed the Shared Indicators for School Readiness Project designed to create a set of shared indicators for ready children, families, schools, communities and states.	A set of shared indicators for ready children, families, schools, communities and states was completed.		
		Early Childhood System Stakeholders		Present the results of the Shared Indicators for School Readiness Project to a large group of stakeholders who represent the five critical components of a comprehensive early childhood system.	By the end of the second year, presented the results of the Shared Indicators for School Readiness Project to a large group of stakeholders who represent the five critical components of a comprehensive early childhood system.	Stakeholders who represent the five critical components of a comprehensive early childhood system know the results of the Shared Indicators for School Readiness Project.		
		State Agencies; Community and Philanthropic Organizations		Encourage all state agencies, community and philanthropic organizations to use the set of shared indicators in their strategic planning, operations/service delivery and accountability systems.	By the end of the third year, encouraged all state agencies, community and philanthropic organizations to use the set of shared indicators in their strategic planning, operations/service delivery and accountability systems.	Increased the number of state agencies, community and philanthropic organizations that use the set of shared indicators in their strategic planning, operations/service delivery and accountability systems.		
		Kindergarten Health Assessment		Participate in the process to revise the Kindergarten Health Assessment to reflect the shared indicators for school readiness.	By the end of the third year, the Kindergarten Health Assessment is revised to reflect the shared indicators for school readiness.	The Kindergarten Health Assessment is revised to reflect the shared indicators for school readiness.		
		Shared Indicators for School Readiness		Establish common measurements to evaluate progress toward school readiness.	By the end of the first year, common measurements to evaluate progress toward school readiness are established.	Common measurements to evaluate progress toward school readiness are established.		
		Shared Indicators for School Readiness		Explore the possibility of collaborative evaluation.	By the end of the first year, the possibility of collaborative evaluation is explored.	The possibility of collaborative evaluation is explored.		
		Early Childhood System Stakeholders		Follow-up with key stakeholders to evaluate participants' success in incorporating shared outcomes and indicators into their planning, operations, and accountability systems.	By the end of the third year, participants' success in incorporating shared outcomes and indicators into their planning, operations, and accountability systems is evaluated.	Participants' success in incorporating shared outcomes and indicators into their planning, operations, and accountability systems is evaluated.		
		Early Childhood Agencies and Organizations		Organize a series of sessions designed to highlight successful strategies and encourage broader application.	By the end of the third year, organized a series of sessions designed to highlight successful strategies and encourage broader application.	Agencies and organizations learn about successful strategies for applying the shared indicators, as well as other ways to apply the indicators.		
		Shared Indicators for School Readiness		Link this effort to the shared outcomes and indicators project conducted by the State Collaborative for Children.	By the end of the third year, linked this effort to the shared outcomes and indicators project conducted by the State Collaborative for Children.	This effort is linked to the shared outcomes and indicators project conducted by the State Collaborative for Children.		
		Young Children		Develop a system to identify and track children from the prenatal period through early childhood transitions.	By the end of the second year, a system to identify and track children from the prenatal period through early childhood transitions is developed.	A system to identify and track children from the prenatal period through early childhood transitions is developed.		
		Services Provided Across Systems		Use shared indicators to evaluate the effectiveness/quality of services provided across systems.	By the end of the second year, the effectiveness/quality of services provided across systems is evaluated using shared indicators.	The effectiveness/quality of services provided across systems is evaluated using shared indicators.		
		EPSDT System		Consider the Early and Periodic Screening and Developmental Tracking (EPSDT) system as a method for tracking.	By the end of the third year, the Early and Periodic Screening and Developmental Tracking (EPSDT) system is considered as a method for tracking.	The Early and Periodic Screening and Developmental Tracking (EPSDT) system is considered as a method for tracking.		
		Children 0-5, Children up to age 21 (if Medicaid Eligible)		Consider comprehensive implementation of Early Periodic Screening, Diagnosis and Treatment as a framework for tracking child well-being, health and mental health status of children aged 0-5, or up to 21 if Medicaid eligible.	By the end of the third year, comprehensive implementation of Early Periodic Screening, Diagnosis and Treatment as a framework for tracking child well-being, health and mental health status of children aged 0-5, or up to 21 if Medicaid eligible.	Comprehensive implementation of Early Periodic Screening, Diagnosis and Treatment as a framework for tracking child well-being, health and mental health status of children aged 0-5, or up to 21 if Medicaid eligible.		