

**Logic Model for SECCS Grant Program:
The North Dakota Early Childhood Comprehensive Systems (ECCS) Statewide Plan/Healthy North Dakota**

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: (for the first year of the project): \$140,000 TOTAL PROJECT BUDGET: (for the first year of the project): \$140,000	Early Child State Offices		Identify other states who have successfully established Early Child State Offices.	By the end of Year 1, completed an inventory of model documents on states with successfully established Early Child State Offices.	Completed an inventory of model documents.		
The lead organizations (lead fiscal agency) for the implementation project are the North Dakota Department of Health (DOH) and the Department of Human Services (DHS) . DOH, through its Division of Family Health, administers programs for mothers, infants, children and adolescents. DHS, through its Medical Services Division, Children's Special Health Services Unit, administers the program for children with special health care needs. DHS also directs the programs involving early care and education in the state. DOH collaborates closely with DHS on many projects, such as Healthy Child Care America and the Early Childhood Comprehensive Systems grant. Staff from the MCH programs have been active stakeholders in the ECCS planning phase and will continue to plan a role during the implementation process.	PROJECT INPUTS (i.e., personnel and non-personnel)		Early Care and Education Statewide Program	Review existing models from other states that have experienced success in networking and collaboration efforts at the state level.	By the end of March 2006, successfully completed research efforts, and compiled findings and recommendations regarding existing models from other states that have experienced success in networking and collaboration efforts at the state level.	Completed successful research efforts and compiled finding and recommendations.		
Early Childhood Comprehensive Systems (ECCS) Project: The ECCS grant established a multi-agency leadership team to assure the effectiveness of a comprehensive early childhood system planning effort. ECCS also provides support in building collaborations and partnerships to support families and communities in their development of children who are healthy and ready to learn at school entry. The ECCS Steering Committee serves as the leadership team for the project. Early in the planning stages of the grant, ECCS was incorporated into the Healthy North Dakota (HND) Initiative, which is a statewide effort to improve the health of every North Dakotan.	Personnel:	Office of Early Care and Education		Identify the vision, role and tasks of an Office on Early Care and Education.	By April 2006, identified two to three agencies interested in providing this services and/or the recommendation of an interim legislative study.	Identified two to three interested in providing this service and/or a recommendation of an interim legislative study.		
The ECCS Steering Committee will assist the ECCS Coordinator in examining the project's current progress toward goals/objectives, propose a Healthy North Dakota Early Childhood Alliance (HNDECA) structure that will ensure progress on the ECCS state plan goals and objectives, and determine the mechanism for awarding implementation funding. The HNDECA-formed subcommittees focus on each critical component area and will meet to review timelines, responsible groups/persons, and evaluation criteria for the priority goals. The HNDECA has also been integrated into the HND Initiative.	Project Coordinator: 0.5 FTE	General Public	Child Care Quality and School Readiness	Monitor and provide input on the development of "Voluntary" Early Learning Guidelines, through the process of public comment and public forums, if available.	Before the end of June 2006, HNDECA provided input, advocacy, and program support to existing efforts through public hearings and forums.	HNDECA provided input, advocacy, and program support to existing efforts through public hearings and forums.		

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<p>Program Goals: 1) To develop a state-level office for early care and education that builds a statewide network and assures agency collaboration; 2) To develop and implement policies to support early care and education; 3) To establish critical pathways, including checks and balances, for licensure standards and practices to assure uniformity of delivery statewide; 4) Comprehensive, individualized children's mental health services will be accessible statewide, inclusive of tribal communities; 5) All communities will involve families in planning and implementation of children's mental health programs and services; 6) To influence systems change to increase and sustain comprehensive healthcare coverage for all North Dakota children, ages 0-8; 7) To increase the number of health and dental care provider practices that incorporate the seven medical home core components (e.g., care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective); 8) To assure that all parents and persons in a parental role of children ages birth through eight have access to parenting education; 9) To increase parent leadership through education; 10) To develop a statewide office for parenting education; 11) To partner with the media to educate parents; 12) To expand the scope and capacity of Parent Resource Centers (PRC) in North Dakota; 13) To develop and promote best practice procedures at the County Social Service (CSS) level when providing support to families; and, 14) To expand and develop services to provide support to families on a routine/scheduled basis.</p>	Fringe Benefits: \$6,481	Licensed Programs; Care and Education Programs		Collaborate with the implementation of "Voluntary" Early Learning Guidelines for all licensed programs and other care and education programs.	Throughout Years 1-3, there was a high percentage of providers and others requesting the available guidelines and training.	A high percentage of providers and others requested the available guidelines and training.		
	Indirect Charges: \$2,353	General Public; Policy Makers	Child Care Quality and School Readiness	Develop a public education campaign to reach the public and policy makers on a regular basis regarding the importance of quality early child care to build positive public will.	Throughout Years 1-3, developed and disseminated a public education campaign on the importance of quality early care and education.	Developed and disseminated a public education campaign on the importance of quality early care and education.		
	Equipment: \$500. Equipment needed to assist the Healthy North Dakota Early Childhood Alliance (HNDECA)	Early Childhood Consultants		Establish a network of specialized early childhood health consultants who will provide health, wellness, and safety for early care and education settings.	Throughout Years 1-3, made available a network of health consultants.	A network of health consultants was made available.		
	Supplies: \$15,000. Estimated cost of printing materials for creating and dissemination among partners. Also includes other office supplies (e.g., paper, postage).	Licensed Child Care Providers		Explore a pre-service training requirement for licensed and non-licensed childcare providers.	By Fall 2007, provided opportunities for public comments and hearings relating to a rule change requiring licensed childcare providers to receive pre-service training. By December 2007, instituted a rule change requiring licensed child care providers to receive pre-service training.	Instituted a rule change requiring licensed childcare providers to receive pre-service training.		

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The ECCS Steering Committee will monitor the activities of the Healthy North Dakota Early Childhood Alliance (HNDECA) to evaluate continued progress. The Steering Committee developed outcomes and indicators, which will be used to track the progress of each of the goals and action steps in the HNDECA strategic plan. The HNDECA will be using the Early Childhood Systems Building Tool as a guide for defining child, family, community, and state system/policy outcomes in the five critical component areas. The HNDECA will also work to develop data sources and coordinate state agency data systems.	Non-Personnel:	Early Childhood Professionals	Child Care Quality and School Readiness	Implement an early childhood professional development plan that includes career pathways and an incentive program.	By July 2007 and ongoing, implemented the early childhood professional development plan that includes career pathways and an incentive program.	Implemented the early childhood professional development plan that includes career pathways and an incentive program.		
ENVIRONMENT:	Staff Travel and Mileage: \$4,012	Parents of Young Children aged 0-8		Develop a quality rating service system to assist parents in making informed selections/decisions relative to early care and education.	By Summer 2009, developed the quality rating system to assist parents in making informed selections/decisions relative to early care and education.	Developed the quality rating system to assist parents in making informed selections/decisions relative to early care and education.		
North Dakota is a midwestern state in the center of the U.S. According to the 2000 U.S. Census Bureau, the state's population is approximately 642,200. A large amount of the state is sparsely populated, with 36 of the 53 counties designated as frontier counties (less than seven people per square mile). Rural and frontier counties have limited access to health services, as well as difficulty maintaining the services they currently have. Extensive travel may be required to attain necessary services.	Other: \$7,000. Participants involved in the implementation of the ECCS plan will be reimbursed at state rates for travel, lodging, and meals to attend meetings.	Early Child Care Licensing Staff	Child Care Licensing System	Research the development of a formula for caseload standards.	By June 2008, developed a formula for caseload standards.	Developed a formula for caseload standards.		
Among 3,440 families served by the Head Start program for the 2003-2004 program year, 194 (5%) children were without health insurance, and 168 (4%) referrals were facilitated for mental health. Nearly 34,000 (1 in 5) North Dakota children have a diagnosable mental health or addiction disorder. Additionally, there are approximately 6,500 children who have a serious emotional disturbance, with more than 3,000 children in need of mental health or addiction services at any given time. There are also increasing numbers of children entering early care and education programs. Seventy-one percent of children under age six had two parents in the workforce; 78% of children living in single-parent families had one working parent.	OTHER INPUTS (contracts, other grant awards, matching funds):	Early Childhood Regulatory Staff		Research the development of a policy that requires new regulatory staff to attend new licensure training within the first year of employment, with annual requirements for continuing education in early care and education.	By June 2008, developed the policy requiring licensure training and continuation education.	Developed the policy requiring licensure training and continuation education.		
Recruiting and retaining well-trained and qualified early care and education staff has also been a challenge. Sixteen percent of family child care providers and 31% of center staff were reported to have left the child care profession in 2004 partly due to low wages, high job stress and inadequate training. Turnovers in this area contribute to diminishing the knowledge and skill level of the child care work force, leading to a lack of quality care throughout the state.	Contractual: \$87,122. To be determined. Contracts will be awarded to entities that will provide assistance with implementing the ECCS plan.	Early Child Care Licensing Staff	Research the potential for reorganizing licensing responsibility to a regional level.	By April 2008, provided a recommendation for ongoing provision based on the research for those convened to study the issue, including policy development to support the program.	Provided a recommendation for ongoing provision based on the research for those convened to study the issue, including policy development to support the program.			

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PARTNERING ORGANIZATIONS:				Develop a Mental Health Screening Toolkit.	By the end of Year 1, developed and made available the Mental Health Screening Toolkit.	Developed and made available the Mental Health Screening Toolkit.		
North Dakota Department of Health - DOH (lead agency): administers programs for mothers, infants, children and adolescents.		Key Audiences, Including Families	Developmental and Behavioral Screenings	Develop a statewide, multi-system, family-inclusive training initiative regarding direct screening administration and/or referral, targeted to key audiences.	Throughout Years 1-3, completed training for all target audiences via coordination of existing training networks.	Completed training for all target audiences via coordination of existing training networks.		
North Dakota Department of Human Services - DHS (lead agency): administers the program for children with special health care needs. DHS also directs the programs involving early care and education in our state.		General Public		Develop a comprehensive resource/referral listing.	Throughout Years 1-3, made available a user-friendly web-based directory of resource/referral listings.	Made a user-friendly web-based directory of resource/referral listings available.		
Child Care Resource and Referral Agencies: the contact agency for the Healthy Child Care America Grant. The agencies are a hub avenue for increasing the quality of childcare by providing information to providers, children and their families. CCR&R agencies have also played an integral part in developing a comprehensive system for early childhood services and are members of the HNDECA.		Children and Youth		Develop a universal pathway for lifespan transitions based on eligibility, services and reimbursement.	By June 2008, developed a universal pathway to ensure that children and youth will transition without a break in services.	Developed a universal pathway to ensure that children and youth will transition without a break in services.		
North Dakota State University Extension and Parent Resource Center: will develop a Parent Resource Center infrastructure in Minot. The Parent Resource Center will provide skills, resources and support through education to families.		DHS; Systems Partners; Legislators		Develop a partnership among the DHS, systems partners and legislators to shift thinking and make a commitment to comprehensive planning and development of mental health services.	By January 2007, identified four legislative champions to move forward mental health issues.	Successfully identified four legislative champions to move forward mental health issues.		
Covering Kids and Families: This initiative seeks to enroll eligible, uninsured children and adults in Medicaid and the State Children's Health Insurance Program (CHIP). Covering Kids & Families uses three strategies to enroll eligible, uninsured children and adults: simplification of eligibility policies and practices; coordination of eligibility policies and procedures among different coverage programs; and, outreach to eligible, uninsured children and adults.		General Public		Conduct a public relations campaign using social marketing methods to assure that the public is educated and becomes supportive of accessible mental health care for children.	Prior to the 2007 legislative session, and in concert with the HNDECA Parent Education Subcommittee, developed a public relations campaign using social marketing methods to assure that the public is educated and becomes supportive of accessible mental health care for children.	Developed a public relations campaign using social marketing methods to assure that the public is educated and becomes supportive of accessible mental health care for children.		
National Child Care Information Center		Mental Health Professionals		Mental Health Professional Availability	Develop a network of Mental Health (MH) professionals available to childcare programs for child- and family-specific services and programs based on need.	By Fall 2007, a network of MH professionals was trained in early childhood care and was available to meet the individual needs of child/family programs, assuring Americans with Disabilities Act Compliance.	Trained and made available a network of MH professionals.	
State Head Start Collaboration Office		Parents of Young Children	Mental Health Program/Service Awareness and Support	Expand and enhance parent-to-parent support and parents as trainers/teachers through face-to-face, email, and telephone options.	Throughout Years 1-3, increased the utilization of parent support in multiple ways, based on individual need.	Increased the utilization of parent support in multiple ways, based on individual need.		
Head Start/Early Head Start		Communities		Obtain proclamations to increase communities' awareness about Mental Health.	By October 2007, obtained proclamations from the Governor, ten Mayors, and two Tribal Business Councils to increase communities' awareness about Mental Health.	Obtained proclamations from the Governor, ten Mayors, and two Tribal Business Councils to increase communities' awareness about Mental Health.		
Department of Public Instruction, Office of Special Education:		General Public		Hold/host public events, pizza parties, open houses and block parties to gain attention and gather support.	By October 2007, held/hosted successful public events, pizza parties, open houses, and block parties in a minimum of 5 communities.	Held/hosted successful public events, pizza parties, open houses, and block parties in a minimum of 5 communities.		
BECEP Center		Communities		Identify a Positive Behavioral Supports (PBS) program model or pilot community and funding to implement.	By October 2007, identified a pilot community for community-wide implementation of a PBS program used an existing, successful school-based PBS pilot.	Identified a pilot community for community-wide implementation of a PBS program used an existing, successful school-based PBS pilot.		
Mental Health Association in North Dakota				Teach PBS to all in the community.	By 2010, ensured that all communities in North Dakota had training in Positive Behavioral Supports (PBS).	Ensured that all communities in North Dakota had training in Positive Behavioral Supports (PBS).		

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Federation of Families for Children's Mental Health (FFCMH)		Parents; Caregivers; Advocates; Various Early Childhood Program Representatives	Healthcare Coverage	Identify and gather a diverse group to research and review available data, best practices, prepare a report and designate a team to create and distribute a Toolkit for Training to connect to healthcare coverage.	By March 2006, created and distributed a toolkit to help disseminate an up-to-date, consistent message of available health care coverage and access options for children.	Created and distributed a toolkit to help disseminate an up-to-date, consistent message of available health care coverage and access options for children.		
Private Mental Health Providers		Families of Young Children; Professionals		Educate families and professionals utilizing the toolkit.	By September 2006, provided trainings for families and professionals on the toolkit.	Provided trainings for families and professionals on the toolkit.		
Children's Mental Health and Substance Abuse		Childcare Providers		Develop a plan for ongoing education and training for outreach and enrollment activities to include childcare providers and/or develop alternate funding/training plans.	By January 2008, assured training efforts were embedded and sustained by identifying key lead agencies, for continuity purposes.	Assured training efforts were embedded and sustained by identifying key lead agencies, for continuity purposes.		
Department of Medicaid		Parents; Caregivers; Professionals		Identify and gather parents, caregivers and professionals to identify the gaps and barriers in health care coverage for children.	By November 2006, developed and disseminated a report identifying the gaps and barriers in health care coverage for children to legislators and others.	Developed and disseminated a report identifying the gaps and barriers in health care coverage for children to legislators and others.		
Altru Health Systems		Medical/Dental Home Professionals	Medical Home Availability	Evaluate existing medical/dental home availability in North Dakota.	By February 2006, performed an assessment and completed the results on existing medical/dental home availability in North Dakota.	Performed an assessment and completed the results on existing medical/dental home availability in North Dakota.		
Dickey County District Health Unit		Parents; Physicians; Primary Care Providers; Dentists		Develop a training to meet the components of a medical/dental home model.	Throughout Years 1-3, a learning collaborative was designed to educate physicians and primary care staff, including implementing a user-friendly model.	Designed a learning collaborative to educate (including implementing a user-friendly model) physicians and primary care staff.		
Champions for Progress		Parents; Physicians; Primary Care Providers; Dentists		Provide the developed training to interested parents, physicians, primary care providers, and dentists.	Throughout Years 1-3, a learning collaborative was designed to educate and implement a user-friendly model to physicians and primary care staff.	Designed a learning collaborative to educate (including implementing a user-friendly model) physicians and primary care staff.		
Oral Health Coalition		Medical/Dental Home Professionals	Medical Home Availability	Offer professional development opportunities for medical/dental professionals, including therapists and clinic managers focusing on capacity-building for medical/dental homes.	Throughout Years 1-3, a learning collaborative was designed to educate and implement a user-friendly model to physicians and primary care staff.	Designed a learning collaborative to educate (including implementing a user-friendly model) physicians and primary care staff.		
Children's Trust Fund		Medical/Dental Home Providers and Payers		Offer technical assistance, materials, and support to providers and payers to maximize funding/reimbursement for medical/dental home services.	Throughout Years 1-3, a learning collaborative was designed to educate and implement a user-friendly model to physicians and primary care staff.	Designed a learning collaborative to educate (including implementing a user-friendly model) physicians and primary care staff.		
Family Voices of North Dakota		Medical/Dental Home Practices		Conduct ongoing evaluations regarding the availability of medical/dental home practices.	By December 2007, developed, implemented, and sustained an evaluation system regarding the availability of medical/dental home practices.	Developed, implemented, and sustained an evaluation system regarding the availability of medical/dental home practices.		
Prevent Child Abuse North Dakota		Parents of Young Children	Parenting Education Availability/Accessibility	Collaborate on building common, positive messages about parenting and parenting education.	By March 2006, completed the development of positive messages about parenting and parenting education, including a definition of parenting.	Completed the development of positive messages about parenting and parenting education, including a definition of parenting.		
Children's Advocacy Center				Identify and connect with parents to assist them in learning about the availability of parenting education.	Throughout Years 1-3, developed a collaborative of people and agencies with a common goal, including replication at the local or regional levels.	Developed a collaborative of people and agencies with a common goal, including replication at the local or regional levels.		
Parent Resource Center Network				Identify best practices for reaching parents for information sharing.	By August 2006, identified best practices and implemented them to reach parents, recognizing the diverse needs and learning styles of parents.	Identified best practices and implemented them to reach parents, recognizing the diverse needs and learning styles of parents.		

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Children's Special Health Service		Parents Eligible for Part C Program; Select Professionals		Conduct parent leadership training for parents eligible for the Part C program and select professionals.	Starting March 2006 and continuing throughout Years 1-3, successfully completed parent leadership training for parents eligible for the Part C Program, as well as select professionals.	Completed parent leadership training for parents eligible for the Part C Program, as well as select professionals.		
Child Fatality Review Panel		Parenting Education Agencies, Organizations, and Coalitions	Parent Leadership Training	Identify and contact existing agencies, organizations and coalitions for ideas, assistance, and to gain their involvement in this education process.	By July 2006 and ongoing, compiled an inventory of groups and their commitment to the goal and process of increasing parent leadership through education.	Compiled an inventory of groups and their commitment to the goal and process of increasing parent leadership through education.		
North Dakota Family to Family Network		General Public		Develop a statewide network for communication and advocacy messages.	By July 2006, developed a statewide network for communication and advocacy messages.	Developed a statewide network for communication and advocacy messages.		
Healthy Families Region IV		Other States' Offices for Parenting Education		Look to other states for implementation models.	By March 2006, successfully reviewed, researched and made recommendations based on implementation models in other states.	Reviewed, researched and made recommendations based on implementation models in other states.		
North Dakota National Guard Family Program		Key Stakeholder Agencies	Parenting Education Statewide Office	Collaborate among agencies with similar efforts/interests/responsibilities, including disability groups.	By October 2007, explored the vision, role and tasks of an office for Early Care and Education.	Explored the vision, role and tasks of an office for Early Care and Education.		
County Social Services Offices		General Public		Develop a comprehensive listing of available programs, where they are located and how they are funded.	By November 2007, completed an inventory of available parenting education programs.	Completed an inventory of available parenting education programs.		
Lutheran Social Services of North Dakota		Office of the Governor		Seek support from the Governor.	By the Fall of 2008, received the Governor's support on developing a statewide office for parenting education.	Received the Governor's support on developing a statewide office for parenting education.		
Early Childhood Services		Parents of Young Children	Parenting Education Media	Develop a statewide Advisory committee, including medial representatives, to assist in developing a plan for statewide coverage using positive, common messages about parenting and parent education.	Starting March 2006 and continuing throughout Years 1-3, developed a plan for statewide coverage through the successful work of the Advisory committee.	Developed a plan for statewide coverage through the successful work of the Advisory committee.		
American Academy of Pediatrics		Families of Young Children within PRCs		Establish statewide family-centered best practices within each Parent Resource Center (PRC), which includes services and/or resources regarding health care, finance and budget courses, child care assistance, etc.	Starting August 2006 and continuing throughout Years 1-3, developed core services and resources to provide support to families within each PRC.	Developed core services and resources to provide support to families within each PRC.		
American Academy of Family Practitioners		All Regions and Tribal Communities	Parent Resource Centers	Establish/create a PRC in every region and tribal community in North Dakota.	By August 2008, established a PRC in all 8 regions and tribal communities in North Dakota.	Established a PRC in all 8 regions and tribal communities in North Dakota. There is a PRC in all eight regions of ND; focus will be on maintaining funding for these centers. Once more funding is secured, services to tribal areas can be established.		
North Dakota Dental Association		Families of Young Children	Consumer/Family Satisfaction	Assemble a diverse group of county and state staff, legislators, and families to identify and review all existing data sources, including intake procedures, policies and procedures manuals (state and county), and presence/absence of accountability/compliance measures for counties.	By Fall 2007, conducted a thorough review of the Century Code, state rules regulations and policies and plan completed. By Fall 2008, half of the county policies will be reviewed and other half completed by Fall 2009. Recommendations made after review.	Conducted a thorough review of all existing data sources and made recommendations.		
Community Health Association of the Dakotas				Establish consistent procedures between all CSS agencies so families will receive correct, respectful, consistent information regarding eligibility, income requirements, application process, and program offerings in a culturally appropriate way.	By June 2007, developed and implemented consistent procedures for CSS agencies.	Developed and implemented consistent procedures for CSS agencies.		

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Community HealthCare Association		Families Accessing County Social Services	Consumer/Family Satisfaction	Follow-up implementation by conducting client satisfaction surveys or phone surveys.	One to two years after initial implementation, then every two years thereafter, completed and administered client satisfaction surveys.	Completed and administered client satisfaction surveys.		
League of Cities and Tribal Business Councils		Parents of Children Aged 0-3	Routine Family Support Services	Provide routine in-home services for all parents of children prenatal through age three.	By May 2006, identified and gathered representatives from home visiting and similar programs to determine standards, made referrals for family support resources, and assisted with transitions from one program to another (due to age, income, and other eligibility requirements).	Identified and gathered representatives from home visiting and similar programs to determine standards, made referrals for family support resources, and assisted with transitions from one program to another (due to age, income, and other eligibility requirements).		
Department of Commerce				Develop a mobile health model, including screening and referrals on wheels.	Starting April 2006 and continuing throughout Years 1-3, increased access to screenings and referral services in un-served and underserved areas of the state.	Increased access to screenings and referral services in un-served and underserved areas of the state.		
University of North Dakota Training Center		Early Childhood Funding Sources	Sustainability	The ECCS Steering Committee will facilitate the coordination of funding streams, program resources and policies throughout the implementation phase.	The ECCS Steering Committee facilitated the coordination of funding streams, program resources and policies throughout the implementation phase.	The ECCS Steering Committee facilitated the coordination of funding streams, program resources and policies throughout the implementation phase.		
University of North Dakota School of Medicine and Health Science				The ECCS Steering Committee will use the best practice paper, "Strategic Financing: Making the Most of the Sate Early Childhood Comprehensive Systems Initiative" to assist them in managing early childhood funds.	The ECCS Steering Committee used the best practice paper, "Strategic Financing: Making the Most of the Sate Early Childhood Comprehensive Systems Initiative" to assist them in managing early childhood funds.	The ECCS Steering Committee used the best practice paper, "Strategic Financing: Making the Most of the Sate Early Childhood Comprehensive Systems Initiative" to assist them in managing early childhood funds.		
Center for Rural Health				Multiple Early Childhood Stakeholders	The HNDECA will collaborate with HND to formulate a plan with multiple stakeholders to integrate services and resources, reduce the duplication of services, and coordinate funding sources.	The HNDECA collaborated with HND to formulate a plan with multiple stakeholders to integrate services and resources, reduce the duplication of services, and coordinate funding sources.	The HNDECA collaborated with HND to formulate a plan with multiple stakeholders to integrate services and resources, reduce the duplication of services, and coordinate funding sources.	
North Dakota State University Center for Child Development		Healthy North Dakota Early Childhood Alliance	Evaluation	The ECCS Steering Committee will monitor the activities of the Healthy North Dakota Early Childhood Alliance (HNDECA) to evaluate continued progress.	The ECCS Steering Committee monitored the activities of the Healthy North Dakota Early Childhood Alliance (HNDECA) to evaluate continued progress.	The ECCS Steering Committee monitored the activities of the Healthy North Dakota Early Childhood Alliance (HNDECA) to evaluate continued progress.		
University of Mary				Use the outcomes and indicators developed by the Steering Committee to track the progress of each of the goals and action steps in the HNDECA strategic plan.	Used the outcomes and indicators developed by the Steering Committee to track the progress of each of the goals and action steps in the HNDECA strategic plan.	Used the outcomes and indicators developed by the Steering Committee to track the progress of each of the goals and action steps in the HNDECA strategic plan.		
Mayville State University, Head Start and Child Development Center		General Public	The HNDECA will use the Early Childhood Systems-Building Tool as a guide for defining child, family, community, and state system/policy outcomes in the five critical component areas.	The HNDECA used the Early Childhood Systems-Building Tool as a guide for defining child, family, community, and state system/policy outcomes in the five critical component areas.	The HNDECA used the Early Childhood Systems-Building Tool as a guide for defining child, family, community, and state system/policy outcomes in the five critical component areas.			
Native American Children and Family Services Training Institute		State Agency Data Systems	The HNDECA will work to develop data sources and coordinate state agency data systems.	The HNDECA worked to develop data sources and coordinate state agency data systems.	The HNDECA worked to develop data sources and coordinate state agency data systems.			
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