Logic Model for SECCS Grant Program:
The Nebraska Early Childhood Comprehensive Systems (ECCS) Statewide Plan

ORGANIZATIONAL STRUCTURE / ENVIRONMENT	INPUTS/RESOURCES	TARGET POPULATION	INTERVENTION		EXPECTED CHANGE (Outcomes/Objectives)	EVIDENCE OF CHANGE (Indicators)	BARRIERS	FACILITATORS
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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 second year of the project): **$140,000** **TOTAL PROJECT BUDGET:** (for the second year of the project): **$140,000**	Resource Development Staff; Other Stakeholders	Child Care Subsidy Quality Incentive Program	Resource Development staff and other stakeholders consult on concepts and potential implementation issues.	By the second quarter of Year 1, gained feedback from field staff and other key stakeholders on implementing a license-exempt quality improvement program.	Gained feedback through videoconferencing participation from field staff and other key stakeholders on implementing a license-exempt quality improvement program.		
The lead organization (lead fiscal agency) for the implementation project is the **Nebraska Department of Health and Human Services (HHS).** HHS provides a wide variety of services to individuals and families, with staff working with clients to determine eligibility for economic assistance programs such as Aid to Dependent Children, Child Care Subsidy, Food Stamps and Medicaid. Collaboration occurs with the Central Office in Lincoln in the areas of adoption, foster care, investigation and prevention of child abuse and neglect and juvenile services. Children come to HHS because of abuse, neglect, dependency, status offenses or delinquency. Staff also collaborate with other partners in the child welfare system to ensure the safety, permanency and well-being of children served by HHS. The ECCS project will continue to be administered within the Office of Family Health, permitting effective coordination with other MCH projects and programs (e.g., Perinatal Depression Project, SSDI, WIC).	**PROJECT INPUTS (i.e., personnel and non-personnel)**	Early Childhood Providers		Provide feasibility study to providers on their interest and the potential cost.	By the second quarter of Year 1, gained information from survey results regarding interest, cost and potential impact of implementing a license-exempt quality improvement program.	Gained information from feasibility survey results regarding interest, cost and potential impact of implementing a license-exempt quality improvement program.		
Together for Kids and Families - TFKF (ECCS Project): The Early Childhood Interagency Coordinating Council (ECICC) is the governing committee for TFKF. The ECICC is comprised of early childhood stakeholders appointed by the Governor. A Leadership/Implementation Team, comprised of over 50 various stakeholders, acts as the working advisory group for the project. An additional eight Work Groups were formed to examine the five critical component areas and other focus areas (i.e., data, policy alignment, family involvement). Twenty-one strategies have been agreed upon for implementation. The Implementation Team and Work Groups will create a documented process for tracking, modifying action steps, and carrying out the strategy implementation. TFKF will also be used as a cornerstone for strategic planning for other populations served through the Office of Family Health and its partners.	**Personnel:**	Early Childhood Funders		Identify funds available.	By the second quarter of Year 1, identified funds for implementation of a license-exempt quality improvement program.	Identified funds for implementation of a license-exempt quality improvement program.		
Project Goals: (1) Early care and education in Nebraska is high quality, developmentally appropriate and accessible to all children; (2) Nebraska families provide a safe, healthy and nurturing environment; (3) All Nebraska children have access to and receive high quality health care services through a medical home; (4) The early childhood mental health (social-emotional-behavioral health) needs of Nebraska's children are met; and (5) Nebraska parents and families support their children's healthy development.	Project Director: 1.00 FTE	Early Childhood Providers		Draft policy or guidance that focuses on provider assets and offering incentives to specific providers (e.g., are CPR/First Aid trained; participate in USDA Food Program; connect to ongoing training and resources).	By the end of Year 1, adopted written policy or guidance focused on increasing provider assets.	Adopted written policy or guidance focused on increasing provider assets.		

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Project Objectives: (1) Quarterly meetings of the Implementation Team will occur with the first meeting scheduled for June 15, 2006; (2) Strategy Work Groups will meet regularly to report on progress and brainstorm to meet challenges that may arise as implementation proceeds. Work group members at the Implementation Team will meet on June 15, 2006 will determine frequency of the meetings; (3) By October 31, 2006, each Strategy Work Group will have a documented process for tracking, modifying action steps, and carrying out strategy implementation, with emphasis on those strategies projected for completion by the end of year two; (4) By August 31, 2007, ten strategies will show satisfactory progress as based on achievement of action steps; and (5) By August 31, 2007, the Implementation Team will reach agreement on a core set of indicators and a presentation to the ECICC will be completed.	Fringe Benefits: $15,101	Early Childhood Providers	Child Care Subsidy Quality Incentive Program	Make necessary changes to N-FOCUS payment processes	By the first quarter of Year 2, implemented N-FOCUS payment process changes.	Implemented N-FOCUS payment process changes.		
Evaluation: A data work group is guiding the evaluation process. Implementation outcomes (of which many hinge on the availability of appropriate collectable, measurable indicators) will be used to measure the project's progress. Outcomes to be measured include whether there is: (1) a model for shared decision-making disseminated system-wide; (2) improved capacity among stakeholders regarding policy development; information and administration infrastructure in place; and stakeholder participation and data to improve early childhood systems planning.	Indirect Charges: $26,175	HHS Staff		Train HHS staff to implement program changes.	By the third quarter of Year 2, staff were trained on the new policy and procedures to implement the incentive system.	Increased the knowledge of staff trained on the new policy and procedures to implement the incentive system.		
ENVIRONMENT:	**Non-Personnel**:	Early Childhood License-Exempt Providers		Provide an outreach/information campaign to license-exempt providers.	By the third quarter of Year 2, license-exempt providers were aware of and utilized the incentive program.	Improved license-exempt providers' awareness and utilization of the incentive program.		
Nebraska is a relatively large state with a sparse population (72% of the 534 incorporated communities in the state have populations of fewer than 1,000 residents). Additionally, 32 of the state's 93 counties have been designated a frontier areas (6 or fewer people per square mile). The combination of vast spaces and uneven, sparse populations has impacted many systems areas in the state (e.g., information dissemination, transportation to services, availability of providers). In 2005, over half of the state's counties (49 of 93) were federally designated Primary Care Health Professional Shortage Areas. Additionally, 71 of Nebraska's counties contained a designated Medically Underserved Area or Population.	Staff travel and mileage: $7,112			Implement a quality incentive program.	By the end of Year 2, there was an increase in the number of license-exempt providers who serve subsidized children and have the following assets: first aid/CPR certification; participation in the USDA Food Program; and, completion of an educational activity once a year.	Increased the number of license-exempt providers with specific assets who serve subsidized children.		
Though below the averages in other states, there are a growing number of people in Nebraska that lack health insurance coverage (at least 145,000 in 2005); many others lack adequate coverage. Health disparities are also on the rise, as there has been a significant increase in racial/ethnic minority populations in the state (21.7% of children under 5 are racial/ethnic minorities). Additionally, approximately 14% of Nebraska's children aged 0-5 live in poverty, as compared to 9.7% for the overall state population.	Equipment: $0 Supplies: $0 (Usual office supplies are agency-pooled costs, and included under Indirect Charges)					Increased the percent of licensed child care providers receiving the child care subsidy.		

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PARTNERING ORGANIZATIONS:	Other: $1,000 (Costs for supporting meetings of the Implementation Team and Strategy Work Groups. Includes facility rental fees).	Young Children in Licensed and License-Exempt Childcare	Child Care Subsidy Quality Incentive Program	Implement a quality incentive program.	By the end of Year 2, there was an increase in the number of license-exempt providers who serve subsidized children and have the following assets: first aid/CPR certification; participation in the USDA Food Program; and, completion of an educational activity once a year.	Increased the number of licensed child care slots per 1000 Nebraska children ages birth through age eight.		
Nebraska Health and Human Services System: lead organization (lead fiscal agency) for the implementation project. Provides a wide variety of services to individuals and families, with staff working with clients to determine eligibility for economic assistance programs such as Aid to Dependent Children, Child Care Subsidy, Food Stamps and Medicaid.	**OTHER INPUTS (contracts, other grant awards, matching funds):**					Increased the number of children in licensed and license-exempt childcare that are served by the USDA Child and Adult Care Food Program.		
Early Childhood Interagency Coordinating Council (ECICC): comprised of early childhood stakeholders appointed by the Governor, serves as the advisory committee for TFKF. TFKF's Project Direct reports to and receives feedback from ECICC quarterly.	Contractual: $10,276 (Part-time secretary contracted with the State of Nebraska Department of Administrative Services' Specialized Office Services to continue to provide clerical support to the project (e.g., scheduling meeting rooms, arranging video conferences, mailings to Teams and workgroup members)).	Early Childhood License-Exempt Providers		Develop the evaluation of utilization of the quality incentive program.	By the end of Year 2, expected that more license-exempt providers will meet the criteria for incentive payment, raising the number of assets that providers possess, and increasing the likelihood for improved quality of care.	Increased the number of license-exempt providers that meet the criteria for incentive payment; raised the number of assets that providers possess; and, increased the likelihood for improved quality of care.		
Nebraska Department of Education: The Department will work with the Head Start-State Collaboration Office and Health and Human Services to address duplication in the early care and education system, support local program partnerships, and access to comprehensive services for young children in Nebraska.	Contractual: $30,000-Homevisitation Inventory completed and analyzed, Early Childhood Indicators selected during planning were edited, refined and compiled into a report, Survey of existing Child Care Health Consultation efforts statewide, Spanish translation and printing of First Connections with Families publication (distributed at time of birth).	Child Care Providers	Healthy Child Care Nebraska Health and Safety Curriculum	Finalize the health and safety curriculum and training materials.	By the second quarter of Year 1, made the health and safety curriculum available for child care providers, and offered one community college credit upon completion.	Increased child care providers' access to the health and safety curriculum available for child care providers, and the number of providers receiving one community college credit upon completion.		
Head Start State Collaboration Office (HSSCO): provides staff support to assist with and collaborate on the development of an early childhood data management system as Together for Kids and Families move forward.						Increase the percent of teachers, directors, and teachers aids in licensed childcare with at least a two-year degree in early childhood.		
Nebraska Children and Families Foundation: Collaborations with private entities such as this will be used to leverage support among policy makers and other community leaders and achieve policy impact for Together for Kids and Families.				Establish and publicize the health and safety curriculum training schedule.	By the end of Year 1, made child care providers aware of the training opportunity.	Improved child care providers' awareness of the training opportunity.		
University of Nebraska Medical Center, Munroe-Meyer Institute for Genetics and Rehabilitation (Center on Disabilities)**:** staff members worked on the grant during the planning phase, including membership on the leadership team, and will continue during the implementation process.				Offer initial training and include it as a routine offering for child care providers through the Early Childhood Training Center.	Throughout Years 2 and 3, child care providers incorporated the health and safety curriculum.	Increased the number of child care providers incorporating the health and safety curriculum.		

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Substance Abuse Statewide Infrastructure Grant (SIG): for developing an integrated statewide infrastructure for delivery of children's mental health and substance abuse services. Together for Kids and Families project staff serve on the project's advisory council.		Current and Potential Respite Coalition Members	Family Respite Services	Expand membership of the Respite Coalition.	By the second quarter of Year 2, strengthened advocacy for lifespan respite needs (including crisis care) and expanded respite services across the state.	Strengthened advocacy for lifespan respite needs (including crisis care) and increased the availability of respite services across the state.		
Early Childhood Public Awareness Campaign: a public awareness campaign that promotes the investment of time and resources by All Nebraskans toward improving life outcomes for young children, especially during the most critical years of growth and development. Together for Kids and Families project staff serve on the project's advisory council.		Early Childhood Funders		Investigate funding beyond State general funds (e.g., foundations, grant, private sources).	By the second quarter of Year 2, secured funding to pay respite providers for the provision of services that do not fall within traditional guidelines (i.e., study time, crisis care, planned breaks).	Increased the amount of available funding to pay respite providers for the provision of services that do not fall within traditional guidelines (i.e., study time, crisis care, planned breaks).		
Early Childhood Policy Study: A study to compile data and research sources, collect input from stakeholders across the state and develop recommendations to inform future Early Childhood Policy decisions of the State Board of Education and its policy partners. Together for Kids and Families project staff serve on the project's advisory council.		Families and Other Caregivers of Young Children		Develop more community-based respite programs that address crisis care and other respite needs for families that lack the resources to obtain said services.	Throughout Years 1 - 3, provided respite services, including crisis care and necessary breaks for caregivers in an effort to reduce stress, thus leading to the prevention of child abuse/neglect and improved parenting.	Provided respite services, including crisis care and necessary breaks for caregivers in an effort to reduce stress, thus leading to the prevention of child abuse/neglect and improved parenting.		
Early Childhood Mental Health Systems of Care Project: for developing integrated systems of care for young children with behavioral/emotional issues. Together for Kids and Families project staff serve on the project's advisory council.						Decreased the number of Nebraska children (aged 1-8) who die of an unintentional injury, per 100,000 children.		
Perinatal Depression in Nebraska Project: to develop a comprehensive campaign to address perinatal depression. Together for Kids and Families project staff serve on the project's advisory council.						Decreased the rate per 1,000 of substantiated child protective services cases per 1,000 of Nebraska children (aged birth - 8).		
Office of Family Health: administers the Together for Kids and Families/SECCS project. Staff also involved in the creation and rollout of Nebraska's Early Learning Guidelines. The Office also continues to be active in early childhood projects and initiatives.		Families of Young Children; Mental Health Professionals	Telehealth System/Early Childhood Mental Health	Connect with existing efforts to broaden the scope of the current Telehealth initiative to include early childhood mental health.	By the second quarter of Year 2, received information, resources, and permission for connectivity to increase service delivery.	Received information, resources, and permission for connectivity to increase service delivery.		
Voices for Children: Collaborations with private entities such as this will be used to leverage support among policy makers and other community leaders and achieve policy impact for Together for Kids and Families.		Service Providers		Conduct a gaps analysis of Telehealth equipment needs across Nebraska.	By the end of Year 1, identified gaps in the Telehealth equipment needs across Nebraska.	Improved the knowledge of current gaps in Telehealth equipment needs across Nebraska.		
Early Childhood Training Center: Provides support and training to staff working with young Nebraska children and their families, and serves as a resource to parents and families about parenting. Serves as a collaborative partner for TFKF initiative.		Early Childhood Funders; Service Providers		Explore and obtain funding sources (i.e., fee for service, grants).	By the end of Year 1, utilized the Telehealth system to provide services in the area of early childhood mental health.	Increased the rates of expenditures for early mental health-related programs by source, service and number of children.		
United Way of the Midlands: Leading 211 effort in Nebraska. TFKF partnering to advance effort.		Service Providers		Prioritize and obtain needed Telehealth equipment.	By the first quarter of Year 2, additional Telehealth sites increased capacity to serve families.	Increased the number of Telehealth sites with capacity to serve families.		

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University of Nebraska-Lincoln, Public Policy Center: The University of Nebraska Public Policy Center provides assistance to policymakers and researchers on a wide range of public policy issues. Staff collaborating with TFKF regarding policy issues.		Mental Health Providers; Primary Care Providers; Families of Young Children	Telehealth System/Early Childhood Mental Health	Train providers in Telehealth system utilization.	By the end of Year 2, increased providers' capacity to serve families.	Increased the number of providers capable of serving families.		
Boys Town Institute of Child Health Improvement: The goal of the Institute, also located in Boys Town National Research Hospital West, is to develop and disseminate better models of comprehensive care for children with special physical and behavioral healthcare needs. Partnering with TFKF on Medical Home strategies.						Increased the number of children aged 0-8, and/or families with children aged 1-8, served by the Telehealth System for mental health needs.		
Douglas County Health Department: DCHD has provided child care health consultation successfully and are currently collaborating in an effort to expand and sustain those services in urban areas of NE.		Public School Systems; Education Service Units	Early Childhood Education Grant Program	State Board of Education charters an Early Childhood Policy Study.	By the first quarter of Year 1, the State Board of Education chartered an Early Childhood Policy Study.	The State Board of Education chartered an Early Childhood Policy Study.		
Educational Services Units: Ensure a continuum of innovative and cooperative services that advance the efficiency, effectiveness, and excellence of its member school districts. Located across the state serving different school districts. Collaborating on various TFKF efforts.		General Public		Conduct public forums to inform and gather feedback.	By the first quarter of Year 1, conducted public forums to inform and gather feedback.	Received public feedback regarding the Early Childhood Education Grant Program.		
Center-Based Child Care: Child care providers participated on planning work groups and are involved with TFKF through the implementation of Positive Behavioral Supports.		State Board of Education		Write final report, including recommendations submitted to State Board of Education.	By the first quarter of Year 1, wrote recommendations to the State Board of Education regarding expanding the Nebraska Early Childhood Education Grant Program.	Wrote recommendations to the State Board of Education regarding expanding the Early Childhood Education Grant Program.		
Children's Behavioral Health Services: NE has been working on Behavioral Health Reform for adults and have begun moving forward regarding children, specifically with the SIG grant. SIG and TFKF have aligned strategies and are collaborating on implementation.		State Board of Education; Legislators		Conduct a cost analysis and develop a proposal for funding.	By the first quarter of Year 1, conducted a cost analysis and developed a proposal for funding.	Conducted a cost analysis of the Early Childhood Education Grant Program and developed a proposal for funding.		
Mental Health Practitioner: Several mental health providers are participating on TFKF work groups. Additionally, there are MHP as members of the Early Childhood Coordinating Council.		General Public		Provide public awareness and gather feedback to expand programs.	Throughout Years 1 - 3, increased the buy-in and support for expansion from families, the programs/system, the public-at-large, policymakers, etc.	Increased the buy-in and support for expansion from families, the programs/system, the public-at-large, policymakers, etc.		
Family Child Care Providers: Governor appointed member on Early Childhood Interagency Coordinating Council. Participated during planning on TFKF work group.		Early Childhood Funders		Secure financial support for implementation of the Nebraska Early Childhood Education Grant program.	Throughout Years 1 -3, adopted legislation to secure funding to expand the Nebraska Early Childhood Education Grant Program.	Increased the opportunities (through adopted legislation) to secure funding to expand the Nebraska Early Childhood Education Grant Program.		
Department of Insurance: Governor appointed member of Early Childhood Interagency Coordinating Council.		Public School Systems; Education Service Units		Develop and implement the process for expanding the Nebraska Early Childhood Education Grant program to additional sites.	Throughout Years 1 -3, expanded the Nebraska Early Childhood Education Grant Program to additional sites.	Increased the number of additional Nebraska Early Childhood Education Grant Program sites.		
Parents: Governor appointed members of the Early Childhood Interagency Coordinating Council. Also participants on several TFKF work groups.		Early Childhood Programs Statewide		Provide training and technical assistance on a developmentally appropriate curriculum, and practice it via the ECTC and Early Childhood Regional Training Coalitions.	Throughout Years 1 -3, provided ongoing training and technical assistance to early childhood programs across Nebraska.	Provided ongoing training and technical assistance to early childhood programs across Nebraska.		
State Senator: Governor appointed member of Early Childhood Interagency Coordinating Council.		Parents and Families of Young Children		Include family development and support components in an effort to enhance parenting skills and the families' ability to access and benefit from community resources, including comprehensive health services.	Throughout Years 1 -3, offered utilization of services leading to the improved health status of children in Nebraska communities.	Increased the number of parents utilizing services, thus leading to the improved health status of children in Nebraska communities.		
Magellan Consultant: Medicaid Managed Care contractor participates on Medical Home work group.		Nebraska Early Childhood Education Grant Program		Develop and implement a comprehensive evaluation plan of the Nebraska Early Childhood Education Grant program.	Throughout Years 1 -3, evaluated the Program's quality and the data for the statewide annual report.	Completed the evaluation of the Program's quality and the data for the statewide annual report.		

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Public Schools		Child Care Health Consultation Nurses	Rural Child Care Health Consultation	Adapt and provide child care health consultation training to all nurses providing services under the Medicaid Administrative contract.	By the second quarter of Year 1, trained additional nurses to provide child care health consultation.	Increased the number of nurses trained to provide child care health consultation.		
		Child Care Providers; Child Care Health Consultation Nurses		Identify child care providers within each Medicaid Administrative contract service area and introduce these providers to the nurses via written communication.	From the third quarter of Year 1 through the end of Year 3, increased child care providers' utilization of child care health consultation.	Increased child care providers' utilization of child care health consultation.		
		Public Health Nurses; Child Care Providers		Contract Public Health Nurses available to child care providers in their respective service areas, in addition to existing child care health consultation services.	From the third quarter of Year 1 through the end of Year 3, increased child care providers' access to child care health consultation.	Increased child care providers' access to child care health consultation.		
		Public Health Nurses; Child Care Providers		Offer ongoing consultation via contracted Public Health Nurses, including referrals to primary care providers, reinforcement of the importance of routine care through a medical home, and facilitating access to Medicaid and other forms of health insurance.	From the third quarter of Year 1 through the end of Year 3, offered utilization of services leading to the improved health status of children in Nebraska communities.	Increased the number of primary care providers utilizing services, thus leading to the improved health status of children in Nebraska communities.		
						Increased the percent of Nebraska children (aged 0-18) who have health insurance coverage.		
		Child Care Providers	Urban Child Care Health Consultation	Evaluate the current capacity to provide child care health consultation in Douglas, Sarpy and Lancaster Counties.	By the third quarter of Year 1, identified resources needed in select counties in Nebraska.	Identified resources needed in select counties in Nebraska.		
		Early Childhood Funders		Investigate funding beyond State general funds (e.g., foundations, grant, private sources).	By the first quarter of Year 2, developed an implementation plan, including sustainability.	Developed an implementation plan, including sustainability.		
		Local Health Departments		Provide ongoing technical assistance to local health departments in the provision of child care health consultation.	From the second quarter of Year 2 through the end of Year 3, offered utilization of services leading to the improved health status of children in Nebraska communities.	Increased the number of local health departments utilizing services leading to the improved health status of children in Nebraska communities.		
			Voluntary Quality Rating System	Develop/arrive at the criteria and quality levels for a voluntary QRS.	By the third quarter of Year 1, developed/ arrived at written criteria for the QRS, including defined levels based on key indicators that affect quality.	Developed/arrived at written criteria for the QRS, including defined levels based on key indicators that affect quality.		
		Providers		Define a preferred incentive system for Nebraska.	By the third quarter of Year 1, put an incentive system in place to facilitate providers in moving along the QRS.	Facilitated providers moving the QRS along through an incentive system put in place.		
		Early Childhood Funders		Conduct a cost analysis of implementing a QRS with incentives.	By the third quarter of Year 1, completed the cost analysis, including options for implementation.	Completed the cost analysis, including options for implementation.		
				Investigate funding beyond State general funds (e.g., foundations, grant, private sources).	By the end of Year 1, identified funding sources and provided them to support the QRS.	Increased the number of available funding sources and provided them to support the QRS.		
				Determine a system of administration for the QRS.	By the first quarter of Year 2, identified the administering system for the QRS.	Identified the administering system for the QRS.		
		Early Child Care Providers		Develop a system to assist programs in moving along the continuum of quality.	By the third quarter of Year 2, developed the professional development system that support providers in improving their quality rating levels.	Provided an opportunity for providers to improve their quality rating levels through the development of the professional development system.		
		Policymakers		Develop methods to evaluate the QRS.	By the third quarter of Year 2, put methods in place to evaluate the QRS.	Put methods in place to evaluate the QRS.		
		Families; Early Childhood Programs/Systems; General Public; Policymakers		Develop a public awareness campaign to inform families, the programs/system, public-at-large, policymakers, etc., about the QRS.	During Years 2 and 3, conducted a public awareness campaign that informs families, the programs/system, the public-at-large, policymakers, etc., on the selection of quality early care.	Increased the awareness of families, the programs/system, the public-at-large, policymakers, etc., on the selection of quality early care.		

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		All children in the State	Voluntary Quality Rating System	Implement the QRS and utilized an Environmental Rating Scale (ECERS/ITERS/FDCRS) and other ratings information collected as indicators of quality.	During Years 2 and 3, improved the quality of care for Nebraska's children.	Improved the quality of care for Nebraska's children.		
		Early Care and Education Providers				Decreased the percent of early care and education providers with environmental ratings of 1 to 3.		
		Early Care and Education Providers				Increased the percent of early care and education providers with environmental ratings of 7 to 8.		
		Families and Young Children	Early Childhood Mental Health System	Review issues identified, lessons learned, and best practice strategies identified in Nebraska's early childhood mental health project and integrate them into the State Infrastructure Grant (SIG) project.	By the third quarter of Year 1, pilot project leads shared information with policymakers, funders and stakeholders to inform decisions regarding replication to other Nebraska locations.	Increased the information pilot project leads shared information with policymakers, funders and stakeholders to inform decisions regarding replication to other Nebraska locations.		
		Early Childhood and Behavioral/Mental Health Professionals		Develop core competencies and a supporting curriculum for early childhood and behavioral/mental health professionals, including articulation considerations.	By the end of Year 2, developed a standardized system of training and trained more professionals to provide early childhood behavioral/mental health services.	Increased the number of professionals trained through a standardized system of training to provide early childhood behavioral/mental health services.		
		Behavioral/Mental Health Professionals		Provide more ongoing training for behavioral/mental health professionals on early childhood mental health and maternal depression screenings.	By the end of Year 3, increased the used of standardized screening tools by mental/behavioral health professionals across Nebraska for earlier identification and access to services.	Increased the percent of children with verified disabilities being served in Part C and/or Part B.		
		Behavioral/Mental Health Professionals		Replicate successful strategies and best practices identified in the pilot project or from other best practice sources to additional locations in Nebraska (in each of the six mental health regions).	By the end of Year 3, developed a systemic approach to early childhood mental/behavioral health with access to services in the six mental health regions of Nebraska.	Increased the access to services in the six mental health regions of Nebraska.		
		Primary Care and Community-Based Providers	Adult/Child Mental Health Practices	Convene a multi-disciplinary steering committee of key stakeholders to review and select screening tools/models and make recommendations for outreach, promotion, and technical assistance to primary care and community-based providers.	By the third quarter of Year 1, developed recommendations for screening tools, outreach, promotion and technical assistance, including a referral system and intervention.	Developed recommendations for screening tools, outreach, promotion and technical assistance, including a referral system and intervention.		
		Primary Care and Community-Based Providers		Select a contractor(s) to design outreach, continuing education, and training for primary care and community-based providers.	By the second quarter of Year 2, made recommendations for award to the Director, HHS Regulation and Licensure (R&L), and selected the contractor(s).	Made recommendations for award to the Director, HHS R&L, and selected the contractor(s).		
		Primary Care Providers		Provide outreach and continuing education to primary care providers.	By the end of Year 3, trained a minimum of 30 primary care providers in depression screening, the referral system and intervention.	Increased the number of primary care providers trained in depression screening, the referral system and intervention.		
		Community-Based Programs/Agencies		Provide training and technical assistance sessions to community-based programs/agencies across the state (e.g., WIC, family planning, Early Head Start, tribal health, home visitation programs).	By the end of Year 3, provided training and technical assistance sessions to community-based programs/agencies across the state (e.g., WIC, family planning, Early Head Start, tribal health, home visitation programs).	Provided training and technical assistance sessions to community-based programs/agencies across the state (e.g., WIC, family planning, Early Head Start, tribal health, home visitation programs).		
		Women and Their Families		Update/enhance the protocols for Nebraska's Healthy Mothers, Healthy Babies Helpline.	By the end of Year 3, used the toll-free line for women and their families as an additional source of information on perinatal depression, including sources of screening, diagnosis, and treatment.	Increased the additional sources of information for women and their families on perinatal depression, including sources of screening, diagnosis, and treatment.		
				Develop a broad-based awareness campaign targeting women and their families.	By the end of Year 3, developed press releases, a list serve, and a website for women and their families.	Increased sources of information targeted to women and their families.		

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		Parents; Medical professionals; HHS; NDE; Private foundations	Parenting Information Statewide System	Establish a work group to implement this strategy and action steps, including identification and engagement of key players (e.g., parents, medical professionals, HHS, NDE, private foundations).	By the second quarter of Year 1, established a work group to move the statewide information system initiative forward.	Established a work group to move the statewide information system initiative forward.		
		Families of Young Children		Locate sustainable funding for First Connections for Families and other parent education strategies, including conducting a cost analysis and securing funding for ongoing costs associated with First Connections for Families (e.g., printing, distribution, translation).	By the second quarter of Year 2, secured funding to continue and expand First Connections for Families and to establish additional parent education resources.	Increased the funding available to continue and expand First Connections for Families and to establish additional parent education resources.		
				Join with existing initiatives such as the Public Awareness Campaign for early childhood to maximize parent education efforts.	By the end of Year 3, expanded the capacity to deliver consistent parenting information in a variety of formats.	Expanded the capacity to deliver consistent parenting information in a variety of formats.		
				Translate parent education materials (e.g., First Connections to Families, Early Learning Guidelines) into other languages.	By the end of Year 3, made parent education materials available in a variety of languages to meet the diverse needs of Nebraskans.	Increased the availability of parent education materials in a variety of languages to meet the diverse needs of Nebraskans.		
		General Public		Develop a media/marketing campaign to inform the public of current parenting and education resources, including identification and participation from a celebrity spokesperson.	By the end of Year 3, increased the recognition regarding the importance of positive parenting practices that support healthy growth and development.	Increased the recognition regarding the importance of positive parenting practices that support healthy growth and development.		
					By the end of Year 3, ensured that all families of children birth to eight have access to educational materials about growth and development, the physical, mental/social-emotional needs of young children, and how to promote health and well-being.	Ensured that all families of children birth to eight have access to educational materials about growth and development, the physical, mental/social-emotional needs of young children, and how to promote health and well-being.		
		Local Community Residents	Statewide 2-1-1 System	Continue to provide resources to communities wishing to bring 2-1-1 phone service to their residents through consultation, funding suggestions and budgeting, working with the Public Service Commission, serving as the call center, and maintaining and updating resource databases.	Throughout Years 1 - 3, increased the number of residents with access to 2-1-1 phone service.	Increased the number of residents with access to 2-1-1 phone service.		
					Throughout Years 1 - 3, increased the number of calls to 2-1-1.	Increased the number of calls to 2-1-1.		
					Throughout Years 1 - 3, ensured that more people have gotten connected to community resources that are available to assist them.	Ensured that more people are connected to community resources that are available to assist them.		
				Continue to evolve the ne211.org website to ensure a user-friendly interface that includes implementing technology to make updates to the database easier and faster for more frequent updates; creating easier searching options and instructions; expanding the number of partners who contribute data; and working with national partners and vendors to implement national data exchange standards.	By the end of Year 1, increased the number of resources represented on the 2-1-1 system database.	Increased the number of resources represented on the 2-1-1 system database.		
					By the end of Year 1, increased the number of users accessing the ne211.org website.	Increased the number of users accessing the ne211.org website.		
					By the end of Year 1, ensured that more people have gotten connected to community resources that are available to assist them.	Ensured that more people are connected to community resources that are available to assist them.		
		Local Community Residents; Case Managers; Agencies; Others Collaborating with Communities		Promote 2-1-1's phone service and website to residents, case managers, agencies, and others through collaborative relationships with communities, promotional materials, and media contacts.	By the end of Year 1, increased the visibility, recognition and use of the 2-1-1 phone service and website.	Increased the visibility, recognition and use of the 2-1-1 phone service and website.		
		Early Childhood Funders		Continue to explore collaborative opportunities and funding relationships at the local, state, and national levels.	Throughout Years 1 - 3, explored greater integration and broader funding for 2-1-1.	Explored greater integration and broader funding for 2-1-1.		
		Congressional Delegations and Other Federal Policymakers		Advocate for support of the 2-1-1 system at the federal level.	Throughout Years 1 - 3, increased the visibility of 2-1-1 with Congressional delegations and other federal policymakers.	Increased the visibility of 2-1-1 with Congressional delegations and other federal policymakers.		
		Local Communities		Pursue greater integration of 2-1-1 into disaster response.	Throughout Years 1 - 3, 2-1-1 became a part of the formal disaster response in communities and the state.	Ensured that 2-1-1 became a part of the formal disaster response in communities and the state.		

Logic Model for SECCS Grant Program:
The Nebraska Early Childhood Comprehensive Systems (ECCS) Statewide Plan

ORGANIZATIONAL STRUCTURE / ENVIRONMENT	INPUTS/RESOURCES	TARGET POPULATION	INTERVENTION		EXPECTED CHANGE (Outcomes/Objectives)	EVIDENCE OF CHANGE (Indicators)	BARRIERS	FACILITATORS
			DESCRIPTION	ACTIVITIES				
		Professional Organizations and Advocates	Medical Homes	Partner with professional organizations and advocates to develop the medical home approach.	By the third quarter of Year 1, chartered an advisory group of stakeholders.	Chartered an advisory group of stakeholders.		
		Medical Home Stakeholders		Stakeholders develop a Nebraska-specific definition of the Medical Home, based on the AAP definition that includes dental care.	By the first quarter of Year 2, developed Nebraska's definition of the Medical Home.	Developed Nebraska's definition of the Medical Home.		
		Primary Care Providers		Design and implement a training/informational campaign to disseminate the Medical Home approach to primary care providers through in-service sessions, grand rounds, and on-line tutorials.	By the end of Year 2, pediatric primary care providers agreed with and committed to incorporating the Medical Home approach, including dental and mental/behavioral health components as a standard of care for children in Nebraska.	Increased the number of pediatric primary care providers agreeing with and committed to incorporating the Medical Home approach, including dental and mental/behavioral health components as a standard of care for children in Nebraska.		
		Medicaid Providers		Incorporate incentives for Medicaid providers for using the Medical Home approach.	By the end of Year 3, revised/enhanced Medicaid managed care contracts and the fee-for-service payment schedule.	Revised/enhanced Medicaid managed care contracts and the fee-for-service payment schedule.		
		Pediatric Providers	Promoting Children's Regular Pediatric Visits	Promote Bright Futures and MCH distance learning education for pediatric providers.	By the end of Year 1, ensured that providers have information on standards for comprehensive well-child screenings.	Increased the available information providers have on standards for comprehensive well-child screenings.		
		Primary Care Providers; Office Staff; Nurses		Provide ongoing and periodic workshops for providers, including office staff and nurses, to clarify Medicaid regulations and policy regarding EPSDT.	By the third quarter of Year 2, increased the understanding of guidelines and billing processes in order to alleviate delays in payment and increase the number of providers willing to complete EPSDT screenings and serve children covered by Medicaid.	Increased providers' understanding of guidelines and billing processes, thereby alleviating delays in payment and increasing the number of providers willing to complete EPSDT screenings and serve children covered by Medicaid.		
		Parents; General Public		Provide parent/public education on the importance of well-child care and the periodicity schedule.	By the end of Year 3, increased the number of children receiving comprehensive well-child screenings and being referred to appropriate services, if needed.	Increased the percent of children 19 through 35 months, who have received the 4:3:1:3:3:1 immunization series.		
					Increased the percent of Kids Connection-eligible children who received an EPSDT exam during the most recent state fiscal year.	Increased the percent of Kids Connection-eligible children who received an EPSDT exam during the most recent state fiscal year.		
		Safety Net Programs Steering Committee and Key Partners	Children's Safety Net Programs	Engage the steering committee, including key partners from across the state, to identify/evaluate existing safety net efforts and develop a replication plan.	By the third quarter of Year 1, established a work group for replicating effective safety net programs.	Established a work group for replicating effective safety net programs.		
		Uninsured, Underinsured and Uninsurable Children		Review issues identified, lessons learned, and best practice strategies identified in Nebraska for providing health services for children unable to access such care.	By the second quarter of Year 2, determined the program(s) for replication.	Determined the program(s) for replication.		
		Early Childhood Funders		Conduct a cost analysis and investigate funding beyond State general funds (e.g., foundations, grants, private sources).	By the end of Year 2, secured funding to replicate safety net programs and increase capacity in Nebraska for serving children who are uninsured, underinsured, or uninsurable.	Increased the funding available for replicating safety net programs and increased the. capacity in Nebraska for serving children who are uninsured, underinsured, or uninsurable.		
		Local Communities		Provide public awareness to local communities regarding services offered.	By the end of Year 3, offered utilization of services to communities, leading to improved health status of children in Nebraska communities.	Increased local communities' awareness of services offered by children's safety net programs.		
		Early Childhood Partners	Community-Based Service Accessibility Structures	Identify a task force or committee at the state level to identify potential resources to partner with local community planning efforts.	By the third quarter of Year 2, provided a coordinated response at the state level using existing resources to target the two identified priorities to support families in accessing services.	Provided a coordinated response at the state level using existing resources to target the two identified priorities to support families in accessing services.		
		Local Communities; Early Childhood Partners		Develop a Nebraska Toolkit for sharing of best practices related to addressing transportation and language barriers that include consultation in program design, collaboration/partnerships, funding and site visits.	By the end of Year 2, communities gained the knowledge and skills needed to address transportation and language barriers in their communities through increased networking and sharing of best practices.	Increased communities' knowledge and skills needed to address transportation and language barriers in their communities through more opportunities for networking and sharing of best practices.		

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			DESCRIPTION	ACTIVITIES				
		Local Communities	Community-Based Service Accessibility Structures	Local communities develop solutions to transportation and language barriers that are tailored to their community needs.	By the end of Year 3, additional communities in Nebraska developed transportation networks and approaches to include families where English is a second language (thus increasing access to family services).	Increased the number of communities in Nebraska that developed transportation networks and approaches to include families where English is a second language (thus increasing access to family services).		
		Families of Young Children	Parent to Parent Peer Support Systems	Establish a work group to analyze the current structure of the Parent to Parent peer support systems.	By the third quarter of Year 2, the work group mapped current parent to parent efforts.	Completed mapping of current parent to parent efforts.		
		Early Childhood Funders		Conduct a cost analysis, and explore and obtain funding sources.	By the third quarter of Year 2, secured funding to support parent to parent models.	Increased funding sources to support parent to parent models.		
		Families of Young Children		Research best practices and develop a template for model replication.	By the first quarter of Year 3, increased the opportunities for parents to receive peer support.	Increased the opportunities for parents to receive peer support.		
				Promote the replication model.	By the end of Year 3, replicated and expanded the parent to parent peer mentoring process.	Replicated and expanded the parent to parent peer mentoring process.		
		Parents of Newborns; Home Visitation Service Providers	Home Visitation Services	Evaluate the current status of home visitation in Nebraska and establish a policy model, including funding mechanisms.	By the end of Year 2, developed a policy framework for voluntary universal home visitation services.	Developed a policy framework for voluntary universal home visitation services.		
		Home Visitors		Draft a home visitation methodology within the framework, including, but not limited to standardized screening, models of intervention, training of home visitors, evaluating outcomes.	By the second quarter of Year 3, developed a home visitation methodology with consensus reached among stakeholders.	Developed a home visitation methodology with consensus reached among stakeholders.		
		Parents of Newborns; Home Visitation Service Providers		Phase-in implementation of the voluntary universal home visitation services.	By the end of Year 3, implemented the voluntary universal home visitation framework and methodology in a minimum of two communities.	Implemented the voluntary universal home visitation framework and methodology in a minimum of two communities.		
		Early Childhood Stakeholders; Potential Parents	Parenting Education Courses	Develop a team of key stakeholders to explore the feasibility of a mandatory semester course in every Nebraska high school that focuses on positive family relations, typical early childhood development, and basic parenting principles.	Throughout Years 1 -3, develop a team of key stakeholders to explore the feasibility of a mandatory semester course in every Nebraska high school that focuses on positive family relations, typical early childhood development, and basic parenting principles.	Develop a team of key stakeholders to explore the feasibility of a mandatory semester course in every Nebraska high school that focuses on positive family relations, typical early childhood development, and basic parenting principles.		
		Higher Education Institutions		Higher education takes the lead in developing a curriculum plan.	Throughout Years 1 -3, developed an action plan for implementation to include a mandatory course for all graduating students that focuses on family relations, typical development and basic parenting principles.	Developed an action plan for implementation to include a mandatory course for all graduating students that focuses on family relations, typical development and basic parenting principles.		
		Educators		Explore various options in carrying out the semester course, such as local school districts share instructors, Educational Service Units' (ESU) contract with other agencies to provide education.	Throughout Years 1 -3, explored various options in carrying out the semester course, such as local school districts share instructors, ESU's contract with other agencies to provide education.	Increased the information on options available for carrying out the semester course, such as local school districts share instructors, ESU's contract with other agencies to provide education.		
		High School Students		Parenting courses are taught to all high school students.	By the end of Year 3, increased parenting knowledge prior to parenthood, resulting in Nebraskans being better prepared to become parents and increased positive child outcomes.	Increased parenting knowledge prior to parenthood, resulting in Nebraskans being better prepared to become parents and increased positive child outcomes.		
						Increased the percent of Pregnancy Risk Assessment Management System (PRAMS) respondents who participated in parenting classes during their most recent pregnancy.		
			Evaluation	Define a set of early childhood indicators	Defined a set of early childhood indicators	Defined a set of early childhood indicators		
				Convene a Data Work Group	Developed a set of guiding principles around date issues.	Developed a set of guiding principles around date issues.		
				Seek input from five topic area work groups.	Gathered information to develop potential indicators.	Gathered information to develop potential indicators.		

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				DESCRIPTION	ACTIVITIES				
				Evaluation	Rank and prioritize suggested indicators.	By the end of Year 3, established criteria for incorporating indicators into the plan.	Established criteria for incorporating indicators into the plan.		
					Analyze each indicator through a profile process.	By the end of Year 3, ensured clear understanding and reliability across time.	Ensured clear understanding and reliability across time.		
					Link data sets to indicators.	By the end of Year 3, defined a set of early childhood indicators.	Defined a set of early childhood indicators.		
			Early Childhood Data Work Group		Develop capacity for an early childhood data monitoring system through creation of an ECCS data agenda.	Developed capacity for an early childhood data monitoring system through creation of an ECCS data agenda.	Developed capacity for an early childhood data monitoring system through creation of an ECCS data agenda.		
					Reform an early childhood cross-cutting data work group.	By the third quarter of Year 3, committed expertise and consensus on the importance of a data agenda.	Committed expertise and consensus on the importance of a data agenda.		
					Map and describe existing data systems.	By the end of Year 1, identified gaps and barriers in data collection.	Identified gaps and barriers in data collection.		
						By the end of Year 1, improved knowledge regarding data purposes, contact information, where data is kept, how it is retrieved and variables/fields.	Improved knowledge regarding data purposes, contact information, where data is kept, how it is retrieved and variables/fields.		
					Synthesize knowledge gained regarding the current system and compared it to best practices.	By the second quarter of Year 2, made recommendations regarding restructuring early childhood data collection processes.	Made recommendations regarding restructuring early childhood data collection processes.		
					Develop a data system process for ongoing data collection and analysis.	By the end of Year 2, developed a routine/consistent data reporting process.	Developed a routine/consistent data reporting process.		
					Analyze and compile data into a user-friendly format.	By the first quarter of Year 3, generated and disseminated reports.	Generated and disseminated reports.		
					Utilize data to drive the work of the ECCS plan.	By the end of Year 3, identified positive outcomes for children and families based on data indicators analysis.	Identified positive outcomes for children and families based on data indicators analysis.		