

**Logic Model for SECCS Grant Program:
The Texas Early Childhood Comprehensive Systems (ECCS) Statewide Plan/"Raising Texas, With Sound Minds and Sound Bodies"**

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): \$238,047	Young Children Not Enrolled in Public and Private Health Care Programs		Review baseline information on the current number of children who are not enrolled in public and private health care programs.	By the end of 2008, reviewed baseline information on the current number of children who are not enrolled in public and private health care programs.	Increased knowledge of the current number of children who are not enrolled in public and private health care programs.		
The lead organization (lead fiscal agency) for the implementation project is the Texas Health and Human Service Commission (HHSC) (Office of Early Childhood Coordination-OECC) . The OECC is housed within the Office of Program Coordination for Children and Youth (OPCCY) under the Office of Health Services at the HHSC. The OECC was established in 2001 by the 77th Legislature and was charged with the responsibility for promoting, coordinating, and integrating service delivery for all children under the age of six.	PROJECT INPUTS (i.e., personnel and non-personnel)	Young Children Aged 0-6		Identify the availability of affordable individualized (stand-alone) private health coverage for children from the prenatal phase to age six.	By the end of 2008, identified the availability of affordable individualized (stand-alone) private health coverage for children from the prenatal phase to age six.	Decreased the percentage of children under age six without health insurance.		
Texas Early Childhood Comprehensive Systems (TECCS) Project ("Raising Texas, With Sound Minds and Sound Bodies"): Raising Texas is a statewide, collaborative effort to strengthen the system of services for young Texas children between the ages of birth through 5, and their families, so that all children enter school healthy and ready to learn. The initiative attempts to bridge health and human services with educational services that impact young children, promote research-based best practices in the delivery of services, and recommend policy changes. The project covers the four component areas of access to insurance and medical homes; social-emotional development and mental health; early care and education; and parent education and family support for children age birth through five over the next five to ten years. This coordinated comprehensive system will aim to achieve optimum development and well-being for every Texas child beginning at birth.	Personnel:	Pregnant Women; Families of Children Aged 0-5	Public/Private Health Care Programs	Develop a plan for coordinating and integrating outreach and education for the access and use of healthcare benefits to pregnant women and the families of children age birth through five.	By the end of 2008, developed a plan for coordinating and integrating outreach and education for the access and use of healthcare benefits to pregnant women and the families of children age birth through five.	Developed a plan for coordinating and integrating outreach and education for the access and use of healthcare benefits to pregnant women and the families of children age birth through five.		
Two major goals have been identified for the first year to address implementation of the TECCS plan for the Raising Texas Initiative. These goals are to build a sustainable infrastructure to oversee implementation, and to increase awareness of the project and the importance of a collaborative approach in improving early childhood outcomes. Specific goals and objectives for each component area, sustainability and formative evaluation are listed below.	Grant Manager (Program Specialist IV): 1 FTE	General Public		Work with Texas Health and Human Services Commission's Communications Medicaid/CHIP outreach campaign in order to increase the number of eligible children age birth through five enrolled in Medicaid/CHIP.	By the end of 2008, worked with Texas Health and Human Services Commission's Communications Medicaid/CHIP outreach campaign in order to increase the number of eligible children age birth through five enrolled in Medicaid/CHIP.	Increased the percentage of children under age six eligible for and enrolled in CHIP.		

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<p>Access to Health Insurance and Medical Homes Goals: (1) All children under the age of six will be enrolled in a public or private health care program; (2) All children in Texas will receive their health care in a medical home that emphasizes family-centered care; (3) Birth and infant outcomes in the state of Texas will be improved through the provision of perinatal services; (4) All children under the age of six will receive appropriate developmental screenings; (5) All children under the age of six will be up-to-date on their immunizations; (6) Encourage all parents/caregivers to establish a dental home and access dental care for their children prior to entering kindergarten; (7) Increase the number of early care and education providers who assist parents in obtaining health insurance for their children; (8) Increase then number of early care and education providers who promote the Medical Home concept within their programs.</p>	<p>Fringe Benefit: \$0 (In-Kind)</p>	<p>General Public</p>	<p>Public/Private Health Care Programs</p>	<p>Work with Texas Health and Human Services Commission's Communications Medicaid/CHIP outreach campaign in order to increase the number of eligible children age birth through five enrolled in Medicaid/CHIP.</p>	<p>By the end of 2008, worked with Texas Health and Human Services Commission's Communications Medicaid/CHIP outreach campaign in order to increase the number of eligible children age birth through five enrolled in Medicaid/CHIP.</p>	<p>Increased the percentage of children under age six eligible for and enrolled in Medicaid.</p>		
<p>Social-Emotional Development/Mental Health Goals: (1) Develop a statewide strategy aimed at "prevention and promotion" through the education and training of parents on the importance of social emotional development in children age birth through five; (2) Ensure that the Texas Mental Health System Transformation Plan addresses the promotion, prevention and provision of treatment services for children age birth through five; (3) Increase the number of qualified infant and early childhood mental health providers for children age birth through five; (4) Increase access to social-emotional development/mental health services for children age birth through five; (5) Increase the number of early care and education providers (administrators and direct staff) who understand and support positive social-emotional development/mental health in young children; (6) Increase the number of early care and education providers who know how to assess children's social-emotional development/mental health and access needed services.</p>	<p>Non-Personnel:</p>	<p>Families of Young Children; Providers</p>	<p>Family-Centered Medical Homes</p>	<p>Identify, augment, and promote training opportunities for sharing medical home information with families and providers.</p>	<p>Throughout the implementation phase, identified, augmented, and promoted training opportunities for sharing medical home information with families and providers.</p>	<p>Increased the number of training opportunities for sharing medical home information with families and providers.</p>		

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<p>Early Care and Education Goals: (1) The public understands the importance of early learning and supports the promotion and sustainability of a "quality" early care and education system; (2) Develop a coordinated system of personnel preparation and ongoing professional development for providers and administrators; (3) Develop a feasible and evidence-driven early care and education monitoring and accountability system; (4) Increase the number of early care and education providers who provide quality care.</p> <p>Parent Education and Family Support Goals: (1) Increase public/parent understanding on the importance of supporting and guiding early childhood development; (2) Parents will have access to effective and culturally appropriate parent education and family support services that provide parents with the knowledge and skills they need to support the healthy development of their children; (3) Identify opportunities for increased coordination of parent education programs at the community level; (4) Improve child well-being through healthy marriage initiative; (5) Improve child well-being through family strengthening initiatives; (6) Identify opportunities for working with faith-based initiatives in the development of parent education and family support initiatives; (7) Parents will have access to needed supports and self-sufficiency; (8) State agencies will partner with families as consumers to improve access to services they need; (9) Increase the number of early care and education providers who model appropriate relationship-based behavior; (10) Increase the number of providers whose policies/procedures address parent involvement.</p> <p>Sustainability Goals: (1) Ensure ongoing oversight and sustainability by establishing and developing a responsive implementation infrastructure; (2) Increase the awareness of the Texas Early Childhood Comprehensive System through internal and external awareness activities.</p> <p>Formative Evaluation Goal: (1) Develop baseline measures for measuring the effectiveness of the Texas Early Childhood Comprehensive Systems Initiative.</p>	Staff Travel and Mileage: \$9,240	Case Managers; Service Coordinators		Develop materials and training opportunities targeted to case managers and service coordinators.	Throughout the implementation phase, developed materials and training opportunities targeted to case managers and service coordinators.	Increased the amount of developed materials and training opportunities targeted to case managers and service coordinators.		
	Equipment: \$0	Medicaid Managed Care Providers; Primary Care Managers; HMO Providers	Family-Centered Medical Homes	Inform and promote the medical home practice among Medicaid managed care providers, primary care case managers, and HMO providers.	Throughout the implementation phase, informed and promoted the medical home practice among Medicaid managed care providers, primary care case managers, and HMO providers.	Increased the promotion of the medical home practice among Medicaid managed care providers, primary care case managers, and HMO providers.		
	Supplies: \$143	Early Childhood System		Maintain the Medical Home Workgroup and sustain attention and member efforts to support progress to achieve the components of the strategic plan.	Throughout the implementation phase, maintained the Medical Home Workgroup and sustain attention and member efforts to support progress to achieve the components of the strategic plan.	Maintained the Medical Home Workgroup and sustain attention and member efforts to support progress to achieve the components of the strategic plan.		

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<p>Access to Health Insurance and Medical Homes Objectives: (1) Increase the enrollment of all children under the age of six in public or private health care programs; (2) Increase public awareness and understanding regarding the Medical Home concept; (3) Ensure family participation and partnership in coordination of care and in the education and training of health care providers and ancillary staff; (4) Increase the number of health care practitioners providing a medical home; (5) Explore alternative approaches to maximizing compensation for operating comprehensive medical homes; (6) Increase continuity of health care for children in the foster care system, including children with special health care needs; (7) The proportion of pregnant women in Texas, who receive early and adequate prenatal care, as measured by the Kotelchuck index, will increase to 90%; (8) The perinatal, neonatal, post-neonatal, infant mortality rates and the low birth weigh rate will be reduced to Healthy People 2010 target rates; (9) The proportion of new Texas mothers that report a health care professional talked with them about the "baby blues" or postpartum depression during their pregnancy and postpartum will increase to 90%; (10) Increase the utilization of comprehensive developmental screening tools and referrals; (11) Increase parents' and early care and education providers' understanding regarding the importance of children, ages birth through five, receiving their shots in a timely manner; (12) Increase the utilization of ImmTrac by medical providers; (13) Ensure that immunizations are part of the standard of care for prenatal services; (14) Increase the number of health care providers implementing reminder/recall systems to ensure that parents are reminded the next immunizations are due; (15) Encourage regional and local health departments to identify community partners that will promote the above strategies; (16) Increase awareness of the importance of accessing dental care for preschool children; (17) Increase the acceptance of preschool children by dentists in Texas for the establishment of a dental home and first visit by age 1; (18) Increase the knowledge base of Healthy Child Care Texas National Training Institute Trainers and HCCT Child Care Health Consultants to ensure that they understand health insurance options and how to access those options within their communities; (19) Increase the knowledge base of early care and education providers to ensure that they understand health insurance options and how to access those options within their communities; (20) Increase the knowledge base of Healthy Child Care Texas National Training Institute Trainers and HCCT Child Care Health Consultants to ensure that they understand the Medical Home concept and incorporate it in their trainings; (21) Increase the knowledge base of early care and education providers to ensure that they understand the Medical home concept and assist staff and parents in understanding the concept.</p>	<p>OTHER INPUTS (contracts, other grant awards, matching funds):</p>	<p>Parents of Young Children</p>	<p>Family-Centered Medical Homes</p>	<p>Partner and network with Texas Parent to Parent, family support groups, Family Voices, and others to identify opportunities and grant funding to support ongoing parent input, support, and assistance to medical home practices.</p>	<p>By the end of 2008, partnered and networked with Texas Parent to Parent, family support groups, Family Voices, and others to identify opportunities and grant funding to support ongoing parent input, support, and assistance to medical home practices.</p>	<p>Increased the partnerships and networking with Texas Parent to Parent, family support groups, Family Voices, and others to identify opportunities and grant funding to support ongoing parent input, support, and assistance to medical home practices.</p>		
	<p>Contractual: \$25,000 (Evaluator -- The University of Texas will conduct a formative (process) evaluation of the first year of implementing the strategic plan, including recommending measurable indicators to monitor the success of this initiative over a period of years).</p>	<p>Families of Young Children</p>	<p>Family-Centered Medical Homes</p>	<p>Develop and disseminate material for families (e.g., Medical Home Toolkit) to promote medical home services.</p>	<p>By the end of 2008, developed and disseminated material for families (e.g., Medical Home Toolkit) to promote medical home services.</p>	<p>Increased the amount of developed and disseminated material for families (e.g., Medical Home Toolkit) to promote medical home services.</p>		
	<p>Contractual: \$12,000 (Web development and maintenance -- Development and maintenance of a website to house information for early childhood comprehensive systems stakeholders, partners, and parents).</p>	<p>Federally-Qualified Health Centers</p>	<p>Family-Centered Medical Homes</p>	<p>Partner with the Texas Association for Community Health Centers to spread the Medical Home model among Federally-Qualified Health Centers (FQHC's).</p>	<p>Throughout the implementation phase, partnered with the Texas Association for Community Health Centers to spread the Medical Home model among Federally-Qualified Health Centers (FQHC's).</p>	<p>Increased the partnerships with the Texas Association for Community Health Centers to spread the Medical Home model among Federally-Qualified Health Centers (FQHC's).</p>		

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Social-Emotional Development/Mental Health Objectives: (1) Develop a public awareness campaign to decrease the stigma associated with mental illness and mental health services; (2) Identify and disseminate materials for primary care medical providers and early care and education providers to distribute to families of children aged birth through five on the importance of social-emotional development; (3) Identify resources for primary care medical providers and early care and education providers to give to parents to address parental physical/mental health and well-being; (4) Provide input to the comprehensive state plan in assessing needs and resources for children age birth through five with, or at-risk for, mental concerns; (5) Identify the current number of mental health service providers for children age birth through five in the state; (6) Increase the number of universities that offer coursework for undergraduate and graduate students on the social-emotional development/mental health of children age birth through five; (7) Develop a process for professional development for infant and early childhood mental health endorsement through the Texas Association for Infant Mental Health; (8) Work with state agencies and mental health associations and boards to recognize the Texas Association for Infant Mental Health Endorsement system; (9) Increase early care and education providers' understanding in the promotion and prevention of social-emotional/mental health concerns by making available access to information, training and resources; (10) Create a comprehensive system of screening, identification, and referral for children age birth through five with social-emotional/mental health concerns; (11) Increase the knowledge base of NTI Trainers and CCHCs regarding social-emotional development/mental health; (12) Increase early care and education providers' knowledge and understanding of the social-emotional development/mental health of young children; (13) Increase the number of credentialed infant mental health specialists; (14) Increase the number of early care and education providers who know how to identify potential social-emotional or mental health concerns in young children and identify next steps; (15) Increase the number of early care and education providers who know when and how to request mental health consultation and know when and who to refer children to community mental health providers.	Contractual: \$3,500 (Physician training -- Provide in-service training for physicians on social/emotional development and utilization of developmental screening at Texas Medical Association and Texas Pediatric Society events using Bright Futures curriculum).	Health Profession Associations	Family-Centered Medical Homes	Work with health profession associations (e.g., Texas Medical Association).	Throughout the implementation phase, worked with health profession associations (e.g., Texas Medical Association).	Worked with health profession associations (e.g., Texas Medical Association).		
	Other: \$1,094 (Conference Calls for key stakeholders from around the state; approximately 4 conference calls per months for the year).	Texas Foster Care System	Family-Centered Medical Homes	Assess the impact on quality and continuity of care of the implementation of medical home principles, practice tools, and strategies in the redesign of the Texas foster care system, including implementation of medical home passports and medical homes for children in foster care system, etc.	By the end of 2008, assessed the impact on quality and continuity of care of the implementation of medical home principles, practice tools, and strategies in the redesign of the Texas foster care system, including implementation of medical home passports and medical homes for children in foster care system, etc.	Assessed the impact on quality and continuity of care of the implementation of medical home principles, practice tools, and strategies in the redesign of the Texas foster care system, including implementation of medical home passports and medical homes for children in foster care system, etc.		
	Other: \$3,000 (Web-Casting -- providing a web-based forum to include up to 99 participants from around the state in a web-based conference; approximately two web-cast calls).	Early Childhood Providers	Developmental Screenings	Make available lists of recommended standardized comprehensive developmental screening tools.	By the end of 2010, made available lists of recommended standardized comprehensive developmental screening tools.	Made available lists of recommended standardized comprehensive developmental screening tools.		

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<p>Early Care and Education Objectives: (1) Increase public awareness of the importance of early childhood development; (2) Increase community capacity and investment in quality early care and education programs; (3) Develop a competency-based personnel preparation system that includes articulation agreements with colleges/universities; (4) Develop an infrastructure on ongoing training and technical assistance for early care and education staff that supports school readiness and quality early care and education programs; (5) Support those programs that prepare children for school through the alignment of early care and education standards, the promotion of best practices, and the voluntary utilization of a "school readiness" certification system; (6) Increase the number of early care and education providers who implement the newly identified statewide uniform set of standards and participate in the Texas School Readiness Certification System; (7) Explore the feasibility of strengthening child care licensing regulations by aligning with the American Academy of Pediatrics' Caring for Our Children standards; (8) Increase the number of CCHCs and MCs who understand and support evidenced-based best practices in early care and education; (9) Increase the number of early care and education providers who understand what is meant by quality care and recognize the principles of quality care; (10) Increase the number of early care and education providers who seek to achieve nationally-recognized accreditation standards; (11) Increase the number of parents who understand what quality early care and education provides.</p>	<p>Other: \$23,500 (Data Collection and Evaluation -- Support Department of Family and Protective Services evaluation of effective parent education programs: \$6,000; Support Texas Department of Insurance survey of private insurers offering coverage for children: \$2,500; Collect baseline data on models of early care and education provided to infants and toddlers in Texas: \$8,500; Survey of treatment approaches for infant mental health intervention in Texas: \$6,500).</p>	<p>Texas Dental Association; Texas Academy of Pediatric Dentists; Academy of General Dentists; Texas Dental Hygiene Association; Representatives from the Department of State Health Services (DSHS) and Three Dental Schools in the State</p>	<p>Dental Homes</p>	<p>Work with the Texas Dental Association, Texas Academy of Pediatric Dentists, Academy of General Dentist (AGD), Texas Dental Hygiene Association, and representatives from DSHS and the three dental schools in Texas to develop informational materials regarding dental homes and training materials on the incorporation of preschool children into a dentist's practice.</p>	<p>Throughout the implementation phase, worked with the Texas Dental Association, Texas Academy of Pediatric Dentists, Academy of General Dentist (AGD), Texas Dental Hygiene Association, and representatives from DSHS and the three dental schools in Texas to develop informational materials regarding dental homes and training materials on the incorporation of preschool children into a dentist's practice.</p>	<p>Increased the number of children age birth through five receiving oral health services.</p>		
		<p>Other: \$5,000 (Family Travel Reimbursement -- Reimbursement of family members to participate in implementation oversight activities).</p>	<p>Dentists; Senior Dental Students; Graduating Dental Hygiene Students</p>		<p>Distribute developed materials to dentists in Texas, senior dental students, and graduating dental hygiene students.</p>	<p>Throughout the implementation phase, distributed developed materials to dentists in Texas, senior dental students, and graduating dental hygiene students.</p>	<p>Increased the distribution of developed materials to dentists in Texas, senior dental students, and graduating dental hygiene students.</p>	

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Parent Education and Family Support Objectives: (1) Increase public/parent awareness of how positive parent-parent and parent-child relationships impact the healthy development of their child; (2) Identify and inventory effective parent education programs in the state; (3) Develop a means of identifying all parent education initiatives at the community level; (4) Coordinate a demonstration project that improves child well-being by fostering healthy marriages within underserved communities; (5) Coordinate a demonstration project for strengthening healthy marriages for low-income parents with young children; (6) Coordinate a Building Strong and Healthy Families demonstration site; (7) Coordinate a Strong Start-Stable Families demonstration project that intervenes with unmarried parents in order to lay the foundations for a stable family; (8) Build a database of faith-based initiatives; (9) Families will have an understanding of how to access the information and resources they need through 2-1-1; (10) Identify and support family participation in the development of policies and programs at the community and state level; (11) Increase the number of early care and education providers who are sensitive to different cultures, including communication (cultural and personal) and learning styles of parents and model appropriate behaviors when interacting with parents; (12) NTI Trainers and CCHCs will promote the concepts of parental involvement and family support; (13) NTI Trainers and CCHCs will promote family-centered child care.	Other: \$3,500 (Cost Pool Allocation -- HHSC allocates \$3,500 per FTE for cost associated with space and equipment rental, utilities, and telephone expenses, data processing services, printing/reproduction expenses, and postage/shipping).	Dentists; Dental Hygienists	Dental Homes	Work with TDA, TAPD, and AGD to provide CEUs to dentists and dental hygienists for the training materials developed.	Throughout the implementation phase, worked with TDA, TAPD, and AGD to provide CEUs to dentists and dental hygienists for the training materials developed.	Worked with TDA, TAPD, and AGD to provide CEUs to dentists and dental hygienists for the training materials developed.		
	IN-KIND CONTRIBUTION: \$63,198 (Early Childhood Coordinator at 1.0 FTE).	Dentists		Work with TDA, TAPD, and AGD to provide training opportunities regarding incorporating preschool children into a dentist's practice.	Throughout the implementation phase, worked with TDA, TAPD, and AGD to provide training opportunities regarding incorporating preschool children into a dentist's practice.	Worked with TDA, TAPD, and AGD to provide training opportunities regarding incorporating preschool children into a dentist's practice.		
Sustainability Objectives: (1) Develop a statewide infrastructure that will implement the goals, objectives, and activities in the component plans; (2) Create a Texas Early Childhood Comprehensive System website. Formative Evaluation Objective: (1) Develop a formative evaluation process for measuring systems changes for services for children birth through five years of age.	IN-KIND CONTRIBUTION: \$21,278 (Director, Program Coordination for Children at 0.25 FTE).	Primary Care Medical Providers; Early Care and Education Providers		The Social-Emotional Development and Mental Health Implementation Workgroup will determine specific activities related to materials for primary care medical providers and early care and education providers to distribute to parent on social-emotional development.	By the end of 2008, the Social-Emotional Development and Mental Health Implementation Workgroup determined specific activities related to materials for primary care medical providers and early care and education providers to distribute to parent on social-emotional development.	Determined specific activities related to materials for primary care medical providers and early care and education providers to distribute to parent on social-emotional development.		
ENVIRONMENT:	IN-KIND CONTRIBUTION: \$10,716 (Nurse IV for Title V and Health Research at 0.20 FTE).	Primary Care Medical Providers; Early Care and Education Providers		The Social-Emotional Development and Mental Health Implementation Workgroup will determine specific activities related to resources for primary care medical providers and early care and educators to provide to families on parental physical/mental health and well-being.	By the end of 2008, the Social-Emotional Development and Mental Health Implementation Workgroup determined specific activities related to resources for primary care medical providers and early care and educators to provide to families on parental physical/mental health and well-being.	Determined specific activities related to resources for primary care medical providers and early care and educators to provide to families on parental physical/mental health and well-being.		

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Child poverty is significantly higher in Texas than in the rest of the U.S., with 25.7% of Texas children under age 6 reported to be living in poverty in 2004. Approximately 18.3% of children under age 6 have no identified health insurance or health care, contributing to the large number of families with young children who utilize emergency rooms for their health care. Almost 42.4% of young children are enrolled in public coverage in the state (e.g., 39.9% enrolled in Medicaid; 2.6% enrolled in the Children's Health Insurance Program). In 2004, 72.5% of Texas children between the ages of 19 to 35 months were fully immunized against nine diseases, as compared to 80.9% of children nationally. Data from state early childhood programs that provide social-emotional development and mental health services indicate that less than 5,000 children received mental health services in 2004 and 2005.	IN-KIND CONTRIBUTION: \$15,620 (Fringe Benefits for Project Coordinator).	Licensed and/or Credentialed Mental Health Service Providers	Qualified Infant/Early Childhood Mental Health Providers	Develop baseline information on the number of licensed and/or credentialed providers who provide mental health services to children age birth through five and their families.	By the end of 2007, developed baseline information on the number of licensed and/or credentialed providers who provide mental health services to children age birth through five and their families.	Developed baseline information on the number of licensed and/or credentialed providers who provide mental health services to children age birth through five and their families.		
Many early care and education programs in the state are stretched to capacity and have waiting lists. Additionally, there is limited information on the condition of care for infants and toddlers receiving out-of-home care in Texas, and there are major shortages of many trained early childhood professionals (e.g., physicians, mental health providers). There is no statewide coordination of parent education programs, which would help parents develop the knowledge and skills they need as their child's first teacher.		Early Childhood Providers		Survey what treatment approaches are most utilized by providers for the birth through five population and their families.	By the end of 2007, surveyed what treatment approaches are most utilized by providers for the birth through five population and their families.	Surveyed what treatment approaches are most utilized by providers for the birth through five population and their families.		
PARTNERING ORGANIZATIONS:			Provider Access to Social-Emotional Development/Mental Health Services	Increase early care and education providers' access to training through the Texas Association for Child Care Resource and Referral on Positive Behavior Supports (PBS).	By the end of 2008, increased early care and education providers' access to training through the Texas Association for Child Care Resource and Referral on Positive Behavior Supports (PBS).	Increased early care and education providers' access to training through the Texas Association for Child Care Resource and Referral on Positive Behavior Supports (PBS).		
Texas Health and Human Services Commission (HHSC): HHSC provides leadership and direction, and fosters the spirit of innovation needed to achieve an efficient and effective health and human services system for Texans. HHSC has oversight responsibilities for designated health and human services agencies and administers certain health and human services programs, including the Texas Medicaid Program and Children's Health Insurance Program (CHIP).		Early Care and Education Providers		Increase physicians' nurses' and other health professionals' access to information, training, and resources on social-emotional development and mental health in children age birth through five.	By the end of 2010, increased physicians' nurses' and other health professionals' access to information, training, and resources on social-emotional development and mental health in children age birth through five.	Increased physicians' nurses' and other health professionals' access to information, training, and resources on social-emotional development and mental health in children age birth through five.		
Texas Department of State Health Services: agency staff from multiple departments have assisted in the development of the TECCS plan, and continue to collaborate to support the delivery of services to young children in a comprehensive manner. The Department's Title V Program has helped HHSC to lead the implementation and evaluation phase of development for the early childhood comprehensive system in the state.		Colleges/Universities; Institutes		Work with residency programs (GME) to implement a curriculum to increase training on the importance of screening and referring children age birth through five with mental health concerns.	By the end of 2010, worked with residency programs (GME) to implement a curriculum to increase training on the importance of screening and referring children age birth through five with mental health concerns.	Worked with residency programs (GME) to implement a curriculum to increase training on the importance of screening and referring children age birth through five with mental health concerns.		

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Mental Health Association in Texas: Continues to serve on Advisory Groups for the project, and will work with local and state entities to establish the nationally acclaimed Parents as Teachers early childhood programs throughout the state.		Early Care and Education Providers	Provider Access to Social-Emotional Development/Mental Health Services	Increase in-service training (CME) provided through Texas Pediatric Society and Texas Medical Association on the importance of screening for mental health concerns.	By the end of 2010, increased in-service training (CME) provided through Texas Pediatric Society and Texas Medical Association on the importance of screening for mental health concerns.	Increased in-service training (CME) provided through Texas Pediatric Society and Texas Medical Association on the importance of screening for mental health concerns.		
State Center for Early Childhood Development (University of Texas at Houston): found a model for better integration of the delivery of early childhood education for 3- and 4-year-old children, that has been determined to be robust enough to implement more widely and to form the basis for a statewide early childhood education program quality rating system of school readiness. Their research and subsequent initiatives developed were utilized in the development of the components included in the Early Care and Education Plan.			Develop presentations on the implementation of the new Bright Futures Curriculum (AAP).	By the end of 2010, developed presentations on the implementation of the new Bright Futures Curriculum (AAP).	Developed presentations on the implementation of the new Bright Futures Curriculum (AAP).			
Texas Association for the Education of Young Children			Provide training programs on billing and coding for social-emotional and mental health screening.	By the end of 2010, provided training programs on billing and coding for social-emotional and mental health screening.	Provided training programs on billing and coding for social-emotional and mental health screening.			
Texas Association for Infant Mental Health			Conduct follow-up evaluations on GME, CME, and Bright Futures presentations and training.	By the end of 2010, conducted follow-up evaluations on GME, CME, and Bright Futures presentations and training.	Conducted follow-up evaluations on GME, CME, and Bright Futures presentations and training.			
Texas Association for Child Care Resource and Referral Agencies		Early Care and Education Programs and State Systems	Public Buy-In for a Quality Early Care and Education System	Encourage and promote the use of common terminology across all statewide and local early care and education programs and state systems.	By the end of 2009, encouraged and promoted the use of common terminology across all statewide and local early care and education programs and state systems.	Encouraged and promoted the use of common terminology across all statewide and local early care and education programs and state systems.		
Texans Care for Children		Community Members (e.g., Government Officials, Policy Makers, Business Leaders)		Community members such as government officials, policy makers, and business leaders will better understand the vital role "quality" early care and education plays in present child functioning and on later school and work successes.	By the end of 2009, community members better understood the vital role "quality" early care and education plays in present child functioning and on later school and work successes.	Increased community members' understanding the vital role "quality" early care and education plays in present child functioning and on later school and work successes.		
Texas Head Start Collaboration Project		Policy Makers	Public Buy-In for a Quality Early Care and Education System	The State Center (and other named entities) will work with key groups to obtain and explore the feasibility of obtaining legislated waivers around applicable state and federal regulations to increase the accessibility of full day, full year pre-kindergarten programs for all four year-old children.	By the end of 2009, the State Center (and other named entities) worked with key groups to obtain and explore the feasibility of obtaining legislated waivers around applicable state and federal regulations to increase the accessibility of full day, full year pre-kindergarten programs for all four year-old children.	The State Center (and other named entities) worked with key groups to obtain and explore the feasibility of obtaining legislated waivers around applicable state and federal regulations to increase the accessibility of full day, full year pre-kindergarten programs for all four year-old children.		
Texas Medical Association		Universities and Community Colleges		Develop community partnerships between private and public entities to support and subsidize quality programs and teacher training.	Throughout the implementation phase, developed community partnerships between private and public entities to support and subsidize quality programs and teacher training.	Developed community partnerships between private and public entities to support and subsidize quality programs and teacher training.		

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			DESCRIPTION	ACTIVITIES				
Texas Pediatric Society		Early Care and Education Programs	Early Care and Education Monitoring and Accountability System	Develop a statewide uniform set of quality standards that are proven to meet best practices in early care and education programs for children age three to five, and explore the feasibility of aligning Child Care Licensing, Head Start Performance Standards, and TEA Pre-K guidelines.	By the end of 2009, developed a statewide uniform set of quality standards that are proven to meet best practices in early care and education programs for children age three to five, and explore the feasibility of aligning Child Care Licensing, Head Start Performance Standards, and TEA Pre-K guidelines.	Developed a statewide uniform set of quality standards that are proven to meet best practices in early care and education programs for children age three to five, and explore the feasibility of aligning Child Care Licensing, Head Start Performance Standards, and TEA Pre-K guidelines.		
Texas Department of Family Protective Services				Develop a statewide uniform set of quality standards that are proven to meet best practices in early care and education programs for children age birth to three, and explore the feasibility of aligning Child Care Licensing and Early Head Start Performance Standards for infants and toddlers.	By the end of 2009, developed a statewide uniform set of quality standards that are proven to meet best practices in early care and education programs for children age birth to three, and explore the feasibility of aligning Child Care Licensing and Early Head Start Performance Standards for infants and toddlers.	Developed a statewide uniform set of quality standards that are proven to meet best practices in early care and education programs for children age birth to three, and explore the feasibility of aligning Child Care Licensing and Early Head Start Performance Standards for infants and toddlers.		
Texas Department of Assistive and Rehabilitative Services		Families of Young Children		Determine a statewide definition for effective programs serving parents/families that is shown to increase positive outcomes for young children.	By the end of 2007, determined a statewide definition for effective programs serving parents/families that is shown to increase positive outcomes for young children.	Determined a statewide definition for effective programs serving parents/families that is shown to increase positive outcomes for young children.		
Texas Department of Aging and Disability Services		Parents of Young Children	Parental Access to Culturally-Appropriate Parent Education/Family Support Services	Identify current best practices and evidence-based programs effectively serving parents in Texas and, as a result, are showing positive outcomes for young children.	By the end of 2007, identified current best practices and evidence-based programs effectively serving parents in Texas and, as a result, are showing positive outcomes for young children.	Increased the number of home visiting programs.		
Texas Education Agency				Identify national programs and systems that are effectively serving parents and achieving positive outcomes for young children.	By the end of 2007, identified national programs and systems that are effectively serving parents and achieving positive outcomes for young children.	Identified national programs and systems that are effectively serving parents and achieving positive outcomes for young children.		
Texas Workforce Commission				Create a strategic plan for implementing a better system of care for parents and creating positive outcomes for young children.	By the end of 2007, created a strategic plan for implementing a better system of care for parents and creating positive outcomes for young children.	Created a strategic plan for implementing a better system of care for parents and creating positive outcomes for young children.		
Advocacy, Inc.		Families of Young Children		Determine gaps/needs in effective service delivery for parents/families of young children.	By the end of 2007, determined gaps/needs in effective service delivery for parents/families of young children.	Determined gaps/needs in effective service delivery for parents/families of young children.		
Center for Public Policy Priorities		Parents of Young Children	Parental Access to Culturally-Appropriate Parent Education/Family Support Services	Work to identify strategies for addressing the gaps and gaining services for parents.	By the end of 2007, worked to identify strategies for addressing the gaps and gaining services for parents.	Worked to identify strategies for addressing the gaps and gaining services for parents.		
		Early Childhood Programs		Increase funding opportunities to assist with the evaluation of programs to increase the knowledge base of effective programming.	By the end of 2007, increased funding opportunities to assist with the evaluation of programs to increase the knowledge base of effective programming.	Increased funding opportunities to assist with the evaluation of programs to increase the knowledge base of effective programming.		
		Local Communities		Seek ways to strengthen the capacity of communities to promote coordination of parenting programs by multiple providers.	By the end of 2007, sought ways to strengthen the capacity of communities to promote coordination of parenting programs by multiple providers.	Sought ways to strengthen the capacity of communities to promote coordination of parenting programs by multiple providers.		
		Early Childhood Service Agencies		Identify agency regulations and policies that prevent coordination across agencies and services.	By the end of 2007, identified agency regulations and policies that prevent coordination across agencies and services.	Identified agency regulations and policies that prevent coordination across agencies and services.		
		HHS Agencies and Programs		Work with HHS agencies and programs to ensure that services are safe, clean, accessible, and friendly and that quality assurance procedures and processes include assessing whether quality customer service is provided.	By the end of 2007, worked with HHS agencies and programs to ensure that services are safe, clean, accessible, and friendly and that quality assurance procedures and processes include assessing whether quality customer service is provided.	Worked with HHS agencies and programs to ensure that services are safe, clean, accessible, and friendly and that quality assurance procedures and processes include assessing whether quality customer service is provided.		

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			DESCRIPTION	ACTIVITIES				
		Parents of Young Children	Community-Level Parent Education Coordination	The Parent Education and Family Support Implementation Workgroup will determine specific activities related to identifying all parent education initiatives at the community level.	By the end of 2008, the Parent Education and Family Support Implementation Workgroup determined specific activities related to identifying all parent education initiatives at the community level.	Determined specific activities related to identifying all parent education initiatives at the community level.		
		Young Children	Healthy Marriage Initiatives for Parent Education/Family Support	The Parent Education and Family Support Implementation Workgroup will determine specific activities related to a demonstration project that improves child well-being.	By the end of 2008, the Parent Education and Family Support Implementation Workgroup determined specific activities related to a demonstration project that improves child well-being.	Determined specific activities related to a demonstration project that improves child well-being.		
		Low-Income Parents of Young Children		The Parent Education and Family Support Implementation Workgroup will determine specific activities related to a demonstration project that strengthens healthy marriages for low-incomes parents of young children.	By the end of 2008, the Parent Education and Family Support Implementation Workgroup determined specific activities related to a demonstration project that strengthens healthy marriages for low-incomes parents of young children.	Determined specific activities related to a demonstration project that strengthens healthy marriages for low-incomes parents of young children.		
		Families of Young Children	Family Strengthening Initiatives for Parent Education/Family Support	The Parent Education and Family Support Implementation Workgroup will determine specific activities related to coordinating a Building Strong and Healthy Families demonstration site.	By the end of 2008, the Parent Education and Family Support Implementation Workgroup determined specific activities related to coordinating a Building Strong and Healthy Families demonstration site.	Determined specific activities related to coordinating a Building Strong and Healthy Families demonstration site.		
				The Parent Education and Family Support Implementation Workgroup will determine specific activities related to coordinating a Strong Start-Stable Families demonstration project.	By the end of 2008, the Parent Education and Family Support Implementation Workgroup determined specific activities related to coordinating a Strong Start-Stable Families demonstration project.	Determined specific activities related to coordinating a Strong Start-Stable Families demonstration project.		
			Faith-Based Initiatives for Parent Education/Family Support	The Parent Education and Family Support Implementation Workgroup will determine specific activities related to building at database of faith-based initiatives.	By the end of 2007, the Parent Education and Family Support Implementation Workgroup determined specific activities related to building at database of faith-based initiatives.	Determined specific activities related to building at database of faith-based initiatives.		
		Early Childhood System	Sustainable Infrastructures	Identify processes, procedures, and communication systems.	By August 2006, identified processes, procedures, and communication systems.	Identified processes, procedures, and communication systems.		
			Sustainable Infrastructures	Identify and establish four component workgroups consisting of key internal and external stakeholders and family members.	By August 2006, identified and established four component workgroups consisting of key internal and external stakeholders and family members.	Established the Four Implementation Teams to address the five component areas of the TECCS Plan.		
		Raising Texas Implementation Steering Committee	Sustainable Infrastructures	Identify and establish a Raising Texas Implementation Steering Committee.	By September 2006, identified and established a Raising Texas Implementation Steering Committee.	Established the Raising Texas Steering Committee.		
		General Public	Public Awareness of TECCS Initiative	Determine the requirements for developing a website within the Texas Health and Human Services Commission.	By August 2006, determined the requirements for developing a website within the Texas Health and Human Services Commission.	Determined the requirements for developing a website within the Texas Health and Human Services Commission.		
				In partnership with early childhood stakeholders identify the purpose, audience, content, and funds for the development and maintenance for the TECCS website	By October 2006, identified the purpose, audience, content, and funds for the development and maintenance for the TECCS website	Identified the purpose, audience, content, and funds for the development and maintenance for the TECCS website		
				Identify and hire outside contractor to develop the TECCS website.	By December 2006, identified and hired an outside contractor to develop the TECCS website.	Established the Raising Texas Website.		
		Early Childhood Stakeholders	Public Awareness of TECCS Initiative	Build partnerships with early childhood stakeholders for sharing research-based information, resources, and the development of a single statewide early childhood website.	By January 2007, built partnerships with early childhood stakeholders for sharing research-based information, resources, and the development of a single statewide early childhood website	Increased the number of collaborative and integration efforts among early childhood systems and services.		
		Internal/External Workgroup, Advisories, Coalitions, and Organizations		Continue to identify opportunities to present information on, and promote, the Texas Early Childhood Comprehensive Systems initiative Raising Texas to internal and external workgroups, advisories, coalitions, and organizations.	Throughout the implementation phase, continued to identify opportunities to present information on, and promote, the Texas Early Childhood Comprehensive Systems initiative Raising Texas to internal and external workgroups, advisories, coalitions, and organizations.	Continued to identify opportunities to present information on, and promote, the Texas Early Childhood Comprehensive Systems initiative Raising Texas to internal and external workgroups, advisories, coalitions, and organizations.		

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			DESCRIPTION	ACTIVITIES				
		TECCS Initiative	Evaluation	Hire an outside evaluator to conduct a formative evaluation of the TECCS Initiative.	By September 2006, hired an outside evaluator to conduct a formative evaluation of the TECCS Initiative.	Hired an outside evaluator to conduct a formative evaluation of the TECCS Initiative.		
				Develop an evaluation plan for the TECCS Initiative for the 2007 implementation year.	By December 2006, developed an evaluation plan for the TECCS Initiative for the 2007 implementation year.	Developed an evaluation plan for the TECCS Initiative for the 2007 implementation year.		
		Early Childhood System		Conduct a baseline assessment and review of baseline data on current coordinated interagency systems of services for children birth through five, including a review of SB 54 data and a state self-assessment.	By February 2007, conducted a baseline assessment and review of baseline data on current coordinated interagency systems of services for children birth through five, including a review of SB 54 data and a state self-assessment.	Conducted a baseline assessment and review of baseline data on current coordinated interagency systems of services for children birth through five, including a review of SB 54 data and a state self-assessment.		
				Conduct post-assessment on existing and newly identified coordinated interagency systems of services for children birth through five.	By August 2007, conducted a post-assessment on existing and newly identified coordinated interagency systems of services for children birth through five.	Conducted a post-assessment on existing and newly identified coordinated interagency systems of services for children birth through five.		
		TECCS Initiative		Child outcome measures are identified and finalized for each component area as baseline measures for determining the long-term effectiveness of the TECCS Initiative.	By February 2007, identified and finalized child outcome measures for each component area as baseline measures for determining the long-term effectiveness of the TECCS Initiative.	Identified child outcome measures and finalized them for each component area as baseline measures for determining the long-term effectiveness of the TECCS Initiative.		