Logic Model for SECCS Grant Program:
The Utah Early Childhood Comprehensive Systems (ECCS) Statewide Plan/Kids Link

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): **$120,000** **TOTAL PROJECT BUDGET** (for the first year of the project): **$120,000**	Children Birth to Age Eight		Services for children birth to age eight will be delivered in a collaborative, family centered and culturally appropriate manner.	By August 2006, services for children birth to age eight were delivered in a collaborative, family centered and culturally appropriate manner.	The FACT MOU was modified to reflect that the chair of the ECC will become a member of the FACT Council.		
The lead organization (lead fiscal agency) for the implementation project is the **Department of Health, Division of Community and Family Health Services (CFHS), (Child, Adolescent and School Health Program).** CFHS provides services that are related to health promotion, maternal and child health, and services for children with special health care needs. Priority activities for CFHS include improving the coordination of health services by using better information systems; improving immunization rates; improving access to preventive dental care as well as dental treatment services; providing more coordination for early childhood services to families; and screening all children for special health care needs. Additionally, the Child, Adolescent and School Health (CASH) Program promotes the optimal health, development and well-being of Utah's childhood population from birth to 21 years old.	**PROJECT INPUTS (i.e., personnel and non-personnel)**	Parents of Children Birth to Age Eight	Agency System Integration	Parents of children birth to age eight will have greater input in the establishment of early childhood policies and initiatives.	Throughout the implementation period, parents of children birth to age eight had greater input in the establishment of early childhood policies and initiatives.	The updated external environmental scan included town meetings at the sites of the three successful RFP bidders.		
State Early Childhood Comprehensive Systems (SECCS) Project/Kids Link: Kids Link will work to support the development of an integrated system of services at the community level for children birth to age eight and their families. The Implementation Plan will involve a two-tiered approach to implementation: 1) state-level initiatives that continue to address policies and procedures that impact the lives of children and families and 2) selection and awarding of up to $30,000 to three local communities to develop, implement, evaluate, and sustain local initiatives. Successful communities will address at least two of the five critical component areas.	**Personnel:**					Results of town meetings showed an increase in the number of families and agencies reporting that services are delivered in a coordinated, collaborative, family centered and culturally competent manner and that parents had a greater voice in the decision making process.		
The Early Childhood Council (ECC) provides a forum for the exchange of ideas and the development of new initiatives. The ECC Management Team provides oversight and advisory function to both the ECC and to the SECCS grant. The project's goals, objectives, and evaluation components are listed below.	Project Director: In-Kind	Non-English Speaking Families of Children Birth to Age Eight		Give non-English speaking families greater access to services for children birth to age eight.	Throughout the implementation period, gave non-English speaking families greater access to services for children birth to age eight.	Increased the number of services and resources delivered in Spanish.		
Project Goals: (1) Achieve systems integration among the agencies providing services in support of children birth to age eight, and their families in order to enhance their ability to learn; (2) Increase access to medical homes and health insurance for children birth to age eight and their families; (3) Increase access to mental health and socio-emotional services for children birth to age eight and families; (4) Develop a seamless system of early care and education for children birth to age eight and their families; (5) Parenting education, provider resources to parents of children birth to age eight that will improve their parenting skills; (6) Family Support: Increase the availability of family support services; and (7) Develop an integrated system of services at the community level for children birth to age eight and their families.	Fringe Benefits for Project Director: In-Kind	Non-English Speaking Families of Children Birth to Age Eight	Agency System Integration	Give non-English speaking families greater access to services for children birth to age eight.	Throughout the implementation period, gave non-English speaking families greater access to services for children birth to age eight.	The updated external environmental scan showed that parents reported an increase in the number of resources and services provided in Spanish as measured against the findings of the first set of Town Meetings.		

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Project Objectives: (1a) Services for children birth to age eight will be delivered in a collaborative, family-centered and culturally appropriate manner; (1b) Parents of children birth to age eight will have greater input in the establishment of early childhood policies and initiatives; and (1c) Give non English speaking families greater access to services for children birth to age eight. (2a) Increase the number of children and families with access to health insurance; (2b) Increase the number of children and families having access to a Medical Home; (2c) Families will be able to effectively advocate on behalf of their children; (2d) Improve access to accurate and timely medical information and resources. Also increase resources available on the website; (2e) Increase the number of pediatricians and physicians who apply fluoride varnish; (2f) Increase the number of children who have dental visits; (2g) Increase the number of children who are up-to-date on their immunizations; and (2h) Increase the number	**Non-Personnel**:	Children Birth to Age Eight and Their Families	Medical Homes and Health Insurance	Increase the number of children and families with access to health insurance.	By January 2007, increased the number of children and families with access to health insurance.	The 2007 Utah Health Status Survey showed that the number of children, birth to age eight, and their families without health coverage remained stable at 11.6%		
of Medicaid-enrolled children that receive at least one well-child exam. (3a) Children will receive developmentally-appropriate mental health services; (3b) Mental health services for children and families will be more accessible and State ECCS staff will participate in all CHIP advisory meetings that address children's mental health issues; (3c) Increase the type and amount of data collected on children's mental health issues; and (3d) Women of child-bearing age with depression will be more quickly identified and referred to treatment. (4a) Children entering kindergarten will receive more comprehensive assessments; (4b) Expand the types of childcare options available to parents; (4c) Provide online learning opportunities; (4d) At-risk children will receive early and appropriate early intervention services; and (4e) Support the non-traditional students who are working on early childhood degrees.	Staff Travel: $3,500					Increased the uptake rate for Medicaid and CHIP.		
(5a) Children will be ready to enter school; (5b) Parents will be able to easily access information generated by the state ECCS initiative; 5c) Parents with children birth to age eight will be able to easily access information on school readiness; and (5d) Parents will have web-based access to services. (6a) Increase access to and utilization of the food stamp program; and (6b) Increase awareness of the Utah Infant Relinquishment Law in order to allow individuals to make the best decision for themselves and their newborns. (7a) Implement a system of community-based initiatives for children birth to age eight and their families; (7b) RFP awardees will run successful initiatives; (7c) RFP awardees will develop sustainability plans; (7d) Parents will have input into the development and implementation of the community initiatives; and (7e) Enhance Utah's existing system of Early Care and Education at the community level.	Supplies (e.g., office supplies and printing): $1,500	Children Birth to Age Eight and Their Families		Increase the number of children and families having access to a Medical Home.	Throughout the implementation period, increased the number of children and families having access to a Medical Home.	Increased the number of trained physicians participating in the medical home project from 2005 levels.		

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Project Evaluation: The evaluation will include a variety of existing outcome measures, including health indicators from DOH and USOE; safety indicators from DOH, the Department of Human Services and the Department of Public Safety; economic security indicators from DOH, USOE, and DHS; and education indicators from USOE. Multiple data collection methods will be used to obtain information on outcomes and process measures (e.g., utilization and satisfaction).	Other (e.g., photocopying, mailing, telephone charges): In-kind					Reviewed physician's charts pre- and post-training and show an increased awareness of the training topic.		
ENVIRONMENT:	Indirect Charges: $0					Increased the number of hits on the Medical Home website.		
A five-year needs assessment for the Title V Block Grant identified the top five overall health system concerns: the lack of health insurance; lack of dental insurance; lack of dental care; assistance in obtaining financial help for health care; and finding ways of paying for services not covered by insurance. Children and families in rural and frontier counties have access to some services, but must often travel great distances to receive services (e.g., health and dental care). Additional primary prevention and early intervention programs are needed throughout the state. Some programs (e.g., Head Start State Collaboration Office), which fund community-level initiatives, cannot reach all communities, even though the funds are distributed to each region of the state. Programs dealing with the social-emotional needs of children and families are frequently unavailable in urban, rural and frontier counties, with none of the programs currently possessing the capacity to meet the needs of their targeted populations.	**OTHER INPUTS (contracts, other grant awards, matching funds):**	Families of Children Birth to Age Eight		Families will be able to effectively advocate on behalf of their children.	Throughout the implementation period, families were able to effectively advocate on behalf of their children.	Key stakeholders (e.g., DOH staff, EIRI, physicians, parents, and young adults who are members of the Medical Home Advisory Committee) provided feedback on the effectiveness of the Medical Home website.		
Within the state of Utah, 9.8% of the population is comprised of children under five. There are 230,319 children between the ages of birth to age four; 202,051 children are between the ages of five and nine. 8.9% of children from birth to age 17 were unable to receive health, mental health or dental care. 54,500 children less than 18 years of age had no health insurance. According to the National Children and Youth with Special Health Care Needs (CYSHCN) survey, 11.0% of Utah children have a chronic illness or condition that requires special health care. 9% of children with special health care needs were reported with "fair" or "poor" health. Additionally, fair/poor health status was more common among children in younger age groups (e.g., ages from birth to five). 25% of mothers of infants in the state reported moderate to severe depression after the birth of their infant.	Contractual: $90,000. The Title V agency will release a Request for Proposals for community-based initiatives that improve the lives of children birth to age eight and their families and ensure that children are healthy and ready to learn at school entry. The funds will be awarded to 3 local community-based non-profit organizations ($30,000 each, with the possibility of $30,000 more for a second year).		Medical Homes and Health Insurance	Families will be able to effectively advocate on behalf of their children.	Throughout the implementation period, families were able to effectively advocate on behalf of their children.	Increased the number of resources on the website from baseline data provided by USIP.		

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There is greater demand than capacity in the early care and education/child care arena, with 7,854 infant childcare slots, 45,094 preschool child care slots and 15,922 kindergarten slots needed. Due to the growing number of non-English speaking families in the state, there is a great need for information and referral services, classes, and resource materials offered in the parents' native languages. Utah's per capita income was 45th in the nation ($18,905). Additionally, 9.7% of the total population lives at or below the federal poverty level, with 10.9% of children from birth to age 17 living at or below poverty.	Contractual: $25,000. Utah State University, Early Intervention Research Institute. The Institute will provide technical assistance to the local community-based organizations and conduct an evaluation of the SECCS grant implementation.	Families of Children Birth to Age Eight		Improve access to accurate and timely medical information and resources, and increase resources available on the website.	Throughout the implementation period, improved access to accurate and timely medical information and resources, and increased resources available on the website.	Increased the number of hits on the Medical Home website.		
PARTNERING ORGANIZATIONS:						Key stakeholders (e.g., DOH staff, EIRI, physicians, parents, and young adults who are members of the Medical Home Advisory Committee) provided feedback on the effectiveness of the Medical Home website.		
Voices for Utah Children						Increased the number of resources on the website from baseline data provided by USIP.		
Utah State University, Early Intervention Research Institute		Pediatricians and Physicians		Increase the number of pediatricians and physicians who apply fluoride varnish.	Throughout the implementation period, increased the number of pediatricians and physicians who apply fluoride varnish.	Increased the number of physicians billing Medicaid for the application of fluoride varnish by twenty-five physicians.		
Head Start-State Collaboration Office				Increase the number of pediatricians and physicians who apply fluoride varnish.	Throughout the implementation period, increased the number of pediatricians and physicians who apply fluoride varnish.	Increased the number of Medicaid children receiving fluoride varnish from physicians.		
Utah County Partners for Infants and Children (PIC)		Children Birth to Age Eight		Increase the number of children who have dental visits.	Throughout the implementation period, increased the number of children who have dental visits.	The CMS 416 report showed a 5% increase in the percentage of Medicaid enrolled children receiving a dental service.		
Inclusive Community Integrated Service						Caring Foundation utilization data showed an increase of 10%.		
Integrated Services Project				Increase the number of children who are up to date on their immunizations.	Throughout the implementation period, increased the number of children who are up to date on their immunizations.	Increased the number of children who are up to date on their immunizations from 71.1% to 80%.		
Utah FACT Council (Families, Agencies and Communities Together)		Medicaid-Enrolled Children		Increase the number of Medicaid enrolled children that receive at least one well child exam.	Throughout the implementation period, increased the number of Medicaid enrolled children that receive at least one well child exam.	The CMS 416 report showed an increase of 10% (currently only 58% received an exam).		
UTCAN		Children Birth to Age Eight	Mental Health and Socioemotional Services	Children will receive developmentally appropriate mental health services.	By March 2007, children received developmentally appropriate mental health services.	Mental Health professionals identified the types of training that were most needed.		
Early Childhood Council						Increased the number of mental health professionals trained in appropriate treatment methods by twenty-five.		
Office of Work and Family Life						The quality of training offered to mental health professionals was high, as measured by evaluation scores.		

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Department of Health, Oral Health Program		Children Birth to Age Eight and Their Families	Mental Health and Socioemotional Services	Mental health services for children and families will be more accessible and State ECCS staff will participate in all CHIP advisory meetings that address children's mental health issues.	Throughout the implementation period, mental health services for children and families was more accessible and State ECCS staff participated in all CHIP advisory meetings that addressed children's mental health issues.	Increased access to appropriate mental health services for children and families, as measured by the number of children receiving services.		
Utah Medical Home Project						Increased access to appropriate mental health services for children and families, as measured by attendance at the Coalition meetings.		
Booz Allen Hamilton		General Public		Increase the type and amount of data collected on children's mental health issues.	Throughout the implementation period, increased the type and amount of data collected on children's mental health issues.	Increased the type and amount of data collected on children's mental health issues.		
Department of Human Services (Division of Family Services, Child Abuse and Neglect Council)		Women of Childbearing Age		Women of child bearing age with depression will be more quickly identified and referred to treatment.	Throughout the implementation period, women of child bearing age with depression were more quickly identified and referred to treatment.	Increased the recognition and treatment of depression among women of childbearing age (baseline data collected from the Pregnancy Risk Assessment Monitoring System data and the Perinatal Mortality Review).		
Department of Health, Baby Watch Early Intervention		Children Entering Kindergarten	Early Care and Education System	Children entering Kindergarten will receive more comprehensive assessments.	By January 2007, children entering Kindergarten received more comprehensive assessments.	Based on the feedback, the guidelines were revised and made ready for distribution by January 1, 2007.		
Department of Health, Bureau of Managed Care						Tracked the number and types of trainings.		
Department of Health, Child and Adolescent School Health Program						Asked participants to evaluate the training.		
Department of Health, Child Health Evaluation and Care Program						Increased the number of educators trained on how to implement the guidelines.		
Department of Health, CHIP Program						Increased the number of educators requesting training on the guidelines.		
Department of Health, Community and Family Health Services		Parents of Children Birth to Age Eight		Expand the types of childcare options available to parents.	By July 2007, expanded the types of childcare options available to parents.	The findings of the study influenced the decisions by OCC for future childcare initiatives and increased options for care.		
Department of Health, Maternal and Child Health						The number of public presentations, meetings and forums were tracked and reported.		
Department of Health, WIC Program		Parents of Children Birth to Age Eight; Early Childhood Professionals		Provide on-line learning opportunities.	Throughout the implementation period, provided on-line learning opportunities.	Tracked the number of higher education institutions willing to participate in this program.		
Department of Human Services, Division of Child and Family Services						Implemented an on line-learning program.		
Department of Human Services, Division of Substance Abuse and Mental Health						Measured the participation of the institutions in providing resources for the development of this program.		
Department of Workforce Services, Food Stamp Eligibility		Parents of Children Birth to Age Eight; Early Childhood Professionals		Provide on-line learning opportunities.	Throughout the implementation period, provided on-line learning opportunities.	Reported the amount and source of funding contributed to this initiative.		
Department of Workforce Services, Office of Child and Family Life						Students taking the class evaluated the effectiveness of the program.		
Utah State Office of Education, Early Childhood Program		At-Risk Children Birth to Age Eight		At-risk children will receive early and appropriate early intervention services.	Throughout the implementation period, at-risk children received early and appropriate early intervention services.	Increased the number of at risk children who receive early referral diagnosis and treatment.		
Utah State Office of Education, Special Education		Non-Traditional Early Childhood Students		Support the non -traditional students who are working on early childhood degrees.	Throughout the implementation period, supported the non -traditional students working on early childhood degrees.	Increased the number of non-traditional early childhood education students completing associates and bachelor's degrees.		

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Bear River Health Department		Parents of Children Birth to Age Eight	Parenting Education Resources	Provide resources to parents to ensure that their children will be ready to enter school.	By January 2007, provided resources to parents to ensure that their children will be ready to enter school.	Piloting of the program resulted in revisions that will improve the guidelines, and the changes were reported to the ECC.		
Utah Community Mental Health Centers						Increased the number of parents receiving the Ready!Set!School! Training.		
Valley Mental Health, Children's Unit						Increased the number of parents requesting the training.		
Centro de la Familia Utah						Asked parents to modify the training.		
Centro de la Familia Utah, Migrant Head Start						Baseline and ongoing numbers were reported by the Utah Family Center.		
Child Care Resource and Referral Center				Parents will be able to easily access information generated by the STATE ECCS initiative.	By June 2007, parents were able to easily access information generated by the STATE ECCS initiative.	The STATE ECCS website was modified based on feedback.		
Early Head Start, Utah County						Tracked the number of hits on the STATE ECCS website.		
Guadalupe Early Learning Center				Parents with children birth to age eight will be able to easily access information on school readiness.	Throughout the implementation period, parents with children birth to age eight were able to easily access information on school readiness.	Increased the number of hits on the website.		
Ogden/Weber Community Action Partnership Head Start						Increased the number of parents receiving the Ready!Set!School! Training.		
Salt Lake Community Action Partnership						Modified the Ready!Set!School! website based on the survey information.		
Intermountain Pediatric Association						Received baseline information provided by the Utah Family Center.		
Professional Family Child Care Association		Families of Children Birth to Age Eight	Family Support	Increase access to and utilization of the food stamp program.	By January 2007, increased access to and utilization of the food stamp program.	Increased the percentage of eligible families who utilize the food stamp program from 50% to 60%.		
Utah Association for the Education of Young Children				Increase access to and utilization of the food stamp program.	By January 2007, increased access to and utilization of the food stamp program.	The findings and recommendations of the study were amended based on the input of key stakeholders.		
Utah Family Center						Increased the number and type of DWS outreach efforts.		
Utah Private Child Care Association						The pilot increased the number of families enrolled in the food stamp program, as well as other public assistance and early childhood programs.		
Utah Parent-Teachers Association (PTA)				Increase awareness of the Utah Infant Relinquishment Law in order to allow individuals to make the best decision for themselves and their newborns.	By June 2007, increased awareness of the Utah Infant Relinquishment Law in order to allow individuals to make the best decision for themselves and their newborns.	Tracked the number of hits to the Utah Newborn Safe Haven website (Spanish and English).		
Episcopal Diocese of Utah						Tracked the number of Spanish fliers and posters that were distributed.		
Jewish Community Center, Early Childhood Center						Tracked the number of television stations that aired the PSA's.		

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University of Utah -- Safe and Healthy Families Coalition		Parents of Children Birth to Age Eight	Family Support	Parents will have web-based access to family support services.	Throughout the implementation period, parents had web-based access to family support services.	Increased the number of families who utilize the system by 10% per year (total number of applications to date is approximately 7,000).		
University of Utah Child Care Center						Contracts with at least one of these programs were negotiated and the program was added to the Utah Clicks system.		
						Increased the number of staff trained in the usage and benefits of the Utah Clicks System.		
		Children Birth to Age Eight and Their Families	Integrated Community-Level Service Systems	Implement a system of community based initiatives for children birth to age eight and their families.	By August 2007, implemented a system of community based initiatives for children birth to age eight and their families.	The RFP generated competitive applications from several community organizations.		
						Up to $30,000 was awarded to three successful bidders.		
						Increased the number of services provided at the local level.		
		RFP Awardees		RFP awardees will run successful initiatives.	Throughout the implementation period, RFP awardees ran successful initiatives.	Increased the number of stakeholders supporting the initiative.		
						The Evaluation showed that the local community programs were effective, based on data collected by each community.		
						All three communities achieved at least three of their goals.		
						The evaluation showed at least 85% satisfaction with the technical assistance.		
				RFP awardees will develop sustainability plans.	Throughout the implementation period, RFP awardees developed sustainability plans.	Each community developed and began implementation of a sustainability plan.		
						The evaluation showed at least 85% satisfaction with the technical assistance.		
		Parents of Children Birth to Age Eight		Parents will have input into the development and implementation of the community initiatives.	Throughout the implementation period, parents had input into the development and implementation of the community initiatives.	Increased the number of parents serving on governing boards.		
		Early Care and Education System		Enhance Utah's existing system of Early Care and Education at the community level.	Throughout the implementation period, enhanced Utah's existing system of Early Care and Education at the community level.	A survey administered to the Head Start Community Councils showed an 85% approval of the technical assistance.		
						Increased the number of ECC members who improve their awareness of the Community Councils, based upon an evaluation of the presentation.		
						Increased the number of local staff knowledgeable of the Community Councils through a survey.		
			Evaluation	Include a variety of existing outcome measures, including health indicators from DOH and USOE; safety indicators from DOH, DHS and the Department of Public Safety; economic security indicators from DOH, USOE, and DHS; and education indicators from USOE.	Included a variety of existing outcome measures, including health, safety, economic security and education indicators.	Included a variety of existing outcome measures, including health, safety, economic security and education indicators.		
				Use multiple data collection methods to obtain information on outcomes and process measures (e.g., utilization and satisfaction).	Used multiple data collection methods to obtain information on outcomes and process measures (e.g., utilization and satisfaction).	Used multiple data collection methods to obtain information on outcomes and process measures (e.g., utilization and satisfaction).		