Logic Models

• Logic models clearly communicate the logic of program components

• Logic models identify the problem to be solved, the strategies to solve the problem, the expected outcomes if the program is successful, and the assumptions underlying the approach

• Logic models communicate the essential program components
Logic Models - Audiences

- Planners – helpful in program design
- Implementers – helpful in implementing and modifying programs
- Evaluators – gives direction for what is important to measure
- Stakeholders – communicate what you are doing
- Funders – Are you worth the investment?

Logic Models

- Needs
  - Goals
  - Vision
  - Issues
  - Problems
  - Target Population
  - Causes
  - Contributing Factors
  - Assumptions

- Process
  - Inputs
  - Activities
  - Outputs

- Outcomes
  - Short Term
  - Intermediate
  - Long Term
  - Impact

Evaluation

- Reporting
- Collection & Analysis
- Evaluation Design
- Evaluation Questions
Logic Models

- There is no ideal logic model
- The logic model should be adapted to the components of the program and the relationships among those components

**Assumptions**

- Inclusion of families/youth in planning/service delivery improves outcomes/quality.
- Culturally competent practices will improve child/family outcomes.
- Increased use of evidence-based models will improve child/family outcomes.
- Cross-system collaboration will increase efficiency and maximize resources.
- Data-based decisions will result in improved quality of care.

**Issue:** While Nebraska has developed some exemplary community systems of behavioral health care, these tend to be islands of excellence, not available statewide. Continuing issues include:

- Underserved populations – rural, minority youth, young children, transition-aged
- Lack of behavioral health providers, particularly in rural and frontier areas
- Lack of bilingual staff, interpreters, culturally competent/family-centered care
- Lack of evidence-based practices; too many youth out of home, out of community, state wards
- Uncoordinated service delivery systems; no outcome measures across systems

**LOGIC MODEL FOR NEBRASKA’S CHILD/ADOLESCENT MENTAL HEALTH/SUBSTANCE Abuse SOC**

**Strategies**

- Expand wraparound approach
- Increase dual diagnosis services
- Develop services for young children
- Develop transition for transition-aged youth
- Develop bilingual competencies approach
- Increase involvement of children and families
- Expand funding for family support

- Develop cross-agency collaborative structure
- Develop funding structure
- Develop networks of care standards and measures
- Implement systems of care statewide
- Develop quality/outcome measures
- Develop research/evaluation consortium
- Expand technology approaches

**Outcomes**

- Improved child/family outcomes
- Increased inclusion of family members and youth in policy and service delivery
- Increase in cultural competence measures (access, rural/minority providers)
- Increased use of evidence-based practices; enhanced quality of services
- Expansion of system of care models
- Increased federal/private resources
- Increased use of data in decision making
Public Engagement Pilot Project on Pandemic Influenza (PEPPPI) Evaluation Model

Process

CDC process to engage citizens and stakeholders in deliberations about which subgroups in the population require the earliest vaccine protection in the event of an influenza pandemic.

Citizens: Advocacy, Consumers, Providers, Gov't Agencies, Vaccine Industry

Stakeholders: Four communities: Georgia, Nebraska, Oregon, Massachusetts

Framing Conference

Citizen Input Conference

Draft Recommendations

Citizen Feedback Sessions

Report

Mixed Methods Evaluation Design

Comparison of citizen demographics with community characteristic to assess diversity

Past process interviews/focus groups to assess motivations for attending

Pre-post survey with control group to assess change in knowledge/opinions

Past process survey to assess process quality and perception of diversity

Post process interviews/focus groups to assess process quality (citizens, observers, facilitators)

Stakeholder interviews to assess how they used citizen input

Document review to assess impact was on federal policy

Policy maker interviews to assess impact on federal policy

Results

Process was successful in recruiting citizens representing a variety of perspectives/demographics

Participants had sufficient knowledge to engage in informed discussions

Process promoted a balanced, honest, reasoned deliberation

Participant opinions about values, goals and priority groups changed as a result of the process

Citizens produced useful information for stakeholder discussions

Policy makers seriously considered stakeholders' citizen input
New Mexico School Mental Health Initiative

Vision: Improved Social and Emotional Well-Being and Educational Status for Children and Youth

NMSMHI Objective: To develop statewide infrastructure to increase schools’ and communities’ capacities to address the social and emotional needs of children and youth, and reduce barriers to learning.

**Context: System-Level**
(State and Local)
- Strengths: Existing state and local coalitions and collaborative, EPSS process, enthusiasm, existing relationships between providers and schools
- Challenges: Lack of understanding about the link between social and emotional well-being and educational success; Medicaid managed care; limited relationship between schools and communities; children’s mental health is not highly prioritized at the state level

**Context Implementation**

**Reform Strategy:**

**State: Focused Strategies**
- Office of School Mental Health (SMH)
- Promote information about children’s social and emotional well-being among state legislators and other policy makers
- Develop and implement a public awareness campaign
- Enhance linkages between institutions of higher education and schools

**Action Steps:**
- Provide technical assistance to school/community sites
- Provide training to school personnel and parents on topics related to student social and emotional well-being
- Foster collaboration among schools and community-based providers
- Expand in-service training to professionals working in schools
- Develop and implement a public awareness campaign

**Community/School Focused Strategies**
- School-Linked Demonstration Sites
- Promote information about children’s social and emotional well-being among state legislators and other policy makers
- Develop and implement a public awareness campaign

**Action Steps:**
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- Develop and implement a public awareness campaign

**System-Level Outcomes:**
- Increased public support for children’s social and emotional well-being
- Increased linkages between community providers and schools
- Increased training and support for community providers, families, and school personnel
- Implementation of appropriate discipline policies
- Policies ensuring the inclusion of children’s social and emotional issues in planning and implementation of children’s health and educational programming

**Ultimate Outcome:**
- Social and emotional well-being for children and youth
- Educational Success

**Short-Term Outcomes:**
- Effective implementation
- Successful recruitment
- Fidelity to evidence-based practice
- Work-site policy/environment changes
- Effective team functioning
- Employer satisfaction
- Lessons learned

**Intermediate-Term Outcomes:**
- Improved nutrition
- Increased fruit/vegetables consumed
- Increased physical activity
- Reduction in BMI
- Reduced tobacco use
- Improved mental health
- Improved health indicators
- Improved perception of work place

**Connections and Implementation Model**
- Growing the Worksite Movement in Southeast Nebraska Logic Model
- Needs
- Strategy
- Outcomes

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Causes</th>
<th>Target Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>High incidence of health issues such as obesity, poor nutrition, heart disease, smoking, stress, hypertension, emotional challenges, inactivity, etc.</td>
<td>Lack of knowledge about healthy living</td>
<td>125 businesses, 6,000 students, 11,000 employees of those businesses, 11,000 family members</td>
</tr>
</tbody>
</table>

**Context Implementation**

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**Ultimate Outcome:**
- Social and emotional well-being for children and youth
- Educational Success
Increasing Level Of Child & Family Need

Family level:
- Families are often not prepared for challenges or their child's needs. 
- Parental involvement is often required and insufficient.

Community level:
- The community is often unaware of the difficulties faced by families with mental health needs.

VALUES
1. Our shared vision will be strength-based and outcome focused.
2. All youth and families are valued and treated with respect.
3. Parents and youth will always have their voice heard, be listened to, encouraged, and engaged.
4. The options of care will strip the silos of each family.
5. Trust will be continually developed and maintained.

Contra Costa County Juvenile Probation/ Mental Health Subsystem

System-Level
- Values/Principles
  - Flexibility of response
  - Common goals
  - Collaboration across organizations and levels
  - Services should reflect needs of population
  - Information, evaluation and accountability-based analysis and decision making
  - Family & children as participants in planning and service delivery
  - Least restrictive/most appropriate

Efficient/effective use of resources
- Reduce initial arrest
- Reduce recidivism
- Increase school success
- Increase school attendance
- Increase job readiness
- Increase life skills

Information, Evaluation, Analysis (Population Based) Quality Improvement

Impact Pipeline:
- Organized relationship between strategies
- Pipeline flows to and from system
- System-Levle
- Individual Level
- Decrease Level Of Child & Family Need
- Flexibility of response
- Common goals
- Collaboration
- Services should reflect needs of population
- Information, evaluation and accountability-based analysis and decision making
- Family & children as participants in planning and service delivery
- Least restrictive/most appropriate

Contra Costa County Juvenile Probation/ Mental Health Subsystem

Population
- Values/Principles
- Strategies
- Outcomes

Children & Adolescents

System-Wide Strategies
- Juvenile Hall Day Treatment
- Chris Adams/Summit
- Other, Out of home placements

Community-Based Strategies
- Regional (outpatient, therapy)
- Neighborhoods
- Schools (probation in schools)

Information, Evaluation, Analysis (Population Based) Quality Improvement

Impact Pipeline:
- Organized relationship between strategies
- Pipeline flows to and from system
- System-Levle
- Individual Level
- Increase initial arrest
- Reduce recidivism
- Increase school success
- Increase school attendance
- Increase job readiness
- Increase life skills

Information, Evaluation, Analysis (Population Based) Quality Improvement
Advocacy & awareness
Cultural Competency
Training
Data
Money

LEADERSHIP SUPPORTED

Safe Spaces
Welcoming Elders
Alternative Therapies
Accessible Services
NA Navigators
Transitional Services
Mentoring

RESPECT

FAMILY PLANS/CASE MGMT

FAMILY INVOLVEMENT

Spirituality
Ceremonies

CULTURE

Respect

TRUST
What Concepts are Important to Your Logic Model?

- Population?
- Values?
- Needs?
- Mission/Vision?
- Strategies/Processes?
- Outcomes?
- Evaluation?