Logic Models

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Linking policy with research, process and practice.

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

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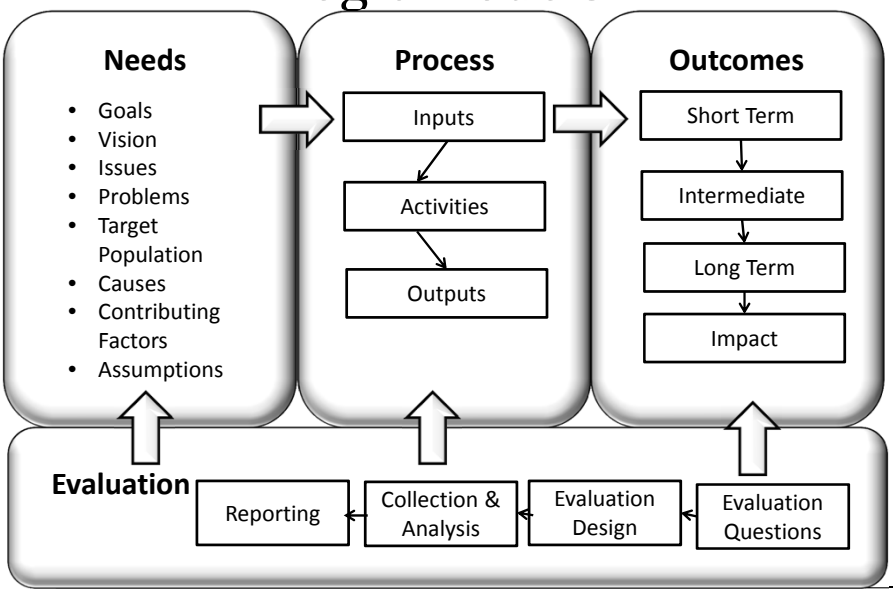
Logic Models - Audiences

- 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



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

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LOGIC MODEL FOR NEBRASKA'S CHILD/ADOLESCENT MENTAL HEALTH/SUBSTANCE ABUSE SOC

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

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

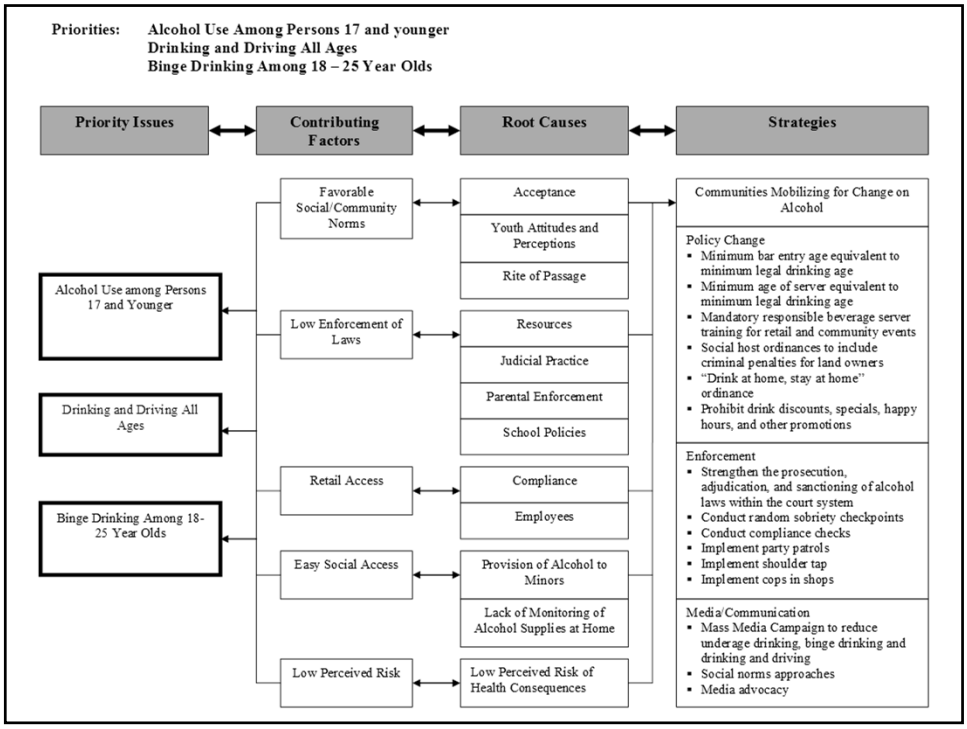
Strategies

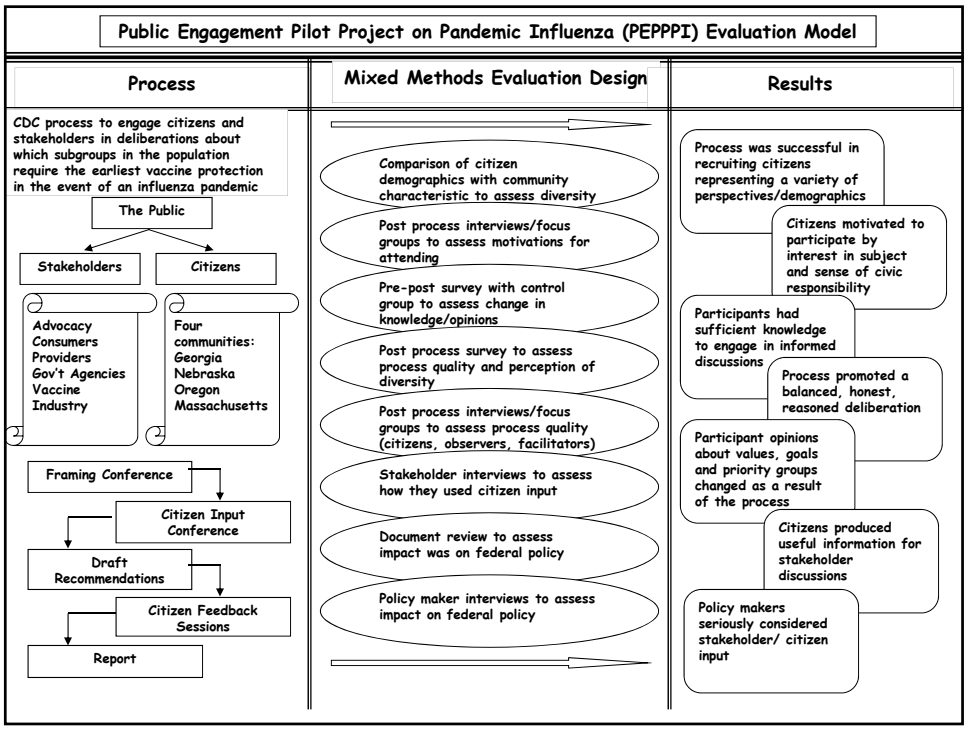
- Expand wraparound approach
- Increase dual diagnosis services
- Develop services for young children
- Develop Services for transition-aged youth
- Develop cultural competence approaches
- Increase involvement of children and families
- Examine funding for family support
- Develop cross-agency collaborative structure
- Develop funding structure
- Develop system of care standards and measures
- Implement systems of care statewide
- Develop quality/outcome measures
- Develop research/academic consortium
- Expand telehealh approaches

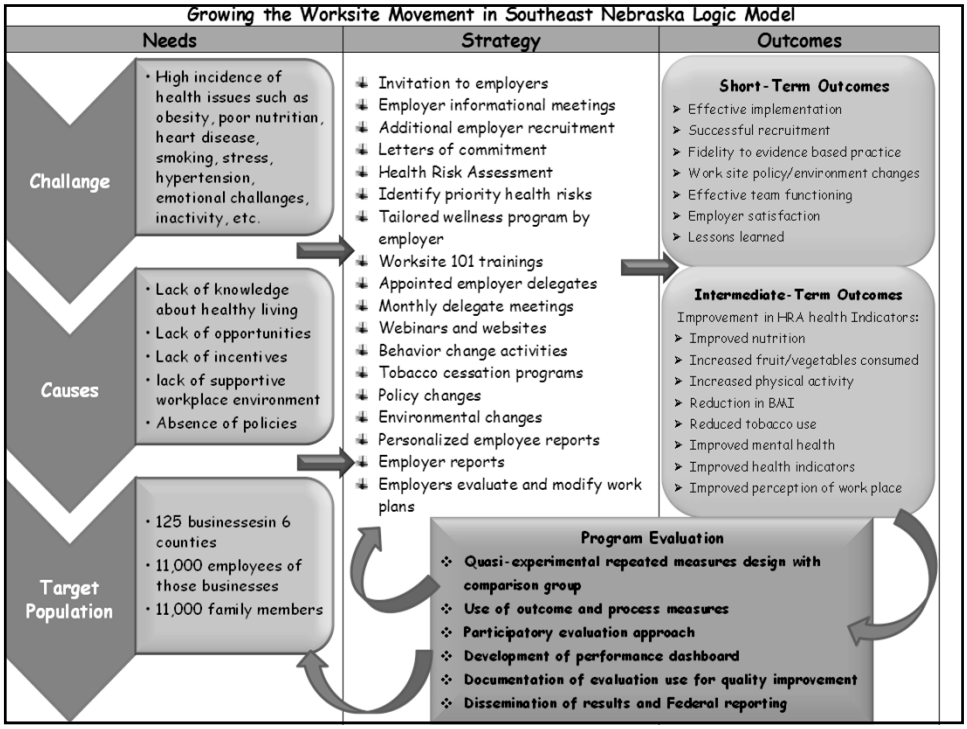
CARING FOR EVERY CHILD'S MENTAL HEALTH
Systems of Care

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
- Increase federal/private resources
- Increased use of data in decision making


Priorities: Alcohol Use Among Persons 17 and younger
Drinking and Driving All Ages
Binge Drinking Among 18 – 25 Year Olds
Priority Issues
Contributing Factors
Root Causes
Strategies
Alcohol Use among Persons 17 and Younger
Drinking and Driving All Ages
Binge Drinking Among 18-25 Year Olds
Favorable Social/Community Norms
Low Enforcement of Laws
Retail Access
Easy Social Access
Low Perceived Risk
Acceptance
Youth Attitudes and Perceptions
Rite of Passage
Resources
Judicial Practice
Parental Enforcement
School Policies
Compliance
Employees
Provision of Alcohol to Minors
Lack of Monitoring of Alcohol Supplies at Home
Low Perceived Risk of Health Consequences
Communities Mobilizing for Change on Alcohol
Policy Change
Minimum bar entry age equivalent to minimum legal drinking age
Minimum age of server equivalent to minimum legal drinking age
Mandatory responsible beverage server training for retail and community events
Social host ordinances to include criminal penalties for land owners
"Drink at home, stay at home" ordinance
Prohibit drink discounts, specials, happy hours, and other promotions
Enforcement
Strengthen the prosecution, adjudication, and sanctioning of alcohol laws within the court system
Conduct random sobriety checkpoints
Conduct compliance checks
Implement party patrols
Implement shoulder tap
Implement cops in shops
Media/Communication
Mass Media Campaign to reduce underage drinking, binge drinking and drinking and driving
Social norms approaches
Media advocacy


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
The Public
Stakeholders
Citizens
Advocacy
Consumers
Providers
Gov't Agencies
Vaccine Industry
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
Post process interviews/focus groups to assess motivations for attending
Pre-post survey with control group to assess change in knowledge/opinions
Post 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
Citizens motivated to participate by interest in subject and sense of civic responsibility
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 stakeholder/ 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):

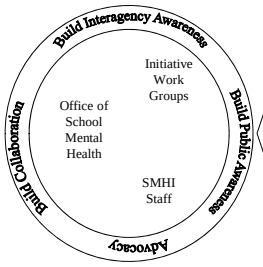
Strengths: Existing state and local coalitions and collaboratives, EPSS process, enthusiasm, existing relationships between providers and schools

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

CHILD-LEVEL: High teen pregnancy; high substance abuse; increasing child abuse reports; high teen violence; high drop-out rate; high teen suicide rate; 25% uninsured

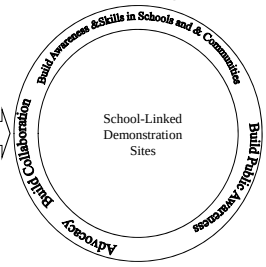
Reform Strategy:

State Focused Strategies



Action Steps:
- Provide information about children's social and emotional well-being to state legislators and other policy makers
- Facilitate state-level collaboration among child-serving agencies
- Develop and implement a public awareness campaign
- Enhance linkages between institutions of higher education and schools

Community/School Focused Strategies



Action Steps:
- Provide technical assistance to school/community sites
- Provide training/support to school personnel and parents on issues related to students social and emotional well-being
- Facilitate coordination between schools and community-based providers
- Expand in-service training to professionals working in schools
- Develop and implement a public awareness campaign

System-Level Outcomes:

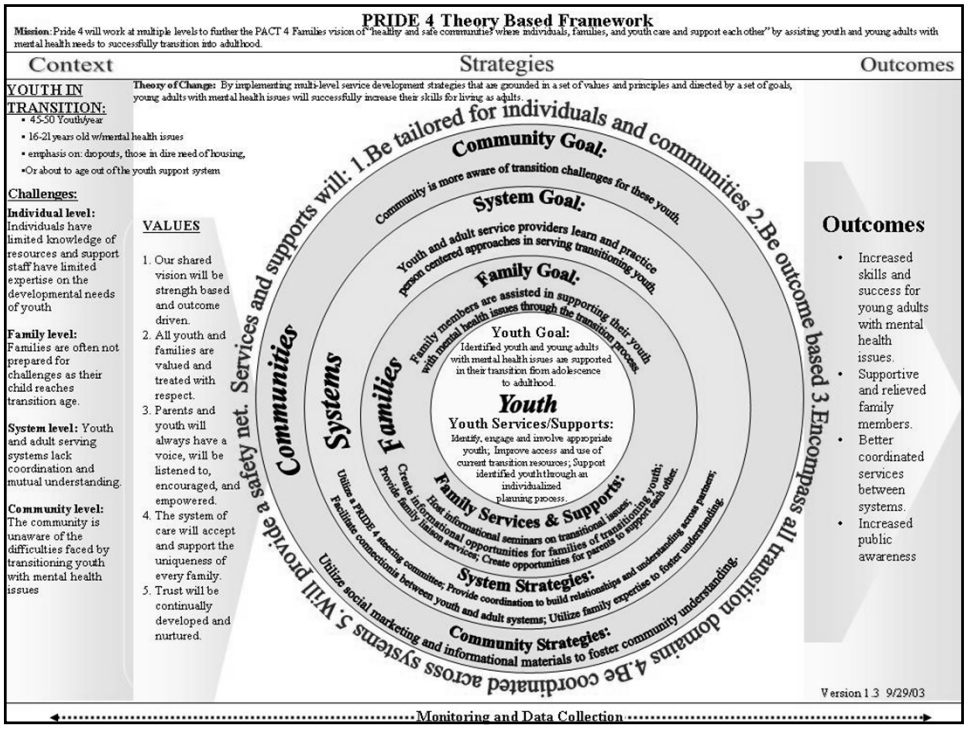
State
- ✓Increased public support for children's schools' role in enhancing children's social and emotional well-being (e.g. $, Policy, etc.)
- ✓Increased training and support (e.g. state level personnel, etc.)

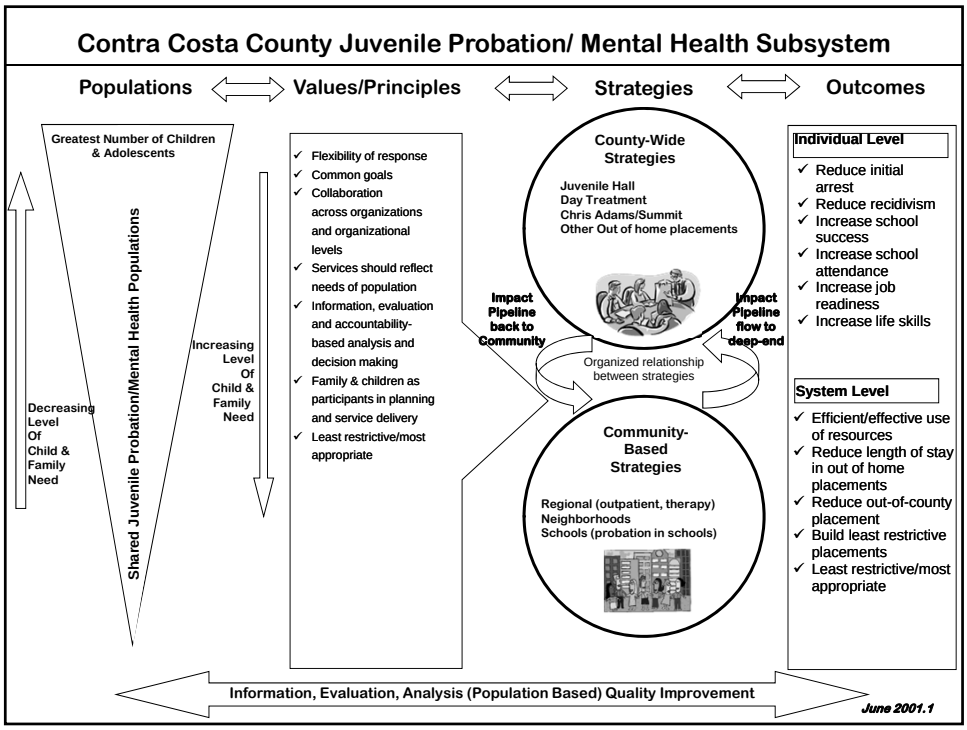
Community
- ✓Increased public support for children's social and emotional well-being
- ✓Increased linkages between community providers and schools
- ✓Increased training and support for community providers, families, and school personnel

School
- ✓Increased school-linked services/supports for children and families
- ✓Increased linkages between families and schools
- ✓Implementation of appropriate disciplinary policies
- ✓Increased training and support for professionals working in schools
- ✓Policies assuring 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

Context ⇨ Implementation ⇨


PRIDE 4 Theory Based Framework
Mission: Pride 4 will work at multiple levels to further the PACT 4 Families vision of "healthy and safe communities where individuals, families, and youth care and support each other" by assisting youth and young adults with mental health needs to successfully transition into adulthood.
Context
Strategies
Outcomes
YOUTH IN TRANSITION:
• 45-50 Youth/year
• 16-21 years old w/mental health issues
• emphasis on: dropouts, those in dire need of housing,
• Or about to age out of the youth support system
Challenges:
Individual level: Individuals have limited knowledge of resources and support staff have limited expertise on the developmental needs of youth
Family level: Families are often not prepared for challenges as their child reaches transition age.
System level: Youth and adult serving systems lack coordination and mutual understanding.
Community level: The community is unaware of the difficulties faced by transitioning youth with mental health issues
Theory of Change: By implementing multi-level service development strategies that are grounded in a set of values and principles and directed by a set of goals, young adults with mental health issues will successfully increase their skills for living as adults.
VALUES
1. Our shared vision will be strength based and outcome driven.
2. All youth and families are valued and treated with respect.
3. Parents and youth will always have a voice, will be listened to, encouraged, and empowered.
4. The system of care will accept and support the uniqueness of every family.
5. Trust will be continually developed and nurtured.
Community Goal:
Community is more aware of transition challenges for these youth.
System Goal:
Youth and adult service providers learn and practice person centered approaches in serving transitioning youth.
Family Goal:
Family members are assisted in supporting their youth with mental health issues through the transition process.
Youth Goal:
Identified youth and young adults with mental health issues are supported in their transition from adolescence to adulthood.
Youth
Youth Services/Supports:
Identify, engage and involve appropriate youth; Improve access and use of current transition resources; Support identified youth through an individualized planning process.
Family Services & Supports:
Host informational seminars on transitional issues; Create informational opportunities for families of transitioning youth; Provide family liaison services; Create opportunities for parents to support each other.
System Strategies:
Utilize a PRIDE 4 steering committee; Provide coordination to build relationships and understanding across partners; Facilitate connections between youth and adult systems; Utilize family expertise to foster understanding.
Community Strategies:
Utilize social marketing and informational materials to foster community understanding.
Families
Systems
Communities
Services and supports will: 1.Be tailored for individuals and communities 2.Be outcome based 3.Encompass all transition domains 4.Be coordinated across systems 5.Will provide a safety net.
Outcomes
• Increased skills and success for young adults with mental health issues.
• Supportive and relieved family members.
• Better coordinated services between systems.
• Increased public awareness
Version 1.3 9/29/03
Monitoring and Data Collection


Contra Costa County Juvenile Probation/ Mental Health Subsystem
Populations
Values/Principles
Strategies
Outcomes
Greatest Number of Children & Adolescents
Shared Juvenile Probation/Mental Health Populations
Decreasing Level Of Child & Family Need
Increasing Level Of Child & Family Need
✓ Flexibility of response
✓ Common goals
✓ Collaboration across organizations and organizational 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
County-Wide Strategies
Juvenile Hall
Day Treatment
Chris Adams/Summit
Other Out of home placements
Impact Pipeline back to Community
Impact Pipeline flow to deep-end
Organized relationship between strategies
Community-Based Strategies
Regional (outpatient, therapy)
Neighborhoods
Schools (probation in schools)
Individual Level
✓ Reduce initial arrest
✓ Reduce recidivism
✓ Increase school success
✓ Increase school attendance
✓ Increase job readiness
✓ Increase life skills
System Level
✓ Efficient/effective use of resources
✓ Reduce length of stay in out of home placements
✓ Reduce out-of-county placement
✓ Build least restrictive placements
✓ Least restrictive/most appropriate
Information, Evaluation, Analysis (Population Based) Quality Improvement
June 2001.1

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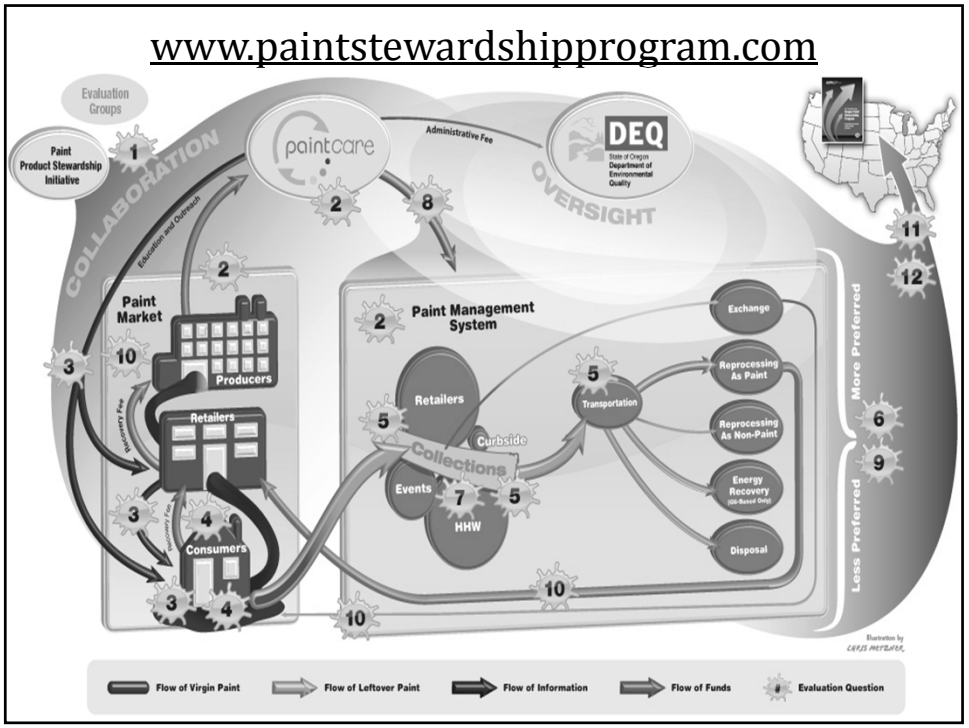
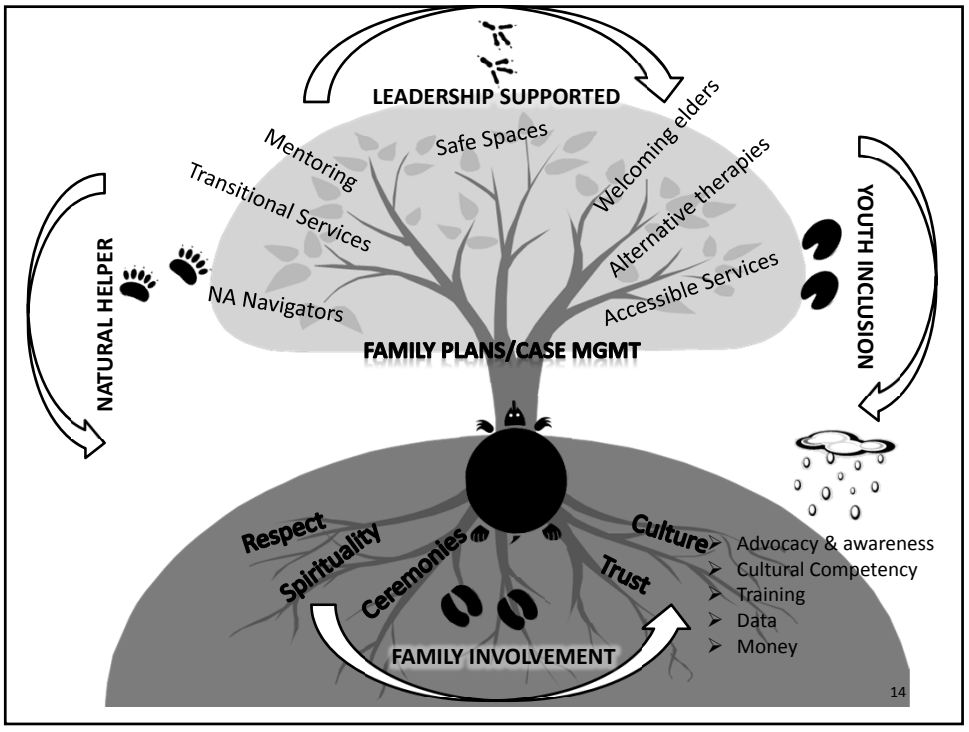
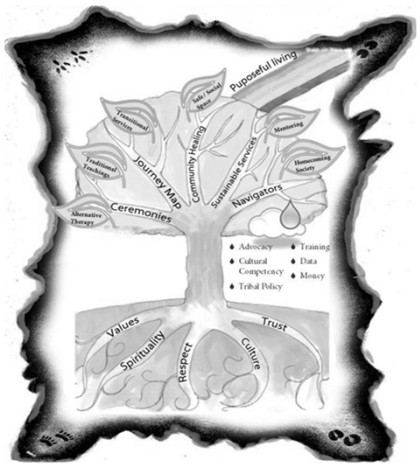




PROMOTING WELLNESS FOR

OUR YOUNG RELATIVES



SOCIETY OF CARE

What Concepts are Important to Your Logic Model?

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