Using Logic Models for Systems Transformation

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Why Logic Model?

• Required by the Centers for Medicare & Medicaid

• Helps link goals and objectives to strategies, actions, and outcomes that the work groups need to focus on

• Also informs the timeline, responsible parties, potential other inputs (resources), the evaluation plan (measures), and technical assistance needs
Why CMS Encourages Logic Models

• Demonstrate, in a measurable way, the value of the investments we have made. We must better “tell the performance story” of the impact of the Real Choice Systems Change grants.

• Think strategically about how to apply pertinent lessons from grantee accomplishments and challenges to the formation of state and national agendas for the provision of long-term supports in the future.

Melissa Hulbert, CMS, 2005
Why CMS Encourages Logic Models

• Tool for strategic planning and program evaluation:
  – What policies/programs are making improvements in the lives of individuals?
  – How outcomes should be measured?
  – How these initiatives and their impact should be described?

Melissa Hulbert, CMS, 2005
What is a Logic Model?

• Framework that tells the story of a program to the outside world
• Depicts how the program operates
• Links what a program actually does to its resources and impact
• Basis for defining appropriate measures of program success

Karen Linkins, 2004
Benefits of Logic Modeling

• Focuses attention on the most important connections between actions and results.

• Builds a common understanding among staff and with stakeholders.

• Helps staff “manage for results” and informs program design.

• Finds “gaps” in the logic of a program and works to resolve them.

  John McLaughlin, 2005
Questions in a Logic Modeling Framework

• What is the environment in which this initiative operates? (*System Readiness*)

• What resources are being used to operate this initiative? What are the constraints on the program? (*Inputs*)

• What are you doing (or do you plan to do) with the funding received? (*Activities/interventions*)
Questions (continued)

- What are the direct products of the program activities? (*Outputs*)
- What are you trying to change with the intervention? (*Outcome*)
Program Components

**INPUTS**
- Resources dedicated to or consumed by the programs
  - e.g., Money, Staff & Staff Time, Volunteer & Volunteer Time, Facilities, Equipment & Supplies, Constraints on the program
- Constraints on the Program
  - e.g., Laws, Regulation, Funders, Requirements

**ACTIVITIES**
- What the program does with inputs to fulfill its mission
  - e.g., Feed and Shelter Homeless Families, Provide Job Training, Educate the Public About Signs of Child Abuse, Counsel Pregnant Women, Create Mentoring Relationships for Youth

**OUTPUTS**
- The direct products of program activities
  - e.g., Number of Classes Taught, Number of Counseling Sessions Conducted, Number of Educational Materials Distributed, Hours of Service Delivered, Number of Participants Served

**OUTCOMES**
- Benefits or changes for participants during or after program activities
  - e.g., New Knowledge, Increased Skills, Changed Attitudes or Values:
    - Modified Behavior
    - Improved Condition
    - Altered Status

Source: Measuring Program Outcomes: A Practical Approach, United Way of America, 1996
Goals and Objectives

• *Goals* were identified by CMS. Your state selected three goals for infrastructure development. Apply to all 5 years. No change now.

• *Objectives* were guided by the CMS application to help achieve the goals. Apply to all 5 years.

• We include both on the template that we will use with the workgroups.
**Inputs**

- *Inputs* are resources dedicated to or consumed by the project.

- Stakeholders/workgroups should consider
  - Is there anything I can offer in time, money, getting other grants or contributions, etc.?
  - Do I understand the constraints (money, staff, laws…)?
  - Not on the template but should be recorded.
Strategies

• *Strategies* are large scale groupings of operations, the major efforts you will implement to accomplish the goals and objectives.

• Apply to all 5 years.

• Same strategy may be relevant to multiple goals and/or objectives.
Activities

• *Activities* are major action steps, the major clusters of interventions (next level down).
  – What you do with the inputs to make things happen
  – Provide the detail for how strategies will be accomplished
  – Efforts of considerable degree and significance to carry out each strategy to get to the output

• Strategic plan will identify major activities for the first year of implementation.
Outputs

• The direct products of the strategies and actions.

• Immediate results of policies, procedures, and services that can lead to achieving positive outcomes.

• Apply to all 5 years.
Outcomes

Outcomes are the type of change envisioned as a result of the program, given available resources.

Multiple outcomes may come from a single activity.

Multiple activities may contribute to one outcome.

Outcomes are expected to vary over time.
Terms

– **Outcome**: Benefits or changes for participants during or after activities; Outcomes measures can be immediate, intermediate or long-term.

– **Impact**: Long-term outcomes that are more system level; ultimate focus and desired result of an intervention.
## Outputs & Outcomes

<table>
<thead>
<tr>
<th>OUTPUT</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADRC staff are trained in resources for adults with developmental disabilities (# trained, # resources identified).</td>
<td>ADRC staff have knowledge and skill to work with adults with developmental disabilities (changes in knowledge).</td>
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</tbody>
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| More mobility options are available (# of trips, # of additional areas covered). | Consumers are less frustrated in finding accessible transportation options.  
**Impact:** Transformation of transportation philosophy; sustain community living. |
| Medicaid applications are completed electronically (# of applications). | Consumers experience less complexity in “telling their story”; consumers receive services.  
**Impact:** Reduced Medicaid administrative costs per user. |
| % of persons on waiver wait list who enter a NH. | Consumers able to stay at home (Nursing home admissions decreased).  
**Impact:** Decreased Medicaid cost trends; Balancing LTC. |
Logic Modeling for Program Management and Program Evaluation

As an *external evaluation tool*, a logic model allows evaluators to identify performance indicators/ measures to demonstrate program success and track progress.
What We Will Do

• Working groups will focus on specific area, with facilitators

• Focus on Strategies and Action Steps
  – Some are suggested
  – Change, add, subtract

• Brainstorm Outputs and Outcomes

• Consider Inputs, especially those we have not considered now or in the future.
What We Will Do

• Go as far as you can

• Several more workgroup meetings

• Staff and Technical Assistance consultants will refine for submission to CMS so do not worry about word-smithing
Mission and Vision

• A mission statement is a brief description of the core purpose of the organization and whom the organization serves.
• A vision statement is brief. It articulates an achievable image of what the system will look like at the end of the grant period.
• Michigan has developed a “vision statement” that incorporates both mission and vision.
Michigan’s Vision

Within the next ten years, Michigan will achieve a high quality, easily accessible system of publicly and privately funded long-term care supports. These supports will include a full array of coordinated services available wherever an individual chooses to live and will be mobilized to meet the needs of each person with a disability or chronic condition, of any age, who needs and wishes to access them.
Michigan’s Vision

The arrangement and type of care and supports for each person will be determined by that person. Person-centered planning, which places the person as the central focus of supports and care planning, will be used to determine all facets of care and supports plans. Each person, and his or her chosen family, friends, or professionals, will initiate or re-start the process whenever the person’s needs or preferences change.