Logic models

The logic models were developed with the input of stakeholders across the state of California. Forty-eight individual stakeholders were interviewed, including technical subject-matter experts, consumers, and representatives of state and local governments. In addition, members of the CalMHSA Statewide Evaluation Experts (SEE) Team and the Mental Health Services Oversight and Accountability Commission staff and evaluation subcommittee provided input.

Shown here are two types of logic models: an “overall approach” logic model and specific logic models for each of the key outcomes specified by the Act. The logic models identify, at the conceptual level, the key components that should be measured and tracked over time and ask a series of questions counties or program administrators can ask about PEI funding: where is the funding going, what it is being used for, does the funding make a difference, and are there resulting public health benefits?

The content of each box in the logic models is as follows, proceeding from left to right:

**Box 1, “PEI funding”:** The initial community planning process in each county to determine funding priorities

**Box 2, “Where is it going”:** The types of programs that were funded using PEI resources and the programmatic capacity that was developed.

**Box 3, “What is it doing”:** The “process” of delivering the programs—what prevention activities reached which target populations?

**Box 4, “Does the funding make a difference?”** The direct, short-term outcomes that PEI is intended to bring about—changed knowledge, behaviors, and attitudes and improved resilience and emotional well-being—measured at the population level

**Box 5, “Are there public health benefits?”**: The ultimate outcomes measured at the population level. Changes in short-term outcomes are intended to reduce these seven negative outcomes identified by the Act.

In most cases, the data relevant to boxes 2, 3 and 4 would be provided by programs and counties. Data relevant to box 5 would come from existing national or statewide surveys or vital statistics.

For further information see HYPERLINK: Watkins, Burnham, Okeke, 2012
An Approach to Understanding the Impact of Statewide Prevention and Early Intervention (PEI) Funding

PEI Funding

Where is it going?

New and enhanced community resources
- Public awareness campaigns
- Parenting programs

New and enhanced treatment resources
- First-break early intervention programs
- School-based mental health treatment

Increased collaboration and integration among agencies
- Primary care integration

What is it doing?

More and better prevention
- Exposure to social marketing efforts
- More parents receiving coping skills training

More and better early intervention
- Access/utilization of first-break early intervention programs
- Use of school-based counseling services

More collaboration and integration

Does it make a difference?

Changed knowledge, behaviors and attitudes
- Decreased stigma
- Increased help-seeking
- Decreased risk behaviors such as poor parenting skills

Improved resilience and emotional well-being
- Increased social connections
- Decreased psychological distress

Are there public health benefits?

Reduced suicide
- Mental-health related
  - Incarceration
  - Homelessness
  - School drop out
  - Foster care
  - Unemployment
  - Differences across groups

Did it increase other community supports and resources?

Stronger communities
- Policies that reduce discrimination and violence
- Community resilience

Increased access/use of community resources
- Private and public mental health treatment

Socio/Economic Context

Community Planning Process
- Needs assessment
- Inclusiveness
Suicide Evaluation Framework

Where is it going?
- Capacity of hot/warm lines
- Survivor and peer support services
- Suicide prevention, training and education programs
- Interagency collaboration or coordination
- Depression/suicide outreach and screening programs
- Social media programs
- Needs Assessment

What is it doing?
- Calls to hot/warm lines
- Participation in support groups and training
- Exposure to suicide awareness information
- Knowledge/skill of gatekeeper
- Utilization of mental health services
- Completed referrals by hot/warm line operators or other first identifiers to mental health
- Relationships between agencies and providers
- Quality of services
- Screening

Does it make a difference?
- Knowledge about suicide prevention, help-seeking and available resources
- Stigma
- Psychological distress
- Functioning (work/school)
- Thoughts of suicide and plans
- Suicide attempts
- Legislation related to decreasing access to firearms

Are there public health benefits?

Analyze according to need, and need stratified by age, gender, language, social characteristic, location, race/ethnicity

Analyze outcomes by age, gender, language, social characteristic, location, race/ethnicity, time
Homelessness Evaluation Framework

**Where is it going?**
- Youth housing assistance & counseling programs
- Capacity of supported or transitional housing
- Programs to prevent homelessness
- Housing-related supportive services
- Screening, evaluation and early intervention programs for homeless or unstably housed individuals

**What is it doing?**
- Discriminatory housing policies
- Development and use of housing-related supportive services
- Coordination between housing/homeless services and mental-health system
- Screening, referral, utilization and quality of mental health services for at-risk or homeless mentally ill
- Availability of supportive or transitional housing
- Homeless outreach teams

**Does it make a difference?**
- Homelessness among the mentally ill

**Are there public health benefits?**
- Emergency Department use by homeless individuals
- Other community resources and support for the homeless mentally ill
- Other treatment resources for the homeless mentally ill

Analyze according to need, and need stratified by age, gender, language, social characteristic, location, race/ethnicity

Analyze outcomes by age, gender, language, social characteristic, location, race/ethnicity, time
Incarceration Evaluation Framework

Where is it going?
- Sentencing diversion programs and mental-health courts
- Family, youth and children supportive services
- Mental-health screening for at-risk youth or youth in juvenile and criminal justice systems
- Youth supportive services
- Training and collaboration with law enforcement and justice system

What is it doing?
- Utilization of diversion programs and mental-health courts
- Families and youth using supportive services, including coping skills training
- Knowledge/skill of law enforcement
- Completed referral between justice and mental health system
- Screening, Identification and early intervention of youth at risk of incarceration and mental illness, and youth in juvenile justice/criminal justice settings
- Quality of mental-health services
- Police, justice and mental-health system collaboration
- Utilization of substance abuse treatment
- Substance use

Does it make a difference?
- Resilience/Coping skills
- Emotional well-being
- Psychological functioning (work/school)
- Risk behaviors (substance use, school problems and violence)
- Social connectedness
- Family functioning
- Arrests of people with mental illness

Are there public health benefits?
- Incarceration among people with mental illness

PEI Funding

Analyze according to need, and need stratified by age, gender, language, social characteristic, location, race/ethnicity

Analyze outcomes by age, gender, language, social characteristic, location, race/ethnicity, time
Unemployment Evaluation Framework

Where is it going?
- Counseling: youth employment skills and supports
- Supported employment services
- Academic support

What is it doing?
- Use of academic and employment-related support services
- Job-seeking skills
- Completed referrals to/from employment and mental health services
- Utilization of mental health services
- Quality of services
- Unemployment and mental-health system coordination

Does it make a difference?
- Psychological functioning (work/school)
- Emotional well-being
- Knowledge about help-seeking and available resources
- Short-term disability related to mental illness
- Job seeking among individuals with mental illness
- Stigma and discrimination

Are there public health benefits?
- Unemployment among people with mental illness

Analyze according to need, and need stratified by age, gender, language, social characteristic, location, race/ethnicity

Analyze outcomes by age, gender, language, social characteristic, location, race/ethnicity, time

PEI Funding
Emotional Well-being Framework

**Where is it going?**
- Direct PEI services
- Training and education programs for gatekeepers, mental-health workforce and community leaders
- Public/Community outreach, engagement, wellness and education programs
- Policies, protocols, data systems and informational resources
- Interagency collaboration and provider integration

**What is it doing?**
- Utilization of PEI services
- Training and education of gatekeepers, mental health workforce and community leaders
- Reach of public/community outreach and education programs
- Timely access to and availability of treatment
- Completed referrals to treatment
- Quality of services
- Coordinated and efficient services across agencies
- Outreach and integration with other service settings

**Does it make a difference?**
- Changed knowledge, behavior and attitudes
  - Help-seeking
  - School engagement
  - Stigma and Discrimination
  - Knowledge about mental illness and available resources
  - Stress
  - **Stronger communities and supportive environments**
    - Family functioning
    - Civic engagement
    - Supportive school environment
    - Neighborhood cohesion
    - Social connectedness
    - Access to other mental health resources

**Does it improve emotional well-being?**
- Resilience/Coping skills
- Emotional well-being
- Prolonged suffering
- Psychological functioning (child and adult)
- Psychological distress

Analyze outcomes by age, gender, language, social characteristic, location, race/ethnicity, time

Analyze according to need, and need stratified by age, gender, language, social characteristic, location, race/ethnicity
Decrease Stigma and Discrimination Evaluation Framework

**Where is it going?**
- Anti-stigma and integrated care training materials
- Training of providers, gatekeepers, and stakeholders
- Anti-stigma policy recommendations
- Review of laws, policies, and practices
- Development of informational resources and wellness programs
- Peer support programs

**What is it doing?**
- Trained providers, gatekeepers, and stakeholders
- Infrastructure to sustain changes
- Dissemination of informational resources on anti-stigma laws, policies, and practices
- Advocacy to change discriminatory laws, policies, and practices
- Reach of wellness and peer support programs

**Does it make a difference?**
- Self-stigma
- Attitudes and behaviors towards people with mental illness
- Discriminatory laws, policies, and practices

**Does it improve mental-health?**
- Utilization of mental health resources
- Negative outcomes for people with mental illness
- Social isolation

Analyze according to need, and need stratified by age, gender, language, social characteristic, location, race/ethnicity, time.
Student Mental Health Evaluation Framework

Where is it going?
- Training of providers, gatekeepers and school personnel
- Development of policies, protocols and informational resources
- Interagency collaboration and partnership
- Peer-based support and education programs
- School-based screening, evaluation and support services

What is it doing?
- Trained providers, gatekeepers and school personnel
- Dissemination of policies, protocols and informational resources
- Infrastructure to sustain change
- Coordinated and efficient services across agencies
- Needs assessment
- Use of peer support programs
- Use of school-based screening, evaluation and supportive services

Does it make a difference?
- Attitudes and behaviors towards people with mental illness
- Knowledge of early signs of mental illness
- Utilization of mental health resources
- Social isolation
- Perceived barriers to services
- School climate
- School-related outcomes (e.g. engagement, relationships between students and teachers)
- Student emotional well-being

Does it improve mental-health?
- School drop-out among people with mental illness

Analyze outcomes by age, gender, language, social characteristic, location, race/ethnicity, time

Analyze according to need, and need stratified by age, gender, language, social characteristic, location, race/ethnicity
Out-of-Home Removal Evaluation Framework

Where is it going?
- Caregiver support
- Parent training
- Outreach and education
- Assessment and early intervention mental health services for parents and children
- Resources to support families, youth and children

What is it doing?
- Use of caregiver support services
- Use of parenting programs
- Use of support and peer-support services
- Identification of at-risk children and families
- Reach of informational and supportive resources

Does it make a difference?
- Social-emotional development of at-risk children
- Parenting skills
- Knowledge of available resources

Does it improve mental-health?
- Removal of children from home

Analyze according to need, and need stratified by age, gender, language, social characteristic, location, race/ethnicity

Analyze outcomes by age, gender, language, social characteristic, location, race/ethnicity, time