

Attachment 1. Logic model of the National SOC Expansion Evaluation

Needs	Inputs	Activities	Proximal outcomes	Distal outcomes
<ul style="list-style-type: none"> ▪ SOC success limited to local communities ▪ Need for detailed information on how to plan and implement expansion of SOCs across multiple sectors (i.e., necessary services, supports, system processes, infrastructure) 	<ul style="list-style-type: none"> ▪ SAMHSA funding for jurisdictions to plan and expand SOCs ▪ Technical assistance from national center helps <ul style="list-style-type: none"> — Knowledge transfer from previously funded CMHI communities 	<ul style="list-style-type: none"> ▪ Expand role of family and youth organizations in governance ▪ Increase multi-sector participation in governance ▪ Change financial arrangements ▪ Expand service array ▪ Expand geographic area ▪ Improve understanding of needs and preferences of hard-to-reach populations ▪ Improve contractual arrangements ▪ Develop diverse and skilled workforce ▪ Monitor and improve system performance ▪ Social marketing to promote SOCs and increase public awareness 	<ul style="list-style-type: none"> ▪ System more responsive to child and family needs and preferences ▪ Mechanisms in place to facilitate multi-sector collaboration at system level ▪ Increase pool of financial resources ▪ Sufficient trained professional personnel ▪ Continual data-driven system improvement ▪ Greater public awareness of children's mental health 	<ul style="list-style-type: none"> ▪ Expansion of SOCs across jurisdiction ▪ Greater geographic area covered ▪ Sustainable systems that embody SOC principles and values ▪ Reduced public stigma ▪ Greater public support of SOCs
<ul style="list-style-type: none"> ▪ Insufficient coverage of SOCs across larger geographic areas ▪ Lack of culturally relevant services impedes access to hard-to-reach populations ▪ Some retraction of SOC components after CMHI funding ends ▪ Lack of understanding of barriers to expansion 	<ul style="list-style-type: none"> — Ongoing support of funded jurisdictions ▪ Local infrastructure and processes established through previous CMHI community grants ▪ New effort to expand SOC across broad jurisdictions <ul style="list-style-type: none"> — Broad commitment at high administrative levels 	<ul style="list-style-type: none"> ▪ Expand family and youth involvement in program management and service delivery ▪ Improve outreach to hard-to-reach and vulnerable populations ▪ Increase interagency collaboration in program planning and implementation ▪ Maximize financing options ▪ Expand SOC to cover more children and families ▪ Reduce barriers to access ▪ Expand local service array including diverse ▪ Provide full array of services ▪ Support SOC direct service delivery ▪ Expand EBT options ▪ Monitor EBT fidelity and program performance ▪ Build and support diverse workforce (e.g., training) 	<ul style="list-style-type: none"> ▪ Programs and services more responsive to child and family needs and preferences ▪ More children and families seek services ▪ Structures and procedures facilitate coordination across agencies and organizations ▪ Increased resources for service delivery ▪ Reduce costs across service sectors ▪ Continual quality improvement ▪ Delivery of quality care ▪ Faithful implementation of EBTs ▪ Reduced staff turnover ▪ Continual program improvement 	<ul style="list-style-type: none"> ▪ Enduring structures to support SOC at local level ▪ Expansion of programs that embody SOC principles ▪ Increase in number of clients served ▪ More stable work force ▪ Better continuity of care ▪ Enduring good quality practice
<ul style="list-style-type: none"> ▪ Difficulty sustaining mature systems ▪ Innovations in some areas (e.g., integrated financing) of lagged behind others (e.g., individualizing care) ▪ Lack of data to inform successful SOC expansion ▪ Insufficient blending of health and mental health reform efforts 	<ul style="list-style-type: none"> ▪ TRAC system for collecting performance indicators ▪ Previous experiences with, and findings from, local and national evaluation of CMHI community grants 	<ul style="list-style-type: none"> ▪ Strength-based assessment ▪ Provide individualized care ▪ Promote full family and child participation ▪ Provide culturally relevant care ▪ Deliver quality EBTs ▪ Provide family services ▪ Coordinate direct care across agencies 	<ul style="list-style-type: none"> ▪ Children receive appropriate and effective care ▪ Family needs met ▪ Child and family engage fully in service process ▪ Improved treatment completion ▪ Greater satisfaction with services 	<ul style="list-style-type: none"> ▪ Reduction of child symptom severity ▪ Improvement in child social functioning ▪ Reduction of caregiver strain ▪ Improvement in family interactions