New York State
Child Welfare Program Improvement
Data Guide

Logic Model Framework for
Continuous Quality Improvement

(Data Packet Excerpt)

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EXCERPT - 2009 OCFS' CFSR Data Guide - Section 1:
Logic Model Tutorial/Overview

The Program Improvement Plan (PIP) that OCFS is developing in response to the federal Child and Family Services Review (CFSR) is rooted in the following outcomes:

Outcome Area 1: Safety

Outcome 1a: Children who have been abused or maltreated will be protected from future abuse and maltreatment

Outcome 1b: Children will be safe from abuse and maltreatment in foster care

Outcome Area 2: Permanency/Well-Being

Outcome 2a: Children will be placed in foster care only when other family and community based alternatives are not an option.

Outcome 2b: Children who are placed in foster care will be discharged in a timely manner to safe permanent homes.

Outcome 2c: When discharge to a family is not possible, youth will be discharged with permanent connections to a caring adult.

Outcome 2d: The physical, psychological, and educational well-being of children in foster care will be enhanced.
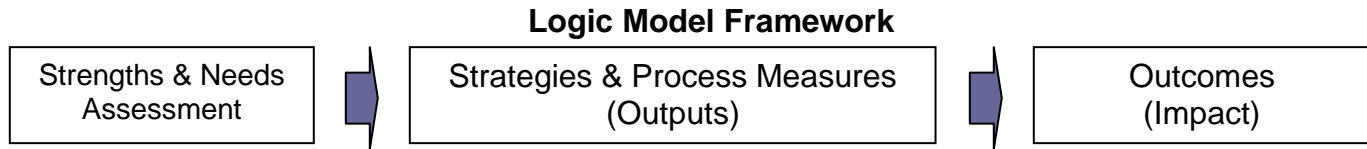
Outcome 3: Workforce Development

Outcome 3: The stability, competency and satisfaction of the child welfare workforce will be increased.

Program Improvement Plan Framework:

OCFS adopted a logic model framework to support the development, implementation, and evaluation of its PIP, and recommended that local districts use this tool to structure and focus their strengths and needs assessment; to facilitate thinking, planning, and communication regarding potential solutions to the issues identified; and to chart their progress towards accomplishing the desired outcomes.

Simply put, a logic model is a road map that conveys where you want to go, where you are starting from, how you are planning to reach your destination, how you will know you are heading in the right direction, and how you will know you have arrived at your destination. A logic model presents a picture of the logical connections among the needs and assets identified, the strategies selected, and the results expected. It is a systematic, visual way of portraying the underlying rationale of a strategy, that is, how and why a strategy is expected to solve a particular problem and produce the desired ends. A logic model is a living tool that evolves as implementation progresses and conditions in the community change.

A logic model framework consists primarily of three components:

Logic Model Framework

| Strengths & Needs Assessment | ⇨ | Strategies & Process Measures (Outputs) | ⇨ | Outcomes (Impact) |

Each of these components is summarized below, and was described in greater detail through technical assistance on logic model development provided to local districts.

This CFSR Data Guide focuses on the strengths and needs assessment component, providing data to help local districts determine where they are now and what needs to change in order to reach the outcomes specified above.

Component 1: Strengths and Needs Assessment
The strength and needs assessment assists local districts in identifying the problems that contribute to poor child welfare outcomes and identifying assets in the community that can ameliorate the problems or prevent them from emerging in the first place. The county self-assessment sets the stage for local districts to devise strategies that fit the needs and resources available in the community and that has the greatest likelihood of achieving the desired outcomes. A comprehensive strengths and needs assessment can help local districts avoid a common (and often costly) mistake in program planning: selecting a strategy before defining the problem and the goals you want to attain, which can lead to pursuing an approach that is ineffective in accomplishing the outcomes of interest.

The county self-assessment is intended to be completed in collaboration with local partners and stakeholders (i.e., Family Court, Voluntary Agencies, Preventive Services providers, family and community groups, etc.), in order to build a shared understanding of the nature of the community needs, problems and assets and develop consensus about the top priorities. The local self-assessments should be based not only on the data contained in this Data Guide but also on quantitative and qualitative information gleaned from community stakeholders as well as information obtained from LDSS sources (e.g., LDSS-compiled statistics, reports, focus groups and interviews with managers, supervisors and staff, etc.).

The Data Guide offers guidance regarding the specific questions that may be asked when conducting the strengths and needs assessments, but some general questions to consider include:

- What are the baseline levels and historical trends in the county's safety, permanency, well being, and workforce outcomes? Have they been getting better or worse over time? How do they compare to the outcomes for similar counties in the state? What might account for the differences?
- What factors and conditions contribute to the county's current performance on these outcomes?
- What subgroups of families and children are of greatest concern in the community? Are they families living in a particular geographic location, families of a particular racial/ethnic background, parents with substance abuse problems, children of a certain age, etc.?
- What services and resources exist in the community to respond to the needs identified? Are they accessible to all families in need? Are they culturally appropriate and family-friendly?
- What work is the local district currently engaged in to improve its performance?

Needs and Strengths Assessment

What factors and conditions contribute to our current performance in safety, permanency, and well being outcomes?

Component 2: Strategies and Outputs (Process Measures)

Strategies are the activities that are undertaken to attain the intended outcomes. To maximize the likelihood of success, strategies should address the needs and build on the strengths identified in the self-assessment.

Strategies may include: 1) products, such as educational materials or technological tools; 2) services, such as mental health treatment or parenting training; 3) infrastructure changes, such as organizational realignment, increased staffing capacity, or expansion of inter-agency collaboration, and 4) change or enhancement in a specific practice (i.e.: family engagement).

Outputs (or process measures) are the direct results of strategies. They document whether a strategy was implemented as planned, i.e., it reached the intended target population and was delivered at the intended dosage (content, duration, intensity, etc.). Examples of outputs include number and types of families served, number of staff trained, and number of sessions that participants attended. Evidence that a strategy has been implemented as planned is critical because, in many cases, the failure of a program to achieve the hoped-for results is not due to the ineffectiveness of the model but to incomplete or flawed implementation.

Strategies

What activities can be undertaken to address the needs and build on the strengths identified, in order to reach our safety, permanency and well being outcomes?
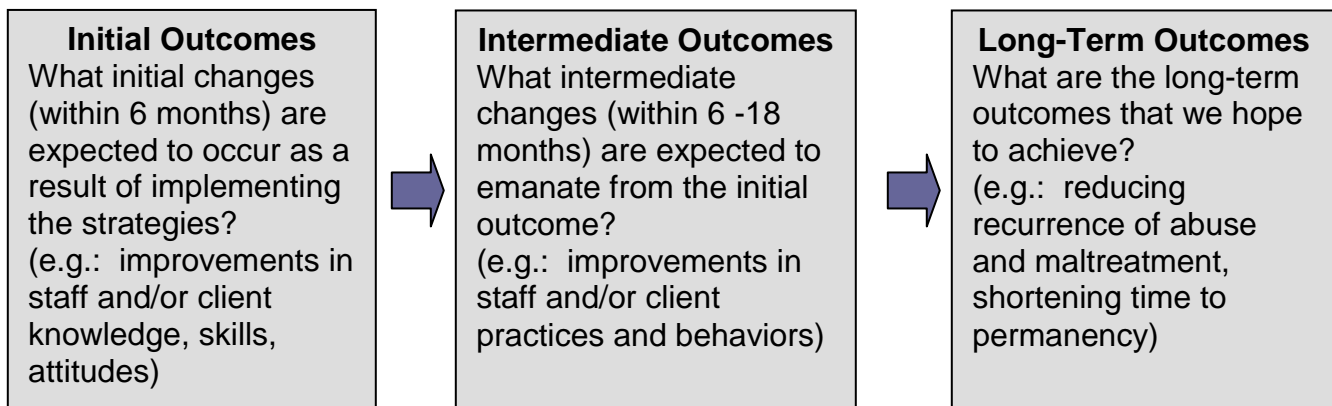
Outputs/Process Measures

How will we know whether the strategies were implemented as planned (e.g., number of families served, number of staff trained)?

Component 3: Outcomes

Outcomes are the specific changes in awareness, knowledge, opinions, attitudes, skills, behaviors, practices, decision making, level of functioning, status, or conditions that are expected to occur as a result of implementing a strategy.

Changes should be tracked from the beginning and all along the way to determine if satisfactory progress is being made toward accomplishing the ultimate goals, and to provide opportunities to celebrate early successes or develop mid-course corrections, if necessary.

- Initial outcomes are changes that are expected to result in the short-term. They typically include evidence that learning has occurred, e.g., improvements in staff or client awareness, knowledge, opinions, attitudes, or skills.
- Intermediate outcomes are the changes that flow from the initial outcomes. They generally demonstrate that learning is being translated into action, as reflected in improvements in staff or client behaviors, practices, decision making, level of functioning, and status.
- Long-term outcomes are the ultimate improvements in conditions that we hope to achieve. The safety, permanency, well-being, and workforce outcomes listed at the beginning of this chapter constitute the long-term outcomes that will be the focus of the OCFS PIP and the local district PIPs. Although the long-term outcomes have been pre-established, the route that each local district will take to reach the final destination will vary depending on the specific needs and assets of each community and the strategies chosen to address them.

Initial Outcomes	**Intermediate Outcomes**	**Long-Term Outcomes**
What initial changes (within 6 months) are expected to occur as a result of implementing the strategies? (e.g.: improvements in staff and/or client knowledge, skills, attitudes)	What intermediate changes (within 6 -18 months) are expected to emanate from the initial outcome? (e.g.: improvements in staff and/or client practices and behaviors)	What are the long-term outcomes that we hope to achieve? (e.g.: reducing recurrence of abuse and maltreatment, shortening time to permanency)

OCFS has created and shared several logic models to address outcome areas of safety, permanency/well-being, It is expected that the local districts through Program Improvement Plans, will also develop logic models for these outcome areas, following the structure and format used in the OCFS logic models.