Substance Abuse Prevention
Logic Model Training

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LeCroy & Milligan Associates (LMA)
Training Agenda

Introductions and Updates

Part I: Logic Model Basics
  o What are they? Are they all the same? How can they help me?

Part II: AHCCCS Substance Abuse Prevention Logic Model
  o How do I align my logic model to the framework used by AHCCCS?

Discussion and Wrap-up
Introductions and Updates

• AHCCCS Team Members
• LeCroy & Milligan Associates
• Statewide Substance Abuse Prevention Strategic Planning Process
Part I. Logic Model Basics
Logic Model: What is it?

- Graphical representation of the program “theory” or “action”
- Bird’s eye view of program components
- Relationship between situation, inputs, outputs, and outcomes
- Logical chain of if-then relationships
- At the core of effective program development
Why the Logic Model?

• Draws connections between problems, underlying factors, and programming
• Shows in a simple way why a program or practice is likely to succeed
• Builds consensus and a shared understanding among stakeholders
• Makes it clear what to evaluate
• Useful for grant applications/funders
What is in a Logic Model?

• Does every logic model look the same?
• Why are they different?
• Are there different kinds?

Let’s look at a few to get us thinking…
Activities

Unit 1: Build Gender Role Identification
- Lessons Received: 840 students/3 yrs understand gender role

Unit 2: Create Positive Body Image
- Lessons Received: 840 students/3 yrs participated in body image exercises

Unit 3: Encourage Self-Acceptance
- Lessons Received: 840 students/3 yrs practiced and reduced self-criticism

Unit 4: Understand Sexuality; Reduce Risky Sexual Behavior
- Lessons Received: 840 students/3 yrs increased awareness of risk (e.g., special risks for younger girls)

Unit 5: STI/HIV Education
- Lessons Received: 840 students/3 yrs modeled condom use, learned assertiveness skills/negotiation

Unit 6: Enhance Responsible Decision Making
- Lessons Received: 840 students/3 yrs practice role plays for resistance of peer pressure, skills for reducing sexual risk taking

Unit 7: Promote Future Planning
- Lessons Learned: 840 students/3 yrs achievement motivation exercises to practice mastery orientation

Outputs

Intermediate outcomes
- Enhanced gender identification
- Improved body image
- Increased self acceptance
- Increased understanding of risk and vulnerability
- Increased skills and confidence to use condoms, and negotiate sexual interactions
- Increased decision making skills, ability to resist pressure and confidence in using condoms
- Increased achievement motivation

Longer-term outcomes

Goal

Reduced sexual risk behavior among girls

Reduced teen pregnancy
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Activities</th>
<th>Outputs</th>
<th>Examples of Success</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Navigate existing community support systems</td>
<td>Implement &amp; market toll-free number &amp; website</td>
<td>• Number of families seeking assistance when in crisis</td>
<td>• Families are able to meet children’s physical, behavioral, and educational needs</td>
<td>• Family Satisfaction Survey</td>
</tr>
<tr>
<td></td>
<td>Hire Navigators for all four sites</td>
<td>• Number of families enrolled in one or more services</td>
<td></td>
<td>• Navigation Database</td>
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<tr>
<td></td>
<td>Train new Navigators; crosstraining existing Navigators</td>
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<td>ID services &amp; resources in Cochise &amp; Pinal Counties</td>
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<td></td>
<td>Coordinate partnership with Family Assistance Administration to receive referrals</td>
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<td></td>
<td>Maintain connections with Child Protective Services</td>
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<td></td>
<td>Establish relationship with new Child Protective Services Offices</td>
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<tr>
<td></td>
<td>Continue Children of Incarcerated Parents program</td>
<td>• Number of families receiving assistance specific to Incarcerated Parents</td>
<td>• Increased number of families receiving assistance specific to Incarcerated Parents</td>
<td>• Family Satisfaction Survey</td>
</tr>
<tr>
<td></td>
<td>Establish Children of Incarcerated Parents program in select locations</td>
<td></td>
<td></td>
<td>• Navigation Database</td>
</tr>
<tr>
<td>Strengthen kinship families that are involved with the child welfare system</td>
<td>Continue Child Protective Services CORE trainings</td>
<td>• Number of Child Protective Services new employees receiving kinship training module</td>
<td>• Families are better able to meet children’s physical, behavioral, and educational needs</td>
<td>• Family Satisfaction Survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Number of families involved in welfare system</td>
<td></td>
<td>• Navigation Database</td>
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Logic Model Development
Program Planning Template – Exercise 3

**Strategies**
- Create a free clinic staffed primarily by volunteer physicians, nurses, and pharmacists as in Anywhere, USA
- Ask doctors to see patients for free in their own practices/Columbia, SC

**Assumptions**
- Mytown has a history of successful volunteer programs
- The Medical Society will encourage volunteers and provide on-going support
- The clinic can find and operate in donated space
- The hospital will support a free clinic to improve patient health and to save money

**Influential Factors**
- Chamber predicts increase in # of small businesses unable to offer employee health insurance
- There is a strong community support for a free clinic generated by the Uninsured Task Force
- 3 major corporate leaders have expressed interest in a free clinic

**Problem or Issue**
- Increased #’s of uninsured workers
- Local plant closings limit jobs
- Costs of uninsured ER care are rising
- Hospitals cannot fund free ER care forever

**Desired Results (outputs, outcomes, and impact)**
- Increased access to affordable health care for uninsured Mytown residents
- Create a free clinic to offer affordable health care + education
- Decrease # of uninsured patients seeking care in ER
- Increase # of uninsured patients with a medical home

**Community Needs/Assets**
- Memorial Hospital’s Annual Report states that 28% of uninsured, male patients are seen in ER
- United Way Assessment lists health care for uninsured as a top priority
- Memorial & Medical Society formed Task Force on uninsured to research solutions

Kellogg Foundation (2004)
Observations?
Types of Logic Model

• Theory Approach Logic Models
• Outcomes Approach Logic Models
• Activities Approach Logic Models
• Or a blend or mixture of these three...

Kellogg Foundation (2004)
Theory Approach Logic Models

- Focus on the reasoning/assumptions behind the programming
- Show problems and issues addressed by the program
- How and why you think your program will work
- Big picture

Kellogg Foundation (2004)
Outcomes Approach Logic Models

• Connect the resources and activities with desired results
• Often have short-term, intermediate and long-term impacts
• Very useful in designing evaluation and reporting strategies

Kellogg Foundation (2004)
Activities Approach Logic Models

• Specifics on the implementation process
• Link various activities
• Detailed scope you will follow to implement program
So what is the best?

• NO SINGLE BEST logic model template for every purpose
• Depends on how you hope to use it, what you want it to most clearly show, and what best aligns with other relevant frameworks
How do I use a logic model in my program?

Clarifying program theory

Evaluate your program

Track program progress
Today we are going to cover the following...

- Basic logic model components and what they mean
- AHCCCS-specific prevention template and how it aligns with the SAMHSA Strategic Prevention Framework
Basic Logic Model Components

• Resources/Inputs
• Activities
• Outputs
• Outcomes
• Impact
Basic Logic Model Components

Resources/Inputs

- Human, financial, organizational and community resources available
- What we are putting in

*Examples*: Grant to fund program; existing partnerships with state agencies
Basic Logic Model Components

Activities

• What the program does with the resources/inputs

Examples: Tools, trainings, events, counseling, mentoring, classes, conferences
Basic Logic Model Components

Outputs

• Direct products of program activities
  o What do they lead to?
  o Who do they reach?

• Can include types, levels and targets of services delivered

Examples: 25 community members trained in substance abuse prevention; formal agreement with local coalition
Basic Logic Model Components

Outcomes

• Specific changes attributed to program (results)
• Often look at changes in attitude, knowledge and behavior

*Examples*: Participants showed increased knowledge of risks of substance abuse; reported reduced intention to use substances
More about outcomes...

Outcomes

• Can (and should) include short, intermediate and long-term

  Short-term
  e.g., Changes in Awareness, Opinions, Knowledge/Attitude/Skills, Motivations

  Intermediate
  e.g., Changes in Values, Behavior, Policies, System

  Long-term (aka IMPACTS)
  e.g., Changes in Conditions such as Social, Economic, Civic, Environmental
Basic Logic Model Components

Goal/Impact

• What are you ultimately hoping will change because of the program outcomes

*Example*: 10% reduction in teen substance use in Maricopa County by 2030
How to think about a logic model

• Think logically 😊
• Typically read from left to right
• If, then statement format

Resources/Inputs → Activities → Outputs → Outcomes → Goal/Impact

Planned Work → Intended Results
Sample Basic Logic Model

**Inputs**
- Consumers, providers, and payers to participate in governance processes.
- Sufficient staff with expertise and leadership skills to implement the program at the local level.
- Sufficient external technical assistance to support staff in program implementation.

**Activities**
- Activities that encourage consumers, providers, and payers to seek support and achieve common goals.
- Activities that increase consumer awareness and access to health promotion, disease prevention, and primary care services.
- Activities that increase linkages among medical, health, and human service systems.
- Activities that lead to the development of a community access and coverage plan.
- Activities that lead to the development of a community health information network.
- Activities that lead to the development of a community health assessment and reporting program.

**Outputs**
- Consumers, providers, and payers serving on the CCHIP Governing Board seek, support, and achieve common goals.
- Increased community access and participation in health promotion, disease prevention, and primary care services.
- Linkages are forged among medical, health, and human service systems.
- Third-party administered contract for community-wide coverage is in place.
- Fiber-optic information network is in place (CHIN).
- Community health assessment and reporting program is in place.

**Outcomes**
- CCHIP Governing Board is deemed inclusive and accountable by the community stakeholders.
- Increased numbers of community members utilize the health promotion, disease prevention, and primary care service provided.
- Improved access/coverage for the insured, under-, and non-insured in the community.
- Community members utilize the CHIN for information collection, storage, analysis, and exchange.
- Information provided by the Health Report Card is used to make community health decisions.

**Impact**
- Improved Health Status

*Kellogg Foundation (2004)*
How do I create one?

- Work backward from **impact → input**
  - Where are you going and what will it take to get there?
- Collaborate
- Review forward from **input → impact**
  - Does it make a case for how inputs and activities will lead to outputs, outcomes and impacts?
- Adjust and refine over time
Part II. AHCCCS Substance Abuse Prevention Logic Model
Laying the Groundwork

- AHCCCS process
- Current template
- More of a theory-based model
- Alignment with Strategic Prevention Framework

*Remember logic models are ongoing and iterative.*
Strategic Prevention Framework

What is it?
Comprehensive approach to understanding and addressing substance misuse and related behavioral health problems.

Why do we need it?
SAMHSA best practices for prevention.
Strategic Prevention Framework

➢ Dynamic and iterative
➢ Data-driven
➢ Reliant on and encourages a team approach
Socioecological Model

What is it?
Multi-level framework to consider the context for risk and protective factors.

Why do we need it?
Highlights how it is important to work across levels to address these issues.
Socioecological Model

- Individuals
- Relationships
- Communities
- Society
Socioecological Model
Risk and Protective Factors

According to SAMHSA...

Risk Factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.

Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor’s impact. Protective factors may be seen as positive countering events.
SAMHSA Prevention Strategies

What is it?
SAMHSA has identified six categories of strategies (sometimes referred to as “the six CSAP Strategies”).

Why do we need it?
It’s helpful to understand what strategies are effective for prevention.
SAMHSA Prevention Strategies

- Information Dissemination
- Prevention Education
- Positive Alternatives
- Environmental Strategies
- Community-based Processes
- Identification of problems and referral to services
AHCCCS Logic Model Framework

**What is it?**
AHCCCS defined a logic model format for prevention providers they fund.

**Why do we need it?**
The state prevention plan will include a logic model in the same format. Consistency!
Why use it?

- Modified theory of change logic model
- Helpful for program development and planning
- Alignment with SPF and related prevention frameworks
- AHCCCS currently requires it
Getting Started-Activity

**Brainstorm:**

If your program was completely successful, what do you hope would change in your community?

What factors are going to help and hinder that from happening?
AHCCCS Logic Model – Categories

- **Long-term Consequences (10-15 yrs.)**
  - Occur in the long run *due to substance use issues*
  - Examples: overdose deaths, health problems, car accidents
AHCCCS Logic Model – Categories

- Behavioral Health Problems (5-10 yrs.)
- Specific issues you hope to address and data sources used to measure impact (e.g., AYS, BRFFS)
- Examples: underage alcohol use, binge drinking, opioid misuse
AHCCCS Logic Model –Categories

• Intervening Variables: Risk/Protective Factors (2-5 yrs.)

• AHCCCS identified common initial risk/protect factors

• Others may be added

• See research on risk and protective factors) for more information (Hawkins et al., 1992)
AHCCCS Logic Model – Categories

- **Local Conditions and Contributing Factors** (6 months-2 yrs.)
  - What’s specifically happening (or not) in communities related to behavioral health problems and intervening variables (e.g., lack of resources, high # of alcohol outlets)
  - Think magnitude, severity, changeability, resources
AHCCCS Logic Model – Categories

- Strategies and Local Implementation
- Core of your logic model
- Should answer the question: **What are we doing about it?**
- Should ALL fall under one of SAMHSA’s primary prevention strategies detailed here.
SAMSHA Prevention Strategies

- Information Dissemination
- Prevention Education
- Positive Alternatives
- Environmental Strategies
- Community-based Processes
- Identification of problems and referral to services

SAMHSA (2017)
Community-Based Processes

• Strengthen resources such as community coalitions to prevent substance use/misuse.

• Organizing, planning, and networking are included in this strategy to increase the community’s ability to deliver effective prevention and treatment services.

(SAMHSA 2017)
Information Dissemination

• Increases knowledge and changes attitudes through communications

• Method of learning is mainly one-way (e.g., classroom speakers, media campaigns)

(SAMHSA 2017)
SAMHSA Primary Prevention Categories - RECAP

Environmental Strategies

• Aimed at the settings and conditions in which people live, work, and socialize

• Include call for change in policies to reduce risk factors and increase protective factors

• *Examples*: tighter zoning restrictions on alcohol outlets; stronger enforcement to prevent underage purchases of alcohol and tobacco products

(SAMHSA 2017)
Prevention Education

• An interactive approach to teaching participants important social skills.
• Skills include resisting pressure to use drugs, looking at the intent behind advertising, or developing other skills used in making healthy choices.

(SAMHSA 2017)
Positive Alternatives

• Fun, challenging, and structured activities that provide people constructive, healthy ways to enjoy free time and learn skills.

• Activities help people (particularly young people) stay away from situations that encourage alcohol, tobacco, or drug use.

(SAMHSA 2017)
Identification of Problems and Referral to Services

• Includes the provision of assessment and referrals when the behavior of people at high risk of substance abuse may require education or other intensive interventions.

(SAMHSA 2017)

But keep in mind this is **STILL primary prevention** and should not drift into secondary/tertiary prevention or provision of treatment services.
AHCCCS Logic Model –Categories

- **Evaluation**
- How do you plan to measure your strategies and implementation?
- Cite assessments, data available, or note what information will be obtained and how you intend to do so (e.g., survey participants of education programs to assess knowledge gain).
Tying it all Together

• Arrows are important.
• Arrows should connect key concepts and provide a logical flow back and forth across the logic model.
• Arrows do not have to go in a single direction or only go horizontally.
• Make them logical! 😊
Alcohol-related car crashes and injuries (ADOT)

Alcohol and drug-related ER visits (AZ Vital Statistics)

Death rates for youth ages 18-25 for drug overdoses (BRFSS)

Underage drinking (lifetime use and 30-day use among grades 8th, 10th and 12th) (AYS)

Marijuana misuse/abuse (lifetime use and 30-day use among grades 8th, 10th and 12th) (AYS)

Tobacco Use (lifetime use and 30-day use among grades 8th, 10th and 12th) (AYS)

Prescription Drug Misuse/Abuse (lifetime use and 30-day use among grades 8th, 10th and 12th) (AYS)

Low Neighborhood Attachment

Availability: Retail or Social Access
Promotion of Substances
Substance Laws: Enforcement; Penalties; Regulations

Parental education level
Lack of access to after-school programming

Lack of positive social opportunities and relationships
High density of establishments that sell alcohol/marijuana
High density of alcohol advertising within community

Parental education level
Lack of access to after-school programming

Lack of community resources
Poor parenting skills

Family Conflict (AYS)
Family Trauma
Historical Trauma
Negative peer influences

Community Based Process:
• Multi-agency coordination and collaboration
• Coalition Strengthening
• Grassroots engagement

Information Dissemination:
• Community presentations
• Social media

Environmental: Support changes in policies, procedures, and/or laws that benefit and protect youth and families

Education: Classroomsmall group sessions
Community education programs for parents and youth

Alternatives:
• Drug-free dances and afterschool activities
• Parent events

Problem ID & Referral
Referral to counseling services with trauma informed care

Problem ID & Referral
Total referrals made to services

AHCCCS
Alliance Health Care Cost Containment System
Where to go from here: One Approach

1. Ensure you have a complete list (see earlier brainstorm) of what you hope to impact. Look up data to support it. Place these in the first two columns.
2. Create a list of all your current and upcoming strategies. Place them under the appropriate SAMHSA Strategies and Local Implementation categories.
3. Connect these ideas by filling in your Intervening Variables and Local Conditions.
4. Identify gaps and fill them (e.g., new programming needs?). And watch for areas that don’t tie together.
5. Last, add how you will measure it in the Evaluation section.

Then, your best friend is a second (and maybe third) pair of eyes!
Checklist for Final Review

• Is everything in the correct column?
  - Watch what goes in long-term consequences vs. behavioral health problems

• Do the arrows connect ideas in a logical fashion?

• Am I being succinct and summarizing key ideas?
  - Logic models should be 1-2 pages max.

• Am I being specific enough about what MY program is doing and trying to impact?
Discussion and Questions
Wrap-up
Next Steps

• Logic model development/refinement

• Upcoming technical assistance office hours

  Every **Wednesday** at 3 PM, Sep 30 until Nov 18.
  *(No sessions on Nov 4 or 18)*
  ![Link](https://us02web.zoom.us/j/88008436315)

  Every **Friday** at 9 AM, Oct 2 until Nov 13.
  *(No session on Oct 9)*
  ![Link](https://us02web.zoom.us/j/89654001303)
Thank You.

Remember logic models are helpful to you at all program stages and are continually being reviewed, updated and refined.
Resources


