

## **Logic Model Components**

### **Project Title: System of Care – Chicago**

**Project Goal: To organize a universal and targeted process and evaluate the efficacy of building upon an infrastructure to ensure the development of a coordinated system of care for children with serious emotional disturbance and their families.**

<b>Project Objectives</b>
<b>Objective #1 – The SOC-C will operationalize the System of Care approaches.</b>
<b>Objective #2 – The SOC-C will establish a collaborative infrastructure for children with serious emotional disturbance and their families.</b>
<b>Objective #3 – The SOC-C will implement the PBIS and Wraparound approaches uniformly.</b>

***A. Program Resources: In order to accomplish our set of activities, we have the following:***

<p style="text-align: center;"><b>Program Staff:</b> Site director, clinical director, two lead parents, administrative assistant, youth coordinator</p>
<p style="text-align: center;"><b>Direct Services:</b> 11 care coordinators, 7 family resources specialists</p>
<p style="text-align: center;"><b>Administrative:</b> PI, Co-PI, System of Care consultant, Service implementation Consultant</p>
<p style="text-align: center;"><b>Contract Consultants:</b> Mark Atkins, Lucille Eber, Sharon Quintenz</p>
<p style="text-align: center;"><b>Evaluation team:</b> Director, Coordinator, Interviewers</p>
<p style="text-align: center;"><b>Local Mental Health Agencies:</b> 7 half-time professionals and service providers</p>
<p style="text-align: center;"><b>PBIS team:</b> Paul Taviani, Karen Sykes, Perve Graham</p>
<p style="text-align: center;"><b>Local Schools:</b> Seven Principals, PBIS teams, PBIS External Coaches</p>
<p style="text-align: center;">Illinois Family Partnership Network</p>
<p style="text-align: center;"><b>SAMHSA funding and support:</b> Peer Mentor, Senior Advisor and Project Officer, Match (hard and soft), technical Assistance Partnership, SAMHSA SOC Community, Graduated SAMHSA Site</p>
<p style="text-align: center;"><b>Social Marketing:</b> One professional</p>
<p style="text-align: center;"><b>Industry leaders:</b> 60 representatives of professional organizations and agencies in the Chicago area involved in the interagency governance</p>
<p style="text-align: center;">Lead Agency Fiscal Agent</p>
<p style="text-align: center;">Family and youth</p>

**B. Program Activities: In order to address our problem(s) or asset(s), we have conducted the following activities:**

<b>Full implementation of PBIS at seven target schools</b>
<b>Integration of mental health providers into all three tiers of PBIS at seven target schools.</b>
<b>Integration of families into all three tiers of PBIS at seven target schools</b>
<b>Providing wrap around process to all children identified in red tier and some children in yellow tier of PBIS and all children with internalizing disorders regardless of tiers.</b>
<b>Implementation of parent support services and organization at each of the seven target schools.</b>
<b>Approximately 200 children enrolled into and 100 retain in evaluation each year.</b>
<b>Training (with parents as co-leaders) for parents, school personnel and mental health and other community providers in system philosophy, cultural competence, family involvement, advocacy, and leadership, and evidence-based practice.</b>
<b>Develop organization and services of youth support as well as advocacy and leadership skills.</b>
<b>Continuing education and technical assistance on issues involving service design, access, and quality</b>
<b>Integration with Local Area Network and juvenile justice and child welfare staff and initiatives.</b>
<b>Supervision of clinical directors and supervisors and PBIS coordinators by Clinical Director and Lead Parents.</b>
<b>Consultation and supervision on organization design and change.</b>
<b>Health and mental health promotion activities.</b>
<b>Development of suggested policies for the Division of Mental Health, Chicago Public School, Community Mental Health Center consistent with system of care and advocacy for the implementation of these policies</b>
<b>Collaborative grant making in support of children's services in Chicago.</b>
<b>Utilization to social marketing to provide community education and awareness of behavioral concerns with children and develop communications among partners.</b>
<b>Evaluation of project and monitoring of status of identified children and families over the course of their involvement in services</b>
<b>Active collaboration with other child serving agencies (e.g. DCFS, the Courts, OASA) on child specific service planning.</b>
<b>Development and implementation of sustainability plan that includes the blending of federal, Medicaid, TANF, and other local, state, and private funding sources.</b>
<b>Development of a parent organization</b>
<b>Development of a youth organization</b>

*C. Program Outputs: We expect that once completed or underway, these activities will produce the following evidence of service delivery:*

<b>200 children served per year with 100 retained in the national evaluation for a total of 450 children retained in the evaluation over the six years of the project.</b>
<b>Full implementation of PBIS in all seven schools as assessed by the developmental matrix</b>
<b>Training and support of at least 165 mental health professionals in the service delivery system.</b>
<b>Training and support of at least 400 parents/caregivers for preparation in SOCC philosophy.</b>
<b>50% family representation in SOCC</b>
<b>Training and support of at least 75 teachers and other school personnel in the seven target schools.</b>
<b>Exposure at initial training of all teachers.</b>
<b>Recruitment and retention of at least 60 industry leaders for involvement in project guidance and policy development and implementation.</b>
<b>Development and implementation of at least three social marketing strategies.</b>
<b>On time, quarterly reports to project director, national evaluation, Illinois DMH/DHS and other partners.</b>
<b>Development and implementation of at least two outcome management strategies to facilitate the use of data to inform system change.</b>
<b>Establishment of at least seven family-focused support organizations.</b>
<b>At least 75% participation of identified representative of other child serving agencies (Department of Public Health, Department of Children and Family Services, Juvenile Courts, etc) in child family teams.</b>
<b>School improvement plan to include adoption of System of Care philosophy.</b>
<b>Local School Councils include SOCC consideration 25% of the time.</b>
<b>Funding of full-time staff from non-SAMHSA dollars beginning in Year 5.</b>
<b>Continuation of MIC and mini-MIC SOCC training institute.</b>
<b>Continuation of PBIS process.</b>
<b>Continuation of wraparound process.</b>
<b>Development of legislative proposal for school-based mental health process.</b>
<b>Education and awareness to parents, students and community providers.</b>

*D. Short and Long-term Outcomes: We expect that if completed or ongoing these activities will lead to the following changes in 1-3 then 4-6 years.*

<b>Reduced stigma about behavioral health problems and seeking care and supports within the Chicago Public Schools</b>
<b>Reduced stigma about behavioral health problems and seeking care and support within the City of Chicago</b>
<b>Reduced stigma regarding seeking help among youth.</b>
<b>Improved functional and clinical status of identified children</b>
<b>Increased retention and satisfaction among teachers and school personnel.</b>
<b>Increased retention and satisfaction of mental health service providers.</b>
<b>Increased family satisfaction with the schools and service system.</b>
<b>Development and expansion of non-traditional resources and supports.</b>
<b>Increased use of data-based decision making at all level of the system of care.</b>
<b>Improvement in the average mental health of student bodies in each of the seven schools</b>
<b>Improvement in the collaboration between schools and parents.</b>
<b>Increased team decision making with parental and professional collaboration on service planning and resource allocation</b>
<b>Improved knowledge of and sensitivity to cultural influence and the implementation of these to improved service planning and delivery</b>

*E. Impact: We expect that if completed, these activities will lead to the following changes in 7-10 years.*

<b>Increased investments in children's services</b>
<b>Increased access to community-based children's services</b>
<b>Increased integration and collaboration among partners in the children's system of care.</b>
<b>Increased match of children's needs to best practices, promising practices, and evidence-based practices</b>
<b>Increased identification of promising practices and evidence-based practices.</b>
<b>Reduced isolation of service providers in the children's system of care.</b>
<b>Increased public awareness of children's behavioral health needs and services.</b>
<b>Increased awareness of children's strengths by all partners in the system of care</b>