Oklahoma MIECHV Expansion Program Logic Model (Oct 2015)

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Assumptions	► Inputs/Resources +	Activities	→ Outputs →	Short-term Outcomes	↓ Long-term Outcomes	
HV programs target different outcomes	OK MIECHV staff & consultants Funders: MIECHV federal agencies Counties: Carter, Comanche, Garfield, Kay,	Revamp referral, intake, triage processes	Central, electronic → referral, intake, triage → system	Interagency MOUs, universal & central referral system	 ↑ efficiency & → strengthen match of client to provider 	Air
Overall MIECHV program outcomes are enhanced when program activities are targeted at neediest populations		HV interagency coordination	\rightarrow Est. local HV coalitions \rightarrow	Agency meetings, peer-learning	Strengthen client	Aim 1
		Dedicate local HV ambassadors	Est. community connector agencies	Interagency MOUs, hire connectors	↑ awareness & use of HV]] <u>₽</u> .
		Marketing campaign	Est. professional ad campaigns	Radio, TV, web, print, street ads	↑ awareness, appeal, & use of HV	Aim 2
Problem	Muskogee, Oklahoma, Tulsa	Expansion of HV	Increase providers, → programs, capacity → per county	Increase clients served per county	Greater impact leads to → further state expansion	
Statement HV programs have greatest impact in high risk communities	Programs (and Models): - C1 (NFP) - Start Right (HFA) - OSDE-PAT (PAT) - OSDH-PAT (PAT) - SafeCare (SafeCare) State Collaborators: county agencies, model developers, implementation agencies, Smart Start, Child Guidance, Community Connector agencies, MIECHV CoP- E Communities, Sustainable Implementation Committee, HV Parent Partnership Board	New HV enrollment & retention strategies for clients and staff	 ↓ staff turnover & ↑ professional development; ↑ # families enrolled, served, graduating, & meeting HV goals 	Establish best practices on HV enrollment & retention	 ↑ maternal & child health, school readiness, economic self- sufficiency; ↓ child injuries, abuse, neglect, ER visits, domestic violence 	Aim 3
		Community Needs Assessment	 Psycho-social assessment data 	Survey instrument developed and disseminated to potential HV clients	Report on service needs for home visitation, developmental delays and autism, sexual be- havior problems, abuse & neglect potential, school readiness	Aim 4
		Evaluate effectiveness of HV	Quasi-experimental & instrumental comparison of MIECHV benchmarks & constructs	Baseline benchmark & constructs data col- lection of community comparison group and HV clients	HV effectiveness findings on benchmarks & constructs	Aim
	Other local supports	Other system improvements: Staff trainings, fidelity monitoring, quality assurances	Q.I. feedback loop to → stimulate & inform HV→ system improvements	Survey, focus group & qualitative interview data on desired system improvements	Est. Q.I.Q.C. evaluation system; increased workforce competence	т Т С