Maternal and Child Health (MCH) Program Administration

Logic Model

www.mchcolorado.org

Resources          Activities          Outputs                     Intermediate   Long-term Outcomes                   Goal

MCH-COLORADO  
(State-level staff)

MCH Generalists

CASH, Women's Health, CSHCN program specialists and other internal MCH stakeholders

Core MCH Unit Directors

Center Fiscal Services Unit

PSD/CDPHE Resources (EPE, Health Stats, OPP)

Contractors

Title V Federal Block Grant Funds

Federal Statutes

Maternal and Child Health Bureau

AMCHP/City- MatCH

Local Health Agencies/County Nursing Services

State and local match and in-kind contributions

Other MCH-related funds such as foundations

COPHAD/ CALPHO

Collaborative Partnerships

State and local needs assessment / strategic planning / application processes

Foster opportunities for state-level, MCH-related program coordination, collaboration, and integration

Identify and share evidence-based programs and activities

Offer training & technical assistance to State and local MCH partners

Oversee and support State and local programs’ progress and fiscal activities

Evaluate and improve MCH State and local program effectiveness and operation

Annual State and local reporting

Determine funding formula and % allocation to state and local partners

Procurement & fiscal processes

Fund State and local MCH programs and activities

State-level budget management

Oversee Title V Block Grant compliance

Provide leadership and create policy

Quality needs assessment conducted at state and local level

Strategic, specific, and relevant priorities identified

Effective information-sharing mechanism is implemented to foster coord./collab./integration

# of trainings, workshops, planning meetings, consultation sessions, and correspondences implemented

State and local plans created, submitted, and approved

National and state performance measures and priorities are addressed in State and local plans

% of State and local programs and activities that are evidence-based

State and local MCH activities implemented successfully

Proportion of activities implemented at each level of MCH pyramid

 Evaluation data collected and analyzed

Number of women, children, adolescents, and families served at each level of the pyramid

Number and quality of contracts implemented

Amount of funds expended and % funding per budget category

% MCHB awards funding Statewide versus local programs

State and local MCH programs and activities are aligned with state MCH priorities

MCH state-level communication and information sharing is effective.

Coordination/collaboration/integration efforts occur.

Evidence-based programs and activities are implemented with fidelity

Percent of State and local program objectives achieved

Percent state personnel performance objectives achieved

Evaluation findings applied to improve State and local programs and activities

All funds expended appropriately

Proportion of activities and funds implemented at population-based and infrastructure level of the MCH pyramid.

Impact 18 national performance measures, 10 state performance measures, 6 national outcome measures, 1 state outcome and health status indicators as indicated by MCH State Plan.

Impact State priorities as indicated in State MCH Plan.

Assumptions:

➢ The logic model illustrates how MCH achieves its vision and mission.
➢ Many areas on the logic model are not yet being implemented or addressed due to a lack of funding or staff capacity. However, the logic model provides a guide in terms of what we are striving towards in terms of activities to implement and areas to impact.
➢ The logic model is based on the current funding model of MCH which provides formula funding to local health agencies to address the state-level MCH goal and outcomes.

To optimize the health of women, children, adolescents, and families in Colorado

Updated 3/24/09 GF