St. Louis Mental Health Board (MHB) Program Evaluation Philosophy:

MHB sees evaluation as a way to learn together and care better for our community. All of our funded partners' work is about people, trust, and healing. Our evaluation approach aims to honor that:

- **Learning.** MHB uses outcome targets to guide practice, spark conversations, and prompt adjustments. In the first fiscal year of a grant cycle, we collect basic project-level data in aggregate and take a conversational approach focused on connection and learning about your evaluation practices.
- **Equity and context.** In the second fiscal year, when feasible and fit for purpose, we look at participant-level results by age, gender identity, race/ethnicity, zip code, and other factors. We always keep space for narrative, so the story isn't lost in numbers.
- **Proportionality.** MHB embraces a wide range of measurement methods—validated tools, adapted tools, and well-defined home-grown tools. We continually simplify and streamline paperwork processes and ask for participant-level data only when it meaningfully informs community needs, service provision, and systems planning.
- **Evidence- and practice-informed.** Funded partners are the experts in their projects. MHB invites you to define what change and success mean for your participants and projects, grounded in your logic model. The logic model is our shared tool across the lifecycle from application to reporting and can be updated annually as needs and context evolve.
- **Collaborative.** We offer guidance, examples, and technical assistance (TA) during the application phase. MHB also provides ongoing data capacity building for funded partners, including co-developing evaluation plans and assessment tools, building internal data collectors, and supporting data visualization. We also use these touchpoints to solicit feedback and help advance philanthropic practice in St. Louis.

How to use this playbook:

This playbook is a structure for clarity and learning. It provides the information you need to complete the Logic Model section of the grant application and can serve as a continuous curriculum throughout your time with MHB. It reflects our recommended best practices and is meant to be practical, portable, and flexible.

If you're new to logic models, welcome! You do not need to be perfect on every element to be competitive. During the application phase, you're expected to submit a workable logic model (or an interim version agreed upon with your MHB Program Lead). Use the examples (as guides—please do not copy and paste), field prompts, and definitions in this playbook to **get the essentials in place: clear Inputs → Activities → Outputs → Outcomes, well-specified output and outcome statements, simple scoring rules, and brief documentation/measurement methods.**

After award, we'll partner with you to refine and strengthen your logic model and evaluation approach, if needed. This playbook is the starting point for our shared journey together.

What is a logic model?

A logic model is a tool for planning, describing, managing, communicating, and evaluating a program or intervention. It visualizes how resources and program activities lead to the intended changes. A logic model is useful to all interest holders—program staff, grants & finance teams, organizational leadership, as well as other funders. *(Definition adapted from CDC.)*

Why we use logic models?

- **More efficient grant cycles:** By drawing directly from logic models, we reduce narrative questions and accelerate reviews, helping stabilize funding quickly and reducing the workload for future applications.
- **Streamlined grant management:** The logic model is the backbone of our multi-year evaluation and learning.
- **Broadly used, easy to repurpose:** Logic models are widely adopted across the behavioral health field. We hope that keeping a current, complete logic model delivers more value to our funded partners than one-off application narratives and can be reused across proposals, reporting, and internal planning. We've intentionally simplified the required logic model content to support this.
- **Capacity building & transparency:** All applicants can access our TA and logic model workshop during the application phase. Conceptualizing change early also helps ensure measurable impact.

How we use your logic model:

- Use the logic model as our "single source of truth" across application, annual renewals, and reporting.
    - **Application:** Proposal reviewers use it to understand your project's activities, evaluation practices, and intended participant outcomes.
    - **Renewal:** If selected for funding, it supports shared learning and evaluation, clarifies how we can best support your team, and informs decisions about ongoing funding across the contract period.
    - **Reporting:** Its evaluation details anchor our participant-level data tracking and analysis.
- **Learning:** Logic models help us learn each program's change pathway rather than imposing identical indicators or outcomes across funds. They enable appropriate benchmarking and population-level analyses (e.g., by age, gender identity, race/ethnicity, zip code) to understand differential effects.

Guidance for applicants:

- The logic model should describe the proposed project for **St. Louis City residents (the MHB funded scope)**, not your entire department or organization.
- Examples provided are for reference only, please adapt (add, delete, or revise) as needed and include brief descriptions to clarify items as needed.
- **Please make sure language, numbers, and percentages match the rest of your application narrative and budget for consistency.**

- For multi-year or phased projects (e.g., participant goals or interventions and targets differ year to year), **set first year targets here**. Logic models are updated annually as part of the renewal process.
- More outcomes, higher targets, or extra indicators don't automatically strengthen an application. **Focus on what is feasible, realistic, and organic to your service model.** Choose measurements that reflect your actual practice and data capacity.

Column-by-column instructions: *(Definitions adapted from CDC.)*

- Inputs (what we invest)
  - Definitions: The resources that go into a program or intervention.
    - Examples: Staff time/positions, contract personnel, professional development/conferences, employee travel, project supplies/furnishings/fixtures, computers & technology, contract services, general indirect expenses.
  - How to enter:
    - List the MHB-funded resources you're requesting.
    - Please also list existing resources or support (not MHB-funded) that contribute to this project. This makes your logic model more complete and portable across funders and helps MHB see the full picture. Only the Inputs column may include total project information, all other columns should be specific to the MHB-funded scope.

- Activities (what we do)
  - Definitions: The services, processes, or events undertaken by the program to produce desired change.
  - How to enter:
    - Outline activities/interventions from enrollment to completion. Consider:
      - What project activities/interventions will be provided?
      - What services do your participants receive, and which interventions are provided on a supplemental basis?
      - What is the frequency of contact and typical length of the intervention?
      - Where will services be provided?
    - If your project has distinct components (e.g., varied interventions or *participant subgroups*), indicate if the same participant can receive services from more than one component. This context helps MHB correctly interpret overlapping or duplicated records in your data.
    - In the MHB Logic Model Template, you'll see typical activity categories. Add, delete, or revise categories as applicable, and include a brief description for each:
      - Outreach / Referral / Recruitment
      - Intake / Enrollment / Screening / Assessment / Evaluation / Treatment Planning
      - Intervention(s)
      - Completion
      - Follow Up or Aftercare Services

- Outputs (what we get)
  - Definitions: The direct, tangible results of activities; what was delivered (e.g., calls answered, kits distributed, attendees). These work products often serve as documentation of progress.
    - Examples: # people served, sessions held, items distributed, calls answered, trainings delivered, events hosted. (Outputs are not changes in status, those are outcomes.)
  - How to enter:
    - Number each output (e.g., Output 1, Output 2…).
    - For each output, provide a statement that includes:
      - Unit of measure (e.g., participants, sessions, events)
      - Fiscal Year (FY) target (the number you plan to deliver)
      - Participants & setting (e.g., students; community tabling events)
      - Linkage to the relevant activity(ies) from the previous column

      Examples: 40 students receive classroom psychoeducation on mood management.
    - If your project only has output-level results, each major output that defines delivery must include documentation methods describing how data are collected/recorded (tool + timing), and when applicable, the quality-control measures used (e.g., supervisor review). All outputs should be included, but only major outputs require descriptive documentation methods entry.

      Examples: By June 30, 2027, 200 children receive books about the power of being heard.

      Documentation: Distribution log listing date, site, book title, number provided.
    - Not every output needs to link to an outcome, but every outcome should have an output to have the context. You should not have projects with outcomes only, as they also often help define how many participants are anticipated to receive a service.

- Outcomes (what we achieve)
  - Definitions: the desired results of the program; what changed for participants (e.g., symptom reduction, skills gained, needs met). For MHB's logic model, please focus on short-term outcomes closely tied to funded activities. You do not need to list medium-term or long-term outcomes that are difficult to measure at the provider level. What you provide will roll up into our community-level analyses later.
  - How to enter:
    - Number each outcome (e.g., Outcome 1, Outcome 2…).
    - For each outcome, provide a statement that includes:
      - FY target (numerator/denominator and %): the number and percent expected to achieve the outcome (e.g., "60 of 100 or 60% participants").
      - Concise description of the desired change (e.g., "…participants reduce symptoms of depression").
      - Participants Served or Measured (denominator):
        - Participants Served: who the program intends to affect (e.g., "children age 6-12 receiving individual therapy").
        - Participants Measured: who is actually included in the calculation (e.g., "participants with a valid post-test"; may be a subset of Participants Served). If you anticipate partial completion (e.g., only 30 of 40 students complete the post-test), use the number measured in your outcome statement.

      Examples: By June 30, 2027, at least 42 of 60, or 70% participants will reduce and/or effectively manage symptoms.

- Measurement Methods:
  - Instrument or tool name (e.g., PHQ-9)
  - Scoring rule: what is considered “improved” or “achieving” (e.g., score ≥4 on 1–5 scale)
  - Timing (when assessed: intake & discharge; pre–post within the same session; follow-up at 30/90 days, etc.)
  - Linkage to the relevant output(s) from the previous column
  - For any tool listed in the logic model, be prepared to provide a copy during contracting if funded.

Examples: Pediatric Symptom Checklist (PSC) administered at intake and quarterly based on intake date. Improvement is counted when the overall PSC score is reduced relative to baseline.

- If outcome targets or Measurement Methods differ by *subgroup* (e.g., activity type is applied to different participant groups, participants of different age need to use different eligible measurement tools), explain that and specify any potential overlap.
- If you currently track only aggregate outcomes on the project level, note that MHB typically asks funded partners to collect **individual-level** participant outcomes when feasible and fit for purpose. On your logic model, clearly specify who is included when you calculate outcome achievement, which may differ from the participants served in the Outputs column. (e.g., 30 participants attended a support group, but only 15 completed an anonymous post-experience survey.)
- A project, or a single group of participants, may include more than one outcome. To manage administrative burden, we recommend listing no more than 3 measurable outcomes for MHB reporting. Do not include outcomes you are not currently measuring. An outcome may use multiple measurement methods, or a single method with multiple indicators, explain these details in the Measurement Methods section.
- For City Children’s Services Fund (CCSF) applicants: When the intervention reaches the whole family, MHB prioritizes evaluating youth outcomes. To reflect the full project, you may label Indirect participants (caregivers/family) in the Outcome column, but it is not required.

How to get support:

- CDC Library: Logic Models Guide
- University of Wisconsin-Madison: Enhancing Program Performance with Logic Models
- University of Kansas—Community Tool Box: Developing a Logic Model or Theory of Change
- Technical Assistance (TA) Session: Applicants will meet with their assigned MHB program lead to discuss their project and begin to draft their logic model.
- Application Workshop – MHB will conduct an application workshop to answer general questions about the logic model and provide guidance on completing the application material.

Organization: **Project:**

Logic Model Template:

Legend: Blue texts – brief instructions; Purple texts – examples; **Mint-shaded texts** – scenario descriptions and explanations.

Inputs	Activities	Outputs	Outcomes
MHB-funded resources: List resources that will be covered by MHB. **Examples:** • Roles/FTE or hours • Data software **Additional resources:** If there are other resources this project relies on, add them here.	Provide brief details under each category when applicable (who, where, frequency/dosage) **Example Categories:** • Outreach / Referral / Recruitment • Intake / Enrollment / Screening / Assessment / Evaluation / Treatment Planning • Intervention(s) • Completion • Follow Up or Aftercare Services	Quantify delivery (# participants served, # units/sessions). Include the corresponding documentation methods. Link output to the relevant activity(ies) when applicable.	Define change with a numerator/denominator and the measurement method (tool + timing). Link each outcome to its relevant output(s)/population.
		Scenario A. This project delivers two interventions—therapy and classroom psychoeducation.	
		Output 1: 60 children receive individual or family-based therapy.	**Outcome 1:** By June 30, 2027, at least 42 of 60, or 70% participants will reduce and/or effectively manage symptoms. **Measurement Methods:** Pediatric Symptom Checklist (PSC) administered at intake and quarterly based on intake date. Improvement is counted when the overall PSC score is reduced relative to baseline.
		For therapy, children are direct participants, and parents are indirect participants. So both can be included in the Outputs.	**But the outcome statement for children is required, and optional for parents.**
		Output 1-Indirect (optional): 60 parents/caregivers participate in family-based therapy sessions.	**Outcome 1-Indirect (optional):** By June 30, 2027, at least 30 of 50, or 50% parents/caregivers who complete they feedback survey will report increased confidence supporting their child's emotional needs. **Measurement Methods:** Parents or caregivers of children who participated in family-based therapy will complete a Parent Feedback Survey annually, asking 2 items: "I ask my child how they feel more often." and "I feel more confident discussing feelings with my child."

			For both the Parent Feedback Survey and the classroom post-survey, not all participants will complete the survey, therefore, outcome denominators will differ from output counts.
		Output 2: 40 students receive classroom psychoeducation on mood management.	**Outcome 2:** By June 30, 2027, at least 25 of 30, or 83% students who complete the post-test better recognize their mood and identify at least one coping strategy they intend to use. **Measurement Methods:** We use a combination of show of hands and brief paper post-survey. A response of “Yes” to both “I can recognize my mood better” and “I can identify at least one coping strategy I will use” counts as outcome achieved. We estimate about 30 of the 40 students will complete the post-survey after class. Children who receive individual therapy might also have received classroom psychoeducation.
			In practice, the number served in Outputs (40) may exceed the number measured in Outcomes (30).
		Scenario B. This project delivers two activities—book distribution and tabling events. Because these are one-touch, transactional services, there are no downstream participant-level outcomes. Therefore, the output statements (e.g., number of books distributed, number of tabling events/attendees) serve as the project’s performance targets.	
		Output 1: By June 30, 2027, 200 children receive books about the power of being heard. **Documentation:** Distribution log listing date, site, book title, number provided.	

		Documentation methods for key delivery outputs are listed (outreach event log and sign-up sheets) clarifying how services are recorded and how results are verified.	
		Output 2: By June 30, 2027, 15 tabling events are hosted. **Documentation:** Outreach event log and sign-up sheets.	