



mycarelinnco.org

Logic Model and Community Care Coordination Activities



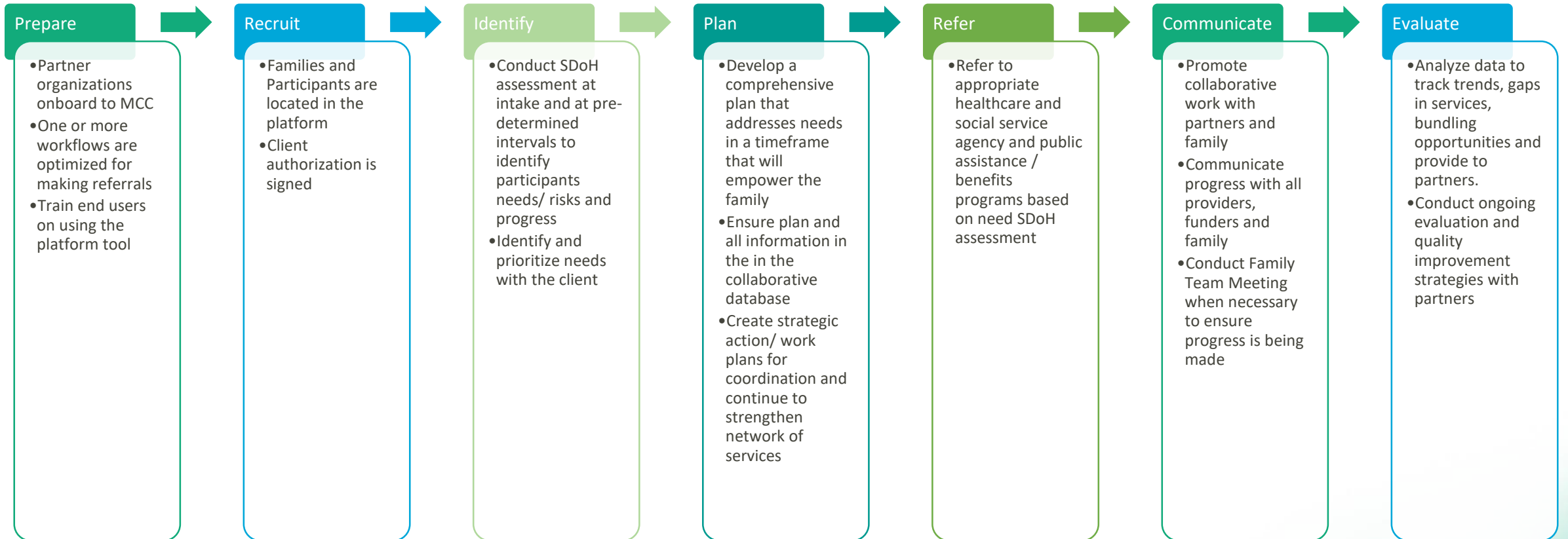
My Care Community (MCC) Logic Model

Goal: Efficient community care coordination resulting in improved quality of life, health outcomes, and social determinants of health.

| Inputs | Activities | Outputs | Outcomes | | | Objectives |
|--|--|--|---|---|--|--|
| | | | Short | Medium | Long | |
| <ul style="list-style-type: none"> • Staff Time • Funding • Technology Platform <ul style="list-style-type: none"> • Referrals • Planning Screen • Progress Screens • Contact Notes, progress notes • Data on client, supervisor, program, administration, and community levels • Comprehensive Assessment Tool (SDoH) • Service Maps • Bundles of Services aligned with Assessment • Care Coordination Manual and Training | <p>Community/Initiative</p> <ul style="list-style-type: none"> • Recruit partner organizations <p>MCC Partner Organizations</p> <ul style="list-style-type: none"> • Prepare for care coordination • Recruit clients into the system • Identify needs • Plan to address needs • Refer to partner organizations • Communicate among organizations and clients to optimize care <p>Linn County Public Health</p> <ul style="list-style-type: none"> • Evaluate impact of the referral system • Recruit partner organizations | <ul style="list-style-type: none"> • Number of end users trained • Number of active end users • Number of clients in platform • Percent of clients with completed authorization • Number of SDoH assessments completed • Number of referrals made • Number of clients retained in care coordination | <p>Participant</p> <ul style="list-style-type: none"> • Increase in services utilized • Engagement in cross-sector services | <p>Participant</p> <ul style="list-style-type: none"> • Decrease in identified needs of community members | <ul style="list-style-type: none"> • Improved health outcomes • Reduced healthcare costs • Stable families and individuals with lower level of need • Improved quality of life | <p>Address social determinants of health by aligning care coordination across sectors.</p> |
| | | | <p>System</p> <ul style="list-style-type: none"> • Number of partner organizations using platform • Number of referrals made to cross-sector organizations | <p>System</p> <ul style="list-style-type: none"> • Improvements in social determinants of health (menu of metrics available) • Increase in health equity (menu of metrics available) | | <p>Provide efficient community care coordination to ensure clients' needs are met.</p> |
| | | | <p>Standardization of assessment tool</p> | | | |
| <p>Assumptions:</p> <ul style="list-style-type: none"> • Public Health, Healthcare, and Social Service sectors will maintain ongoing collaboration and engage in two-way referrals across sectors. • Cross-sector community partner organizations will continue to join MCC | | | | | | |



Community Care Coordination Activities





Partners for better care.