



YesNMConnect Program: Logic Model and Process Theory Maps

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For the New Mexico Health Care Authority

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This document includes the following:

- Background
- YesNMConnect Logic Model
- Process Theory Maps
- Glossary

Background

The New Mexico Health Care Authority (HCA) is developing a closed-loop referral system (CLRS) to improve the coordination, provision, and tracking of services provided to meet the health-related social needs and healthcare needs of New Mexicans. This initiative—called YesNMConnect—aims to link healthcare systems, local community organizations, and state agencies to provide services such as healthcare, housing, food, and transportation. The CLRS will offer a statewide resource directory, a team of navigators, a shared technology platform for secure referrals, and a community engagement team. Also, as part of the CLRS effort, HCA and local partners will identify and document gaps in healthcare and social services experienced by New Mexicans and find ways to close these gaps. HCA's vision for the CLRS is that all people in New Mexico live in communities with equitable access to the conditions they need to thrive; as such, the mission of this program is to strengthen the coordination of care for those in need by connecting people, service organizations, and community partners more quickly and effectively.

As described in the widely-used W.K. Kellogg Foundation Logic Model Development Guide (2004),ⁱ a logic model provides a simple visual summary that communicates the inputs, activities, and outcomes for a program. The logic model helps in planning, implementation, and evaluation of a program, and it facilitates the participation of the range of partners engaging with the program.

The logic model we present here describes *what* YesNMConnect expects to achieve with its inputs and activities. We also recognize that clarifying *how* the program expects to improve outcomes is important, so we supplement the logic model with a theory of change outlined in process theory maps (Weiss, 1998,ⁱⁱ and W.K. Kellogg Foundation, 2004) found on pages four and five of this document.

YesNMConnect activities and goals fall into two broad categories: those related to improving the well-being of individual citizens and those related to the system of supports for health care and social services. While these levels of operation are shown separately in the logic model on the next page, the program is meant to function as a whole, with system assessment and improvement *in service* to building a better environment for individuals to get their health and wellbeing related needs met.

A logic model and theory of change are initial steps in program planning, implementation, and evaluation, and they often evolve over a program life-cycle. Procedures for executing the vision in the logic model and theory of change will be specified in program handbooks or procedures manuals, and specific questions to be answered about whether the program is operating as intended and meeting its stated goals will be articulated in an evaluation plan.

The logic model presented here represents the thoughts and ideas of many people around the state who offered their input and feedback, including the New Mexico Social Drivers of Health Collaborative and the YesNMConnect Evaluation Advisory Group.

YesNMConnect Logic Model

Resources/Inputs

- Community-based organizations (CBOs)
- Findhelp
- Healthcare providers
- MCOs
- Navigators
- State social and health programs
- YesNM
- Advertising budget
- Medicaid funding
- Screening tool
- Counties
- Tribal resources
- Philanthropic inputs
- Advisory organizations (e.g., NMSDOHC)
- Program operations manuals
- Current CLRS efforts around NM

Activities

- Needs assessment
- Navigation
- Referrals between medical, behavioral, and community-based services
- CBO and healthcare provider participation
- Program administration
- Community outreach and engagement
- Coordination with and among partners (including tribes, MCOs, counties, and others)

Products/Outputs

- Improved coordination, provision, and tracking of social services
- Holistic support for both physical and mental health needs
- Coordinated health and social care for those in need
- Healthcare systems, CBOs, & state agencies connected and coordinating

Outcomes

- Fewer unresolved social and healthcare needs
- Beneficiaries' health and overall well-being improved
- Enhanced quality of health care and other services

Impact

- Improved access to health care and other services
- Long-run reduced Medicaid costs
- More stable lives for beneficiaries

Individual-Level Intervention

- HIE, Findhelp, and other data
- Data and policy analysts
- Healthcare providers
- CBOs
- Managed care organizations (MCOs)
- City, county, state, tribal, and philanthropic resources
- Advisory organizations (e.g., NMSDOHC)
- Lessons from NM and national experiences with CLRSs

- Data analysis (identify gaps)
- Policy analysis and analysis of current social programs (identify possible mechanisms for closing gaps)
- Advocacy for needed resources
- Aligning financial incentives for CLRS goals
- Provider training in integrating SDOH into care
- Monitoring and quality improvement
- Community outreach and engagement
- Coordinate with partners (including tribes, MCOs, counties, and others)

- Gaps and missing resources identified
- Potential solutions identified
- Communication and coordination between healthcare providers and CBOs improved
- Community empowerment
- Growth of CLRS network

- Improved social service capacity; gaps in HRSN resources filled
- Improved social support for beneficiaries
- Improved collaboration between healthcare and social service sectors
- Improved coordination with legislators/funders
- Increased understanding of and capacity to address root causes of health disparities

- Healthier communities with healthcare and health-related social services accessible by all New Mexicans
- Root causes of health disparities addressed

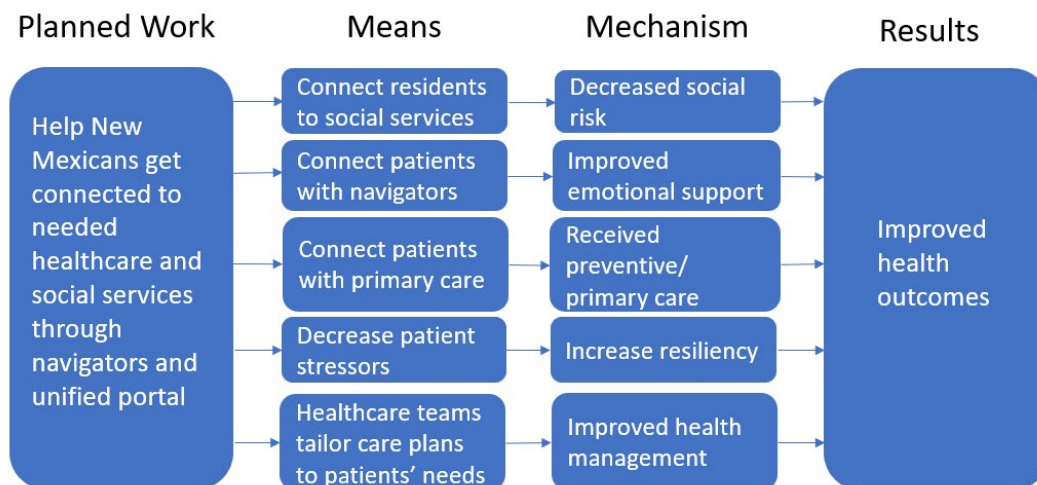
System-Level Intervention

Process Theory Maps

As described above, the logic model describes *what* YesNMConnect expects to achieve, and is supplemented with process theory maps that indicate *how* YesNMConnect activities are expected to improve outcomes.

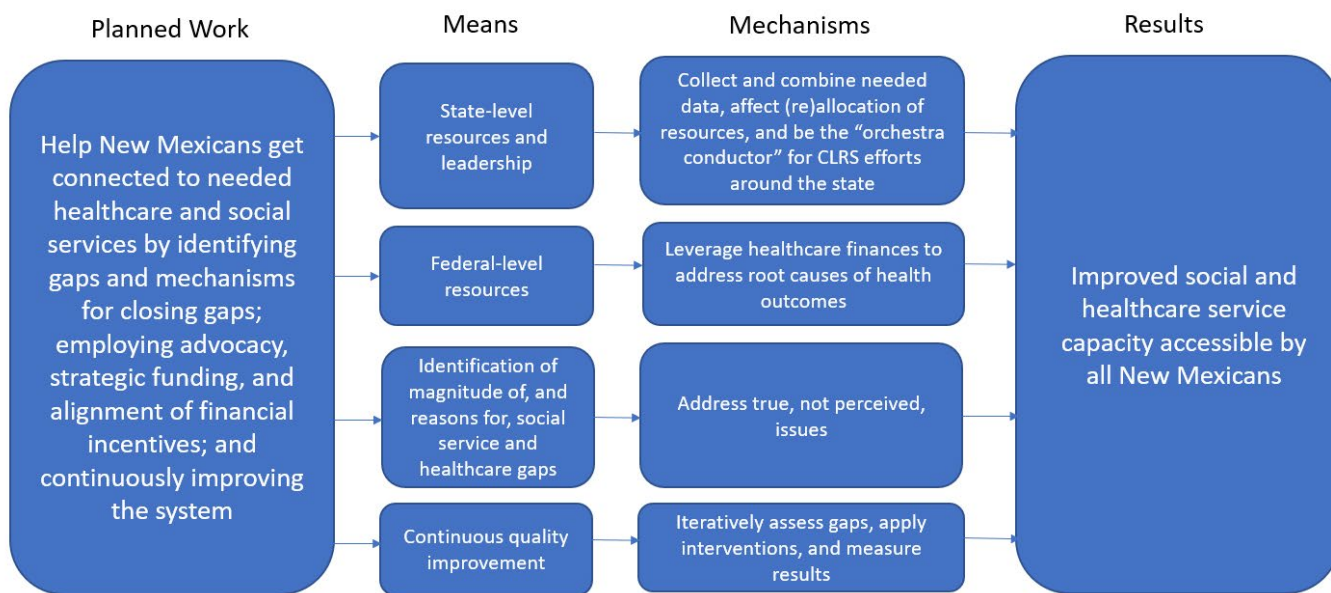
At the individual level, the logic model shows that YesNMConnect will help New Mexicans get connected to needed healthcare and social services through navigators and the unified portal, with the expected result of improving individuals' health outcomes. The accompanying process theory map (below) describes the mechanisms by which meeting New Mexicans' social and healthcare needs positively impacts their health.ⁱⁱⁱ The most obvious route is that connecting vulnerable people to the social services they need decreases their social risk, improving health outcomes. Despite being an intuitively obvious pathway, this might not be predominant. Evaluation of Centers for Medicare & Medicaid Services' (CMS's) Accountable Health Communities model, on which many of the CLRSs in NM and around the country are based, showed improvements in individuals' health despite poor performance in direct resolution of health-related social needs. Other pathways that contributed to health improvements include connecting individuals to navigators, who provide emotional support and hope that some needs can be addressed, which in turn has its own positive impact on individuals' agency and health. Additionally, getting New Mexicans connected to the healthcare system at the primary care or preventive level can better address emerging or chronic health conditions, thus improving their overall health. Removing the stress caused by unmet social and health needs also improves resilience and health. Finally, the flow of information from social needs providers to healthcare providers facilitates development of care plans that are appropriate to the patient, and therefore, more likely to be followed. For example, the provider may gain understanding that a patient cannot afford a prescribed medication or does not live in conditions amenable to certain prescribed self-care procedures; with improved communication and coordination those plans can be revised offering routines to which the patient can adhere.

YesNMConnect process theory map for individual-level intervention



At the system level (illustrated below), HCA can use its funds, authority, and clout to: collect and combine crucial state and private data, allocate resources to support YesNMConnect, and, given its central role, link the many related efforts working toward a coordinated statewide CLRS. As the administrator of Medicaid, HCA is leveraging these federal funds to create a system that addresses New Mexicans’ healthcare needs as well as their health-related social needs. The system approach includes thoroughly researching the gaps in the status quo as well as the reasons for those gaps, so they can be closed most efficiently and effectively. Furthermore, because this will be an iterative process, it will employ principles of continuous quality improvement to help assess and fill in missing pieces.

YesNMConnect process theory map for system-level intervention



Glossary

CBO – community-based organization, usually a nonprofit addressing wellbeing issues in the local community

CLRS – closed-loop referral system; a set of arrangements in which participating organizations can send their clients to other member organizations for service and track the outcomes of their transferred clients

HIE – health information exchange; a means of efficiently sharing patient information between healthcare providers as well as consolidating such data for research, program management, and program evaluation

HRSN – health-related social need; something an individual needs for good health and wellbeing such as gainful employment or stable housing

MCO – managed care organization; MCOs are health plans that provide health care services to Medicaid members in New Mexico and other states

NMSDOHC – New Mexico Social Drivers of Health Collaborative; an organization of public and private entities involved in activities related to meeting New Mexicans' health related social needs

SDOH – social drivers (or determinants) of health; non-medical factors or conditions impacting health such as availability of living wage jobs and access to affordable housing

YesNM – a one-stop shop run by New Mexico Health Care Authority (HCA) for finding, applying for, and managing health and human services programs and services

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ⁱ W.K. Kellogg Foundation. (2004). *Logic model development guide: Logic models to bring together planning, evaluation, and action*. Battle Creek, MI: W.K. Kellogg Foundation. <https://wkkf.issuelab.org/resource/logic-model-development-guide.html>

ⁱⁱ Weiss, C. H. (1998). *Evaluation: Methods for studying programs and policies*. (2nd Ed). Upper Saddle River, NJ: Prentice Hall.

ⁱⁱⁱ These pathways follow the model outlined in Gottlieb LM, Hessler D, Wing H, Gonzalez-Rocha A, Cartier Y, Fichtenberg C. Revising the Logic Model Behind Health Care's Social Care Investments. *Milbank Q.* 2024 Jun;102(2):325-335. doi: 10.1111/1468-0009.12690, as well as suggestions from YesNMConnect partners.