SAMHSA ★ SMVF TA CENTER
Service Members, Veterans, and their Families Technical Assistance Center

LOGIC MODEL KEY	
	1. NEED: Specific problem/deficiency among SMVF population, supported by data, that the strategy intends to remedy **2. GOAL:** What you are trying to accomplish in order to resolve or address the need **3. TARGET POPULATION:** SMVF demographic intended to utilize the program or benefit from the strategy's outcome **4. STRATEGY**: Activity or method used to accomplish the goal. Best policy or practice, and include who will implement the strategy **5. PROCESS MEASURES:** The amount, quality, or volume of output(s) developed, administered, and tracked as part of the strategy **6. OUTCOMES & EVALUATION MEASURES:** Measured changes in knowledge, attitude, skills, behavior, or conditions related to the goal

EXAMPLE

STRATEGY #1 – [Identifying SMVF and Screening for Suicide]

NEED[1]:	• [State] has low percentage of enrollees in the VA health care system (vs national average) • SMVF are not accessing services/benefits for which they are eligible • Lack of consistent and effective suicidal screening methodology
GOAL[2]:	To create a system and culture that more effectively identifies SMVF in [State] in non-VA care systems and appropriates screens for Suicide Risk
TARGET POPULATION[3]:	1. Health Care Centers and Clinicians working with SMVF 2. State Hospital Association, SMVF 3. National Guard

STRATEGY[4] #1 *(how/who)*	**RESOURCES FOR STRATEGY**		**PROCESS MEASURES[5]**	**OUTCOME AND EVALUATION MEASURES[6]** *(for the Goal)*	
	HAVE	**NEED**		**SHORT TERM**	**LONG TERM**
1. Promote and monitor Columbia-Suicide Severity Rating Scale (CSSRS) trainings across all health care centers and expand pathways to appropriate mental health care 2. Educate the hospital association to understand the cost/benefit for their facilities to implement "Ask the Question" (ATQ): "Have you or a family member ever served in the military?" 3. Develop a marketing tool to promote Building Health Military Communities (BMHC)	1. Online and fact to fact training platform, C-SSRS Cards 2. [State] Department of Mental Health and Substance Abuse Services (*DMHSAS) has webinars 3. [State] is one of the 7 states participating in this BHMC pilot program	1. Gov't leadership buy-in, Legislation, Mobile outreach, ID who already does it, tracking system 2. [State] Hospital Association representation and buy-in 3. BHMC State Representative included on the GC team	1. # number of health care centers contacted # number of health care centers that successfully accept the request to train on C-SSRS # number of trainings conducted # number of individuals that answered "Yes" to questions 3-5 connected to a health care Professional 2. Gov Ch team conducts a call/meeting with [State] Hospital Association and presents the ATQ benefit [State] Hospital Association accepts the request to implement ATQ # number of health care professionals that attended meetings 3. BHMC State Representative agrees to join the [state] GC team Marketing Tool developed # number of locations across state where Marketing Tool is distributed	• Change in knowledge about the benefit of ATQ, vs other less effective identification methods (Are you a Veteran?) • Change in knowledge about the benefit of C-SSRS • (%) Increase in the number of SMVF identified, as a result of ATQ being implemented statewide • Increased awareness and participation in the Building Healthy Military Communities (BMHC) initiative	• Increase in percentage of enrollees in the VA health care system • Decreased rates of suicide as a result of early detection/intervention (C-SSRS) • Columbia-Suicide Severity Rating Scale (C-SSRS) becomes the universal screening tool across the state health care systems • Population-level changes in public attitudes/intentions/ behaviors

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EXAMPLE
STRATEGY #2 – [Promoting Connectedness and Care Transitions]

NEED[1]:	• [State] has a high rate of Veteran suicide (33.6 rate vs 18.8 state) despite significate available resources • Transitioning Service Members are unaware of existing employment & education opportunities • 24% of women Veterans in [State] using their healthcare screening tools are found to suffer from Military Sexual Trauma MST (national average is 20%)
GOAL[2]:	• Increase awareness and utilization of available behavioral health services, employment, and educational opportunities among transitioning Service Members • Improve awareness and increase access to treatment for those who experienced MST (Military Sexual Trauma)
TARGET POPULATION[3]:	1. Statewide Technical Schools in counties with high populations of Transitioning Veterans 2. SMVF Peer Networks, Rural Veterans 3. Women Veterans, and Behavioral Health Professionals who treat Women Veterans

STRATEGY[4] #2 *(how/who)*	**RESOURCES FOR STRATEGY**		**PROCESS MEASURES[5]**	**OUTCOME AND EVALUATION MEASURES[6]** *(for the Goal)*	
	HAVE	**NEED**		**SHORT TERM**	**LONG TERM**
1. Encourage Technical School personnel to increase promotion, enrollment and retention of transitioning Service Members 2. Increase Telepsychiatry & Telehealth capacities offered by peer resources and Veteran specific trained clinicians 3. Create a media promotional resources to increase awareness about treatments for those who experienced MST (Military Sexual Trauma)	1. National Guard & Reserve point of contact; *Citizen Soldier for Life;* Department of Labor 2. State "VetConnect" Program; Military Family Clinics at State Universities 2. MST Coordinators at VA Medical Centers; Compensated Work Therapy (CWT) program; MakeTheConnection.net	1. Educators, curriculum, pre/post surveys, tele-education 2. Funding/Grants for Technology Systems 3. Trauma informed PTSD screening tools to identify MST	1. # number of Technical Schools contacted # number of Promotional materials disseminated (ie. Job Fairs) # number of new Technical Schools enrolling transitioning Service Members 2. Identify Veteran Video Connect (VVC) Providers across the state # number of locations served by Veteran Video Connect (VVC) SAMHSA Grant proposal drafted to secure funding SAMHSA Grant proposal submitted to secure funding Established role of a Peer Technical Consultant (PTC) 3. Resources across the state identified for Veterans with MST (Military Sexual Trauma), county by county targeted social media promotional resources created for MST # number of views/clicks on the social media resource (Twitter, Facebook, etc)	• Increase in awareness of technical school opportunities among transitioning Veterans • (%) increase in the number of transitioning Service Members enrolled in Technical School • (%) increase in the number of SMVF with limited healthcare access receiving Telepsychiatry & Telehealth • Increased awareness of behavioral healthcare resources for Women Veterans who experience MST	• Decreased rates of suicide for Transitioning Veterans receiving education and financial security through employment • Decreased rates of suicide for SMVF accessing Telepsychiatry & Telehealth resources • Population-level changes in public attitude/intentions/behavioral surrounding MST

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EXAMPLE
STRATEGY #3 – [Lethal Means Safety and Safety Planning]

NEED[1]:	• 85% suicide fatality rate with use of guns. • Low percentage of gun owners use safe storage practices • Guns at home of Veterans triples the overall risk of suicide death • Inadequate safety training • Gun laws that do not allow transfers in times of crisis
GOAL[2]:	• Increase likelihood that individuals with access to firearms will use safe-storage practices during times of crisis • Increase the knowledge of Health Care Providers to effectively screen for lethal means for SMVF in crisis and implement safety plans
TARGET POPULATION[3]:	1. Partner agencies and sheriff departments 2. Providers in the Health Care Settings treating SMVF 3. SMVF with prior suicide attempts

STRATEGY[4] #3 *(how/who)*	**RESOURCES FOR STRATEGY**		**PROCESS MEASURES[5]**	**OUTCOME AND EVALUATION MEASURES[6]** *(for the Goal)*	
	HAVE	**NEED**		**SHORT TERM**	**LONG TERM**
1. Increase firearm safety education for partner agencies and sheriff departments 2. Train providers to Screen for access to lethal means in all health care settings and peer networks and implement safety planning when needed 3. Address illegal transfer of firearms legislation to allow individuals to transfer their firearm in moments of crisis	1. State Department of Agriculture, State Dept of Wildlife, NRA, Sheriff Depts 2. Stanley and Brown (S&B) safety plan, Community Veteran Engagement Boards (CVEBs), Veteran Service Organizations (VSO) 3. SENATE BILL NO. xx passed in 2019 relating to firearms and background checks	1. Funding, Sheriff Departments commitment/mandates 2. POC in identified health care settings 3. Clarification on the legality; connection with local universities	1. A completed list of community providers # number of attendees at trainings # number of gun locks distributed and follow-up to determine usage Increase in provider/retailer buy-in through education Distribution of gun locks (#) (%) Increase in providers/retailers distributing gun locks 2. # of partner organizations conducting and implementing safety plans # of staff at participating organizations completed safety planning Perception of having enough time to implement safety planning 3. Legal Resources/Universities inform best practices regarding language of communication Communication sent to Legislation to propose a change in the legality of firearm transfer	• Increase in the # of individuals who intend to transfer firearms during times of crisis • Increase in the # of individuals who transfer firearms for safe-keeping during times of crisis • Customer awareness of gunlock programs and link to VA cable locks (survey/self-reporting)	• Decreased rates of suicide by firearms • Reduction in suicide attempts among those who create safety plans • Reduction in suicide ideation among those who create safety plans