

Sample Program Logic Model

Program and Situation: Urban Indian youth lack access to available support and counseling services (most are designed for older teens/young adults and require car/cab to access) and are at a greater risk for suicide than general population.

Inputs	Activities	Outputs
Toll-free hotline BIA/Tribal Social Services referrals IHS Behavioral Health referrals Volunteer staff (2 FTE/6 PTE)	Provide training to youth, adults, elders, and schools on suicide issues Establish suicide crisis response hotline Disseminate awareness and prevention materials during community activities and events	Increased number of community trainings Increased number of calls Increased number of materials disseminated

Program Outcomes		
Short	Intermediate	Long
Improved knowledge and awareness of available programs, services, and supports Youth encouraged to open up about issues At-risk youth identified and provided with treatment and follow-up services	Increase in the number of reported suicide attempts (due to increase in community awareness, surveillance, and referrals) Services reach a greater percentage of those in need Providers more comfortable with discussing subject of suicide with patients	Reduced stigma associated with seeking mental health or behavioral health services Suicide ideation and rates of suicide attempts and completions will decrease

Assumptions: The majority of the service population are younger than 16 years of age; the program will work closely with schools to reach community youth

External Factors: Availability of public transit (cost, hours of operation, location of bus stops); hours of program operation (before and after school hours); community awareness of program

