|  |
| --- |
| **LOGIC MODEL** |
|  |  |  |
| **INPUTS** |  | **PROCESS** | **OUTCOMES** |
| List of Needed Resources |  | Activities | Outcomes | Short-term | Intermediate | Long-term |
| **Financial**$250,000.00**Human Resources*** 2.5 Staff
* 12 Volunteers
* 3 Peers

**Materials*** Syringes and other IDU equipment
* HIV and HCV Test
* Educational materials
* Site Poster
* 2 computers

**Partnerships*** Referral Orgs
* Law Enforcement
 |  | Launch | * Convene Quarterly Advisory Board meetings
* Hire new staff
* Purchase 1 Mobile Van
 | Community input on SSP implementation Provision of SSP services  | Ongoing Stakeholder engagementOngoing services | SSP services are an established community resource |
|  | Communication  | * Promotion Plan implemented by week 4
* Provide monthly updates to stakeholder groups
* Quarterly information dissemination through community mass media
 | Increase and maintain stakeholder and community at large awareness of SSP services and impact | Established 2-way communication channel for informational inquiries and problem solving | Community support for SSP |
|  | Peer Outreach & Navigation Services | * 4 hours/day @ 3 days/week (48 weeks)
* 300 referrals and navigation support to syringe and/or social services
* 150 referrals and navigation support to screening and healthcare services
 | Increase awareness of SSP, social, healthcare, and social services among PWUDIncrease successful referrals to social, healthcare, and drug use treatment services | Increase local PWUD resource utilizationIncrease utilization of social, healthcare, and drug use treatment services | Decrease unsafe injection drug use behaviors |
|  | Mobile Needle Exchange  | * # Needles Exchanges
* 4 hours/day @ 3 days/week (48 weeks)
* Screen 300 PWUD for HIV and HCV
* Link 200 participants to supportive social services
* Link 200 participants to healthcare, mental health, behavioral health, medically assisted treatment, and/or drug treatment/recovery services
 | Increase access to safe injection drug use equipmentIncrease access to safe needle disposal sitesIncreased access to wound careEarly Identification and treatment of communicable diseases | Decrease needle sharing and unsafe injection drug use practicesIncrease safe disposal of needles and syringesImproved monitoring and surveillance of communicable diseases | Decrease incidence of communicable disease ratesDecreased negative health impacts (e.g. sepsis)Improved mental health |
|  | Stationary Needle Exchange Site |

|  |
| --- |
| **SMART OBJECTIVES** |
| * **…**
* **….**
* **…..**
 |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **ASSUMPTIONS** | **CONTEXTUAL FACTOR** |
| * Funding will remain stable throughout the program period
* Promotion of services is best accomplished via word-of-mouth and existing communications channels
* Increased access to needles and disposal sites will impact needle use and disposal behaviors
* Communicable diseases (HIV, HCV) in the county are primarily due to needle sharing practices
* Law enforcement supports needle exchange services
 | * Existing city ordinances aimed to disrupt homelessness
* Target populations socioeconomic status: 65% homeless
 |