

SOR-PEC Logic Model Development Guide

The Prevention Unit within the Bureau of Substance Addiction Services (BSAS) has developed a standard logic model template to promote consistency and ease of interpretation across its portfolio of prevention grantees. This logic model development guide provides step-by-step instructions and illustrative examples to assist you in the creation of a logic model for the State Opioid Response Grant-Prevention in Early Childhood (SOR-PEC) initiative.

All SOR-PEC grantees are **required** to use this logic model template.

Snapshot of BSAS Logic Model Template

The logic model is a simple visual portrayal of your project and your theory of change. It communicates the who, what, why, and how of the project. BSAS' logic model template includes nine **required** and interconnected components, arranged as presented in the graphic below.

Issue/Need Identified by BSAS:						
Local Manifestation of Issue/Need:						
				Outcomes		
Intervening Variable	Strategy	Centered Group(s)	Outputs	Short-Term	Intermediate	Long-Term

- Issue/Need Identified by BSAS.** Here you will describe the overarching purpose of the SOR-PEC grant initiative— to intervene *before* substance use begins and to enhance protective factors and minimize risk factors among children (prenatal – 11 years of age) with familial history of substance misuse and addiction to mitigate their elevated level of risk for future substance use and related health and behavioral health issues.
- Local Manifestation of Issue/Need:** Here you will describe what this issue/need looks like in your community (i.e., what you are trying to address with SOR-PEC funding). This is usually represented as the current, or baseline, level of a substance use behavior in a specific population.

- **Intervening Variables:** These are also sometimes referred to as risk and protective factors. They represent the data-informed factors that are logically expected to be the antecedents of change in the long-term outcomes of your project.
- **Strategy, Centered Group(s), and Outputs:** In these boxes, you will describe how you propose to use grant funds, the population(s) you will reach with you selected strategies, and how you will demonstrate that the strategy was implemented as intended and with sufficient strength and quality to expect change to occur within the population.
- **Short-term Outcomes:** Here you will identify the expected changes in knowledge, attitudes, skills, or behaviors that need to occur to expect progress towards modifying the intervening variable.
- **Intermediate Outcomes:** Here you will identify the direct and/or indirect changes to your identified intervening variables that need to happen in order to achieve your proposed long-term outcome.
- **Long-term Outcome:** Here you will identify the direct and/or indirect changes you expect related to the local manifestation of the issue/need.

Below is a graphic depiction of the key questions you should ask to complete each section of the model.

Issue/Need Identified by BSAS: What is the purpose of the initiative?

Local Manifestation of Issue/Need: What is the local need/issue you are trying to address? What is your baseline?

Intervening Variable	Strategy	Centered Group(s)	Outputs	Outcomes		
				Short-Term	Intermediate	Long-Term
What must change to address the local need/issue?	What will you do to do to address the need/issue?	Which groups or individuals will be exposed to or reached by the strategy?	How will you know that you implemented the strategy as intended?	What are the antecedents (first steps) for expecting change in the intervening variable and how do you measure these?	How will you directly or indirectly measure changes in the intervening variable?	How will you directly or indirectly measure changes in the local need/issue?

More details on each of these components are provided below as we walk you through a concrete example.

A Closer Look at Each of the Elements

The following example tracks a multi-component evidence-based intervention that centers three distinct populations (pre-K educators, pre-K students [ages 3-5], and parents/caregivers). Different elements of the logic model are highlighted in each section.

Need/Issue Identified by BSAS

Need/issue identified by BSAS: Children (prenatal – 11 years of age) with familial history of substance misuse and addiction are at elevated risk for future substance use and related health and behavioral health issues.						
Local manifestation of the need/issue: A high proportion of pre-K [ages 3-5] children in Smithtown (27%) are not entering kindergarten with the social-emotional skills needed to thrive, particularly among youth without safe, nurturing, and predictable environments at home and in the classroom (45% vs. 17%).						
Intervening Variables	Strategy	Centered Population(s)	Outputs	Outcomes		
				Short-Term	Intermediate	Long-Term
Internalizing and externalizing behaviors among youth	ParentCorps ¹ professional development	EC Center leaders, teachers, mental health professionals, and parent support staff	# and type of professional development activities # EC center staff participating in each activity	Knowledge of ways to promote social, emotional, and behavioral development and family engagement (self-rated)	Enhanced skills and competence in promoting SEB development and family engagement (peer-rated)	Proportion of pre-K [ages 3-5] children in entering kindergarten with the social-emotional skills needed to thrive, particularly among youth without safe, nurturing, and predictable environments at home and in the classroom Standardized test scores at the end of kindergarten
	ParentCorps social-emotional learning classroom curriculum	Pre-K students [ages 3-5]	# of children participating in each of 14 two-hour sessions Fidelity to curriculum guide	Knowledge of classroom behavior standards and adaptive strategies (teacher-rated)	Enhanced SEB development and academic performance (teacher-rated)	
Parental involvement in education Positive parenting	ParentCorps parenting program	Parents and caregivers of pre-k children	# of caregivers participating in each of 14 two-hour sessions Fidelity to curriculum guide	Increased knowledge of positive parenting practices (parent and teacher-rated)	Improved communication between caregivers and teachers (parent and teacher-rated) Increase in effective parenting practices (parent and teacher-rated)	

¹ <https://www.blueprintsprograms.org/programs/1291999999/parentcorps/>

Need/Issue Identified by BSAS: The need/issue statement is taken from the Request for Response (RFR) for each BSAS initiative. It describes why BSAS has made these grant dollars available. The language in the RFR is generally broad and all-inclusive. Your task in the logic model is to interpret, refine, and define how you will operationalize the need/issue at the local level. In the example above, the need/issue statement from BSAS is about children (prenatal – 11 years of age) with familial history of substance misuse and addiction being at elevated risk for future substance use and related health and behavioral health issues.

Local Manifestation of the Need/Issue

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Local Manifestation of the Need/Issue: The local manifestation of the need/issue is the baseline for your long-term outcome. What were the conditions in place prior to SOR-PEC funding? Is this something that is currently being measured? If not, can it be measured? Can it be measured over time? How often? If it can't be directly measured, is there a substitute measure (proxy) that you can use instead? This is where you want to start to think more seriously about: (1) the indicator or measure you will be using, (2) the specific centered population(s), (3) the presence or absence of historical and/or comparison data, and (4) the timing and frequency of future measurement.

Intervening Variables

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Intervening Variables: Intervening variables (IVs) are biological, social, environmental, and economic factors (sometimes called risk and protective factors). IVs are levers of change—they represent your theory of change. What is driving the need or issue in your community? It can be helpful to organize IVs according to the different domains in the socio-ecological model (i.e., individual, interpersonal, organizational, community, policy). IVs should be informed by both local data and research literature. IVs inform selection of appropriate strategies and activities. The more time and effort you put into truly understanding and prioritizing the intervening variables in operation in your setting, the more likely you are to affect change in the long-term outcome. SOR-PEC grantees are strongly encouraged to limit the total number of IVs to 1-2 at any given point in time.

Strategies

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Strategies: These are the evidence-based or evidence informed programs, policies, and/or practices that will be put into place to address the intervening variable and to ultimately lead to changes in the local manifestation of the need/issue. SOR-PEC grantees are required to implement **at least one but no more than two** multi-domain evidence-based programs, policies, or practices. The one or two strategies must include service components with at least two centered groups/settings from the following:

- a. a proposed age range of children (prenatal – 11 years of age);
- b. parents/caregivers;
- c. pre-school and/or school settings; and/or
- d. social service and early childhood service providers.

For example, a strategy that delivers direct service to parents/caregivers and addresses policies/practices with a school setting. Identified strategies should align with and complement existing services within the community. All strategies must be evidence-based. Evidence-based is defined as: (1) appearing on a recognized list/registry of evidence-based interventions, or (2) reported with positive effects on the primary targeted outcome in peer-reviewed journals.

Centered Populations

Need/issue identified by BSAS: Children (prenatal – 11 years of age) with familial history of substance misuse and addiction are at elevated risk for future substance use and related health and behavioral health issues.

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Centered Populations: The centered populations column identifies the groups that will be exposed to or reached by the strategies. This almost always includes the population in which you expect to observe change in the long-term outcome and/or individuals, groups, organizations, or systems surrounding this population. When identifying populations, be sure to consider inequities in access to services, utilization of services, or outcomes, which may necessitate specific actions to enhance equity

and reduce inequities—including specifically identifying centered sub-populations within this column of the logic model.

The centered populations for SOR-PEC are: (a) a proposed age range of children (prenatal – 11 years of age); (b) parents/caregivers; (c) pre-school and/or school settings; and/or (d) social service and early childhood service providers. It is important that you are able to describe *how many* individuals are in your centered groups (e.g., understand how many youth are in the age range your group is centering, how many parents/caregivers). This is sometimes referred to as “knowing your denominator.”

Outputs

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Outputs: The outputs column identifies measures that will help you demonstrate that the strategy was implemented as intended and with sufficient strength and quality to expect change to occur within the population. Are you implementing it as planned? Can it be improved? Are you reaching your centered population? Are they engaged? This information can ultimately be used, with other evidence, to help determine whether the strategy is appropriate for your centered population(s). As part of SOR-PEC reporting requirements, you will be expected to track information (gender, age, race, ethnicity) on individuals reached by your prevention strategies—either through direct counts or indirect estimates depending on the type and nature of the prevention activity. You will also be required to track and measure fidelity to the original evidence-based intervention (or to your implementation plan).

Outcomes

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Short-Term Outcomes: Short-term outcomes are the immediate effects of the strategy and often focus on awareness and knowledge—the precursors to behavior change. Short-term outcomes are often directly related to the objectives of the strategy (e.g., if an objective of a training is for caregivers to learn about positive parenting practices, the short-term outcome would be changes in knowledge).

Intermediate Outcomes: The intermediate outcomes are changes in attitudes, norms, confidence, skills, and behaviors. At a minimum, intermediate outcomes should include changes in the intervening variable—the precursor of change in the long-term outcome.

Long-Term Outcomes: Long-term outcomes are the ultimate goals of the program—the long-term outcome column is usually directly related to the local manifestation of the need/issue row at the top of the logic model.

Notes

- Your initial logic model for the SOR-PEC initiative should cover the period from **September 30, 2021** to **September 29, 2022** (regardless of your actual implementation start date, which is expected begin around January 2022).
- Grantees are **required** to implement **at least one but no more than two** multi-domain evidence-based programs, policies, or practices.
- The one or two strategies **must** include service components with at least two centered groups/settings from the following: (a) a proposed age range of children (prenatal – 11 years of age); (b) parents/caregivers; (c) pre-school and/or school settings; and/or (d) social service and early childhood service providers. For example, a strategy that delivers direct service to parents/caregivers and addresses policies/practices with a school setting, a strategy that includes a direct service component with children and also includes professional development for school staff, or any other configuration of services that span at least two of the centered groups/settings. Identified strategies should align with and complement existing services within the community.
- All strategies coordinated as part of SOR-PEC **must be evidence-based**. Evidence-based is defined as: (1) appearing on a recognized list/registry of evidence-based interventions, or (2) reported with positive effects on the primary targeted outcome in peer-reviewed journals.
- It is important that you have a clear sense of the size and demographic composition of your centered populations. This is important for two reasons: (1) it will help you understand what proportion of the population you have reached and (2) you will be asked to provide data to BSAS on the gender, age, race, and ethnicity of individuals reached by project activities. You should also spend time assessing whether you have access to your centered populations, how to best engage them, and potential barriers to engagement.
- Your BSAS contract manager and the technical assistance liaisons (TALs) at the BSAS Center for Strategic Prevention Support (CSPS) are available to provide support as you and your partners work to develop and finalize your logic model. Your TAL can also help you think through how to measure your outputs and short-, intermediate-, and long-term outcomes.