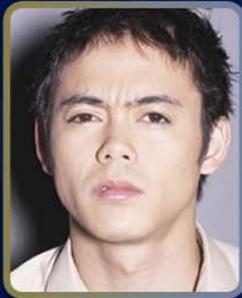


*CROSS-SITE EVALUATION OF THE
GARRETT LEE SMITH YOUTH SUICIDE PREVENTION
AND EARLY INTERVENTION PROGRAM*



STATE/TRIBAL IMPLEMENTATION AND PROCEDURES MANUAL

COHORT 2

DECEMBER 2006

SUBMITTED TO:



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

SUBMITTED BY:

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TABLE OF CONTENTS

CHAPTER 1: THE GLS SUICIDE PREVENTION PROGRAM CROSS-SITE EVALUATION	1
1.1 Introduction	1
1.2 Background.....	2
1.3 GLS Suicide Prevention Program Evaluation Requirements	3
1.4 The Cross-site Evaluation.....	3
1.5 The Cross-site Evaluation Design	4
1.6 Measuring Performance Through National Outcome Measures and Government Performance and Results Act Measures	7
1.7 Timeline of Cross-site Evaluation Activities.....	8
CHAPTER 2: CROSS-SITE EVALUATION TEAM RESPONSIBILITIES	12
2.1 Evaluation Design.....	12
2.2 Government and Institutional Review Board Clearances.....	13
2.3 Evaluation Technical Assistance and Training.....	13
2.4 Data Collection, Analyses, and Reporting.....	18
CHAPTER 3: STATE/TRIBAL TEAM RESPONSIBILITIES	20
3.1 Obtaining Appropriate Local Approvals	20
3.2 Participating in Training and Technical Assistance Activities.....	22
3.3 Cross-site Evaluation Data Collection and Submission	23
3.4 Gaining Stakeholder Buy-in and Using and Reporting Data	23
CHAPTER 4: CROSS-SITE EVALUATION DATA COLLECTION ACTIVITIES.....	25
4.1 Existing Database Inventory (EDI) (Appendix 3.1).....	25
4.2 Product and Services Inventory (PSI)—Baseline (Appendix 3.2) and Follow-up (Appendix 3.3)	28
4.3 Training Exit Survey (TES) (Appendix 3.5).....	32
4.4 Training Utilization and Penetration (TUP) Key Informant Interviews (Appendix 3.6).....	37
4.5 Referral Network Survey (RNS) (Appendix 3.9).....	40
4.6 Early Identification, Referral and Follow-up (EIRF) Analysis (Appendix 3.10, Appendix 3.11 and Appendix 3.12)	44
CHAPTER 5: GAINING STAKEHOLDER BUY-IN	51
5.1 Local Resources to Support Cross-site Evaluation Data Collection.....	51
5.2 Engaging and Monitoring Stakeholder Participation	53
CHAPTER 6: SUICIDE PREVENTION DATA CENTER (SPDC) USER’S GUIDE	59
6.1 SPDC Overview: Development	59
6.2 Navigating the SPDC.....	61
6.3 Security and Privacy Considerations.....	77
6.4 Training and Technical Assistance on Using the SPDC	77
CHAPTER 7: DATA USE AND REPORTING	79
7.1 Cross-site Evaluation Data Reporting	79
7.2 Using Cross-site Evaluation Data to Inform Program Planning.....	80
7.3 Using Cross-site Evaluation Data for Collaboration and Sustainability	83
CHAPTER 8: TRACKING PROGRAM ACTIVITIES.....	85
8.1 Strategies for Tracking Program Activities	85
8.2 Developing a Plan to Track Information Needed for the Cross-site Evaluation	88
REFERENCES	90

LIST OF APPENDICES

APPENDIX 1: CONTACT INFORMATION

- 1.1 Cross-site Evaluation Team Contact List
- 1.2 TAL Contact Information and Assignments
- 1.3 State/Tribal Grantee Contact List

APPENDIX 2: SUPPORTING MATERIALS

- 2.1 Cross-site Evaluation Logic Model
- 2.2 ORC Macro IRB Application and Approval Letter
- 2.3 Cross-site Implementation Timelines
- 2.4 Grantee Site IDs for the Training Exit Survey
- 2.5 Sample Data Use Agreement
- 2.6 Sample Language for a Release of Information Form
- 2.7 Sample Referral Network Flow Chart
- 2.8 Resource List

APPENDIX 3: CROSS-SITE EVALUATION DATA COLLECTION INSTRUMENTS, FORMS, AND CONSENTS

- 3.1 Existing Database Inventory
- 3.2 Product and Services Inventory-Baseline
- 3.3 Product and Services Inventory-Follow-up
- 3.4 Product and Services Inventory List of Definitions
- 3.5 Training Exit Survey
- 3.6 Training Utilization and Penetration (TUP) Interview
- 3.7 TUP Consent to Contact Form
- 3.8 TUP Introductory Phone Script and Verbal Consent Form
- 3.9 Referral Network Survey
- 3.10 Early Identification, Referral and Follow-up Log
- 3.11 Early Identification, Referral and Follow-up Form
- 3.12 EIRF Aggregate Interface Form

APPENDIX 4: CROSS-SITE EVALUATION DATA COLLECTION SUPPORTING MATERIALS

- 4.1 TUP Introductory Script for Consent to Contact
- 4.2 RNS Introductory Script for Respondent Agencies
- 4.3 RNS Administration Supporting Materials

APPENDIX 5: TEMPLATES FOR SUBMITTING DATA

- 5.1 Training Exit Survey Cover Page Data Specifications
- 5.2 Training Exit Survey Data Specifications
- 5.3 Respondent List Template for Referral Network Survey (RNS)
- 5.4 EIRF Data Specifications

APPENDIX 6: CROSS-SITE EVALUATION DATA MANUAL

- 6.1 Data Manual (to be developed)
- 6.2 Step-by-Step Data Download Instructions

THE GLS SUICIDE PREVENTION PROGRAM CROSS-SITE EVALUATION

1.1 INTRODUCTION

The State/Tribal Implementation and Procedures Manual provides a resource for the Garrett Lee Smith (GLS) State/Tribal Youth Suicide Prevention and Early Intervention Program grantees (State/Tribal grantees) in implementing the cross-site evaluation as required by the Garrett Lee Smith Memorial Act (GLSMA). Participation in the cross-site evaluation by State/Tribal grantees is necessary to satisfy the requirements of the GLSMA, which include the submission of a report to Congress on the effectiveness and efficacy of the GLS Youth Suicide Prevention and Early Intervention Program (GLS Suicide Prevention Program). As such, the purpose of the cross-site evaluation is to obtain consistent data across multiple grantee sites so they can be analyzed to provide a comprehensive assessment of program effectiveness. The cross-site evaluation is intended to complement self-evaluation activities by providing a consistent and comprehensive database of program information that can be analyzed and used for comparison purposes across State/Tribal grantees to gain a better understanding of suicide prevention programs and their impact.

This manual is intended to provide staff members from State/Tribal grantees with the necessary information to understand the purpose of the cross-site evaluation, implement data collection activities, and utilize the tools and resources developed to support implementation. This manual is organized into eight chapters:

- Chapter 1:** The GLS Suicide Prevention Program Cross-site Evaluation
- Chapter 2:** Cross-site Evaluation Team Responsibilities
- Chapter 3:** State/Tribal Team Responsibilities
- Chapter 4:** Cross-site Evaluation Data Collection Activities
 - 4.1 Existing Database Inventory (EDI)
 - 4.2 Product and Services Inventory (PSI)
 - 4.3 Training Exit Survey (TES)
 - 4.4 Training Utilization and Penetration (TUP) Key Informant Interviews
 - 4.5 Referral Network Survey (RNS)
 - 4.6 Early Identification, Referral and Follow-up (EIRF) Analysis
- Chapter 5:** Gaining Stakeholder Buy-in
- Chapter 6:** Suicide Prevention Data Center (SPD)
- Chapter 7:** Data Use and Reporting
- Chapter 8:** Tracking Program Activities

Successful implementation of the cross-site evaluation will require collaboration and cooperation between the cross-site evaluation team, State/Tribal grantee staff, the Suicide Prevention Resource Center (SPRC), and the Substance Abuse and Mental Health Services Administration (SAMHSA). All involved share a common goal to ensure that GLS Suicide Prevention Program activities are implemented effectively and are fully understood so that existing and future suicide prevention programs can benefit. The cross-site evaluation team hopes that this manual provides a solid framework for implementing the cross-site evaluation that is both utility focused and least burdensome for the State/Tribal grantees.

1.2 BACKGROUND

As the third leading cause of death for children and young adults aged 15 to 24, suicide is a major public health problem (Anderson & Smith, 2003). In the face of alarming youth suicide statistics, the National Strategy for Suicide Prevention (NSSP) outlined the first coordinated approach to preventing suicide (U.S. Public Health Service, 2001). The NSSP approaches suicide as a preventable problem by setting 11 goals and 68 objectives for preventing suicide at the national, State, and local levels and outlining a course of action. The NSSP focuses on the knowledge and tools available to address suicide as a preventable problem by promoting public awareness, training gatekeepers to recognize risk factors, and implementing evidence-based programs.

The NSSP provides a framework for suicide prevention programming by focusing on the advance of public information and service delivery aimed at preventing suicide. The Surgeon General's Call to Action to Prevent Suicide (U.S. Public Health Service, 1999) highlighted the need for public awareness of the problem of youth suicide, intervention to enhance treatments, services, and programs, as well as a methodology to advance the science of suicide prevention. Yet much research and evaluation on this topic is still necessary for the increasing development of targeted and effective programs to prevent suicide.

The GLSMA, signed into law in October 2004, was the first legislation to provide funding specifically for youth early intervention and suicide prevention programs. Under this legislation, funding was set aside for States and tribal communities to develop, evaluate, and improve early intervention and suicide prevention programs. The GLSMA provides funds to implement any of the following activities related to suicide prevention:

1. Develop and implement statewide or tribal youth suicide early intervention and prevention strategies in child-serving agencies or organizations
2. Support public and private nonprofit organizations actively involved in statewide or tribal suicide prevention activities

COHORT 2 STATE/TRIBAL GRANTEEES (Appendix 1.3 contains a comprehensive list of Cohort 1 and 2 grantees.)

Colorado Department of Public Health and Environment
Connecticut Department of Mental Health and Addiction Services
Idaho State University
Johns Hopkins (White Mountain Apache)
Kentucky Cabinet for Health and Families Services
Louisiana Department of Health
Maniilaq Association
Mental Health Association of Milwaukee City
Michigan Department of Community Health
Montana-Wyoming Tribal Leaders Council
North Dakota Department of Health
Ohio State University Research Foundation
Oregon Department of Human Services
Standing Rock Sioux Tribe
State of Mississippi
State of South Dakota, Department of Human Services
State of Wyoming
Tohono O'odham Nation
United American Indian Involvement
University of Utah
Washington State Department of Health, Injury and Violence
Prevention Program
West Virginia Department of Health and Human Resources

3. Provide grants to institutions of higher education to coordinate the implementation of statewide or tribal suicide prevention activities
4. Collect and analyze data on statewide or tribal suicide prevention services
5. Assist eligible entities, through statewide and tribal youth suicide early intervention and prevention strategies, in achieving targets for youth suicide reductions

This funding appropriation authorizes the GLS Suicide Prevention Program, which is administered by SAMHSA's Center for Mental Health Services (CMHS). To date, 36 State/Tribal grantees have implemented suicide prevention programs as part of the GLS Suicide Prevention Program; 14 were funded in October 2005, 8 were funded in June 2006, and 14 were funded in October 2006. The 22 State/Tribal grantees funded in June and October 2006 constitute Cohort 2 of the GLS Suicide Prevention Program, and this manual covers cross-site evaluation activities related to those grantees.

1.3 GLS SUICIDE PREVENTION PROGRAM EVALUATION REQUIREMENTS

The requests for award announced by SAMHSA under the GLSMA require grantees to participate in three evaluation components: (1) annual self-evaluations of outcomes and activities, including consultation with interested families and advocacy organizations; (2) participation and cooperation with a cross-site evaluation; and (3) data and performance measurement to satisfy requirements of the Government Performance and Results Act of 1993 (GPRA). These evaluation requirements are intended to provide program information at various levels, and all are intended to complement each other. Individual-level outcome data ideally should assist grantees in evaluating the feasibility, acceptability, and effectiveness of different suicide prevention activities implemented at their sites in meeting suicide prevention goals, most importantly, the reduction of suicide attempts and suicide deaths. Such data may be of use in modifying suicide prevention activities or strategies, as well as in developing new programs to meet identified needs. The purpose of the cross-site evaluation is to evaluate the effectiveness of the GLS Suicide Prevention Program as a whole, that is, across grantee programs. The cross-site evaluation will describe the scope of suicide prevention activities at the national level, as well as evaluate the support for and effectiveness of different activities. Cross-site evaluation data will complement self-evaluation activities by capturing consistent data across grantees, which can be used to compare the outcomes of local efforts with the outcomes of national aggregate outcomes.

1.4 THE CROSS-SITE EVALUATION

In efforts to fully understand and improve the delivery of suicide prevention programs and the GLS Suicide Prevention Program Initiative, the GLSMA mandated that the effectiveness of funded programs be evaluated. Specifically, section 520E(g) of the GLSMA mandates a cross-site evaluation to be conducted concerning the effectiveness of the activities carried out under the State/Tribal program. The GLSMA specifies that a report to Congress must be submitted

“to analyze the effectiveness and efficacy of the activities conducted with grants, collaborations, and consultations under [section 520E].”

As such, the cross-site evaluation of the State/Tribal program was designated by SAMHSA as a required component of State/Tribal grantees funded under the GLSMA. These grantees were required, in their funding application, to indicate their intention to fully participate in and

cooperate with the cross-site evaluation. SAMHSA selected ORC Macro, a research and evaluation consulting firm, as the contractor to design the cross-site evaluation and provide technical assistance and training for State/Tribal grantees in implementing the cross-site evaluation.

The cross-site evaluation will provide answers to four overarching questions:

- What types of prevention/intervention programs, services, and products are used with youth determined to be at risk for suicidal behavior?
- What is the reach of program services, products, and strategies?
- To what extent do collaboration and integration at the grantee level influence suicide prevention activities?
- What is the impact of program activities on the early identification of youth at risk for suicide and the resulting linkages to mental health or other support services?

The information obtained through the cross-site evaluation is of national importance, as little is known about the effectiveness of suicide prevention programs across multiple settings serving diverse youth populations. Although evaluations have examined the effectiveness of specific suicide prevention activities, such as gatekeeper trainings, suicide screening programs, and skills trainings, these studies have focused on specific populations, mostly school based, and have not assessed the impact of coordinated suicide prevention programs across multiple sites or time (Eggert, Nicholas & Owen, 1995; Eggert, Randell, Thompson, & Johnson, 1997; Kalafat & Elias, 1994; King & Smith, 2000). The GLS Suicide Prevention Program was funded, in part, to implement statewide coordinated approaches to suicide prevention, and the cross-site evaluation will assess the effectiveness of these approaches in diverse settings to determine the extent to which funded activities have met the goals and objectives of the GLSMA. Cross-site evaluation data also will be used to assess performance across time in these diverse settings, in efforts to improve and enhance suicide prevention programs for current and future funded grantees. The GLS Suicide Prevention Program's cross-site evaluation provides an opportunity for grantees to contribute significantly to the field where little information currently exists. Furthermore, data collected from this evaluation will result in the largest database related to suicide prevention and related programs.

1.5 THE CROSS-SITE EVALUATION DESIGN

As the first Federal funding initiative to support the implementation of suicide prevention programs, the utility of the GLS Suicide Prevention Program's cross-site evaluation, as well as its findings, is particularly critical and must involve active participation by State/Tribal grantees. To answer the four overarching questions mentioned above, ORC Macro based the cross-site evaluation on an evaluation logic model (Appendix 2.1) that is outlined in four stages (Table 1.1), which involve data collection activities specific to the context, product, process, and impact of the GLS Suicide Prevention Program. The cross-site evaluation uses multiple methods and multiple perspectives to fully evaluate program activities.

TABLE 1.1—FOUR STAGES OF THE CROSS-SITE EVALUATION

STAGE	GUIDING QUESTIONS
Context	<ul style="list-style-type: none"> • What are the contextual features for key activities of each grantee?
Product	<ul style="list-style-type: none"> • What products and services are being developed, delivered, and utilized? <ul style="list-style-type: none"> – What percentage of budget allocations supports products and services? – What audiences/populations are being targeted? – Are they consistent with originally proposed products and services? • What evidence-based practices are being utilized?
Process	<ul style="list-style-type: none"> • What is the penetration of training activities? <ul style="list-style-type: none"> – Who and how many are trained? – What was their training experience? – To what extent is training knowledge being retained and utilized? • To what extent are referral network stakeholders involved and interacting? <ul style="list-style-type: none"> – What is the nature (and quality) of the interaction? – How does collaboration influence referral mechanisms and service use? – What are facilitating and barrier factors?
Impact	<ul style="list-style-type: none"> • What is the impact of program activities? <ul style="list-style-type: none"> – Who and how many at-risk youth are identified, screened, and referred? – Who and how many youth are following up on referrals?

State/Tribal grantees are expected to participate in data collection activities that correspond to the four evaluation stages. There are six data collection activities across the four evaluation stages, and data collection responsibilities are shared between State/Tribal program staff and cross-site evaluation staff. Specific details related to each data collection activity are provided in Chapter 4, and they are described briefly by evaluation stage below.

Context Stage

The context stage of the cross-site evaluation involves two primary information sources: (1) a contextual review of grant applications and evaluation needs and (2) the *Existing Database Inventory (EDI)*. The context stage included a review of program plans and technology available for data collection and reporting, as described in the State/Tribal grant applications. In addition, through an evaluation and resources needs assessment, the cross-site evaluation team gathered program information, such as the grantee’s target population, target region, service delivery mechanisms, service delivery setting, type of program activities to be funded, and evaluation activities. ORC Macro used the information gathered through these efforts to refine the cross-site evaluation design, which will be used to provide context for interpreting the cross-site evaluation findings. The cross-site evaluation team will conduct an annual needs assessment to provide an annual update of information related to program collaborations and activities.

Also as part of the context stage, the information gathered through the grant application reviews will be complemented by an assessment of the availability and accessibility of existing data used for the purposes of suicide prevention or describing the populations affected by program activities through the EDI. The information gathered through the EDI will help the cross-site evaluation team to understand the types of data systems in place to track suicide prevention activities and the capacity of State/Tribal programs to report on important program outcomes.

Product Stage

The product stage involves data collection with the *Product and Services Inventory (PSI)*. The PSI focuses on products and services that have been developed or used as part of State/Tribal programs. Information gathered through the PSI will provide an understanding of the types of activities being supported through the GLS Suicide Prevention Program by describing program activities. Information from the PSI also will be used to report proposed National Outcome Measures (NOMs) related to the implementation of public information campaigns and the use of evidence-based programs, and it will facilitate related GPRA reporting. (Chapter 7 contains information on reporting outcome measures.)

Process Stage

The process stage of the State/Tribal cross-site evaluation involves three data collection activities: (1) the *Training Exit Survey*, (2) the *Training Utilization and Penetration Key Informant Interviews (TUP)*, and (3) the *Referral Network Survey (RNS)*. Data collected relevant to the process stage of the evaluation will assess the grantees' progress on key activities and milestones related to implementation of their suicide prevention plans. Information gathered through the process stage also will be used to report proposed NOMs related to the number of gatekeepers trained, satisfaction with training, and the use of evidence-based programs, and it will facilitate related GPRA reporting. (Chapter 7 contains information on reporting outcome measures.)

Training Exit Survey (TES). The TES is intended to track the number and types of trainings hosted by State/Tribal programs and the number of individuals trained. Because of the large amount of resources being devoted to training and the fact that the suicide prevention plans of each of the funded State/Tribal grantees include some form of training to enhance awareness, knowledge, early identification, and/or referral of youth at risk for suicide, training activities must be systematically documented, aggregated, and summarized across sites. To this end, the TES will gather information about attendee characteristics, satisfaction with training, intended utilization of training information, and expected penetration of that utilization.

Training Utilization and Penetration (TUP) Key Informant Interview). The investigation of posttraining utilization is a critical piece in understanding the comprehensive training process and the impact that training has on referrals and service use. The TUP Key Informant Interviews will include the collection of information from a sample of individuals who have attended early identification trainings (e.g., QPR [Question, Persuade, and Refer], LivingWorks ASIST [Applied Suicide Intervention Skills Training]). Since the types of trainings offered vary by site and the interventions discussed in the trainings differ in purpose and target different populations, these interviews will provide additional and supplementary information from the TES about the content of training, utilization of training, and penetration of the skills and/or knowledge learned through training.

Referral Network Survey (RNS). The development of a referral network (i.e., linking at-risk youth to needed mental health and non-mental health services) is a critical aspect of the GLSMA for State/Tribal sites. As a result, the RNS is focused on assessing referral mechanisms by quantifying the nature and extent of collaboration and integration among youth-serving organizations. The cross-site evaluation will examine the extent to which collaboration and integration exist in sharing and transferring knowledge, resources, and technology among

State/Tribal program agencies and organizational stakeholders. Information obtained from the RNS will provide a comprehensive description of the referral networks in each funded program site.

Impact Stage

Research on suicide prevention has shown that warning signs are exhibited by individuals considering suicide. If these warning signs are identified early, suicide can be prevented by connecting at-risk youth to appropriate services or support. As such, a large proportion of GLS Suicide Prevention Program funding went to grantees implementing early identification activities. The impact stage of the cross-site evaluation will focus on tracking program impact through the *Early Identification, Referral and Follow-up (EIRF) Analysis*. The EIRF will focus on assessing the impact that program activities have on early identification of risk, referral processes, and presentation to services. All grantees that have proposed early identification activities as part of their program activities will be required to track EIRF program information and share this information with the cross-site evaluation team. Information tracked through the impact stage also will be used to report proposed NOMs related to access to services and use of social supports, and it will facilitate related GPRA reporting. (Chapter 7 contains information on reporting outcome measures.)

Table 1.2 summarizes data collection activities by evaluation stage.

TABLE 1.2 —SUMMARY OF CROSS-SITE EVALUATION COMPONENTS

STAGES OF INFORMATION GATHERING	DATA COLLECTION ACTIVITY
Context	<ul style="list-style-type: none"> • Contextual review of funded grant proposals • EDI
Product	<ul style="list-style-type: none"> • PSI
Process	<ul style="list-style-type: none"> • TES • TUP Key Informant Interviews • RNS
Impact	<ul style="list-style-type: none"> • EIRF

1.6 MEASURING PERFORMANCE THROUGH NATIONAL OUTCOME MEASURES AND GOVERNMENT PERFORMANCE AND RESULTS ACT MEASURES

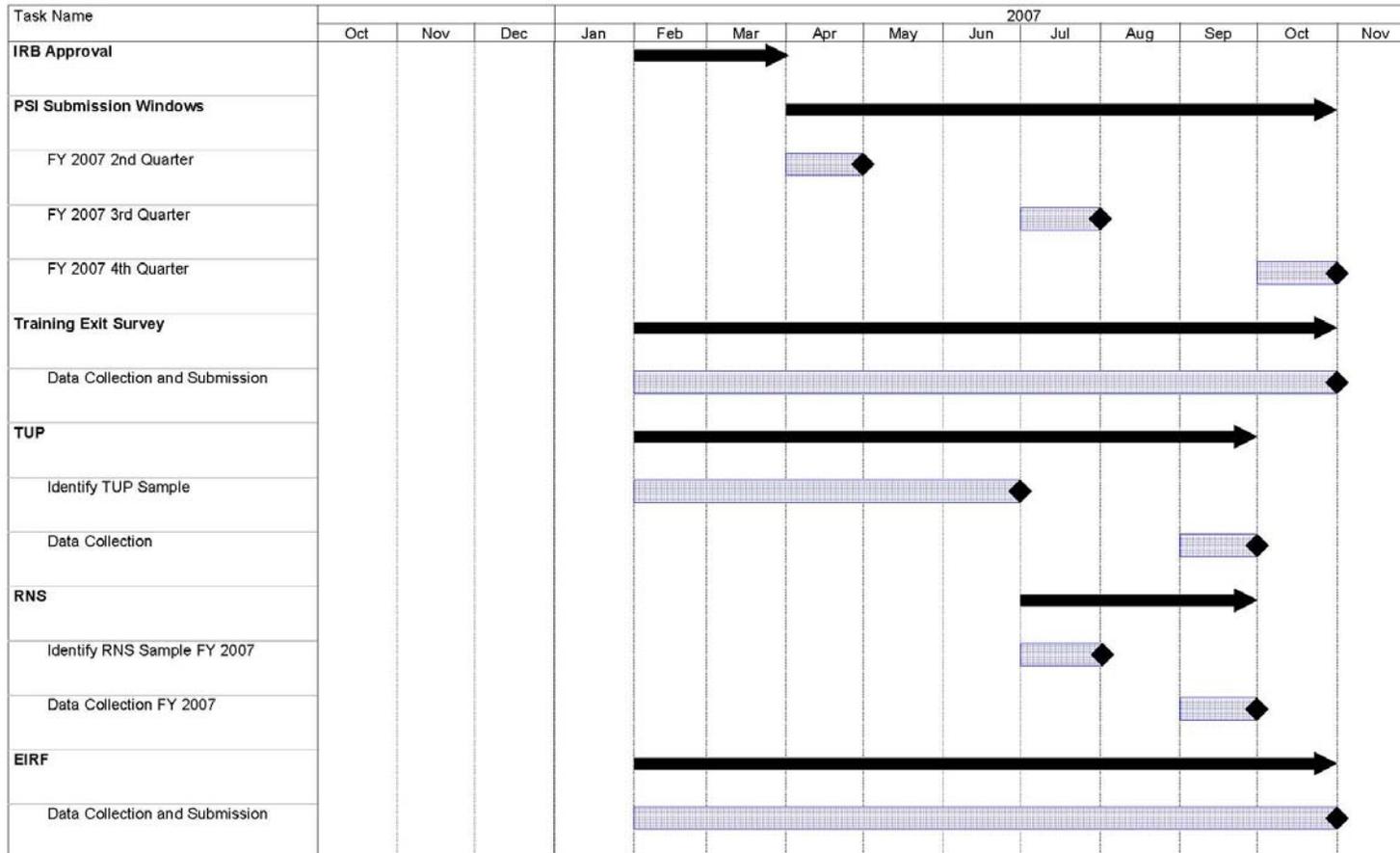
In addition to satisfying the GLSMA requirement for a cross-site evaluation, SAMHSA mandates that all funded programs collect performance measures (i.e., NOMs) to satisfy the GPRA mandate that all federally funded programs be held accountable for their performance. As such, the cross-site evaluation was designed in part to support the efforts of the GLS Suicide Prevention Program, and data collected as part of the cross-site evaluation will generate relevant outcome measures and contribute to the data needed to fulfill the GPRA requirements. (Chapter 7 contains information on program performance measures.) However, additional GPRA measures may be requested of grantees outside of the cross-site evaluation.

1.7 TIMELINE OF CROSS-SITE EVALUATION ACTIVITIES

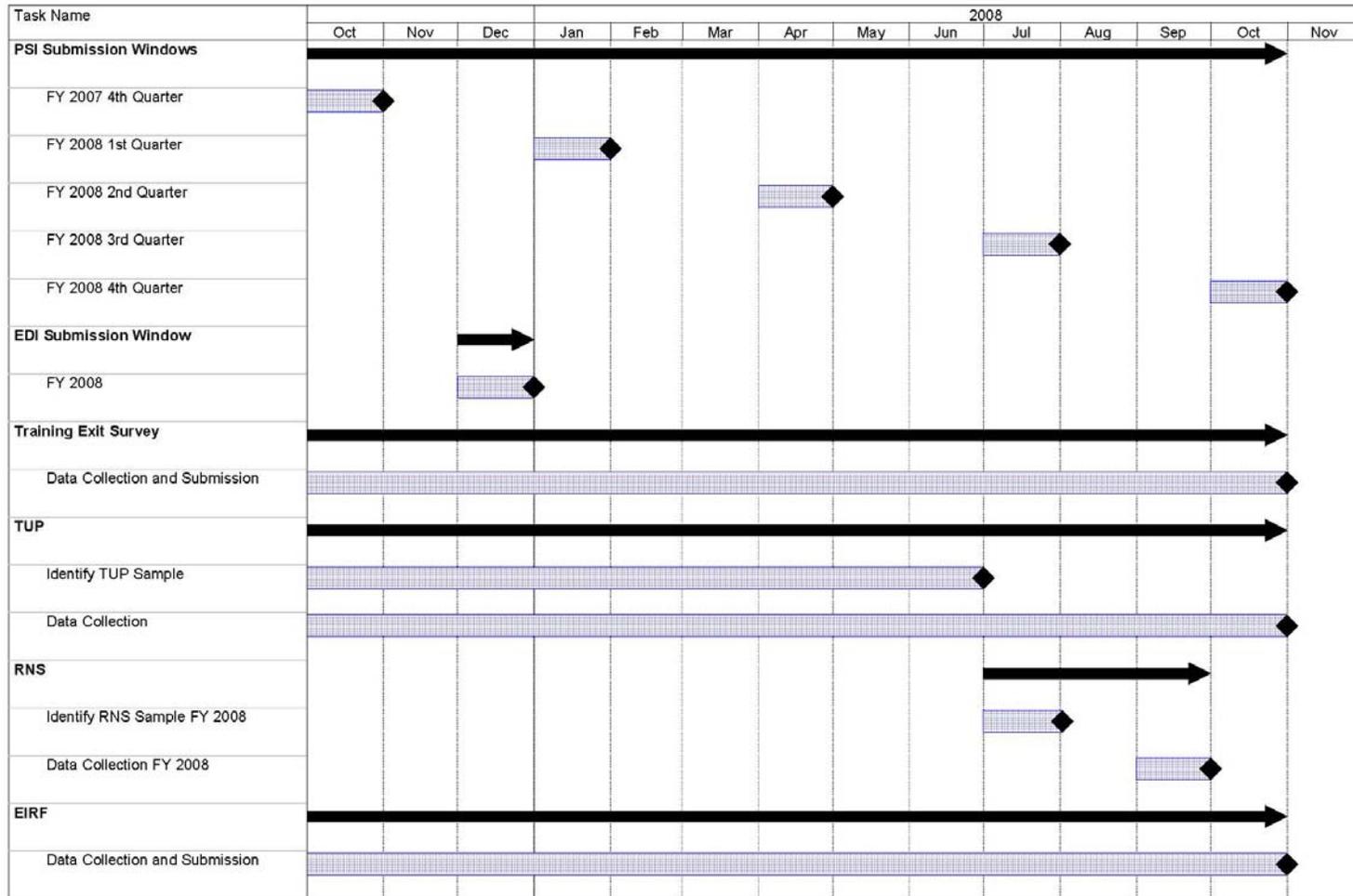
GLS Suicide Prevention Program funds were provided to grantees for 3 years, and participation in the cross-site evaluation is required in all 3 years. The implementation timeline for individual data collection activities varies by data collection activity, the status of program activities, and when the necessary data use agreements, Government, and institutional review board clearances are in place. Once the appropriate clearances are in place, tracking of EIRF information should be implemented as soon as the appropriate infrastructure is in place, and the TES should be administered as suicide prevention program training activities occur. However, the EDI, PSI, and RNS should be administered according to a predetermined timeline. Chapter 4 includes the specific implementation timeline for each data collection activity, which is summarized across years in Figure 1.1 and can be found in Appendix 2.3.

FIGURE 1.1—CROSS-SITE IMPLEMENTATION TIMELINE

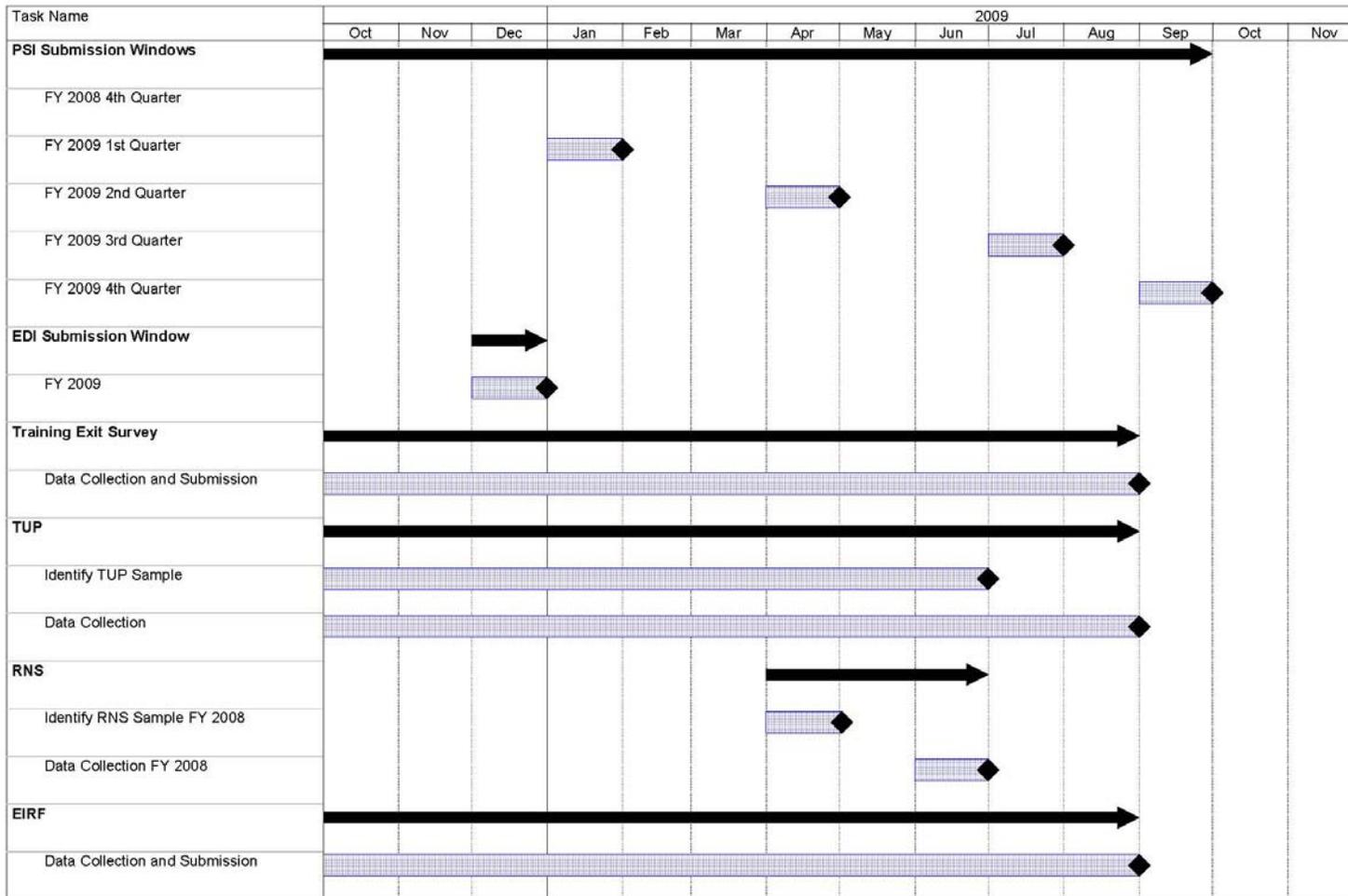
**State/Tribal Implementation Timeline
October 2006 to October 2007**



**State/Tribal Implementation Timeline
October 2007 to October 2008**



State/Tribal Implementation Timeline October 2008 to October 2009



CROSS-SITE EVALUATION TEAM RESPONSIBILITIES

The cross-site evaluation serves an important role in meeting the goals and objectives of the Garrett Lee Smith Memorial Act. The GLSMA mandates a cross-site evaluation to examine the effectiveness of the suicide prevention activities implemented in States, tribal communities, and campuses funded as part of the GLSMA, in section 520E(g). The cross-site evaluation serves as the primary mechanism through which the initiative will be understood, improved, and sustained. The responsibility of the cross-site evaluation team is to meet the needs of the GLSMA by designing a rigorous, utility-focused evaluation and ensuring that the evaluation is implemented consistently and effectively across the State/Tribal grantees. To implement a successful cross-site evaluation, the cross-site evaluation team members will work collaboratively with individual State/Tribal grantees and be full partners in meeting the evaluation goals of the GLSMA.

The cross-site evaluation team members are from ORC Macro, a contractor selected by SAMHSA to satisfy its evaluation needs as related to the GLS Suicide Prevention Program.

This chapter outlines the roles and responsibilities of the cross-site evaluation team. Specifically, the chapter includes the four primary responsibilities of the cross-site evaluation team: (1) evaluation design; (2) government and institutional review board clearances; (3) evaluation training and technical assistance; and (4) data collection, analyses, and reporting.

2.1 EVALUATION DESIGN

The GLS Suicide Prevention Program cross-site evaluation is comprehensive in scope and purpose and was designed to address the goals and objectives of the GLSMA. ORC Macro designed this comprehensive and thorough approach to evaluation in consultation with representatives from SAMHSA, the Suicide Prevention Resource Center, the cross-site evaluation advisory board, and funded State/Tribal grantees. The cross-site evaluation team conducted an assessment of each State/Tribal grantee prior to finalizing an evaluation design in efforts to assess the local capacity for cross-site evaluation efforts and to gain a thorough understanding of planned program activities. The design was presented to the advisory board and the State/Tribal grantees at the Grantee Orientation Meeting held in December 2005. The cross-site evaluation team incorporated feedback from various stakeholders and modified the design, which was approved by SAMHSA in January 2006.

Upon approval of the cross-site evaluation design, the cross-site evaluation team identified data collection activities and developed data collection instruments to meet the needs of the four-stage evaluation approach. (Chapter 1 contains information on the evaluation design.) In doing so, the cross-site evaluation team consulted experts in the field of suicide prevention and the advisory board, and the team solicited feedback from State/Tribal grantees. The result of this comprehensive effort was a collaborative, multiperspective cross-site evaluation designed to limit burden on State/Tribal grantees and to enhance the efficiency of implementing cross-site evaluation activities.

2.2 GOVERNMENT AND INSTITUTIONAL REVIEW BOARD CLEARANCES

For implementation of the cross-site evaluation as part of the federally funded GLS Suicide Prevention Program, certain Federal Government approvals are required. The Office of Management and Budget (OMB) must review and approve all federally sponsored data collection activities under the Paper Reduction Act of 1995. In addition, approval from a federally recognized institutional review board (IRB) is necessary to ensure the protection of human subjects involved in the cross-site evaluation. As such, the cross-site evaluation team is responsible for obtaining the appropriate Federal and IRB clearances. The cross-site evaluation was reviewed and approved by the ORC Macro IRB on June 20, 2006 (Appendix 2.2 contains the approved application), and was submitted to SAMHSA in February 2006 to begin the OMB review process. Receipt of OMB approval is expected by February 2007.

As part of the OMB approval process, the cross-site evaluation will receive approval from SAMHSA and OMB on the NOMs and GPRA measures that are required for the GLSMA and included in the cross-site evaluation. (Chapter 7 contains information on the proposed outcome measures.) Additional measures may be required from State/Tribal grantees outside of the cross-site evaluation.

2.3 EVALUATION TECHNICAL ASSISTANCE AND TRAINING

The cross-site evaluation team is responsible for coordinating technical assistance and training related to implementation of the cross-site evaluation in all State/Tribal grantees. Specifically, cross-site evaluation training and technical assistance will provide guidance to grantees in implementing the cross-site evaluation, such as developing procedures for data collection, providing guidelines on completing cross-site evaluation instruments, and developing tools—such as the Suicide Prevention Data Center (SPDC)—to help administer the cross-site evaluation. (Chapter 6 contains information on the SPDC.) ORC Macro developed the technical assistance and training plan in consultation with SAMHSA and the advisory board, and the plan provides standardized and consistent support across State/Tribal grantees in implementing the cross-site evaluation. The provision of high-quality, consistent technical assistance and training is a fundamental quality assurance procedure that will ensure fidelity to the cross-site evaluation and the quality of the data that are collected, so that GLS Suicide Prevention Program activities are accurately described and analyzed. Through the technical assistance and training plan, grantees will be fully prepared to implement the cross-site evaluation, to understand the information that is collected, and to use cross-site evaluation findings for program development. The following section outlines the three-stage approach for the GLS Suicide Prevention Program technical assistance and training plan: (1) technical assistance liaisons, (2) Webcast trainings, and (3) onsite technical assistance and training visits and grantee meetings.

Technical Assistance Liaisons

The first stage in the training and technical assistance plan involves the technical assistance liaisons (TALs). The TALs function as the primary mechanism for providing technical assistance and training to specific grantees. Each of the State/Tribal grantees is assigned a TAL, who will collaboratively work with the grantee to implement the cross-site evaluation. Eight TALs are responsible for State/Tribal grantees, and each TAL supports between two and six State/Tribal

grantees. (Appendix 1.2 contains a list of grantee assignments.) A strong working relationship between local program staff and the TAL is important for ensuring successful implementation of the cross-site evaluation. Thus, local program staff members should feel comfortable contacting their assigned TAL at any time with issues or questions related to the cross-site evaluation.

PRIMARY RESPONSIBILITIES FOR TAL S

- Possess a broad understanding of the GLSMA and the cross-site evaluation
- Know specific information about each assigned grantee program
- Assist grantees with implementing the cross-site evaluation
- Monitor grantee participation in the cross-site evaluation and the quality of data submitted

Development of the technical assistance and training plan involved an assessment of the evaluation-related needs and resources of each State/Tribal grantee. The TALs conducted telephone calls with each of their assigned grantees in fall 2006 as part of this process. The information gathered through the needs assessment provided the cross-site evaluation team with a better understanding of each grantee's goals, activities, self-evaluation plans, and institutional capacity for data collection, and it assisted the team in developing the training and technical assistance plan. Each year, as part of regular TAL contact with the grantee, the cross-site evaluation team will update the information included in the evaluation needs and resource assessment. The needs assessment includes the following major topic areas:

- Program and local evaluation structure
- Program activities
- Target population
- Technical capacity, resources, and data management
- Cross-site implementation knowledge, strengths, and challenges
- Existing management information systems (MIS) and other databases

Following the evaluation needs and resource assessments, the TAL model calls for regular (i.e., at least monthly) contact with assigned grantees to ensure that they are prepared to implement the cross-site evaluation, to monitor ongoing cross-site evaluation activities, and to conduct onsite training visits around cross-site evaluation implementation. Early in the implementation phase, monthly TAL contacts focus on orienting local program staff to the cross-site evaluation and working to identify local plans to carry out cross-site evaluation activities. Ongoing contact focuses on addressing challenges faced by local program staff in conducting cross-site evaluation activities and monitoring participation. TALs will prepare summaries of contacts with grantees, and information from these summaries will support ongoing technical assistance and training plans.

TOPICS FOR MONTHLY TAL CONTACTS

- Staffing, program, or evaluation changes
- Plans for collecting cross-site evaluation data
- Status of cross-site evaluation data submittal
- Upcoming cross-site evaluation activities
- Review of data profile reports
- Monitoring of participation in the cross-site evaluation
- Quality of data submitted

Webcast Trainings

The second stage of the training and technical assistance plan involves conducting Webcast trainings across State/Tribal grantees. Webcasts are used to share cross-site evaluation information and provide consistent targeted training on cross-site evaluation topics. A series of three startup and implementation Webcasts will be held in January and February 2007. The topics covered will most likely include (1) startup and implementation, (2) gaining buy-in and the benefits of participation, and (3) using the Suicide Prevention Data Center. The Webcasts will be recorded, and the PowerPoint presentations and the recordings will be made available to grantees via the Suicide Prevention Resource Center Web site. Additional Webcasts that expand on the core components of the cross-site evaluation and address other evaluation issues over the course of the 3-year cross-site evaluation will be provided as needed. Local program staff members will be notified when an additional Webcast is planned, and they will be provided with information on the topic of the Webcast and the availability of related materials.

Onsite Technical Assistance and Training Visits and Grantee Meetings

The third stage of the training and technical assistance plan involves face-to-face training and technical assistance for all State/Tribal grantees through a 2-day onsite visit by the assigned TAL and through technical assistance workshops at grantee meetings.

Startup Onsite Technical Assistance and Training Visits. Each State/Tribal grantee will receive one 2-day onsite technical assistance and training visit by its assigned TAL. The technical assistance and training visits will be scheduled on the basis of the readiness of grantees to begin cross-site evaluation data collection. Readiness for onsite training visits will be determined by the TAL in consultation with grantee program staff and the Government Project Officer (GPO), and it will depend on the status of program activities (e.g., staff are on board, program activities are finalized) and grantee readiness for data collection to begin. The expectation is that the 8 grantees funded in June 2006 will be ready for onsite visits in February or March 2007 and that the remaining 14 grantees will be ready in March or April 2007. Onsite training visits will follow an agenda to provide standardized, yet targeted, technical assistance and training that meet the individual needs of each grantee. The technical assistance and training visits will provide the cross-site evaluation team (via the TAL) with an opportunity to

- learn more about program activities and how program activities relate to cross-site evaluation components,
- provide technical assistance and training to local program staff in conducting data collection activities,
- provide technical assistance and training to local program staff in submitting and accessing cross-site evaluation data,
- assess the availability of EIRF information and provide technical assistance around tracking this information,
- provide direct training to staff responsible for administering data collection activities and for tracking program information.

A required set of topics will be covered across all State/Tribal grantees during the onsite training visits, as well as an optional set of topics (see below). The TAL will work collaboratively with local program staff to schedule the visit and to develop an agenda that meets the specific needs of the State/Tribal grantee.

REQUIRED TRAINING TOPICS AND ACTIVITIES

- GLS Suicide Prevention Program overview
- Cross-site evaluation overview
- Cross-site evaluation design
- Data collection procedures and instrument administration
 - Existing Database Inventory
 - Product and Services Inventory
 - Training Exit Survey
 - Training Utilization and Penetration Key Informant Interviews
 - Referral Network Survey
 - Early Identification, Referral and Follow-up Analysis
- Suicide Prevention Data Center overview and demonstration
- Data use and reporting

OPTIONAL TRAINING TOPICS AND ACTIVITIES

- Cross-site evaluation responsibilities and local responsibilities
- Engaging stakeholders and gaining buy-in
- Tracking program activities

The goal of the onsite training and technical assistance visit is to ensure that local program staff members are fully prepared to carry out cross-site evaluation activities. Therefore, through the monthly contacts, the TALs will work collaboratively with local program staff to identify the appropriate time for the visit and to assess the specific training needs. The agenda will be tailored to appropriately meet the level and need of the State/Tribal grantee.

To maximize local resources, the TALs will be available to provide direct training to those responsible for administering data collection activities, such as the TES, the TUP Key Informant Interviews, and the EIRF, and for responding to data collection activities, such as the EDI, the PSI, and the RNS. In addition, the format for the training can be tailored to meet the individual needs of the State/Tribal grantee, and the training may include PowerPoint presentations, strategy sessions, or work groups (see a sample of training activities below).

Following the visit, the TAL will compile a report summarizing the visit and documenting key program activities, the local data collection plans, strengths and challenges related to implementation of the cross-site evaluation, and outstanding issues to be addressed. A draft report will be reviewed by local program staff and finalized by the TAL. The report will serve as feedback to local program staff, and the assigned TAL will work closely with them to provide recommendations and address outstanding issues prior to the start of data collection.

Closeout Onsite Visit. TALs will conduct a 1-day closeout visit to each of the grantees in the final year of grant funding. During this visit, information collected throughout the cross-site evaluation will be shared, and sustainability plans will be discussed. Additionally, plans and requirements around final data cleaning and submission will be reviewed, and final questions and

concerns about the closeout of the cross-site evaluation will be addressed. The cross-site evaluation team will prepare and present cross-site evaluation data to project stakeholders to support the State/Tribal grantee's sustainability plan.

SAMHSA State/Tribal Midterm Grantee Technical Assistance Meeting. Another opportunity for face-to-face technical assistance and training will be provided at the SAMHSA State/Tribal Midterm Grantee Technical Assistance Meeting (expected December 2007). The midterm grantee meeting will provide all TALs with an opportunity to meet their grantees in person and to provide additional technical assistance and training. A standardized training agenda will be prepared on the basis of the needs of the State/Tribal grantees, and the status of the cross-site evaluation will be presented to all in attendance. All available TALs will have the opportunity to attend this meeting to provide additional one-on-one training and technical assistance to State/Tribal grantees.

SAMPLE OF SITE VISIT TRAINING ACTIVITIES

- Provide a cross-site evaluation overview to program stakeholders, coordinating councils, government representatives, etc., to gain program buy-in
- Facilitate a strategy session with representatives from referring and provider agencies to develop a system to track information on early identification, referral, and service provision
- Train gatekeepers and/or providers responsible for program information in the tracking process
- Provide technical assistance on administering the TES
- Facilitate a strategy session to identify appropriate RNS respondents
- Train new staff in the cross-site evaluation protocol
- Provide a demonstration of the SPDC and its reporting functions

Ongoing Technical Assistance and Monitoring

The cross-site evaluation team will provide ongoing technical assistance and monitoring to each State/Tribal grantee throughout the cross-site evaluation. Through their monthly contacts, the TALs will be available to address challenges and concerns, highlight successes, share information on upcoming activities, and monitor progress. Specifically, ongoing technical assistance will focus on the following areas:

- Ongoing support for the cross-site evaluation and related data collection
- Assessing data collection plans and identifying alternative data collection procedures, if necessary
- Supporting local efforts to maintain cross-site evaluation participation
- Identifying ways that cross-site evaluation information can be used for local quality monitoring, programmatic improvement, and sustainability efforts

In addition to ongoing technical assistance, a critical component of the TALs' responsibilities is to monitor cross-site evaluation progress and assess the compliance of State/Tribal grantees with the cross-site evaluation. TALs will use a variety of resources for ongoing compliance monitoring, including the following:

- SPDC monitoring tools (e.g., number of submitted EIRF cases, number of TES cases, RNS response rates)
- Key data collection milestones to gauge State/Tribal grantee progress

- Crosswalk data collection activities with planned program activities
- Guidelines and reporting timelines for cross-site evaluation data collection and entry

Through reviews of funding applications and other materials, needs assessments, and monthly conference calls, TALs will track the progress of the State/Tribal grantees in implementing their project plans and the cross-site evaluation. TALs will be responsible for bringing issues with cross-site evaluation implementation to the attention of local program staff in a timely manner.

2.4 DATA COLLECTION, ANALYSES, AND REPORTING

The cross-site evaluation team is primarily responsible for two cross-site evaluation data collection activities, in addition to analyzing the data collected through the cross-site evaluation and reporting findings to SAMHSA and to Congress. To facilitate data collection and management, the cross-site evaluation team designed a Web-based data collection and management system—the SPDC (Chapter 6). In addition to direct data collection responsibilities, the cross-site evaluation team is responsible for maintaining the SPDC, ensuring the security and quality of the data that are stored in the SPDC, and training State/Tribal grantees to use the SPDC.

Data Collection

To minimize the burden on local program staff, the cross-site evaluation team administers certain components of the cross-site evaluation. The cross-site evaluation team will be responsible for conducting the TUP Key Informant Interviews and for administering the Web-based RNS. The cross-site evaluation team will work collaboratively with local program staff to identify appropriate respondents for the TUP Key Informant Interviews and the RNS (Chapter 4, Sections 4.4 and 4.5, respectively), but the cross-site team ultimately will be responsible for the data collection.

Analyses

The cross-site evaluation team is responsible for conducting analyses to evaluate the effectiveness of the GLS Suicide Prevention Program. These efforts will assess the GLS Suicide Prevention Program as whole, not individual State/Tribal grantees. However, to the extent that State/Tribal grantees are implementing similar activities and targeting similar populations, these programs will be grouped and analyzed collectively. This analysis will allow for broad conclusions about similar types of prevention program activities across grantees. The cross-site evaluation team will use various analytic techniques to address the research questions outlined in Chapter 1, including descriptive, bivariate, multivariate, and network analysis techniques.

Reporting

The cross-site evaluation team is responsible for providing local program staff members with access to their cross-site evaluation data. (Chapter 7 outlines the process for accessing these data.) In addition, to support a comprehensive and thorough understanding of the GLS Suicide Prevention Program, the cross-site evaluation team will provide program-specific grantee summary reports, aggregate profile reports, quarterly evaluation progress reports, and a final report to Congress summarizing important evaluation findings. Using the analytic techniques described above, the final evaluation report will incorporate cross-site evaluation findings that are related to the key research questions.

STATE/TRIBAL TEAM RESPONSIBILITIES

To implement the cross-site evaluation of the GLS Suicide Prevention Program, the cross-site evaluation team and the local project team must work collaboratively. Each State/Tribal grantee will work with a TAL from the cross-site evaluation team. This collaborative relationship will allow grantees to implement the cross-site evaluation in a manner that responds to their unique program structures and needs, and it will ensure that effective communication occurs between the cross-site evaluation team and the local team.

Successful implementation of the cross-site evaluation relies heavily on the local project team. For example, the local project team collects data for the cross-site evaluation, identifies appropriate respondents for various instruments, implements sampling plans (if appropriate), maintains a tracking system, maintains a list of training activities, and uses cross-site evaluation data for program planning and sustainability.

3.1 OBTAINING APPROPRIATE LOCAL APPROVALS

The first step toward implementing the cross-site evaluation is to obtain the necessary IRB approval and data use agreements. The cross-site evaluation involves the collection of data from individuals (e.g., training participants, agency/organization representatives) and the tracking of program information related to youth identified as being at risk for suicide. Because many agencies that may be involved in cross-site evaluation activities, either as data collectors or respondents, are covered entities under the Health Insurance Portability and Accountability Act (HIPAA), a thorough understanding of the local interpretation of HIPAA is essential. Also, participating organizations may have guidelines related to the sharing of data. Therefore, the State/Tribal project team must investigate guidelines regarding the rights of evaluation participants, to ensure that data collection activities comply with State and local laws.

WHAT IS HIPAA?

HIPAA is a Federal law designed to protect the privacy of personal health information. Sharing mental health service information with the cross-site evaluation may require consents, releases of information, or data sharing agreements for compliance with HIPAA requirements. For the cross-site evaluation, State/Tribal grantees must review processes regarding the sharing and transferring of personal health information to ensure that HIPAA compliance is maintained. The full text of the 1996 law is available at the following location:

<http://aspe.hhs.gov/admsimp/pl104191.htm>

Institutional Review Board Submittal and Approval

Any research that involves human subjects requires IRB approval. The original application for the cross-site evaluation was reviewed and approved by the ORC Macro IRB on June 20, 2006 (Appendix 2.2). Prior to the start of data collection for Cohort 2 grantees, the cross-site evaluation expansion will be resubmitted to the ORC Macro IRB for review. However, local IRB approval also may be necessary. The specific components of the cross-site evaluation that require local IRB approval must be determined at the State/Tribal grantee level. For example, local IRB approval may be needed to contact respondents to invite them to participate in surveys or

interviews (e.g., TUP Key Informant Interviews, RNS), even though the surveys will be administered by the cross-site evaluation team.

In addition, local IRBs may require an understanding of the cross-site evaluation consent process for each instrument, the sampling plan (if appropriate) for specific instruments, and the process for removing identifying information for data accessed by the cross-site evaluation team. For example, the EIRF is a process to track program information about youth identified as being at risk for suicide and linkages to services. Local program staff will need to develop a system for tracking this information and sharing de-identified information with the cross-site evaluation team, and the local IRB may require review and approval of related procedures. (Chapter 4, Section 4.6, contains information on the EIRF.)

If a grantee must submit cross-site evaluation components to a local IRB, this manual, as well as the approved cross-site evaluation IRB application, will provide the necessary information to complete a grantee's local IRB application. A grantee IRB package for review may include the following components:

- Objective of the study
- Respondents (How many? Who?)
- Risk to human subjects
- Data collection procedures
- Instrument descriptions
- Copy of the data collection instruments
- Number and description of intended respondents
- Planned data collection procedures for each data collection activity
- Consent forms

The need for local IRB submittal should be addressed early in the planning process for cross-site evaluation implementation. The instruments and consents provided in this manual (Appendix 3) have been submitted to OMB for review and approval. Although these instruments are not finalized until OMB approval is received, it is expected that few, if any, changes will be made. Therefore, depending on the local IRB, State/Tribal grantees should be able to include these instruments in their IRB applications, indicating that the final instruments will be submitted once OMB approval is received.

Note: Once IRB approval has been obtained, each grantee should submit a copy of its approval letter to its TAL.

Data Use Agreements

Local program staff will be responsible for determining whether data use agreements or data sharing agreements are necessary with partner agencies to meet cross-site evaluation requirements. Specifically, these agreements may be necessary to share EIRF information with the cross-site evaluation. (Chapter 4, Section 4.6, contains information on the EIRF.) If agreements are necessary, the local program staff is responsible for obtaining them. A data use

agreement is an agreement between two agencies that plan to share data or other program information. For the cross-site evaluation, State/Tribal grantees may need to access information from partner agencies pertaining to youth identified as being at risk of suicide or served as part of suicide prevention programs. For example, some grantees may need an agreement between their program entity and the school district or mental health agency to share information on the youth who were identified as being at risk and provided with services. A data use/sharing agreement is typically needed for the following reasons:

- To regulate and monitor the process, data elements, and purpose of data sharing across organizations
- To protect the privacy of both individuals and organizations
- To meet HIPAA requirements

Three items are typically included in the data use agreement: (1) a description of the data to be shared, (2) a description of what the data will be used for, and (3) rules for data use by the requesting organization. The regulations of the individual agency from which a grantee is requesting data will determine whether a data use agreement is required to access agency data and to share data with the cross-site evaluation. This type of agreement will protect the rights of the organization's ownership, sharing, and use of data. (A sample data use agreement can be found in Appendix 2.5.)

Local program staff should engage potential program stakeholders to meet cross-site evaluation requirements (e.g., EIRF information) early in the planning process to determine whether a data use/sharing agreement is required. Because EIRF information may be housed across multiple agencies/organizations that identify, refer, and serve youth at risk, using existing data from these agencies/organizations will limit grantees' efforts to track these data independently. To streamline this effort, the cross-site evaluation team recommends the implementation of a data use/sharing agreement between entities involved in identifying, referring, and providing services to youth at risk of suicide. (Specific details regarding how to determine whether a data use/sharing agreement is needed for the EIRF are provided in Chapter 4, Section 4.6.)

3.2 PARTICIPATING IN TRAINING AND TECHNICAL ASSISTANCE ACTIVITIES

Another key responsibility of local program staff is to participate in cross-site evaluation technical assistance and training activities. The cross-site evaluation team has developed a technical assistance and training plan to prepare State/Tribal grantees for implementation of the cross-site evaluation. (Chapter 2 contains information on the technical assistance and training plan.) Consistent implementation across all State/Tribal grantees is critical to the evaluation of the GLS Suicide Prevention Program.

The cross-site evaluation team will host a number of training and technical assistance activities, which include monthly conference calls, Webcasts, onsite technical assistance visits, conference presentations and workshops, e-mail contact, and phone contact. The TAL assigned to a site is the grantee's primary contact and will be the main resource for technical assistance. The TAL will notify the local project team of any trainings being held by the cross-site evaluation team. Participation in these activities is encouraged for all members of the suicide prevention program

team but is required for the person(s) dedicated to the evaluation. Training and technical assistance activities will include such topics as gaining IRB approval, discussion of instruments, identifying strategies to collect data, sustainability, and data dissemination. (Chapter 2 contains more information on training and technical assistance opportunities.)

3.3 CROSS-SITE EVALUATION DATA COLLECTION AND SUBMISSION

The local project team is responsible for recruiting, administering, and responding to various components of the cross-site evaluation. The responsibilities of local program staff vary for each instrument and related evaluation component, as the cross-site evaluation team shares data collection responsibilities with local program staff. For example, the grantee staff members serve as respondents for the EDI and the PSI, and they administer the TES. The cross-site evaluation team is responsible for administering the RNS and the TUP Key Informant Interviews; however, local program staff members are responsible for identifying appropriate respondents and administering the consent to contact process. Finally, local program staff members are responsible for tracking information related to early identification activities with the EIRF. (Guidelines for monitoring and tracking these program activities can be found in Chapter 8; guidelines regarding specific data collection responsibilities for all cross-site evaluation data collection activities are summarized by activity in Chapter 4.)

3.4 GAINING STAKEHOLDER BUY-IN AND USING AND REPORTING DATA

Gaining buy-in from suicide prevention program stakeholders is critical to the success of a grantee's suicide prevention program. Generally, stakeholders include gatekeepers, providers, schools, other child-serving agencies, and advisory committee members. The local project team should ensure that its stakeholders understand that the GLS Suicide Prevention Program and cross-site evaluation are (1) part of a national effort to understand suicide prevention programs and their effectiveness and (2) important in sustaining and improving the grantee's suicide prevention program.

To gain buy-in from stakeholders, local evaluation teams may contact the stakeholders involved in the suicide prevention program and introduce the cross-site evaluation. This information will help stakeholders to realize that this is a national initiative and that their participation is very important. Local teams also should identify and explain the role of stakeholders in the success of the suicide prevention program and address the concerns of any stakeholders. In addition, stakeholders should be made aware of the benefits of participation. For example, they will better understand referral networks, as well as trained experiences among staff, and receive summary data from the local evaluation team on what advances have been made. (Guidelines regarding gaining stakeholder buy-in are discussed in detail in Chapter 5.)

A final responsibility of the local project team is to use the cross-site evaluation and self-evaluation data to generate findings and draw conclusions regarding the effectiveness of its suicide prevention program. Evaluation data can be used internally to inform program decisions and to externally disseminate findings. Data from both the cross-site evaluation and self-evaluation can be used to garner matched funds, sustain program efforts after Federal funding ends, create improvements to existing programs, and inform stakeholders and program leaders of effective and ineffective strategies. In addition, data dissemination can be used to further inform

the public and gain support from other agencies. (Chapter 7 contains information on using cross-site evaluation data.) For these reasons, running a successful evaluation is paramount to the success of the program.

CROSS-SITE EVALUATION DATA COLLECTION ACTIVITIES

As discussed in Chapter 1, there are six data collection activities that compose the State/Tribal cross-site evaluation protocol. These data collection activities are necessary within the four-stage cross-site evaluation approach to provide consistent information across all grantees in efforts to respond to the four overarching questions presented in Chapter 1. The responsibility for data collection, the target respondents, and administration procedures differ for each data collection activity. This chapter is organized by data collection activity (instruments are included in Appendix 3), and the following information is provided for each activity:

- Purpose
- Content
- Target respondents
- How to identify respondents (where appropriate)
- How consent is obtained
- Confidentiality (where appropriate)
- How administered/who administers
- When administered
- Submitting data (where appropriate)
- Availability of data
- Special issues/considerations

4.1 EXISTING DATABASE INVENTORY (EDI) (APPENDIX 3.1)

Purpose

The EDI is a Web-enabled instrument designed to catalog information about the type of data and data systems that exist to support State/Tribal grantees' suicide prevention efforts or contain information on populations impacted by suicide prevention activities. The results of the inventory will be incorporated into a report to SAMHSA describing the suicide prevention resources available to and used by the grantee. For the purposes of the cross-site evaluation, the EDI is designed to catalog centralized or statewide data systems that track consistent management information about each individual grantee's suicide prevention program or populations impacted by program activities, not stand-alone databases. For example, if a grantee's program involves multiple mental health agencies, which all have stand-alone data systems that track different information or similar information in different formats, the EDI should reflect no centralized data system for mental health. The EDI would only reflect an electronic database for mental health if all mental health agencies maintained data as part of a centralized data system, such as a Medicaid billing system.

Content

The EDI is divided into three parts and is composed of both multiple-choice and open-ended questions. The EDI takes approximately 30 minutes to complete; however, the number of existing databases available and/or accessed by each individual grantee site will determine the exact number of items the respondent will have to complete. Part I of the EDI identifies the MIS and electronic databases that support the grantee's suicide prevention program or contain information about populations impacted by suicide prevention activities. Part II identifies the degree of data integration that exists among the various existing electronic databases that grantees are able to access. Part III identifies the grantee's ability to access data relevant to the grantee's suicide prevention efforts. It also identifies the services provided through the grantee's suicide prevention grant and the data elements related to those services that may or may not be available.

Target Respondents

The EDI should be completed by the project staff member most knowledgeable about the existing databases used for suicide prevention program efforts. This person also should be knowledgeable about the level of access that local program staff members have to these databases and the contact persons for the organization in which the relevant databases are maintained. The EDI requests information on existing databases across multiple agencies involved in a suicide prevention program. Although one person should be identified as the primary respondent, this person should compile all of the necessary information for successful completion of the EDI from various sources. A hard copy of the EDI is available for download from the SPDC, and it can be forwarded to agency personnel knowledgeable about existing databases for completion and returned to the primary respondent.

How Consent Is Obtained

Consent for the EDI is obtained through the survey login process. The login page of the EDI provides an introduction, instructions on how to complete the survey, and a description of the consent process. The consent page describes the purpose and content of the survey, and it includes information on confidentiality, administration procedures, risks to the participant, and contact information. Respondents indicate their consent by clicking a check box prior to starting the survey.

How Administered/Who Administers

The EDI is a self-administered, Web-enabled survey hosted by the cross-site evaluation team through access to the SPDC (Chapter 6). State/Tribal grantee staff will be notified when the EDI administration window is open and will have 30 days to complete the inventory. Throughout the administration window, the cross-site evaluation team will send periodic reminders via e-mail to ensure timely completion.

When Administered

The EDI will be completed annually in years 2 and 3 of the grant funding period (December 2007 and December 2008). Local program staff will have a 30-day window to complete the EDI at each administration (Appendix 2.3).

Availability of Data

Once a State/Tribal grantee has finalized an EDI and submitted it via the Web-based form, the grantee can print the information entered and/or save it to a computer's hard drive. The file will be saved as an HTML file, which can be converted to a Microsoft Word document. In addition, EDI information will be available in summary tables for download by State/Tribal program staff.

Special Issues/Considerations

Institutional Review Board

Since the EDI does not fall within the regulations of human subjects protection and does not ask any sensitive information, IRB approval is not anticipated to be necessary. However, the ORC Macro IRB reviewed and approved data collection procedures for the EDI (Appendix 2.2).

Special Instructions for Administration

The cross-site evaluation team will provide the respondent with a password to access the Web-based EDI, and the respondent will access the EDI through the SPDC (Chapter 6). The respondent should save this password so that he or she can partially complete the EDI and return at a later time. EDI information can be saved and retrieved at any time within the administration window prior to submitting. Once the EDI is completed, the respondent will click the submit button. **Note:** Once the EDI is submitted, the password becomes invalid. If an EDI is accidentally submitted, the respondent should send an e-mail to spdc-help@orcmacro.com to request that the EDI be returned.

How to Obtain Information for Completion of the EDI

Completion of the EDI may require investigation into the type of relevant data that are available across multiple agencies involved in the suicide prevention program. Project staff members should thoughtfully consider the various agencies that are involved in their suicide prevention program and any existing databases that may or may not be available, but which could contain information that can be used to learn about the program's suicide prevention efforts. For example, if a grantee is training school personnel in early identification activities, grantee staff will want to consider any existing databases in the school when completing the EDI. Similarly, if a community mental health agency is involved in serving youth identified as being at risk through the grantee's suicide prevention efforts, the mental health agency's existing databases should be considered when completing the EDI. The person responsible for completing the EDI should start by looking at the partner agencies involved in the suicide prevention program (e.g. juvenile justice, child welfare). State and local agencies, if not part of the suicide prevention program, also may maintain information of interest for local and cross-site evaluation purposes.

4.2 PRODUCT AND SERVICES INVENTORY (PSI)—BASELINE (APPENDIX 3.2) AND FOLLOW-UP (APPENDIX 3.3)

Purpose

The PSI is a Web-enabled instrument that collects information on the types of products and services developed and used within each State/Tribal grantee's program. These products and services may include awareness campaign products and materials; risk identification training materials and workshops; and enhanced services, including early intervention, family support, and postsuicide intervention services, as well as evidence-based treatments. However, they do not include the materials developed for evaluation purposes. There are two versions of the PSI, baseline and follow-up. The baseline version assesses the development and use of products and services during the first year of funding. The follow-up version provides an update on the development and use of products and services in the preceding 3 months. Consequently, this inventory will catalog all of the products and services developed and used with grant funding over the 3-year grant, and the results of the inventory will be incorporated into a report to SAMHSA describing suicide prevention products and services.

Content

The PSI is divided into three parts and consists of 18 multiple-choice and open-ended questions, which will take approximately 45 minutes to answer. However, the number of products and services developed and used by each grantee will determine the exact number of items the respondent will complete. Part I of the survey focuses on product and service descriptions and tabulates all of the products or services that have been used or developed during the relevant time period specific to administration of the survey. Part II asks about product and service development and assesses the development process. Part III requires the respondent to answer questions about program linkages that have been established with other agencies, divisions, or organizations.

Target Respondents

The PSI should be completed by the program staff member most knowledgeable about the development and use of products and services. This person is likely to be the project director and should ideally be the same person during every quarterly completion of the inventory. It may be necessary for the designated respondent to consult several sources to obtain the essential information to accurately complete the PSI. Although one person should be identified as the primary respondent, this person should compile all of the necessary information for successful completion of the PSI from the various sources. A hard copy of the PSI is available for download from the SPDC, and it can be forwarded to other personnel knowledgeable about products and services. Subcontractors of grantees or partner organizations also may provide descriptions of relevant products or services they are administering and forward them to the primary respondent.

How Consent Is Obtained

Consent for the PSI is obtained through the survey login process. The login page of the PSI provides an introduction, instructions on how to complete the survey, and a description of the consent process. The consent page describes the purpose and content of the survey, and it includes information on confidentiality, administration procedures, risks to the participant, and contact information. Respondents indicate their consent by clicking a check box prior to starting the survey.

How Administered/Who Administers

The PSI is a self-administered, Web-enabled survey hosted by the cross-site evaluation team through access to SPDC (Chapter 6). Local program staff will be notified when the PSI administration window is open for completion, and respondents will have 15 days to complete the inventory. Throughout the administration window, the cross-site evaluation team will send periodic reminders via e-mail to ensure timely completion.

When Administered

The baseline version of the PSI is intended for completion once in April 2007 following OMB approval (expected February 2007). The follow-up version will provide quarterly updates on the development and use of products and services after administration of the baseline survey. Both versions of the survey have a definitive reporting period. The reporting period for the baseline version will be the time extending from the beginning of grant funding to a date to be determined once OMB approval is received. The follow-up version will be administered every 3 months thereafter, through September 2009. Specific dates of administration are expected to be (upon receiving OMB approval) April, July, and October 2007; January, April, July, and October 2008; and January, April, July, and September 2009. (Appendix 2.3 contains an implementation timeline.)

Availability of Data

Once a State/Tribal grantee has finalized a PSI and submitted it via the Web-based form, the grantee can print the information entered and/or save it to a computer's hard drive. The file will be saved as an HTML file, which can be converted to a Microsoft Word document. In addition, PSI information will be available in summary tables for download by State/Tribal program staff.

Special Issues/Considerations

Institutional Review Board

Since the PSI does not fall within the regulations of human subjects protection and does not ask any sensitive information, local IRB approval is not anticipated to be necessary. However, the ORC Macro IRB has reviewed and approved this data collection process (Appendix 2.2).

Items to Include on the PSI

Products. For the purposes of completing the PSI, products are defined as any tangible item that is developed, used, or disseminated as part of a grantee-specific GLS Suicide Prevention Program. This includes public information materials, training curricula, screening or tracking

tools, or other supporting materials. (Appendix 3.4 contains definitions.) Respondents should identify each product individually by type and content, but not by number. For example, if a grantee develops five DVDs on different topics, this would result in five separate entries on the PSI; however, distributing the same DVD multiple times during the reporting period is one entry on the PSI. Materials developed for evaluation purposes should not be included in the PSI.

Determining whether a product should be recorded in the inventory and in what capacity requires consideration. Certain requirements must be met for a product to be considered “in development” and therefore recorded in the PSI. For purposes of the cross-site evaluation, the development process consists of three phases: planning, action, and production. When completing the PSI, for a product to be considered in development, the product must have surpassed the planning phase and entered the action phase. The action phase can be defined as a dedication of time or resources for the purposes of completing development of the product.

The following three examples of action phase steps can be used to provide clarification on the cross-site evaluation team’s definition of “in development”:

- A grantee hires a graphic artist to design a poster as part of an awareness campaign.
- An evaluator conducts a literature review of the top ten warning signs for a suicide attempt, to be used to create a training curriculum.
- A grantee conducts consumer focus groups to solicit feedback on persuasive messages for an ad against stigma.

Services. For the purposes of completing the PSI, services are defined broadly and include GLS-supported activities, such as trainings, workshops, educational seminars, mental health screenings, or services. (Appendix 3.4 contains definitions.) Respondents should identify each activity that has occurred during the reporting period and document these activities on the PSI. Activities should be listed individually by content, but the same activities should not be entered each time the activity is held. For example, only one entry is used for QPR training conducted three times during the reporting period; however, if QPR training and ASIST training were conducted, two entries would be used. Documenting the number of individual training activities will be accomplished through the TES (Chapter 4, Section 4.3).

Training curriculum development should be distinguished on the PSI from conducting the actual training activity. If during the same reporting period program staff members develop a training curriculum and conduct the training, they should list these activities separately on the PSI: one as a product (i.e., the curriculum) and the other as a service (i.e., the training activity). This distinction also applies to any workshop or seminar-type activity.

Special Instructions for Administration

The cross-site evaluation team will provide the respondent with a password to access the Web-enabled PSI, and the respondent will access the PSI through the SPDC (Chapter 6). The respondent should save this password so that he or she can partially complete the PSI and return at a later time. PSI information can be saved and retrieved at any time within the administration window prior to submitting. Once the PSI is completed, the respondent will click the submit

button. **Note:** Once the PSI is submitted, the password becomes invalid. If a PSI is accidentally submitted, the respondent should send an e-mail to spdc-help@orcmacro.com to request that the PSI be returned.

The Web-enabled inventory is organized in three parts and is designed to document all product and service activities during the reporting period (i.e., baseline includes the first year of grant funding and subsequent follow-up includes the previous 3 months). For the baseline version, the respondent will catalog all products and services since the start of grant funding. Products and services entered on the baseline version will prepopulate fields in the follow-up version of the PSI, and each administration will inform additional follow-up versions. Thus, respondents will not have to reenter products and services from previous reporting periods, but rather they can simply update information about the development status and use of these products and services. If no activity has occurred, the respondent will indicate this and move to the next product/service included in the inventory. For the follow-up versions, once all products and services have been reviewed and information has been updated, the respondent will be asked to record new products and services developed and used during the reporting period.

Specific instructions to assist in completing Part I of the PSI are as follows:

1. Identify by name the product or service (follow-up versions will be prepopulated with products or services from previous reporting periods).
2. Indicate whether the product or service was (1) in development during the reporting period, (2) developed and used during the reporting period, (3) developed during the reporting period but not used, or (4) used during the reporting period but purchased or developed prior to the reporting period (respondents to follow-up versions will be allowed to indicate “No activity”).
3. Identify the category of the product or service from the pull-down menu (a list of category definitions is included with the instrument).
4. Identify the target population for the product or service from the pull-down menu.
5. Provide a description of the product or service. The description should be detailed enough to explain the content, intended purpose, and other information that distinguishes the product or service. Examples include a general awareness brochure, Web site enhancements to provide information on the national hotline, and a Spanish-language poster discussing suicide as a public health problem.
6. Indicate whether the product or service has an evidence base.
7. Identify the method used to evaluate the product or service.
8. From the pull-down menu, indicate whether the use of the product or service will continue after grant funding. For products, this entry refers to whether the product development and dissemination will continue after funding; for services, this entry refers to whether the activity will continue after funding.
9. Indicate what percentage of the suicide prevention budget during the reporting period was used to support efforts around the identified product or service.
10. Once all items in Part I are completed for the identified product or service, the respondent can return to Question 1 to enter a new product or service (in follow-up versions, the respondent can return to a prepopulated product or service for updating) or continue to Part II.

Once all products and services have been entered in Part I, the PSI will ask the respondent to respond to a series of questions on the development process for products or services identified as “in development” in Part I. Only those products or services that were identified as being in development in Part I will be included in Part II. After completing Part II, respondents will be asked to provide information on program linkages and referral network agencies. This information is important not only to accurately describe all those involved in the grantee’s suicide prevention program, but also to help facilitate the RNS (Chapter 4, Section 4.5).

4.3 TRAINING EXIT SURVEY (TES) (APPENDIX 3.5)

Purpose

The TES collects individual-level data from all adult participants in training activities that are part of the State/Tribal grantee programs. The purpose of the TES is to assess the content of the training, the participants’ intended use of the skills and knowledge learned, and satisfaction with the training experience.

Content

There are two components to the TES: (1) the Training Exit Survey Cover Page and (2) the Training Exit Survey.

Training Exit Survey Cover Page. One TES Cover Page will be completed per training activity to collect aggregate-level information. The TES Cover Page must be completed and entered into the SPDC for all trainings, even for those involving youth. However, the survey should not be administered to youth under age 18. The TES Cover Page requests responses to the following nine items:

1. Date of training
2. Training ID
3. The numbers of attendees
4. The name of the training
5. The name of the facility where the training was held
6. The agency affiliation of the training participants (used to measure the increase in the number of individual schools/agencies/organizations that have been trained in evidence-based programs)
7. The type of training
8. The duration of the training
9. The person responsible for administering the TES

This information is important for tracking survey response rates and providing critical program performance measures. (Chapter 7 contains information on program outcome measures.)

Training Exit Survey. The TES requests individual-level information related to the training experience from the participants' perspective. The survey requests information in five content areas:

1. Participant background information
2. Training content
3. Knowledge gained
4. Satisfaction with training
5. Participant demographic information

The survey includes 29 items, including multiple-choice, Likert-scale, and open-ended questions, and it takes approximately 10 minutes to complete.

Target Respondents

The TES will be administered to all individuals, over the age of 18, attending a training activity as part of the State/Tribal program. Training activities include gatekeeper training, training to use screening mechanisms, workforce development training, and train-the-trainer activities. The total number of respondents per grantee will depend on the number of training activities sponsored by each grantee and the number of participants.

How to Identify Respondents

Appropriate respondents will be identified through their participation in training activities sponsored by the State/Tribal program. All participants over the age of 18 who complete the training activity are appropriate respondents.

How Consent Is Obtained

Consent for the TES is implied when the participant completes the survey and returns it to the local project team. The TES includes a consent page, which describes the purpose and content of the survey, and includes information on confidentiality, administration procedures, risks to the participant, and contact information.

Confidentiality

All responses to the TES Cover Page or the TES will be confidential, as no identifying information is requested. To avoid unintentional identification of respondents (e.g., by type of agency, primary role), information will be reported in aggregate only, when there are fewer than 10 cases per group. If there are fewer than 10 cases total, information will not be reported.

How Administered/Who Administers

Training Exit Survey Cover Page. One TES Cover Page will be completed by local program staff for each training activity held. While no TESs will be completed by respondents under the age of 18, a TES Cover Page will be completed for all training activities (even those trainings involving minors). Local program staff will be responsible for entering data elements from the cover page into the SPDC (Chapter 6). Once users log in to the SPDC, they will be able to access the TES Cover Page Data Entry Form. A unique password, generated by the SPDC, will be

required for each TES Cover Page entered. TALs will provide a demonstration of the TES Cover Page Data Entry Form during the onsite training visit. (*Note:* If a grantee is using the scannable hard copies of the TES provided by the cross-site evaluation team, the grantee can forward the TES Cover Page in hard copy, along with the scannable hard copies.)

Training Exit Survey. The TES is self-administered by training participants. Local program staff will be responsible for assigning training and participant IDs to each survey, introducing the TES to training participants, explaining the consent process, distributing the surveys, and collecting the surveys. The person responsible for these tasks will be determined by the local project team and may include the trainer, the evaluator, the project coordinator, or others affiliated with the suicide prevention program. A standardized protocol for assigning IDs, introducing the survey, collecting the survey, and forwarding the hard-copy surveys to the cross-site evaluation team or entering data into the SPDC should be established prior to administration. Cross-site evaluation TALs will provide technical assistance in developing this protocol.

There are two options for survey administration: (1) a scannable survey option provided by the cross-site evaluation or (2) a paper-and-pen format with data entry into the SPDC or into a locally developed database with submittal to the cross-site evaluation team. The cross-site evaluation scannable survey is most appropriate for administration of the TES to large numbers of trainees. However, the scannable survey cannot be modified to include grantee-specific items. If grantees intend to add additional items to the TES for self-evaluation purposes, there are two options for data submission: (1) a paper-and-pen option with data entry into the SPDC or (2) a locally developed scannable survey with uploadable data set. (The Submitting Data section below contains more information.) Each grantee should discuss its preferred option with the TAL. The local project team is responsible for submitting or forwarding TES data to the cross-site evaluation team, regardless of the option selected.

When Administered

Once OMB approval is obtained, the TES will be administered throughout the State/Tribal grantee's funding period at the conclusion of each training activity supported through the GLS Suicide Prevention Program. However, no TESs should be administered to training participants under the age of 18. Because the purpose of the survey is to assess the full training experience, it should be administered upon completion of the training activity. For example, if the training activity includes multiple sessions, the survey should only be administered at the conclusion of the final session. Data collection and submission for the TES will end on August 31, 2009, so that a final data set can be prepared for reporting purposes.

The TES should be administered at each unique training activity, including booster trainings. Thus, individuals may complete a TES for each booster training they attend. For example, if gatekeeper booster training is conducted annually as part of the State/Tribal grantee program, the TES should be administered to all participants at each annual training activity.

Submitting Data

Local project teams will have three options for submitting data: (1) entering data into the SPDC, (2) using the cross-site evaluation scannable survey, or (3) locally developing a scannable survey or electronic data set.

1. ***Entering Data Into the SPDC.*** Local program staff will be able to enter cover page and TES data into the SPDC upon completion of the training activity. The TES Data Entry Form will be accessible through the SPDC. Once users have logged in to the SPDC, the TES Cover Page and the TES will be accessible for entering cover page information and individual cases. (Chapter 6 contains information on accessing data entry forms.) A unique password, generated by the SPDC, will be required for each TES case entered. Data entry staff should document the password so respondents can partially complete the form and return at a later time. The TES Data Entry Form page will be demonstrated for program staff during the TAL's onsite training visit. (Chapter 2 contains information on the training visit.)
2. ***Cross-site Evaluation Scannable Survey.*** If the cross-site evaluation scannable survey option is selected, local project teams will need to collect the hard-copy surveys and forward to the cross-site evaluation team at the address below. The cross-site evaluation team will be responsible for scanning the surveys and making the data available on the SPDC. These hard-copy surveys should be grouped by training activity and have the TES Cover Page completed and attached when mailed.

ORC Macro
c/o Angela Sheehan
116 John Street, Floor 8
New York, NY 10038

3. ***Locally Developed Scannable Survey or Uploadable Data Set.*** If a locally developed scannable survey or electronic database is used, the local project team will be responsible for entering the TES Cover Page data elements into the SPDC and forwarding the electronic data set to the cross-site evaluation team. The format for submitting the data set must meet the proper specifications as outlined in Appendix 5.1 for TES Cover Page data elements and Appendix 5.2 TES data elements. Grantees must submit the data set to the cross-site evaluation team at the end of each quarter, which will ensure that all TES data are included in cross-site evaluation reporting efforts. (Chapter 7 contains information on reporting efforts.)

Availability of Data

Individual-level TES data will be available on the SPDC in real time upon submittal of an individual case or after uploading a data set. For example, once a TES has been entered and submitted via the SPDC, the case will be transferred to the central repository and be available for download. Alternatively, if a data set is provided to the cross-site evaluation team, once the data set is uploaded to the central repository, it will be available for downloading through the SPDC. Data will be provided as a text file, which can be imported into a spreadsheet or statistical software (e.g., SPSS).

Special Issues/Considerations

Institutional Review Board

The TES was included in the cross-site evaluation application submitted to the ORC Macro IRB and approved on June 20, 2006 (Appendix 2.2). The need for local IRB approval of the TES should be determined by the local project team. Some IRBs may view the TES as part of a research study, which would require review by the local IRB. However, local IRBs may view the TES as a project assessment tool, which may not require review. Local project staff members should consult with their TAL to determine whether local IRB approval is needed.

Assigning Identification Numbers

A ***training ID*** must be assigned to each training activity where the TES is administered and be included on the cover page and on each individual survey. This training ID will be five digits: The first two digits represent the grantee (Appendix 2.4 has a list of grantee IDs), and the final three digits will be grantee specific (i.e., assigned by the grantee). The final three digits can be used to reflect geographic area, type of training, type of trainees, and so forth, in efforts to facilitate local analyses of TES data. Local project staff can determine how to assign the final three digits, which should be communicated to the TAL. The training ID should be documented on the first page of each TES. If using the cross-site evaluation scannable option, program staff can prefill the training ID or can instruct respondents to fill in the “bubbles” corresponding to the training ID.

A ***participant ID*** also must be assigned to each TES. This ID is composed of three digits to represent a unique identifier for each respondent to the TES. These digits are required for each survey that is completed. The only purpose of this ID for the cross-site evaluation is to provide a unique identifier; therefore, local project staff members can develop their own numbering scheme as long as the IDs are unique. For the paper-and-pen option, these IDs will be required fields when entering data in the SPDC. For the cross-site evaluation scannable survey option, these digits can be preprinted on the survey, but respondents will need to be instructed to fill in the “bubbles” on the scannable survey corresponding to the preprinted ID. For locally developed scannable surveys, the data sets that are forwarded to the cross-site evaluation must include the training ID and the participant ID. (Appendix 2.4 contains a list of grantee IDs.)

Ordering Scannable Surveys

Grantees can submit requests for scannable TESs to TrainingExitSurvey@orcmacro.com. When ordering surveys, local program staff must specify the number of surveys needed, the mailing address, and the contact person. Requests for surveys will be processed within 2 weeks of the request. There will be no cost to the grantee for ordering or distributing the scannable surveys.

4.4 TRAINING UTILIZATION AND PENETRATION (TUP) KEY INFORMANT INTERVIEWS (APPENDIX 3.6)

Purpose

The TUP Key Informant Interview is a qualitative interview administered to individuals who participated in a training activity as part of the State/Tribal program. The TUP will assess whether the suicide prevention knowledge, skills, and/or techniques learned through training were utilized and had a perceived impact on youth following the training experience.

Content

The TUP interview requests information in three content areas: (1) respondent background information, (2) training content, and (3) training utilization and perceived impact. Examples of questions on the TUP interview to cover the content areas include the following:

- What were the primary objectives of the training you attended?
- Have you used what you've learned in the training in interactions with youth?
- How does the training impact your ability to communicate with others about how to prevent suicide?

The TUP interview includes 23 items and takes approximately 40 minutes to complete. The interviews include close-ended background questions, with the remaining questions being open ended and semistructured.

Target Respondents

Training gatekeepers in how to identify suicide risk factors among youth and how to appropriately respond is a key component of GLS Suicide Prevention Program. Chapter 4, Section 4.3, describes the TES, which will be administered to all adult training participants as part of the State/Tribal program. Target respondents for the TUP interview are a subset of these training participants. For the purposes of the TUP interview, one training activity per year will be identified in each State/Tribal site, and 10 key informants who completed the selected training will be randomly selected to be interviewed for the TUP interview. (Over the course of the grant, 30 people per grantee will be chosen to participate in the TUP interview.)

How to Identify Respondents

Respondents to the TUP Key Informant Interviews will be randomly selected from a list of training participants who provide consent to contact upon completion of the selected training sponsored by the State/Tribal program. Local program staff will be responsible for identifying the selected training, introducing the TUP Key Informant Interviews to participants, and explaining the consent to contact process. Consent to contact information should be forwarded to the cross-site evaluation team upon completion of the training, and the cross-site evaluation team will then randomly select 10 respondents.

How Consent Is Obtained

Prior to being contacted by the cross-site evaluation team for participation in the TUP interviews, all potential respondents must provide consent to contact. The consent to contact form (Appendix 3.7) should be attached to the TES for all surveys administered at the selected training. Local program staff will be responsible for introducing the TUP Key Informant Interviews, explaining the consent to contact, collecting the consent to contact forms, and forwarding these forms to the cross-site evaluation team. A sample script for introducing the TUP interview to training participants is provided in Appendix 4.1.

Once the consent to contact forms have been received, the cross-site evaluation team will randomly select 10 respondents from the list of training participants who provided consent to contact. These 10 respondents will be contacted directly via telephone by the assigned cross-site evaluation interviewer. The interviewer assigned to conduct the interviews will obtain verbal consent from each participant via telephone (Appendix 3.8). The interviewer will inform respondents of the benefits and risks associated with participation and inform participants that they can stop the interview at any time. Copies of the consent form have been made available to local program staff for the purposes of submittal to their local IRB. Participation in the TUP interview is completely voluntary. If consent is not obtained, the cross-site evaluation team will randomly select another respondent from the potential respondent list. All copies of the consent to contact forms will be destroyed upon completion of the evaluation. No identifying information obtained on the consent to contact forms will be stored with interview responses.

How Administered/Who Administers

The TUP Key Informant Interview is a qualitative interview that will be administered via telephone by the cross-site evaluation team. Following the annual random selection of 10 respondents, an interviewer will contact each respondent to introduce the TUP Key Informant Interview and to schedule an appointment for the interview. If appropriate, the interview can be conducted during the first contact; however, the interview will not begin until consent is obtained. Consent for participation in the interview will be obtained verbally from the respondent via phone.

When Administered

After the grantee has conducted the specified training activity, consent to contact information will be collected and forwarded to the cross-site evaluation team. The TUP interviews will be scheduled and administered at 2 months after training. Grantees should carefully consider which training session is most appropriate to target for TUP administration and obtain the TUP consent to contact forms. When identifying the training, local program staff members should select a training that will most benefit their State/Tribal program. For example, if local program staff members are particularly interested in how training is being utilized with a certain population, they can target this population. (Information on how to select the training activity is provided below.) The training activity must be chosen prior to June 30 of each year of funding in order to allow cross-site evaluation staff to administer TUP interviews and summarize results.

Availability of Data

The cross-site evaluation team will prepare a summary report of TUP Key Informant Interviews for each grantee and make it available on the SPDC (Chapter 6) within 2 months of the interviews. The summary report will highlight key themes expressed by TUP interview respondents.

Special Issues/Considerations

Institutional Review Board

The TUP interview was included in the cross-site evaluation application that was reviewed and approved by the ORC Macro IRB (Appendix 2.2). The need for local IRB approval of the TUP interview should be determined by the local project team. Some IRBs may require approval for the consent to contact related to the TUP interview, even though the cross-site evaluation team is administering the TUP interview. However, some local IRBs may view the TUP interview as a project assessment tool, which may not require review by the local IRB. The local evaluation team will need to investigate whether local IRB approval is necessary.

Identifying the Appropriate Training

As stated previously, local program staff should select one training for administration of the TUP interview annually, so conclusions can be drawn specific to the training where all 10 respondents had the same training experience. The training is selected at the discretion of the local program staff, with consultation from the cross-site evaluation team. Guidelines around which training activity to target include the following:

- Which training do you want to learn most from?
- Which target population do you want to learn most about?
- Which training is the most appropriate for responding to TUP interview questions (i.e., trained gatekeepers in skills to be utilized with identifying youth)?
- Which training is the most substantive in terms of learning about and utilizing suicide prevention skills?
- Which training offers sufficient numbers for potential follow-up?

The selected training should teach respondents skills that are intended to be utilized and can be assessed at a later date, given that the TUP interview will be administered 2 months after the training. Doing this can give respondents a period of time to utilize skills learned and report on the success of retaining those skills in real-life settings.

Submitting Consent Forms

The TUP interview consent to contact forms will be completed by participants at the selected training. Local program staff will determine who at the local level will be responsible for (1) introducing the TUP interviews, (2) distributing the consents to contact at the training activity, (3) collecting consent to contact forms, and (4) sending the consent forms to the cross-site evaluation team. Trainers, local evaluation team members, or program staff can be considered when assigning responsibilities. A sample TUP interview introduction is provided in Appendix

4.1. Because the TUP interviews are to be conducted at 2 months after training, these roles must be defined early and carried out in a timely manner. Consent to contact forms may be scanned and e-mailed to Kathleen.E.Jones@orcmacro.com or mailed directly to the cross-site evaluation team at the following address:

ORC Macro
c/o Kathleen Jones
116 John Street, Floor 8
New York, NY 10038

4.5 REFERRAL NETWORK SURVEY (RNS) (APPENDIX 3.9)

Purpose

The purpose of the RNS is to collect information from representatives of organizations and/or agencies involved in implementing and governing suicide prevention activities. These organizations/agencies include those involved in the governance or coordination of suicide prevention activities as related to early identification and prevention (e.g., coordinating council, governance board, task force), as well as those involved in identifying, referring, or providing services to at-risk youth (i.e., “the referral network”). For the purposes of the cross-site evaluation, services are defined as direct mental health services, as well as support services, such as tutoring, referral to hotlines, and afterschool programs. Specifically, the RNS assesses the agencies and organizations involved in the network, their level of involvement, and the types of agency agreements and protocols in place to support youth who are identified as being at risk for suicide.

Content

The RNS requests information in four content areas: (1) respondent background information, (2) agency/organization linkages and collaboration, (3) formal or informal agreements, and (4) respondent demographic information. The survey includes 22 items and can take up to 40 minutes to complete, depending on the number of agencies/organizations identified. Respondents will be presented with 12 broad relationship types that are important in suicide prevention referral networks (e.g., network governance, providing referrals, coordinating training activities). For each relationship type, the respondent will be asked to identify up to 10 agencies/organizations that his or her agency has collaborated with in the prior 12 months. For each agency selected, the respondent will rate the quality of the relationship. If the respondent’s agency has not partnered with any agency/organization for a particular domain, selecting “No agency relationship” is an option. The respondent also is asked to identify whether policies and procedures are in place to refer youth to mental health services and to determine if youth received services from any referral network agencies/organizations.

Target Respondents

The RNS will be administered to two representatives from each agency and organization identified by the local project team. These respondents should represent an administrative-level individual (i.e., school principal, agency director, program coordinator) and a supervisory-level individual (i.e., clinical supervisor, head teacher). The number of respondents per grantee will

depend on the number of referral networks targeted and the number of agencies/organizations identified.

How to Identify Respondent Agencies

Local program staff members will be asked to identify at least one network involved in their GLS Suicide Prevention Program for participation in the RNS. State/Tribal grantees may have several referral networks involved in their suicide prevention programs, depending on the organization of their programs. The RNS can accommodate multiple referral networks within State/Tribal programs, but grantees are only required to identify one network. Again, the RNS is intended to assess relationships between agencies/organizations around suicide prevention; therefore, agencies and organizations across the 12 relationship types included on the RNS should be included as respondent agencies.

Once a referral network is identified, all agencies, organizations, or service providers involved with administering the suicide prevention program, identifying youth as being at risk for suicide (e.g., recipients of gatekeeper training, those responsible for screening activities), referring youth for mental health or non-mental health services, and providing mental health or non-mental health services to youth within that network should be identified. The agencies/organizations identified should be considered part of the GLS Suicide Prevention Program, and they should include agencies involved in governance of the program and agencies responsible for identifying youth and providing services. For example, appropriate provider agencies would include those that have been involved in making decisions about program activities (e.g., departments of mental health), have provided mental health services to youth identified through the program (e.g., community mental health centers), have provided support services to youth or families (e.g., community centers), or potentially will be providing services at some point during the program.

The list of appropriate agencies and organizations will be forwarded to the cross-site evaluation team, along with the respondent's contact information (Appendix 5.3). One respondent list form should be submitted for each referral network identified. (Examples of strategies to engage RNS respondent agencies are discussed in Chapter 5.)

How to Identify Respondents

Local program staff will be asked to identify and forward contact information for two appropriate respondents per agency/organization identified to include (1) an administrative-level individual (i.e., school principal, agency director) and (2) a supervisory-level individual (i.e., clinical supervisor, head teacher). These individuals should be most knowledgeable about linkages between their agency/organization and others involved in the suicide prevention referral network. Because the RNS is Web based, information related to the agency/organization affiliation, respondent e-mail address, and contact information will be forwarded to the cross-site evaluation team (Appendix 5.3).

The referral networks, appropriate agencies and organizations, and respondent lists will be updated in years 2 and 3 for the annual administration of the RNS. The same procedures will be used for the second administration.

How Consent Is Obtained

Consent for the RNS is obtained through the survey login process. The login page of the RNS provides an introduction, instructions on how to complete the survey, and a description of the consent process. The consent page describes the purpose and content of the survey, and it includes information on confidentiality, administration procedures, risks to the participant, and contact information. Respondents indicate their consent by clicking a check box prior to starting the survey.

Local project teams may need to obtain consent from individual respondents to share contact information with the cross-site evaluation team. Consent may be obtained throughout an official consent form or verbal agreement to share contact information. The need for an official consent form should be determined by the project's local IRB. At a minimum, local project staff members should obtain agreement from respondents to share contact information. This can be obtained by contacting each respondent agency via telephone or in person to request participation and permission to forward contact information to the cross-site evaluation team. (Examples of strategies to engage RNS respondents are discussed in Chapter 5.)

Confidentiality

Identifying information (i.e., e-mail addresses, names, and phone numbers) is required for administration of the RNS. However, no identifying information will be stored with survey responses, and no identifying information is requested on the survey. E-mail addresses will be stored separately from survey responses and will only be accessed to administer the survey. Once respondents log in to the survey, they are asked to change their assigned username and password, which will serve as unique identifiers. To avoid unintentional identification of respondents (e.g., by type of agency, primary role), information will be reported in aggregate form only, when there are fewer than 10 cases per group. If there are fewer than 10 cases total, information will not be reported.

How Administered/Who Administers

The RNS is self-administered through a Web-enabled survey hosted by the cross-site evaluation team. Following recruitment activities and verification of contact information (see above), the cross-site evaluation team will begin contacting potential respondents to complete the RNS. A presurvey e-mail explaining that the recipient will be asked to participate in a survey will be sent to selected respondents. The initial e-mail will be followed 1 week later by an e-mail containing directions for logging on to a Web site to complete the survey. This e-mail will provide a unique username and password for each respondent to log in to the Web-based survey. Respondents will be instructed to change and document their password in order to partially complete the survey and return to it at a later time, if necessary. A follow-up reminder postcard will be sent 1 week later, and 1 week after that, a final reminder will be sent to all providers who have not completed the Web survey. Telephone reminder calls will be made to any remaining nonrespondents.

An alternative method (e.g., hard copy) will be available for those who do not have access to the Internet. However, the time estimate for completion is based on Web-based administration, and an alternative method may require more time because skip patterns and prepopulated fields will not be possible. Therefore, if at all possible, the survey be completed online. Grantees should

discuss any Internet connectivity issues and the need for alternative methods with their TALs when discussing the RNS.

When Administered

The RNS will be administered annually to assess any changes in network relationships over the course of the grant. The list of potential respondents will be provided by sites to the cross-site evaluation team in August 2007, August 2008, and March 2009; the administration of the RNS will occur in September 2007, September 2008, and June 2009.

Availability of Data

Individual-level data will become available within 2 months after data collection has closed. Data sets can be accessed from the SPDC. (Chapter 6 contains instructions on downloading data sets from the SPDC.) Data will be provided in a text file, which can be imported into a spreadsheet or statistical software (e.g., SPSS).

Special Issues/Considerations

Institutional Review Board

Local program staff responsibility for the RNS is limited to recruiting and identifying potential respondents, which may or may not require local IRB review. The ORC Macro IRB has reviewed and approved this data collection activity, including the recruitment of respondents by local program staff (Appendix 2.2). Local program staff members should determine whether local IRB approval is needed for recruiting RNS respondents and, if so, ensure that the necessary approvals are in place.

Identifying the Referral Network

In identifying the appropriate referral network, local project staff members should consider the referral network that is most central to the GLS Suicide Prevention Program (i.e., where most early identification activities are occurring) or consider a referral network where much is to be learned. The referral network also should include agencies/organizations that are involved in governing the administration of the suicide prevention program. These include any agency/organization that sits on a governance board or coordinating council. As mentioned above, the cross-site evaluation has the capacity to include multiple referral networks per State/Tribal grantees, and grantees are not limited to surveying one.

Identifying Respondent Agencies

In identifying the appropriate respondent agencies, local project staff members should consider the agencies/organizations that are responsible for program administration, the agencies/organizations that have been trained in or are responsible for early identification practices, the agencies/organizations responsible for connecting youth to services, and provider agencies responsible for providing services. A primary purpose of the RNS is to identify where agency/organization linkages and relationships exist and do not exist, in efforts to inform program planning. Therefore, grantees should include all agencies involved in administering the program, identifying youth, and providing services to youth.

Identifying Appropriate Respondents

Identifying the appropriate respondents within selected agencies/organizations is important. Respondents should be knowledgeable enough in the policies and procedures of the agency/organization to represent the views of the agency/organization. The appropriate respondent should be able to answer questions related to relationships between the respondent's agency/organization and other referral network agencies/organizations. (Strategies to gain respondent buy-in are discussed in Chapter 5.)

4.6 EARLY IDENTIFICATION, REFERRAL AND FOLLOW-UP (EIRF) ANALYSIS (APPENDICES 3.10–3.12)

Purpose

To evaluate the impact of suicide prevention activities, the EIRF component of the cross-site evaluation uses program information related to early identification activities, referrals for services, and whether youth referred for services received services. The EIRF uses existing information that is tracked as part of State/Tribal grantee activities and shared with the cross-site evaluation. EIRF tracking is a required component of the cross-site evaluation for all State/Tribal grantees implementing early identification activities or training on early identification (i.e., gatekeeper training or screening).

The ability to connect youth who are identified as being at risk for suicide to appropriate services is fundamental to the goals of the GLS Suicide Prevention Program and will provide valuable information to support local program development. As such, tracking the youth who are identified as being at risk and the resulting service linkages is critical to understanding the effectiveness of State/Tribal programs. SAMHSA and GLS program partners recognize the challenges faced by State/Tribal programs in tracking early identification activities and the resulting service linkages. However, because of the critical importance of this information, grantees should make significant efforts to develop a successful information-gathering model and train those responsible in the protocol. Gaining buy-in from those responsible for identifying youth, referring youth, and providing services to youth will be critical in obtaining EIRF information. (Chapter 5 contains more information on engaging stakeholders and gaining buy-in.)

Content

The EIRF reviews information related to three key program activities: (1) early identification, (2) referral, and (3) follow-up. Information related to early identification includes demographic information (i.e., age, gender, and race) for youth identified as being at risk for suicide by a gatekeeper who received training as part of the GLS Suicide Prevention Program or through a screening activity that was conducted as part of the State/Tribal program. Information related to the referral section includes whether a mental health or non-mental health referral was made, the date and type of referral, and, if no referral was made, the reason no referral was made. Information related to the follow-up section includes information specific to those youth referred for services related to mental health, and it includes whether the youth received services, as well as the date and type of the service received.

Target Respondents

The EIRF is designed to use existing information. If these data do not exist, the cross-site evaluation team will work with local program staff to implement tracking procedures and will provide tools to compile information. (Appendices 3.10 and 3.11 contain the EIRF Log and EIRF Form, respectively.) Information to be analyzed as part of the EIRF component may come from various existing information sources, and local project staff will be responsible for identifying the appropriate sources of information. These sources may include electronic data (i.e., MIS), case records, program quality monitoring data, and/or information obtained directly from gatekeepers or providers through a program tracking form.

How to Identify Respondents

Because EIRF information will come from existing program monitoring and tracking information rather than direct respondents, local program staff should develop a protocol for compiling information from these existing sources. The use of a flowchart to document the referral process, from identification to receipt of services, is recommended for identifying the appropriate and various information sources at each step of the referral process. (Appendix 2.7 contains a sample flowchart.) Information for the EIRF may come from multiple existing data sources; therefore thorough knowledge of existing data sources and their contents, such as that gathered in the EDI (Chapter 4, Section 4.1), is critical to the development of a successful EIRF monitoring/tracking plan.

How Consent Is Obtained

Because the data source for the EIRF is administrative monitoring and tracking information rather than information collected directly from respondents, a typical informed study consent process is not needed. However, consent to share information, a data sharing agreement with provider agencies, and/or a release of information agreement from caregivers and/or youth may be required for the sharing of de-identified individual-level administrative information with the cross-site evaluation team. Local program staff members are responsible for determining which method is appropriate. (Chapter 3 contains information on data use agreements.)

A data use agreement may be appropriate between the agency responsible for implementing the suicide prevention program and the agencies responsible for early identification activities (e.g., schools) or service provision (e.g., mental health providers). An agreement between agencies allows for demographic, referral, and follow-up information specific to the youth identified as being at risk to be shared with the suicide prevention program and the cross-site evaluation. (A sample data use agreement is included in Appendix 2.5.) Obtaining agreement from the caregiver of the youth identified as being at risk to share youth-level information with the cross-site evaluation should also be explored—and obtained where appropriate. This agreement can be obtained by adding language to a service consent form or requesting that a release of information form be completed by the caregiver when discussing the youth's case. (A sample release of information form is included in Appendix 2.6.) Once EIRF information sources are identified, local program staff members should contact the agencies or organizations involved to discuss the need for a data use agreement or release of information.

Confidentiality

The information provided to the cross-site evaluation team as apart of the EIRF includes no identifying information. Therefore, data are completely anonymous. Similarly, there is no identifying information requested related to the source of the EIRF information (e.g., name of person who provided the information). To avoid unintentional identification of respondents through demographic information (e.g., gender, race), information will be reported in aggregate only, when there are fewer than 10 cases per group. If there are fewer than 10 cases total, information will not be reported.

How Administered/Who Administers

Local program staff will be responsible for developing a plan to document EIRF information for youth identified as being at risk by a trained gatekeeper or through a screening program. Some State/Tribal EIRF tracking plans may involve only one information source (e.g., case manager assigned to the youth identified as being at risk provides all EIRF information; the TeenScreen site coordinator provides all EIRF information). However, other State/Tribal EIRF tracking plans may involve multiple information sources (e.g., gatekeeper provides demographic information; school counselor provides referral information; mental health service provider provides follow-up information). In either case, a clear protocol for tracking EIRF information should be developed for all early identification activities.

To facilitate the use of existing electronic information to fulfill EIRF requirements, the SPDC is able to upload existing electronic data. (Chapter 6 contains information on the SPDC.) In the absence of a local tracking mechanism and/or electronic information, an EIRF Tracking Log and Form are provided by the cross-site evaluation team as tools to track and document EIRF information at the individual level (Appendices 3.10 and 3.11, respectively). The EIRF Tracking Log and Form can be used by program staff, gatekeepers, case managers, or providers to track information related to early identification, referral for services, and follow-up to services. TALs will be available to provide assistance in using the EIRF Tracking Log or Form, or conceptualizing an electronic tracking system, if desired.

Tracking/Monitoring Information

Screening Models. For State/Tribal programs using a screening tool as part of their early identification activities, the **aggregate number** of youth screened will be entered online into the SPDC at least quarterly to correspond to the quarterly reporting schedule. However, EIRF data can be submitted at any time. In addition to aggregate information, the following **individual-level** information is required for each youth identified as being at risk through the screen and seen by a mental health professional for an assessment (i.e., in the case of TeenScreen by the onsite professional):

- Demographic information (i.e., age, race, and gender)
- Referral information (i.e., whether a mental health or non-mental health referral was made, as well as the date and type of referral)
- Follow-up to referral information (i.e., whether the youth received services and the date and type of the service received, if the youth received a mental health service); follow-up information should be obtained within 3 months

If the mental health professional determines that no referral is needed (i.e., a “false positive”), this also will be documented.

Gatekeeper Training Models. For State/Tribal programs implementing gatekeeper training activities, the following **individual-level** information is required for each youth identified as being at risk by a trained gatekeeper:

- Demographic information (i.e., age, race, and gender)
- Referral information (i.e., whether a mental health or non-mental health referral was made and the date and type of referral)
- Follow-up to referral information (i.e., whether the youth received services and the date and type of the service received, if the youth was referred for mental health services); follow-up information should be obtained within 3 months

If the same youth is identified at different points in time or by different gatekeepers, identification should be documented as two different EIRF cases. Additionally, multiple referrals should be documented, but the date of referral entered into the EIRF should be based on the initial early identification, and the date of service receipt should be based on the first service received; the purpose of recording these dates is to help assess the timeliness of service receipt after first identification.

When Administered

As part of the GLS Suicide Prevention Program, EIRF information should be tracked for youth identified as being at risk for suicide throughout the grant (i.e., Federal fiscal year [FY] 2007, FY 2008, and FY 2009). Tracking EIRF information should begin as soon as the appropriate process is developed and the necessary data use agreements or releases of information are in place. Technical assistance will be provided to grantees to develop the EIRF monitoring and tracking plan, and it will be a primary focus of the onsite training visit conducted by the TAL. (Chapter 2 contains information on training visits.) State/Tribal grantees are expected to begin tracking EIRF information immediately after the onsite training visit, if not before (Chapter 2). Local program staff should work with the TAL to develop a training agenda that ensures that EIRF information tracking can begin after the training visit. Data collection and submission for the EIRF will end on August 31, 2009, so that a final data set can be provided for reporting purposes.

The intent of the EIRF is to track information on all youth identified as being at risk for suicide. All grantees will develop a feasible plan in consultation with the TAL and the GPO, and the plan will depend on the scope of program activities and the availability of existing records and databases.

Submitting Data

Local program staff will be responsible for entering the aggregate number of youth screened (i.e., for those using a screening tool) into the SPDC. (Chapter 6 contains information on the SPDC.) Users will log in to the SPDC and select the EIRF Aggregate Information Form page (Figure 4.1). (Appendix 3.12 contains a hard copy of the form.)

FIGURE 4.1—EIRF AGGREGATE INFORMATION FORM PAGE

EIRF Aggregate Information Form

EIRF Aggregate Information Form

Name of Grantee:

Date (mm-dd-yyyy):

Unduplicated count of number screened:

Please indicate beside each description below, the number of participants screened. Numbers may sum to more than 100%, as participants may claim more than one gender and race/ethnicity.

Gender

Male

Female

Transgender

Other (specify)

This form will allow grantees to enter aggregate information on the number of youth screened, and this entry will be required on a quarterly basis. For individual-level EIRF information, two options are available for submitting information to the cross-site evaluation team: (1) forwarding electronic data to the cross-site evaluation team for upload or (2) entering EIRF information directly into the SPDC.

1. **Forwarding Electronic Data.** If EIRF information exists electronically, local program staff can forward an electronic data set containing individual-level EIRF information to the cross-site evaluation team for upload into the SPDC. The format for submitting the data set must meet the proper specifications as outlined in Appendix 5.4. The EIRF data set must be submitted to the cross-site evaluation team at least quarterly, according to the data reporting timeline (Chapter 7), which will ensure that all EIRF data are included in cross-site evaluation reporting efforts. (Chapter 7 contains information on reporting efforts.)
2. **Entering EIRF Information into the SPDC.** If EIRF information does not exist electronically, local program staff will be responsible for entering and submitting individual-level EIRF information (i.e., demographic, referral, and follow-up data elements) to the cross-site evaluation team through the SPDC. The EIRF Individual-Level Information Entry Form will be accessible through the SPDC. Once users have logged in to the SPDC, they will be able to access the EIRF Information Entry Form to enter individual cases. A unique password, generated by the SPDC, will be required to enter each EIRF case. Data entry staff should document the password to allow for partial completion and return at a later time. The EIRF Information Entry Form page will be demonstrated for program staff during the onsite training visit. (Chapter 2 contains information on the training visits.) Local program staff members should enter EIRF cases as they are completed, to timely reflect program activities; however, cases should at least be entered on a quarterly basis to coincide with the cross-site evaluation reporting efforts. (Chapter 7 discusses the reporting schedule.)

Availability of Data

Individual-level EIRF data will be available from the SPDC in real time upon submittal of an individual case or after uploading a data set. For example, once an EIRF case has been entered and submitted via the SPDC, the case will be transferred to the central repository and be available for download. Alternatively, if a data set is provided to the cross-site evaluation team, once the data set is uploaded to the central repository, it will be available for downloading through the SPDC. Data will be provided in a text file, which can be imported into a spreadsheet or statistical software (e.g., SPSS).

Special Issues/Considerations

Institutional Review Board

For the purposes of the cross-site evaluation, the EIRF is considered the sharing of existing program activity information for the purposes of analyses, not as a research activity. Thus, a description of the EIRF was included in the cross-site evaluation application submitted to the ORC Macro IRB, but it was not described as a data collection activity (Appendix 2.2). However, each State/Tribal grantee must determine whether local IRB approval to share EIRF information with the cross-site evaluation is necessary. Some IRBs may view the EIRF as part of a research study, which would require review by the local IRB, and other IRBs may not. Local program staff, in consultation with the TAL, should determine whether local IRB review of the EIRF is needed.

Tracking Early Identification Activities

The key activities for ensuring that early identification activities are tracked successfully are (1) training sources of information, (2) quality monitoring, and (3) participant IDs.

Training Sources of Information. Training individuals responsible for providing information in the EIRF tracking protocol is critical to successful information tracking. Specifically, EIRF information sources should be trained in (1) when to initiate the tracking of youth information, (2) what information to track, (3) the process for tracking information (including assigning participant IDs), and (4) the process for forwarding information to local program staff. Local program staff should consider training gatekeepers, case managers, mental health service providers, suicide prevention site coordinators, or other local program staff in the EIRF protocol. Local program staff members are responsible for training these various information sources in the local EIRF tracking protocol; however, the grantee's cross-site evaluation TAL will be available to assist with this type of training prior to, during, and subsequent to the onsite training visit (Chapter 2).

Quality Monitoring. After a local protocol is developed, it should be pilot-tested and modified (if necessary). Once the protocol is put into place, local program staff should monitor the process and the quality of information. Often, the initially implemented protocol will require additional minor modifications to maximize its efficiency. Local program staff members should establish expectations for how many youth should be identified as being at risk, and they should monitor the number of EIRF cases that are being submitted. TALs should be kept informed of any modifications to protocols.

Participant IDs. A participant ID must be assigned to each youth with EIRF information. For the purposes of the cross-site evaluation, these participant IDs serve as unique identifiers. However, local program staff may want to track program-specific information with the participant ID. For example, the participant ID can track a specific location, a specific region, or type of gatekeeper. Also, if multiple information sources are used, participant IDs must be used to track youth through the identification, referral, and follow-up process. Local program staff must develop a clear protocol for assigning and monitoring participant IDs, to ensure that these IDs remain consistent through each step of the EIRF process. Protocols for assigning participant IDs should be shared with the TAL.

The cross-site evaluation of the GLS Suicide Prevention Program is designed to include the perspectives of various program stakeholders. These stakeholders include program staff, training participants, and gatekeepers responsible for early identification activities, service providers, agency or organization administrators, as well as others involved in the suicide prevention program. Local program staff will need to rely on these individuals to participate, administer, and monitor cross-site evaluation data collection activities, as well as to be information sources for tracking early identification activities. As part of a participatory evaluation, keeping these stakeholders involved in the cross-site evaluation is key to understanding how well the goals and objectives of the GLSMA are being met through the State/Tribal programs.

This chapter provides strategies for engaging stakeholders and maintaining stakeholder participation and buy-in throughout the cross-site evaluation. Having procedures in place to engage and monitor the involvement of stakeholders will maximize their level of participation in the cross-site evaluation. Because stakeholder involvement is critical to successful implementation of the cross-site evaluation, this chapter identifies strategies for engaging stakeholders and using their support for cross-site evaluation data collection and utilization. Specifically, this chapter addresses (1) using existing data sources, (2) using other local resources, (3) engaging training participants and contractors, (4) engaging and monitoring EIRF information sources, (5) gaining buy-in from referral network agencies and organizations, and (6) providing feedback. (Additional resources on conducting a participatory evaluation are included in Appendix 2.8.)

5.1 LOCAL RESOURCES TO SUPPORT CROSS-SITE EVALUATION DATA COLLECTION

Local implementation of cross-site evaluation data collection activities is a large undertaking, but with careful planning and the use of community resources, local program staff can maximize the benefit from available resources. Identifying support for cross-site evaluation data collection activities is an important step in maximizing local resources. Existing data sources and the training and education of contractors, gatekeepers, service providers, and other program stakeholders are all potential sources of support for implementing the cross-site evaluation.

Existing Data Sources

As outlined in Chapter 1, the cross-site evaluation has four overarching questions:

- What types of prevention/intervention programs, services, and products are used with youth determined to be at risk for suicidal behavior?
- What is the reach of program services, products, and strategies?

- To what extent does collaboration and integration at the grantee level influence suicide prevention activities?
- What is the impact of program activities on the early identification of youth at risk for suicide and the resulting linkages to mental health or other support services?

The cross-site evaluation was designed to answer these critical questions across all funded sites, to assess the effectiveness of the State/Tribal programs. To the extent possible, data that exist locally (including self-evaluation data or existing electronic data) should be used to fulfill the requirements of the cross-site evaluation, as this will result in the least burden for local program staff. Existing data sources can fulfill cross-site evaluation requirements, which will be used to answer the overarching questions, such as the types of prevention/intervention programs that are being used, descriptive information on the populations being targeted, and the overall impact of early identification activities.

The cross-site evaluation data requirements that are most appropriate for the use of existing data are described in the text box, with more detailed information for each data collection activity included in Chapter

4. Existing data, with the appropriate data sharing agreements in place (Chapter 3), will significantly reduce the burden on local program staff to meet cross-site evaluation requirements. The SPDC allows for the upload of electronic data elements from existing electronic systems, provided that the data are in an acceptable format (Chapter 6), or it allows direct data entry of existing data elements. The possibility of using existing data should be explored with schools, agencies, or organizations in which youth are identified as being at risk, are referred for services, or receive services.

In the absence of existing electronic data systems, local program staff members may choose to develop their own tracking systems. (Chapter 8 contains information on developing a tracking system.) TALs are available to provide assistance with conceptualizing a tracking system.

POTENTIAL USE OF EXISTING DATA FOR CROSS-SITE EVALUATION COMPONENTS

- **EDI:** MIS data dictionaries or manuals from partner agencies and organizations may provide information necessary to complete the EDI.
- **PSI:** Program monitoring forms or electronic databases may exist to track product and service development and use, which can generate reports to provide the information requested as part of the PSI.
- **TES:** Self-evaluation posttraining surveys can provide the required TES data elements. For example, cross-site evaluation data elements can be extracted from a database developed to manage self-evaluation data collection and uploaded into the SPDC.
- **EIRF:** Existing early identification, referral, and follow-up information may be in electronic form (e.g., MIS) or as paper files maintained by the program or by providers. For example, demographic data for youth identified as being at risk for suicide may be stored in a school electronic database. Once a data sharing agreement is in place (Chapter 3), a process for downloading these data, assigning the participant ID, and matching them to other EIRF information could be established. Alternatively, existing data may be in the form of hard-copy case files. Again, once a data sharing agreement is in place, case files can be reviewed, and the relevant information can be extracted for entry into the SPDC.

Other Program Resources

Other program resources can be looked to for support in implementing cross-site evaluation data collection activities. These resources can include community organizations, advisory committees, family members, or youth. All of these individuals or groups of individuals have a stake in the effectiveness of the State/Tribal program and, therefore, have a vested interest in the evaluation and its findings. Fully educating them about, and engaging them in, the cross-site evaluation will lead to greater program exposure and community buy-in, which may support advocacy and sustainability efforts. Local program staff should think creatively about how to engage other program resources in carrying out the cross-site evaluation. For example, gaining support from parent groups within a school district in documenting EIRF information may help gain buy-in from school personnel and provider agencies. Similarly, gaining support from the suicide prevention program governance board or an advisory group also may lead to increased buy-in at the agency level. Successful implementation of the cross-site evaluation should be viewed as a benefit to the GLS Suicide Prevention Program and to the families in the community. Often, this type of support can be facilitated through education about the type of information that will be available as a result of the evaluation effort, as well as the powerful and diverse ways in which that information can be used locally.

5.2 ENGAGING AND MONITORING STAKEHOLDER PARTICIPATION

Engaging program stakeholders and having procedures in place to support data collection activities will require some organization and planning. Developing a relationship between program staff and stakeholder groups is important in efforts to increase their involvement and participation in the cross-site evaluation. Fully engaging and involving program stakeholders in developing procedures for obtaining cross-site evaluation data is necessary for successful implementation.

When engaging stakeholders for participation in cross-site evaluation activities, grantees should emphasize the importance of stakeholder participation and highlight how stakeholders might use cross-site evaluation information for their own purposes. Below are a few examples of how cross-site evaluation data can prove valuable to partner agencies and organizations:

- Tracking and compiling program information through the EIRF process will provide schools with data on how many youth they identified as being at risk are actually receiving services. If a school learns that most referred youth are not receiving services, they could investigate whether this is because of a capacity issue or whether a different approach with the youth is warranted.
- A gatekeeper agency (e.g., juvenile justice or child welfare office) can learn how useful its employees felt a suicide prevention training was, which can prove valuable in justifying further staff time for training.
- Agencies or organizations in a referral network can learn how well other agencies and organizations interact and what potential barriers exist to hinder their cooperation.

Presenting various ways that stakeholder participation in the cross-site evaluation can benefit the stakeholder agency is an important aspect of gaining buy-in.

Because stakeholders are involved in multiple components of the cross-site evaluation, coordination of efforts to gain buy-in and participation across data collection activities is recommended. For example, agencies that receive gatekeeper training as part of suicide prevention program activities will most likely be involved in administering the TES and obtaining EIRF information and will be the appropriate respondent agencies for the RNS. Presenting these activities to stakeholder agencies and organizations in a coordinated manner will be key to their engagement and buy-in. The next section describes specific strategies for engaging program stakeholders as related to these data collection activities.

Engaging Training Participants and Training Contractors

Many State/Tribal programs are providing gatekeeper training in multiple settings, with multiple gatekeeper groups, and at different times throughout the life of the program. Careful organization and planning will be necessary to administer the TES efficiently and consistently across all training activities and to encourage participation among training participants. First, local program staff should identify the appropriate individuals to be administered the survey. These individuals do not have to be limited to local program staff, but they may include trainers or others involved in the training. Second, local program staff should develop a protocol for administering the survey. Finally, local program staff should develop a plan for engaging participants to maximize response rates.

Gatekeeper training for many State/Tribal programs represents a significant amount of time and resources funded through the GLS Suicide Prevention Program. Therefore, understanding the knowledge gained, as well as the intended use and satisfaction with the training, from the participant's perspective is an important step in fully understanding the impact of gatekeeper training. Maximizing the number of training participants who complete the TES will enhance the accuracy and representation of the information gathered about GLS Suicide Prevention Program training activities. Strategies for enhancing respondent participation are often hinged on a clear and accurate description of the purpose, importance, utility, and associated burden of the data collection activity.

Engaging training participants as part of the TES also will lead to greater buy-in for the TUP Key Informant Interviews. Although only one training activity per year and 10 participants per State/Tribal grantee will be targeted for TUP Key Informant Interviews, engaging training participants when introducing the TES and the TUP interview for possible participation is important. Ensuring that an appropriate number of training participants provide contact information for possible selection as TUP interview respondents will be important to gaining follow-up training information. (Chapter 4, Section 4.4, contains information on the TUP Key Information Interview.) Local program staff should incorporate information about the TUP

STRATEGIES FOR ENGAGING TRAINING PARTICIPANTS

- Inform training participants that they will be asked to complete a 10-minute survey at the close of training so that it will not come as a surprise.
- When introducing the TES, emphasize the importance of the effort and that participant responses will help improve the training experience.
- If additional items are added to the TES for self-evaluation purposes, make sure that participants know exactly what they are completing and how long it will take.
- Incorporate the TES into the training by adding it to the agenda to provide enough time to fully administer the survey.
- Share cross-site evaluation reports or locally generated reports documenting TES summary information and findings.

interview in the TES introduction for the selected training to clearly explain the TUP interview, the consent to contact process, and what to expect if selected. (A sample script is provided in Appendix 4.1.)

Engaging Support for Administrating the Training Exit Survey

The TES can be administered by trainers, local program staff, or others involved with the training. Deciding the appropriate person to introduce and administer the TES will depend on the structure of the training, the relationship between the program and the trainers, and the needs of the local program. Local program needs should be fully explored and balanced when deciding who is responsible for administering the TES. Maintaining control of administration with local program staff may increase quality control and monitoring; but it may be too burdensome. Requesting that a trainer introduce the survey may minimize burden but create too much error. These issues should be fully discussed and considered prior to determining who will be responsible for administering the TES.

Regardless of the individual identified to introduce and administer the TES, local program staff should develop a standardized protocol and introductory script. The script should be used for all training activities to ensure consistent administration, specifically so respondents understand the consent process and how their responses will be used.

The protocol should specify (1) the procedures for completing the TES Cover Page (Chapter 4, Section 4.3), (2) how the hard-copy TESs will be distributed to those responsible for administration, (3) how to assign training and participant IDs, (4) how to administer the survey, and (5) how to submit completed surveys. Key questions to address when developing the protocol include the following:

- Who will introduce and administer the TES?
- How will the person administering the survey obtain hard copies of the survey?
- How will training IDs and participant IDs be assigned? Who is responsible for assigning IDs?
- Who will complete the TES Cover Page?
- Who is responsible for collecting completed TESs?
- How will completed surveys be submitted to the cross-site evaluation team?

STRATEGIES FOR ADMINISTERING THE TRAINING EXIT SURVEY

- Discuss with the trainer the possibility of introducing the TES and collecting completed forms as part of the training.
- Identify other staff involved in the training to potentially take on some of the responsibility for administering the TES.
- Develop a standardized protocol and a system for assigning IDs and monitoring survey completion rates.
- Provide brief group training to those responsible for administering the survey to ensure consistent administration across training activities.
- If survey administration will occur across multiple training activities, develop a tracking system for TES completions maintained by local program staff (Chapter 8).
- Incorporate into the training ID an identifier (e.g., the third, fourth, and fifth digits represent the person) specific to the person administering the survey. This will help track the number of surveys administered and by whom.

Addressing these questions prior to the start of data collection will save time and resources and ensure an efficient and consistent administration of the TES.

Engage and Monitor EIRF Information Sources

Obtaining information to track early identification, referral for services, and follow-up to services is a critical component of assessing the GLS Suicide Prevention Program. One of the primary purposes of the GLS Suicide Prevention Program is to implement early identification activities and to connect youth at risk for suicide to mental health services or other support services. As such, engaging gatekeepers and providers responsible for early identification activities, making referrals, and providing services for youth identified as being at risk in the tracking of information are critical to gaining an overall understanding of State/Tribal programs.

Gaining access to EIRF information will be challenging for many State/Tribal programs, given the reliance on individuals who may not be accustomed to tracking this type of information or who may not have day-to-day contact with local program staff. Therefore, local program staff should develop a plan designed to identify EIRF information sources, gain their buy-in, and emphasize the importance of their efforts to suicide prevention programs across the country. In addition, local program staff should develop a protocol for obtaining EIRF information with input from the various stakeholder groups. The protocol should include procedures and guidelines that describe the following:

- When to track EIRF information and for which youth
- What information should be tracked
- How to forward information to the cross-site evaluation
- How to monitor progress in obtaining EIRF information

Local program staff should fully engage stakeholders identified as potential EIRF information sources when developing the EIRF tracking protocol. For example, if gatekeeper training in schools is part of the State/Tribal program, teachers and school counselors should be consulted to identify the most appropriate source of information about the youth who are identified and the youth who are referred for services. This can be accomplished by developing a referral network flowchart with input from school representatives (Appendix 2.7). Specific questions to discuss with stakeholder groups while developing an EIRF protocol include the following:

- What are gatekeepers trained to do when they identify a youth at risk? Are they trained to make a referral? Are they trained to identify other supports?
- Are the trained gatekeepers an appropriate information source for youth identified as being at risk? Is there an existing quality or program monitoring process to document the identification of at-risk youth?
- Who makes mental health referrals for youth identified as being at risk? Is there a case manager or other case records that monitor what happens with a youth when identified as being at risk?
- Are youth identified as being at risk always referred to a mental health professional, such as a school counselor, case manager, or other professional? What is the existing protocol for referring a youth to a school counselor, case manager, or other professional?

- Is the school counselor, case manager, or other mental health professional an appropriate source of referral and follow-up to services information?
- Is there a process in place to determine whether a youth followed up to the referral? Is there a case manager or other case records that monitor what happens with a youth identified as being at risk?

Once a protocol has been developed, EIRF information sources must be trained in the protocol and to implement procedures to monitor participation. If gatekeepers are identified as EIRF information sources, grantees can use several strategies to engage these gatekeepers (see below). Similarly, if case managers are the primary source of EIRF information, appropriate engagement strategies can be developed to discuss the EIRF process and engage the case managers. TALs will be available to assist with strategy sessions or to conduct direct training during the 2-day onsite visits. (Chapter 2 contains information on the onsite training visits.)

STRATEGIES FOR OBTAINING EIRF INFORMATION

- Introduce the EIRF process during the gatekeeper trainings and conduct a follow-up training session with gatekeepers in the EIRF protocol.
- For State/Tribal programs using TeenScreen, meet with the TeenScreen site coordinator to develop a process for documenting individual-level information. The TeenScreen model already calls for aggregate EIRF information.
- Establish a main contact at each school, agency, or organization involved in the EIRF process and maintain regular contact.
- Periodically attend staff meetings or booster gatekeeper trainings to refresh those responsible for providing EIRF information in the process and to gain feedback.
- Share cross-site evaluation reports or locally generated reports documenting EIRF cases with EIRF information sources.
- Develop a tracking system to document EIRF submissions by information source (Chapter 8).
- Incorporate feedback from EIRF information sources into the process.

Gaining Buy-in From Referral Network Agencies and Organizations

Understanding the linkages and the relationships between agencies and organizations involved in identifying at-risk youth, referring at-risk youth, and providing services to at-risk youth is an important component of the cross-site evaluation of the GLS Suicide Prevention Program. The information gained through the RNS will help assess the extent to which referral networks are in place to support State/Tribal suicide prevention efforts, and it will help in program planning for currently funded programs and for future programs. As such, two representatives from each agency or organization involved in a grantee's local State/Tribal referral network will be identified as respondents to the RNS (Chapter 4, Section 4.5). Gaining buy-in from individuals who are knowledgeable of referral procedures and policies within these referral network agencies or organizations will be important.

Development of the referral network flowchart can be helpful in identifying the appropriate agencies or organizations to include as RNS respondent agencies. All agencies or organizations involved in early identification activities, referring at-risk youth for services, and providing services are appropriate respondents. Once these agencies or organizations are identified, local program staff should develop an engagement strategy designed to

- introduce the RNS to the agencies or organizations,
- identify the appropriate respondents within the agency or organization,
- obtain permission to share contact information with the cross-site evaluation team.

Multiple strategies for gaining buy-in from potential respondent agencies can be used, and are described in the text box.

STRATEGIES FOR GAINING BUY-IN FROM APPROPRIATE
REFERRAL NETWORK SURVEY AGENCIES AND RESPONDENTS

- Provide agency and organization representatives with an overview of the GLS Suicide Prevention Program, the State/Tribal program, and the State/Tribal program's goals and objectives.
- Explain the importance of the cross-site evaluation for developing the State/Tribal program and for informing the development of programs across the country.
- Explain the importance of their participation, their specific role, and how participation will benefit them.
- Elicit interest from stakeholders in the cross-site evaluation.
- Explain the process for administering the RNS, including the types of questions and the time for administration.
- Offer to share the information learned through the RNS back to the agency or organization.
- Request feedback from the agency or organization on how to analyze what is learned.

Provide Feedback

The cross-site evaluation was designed to be focused on utilization. Using data for planning, developing, and sustaining suicide prevention programs was a primary consideration in designing the cross-site evaluation. As such, providing regular feedback to those involved in the cross-site evaluation, either as respondents or sources of information, can enhance involvement in the evaluation and the State/Tribal program. Providing reports, making presentations, and disseminating program information with and to stakeholders can be extremely valuable in providing exposure to the suicide prevention program and maintaining buy-in from the stakeholder level. Program stakeholders should be provided with opportunities to assist in the dissemination of information learned through the cross-site evaluation and to provide their opinions about the evaluation, procedures for carrying out the evaluation, and ways to improve those procedures. Continued communication and collaboration will let stakeholders know how their information is being used, as well as inform them of program activities. (Information on using data to support suicide prevention programs is provided in Chapter 7.)

SUICIDE PREVENTION DATA CENTER (SPDC) USER'S GUIDE

To facilitate the implementation of the cross-site evaluation, ORC Macro developed a Web-based data collection and management system, called the Suicide Prevention Data Center. Through the use of the Internet, the SPDC is a mechanism for communicating evaluation activities, managing and storing data, and disseminating evaluation findings. The SPDC ensures that the necessary resources are provided to grantees, enabling them to collaborate with ORC Macro in implementing the cross-site evaluation.

In brief, the SPDC has the following primary functions:

- Administer Web-enabled surveys
- Store data collected from cross-site evaluation instruments
- Provide access to data sets and reports
- Provide access to blank cross-site evaluation instruments
- Provide links to additional resources

This chapter provides a detailed guide to using the SPDC for cross-site evaluation activities. Specific topics discussed include software and hardware requirements, data security measures to protect confidentiality, and step-by-step instructions on accessing the many features of the Web site. Additional information is provided for the site administrator, who will be responsible for managing SPDC user accounts.

6.1 SPDC OVERVIEW: DEVELOPMENT

SPDC Development

The SPDC was designed specifically for the GLS Suicide Prevention Program. Its format stems from Web-enabled data collection management systems used by other federally funded multisite evaluations. The name “Suicide Prevention Data Center” originates from its primary function—to facilitate data storage, data management, and data retrieval by grantees and the cross-site evaluation team.

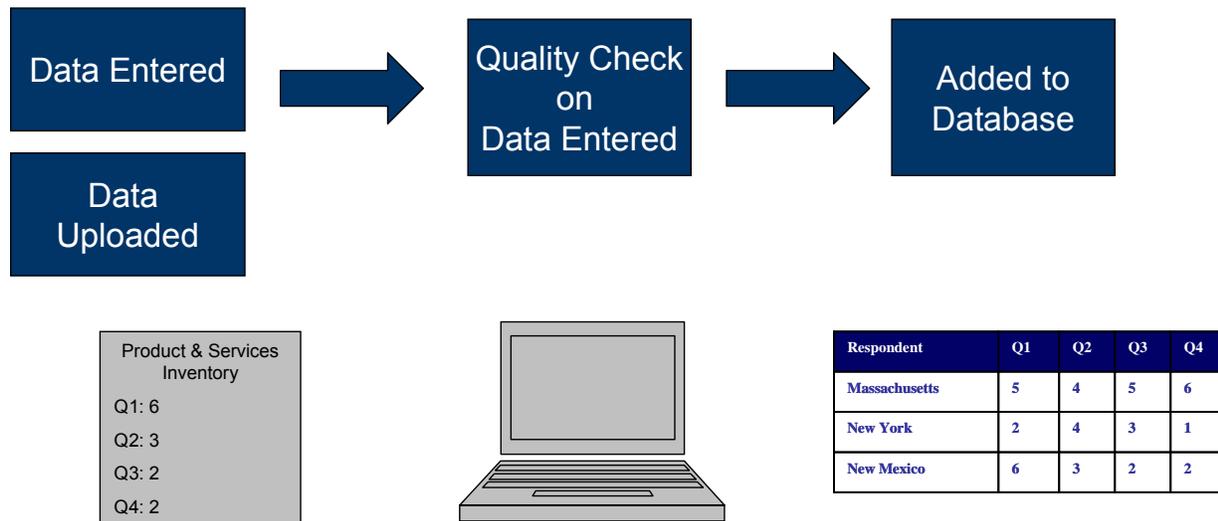
The Data Capture, Management, and Access Process

The SPDC consists of a three-stage process: data capture/collection, data management, and data access. In the first stage, data are captured in one of two ways: (1) Survey respondents enter data elements or responses to the Web-enabled survey directly into the Web-based system, or (2) data are stored in a separate data set (e.g., Microsoft Excel spreadsheet, Microsoft Access database) and electronically uploaded into the Web-enabled system. An uploadable data set will be available to facilitate the MIS data extraction and submission process, with standardized data specifications provided by the cross-site evaluation team when data are requested. In the second stage of the SPDC process, data elements are transferred into a usable database format, which is

grouped by instrument and by grantee. In the third stage of the SPDC data process, data are transferred to the central repository and made available for download.

Figure 6.1 illustrates the three-stage process from data collection to data retrieval of the SPDC.

FIGURE 6.1—DATA CENTER OVERVIEW



Hardware and Software Requirements

Internet access is required to use the SPDC. The SPDC interface is targeted to the following preferred browser software:

- Mozilla Firefox, version 1.0 or higher, which is available for download at <http://www.mozilla.com/firefox/>. This is a preferred browser for Microsoft Windows 98 or higher, Apple’s Mac OS X, and Linux operating systems.
- Microsoft Internet Explorer, version 6.0 or higher, which is available for download at <http://www.microsoft.com/windows/ie/default.mspx>. This is a preferred browser for Microsoft Windows 2000 or higher operating systems.

The SPDC interface is designed to be compatible with as wide a range of Web browsers as possible. ORC Macro does not expect that there will be any major incompatibilities with any of the major browsers in use today. However, testing and user support for the interface was limited to the two preferred browsers. No special software is required to use the SPDC. However, reports will be available as PDF files, so grantees may need to download Adobe Reader to view PDF files.

The SPDC was designed to be fully accessible according to Federal law. Section 508, a 1998 amendment to the U.S. Rehabilitation Act, mandates that the electronic and information technology used by Federal agencies be made accessible to all people with disabilities. Section

508 standards are designed to address a variety of disabilities that can affect computer use, including deafness, blindness, paralysis, convulsive disorders, developmental disabilities, and mental illness. As such, the SPDC is accessible to those users who require assistive technologies, such as the JAWS screen reader. In addition, Section 504 of the U.S. Rehabilitation Act mandates that no individual with a disability be denied access to any federally funded programs. By complying with Section 508 requirements, the SPDC meets all compliance standards required by Section 504.

6.2 NAVIGATING THE SPDC

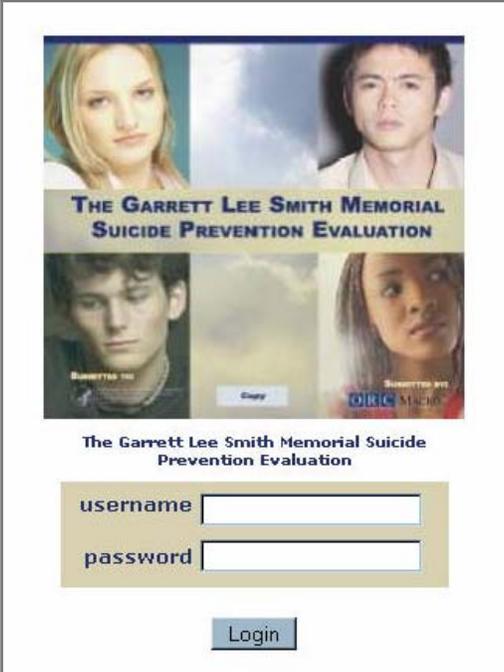
This section provides step-by-step instructions for accessing the many features of the SPDC. The section is structured by the order of the topics listed on the navigation bar located on all pages of the SPDC.

Login Screen

The SPDC can be accessed through a secure Web site at the following URL: <https://spdc.qrc.com>

This URL sends the user to a login screen (Figure 6.2), which asks for a username and password. Entering a valid username and password will take the user to the main menu. Entering an invalid username and password will return the user to the login screen with an appropriate error message. The cross-site evaluation team will assign a username and password to the designated site administrator. The site administrator will assign a username and password to additional site users. (Instructions for assigning usernames and passwords are given in the Admin section, below.)

FIGURE 6.2—LOGIN SCREEN

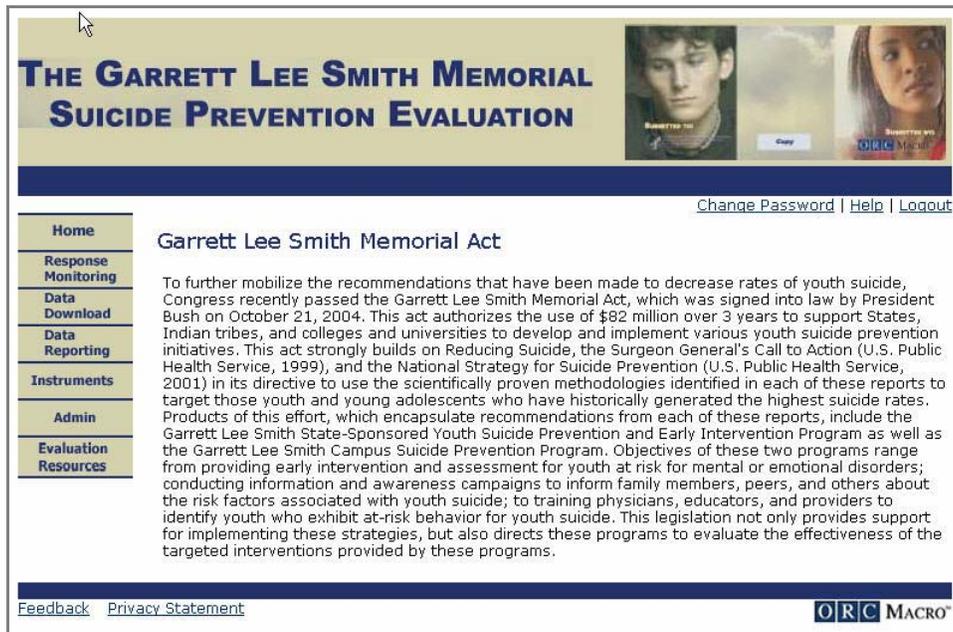


The screenshot shows a login interface. At the top, there is a banner with four portraits of diverse individuals. Below the portraits, the text reads "THE GARRETT LEE SMITH MEMORIAL SUICIDE PREVENTION EVALUATION". Underneath this banner is a login form with two input fields: "username" and "password". A "Login" button is positioned below the password field.

Main Menu

The main menu (Figure 6.3) can be found on the SPDC home page and can be accessed from any page in the system by clicking on the **Home** link on the left navigation bar. The user can find a description of the SPDC along with pertinent information on navigating the system on the home page.

FIGURE 6.3—MAIN MENU SCREEN



Response Monitoring

The response monitoring feature (Figure 6.4) allows the site administrator to track the number of surveys and/or cases completed and the number of surveys and/or cases in progress (Figure 6.5). A survey is considered to be “in progress” if information has been entered but the survey has not been finalized and submitted. The ability to monitor completion rates is critical to ensuring that a high response rate is attained for the Web-enabled surveys. This information will help the project evaluator and/or director identify who has and who has not completed particular cross-site evaluation survey instruments. Below are examples of how the response monitoring feature can be used:

- **EDI and PSI.** If the evaluator or project director relies on others to assist with completion of the EDI or the PSI, the response monitoring feature will provide the capability to determine whether the inventory is in progress or has been submitted.
- **TES.** The response monitoring feature allows a user to determine the ratio of TESs completed to the number of participants trained, by training ID. The user can then determine which trainers may be particularly skilled at motivating training participants to complete TESs and which need additional guidance.

- **EIRF.** The response monitoring feature gives the user, in aggregate by date, an unduplicated count of youth screened and an unduplicated count of those who had a positive screen. On the individual level, the response monitoring feature will allow the user to determine the number of EIRF entries submitted through screenings and the number submitted through other early identification activities.

The Response Monitoring screen provides a drop-down list for users to view a report of the status of their cross-site evaluation activities by selecting their name and the appropriate instrument, then clicking the **View Response Rates** button.

FIGURE 6.4—RESPONSE MONITORING SCREEN

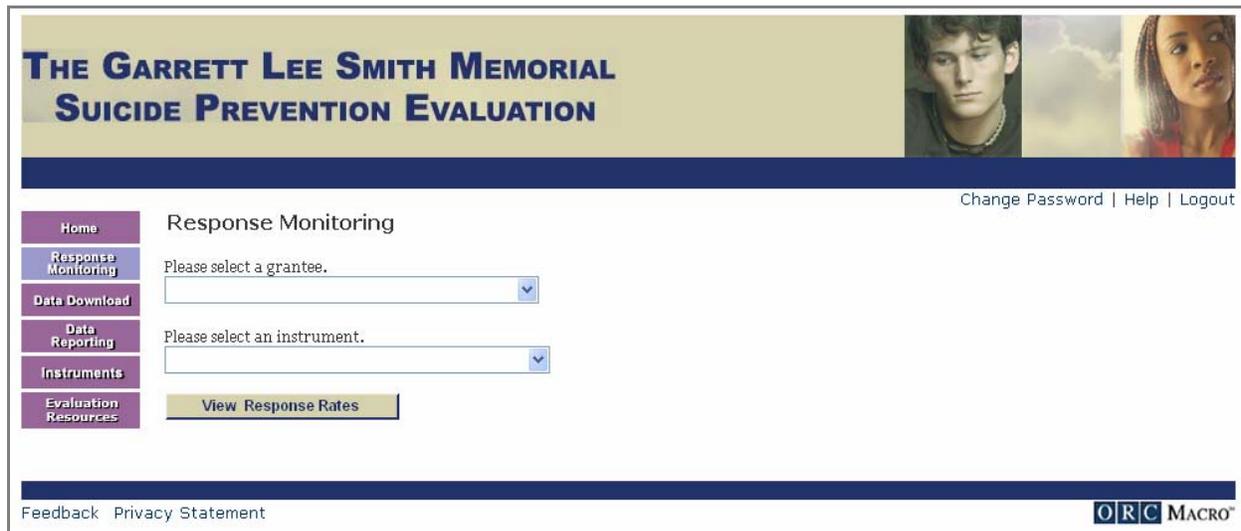
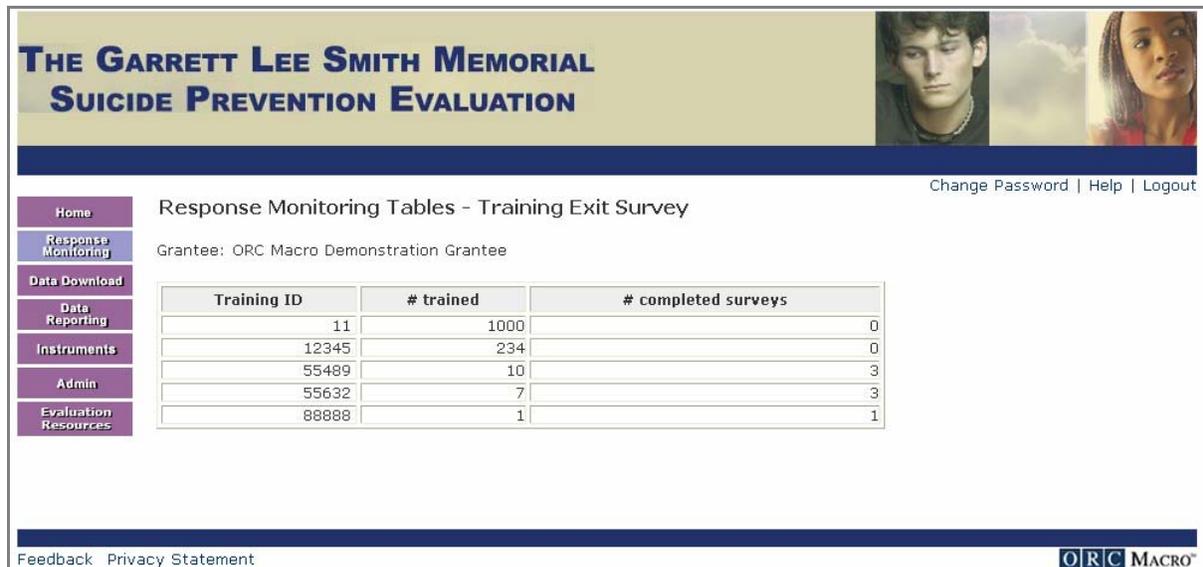


FIGURE 6.5—RESPONSE MONITORING TABLES SCREEN



Users can access the Response Monitoring screen from any page in the system by clicking the **Response Monitoring** link on the left navigation bar.

Data Download

The Data Download screen (Figure 6.6) allows the user to download a data set based on his or her selection of the instrument and State/Tribal grantee site. A check box is provided for each available instrument and for each grantee. The user will select each desired instrument by checking the box next to the instrument name. Once the selections have been made, the user will click the **Download** button to download the file. Data download will occur in real time. A pop-up box will appear, allowing the user to save the data file to the hard drive of his or her computer. Step-by-step instructions are available on the Data Download screen and in Appendix 6.2.

The data download feature is only available to the site administrator (to be described in greater detail below). Once the site administrator is logged in to the SPDC, he or she can access the Data Download screen from any page in the system by clicking the **Data Download** link on the left navigation bar.

FIGURE 6.6—DATA DOWNLOAD SCREEN



Data will be made available in one of two formats: (1) data set format (2) or table format.

- The following data are accessible as a data set:
 - TES
 - EIRF
 - RNS (after a 2-month delay in processing)
- The following data are accessible as a table:
 - EDI
 - PSI

Completed EDIs, as well as PSIs, also can be printed and saved to a user's computer hard drive at the time when the inventories are finalized and submitted. The file will be available as an HTML file, which can be converted to a Microsoft Word document.

The *data set format* will list individual cases (i.e., rows), and responses to individual items will be stored as variables (i.e., columns) corresponding to the case. Data sets will be provided in a text file or a Microsoft Excel file, which can be converted easily into Microsoft Access or SPSS. Step-by-step instructions for downloading and converting data sets are available on the SPDC Web site and in Appendix 6.2.

The *table format* will summarize information. For example, the various products utilized and entered into the PSI can be summarized by type and target population.

The cross-site evaluation team will develop a data manual with information on the data properties of each data element from cross-site evaluation instruments. Data properties include variable name, question number, question and response options, and data format—numeric or string. The Cross-site Evaluation Data Manual will be disseminated to grantees once development of the SPDC is complete, in March 2007. The data manual will be printed on three-hole punched paper, to allow for insertion into Appendix 6.1 of this manual.

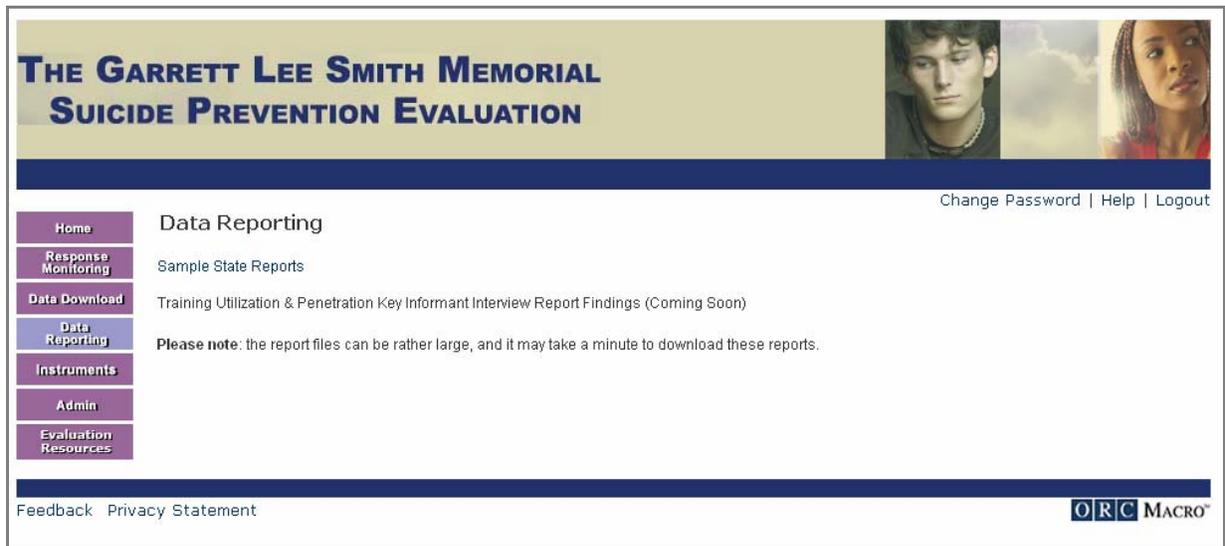
Data Reporting

The Data Reporting screen (Figure 6.7) provides a list and description of available reports that summarize cross-site evaluation data. There are two primary reports that can be generated to summarize cross-site evaluation activities:

- The quarterly grantee summary report (GSR)
- The TUP Key Informant Interview summary report

The user can view a report by clicking on the report name, which will access the report file. The GSR will be available as aggregate and grantee-specific reports, which summarize cross-site evaluation data to provide a suicide prevention grantee profile. The GSR will be generated quarterly and made available on the SPDC, providing information related to all cross-site evaluation data that have been submitted through the previous quarter. The information in the GSR will include basic descriptive information to assess suicide prevention activities. The specific design of the GSR will be developed prior to the end of the second quarter of FY 2007, and the first GSR will be made available in April 2007. (Chapter 7 contains the reporting schedule.) Additional analyses to assess suicide prevention activities can be conducted at the local level by accessing instrument-specific data sets.

FIGURE 6.7—DATA REPORTING SCREEN



Users can access the Data Reporting screen from any page in the system by clicking the **Data Reporting** link on the left navigation bar.

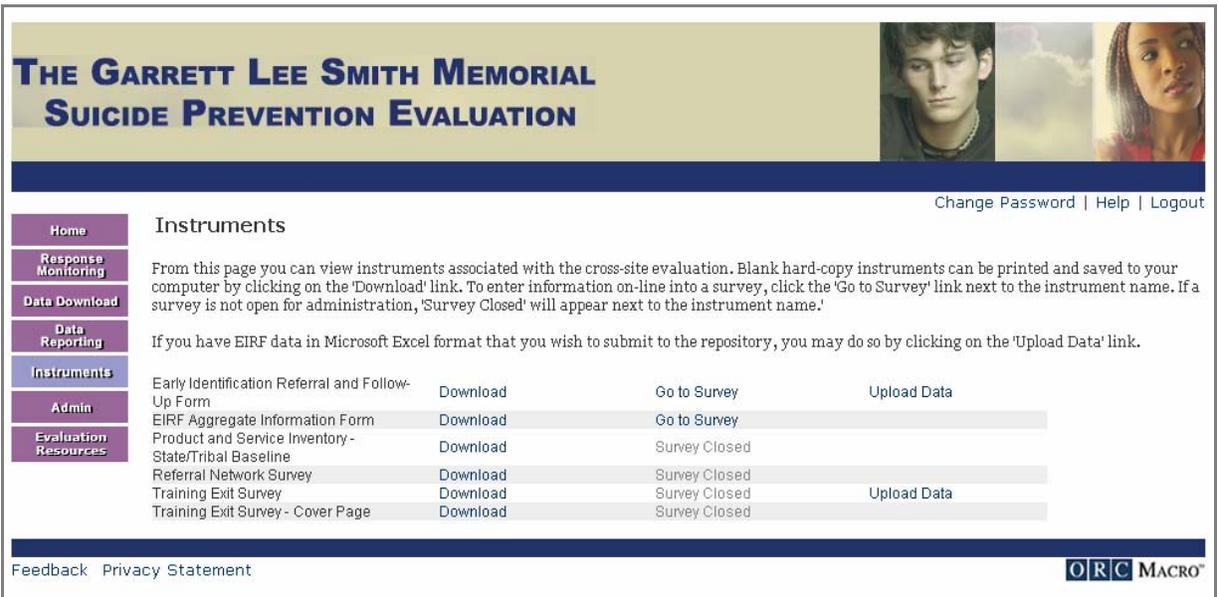
Instruments

The Instruments screen (Figure 6.8) provides the user with access to cross-site evaluation instruments for data entry or to download blank hard copies of instruments. Site-specific instruments also can be uploaded. The Instruments screen will link the user to the following Web-enabled instruments:

- PSI
- EDI
- TES
- EIRF Form
- EIRF Aggregate Information Form

To begin data entry, the user will click the **Instruments** button from the navigation bar, and then click **Go to Survey** next to the selected instrument. The user will then be taken to the Web-based version of the instrument. To enter new data, users will click on the **New User** button and proceed with data entry. Users should make a note of their password, since users will need the password to retrieve any partially submitted surveys. If users are returning to complete data entry on a survey, they can enter their password to continue. When data entry is complete, users have the option of downloading a printer-friendly version of the completed instrument before it is finalized and submitted. After entering a survey, the user may either close the window to return to the central repository or enter a new record. Users will not be permitted to access their finalized survey after it is submitted; if a survey is accidentally submitted before it is completed, the user should contact spdc-help@orcmacro.com to have the survey returned.

FIGURE 6.8—INSTRUMENTS SCREEN



Users can access the Instruments screen from any page in the system by clicking on the **Instruments** link on the left navigation bar.

Data Entry

Once the user has logged in to the individual instrument from the Instruments screen, the user will be able to enter data directly into the SPDC. The data entry pages are designed for easy navigation, while ensuring the quality of the data being entered. As such, skip patterns, warning messages, and error messages are utilized throughout the instruments.

Skip Patterns

For ease of entering data, skip patterns are built into data entry screens. Skip patterns are activated once a user selects a particular response option and the page is refreshed. As a result, users may notice questions on the hard-copy forms that are not visible on the data entry screen. If a participant responded to a question that should have been skipped on the hard copy, the data entry person can disregard the response.

Warning and Error Messages

To provide a level of quality control over data entered, ORC Macro has programmed validation codes and warning messages into the Web-based version of the surveys. A few key items on each survey are required fields; surveys without valid data entered in these required fields cannot be finalized and submitted (e.g., participant IDs). Code also has been written to check for out-of-range values and missing responses. When the user clicks the **Next Page** button, this code is triggered, and warning messages with instructions appear (in red font) on the top of the page for survey items with incorrect or null values (Figure 6.9).

FIGURE 6.9—SAMPLE WARNING MESSAGES

Early Identification, Referral, and Follow-Up (EIRF)

Please answer each question to the best of your ability. After answering a question, click on the **Next Page** or **Previous Page** buttons to save your answer and move to the next question in the sequence. To jump to any page in the survey click on one of the **Quick Links**.

Quick Links
1 2 3 4

Valid values for 'Early Identification Activity Setting' range from 1 to 8. Please check your codebook and fix this value.

Valid values for 'Source of Early Identification of Youth' range from 1 to 8. Please check your codebook and fix this value.

Please enter a valid date for 'Today's Date'.
'Participant ID' must consist of 8 digits.

(Page 1 of 4)

Today's Date (mm-dd-yyyy):

Participant ID:

Sources of information used to complete this form

- Case record review or existing data system
- Directly from a provider (i.e. case manager, clinician, mental health professional)
- Directly from a gatekeeper (i.e. not a mental health professional)

If the user responds to an error message by correcting the item and clicking **Next Page**, the code will run and search again for out-of-range values or missing items. If all errors have been corrected, the user will be directed to the next page. However, if errors still exist, the user will see a new list of warning messages. The user entering data can correct the errors or click **Next Page** a second time to proceed to the next set of questions. If the user entering data modifies the responses then clicks **Next Page**, the validation code will be run again and the list of intentionally blank items will again appear as warning messages at the top of the page.

Admin

The user administration page (Figure 6.10) allows administrative (Admin) users to manage SPDC user information. Administrative users can create new users and assign specific privileges that allow users access to specific functions of the SPDC. Users with administrative access privileges can access the Admin menu from any page in the system by clicking the **Admin** link on the left navigation bar. Each grantee can select up to two site administrators. The section below describes the roles and responsibilities of the site administrator.

Roles and Responsibilities

The primary responsibility of the site administrator is to manage user access to information on the SPDC. The site administrator can register new users and assign privileges. To register a new user, the site administrator accesses the Admin screen to enter the user's contact information and assign system privileges to the new user. These privileges determine the user's level of access to site data, to grantee-specific and aggregate-level reports, and to additional features of the SPDC.

The site administrator must thoroughly understand the various levels of privileges and regularly maintain and monitor the privilege status of SPDC users so that appropriate levels of privilege are in place. Although no respondent identifying information is stored in the SPDC, grantee-specific information is available to those with appropriately assigned privileges. Therefore, assigning privileges thoughtfully is critical to the security of the grantee-level data submitted through the SPDC. If a staff member with access to the SPDC is no longer affiliated with the program, the site administrator must remove his or her access.

Recommended Skill and Experience

The site administrator should be very familiar with the cross-site evaluation protocol and have a solid understanding of the features and functions of the SPDC. The site administrator will serve as the main contact between his or her site users and the cross-site evaluation team at ORC Macro for issues related to the use of the SPDC. Prior experience with Web-based systems and database software is helpful for the site administrator, but not necessary.

Site Administration Tasks

As discussed above, the primary task of the site administrator is to register users to the SPDC and assign their user privilege. The site administrator is identified by the State/Tribal grantee and communicated to the cross-site evaluation team through the assigned TAL. The identified site administrator is registered as a user of the SPDC by the cross-site evaluation team at ORC Macro, which assigns a username and password. The site administrator is then responsible for registering additional users and assigning usernames and passwords.

Instructions to Add a User

1. The site administrator should log in to the SPDC at <https://spdc.qrc.com> using his or her username and password. Site administrators who do not know their username and password should contact their TAL or send an e-mail to spdc-help@orcmacro.com.
2. Once logged in, the administrator should click **Admin** on the left navigation bar.
3. From the Create and Maintain Users screen (Figure 6.10), administrators can add a new user by clicking the **Add** button. This action will display empty contact information fields in the Add New Repository User screen (Figure 6.11). Site administrators can populate the fields with the appropriate user information and security level. Some of the fields will be required, which if left blank or filled with invalid data will generate an error message. Once the information is filled in and any errors are corrected, the site administrator can save the data to the database by clicking the **Save** button.

FIGURE 6.10—CREATE AND MAINTAIN USERS SCREEN

**THE GARRETT LEE SMITH MEMORIAL
SUICIDE PREVENTION EVALUATION**

Change Password | Help | Logout

Home Create and Maintain Users

Response Monitoring Select a user to edit or delete. Click on the Add button to add a new user.

Data Download

Data Reporting

Instruments

Admin

Evaluation Resources

Users: SAMHSA Program Partner

Add Edit Delete Cancel

Feedback Privacy Statement ORC MACRO

FIGURE 6.11—ADD NEW REPOSITORY USER SCREEN

**THE GARRETT LEE SMITH MEMORIAL
SUICIDE PREVENTION EVALUATION**

Change Password | Help | Logout

Home Add new repository user

Response Monitoring Use the form below to add repository user information for a new user.

Data Download * denotes required fields.

Data Reporting

Instruments

Admin

Evaluation Resources

* Username

* Password

* Confirm password

* First name

Middle name

* Last name

Degree(s)

* Grantee Arizona Department of Health Services

* Security Consultant to the Evaluation or SAMHSA/Program Partner

* Cohort 2005

Instructions to Edit User Information

Site administrators may find that the privileges assigned to various staff members are not sufficient for the needs on the project. With Admin functions, site administrators can modify these privileges as needed. By selecting the desired username from the drop-down list and clicking **Edit** (Figure 6.10), administrators will access the Edit Existing Repository User screen (Figure 6.12). This will display a screen that is prepopulated with the selected user’s information. Site administrators can edit contact information and set the security level of the selected user.

Once the changes are made, administrators should click the **Save** button to save the edited information to the database.

FIGURE 6.12—EDIT EXISTING REPOSITORY USER SCREEN

**THE GARRETT LEE SMITH MEMORIAL
SUICIDE PREVENTION EVALUATION**

Change Password | Help | Logout

Home | Edit existing repository user

Response Monitoring | Use the form below to make changes to this user's information.

Data Download | * denotes required fields.

Data Reporting

Instruments

Admin

Evaluation Resources

* Username

* Password

* Confirm password

* First name

Middle name

* Last name

Degree(s)

* Grantee

* Security

* Cohort

Title

Note: The site administrator is responsible for assigning passwords to users. The following convention should be used for username: first initial + last name (e.g., jdoe). If two users share the same first initial and last name, the site administrator should use a number at the end of the name to distinguish the two users (e.g., jdoe1 for the first user and jdoe2 for the second user).

SPDC Users

Users are the individuals, generally affiliated with each State/Tribal grantee, who will be accessing the SPDC. Each user will be assigned a username and password by the site administrator (and may change the password to suit his or her personal preferences), which will allow access to the data repository and control what SPDC functions are available to the user.

Who Should Be Granted Access to the SPDC?

Only individuals designated by the site administrator, the cross-site evaluation team, and SAMHSA will have access the SPDC Web site. SPDC users may include the following:

- Grantee staff members and stakeholders affiliated with the program:
 - Project director
 - Evaluator
 - Program staff
 - Subgrantee staff
 - Trainers

- Other users:
 - Cross-site evaluation team
 - SAMHSA
 - GLS Suicide Prevention Program partners

Individuals who will benefit from materials, resources, and information about the cross-site evaluation should be registered as users of the SPDC. Staff members employed by the grantee who are actively participating in the program and evaluation are likely users. Users also may include key stakeholders, such as members of advisory committees, staff from subgrantee or pilot sites, and suicide prevention trainers. Users should include those who will monitor the day-to-day details of the evaluation; those who will need access to materials available from the SPDC to implement the cross-site evaluation (e.g., blank questionnaires); and those who will benefit from access to reports, data sets, and other materials highlighting cross-site evaluation findings.

Although the SPDC was developed with the grantee in mind as the primary user, other users of the SPDC include cross-site evaluation team members, consultants to the evaluation, SAMHSA GPOs, and GLS Suicide Prevention Program partners (e.g., Suicide Prevention Resource Center liaisons). Even though nongrantees are users of the SPDC, access to grantee-level information will be limited to those who require this information for purposes of providing technical assistance.

Respondents to cross-site evaluation Web-based surveys (e.g., training participants, agency or organization representatives) will not have access to the SPDC unless the site administrator chooses to register them. Responding to a Web-based survey does not result in gaining access to the SPDC.

Once the users are identified, the site administrator must then determine the level of access to grant each user. A more detailed discussion on setting user privileges follows.

Levels of Privilege

The following describes the four levels of privilege that can be assigned to users.

Site Administrator

The site administrator will have the maximum level of access to the SPDC and will be responsible for registering users. He or she will be granted the ability to download grantee-level data files as well as grantee-specific and aggregate reports posted on the SPDC. The site administrator also will be able to view response monitoring tables to track the number of instruments completed. Up to two individuals per State/Tribal grantee will be designated as a site administrator. This role is typically filled by the project director or lead evaluator.

Cross-Site Administrator

The cross-site evaluation management team will have full site administrator privileges, with additional rights to download aggregated data files and access grantee-specific reports from all grantees.

Site User

A site user has the capability to enter data and access information available from the SPDC but does not have privileges to download individual-level data. Site users may be program directors and other staff affiliated with a grant-funded community. They will have access to grantee-specific reports (e.g., GSR), as well as aggregate reports with de-identified information. Members of the evaluation team at ORC Macro, including TALs, will have site user privileges, as will SAMHSA GPOs and the Suicide Prevention Resource Center liaisons.

Contact User

A contact user will only have access to aggregate information available from the SPDC. To protect confidentiality, the contact user will **not** have privileges to enter or download grantee-specific data or to access grantee-specific reports. Contact users may include stakeholders involved in suicide prevention program and evaluation activities, as well as consultants to the evaluation. The purpose of assigning the privilege of contact user is to provide a user with access to general information but not to grantee-specific information without explanation.

As previously stated, survey respondents entering data into the Web-enabled cross-site evaluation surveys will not be guaranteed access to the SPDC. However, survey respondents also may be site administrators, site users, or contact users, which will determine their level of privilege to access data files and/or reports from the central repository (Table 6.1).

TABLE 6.1—LEVELS OF PRIVILEGE, BY ACTIVITY

	DATA DOWNLOAD	REPORT DOWNLOAD: GRANTEE LEVEL	REPORT DOWNLOAD: AGGREGATE	DATA ENTRY
Site Administrator	X	X	X	X
Site User		X	X	X
Contact User			X	
Respondent				X

Evaluation Resources

The Evaluation Resources screen (Figure 6.13) will display a list of suicide prevention program and evaluation resources. These resources are accessible by clicking the linked resource name. Links, such as the following, will be included on this screen:

- Research and Training Center on Family Support and Children’s Mental Health. Portland State University, Portland, Oregon (<http://www.rtc.pdx.edu/>)
- National Youth Violence Prevention Resource Center (<http://www.safeyouth.org/scripts/teens/suicide.asp>)
- National Strategy for Suicide Prevention: A Collaborative Effort of SAMHSA, CDC, NIH, HRSA, and IHS. (<http://www.mentalhealth.samhsa.gov/suicideprevention/>)
- U Lifeline (<http://www.ulifeline.org/main/Home.html>)
- SAVE: Suicide Awareness Voices of Education (<http://www.save.org/>)
- Suicide Prevention Resource Center (<http://www.sprc.org/>)

Users can access the Evaluation Resources screen from any page in the system by clicking the **Evaluation Resources** link on the left navigation bar.

FIGURE 6.13—EVALUATION RESOURCES SCREEN



**THE GARRETT LEE SMITH MEMORIAL
SUICIDE PREVENTION EVALUATION**

Change Password | Help | Logout

Home
Response Monitoring
Data Download
Data Reporting
Instruments
Admin
Evaluation Resources

Evaluation Resources

Cross-site Evaluation Updates

- November 2006
- October 2006
- September 2006
- August 2006

Evaluation-focused Websites

- Research and Training Center for Children's Mental Health, University of South Florida, Tampa Florida <http://rtckids.fmhi.usf.edu/>
- Research and Training Center on Family Support and Children's Mental Health. Portland State University, Portland, Oregon <http://www.rtc.pdx.edu/>

Suicide Prevention Program Links

- Columbia University Teen Screen <http://www.teenscreen.org>
- LivingWorks Programs <http://www.livingworks.net>
- QPR Institute <http://www.qprinstitute.com/>
- SAVE: Suicide Awareness Voices of Education <http://www.save.org/>
- Signs of Suicide (SOS) <http://www.mentalhealthscreening.org/highschool/>
- ULIFELINE <http://www.ulifeline.org/main/Home.html>
- Yellow Ribbon International Suicide Prevention Program <http://www.yellowribbon.org/>

SAMHSA Program Partners/Federal Links

Other Features

Change Password

The Change Password screen (Figure 6.14) allows any user to create a new password by entering his or her current password and new password in the appropriate form fields and then confirming the new password before clicking the **Change Password** button. If no errors are found on the form, clicking the **Change Password** button will store the new password in the database. Users can access the Change Password screen from any page in the system by clicking the **Change Password** link on the top navigation bar. All users should change their assigned password after logging in for the first time. The cross-site evaluation team will assign the site administrators' passwords, and the site administrators will assign all other users' passwords.

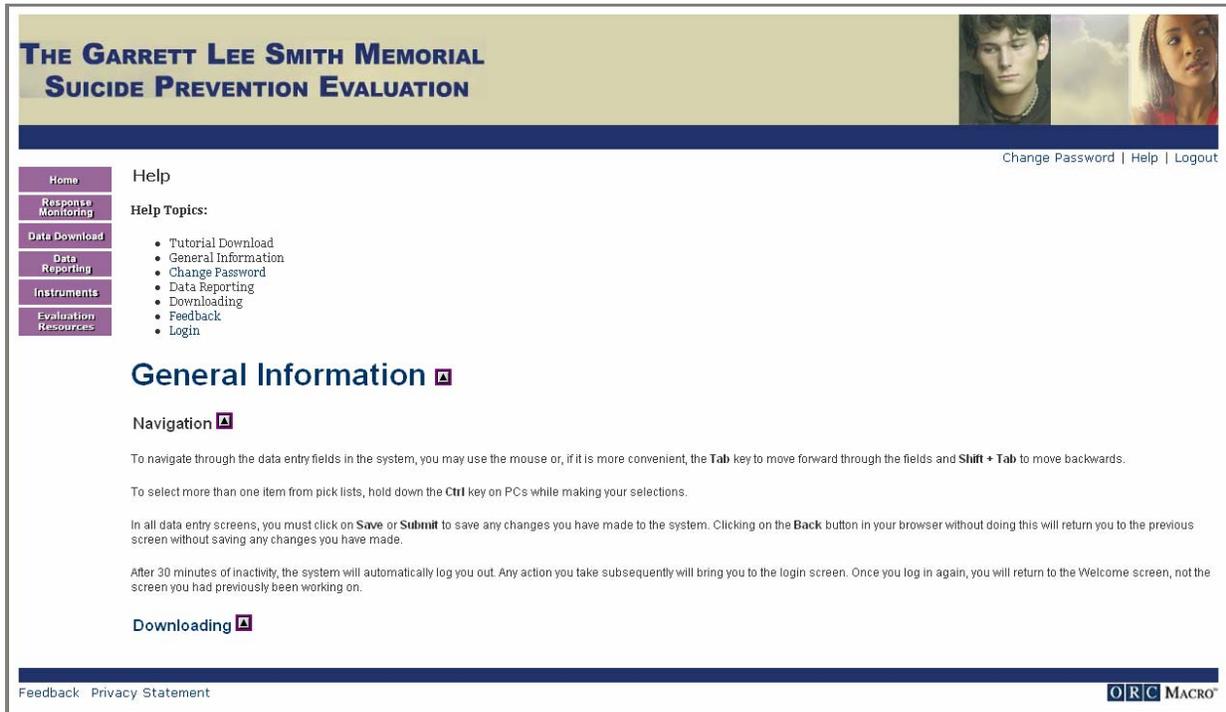
FIGURE 6.14—CHANGE PASSWORD SCREEN

The screenshot shows the 'Change Password' screen. At the top, there is a header with the text 'THE GARRETT LEE SMITH MEMORIAL SUICIDE PREVENTION EVALUATION' and three small images of people. Below the header is a navigation bar with links for 'Home', 'Response Monitoring', 'Data Download', 'Data Reporting', 'Instruments', 'Admin', and 'Evaluation Resources'. The main content area is titled 'Change Password' and contains three input fields: 'Current Password', 'New Password', and 'Confirm New Password'. Below these fields is a 'Change Password' button. In the top right corner of the main content area, there are links for 'Change Password | Help | Logout'. At the bottom of the page, there is a footer with 'Feedback Privacy Statement' and the 'ORC MACRO' logo.

Help

The Help screen (Figure 6.15) displays a list of functional links to each section in the system. Clicking the link for which the user requires help will display a detailed explanation for that particular section. Users can access the Help screen from any page in the system by clicking the **Help** link on the top navigation bar.

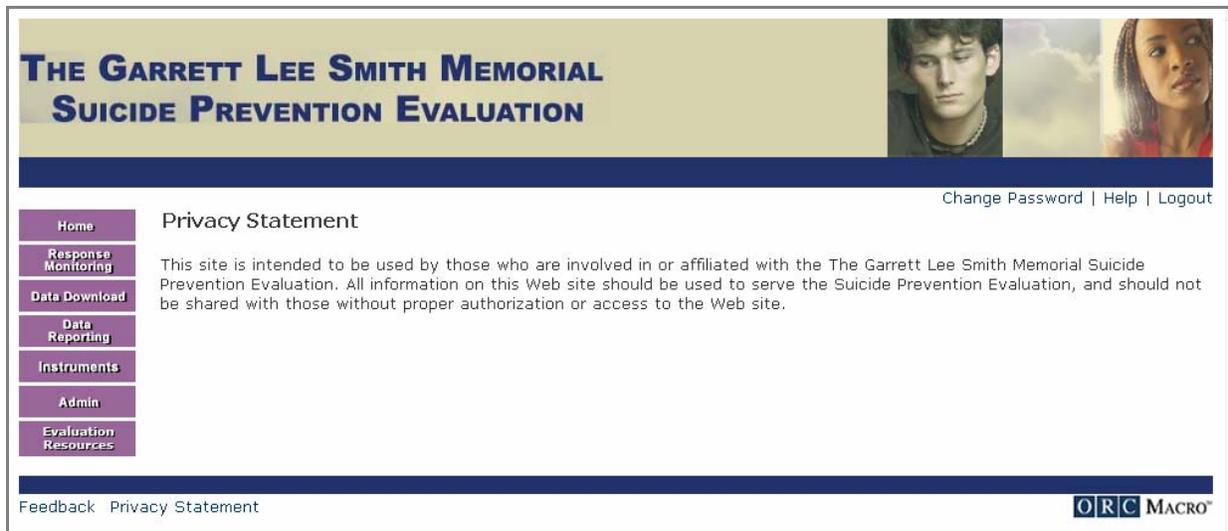
FIGURE 6.15—HELP SCREEN



Privacy Statement

The Privacy Statement screen (Figure 6.16) displays the GLS Suicide Prevention Program privacy policy for this Web site. Users can access the Privacy Statement screen from any page in the system by clicking the **Privacy Statement** link on the bottom of any screen.

FIGURE 6.16—PRIVACY STATEMENT SCREEN



Feedback

A user can provide feedback by clicking the **Feedback** link on the bottom of any screen. This link will open an e-mail form, prepopulated with the appropriate e-mail address: spdc-help@orcmacro.com.

6.3 SECURITY AND PRIVACY CONSIDERATIONS

Ensuring that information remains either anonymous or confidential is of the utmost importance to the cross-site evaluation team, and several levels of security and privacy are built into the SPDC. Each of these levels assists in protecting the anonymity of participants and unauthorized access to data.

Anonymity

Personal information about participants will not be included in data entered into cross-site evaluation instruments. Only participant IDs and required evaluation data elements will be stored in the SPDC. Furthermore, datasets with fewer than ten cases will not be made available to grantees and analyses with fewer than ten cases will not be reported.

Controlled Access

Use of the SPDC is controlled at several levels to limit access to authorized and registered users only:

- **Security.** The SPDC uses a secure Web site—<https://www.spdc.qrc.com/>.
- **Registered Usernames.** A unique registered username is required to access any part of the SPDC, including its most basic features, such as aggregate reports and information available on the home page.
- **Password Protection.** In addition to a registered username, all users will need to enter a password to access the SPDC. Unique usernames and passwords must be entered at each session.
- **Varying Levels of Access.** Users will have varying levels of access to the SPDC, and only certain users will have access to data. An individual will be given administrative responsibilities at each grantee and will work with the cross-site evaluation team to monitor his or her site's activities on the SPDC. Grantees will only have access to their own data, and they will not be able to view reports from other sites.

Database Security

Data are secured at the database level. They are stored in a database server and protected with the server's security systems. No application or user can access the evaluation data without an authorized database username and password.

6.4 TRAINING AND TECHNICAL ASSISTANCE ON USING THE SPDC

The SPDC was designed with the user in mind, and efforts have been taken to create a Web site that is user-friendly. As with any new technological tool, it may require a learning curve before users feel comfortable navigating through the Web site. In-person, telephone, and online support

are available to grantees to answer questions about the SPDC. Users can access online support on the SPDC Web site by clicking the **Help** link, which retrieves the following e-mail address: spdc-help@orcmacro.com. Grantees also can send questions directly to this e-mail address.

TALs are well trained in using the SPDC and can help users navigate through any of its features. TALs will be providing a demonstration during the onsite training and technical assistance visit occurring the during the winter or spring of 2007.

The SPDC serves as a useful tool to facilitate data collection, retrieval, and access to issues specific to the cross-site evaluation. User familiarity with the SPDC is critical to the success of the cross-site evaluation, since features of the SPDC will help grantees administer surveys, respond to questionnaires, monitor response rates, and solicit technical assistance from program partners and other grantees. Additional features, such as the data download and data reporting functions, will help grantees maximize efforts to improve programming, engage stakeholders, and sustain funding. (Information on data use and reporting is described in Chapter 7.)

A substantial amount of effort has been invested in the design of the cross-site evaluation, development of the instruments, and provision of technical assistance to ensure that the cross-site evaluation is implemented with a high degree of fidelity (including tools, such as the SPDC, Webcasts, and ongoing contact with TALs). The intent of these cross-site evaluation activities is to produce and make use of a rich source of data on effective strategies for suicide prevention programming. Cross-site evaluation data will benefit not only SAMHSA in its efforts to improve and sustain GLS Suicide Prevention Program activities, but also grantees in their efforts to investigate best practices to prevent youth suicide in their States or tribal communities. This chapter describes the various ways in which data are reported and ways in which grantees can use their data to inform program planning and enhance sustainability efforts. These descriptions do not make up an exhaustive list; rather they highlight a few of the many possibilities available to grantees.

7.1 CROSS-SITE EVALUATION DATA REPORTING

To meet the goals and objectives of the GLSMA and to facilitate the use of cross-site evaluation data at the State/Tribal level, the cross-site evaluation team and SAMHSA have planned various data reporting activities as part of the cross-site evaluation. Ownership of cross-site evaluation data is shared between State/Tribal grantees, the cross-site evaluation team, and SAMHSA. As such, grantees collect and submit data to the cross-site evaluation team, which then makes all cross-site evaluation data available to State/Tribal program staff through de-identified individual-level data sets, summary tables, or summary reports.

Data Sets

As mentioned in Chapter 6, data sets will be made available to grantees via the SPDC in one of two formats: (1) data set format or (2) table format. Data from the TES, the EIRF, and the RNS that are entered into the SPDC by program staff, entered directly by respondents via a Web-based survey, or uploaded into the SPDC will be accessible as a data set for downloading by State/Tribal program staff. The TES and EIRF will be available in real time (i.e., once data have been entered and submitted via the data entry form on the SPDC). The RNS data set will be available within 2 months of the close of the administration window.

Summary Tables

EDI and PSI information entered by program staff will be available in summary tables for downloading by State/Tribal program staff. EDI information will be available within 2 months of completion to allow for data cleaning, and the PSI information will be available once it is submitted and its quality is checked. Completed EDI and PSI information also can be printed and saved at the time when the inventories are finalized and submitted. The file will be saved as an HTML file, which can be converted to a Microsoft Word document.

Summary Reports

The purpose of providing data sets and summary tables to State/Tribal programs is to support analyses at the State/Tribal level. However, to further support cross-site evaluation data use and dissemination, the cross-site evaluation team will summarize cross-site evaluation information in a Grantee Summary Report. The GSR will be generated quarterly and made available on the SPDC (Chapter 6), providing information related to all cross-site evaluation data that have been submitted through the previous quarter. Two versions of the GSR will be made available to each grantee: one that provides highlights of evaluation data gathered across the State/Tribal grantee sites (i.e., aggregate GSR) and one that includes highlights from data gathered only from a single grantee site (i.e., grantee-specific GSR). In addition, the GSR will include summary information related to program performance measures. (Section 7.2 below provides more information on program performance measures.) Finally, a summary report of the TUP Key Informant Interviews also will be prepared and made available to grantees via the SPDC. Table 7.1 provides a summary of reporting activities.

TABLE 7.1—DATA REPORTING SUMMARY

DATA COLLECTION ACTIVITY	FORMAT	AVAILABILITY
Existing Database Inventory	Summary table	Within 2 months of submission
Product and Services Inventory	Summary table	Real time
Training Exit Survey	Data set	Real time
Referral Network Survey	Data set	November 2007, November 2008, and June 2009
Early Identification, Referral and Follow-up	Data set	Real time
Grantee Summary Reports	PDF file	2007: April, July, and October 2008: January, April, July, and October 2009: January, April, July, and September
Training Utilization and Penetration Key Informant Interview Summary Report	Microsoft Word document	Within 2 months of interviews

7.2 USING CROSS-SITE EVALUATION DATA TO INFORM PROGRAM PLANNING

The various reporting efforts were designed to make cross-site evaluation data easily accessible in a usable format for supporting program planning and further analyses. The purpose of the cross-site evaluation is not only to provide an overall understanding of the GLS Suicide Prevention Program to those involved, but also to serve as a rich source of data to support individual State/Tribal program activities. As such, State/Tribal program staff members are encouraged to fully utilize cross-site evaluation data to support program planning and development. These efforts provide suicide prevention program staff with information directly from trained gatekeepers, referral network agencies and organizations, and other stakeholders invested in suicide prevention in the community. All of these stakeholders can help a grantee determine whether it is meeting the goals and objectives of its program. Specifically, the cross-site evaluation provides information through the following stages:

- **Context.** The context stage provides information for understanding the scope of planned program activities, the context in which those activities are administered, and the existing data infrastructure to track program activities and outcomes.
- **Products and Services.** The product stage provides information about the products and services developed, disseminated, and utilized as part of a grantee’s suicide prevention program and whether these efforts are meeting program goals.
- **Process.** The process stage provides information on who is involved in a grantee’s suicide prevention activities and on whether a grantee’s programs are reaching the target population. Specifically, grantees will have data on the number and type of people receiving trainings, the knowledge and skills learned through training, the use of what was learned in training, and the linkages developed between agencies and organizations.
- **Impact.** The impact stage provides information about the impact of a program’s early identification activities, by providing information on the number of youth identified as being at risk through early identification activities, the number of youth referred for mental health and non–mental health services, and the number of youth who received mental health services.

Program Performance Measures

Identifying and monitoring relevant program performance measures to guide program planning and development is a primary use of cross-site evaluation data. A set of performance measures has been identified for the GLS Suicide Prevention Program, and the data gathered from the cross-site evaluation will be used, in part, to monitor progress on these measures. The measures include indicators of client-level outcomes, training-related outcomes, and infrastructure outcomes. These measures can be used at the individual State/Tribal grantee level to track performance in reaching the goals and objectives of the suicide prevention program, to provide a comparison to other grantees in the funding cohort, and to facilitate reporting of the proposed NOMs and GPRA reporting requirements (described in Chapter 1). Table 7.2 provides a list of performance measures that will be generated as part of the cross-site evaluation and included in the quarterly GSRs.

TABLE 7.2—PROPOSED CROSS-SITE EVALUATION PERFORMANCE MEASURES

LEVEL	MEASURES
Client-level measures	<ul style="list-style-type: none"> • Use of evidence-based programs • Access to services • Increase in social supports or connectedness
Training-related measures	<ul style="list-style-type: none"> • Satisfaction with training • Increase in the number of gatekeepers in State/Tribal grantees who have received training in identification of and response to suicide risk and behaviors (e.g., justice, education, clergy, family members)
Infrastructure-related measures	<ul style="list-style-type: none"> • Increase in number of State/Tribal grantees with public information campaigns designed to increase public knowledge of suicide prevention • Increase in the number of State/Tribal grantees that have disseminated suicide prevention information via the World Wide Web • Increase in the number of State/Tribal grantees with comprehensive suicide prevention plans that satisfy all of the following criteria: (1) coordinate across government agencies; (2) involve the private sector; and (3) support plan development, implementation, and evaluation in its communities • Increase in the number of schools (public or private) in State/Tribal grantees with evidence-based programs designed to prevent suicide • Increase in the number of juvenile justice–related agencies and organizations in State/Tribal grantees with evidence-based suicide prevention programs • Increase in the number of family, youth, and community service providers and organizations in State/Tribal grantees with evidence-based suicide prevention programs • Increase in the number of State/Tribal grantees that produce annual reports on suicide and suicide attempts, integrating data from multiple State data management systems

Through the use of these performance measures, local program staff can monitor program activities and develop plans to reach desired goals. Using cross-site evaluation data to establish additional performance measures of importance to a State/Tribal grantee is another way to fully realize the use of cross-site evaluation efforts. Using its cross-site evaluation data, a grantee can develop additional performance measures to meet the individual needs of its program. Table 7.3 provides examples of additional performance measures that can be facilitated by cross-site evaluation data.

TABLE 7.3—SAMPLE PERFORMANCE MEASURES

CROSS-SITE EVALUATION DATA COLLECTION ACTIVITY	SAMPLE MEASURES
PSI	<ul style="list-style-type: none"> • Percent of product development activity targeting families • Percent of budget spent on training activities • Number of products developed in previous quarter
TES	<ul style="list-style-type: none"> • Number of gatekeepers trained • Training usefulness rate • Training satisfaction rate • Training impact rate
EIRF	<ul style="list-style-type: none"> • Number and type of youth identified as being at risk • Number of youth referred for mental health services • Number of youth referred for support services • Number of youth who received services
RNS	<ul style="list-style-type: none"> • Quality of agency relationship • Number of agencies with formal referral processes

7.3 USING CROSS-SITE EVALUATION DATA FOR COLLABORATION AND SUSTAINABILITY

Beyond using data for program planning, State/Tribal grantees can use cross-site evaluation data to provide important information for supporting sustainability and continued collaboration with program stakeholders. Disseminating evaluation findings with a broader audience of key stakeholders involved in suicide prevention efforts is important to support program planning, development, and sustainability; thus, after GSRs have been distributed and/or local analyses of data sets have been conducted, results should be shared. Grantees also may share survey findings with evaluation participants and those with a vested interest in the results of the suicide prevention activities. Specific audiences include the following:

- Youth and families
- Policymakers
- Schools and other child-serving agency representatives
- Board members
- Clinical staff

Ensuring that program stakeholders understand the impact and effectiveness of program activities is critical to continued collaboration between program partners. Grantees may consider the benefit of engaging program stakeholders (e.g., school administrators, counselors, teachers) in the interpretation and dissemination of information collected through the cross-site evaluation. Providing information on the role of stakeholders in the suicide prevention program may lead toward more buy-in and continued support for suicide prevention activities. Using evaluation data in this way can lead to better informed program decisions. For example, if results show that parents are less likely to use training information to make referrals than other training

participants, grantees may want to engage parents in a meaningful interpretation of this finding to determine targeted areas for program improvement.

The mechanism used by a grantee to disseminate findings may vary on the basis of the target audience and the message being delivered. Grantees may find opportunities to disseminate information at board meetings, agency staff meetings, parent group meetings, school board meetings, and program advisory board meetings. Additionally, grantees may find it beneficial to disseminate information to the youth and families being targeted for early identification activities and to the agencies serving them.

In addition to maintaining program collaboration, analyses of cross-site evaluation data along with self-evaluation data can provide valuable information on the effectiveness of program activities, which can support the sustainability of program activities. Demonstrating the impact of suicide prevention activities is powerful in helping to raise awareness and garner support for a suicide prevention initiative. Data to encourage sustained support for suicide prevention efforts can be documented from the following sources: the number of participants involved in suicide activities, the number of youth who benefit from early identification activities, the number of participants exposed to public information campaigns, and participants' satisfaction with program activities. Even more persuasive is information that demonstrates the effectiveness of a grantee's suicide prevention activities, such as increased identification of at-risk behavior, increased use of support services, or increased number of referrals to mental health and non-mental health services.

Documenting effectiveness can help sustain a program in a number of ways. Showing program effectiveness builds awareness of the program's efforts to prevent youth suicide, builds the program's credibility, and provides information that legislators and other funders may use when making decisions regarding suicide prevention policy and funding. Using evaluation data increases buy-in from stakeholders and helps build collaborations among other agencies and organizations with compatible interests. Combining findings derived from the cross-site evaluation, self-evaluation data, and data from surveillance systems can highlight program successes, support continued program improvement, and enhance efforts to seek out additional funding sources to sustain efforts.

Regardless of the programs and activities that make up the grantee initiative, cross-site evaluation data have a variety of uses. SAMHSA, the cross-site evaluation team, and the State/Tribal grantees are all responsible for data-driven program performance monitoring. Additionally, all are tasked with using data to enhance the existing evidence and knowledge base on effective strategies to reduce the prevalence of youth suicide. Furthermore, SAMHSA, the cross-site evaluation team, and the State/Tribal grantees are all disseminating entities with a responsibility to communicate findings and lessons learned to consumers, stakeholders, grantees, and the greater suicide prevention research community—and to communicate this information with integrity and commitment.

As described in previous chapters, components of the cross-site evaluation protocol require grantees to report on their local program activities. Tracking program activities is important not only for the cross-site evaluation, but also for supporting State/Tribal program development, continued improvement, and sustainability. Program information must be tracked to accurately reflect program activities, the use of GLS Suicide Prevention Program grant funds, and the impact of suicide prevention activities. However, developing an infrastructure to track program activities requires careful planning and may be challenging for many State/Tribal grantees. This chapter provides guidance to State/Tribal grantees in developing a program tracking mechanism to support participation in the cross-site evaluation and to support their individual programs.

8.1 STRATEGIES FOR TRACKING PROGRAM ACTIVITIES

The roles and responsibilities of those involved in implementing and evaluating individual State/Tribal programs will have implications for the strategies used to track program activities. Communication is needed between those responsible for managing the suicide prevention program (e.g., the project director or project coordinator) and those responsible for implementing program activities (e.g., gatekeepers, contractors, subgrantees, pilot sites, collaborating agencies and organizations). These individuals will need to communicate what information is to be tracked as program activities develop and are implemented, and they will need to stay informed about details regarding activities relevant to completing cross-site evaluation protocols. Four steps to tracking program activities are as follows:

- Develop a plan for tracking program activities
- Communicate the tracking plan
- Develop tools, such as activity logs, to facilitate implementation of the tracking plan
- Develop and use an electronic database (e.g., Microsoft Access) or MIS

Develop a Tracking Plan

A program tracking plan may involve formal or informal procedures. At a minimum, grantees receiving grant funds to develop and implement activities need to have a system for regularly communicating these activities to the primary person responsible for program administration. Examples of formal and information procedures include the following:

- Informal
 - The project coordinator is notified via e-mail each time a program activity occurs and keeps a log.
 - The project coordinator attends or holds monthly staff meetings to share information and keeps a log.

- Formal
 - Program staff members document program activities on activity logs or in electronic databases (e.g., the EIRF Tracking Form).
 - Program staff members provide e-mail notifications to confirm when activity logs are completed.

Regardless of the process used, the tracking plan should be carefully designed, and program stakeholders should be consulted. (Chapter 5 contains information on engaging stakeholders.)

In developing a tracking plan, the answers to the questions below should be specified in detail and communicated to those responsible for tracking program activity.

Who Will Be Responsible for Maintaining Information on Program Activities?

State/Tribal grantees may track program activities by designating program coordinators, lead evaluators, other evaluation team members, and other program staff as the primary person coordinating and maintaining information about program activities. This primary person should have a relationship with members of subgrantees and pilot sites as well as with trainers contracted with GLS Suicide Prevention Program grant funds.

QUESTIONS TO ADDRESS DURING THE DEVELOPMENT OF A PROGRAM TRACKING PLAN

- Who will track activities as they occur?
- Who will maintain information collected from collaborating agencies?
- What data elements need to be tracked?
- How will information be communicated to the primary person responsible for maintaining program information? With what frequency?
- Who will communicate the tracking plan to those responsible for tracking activities?

Who Will Track Program Activities as They Occur?

The primary person responsible for tracking program activities and communicating this information back to the program staff could work in a variety of roles; often, it is the person who delivers the program, such as a gatekeeper or trainer. Alternatively, if many people are involved in delivering program activities, grantees may find it to be beneficial to identify someone in a centralized administrative role to monitor all activities occurring at a particular site. The person responsible for tracking products may differ from the person who tracks trainings or screenings, which would require working with multiple people at the same site.

What Data Elements Need to Be Tracked?

A detailed listing of all program activity–related elements that need to be tracked should be developed. A definition of these data elements is required so that all staff members reviewing or analyzing these data are working with a shared understanding of items being tracked.

SAMPLE PROGRAM ELEMENTS TO TRACK

- Number of products developed
- Number of products disseminated
- Number of trainings conducted
- Number of youth identified as being at risk
- Number of youth referred for services
- Number of support services used
- Number of mental health services used

The specific data elements that are required as part of the cross-site evaluation are provided in this manual, as well as guidelines for tracking this information. Training or disseminating materials may be necessary to achieve a common understanding of definitions used for the cross-site evaluation. Grantees may find that additional

follow-up conversations are needed to clarify these issues and gain a better understanding of the information provided.

How and With What Frequency Will This Information Be Maintained?

Information may be communicated by phone, with electronic or hard-copy forms, or through electronic tracking systems (such as a Microsoft Excel spreadsheet) and maintained in an electronic database. Spreadsheets should be consistent across collaborating agencies to facilitate the integration of information from different sites. A locally developed electronic database for communicating and maintaining program information is recommended, so that cross-site evaluation data elements can be easily downloaded and submitted to the cross-site evaluation team.

The frequency with which data will need to be sent to the person responsible for maintaining program information should be clearly defined for those tracking program information. For example, should information be sent every time there is a new activity or on a periodic basis, such as once a month? The frequency of reporting should be consistent across all subgrantees and pilot sites, as well as collaborating agencies, and the timelines should coincide with reporting timelines for the cross-site evaluation. (Chapter 7 contains the reporting timeline.)

AN EXAMPLE OF HOW TO TRACK EIRF INFORMATION: GATEKEEPER TRAINING TARGETING TEACHERS

Situation: A teacher identifies a student as being at risk for suicide and notifies the school guidance counselor. The guidance counselor meets with the student and refers the youth to the school psychologist. The school psychologist conducts a psychological assessment.

- The suicide prevention program coordinator provides an electronic version of the EIRF to school personnel and trains staff.
- The teacher identifies an at-risk youth and refers the youth to the school guidance counselor.
- The school guidance counselor completes youth-level demographic information.
- The school guidance counselor refers the youth for mental health services and completes a referral for services information.
- The school psychologist conducts an assessment.
- The school psychologist notifies the guidance counselor that the referral is complete, and the guidance counselor completes the follow-up information form, “anonymizes” the form, and sends the completed form to the suicide prevention program coordinator.
- The suicide prevention program coordinator monitors the completion of information.

Communicate the Plan

Once the plan to track program activities has been developed, grantees must communicate this plan. Expectations for those working with grantees to track program activities will need to be clearly communicated, and the support of these individuals will be necessary to ensure that the grantee’s plan is implemented as expected. Because it will require work on the part of others who may not consider evaluation as their primary job, the grantee’s tracking plan will need to be supported by the program director, evaluator, and others who are involved in coordinating program activities. The tracking plan should be developed with consultation from those who are involved so that the plan can meet their needs as well as the grantee’s. (Chapter 5 contains information on engaging stakeholders.)

Develop Tools and Electronic Databases

Grantees can use simple hard-copy forms to facilitate communication to track program information, such as products and services, training activities, and early identification program activities (e.g., EIRF forms). Grantees also can use standardized forms to document program activities, which will help organize information that will be coming from a variety of sources. These forms also can help ensure that all required information is provided by outlining what information is expected to be tracked.

Electronic databases can streamline the process of tracking program activities and support the use of those data. A Microsoft Excel spreadsheet or Access database (or other similar software) can be created to capture similar data that can be easily accessed and reported. Using databases enables grantees to sort information, identify duplicate entries, and analyze information, including producing summary reports on the number of products developed. It also allows grantees to more easily update information as it changes, rather than requiring duplicate data entry—as would be the case with a hard-copy form. However, grantees should weigh the benefits of using an electronic database in comparison to the difficulty. Database use may require training to ensure that users are comfortable with the software and can accurately enter appropriate information.

8.2 DEVELOPING A PLAN TO TRACK INFORMATION NEEDED FOR THE CROSS-SITE EVALUATION

The best strategy to track program activities may vary for each grantee and for different cross-site evaluation instruments. Formalized, well-developed processes may be needed if communication with a number of collaborating agencies and key stakeholders is involved. The best system is the one that meets the needs of the grantee and the needs of those involved in collecting data. Again, it requires the development of a strategy for how information will be communicated to and from the primary person responsible for completing cross-site evaluation protocols and the people who track program activities occurring through the use of GLS Suicide Prevention Program grant funds. The strategy employed may be aided by the use of tools, such as forms and electronic databases. These tools can ensure that consistent and complete information is provided by all who are involved in the development, utilization, and implementation of products and services. Table 8.1 provides key considerations for grantees when developing a tracking plan to meet the needs of the cross-site evaluation. TALs can provide State/Tribal grantees with targeted technical assistance on developing a tracking plan. State/Tribal grantees that need assistance should contact their TAL.

TABLE 8.1—KEY CONSIDERATIONS FOR TRACKING PROGRAM INFORMATION TO ACCOMPLISH CROSS-SITE EVALUATION NEEDS

CROSS-SITE EVALUATION DATA COLLECTION ACTIVITY	KEY CONSIDERATIONS
PSI	<ul style="list-style-type: none"> • Develop a system to track consistent information on the products and services developed or utilized as part of grantee program activities to match what is required on the PSI • Include information on the development status and the appropriate dates to ensure that activities are accurately represented for the reporting period • Coordinate the tracking of activities across multiple sites with a State/Tribal grantee (i.e., pilot sites, subgrantees) • Review entries to ensure that there are no duplicate products or services recorded and that the timeframes are accurate
TES	<ul style="list-style-type: none"> • Develop a system to track training activities, including when they are scheduled and held • Include in the tracking system the number of TESs administered and the training IDs assigned to each training • For valuable information on response rates, include in the tracking system the items included on the TES Cover Page, including the number of participants and the number of completed TESs
EIRF	<ul style="list-style-type: none"> • Develop a comprehensive tracking system to compile early identification, referral, and follow-up information, such as when and where screening activities or gatekeeper trainings are taking place • Include in the tracking system the EIRF data elements • Coordinate the tracking of these activities across multiple information sources, ensuring that participant IDs are assigned and linked across these sources • Train those responsible for tracking information in the use of the tracking system

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APPENDIX 1.1

CROSS-SITE EVALUATION TEAM CONTACT LIST

APPENDIX 1.1

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APPENDIX 1.2

TAL CONTACT INFORMATION AND ASSIGNMENTS

APPENDIX 1.2

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APPENDIX 1.3

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APPENDIX 1.3

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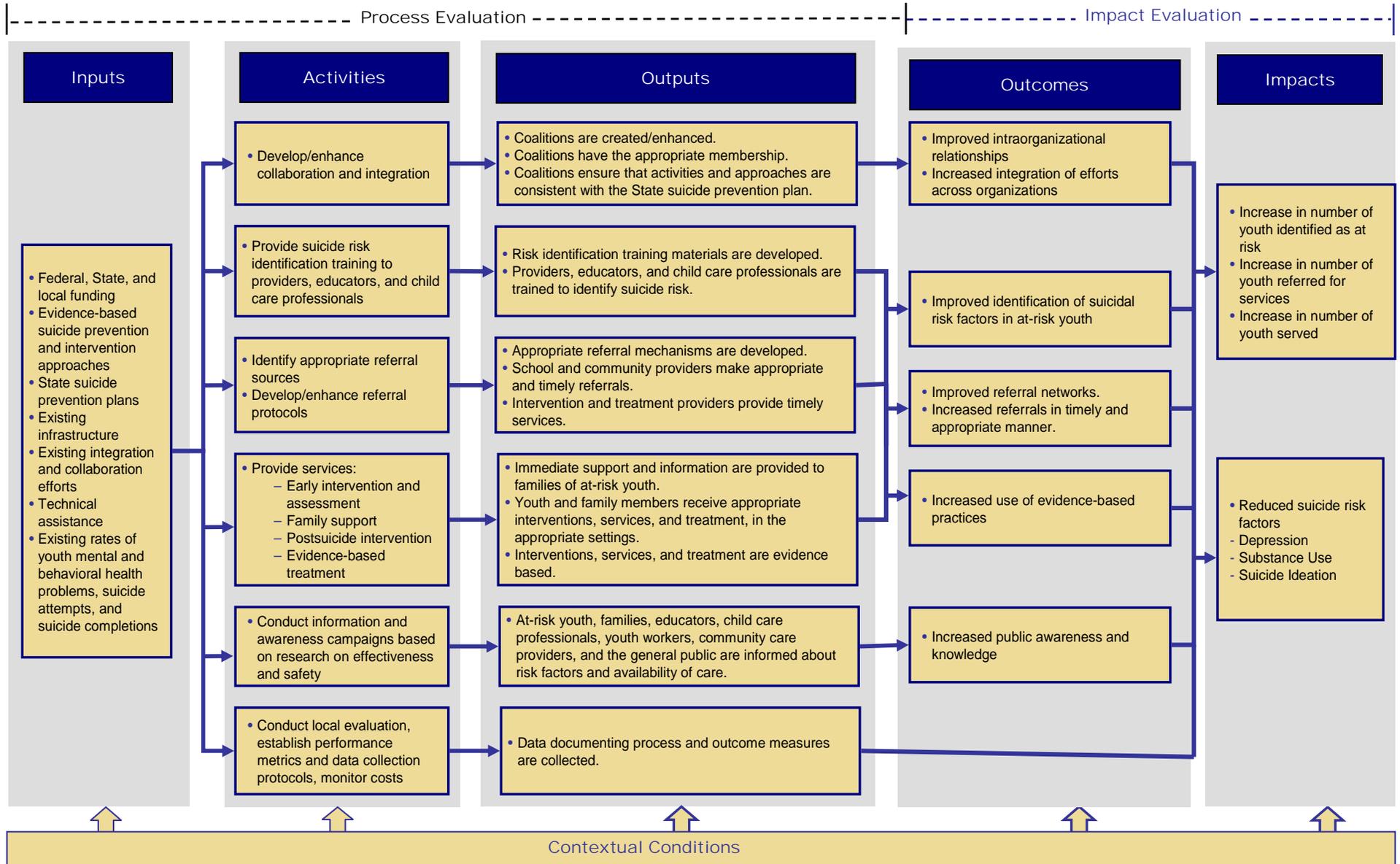
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APPENDIX 2.1

CROSS-SITE EVALUATION LOGIC MODEL

APPENDIX 2.1

State/Tribal Program Evaluation Logic Model



APPENDIX 2.2

ORC MACRO IRB APPLICATION AND APPROVAL LETTER

APPENDIX 2.2
ORC MACRO IRB
PROJECT INFORMATION FORM

ORC Macro (Macro International Inc.) complies with the Department of Health and Human Services regulations for the protection of human research subjects (45 CFR 46). As part of this compliance, an Institutional Review Board (IRB) has been established to review all research involving human subjects. The IRB is required to review any research that involves human subjects, and any proposed changes to an existing project, before human subjects may be involved. As part of its activities, the IRB is required to submit documentation of its reviews and approvals to the Federal government.

A project director should *not* attempt to determine if a research project is exempt from IRB review. To help the IRB determine if a research project requires review and approval, the project director needs to complete and submit this form to the IRB. The study procedures described in this form should be as close as possible to the final procedures proposed for use in the study. The IRB may make changes to the proposed procedures. The final procedures approved by the IRB cannot be changed unless the changes are approved by the IRB. Any changes to the approved procedures must be submitted to the IRB for review and approval before the changes can be implemented.

Once the form is completed and any required documentation (i.e., consent forms, data collection instruments) is attached, click the Submit Form button at the end of the form. The form and its attachments will be automatically submitted to the IRB Secretary, Rena Agee (Rena.A.Agee@calverton.orcmacro.com). A copy of the submission will be forwarded to the person who completed the form. Any questions regarding this form or the IRB review process should be directed to Rena Agee at (301) 572-0340.

Name of Study:	Cross-site Evaluation of the Garrett Lee Smith Memorial Suicide Prevention Program		
ORC Macro Project No.:	35126.06.001		
Funding Agency:	SAMHSA CMHS		
Study Start Date:	10/01/05	End Date:	09/30/08
Project Director(s):	Christine Walrath, PD; Angela Sheehan, Deputy PD		

Will this research be reviewed by another IRB?

- No
 Yes, one or more reviews have been completed
 Yes, one or more other reviews will be conducted

If yes, identify the other IRB(s), and give the results of any completed reviews:

Are you requesting an exemption from human subjects clearance? If so, what is the basis for the request for an exemption? (EVEN IF AN EXEMPTION IS REQUESTED, YOU MUST COMPLETE AND SUBMIT THIS FORM)

No

Study Design, Research Subjects, and Data Collection Instruments

The study design and procedures described in this section should be as close as possible to the final design and procedures proposed for use in the study.

1. What are the objectives of the study (or of the part involving human subjects)?

The Garrett Lee Smith (GLS) Suicide Prevention Program which was authorized into law in October 2004 through the Garrett Lee Smith Memorial Act, is funded through the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA). The program was launched in the fall of 2005 and includes 14 State/Tribal entities awarded through the GLS State/Tribal Youth Suicide Prevention and Early Intervention Program, and 22 campuses awarded through the GLS Campus Suicide Prevention Program. ORC Macro was awarded a contract in the fall of 2005 to design and implement the cross-site evaluation assessing the effectiveness of the 14 State/Tribal and the 22 Campus suicide prevention programs.

The overarching research questions guiding the cross-site evaluation include: (1) What types of prevention/intervention programs, services and products are used with youth determined to be at risk for suicidal behavior? (2) What is the reach of program services, products, and strategies? (3) To what extent does collaboration and integration influence referral mechanisms and service use? and (4) What is the impact of program services, products, and strategies on knowledge, process, and behavior?

The data collection activities and specific research questions, however, are tailored to the programmatic activities funded in the State/Tribal sites and the Campus sites, and therefore, the associated evaluation design and data collection procedures are described separately, beginning with the State/Tribal followed by the Campus.

State/Tribal Suicide Prevention and Early Intervention Program

- S.1 **Existing Database Inventory:** What electronic data systems currently exist, what are their relevant contents, and what is the grantees perception of access to those systems?
- S.2 **Product and Services Inventory:** What products and services are being developed, dissemination, and utilized as a part of the suicide prevention program?
- S.3 **Training Exit Survey:** Who is being trained in early identification of suicide risk factors in youth? What is the early identification training experience and how do trainees intend to utilize the information they have learned?
- S.4 **Training Utilization and Penetration Qualitative Interviews:** What is the actual post-training utilization among individuals trained through the suicide prevention program in early identification techniques? What factors have facilitated and hindered that utilization?
- S.5 **Referral Network Survey:** How are collaboration and integration used as a conduit for sharing and transferring knowledge, resources, and technology among agencies and organizational stakeholders responsible for identifying, referring and treating youth at risk for suicide? How do these networks influence referral mechanisms and service utilization?

S.6 **Early Identification, Referral, and Follow-up Analysis:** As a result of suicide prevention activities, how many youth are being identified at risk for suicide and what are their characteristics? Which of these youth are referred for service and what are the follow-up rates to service after receipt of a referral?

The data associated with component S.6 is being compiled from existing data sources by the local site and is not conducted or funded by ORC Macro. Local sites use existing data sources (e.g., program quality monitoring data, existing MIS data) to compile information related to at-risk youth characteristics, referral for service and follow-up to service. Local sites will obtain all necessary HIPPA release forms (as required under their local HIPPA requirements), data sharing agreements, and required clearances (if any) from their local IRB in order to facilitate this data compilation. This data is then de-identified and provided to ORC Macro. For these reasons, these data compilation activities are thought to be beyond the purview of the ORC Macro IRB, and are not included in the remainder of this application.

Campus Suicide Prevention Program

- C.1 **Management Information and Existing Database Inventory:** What electronic data systems currently exist, what are their relevant contents, and what is the grantees perception of access to those systems?
- C.2 **Product and Services Inventory:** What products and services are being developed, dissemination, and utilized as a part of the suicide prevention program?
- C.3 **Suicide Prevention Exposure, Awareness, and Knowledge Survey:** To what extent have campus students and faculty/staff been exposed to suicide prevention efforts on campus? What is their knowledge level about risk factors and the stigma associated with suicide?
- C.4 **Campus Infrastructure Qualitative Interviews:** What is the existing campus infrastructure, program, policy and planning related to suicide prevention and its support?
- C.5 **Training Participant Tracking and Reporting:** Who is being trained in early identification activities? What are their demographic characteristics?

The data associated with component C.5 is being compiled from existing local data sources, is submitted to ORC Macro in aggregate form by the local site, and is not collected or funded by ORC Macro. Specifically, local sites will use existing data sources (e.g., local pre-post training surveys) to compile information related to training participant characteristics. Local sites will obtain required clearances (if any) from their local IRB in order to facilitate this data compilation. This data is then provided to ORC Macro in aggregate form. For these reasons, these data compilation activities are thought to be beyond the purview of the ORC Macro IRB, and are not included in the remainder of this application.

2. Will the study involve any the following as research subjects, even if they are not explicitly targeted by the study? (Check all that apply)

- Fetuses
- Children
- Pregnant women
- HIV/AIDS-affected persons
- Mentally disabled persons
- Prisoners or incarcerated persons
- Economically disadvantaged persons
- Educationally disadvantaged persons

For each group that is checked above, provide additional descriptive information about those who will be involved in this study.

3. How many human subjects will be involved in the research, and what are their characteristics?

State/Tribal Suicide Prevention and Early Intervention Program

- S.1 **Management Information and Existing Database Inventory:** Completed annually by the 14 project staff/evaluators at each of the State/Tribal grantee sites.
- S.2 **Product and Services Inventory:** Completed once in the first year of the evaluation and then quarterly thereafter, by the 14 project staff/evaluators at each of the State/Tribal sites.
- S.3 **Training Exit Survey:** Completed by up to 14,000 providers (1,000 per site), one time at the completion of each early identification training activity across the 14 State/Tribal sites. The total number of human subjects for the Training Exit Survey is based on estimates in individual State/Tribal program plans for training. To the extent that an individual participates in more than one training activity they will be asked to complete more than one Training Exit Survey.
- S.4 **Training Utilization and Penetration Qualitative Interviews:** Completed one time by up to 70 providers (5 per site) trained across the State/Tribal sites.
- S.5 **Referral Network Survey:** Completed once in year 1 and again in year 3 of the evaluation by up to 784 providers (2 respondents per agency, 4 agencies per network, 7 networks per site) across the State/Tribal sites.

Campus Suicide Prevention Program

- C.1 **Management Information and Existing Database Inventory:** Completed annually by the 22 project staff/evaluators at each of the Campus sites.
- C.2 **Product and Services Inventory:** Completed once in the first year of the evaluation and then quarterly thereafter, by 22 project staff/evaluators at each of the Campus sites.
- C.3 **Suicide Prevention Exposure, Awareness, and Knowledge Survey:** Up to 8,800 students (200 students from each of the 22 campus' in year 2 and an additional 200 per campus in year 3) and up to 2,100 faculty/staff (50 faculty/staff from each of the 22 campus' in year 2 and additional 50 per campus in year 3) will be administered the survey.
- C.4 **Campus Infrastructure Qualitative Interviews:** Completed by up to 5 respondents (one campus administrator, two faculty, one counseling center staff person, and one student leader) one time in either the 2nd or 3rd year of the evaluation. This will result in a total of 110 respondents across the Campus sites.

4. Will the study involve subjects who are known to have a specific health condition(s) or be under a certain type(s) of medical care? If so, describe the health status of the research subjects.

No

Yes

5. Will this research use any study procedures and/or instruments that have already been approved by the Macro IRB for use in another study?

No

Yes

If yes, a) list which procedures and/or instruments are currently approved for use by the Macro IRB, b) give the name of the other study or studies and the Macro project number for each, and c) clearly indicate how the proposed procedures and/or instruments deviate from the already-approved procedures and/or instruments.

6. Describe the procedures that will be used to identify and recruit subjects for the study. Include the criteria that will be used for the inclusion and exclusion of research subjects.

State/Tribal Suicide Prevention and Early Intervention Program

S.1 **Management Information and Existing Database Inventory:** The designated evaluation point person or project staff person from each of the 14 State/Tribal sites will be asked to participate.

S.2 **Product and Services Inventory:** The designated evaluation point person or project staff person from each of the 14 State/Tribal sites will be asked to participate.

S.3 **Training Exit Survey:** Respondents for the Training Exit Survey include all individuals who participate in a training activity sponsored by the State/Tribal suicide prevention programs. The Survey will be administered one time to each training participant at each training activity. Therefore, no statistical methods will be used to identify respondents. It is estimated that up to 14,000 respondents will receive training across the 14 State/Tribal grantee sites and will be administered the training exit survey. The Training Exit Survey will be administered at the end of the training activity by local program staff.

S.4 **Training Utilization and Penetration Qualitative Interviews:** Many of the State/Tribal programs are planning multiple training activities; therefore in attempts to obtain information from key informants who experienced the same training activity, the cross-site evaluation team in consultation with local program staff will select one training activity per grantee for which to administer the Training Utilization and Penetration (TUP) Qualitative Interviews. Respondents to the Training Exit Survey (see above) will be asked to complete a separate contact consent form indicating their willingness to be contacted to participate in the TUP and return the form to local program staff. Key informants for the TUP Qualitative Interviews will be randomly selected from those individuals who consent to be contacted by the cross-site evaluation team. Local program staff will forward the contact consent forms to the cross-site evaluation team. Five respondents from each of the 14 State/Tribal grantees will be randomly selected from among the potential respondents at each grantee site based on contact consent information, for a total of 70 respondents. Interviews will be conducted within 2 months of completion of the training activity. We estimate that five respondents per grantee will be sufficient to ensure saturation of themes in the content analysis of results from the qualitative interviews.

- S.5 **Referral Network Survey:** Respondents will be identified by the local program staff and/or project evaluators based on the organizations involved in the referral network(s) associated with each State/Tribal grantee. Two representatives from each identified referral network organization will be included as a respondent. We estimate up to 98 potential unique referral networks across the 14 State/Tribal grantees and up to 4 agencies/organizations for each unique referral network. Based on an expected 80% response rate, we estimated that 624 respondents would complete the Referral Network Survey in year 1 and again in year 3. Our estimations were based on a review of State/Tribal program activities included in the grant applications that were funded. No statistical methods will be used to identify respondents for the Referral Network Survey.

Campus Suicide Prevention Program

- C.1 **Management Information and Existing Database Inventory:** The designated evaluation point person or project staff person from each of the 22 Campus sites will be asked to participate.
- C.2 **Product and Services Inventory:** The designated evaluation point person or project staff person from each of the 22 Campus sites will be asked to participate.
- C.3 **Suicide Prevention Exposure, Awareness, and Knowledge Survey:** Respondents for the student version of the Suicide Prevention Exposure, Awareness and Knowledge Survey (SPEAKS) will represent a sample of the student population. A sampling plan to obtain 200 students respondents in each of the 22 Campus grantees in year 2 and again in year 3 for a total of 8,400 total respondents (4,400 in each year) will be developed by the cross-site evaluation team. Local program staff and/or project evaluators will be responsible for pulling the sample. Anticipated response rates of 30-40% per campus are anticipated, given the difficult population we are surveying. Therefore, over sampling will be required. The campus evaluation team will draw a proportionately weighted stratified random sample within each grantee site targeted for SPEAKS administration from the matriculated student register. The matriculated student sample will be stratified by gender, matriculation year, and race/ethnicity.

Respondents for the Faculty/Staff version of the Suicide Prevention Exposure, Awareness and Knowledge Survey (SPEAKS) will represent a sample of the faculty/staff population. A sampling plan to obtain 50 faculty/staff respondents in each of the 22 Campus grantee sites in year 2 and year 3 for a total of 2,100 total respondents (1,050 in each year) will be developed by the cross-site evaluation team. Local program staff and/or project evaluators will be responsible for pulling the sample. Anticipated response rates of 30-40% per campus are anticipated, given the difficult population we are surveying. Therefore, over sampling will be required. As with the student sample, the campus evaluation team will draw a proportionately weighted stratified random sample within each grantee site targeted for SPEAKS administration from campus staff and faculty lists. The faculty/staff sample will be stratified by gender, race/ethnicity, and staff/faculty position,.

- C.4 **Campus Infrastructure Qualitative Interviews:** Key informants for the Campus Infrastructure Key Informant Interviews will be identified by the local program staff and/or project evaluator to represent five key roles on each campus: (1) Administrator, (2) Student Leader, (3) Counseling Staff, (4) Faculty/Staff from a human services academic department, and (5) Faculty/Staff from a non-human service academic department. One respondent in each category will be interviewed for each of the 22 campus grantees, for a total of 110 respondents. Within respondent categories with more than one appropriate key informant, respondents will be randomly selected. We

estimate that one respondent per grantee in each category will be sufficient to ensure saturation of themes in the content analysis of results from the qualitative interviews.

7. Describe the study design and the research procedures that human subjects will undergo. (In response to this item, you can attach a document that provides detailed information on the research design and procedures provided it is an up-to-date document. Section(s) taken from a proposal may not be current.)

State/Tribal Suicide Prevention and Early Intervention Program

- S.1 **Management Information and Existing Database Inventory:** Program staff and/or project evaluators from each of the 12 State/Tribal grantees will complete the web-based Existing Database Inventory once at the beginning of year 2 and year 3. The cross-site evaluation team will provide a web-based platform for data entry, will train program staff to complete the inventory, and will monitor completion. Information related to the existing databases and the availability of data elements are included in the inventory. Each grantee will be provided a unique username and password to log in to the web-based inventory. No individual identifying information will be provided when completing the inventory. Logging in and completing the inventory will imply consent for completion.
- S.2 **Product and Services Inventory:** Program staff and/or project evaluators from each of the 14 State/Tribal grantees will complete the web-based Product and Services Inventory once in year 1 of the cross-site evaluation, four times in year 2 (at the end of each quarter), and four times in year 3 (at the end of each quarter). The cross-site evaluation team will provide a web-based platform for data entry, will train program staff to complete the inventory, and will monitor completion. Information related to products and services that will be collected include identifying the products and services developed, products and services in development, and utilization of those products and services. Each grantee will be provided a unique username and password to log in to the web-based inventory. No individual identifying information will be provided when completing the inventory. Logging in and completing the inventory will imply consent for completion.
- S.3 **Training Exit Survey:** Individuals involved in training activities at each of the 14 State/Tribal grantee sites will be asked to complete the Training Exit Survey. Upon completion of a training activity, local program staff and/or project evaluator will be responsible for providing the Training Exit Survey to participants for self-administration and immediate return. The survey cover page introduces the survey and explains the consent process. The cross-site evaluation team will train local program staff to administer the training exit survey during a 2-day site visit prior to the start of data collection. Consent will be implied based on completion and submission of the survey to program and/or evaluation staff. A scannable survey option will be made available or as an alternative the survey can be administered in a paper-and-pencil format. If using the scannable surveys, local program staff will collect completed surveys and forward to the cross-site evaluation team. If paper-and-pencil surveys are used, local program staff will be responsible for entering survey data into the web-based data collection system. Participation in the Training Exit Survey will be voluntary but a survey will be offered to all training participants.

In an effort to reduce redundancy and burden on respondents, several of the State/Tribal sites will be integrating local program training surveys (e.g., satisfaction, pre-post, etc.) with the required cross-site evaluation Training Exit Survey. This decision is being made on a site by site basis, and local IRB clearance will be received for any training survey activities above and beyond those required by the cross-site evaluation material. ORC Macro will NOT be receiving any of the data collected through these locally administered efforts.

- S.4 **Training Utilization and Penetration Qualitative Interviews:** The Training Utilization and Penetration (TUP) Qualitative Interviews will be administered to a subset of respondents to the Training Exit Survey for one training activity per grantee. Many of the State/Tribal programs are planning multiple training activities; therefore in attempts to obtain information from key informants who experienced the same training activity, the cross-site evaluation team in consultation with local program staff will select one training activity per grantee in which to administer the TUP Key Informant Interviews. When completing the Training Exit Survey, respondents will be asked to complete a separate form indicating their willingness to be contacted by the cross-site evaluation team to participate in the TUP and then to return the form to local program staff. Local program staff will forward consent forms to the cross-site evaluation team. Because it will be necessary to facilitate administration of the interview, identifying information for each key informant will be forwarded to the cross-site evaluation team. The cross-site evaluation team will contact each identified key informant via telephone within two months of the training activity to introduce the study, request participation and to schedule an appointment for administration of the interview. The cross-site evaluation team will be responsible for administering the interview and will be trained by the cross-site evaluation project director or deputy project director in qualitative interviewing. Each respondent prior to administration of the TUP Interviews will provide verbal consent. Interviews will be audio recorded but respondents will not be identified by name.
- S.5 **Referral Network Survey:** For administration of the Referral Network Survey in year 1 of the cross-site evaluation, local program staff will identify all of the agencies or organizations involved in the referral network(s) for each of the 14 State/Tribal suicide prevention program. Local program staff will contact the director of each identified agency/organization and request that two appropriate respondents knowledgeable of the suicide prevention referral network be identified. Local program staff will collect contact information (i.e., names, email address, and telephone number) from each potential respondent and forward this information to the cross-site evaluation team. The cross-site evaluation team will administer the Web-based Referral Network Survey. Implementation of this survey will adhere to accepted methods for Internet surveys. Following recruitment activities and verification of contact information, the cross-site evaluation team will begin contacting potential respondents to complete the Referral Network Survey. A pre-survey email explaining that the recipient will be asked to participate in a survey will be sent to selected respondents in each agency/organization within each State/Tribal grantee site. The initial email will be followed 1 week later by an email containing directions for logging onto a Website to complete the Internet survey. A follow-up reminder postcard will be sent 1 week later, and 1 week after that; a final reminder will be sent to all providers who have not completed the Web survey. Telephone reminder calls will be made to any remaining non-respondents. The log in page of the Referral Network Survey will provide an introduction, instructions on how to complete the survey, and a description of the consent process. Each respondent will be provided a unique username and password to log in to the web-based survey and logging in and completing the survey will imply consent. The respondent list for the second administration of the Referral Network Survey in year 3 will be updated and any additional agencies or organizations involved in the referral network(s) will be added. The same data collection procedures will be used for the second administration.

Campus Suicide Prevention Program

- C.1 **Management Information and Existing Database Inventory:** Program staff and/or project evaluators from each of the 22 Campus grantees will complete the web-based Existing Database Inventory once at the beginning of year 2 and year 3. The cross-site evaluation team will provide a web-based platform for data entry, will train program staff to complete the inventory, and will monitor completion. Information related the existing databases and the availability of data elements are included in the inventory. Each grantee will be provided a unique username and

password to log in to the web-based inventory. No individual identifying information will be provided when completing the inventory. Logging in and completing the inventory will imply consent for completion.

C.2 Product and Services Inventory: Program staff and/or project evaluators from each of the 22 Campus grantees will complete the web-based Product and Services Inventory once in year 1 of the cross-site evaluation, four times in year 2 (at the end of each quarter), and four times in year 3 (at the end of each quarter). The cross-site evaluation team will provide a web-based platform for data entry, will train program staff to complete the inventory, and will monitor completion. Information related to products and services that will be collected include identifying the products and services developed, products and services in development, and utilization of those products and services. Each grantee will be provided a unique username and password to log in to the web-based inventory. No individual identifying information will be provided when completing the inventory. Logging in and completing the inventory will imply consent for completion.

C.3 Suicide Prevention Exposure, Awareness, and Knowledge Survey: The SPEAKS will be administered to students in each of the 22 Campus grantee sites in year 2 and in year 3. Local program staff and/or project evaluators will be responsible for identifying the list of respondents. The cross-site evaluation team will develop the sampling plan and local program staff will be responsible for identifying the sampling frame and pulling the sample. Once the sample has been pulled, local program staff will forward contact information (i.e., email addresses) to the cross-site evaluation team for administration of the SPEAKS. Implementation of this survey will adhere to accepted methods for Internet surveys. Following recruitment activities and verification of email addresses, the cross-site evaluation team will begin emailing potential respondents to complete the SPEAKS-student version. A pre-survey email explaining that the recipient will be asked to participate in a survey will be sent to selected respondents. The initial email will be followed 1 week later by an email containing directions for logging onto a Website to complete the Internet survey. A follow-up reminder postcard will be sent 1 week later, and 1 week after that; another reminder email will be sent to all students who have not completed the Web survey. The log in page of the SPEAKS-Student Version will provide an introduction, instructions on how to complete the survey, and a description of the consent process. Each respondent will be provided a unique username and password to log in to the web-based survey and logging in and completing the survey will imply consent. The sample identification for the second administration of the SPEAKS-student version in year 3 will follow the same methods.

The SPEAKS-faculty/staff version will be administered to faculty or staff in each of the 22 Campus grantee sites in year 2 and in year 3. Local program staff and/or project evaluators will be responsible for identifying the list of respondents. The cross-site evaluation team will develop the sampling plan and local program staff will be responsible for identifying the sampling frame and pulling the sample. Once the sample has been pulled, local program staff will forward contact information (i.e., email addresses) to the cross-site evaluation team for administration of the SPEAKS. Implementation of this survey will adhere to accepted methods for Internet surveys. Following recruitment activities and verification of email addresses, the cross-site evaluation team will begin contacting potential respondents to complete the SPEAKS-faculty/staff version. A pre-survey email explaining that the recipient will be asked to participate in a survey will be sent to selected respondents. The initial email will be followed 1 week later by an email containing directions for logging onto a Web site to complete the Internet survey. A follow-up reminder postcard will be sent 1 week later, and 1 week after that; another reminder email will be sent to all faculty/staff that have not completed the Web survey. The log in page of the SPEAKS-Faculty/Staff Version will provide an introduction, instructions on how to complete the survey, and a description of the consent process. Each respondent will be provided a unique

username and password to log in to the web-based survey and logging in and completing the survey will imply consent. The sample identification for the second administration of the SPEAKS-Faculty/Staff version in year 3 will follow the same methods.

- C.4 **Campus Infrastructure Qualitative Interviews:** Local evaluators will be responsible for identifying a list of appropriate respondents for each Campus Infrastructure Interview version and forwarding the appropriate contact information to the cross-site evaluation team for administration. The local program staff will be responsible for obtaining the necessary releases of information or consents-to-contact. Because it will be necessary to facilitate administration of the interview, identifying information for each respondent will be forwarded to the cross-site evaluation team. However, no identifying information will be included on the data collection instrument. The cross-site evaluation team will randomly select one respondent from each respondent list and contact the individual via telephone to introduce the study, request participation and to schedule an appointment for administration of the interview. Each respondent prior to administration of the Campus Infrastructure Interviews will provide verbal consent. The cross-site evaluation team will be responsible for administering the interview and will be trained by the cross-site evaluation project director or deputy project director in qualitative interviewing. Interviews will be audio recorded but respondents will not be identified by name.

8. Does the study design include any of the following? (Check all that apply)

- Survey of individuals (e.g., mail, telephone, email, school-based, web-based)
- Interviews with individuals
- Focus groups
- Exposure of subjects to a treatment or intervention (behavioral or medical)
- Other uses of human subjects (Specify):

9. Does a data collection instrument exist now in draft or final version? If so, attach a copy of each data collection instrument. (Check all that apply)

- No data collection instrument will be used
- Data collection instrument(s) has/have not yet been developed
- Draft data collection instrument(s) is/are attached
- Final data collection instrument(s) is/are attached

The following final data collection instruments are attached:

State/Tribal Suicide Prevention and Early Intervention Program

S.1 Existing Database Inventory:

- S.1 MIS&EDI.doc

S.2 Product and Services Inventory:

- S.2 PDI Baseline.doc
- S.2 PDI Follow-up.doc

S.3 Training Exit Survey:

- S.3 Training Exit Survey.doc {NOTE: the first page of the training exit survey document is a cover page completed by the trainer to gather information about the number of individuals trained, the type of training, etc. The individual-level survey that the trainees complete follows that cover page}

S.4 Training Utilization and Penetration Qualitative Interviews:

- S.4 Training Utilization and Penetration.doc

S.5 Referral Network Survey:

- S.5 Referral Network Survey.doc

Campus Suicide Prevention Program

C.1 Existing Database Inventory:

- C.1 MIS&EDI.doc

C.2 Product and Services Inventory:

- C.2 PDI Baseline.doc
- C.2 PDI Follow-up.doc

C.3 Suicide Prevention Exposure, Awareness, and Knowledge Survey:

- C.3 SPEAKS – Faculty.doc
- C.3 SPEAKS – Student.doc

C.4 Campus Infrastructure Qualitative Interviews:

- C.4 Infrastructure Faculty.doc
- C.4 Infrastructure Administrator.doc
- C.4 Infrastructure Counseling Staff.doc
- C.4 Infrastructure Student.doc

10. Will research subjects be given an incentive? If so, describe the incentive(s) and the incentive procedures.

State/Tribal Suicide Prevention and Early Intervention Program

Incentives will ONLY be provided to trainees participating in the S.4 *Training Utilization and Penetration Qualitative Interviews (TUPs)*. Each trainee who completes a TUP interview will receive \$20 in appreciation for their time. This will be mailed to them in the form of a postal money order upon completion of the interview.

Campus Suicide Prevention Program

Incentives will ONLY be provided to students participating in the C.3 *Suicide Prevention Exposure, Awareness, and Knowledge Survey (SPEAKS)*. There is approximately \$1,000 available per administration per campus for incentives. The Campuses have provided feedback that a small number of larger incentives are more desirable to the college student population than a large number of smaller incentives. For this reason, the cross-site evaluation team will work with each Campus to determine the appropriate type and number of incentives and those incentives will be distributed via a lottery process. The cross-site evaluation team will recommend that student representatives be engaged in the discussions and decisions related the most appropriate incentive to be used on their campus.

Each student who completes the SPEAKS will have an opportunity to register for the incentive lottery at their campus (e.g., 4 students will be awarded IPODs) and hence be provided an incentive.

11. Does the research involve any of the following activities? (Check all that apply)

- Protection of confidentiality of subjects
 Notification of positive test results (e.g., serological, virological)
 Counseling or therapy

Risks and Benefits to Human Subjects

12. Will informed consent be obtained from the research subjects?

- No
 Yes

If no, explain why not.

If yes, describe the informed consent process, including how and in what way the subjects will be informed of the risks and benefits of their participation in the research, and how informed consent will be documented. The informed consent form must be submitted with this form.

All web-enabled surveys and data collection interfaces will begin with a description of the data collection activity and the consent process. Individuals will be provided usernames and passwords to participate in the survey and be asked to provide their consent through the web-enabled process.

Phone interviews will begin with a scripted introduction of the interview activity and the reading of a verbal consent process.

A consent-to-contact form for the Training Utilization and Penetration Qualitative Interviews will be distributed along with the Training Exit Survey. Completed consent to contact forms will be returned separately from the completed Training Exit Survey, and will be used to identify the respondents for the Training Utilization and Penetration phone interview. A script which describes the interview process and the data collection activity, and obtains verbal consent, will be read prior to the start of the interview.

The consent forms (web-enabled, phone administered, and consent to contact) are referenced below and attached.

State/Tribal Suicide Prevention and Early Intervention Program

S.1 Existing Database Inventory:

- S.1 MIS&EDI.doc [includes the web-enabled description and consent, begins on page 2 of the document]

S.2 Product and Services Inventory:

- S.2 PDI Baseline.doc [includes the web-enabled description and consent, begins on page 2 of the document]
- S.2 PDI Follow-up.doc [includes the web-enabled description and consent, begins on page 2 of the document]

S.3 Training Exit Survey:

- S.3 Training Exit Survey.doc [includes the description and implied consent, begins on page 3 of the document]
- S.3 Training Exit Survey with Consent Template for Local Modification.doc [This version includes a description/consent template for sites to use when they intend to merge their local training surveys with the required cross-site evaluation Training Exit Survey activity. The highlighted portions of the document are the only portions where it differs from the Training Exist Survey. The description and implied consent (and modification template) begin on page 3 of this document]

S.4 **Training Utilization and Penetration Qualitative Interviews:**

- S.4 TUP consent for contact.doc
- S.4 TUP script and consent.doc

S.5 **Referral Network Survey:**

- S.5 Referral Network Survey.doc [includes the web-enabled description and consent, begins on page 2 of the document]

Campus Suicide Prevention Program

C.1 **Existing Database Inventory:**

- C.1 MIS&EDI.doc [includes the web-enabled description and consent, begins on page 2 of the document]

C.2 **Product and Services Inventory:**

- C.2 PDI Baseline.doc [includes the web-enabled description and consent, begins on page 2 of the document]
- C.2 PDI Follow-up.doc [includes the web-enabled description and consent, begins on page 2 of the document]

C.3 **Suicide Prevention Exposure, Awareness, and Knowledge Survey:**

- C.3 SPEAKS – Faculty.doc [includes the web-enabled description and consent, begins on page 2 of the document]
- C.3 SPEAKS – Student.doc [includes the web-enabled description and consent, begins on page 2 of the document]

C.4 **Campus Infrastructure Qualitative Interviews:**

- C.4 Infrastructure Faculty Script&Consent.doc
- C.4 Infrastructure Administrator Script&Consent.doc
- C.4 Infrastructure Counseling Staff Script&Consent.doc
- C.4 Infrastructure Student Script&Consent.doc

13. Describe the potential benefits to human subjects from participating in the research. (Note: an incentive is not considered a benefit.)

- _____ The research involves no prospect of direct benefit to individual subjects, and will not yield generalizable knowledge that is relevant to the subjects.
- X The research involves no prospect of direct benefit to individual subjects, but is likely to yield generalizable knowledge that is relevant to the research subjects.
- _____ The research involves the prospect of direct benefit to the individual subjects. Explain any such direct benefits:

14. Describe the potential risks to human subjects from participating in the research.

Albeit, minimal, there are several potential risks to respondents via their participation in the various cross-site evaluation activities. These risks apply across the various activities being proposed for both the State/Tribal and Campus evaluations.

First, there is a potential risk, although very unlikely, associated with *loss of confidentiality* to respondents who agree to participate. This loss of confidentiality could result in several ways: (a) There is a potential for loss of confidentiality when unique demographic characteristics are associated with low numbers of respondents used for reporting, (b) in some instances contact information is requested either to recruit respondents (i.e., referral network survey, campus infrastructure interviews and SPEAKS) and/or distribute incentives (i.e., SPEAKS and Training Utilization and Penetration Survey, and (c) an individual could inadvertently identify themselves by first and last name during a telephone interview (i.e., Training and Utilization and Penetration Survey, Campus Infrastructure Interview).

Second, individuals could experience a *sense of anxiety or discomfort* associated with participating in surveys. This would not be specific to any content, but rather to the process of participating.

The steps taken to protect individuals from these potential risks are described in response to question 19 (below).

15. What is the estimated potential seriousness of risks to human subjects? (Check all that apply if the level of risk will be different for some subjects)

- Negligible: virtually none or temporary effect lasting a few hours
- Low: temporary effect lasting no more than a few days
- Medium: impairment requiring medical or professional attention
- High: possible death or permanent injury

16. If you indicated that medium or high risks are possible in Question #14, what percentage of the research subjects do you estimate is likely to experience such risks?

17. If the study involves medium or high risk to human subjects, what considerations have been given to alternative designs? Why is this design essential to the study?

18. Does the research involve sufficient risk to subjects to suggest a possible need for monitoring adverse or unexpected effects during and/or after the study period?

- No
- Yes

If yes, a) identify which adverse effects need to be monitored, and b) describe the planned monitoring of those potential effects. (Attach the Adverse Events Plan.)

19. Describe the steps that will be taken to protect human subjects from any known risks during the research.

There are minimal potential risks related to participation in the various cross-site evaluation activities. Those minimal risks have been described in item #14. What follows are the steps that will be taken to address those minimal risks.

Loss of Confidentiality: First, all cross-site evaluation reports and publications that result from these data will include only group-level analyses in an attempt to fully protect the confidentiality of individual participants and no data will be stored with identifying respondent contact information. When contact information is required for either the recruitment of respondents (e.g., email addresses), the email address link will be destroyed when the respondent logs into the web-survey interface, and there will be no way to link email addresses to respondent information. When contact information is requested for incentive distribution, that information will be collected and stored in a database separate from the survey data, and will be destroyed upon completion of the evaluation. All survey data, regardless of the data collection activity is stored in a de-identified format. Data will only be summarized in aggregate form, and no reports (quantitative or qualitative) will be generated based on fewer than five respondents. Finally, if a telephone interview respondent inadvertently identified themselves by first and last name, their last name will be stricken from the transcription, and audio tapes will be destroyed upon completion of the evaluation.

Anxiety or Discomfort: Recognizing that some individuals may experience a sense of general anxiety or discomfort associated with survey participation, independent from the survey content – all consent forms include language specifying that an individual can cease participation at any time. The only required questions in surveys are those that are necessary for the integrity of the data collection activity.

20. How will the Principal Investigator/Project Director inform and monitor the research team members about the protection of the research subjects?

Each of the project team members has completed the online ORC Macro IRB course. In addition, QRC has conducted data security training with all team members, and will do a booster data security training each year of the contract.

Data Security

21. Will the collected data, including recruiting and/or screening data, be associated with personal identifiers or coded to protect identity? (Examples of personal identifiers include name, SSN, telephone number, street address, and email address.)

- No personal identifiers will be collected; the data will be anonymous.
- Identifiers will be collected, but will be kept separate from the data and will never be associated with the data; the identifiers are needed to either contact participants for participation in the data collection activity, re-administer the survey over time OR to distribute incentives (described below).
- Data will be associated with personal identifiers. Explain which identifiers (e.g., name, SSN, telephone number, street address, email address) and why they are needed:
- Data will be coded to protect identity. Describe the coding method:

State/Tribal Suicide Prevention and Early Intervention Program

S.1 **Existing Database Inventory:** Identifying information will only be used to contact project staff/evaluators. Any information used to identify respondents will be maintained in a contact database that will remain separate from a database that stores data.

- S.2 **Product and Services Inventory:** Identifying information will only be used to contact project staff/evaluators. Any information used to identify respondents will be maintained in a contact database that will remain separate from a database that stores data.
- S.3 **Training Exit Survey:** Each respondent to the Training Exit Survey will be provided a training participant ID, but no identifying information will be requested on the Training Exit Survey.
- S.4 **Training Utilization and Penetration Qualitative Interviews:** A consent-to-contact form will accompany the Training Exit Survey for respondents interested in being re-contacted for administration of the TUP Key Informant Interviews. The consent-to-contact form will include the training participant ID and identifying information necessary for contacting selected respondents for the TUP. Interested respondents will return a completed consent to contact form separate from the completed Training Exist Survey. No identifying information will be entered into the data collection and management system and all consent-to-contact forms will be stored separately from the Training Exit Surveys. For respondents not selected for the TUP Key Informant Interviews, the consent-to-contact forms will be destroyed.

In addition, identifying information will be requested for distribution of the incentive. This information will be collected at the close of the telephone interview and stored separately from the interview database and its contents. There will be no way to link the contact information to the information provided during the interview.

Other procedures for assuring the confidentiality of respondents will include limiting the number of individuals who have access to identifying information, using locked files to store hardcopy forms that include identifying information, assigning unique code numbers to each participant to ensure anonymity, and implementing guidelines pertaining to data submission and dissemination. Data collectors will be extensively trained and will be responsible for entering data into the web-based data collection system.

- S.5 **Referral Network Survey:** Identifying information for respondents to the Referral Network Survey will be necessary in order to facilitate administration over time. However, identifying information will be limited to email addresses, agency affiliations, names and telephone numbers in order to contact non-responders, and will not be stored with survey responses. To ensure privacy, no identifying information will be entered in the data collection and management system and therefore no identifying information will be associated with individual responses. Respondents will be assigned a username and password, which will be changed by the respondent upon logging in to the system. Only the web survey programmers will have access to identifying information (i.e., email addresses) in order to administer the survey, but again, identifying information will not be connected to individual responses for analysis or reporting efforts.

Campus Suicide Prevention Program

- C.1 **Existing Database Inventory:** Identifying information will only be used to contact project staff/evaluators. Any information used to identify respondents will be maintained in a contact database that will remain separate from a database that stores data.
- C.2 **Product and Services Inventory:** Identifying information will only be used to contact project staff/evaluators. Any information used to identify respondents will be maintained in a contact database that will remain separate from a database that stores data.
- C.3 **Suicide Prevention Exposure, Awareness, and Knowledge Survey:** Identifying information will be necessary in order to facilitate the administration of the SPEAKS. However, identifying

information will be limited to email addresses and campus affiliations and will not be stored with survey responses. Respondents will be assigned a username and password, which will be changed by the respondent upon logging in to the system. To ensure privacy, no identifying information will be entered in the data collection and management system and therefore no identifying information will be associated with individual responses. Only the web survey programmers will have access to identifying information (i.e., email addresses) in order to administer the survey, but again, identifying information will not be connected to individual responses for analysis or reporting efforts.

In addition, because respondents to the Student Version will receive an incentive, those students wishing to enter the associated lottery, will provide identifying information for distribution of the “prize”. This information will be collected through a web-enabled interface stored separately from the survey database and its contents. There will be no way to link the student contact information to the information provided on the survey.

C.4 Campus Infrastructure Qualitative Interviews: Identifying information will be obtained for participants in the Campus Infrastructure Interviews in order to contact respondents. However, no identifying information will be entered or stored in the data collection or management system. Other procedures for assuring the confidentiality of respondents will include limiting the number of individuals who have access to identifying information, using locked files to store hardcopy forms that include identifying information, assigning unique code numbers to each participant to ensure anonymity, and implementing guidelines pertaining to data submission and dissemination. Data collectors will be extensively trained and will be responsible for entering data into the web-based data collection system.

22. Where will the data (hard copy and electronic) be stored during the study and how will they be secured?

De-identified web-enabled survey data and data entered information will be maintained on a password protected and encrypted QRC-hosted server. Data files, once downloaded from the server, will be maintained on password-protected project team PCs.

If State/Tribal sites choose to have their Training Exit Survey’s administered in a scannable format, those scannable surveys will be returned to the ORC Macro Survey Center for processing and merging with the site-entered Training Exit Surveys. Any scannable hard copy data will be stored in locked file cabinets at the ORC Macro New York Office. At the close of the contract period, all scannable hard copy data will be destroyed.

23. Who will have access to the data and/or the codes used to protect subject identity?

Project team members responsible for data cleaning, management, analyses, and dissemination will have access to the de-identified data.

The contact information obtained will not be accessible to the project team at large, but rather only to those individuals selecting a sample (i.e., S.4), scheduling interviews (i.e., S.4, C.4), forwarding usernames and passwords (i.e., S.1, S.2, S.5, C.1, C.2, C.3) or distributing incentives (i.e., S.4, C.3). All contact information will be stored separate from respondent data and there will be no link between those information sources. Upon completion of sample selection, interview scheduling, forwarding of usernames/passwords, or distribution of incentives the contact information will be destroyed.

24. If data with subject identifiers will be released, specify the person(s) or agency to whom this information will be released.

Data with subject identifiers will not be released.

25. What will happen to the data (hard copy and electronic files) when the study has been completed?

The de-identified electronic data is, under the auspices of the federal contract, the property of SAMHSA. Final data sets from the Cross-site Evaluation will be prepared for transmission to SAMHSA as requested throughout the contract period. These data sets will not include respondent identifying information.

Contact information, as described above will be stored separately from the collected data, and destroyed upon completion of the activity for which it is required.

Hard copy in the form of scannable Training Exit Survey data, if obtained, will be destroyed at the close of the contract period.

The audio tapes collected through the telephone interview processes will be transcribed (confidentiality agreement attached). The transcriptionist will return the audio tapes to the cross-site evaluation at the end of the evaluation, or upon request, whichever occurs first. All audio tapes will be destroyed at the end of the close of the contract period.

Data Reporting and Publishing

26. What are the plans for reporting and/or publishing the research findings, and who are the intended audiences of the research report(s) and any publications?

An annual report, for distribution by the federal client, to other federal program stakeholders and audiences, is required as part of the evaluation contract. In addition, each site will receive twice annually, a data profile report which highlights site-specific and aggregate findings from the cross-site evaluation.

27. How do the publication or data dissemination plans protect the confidentiality or anonymity of the research subjects? Please describe the methods used to protect research subject from being identified from any published materials or public/private use data sets that are generated from the study (e.g., if tabular data with small cell counts will be published, explain the methods that will be used to protect research subjects from being identified).

Reports and publications from cross-site evaluation data will include only group-level analyses that fully protect the confidentiality of individual participants, and no information will be reported or dissemination at the individual participant level. It is not expected that any group-level analyses will result in cells with fewer than 5 respondents.

Signature: Christine Walrath

IRB Training Course Completion No.: 1057

Date: June 19, 2006

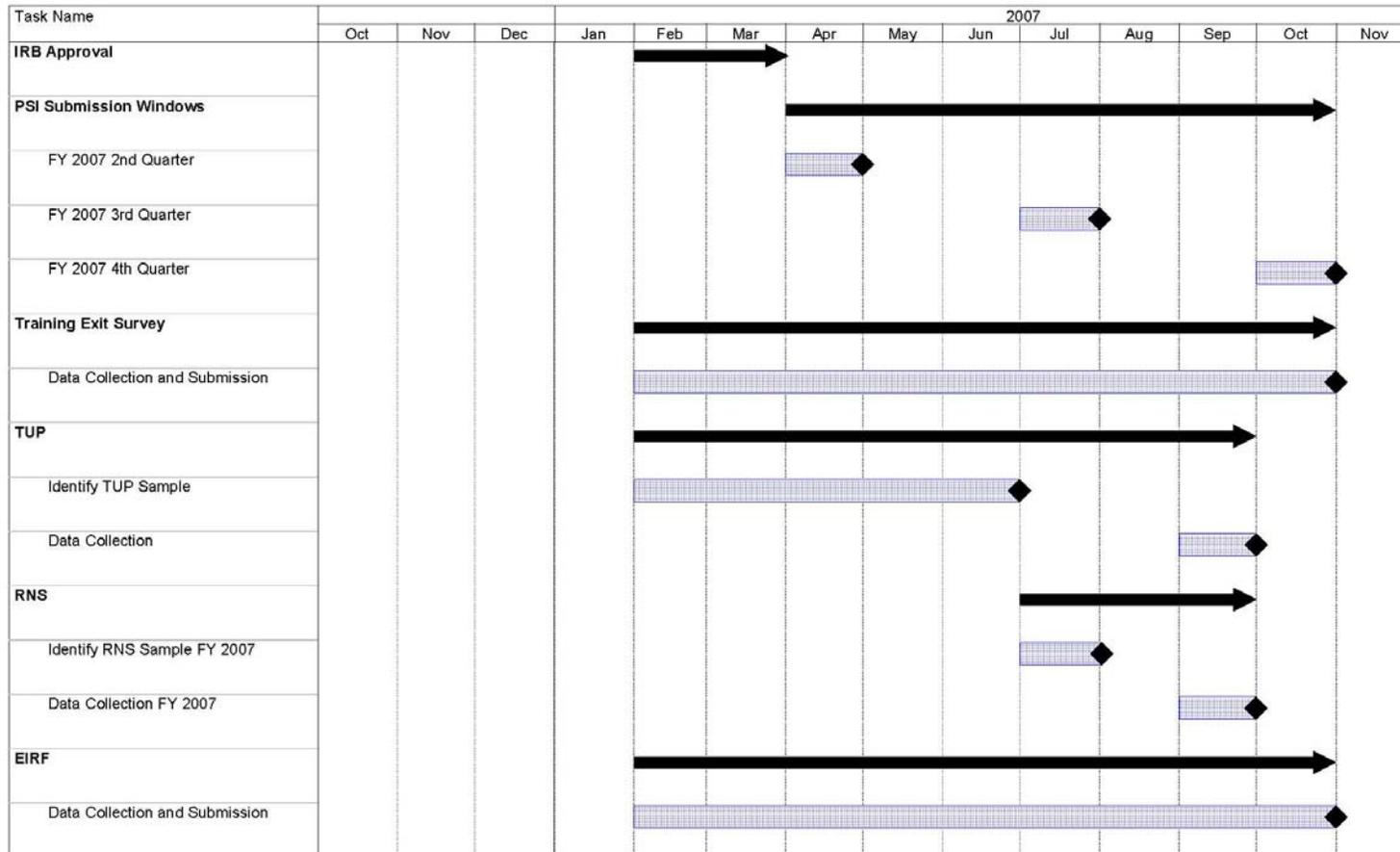
Attachments:

APPENDIX 2.3

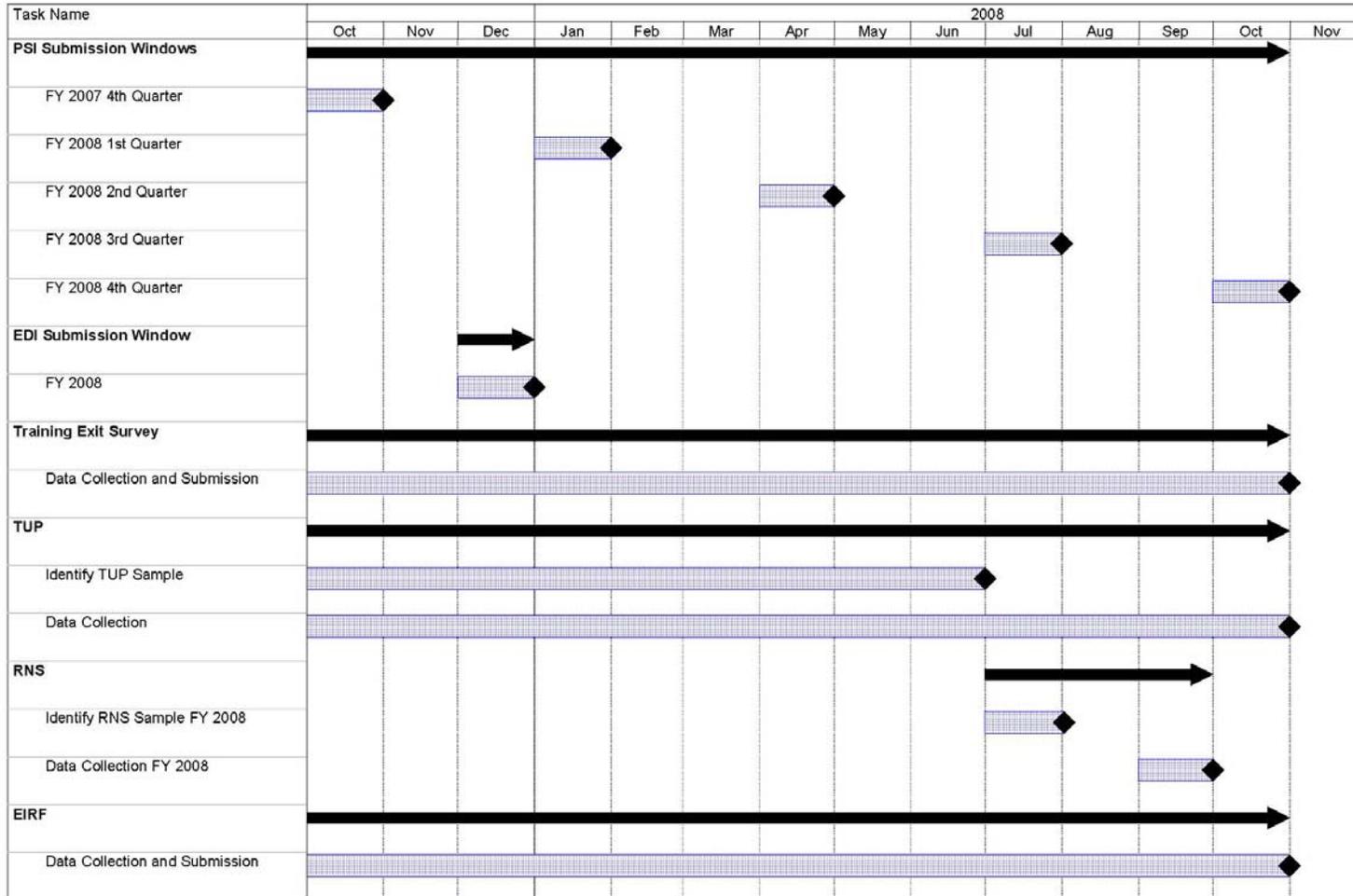
CROSS-SITE IMPLEMENTATION TIMELINES

Appendix 2.3

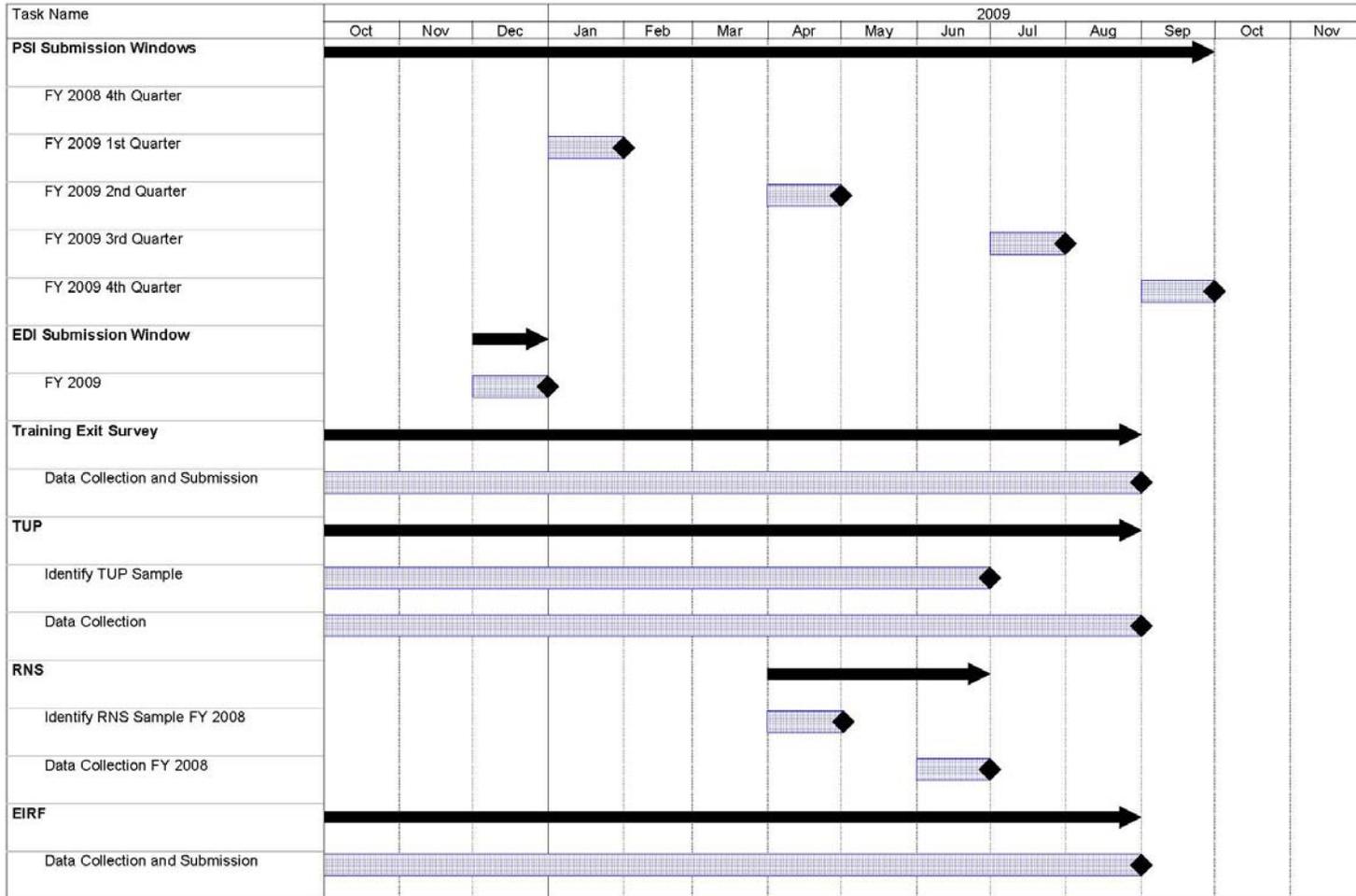
State/Tribal Implementation Timeline October 2006 to October 2007



**State/Tribal Implementation Timeline
October 2007 to October 2008**



**State/Tribal Implementation Timeline
October 2008 to October 2009**



APPENDIX 2.4

GRANTEE SITE IDS FOR THE TRAINING EXIT SURVEY

APPENDIX 2.4

State/Tribal Suicide Prevention Grantee Site Identifier for the Training Exit Survey

Grantee Name	Site ID	Catchment ID and Description
Cohort 1		
New Mexico Department of Health	11	
Oklahoma Department of Mental Health	12	
Texas Department of State Health Services	13	
NAMI New Hampshire	14	
Virginia Department of Health	15	01 – NW Area/JMU 02 – Rap-Rap Area 03 – Central Area 04 – Mid Pen Area
Maine Youth Suicide Prevention Program	16	
Missouri Department of Mental Health	17	
Tennessee Department of Mental Health	18	
Arizona Department of Health Services	19	
Montana	20	
State of Nevada	21	
Native American Rehab Association of NW, Inc.	22	
Commonwealth of Massachusetts	23	
New York State Psychiatric Institute	24	
Cohort 2		
Colorado Dept of Public Health	52	
Connecticut Dept MH & Addictions	53	
Idaho State University	54	
Johns Hopkins (White Mt Apache)	55	
Kentucky Cabinet for Health and Families	56	
Louisiana Department of Health	57	
Maniilaq Association	58	
MHA of Milwaukee City	59	
Michigan Dept of Community Health	60	
Montana Wyoming Tribal Leaders Council	61	
North Dakota Department of Health	62	
Ohio State University Research Found.	63	
Oregon Department of Human Services	64	
Standing Rock Sioux Tribe	65	

Grantee Name	Site ID	Catchment ID and Description
State of Mississippi	66	
State of South Dakota, Department of Human Services	67	
State of Wyoming	68	
Tohono O'odham Nation	69	
United American Indian Involvement	70	
University of Utah	71	
Washington State Dept Injury Prevention	72	
West Virginia Dept of Health and Human Resources	73	

APPENDIX 2.5

SAMPLE DATA USE AGREEMENT

APPENDIX 2.5

**Sample Data Use Agreement
The GLS Suicide Prevention Program**

This Data Use Agreement (“DUA”) is made effective as of the date of the last signature below (“Effective Date”) by and between _____ (“Site”), a _____ corporation, with offices at _____, and NAME University and its NAME, a non-profit educational, research and health care institution with offices located in City, State; individually, a “Party” and collectively, the “Parties”.

WHEREAS, Site is a Covered Entity as defined in the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”); and

WHEREAS, Site is providing NAME with a Limited Data Set of Protected Health Information (“PHI”) as defined in HIPAA, pursuant to a separate site agreement with the United States government, governing the terms and conditions of Site’s participation in a United States government funded multi-site network of studies pursuant to Grant #280-03-1606 (“Site Agreement”) entitled, “The Cross-site Evaluation of the Garrett Lee Smith Suicide Prevention and Early Intervention Program” thus rendering NAME a “Limited Data Set Recipient” as defined in HIPAA;

NOW THEREFORE, in consideration of the Parties’ continuing obligations under the Site Agreement and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree to the provisions of this DUA in order to address the requirements of HIPAA and to protect the interest of both Parties.

1. **DEFINITIONS.** Except as otherwise defined herein, any and all capitalized terms in this DUA shall have the definitions set forth in HIPAA. PHI will have the meaning ascribed to it in HIPAA, but for the purposes of this DUA will refer solely to PHI received by NAME from or on behalf of Site. In the event of any inconsistency between the provisions of this DUA and mandatory provisions of HIPAA, as amended, the HIPAA definition shall control. Where provisions of this DUA are different than those mandated in HIPAA, but are nonetheless permitted by HIPAA, the provisions of this DUA shall control.
2. **USE OR DISCLOSURE.** NAME and its NAME Institute shall have the right to use or disclose PHI provided to it by Site for the research, public health or health care operations only for the purposes of:
 - a) designing, creating, implementing and maintaining a database related to the GLS Suicide Prevention Program (funded by the Substance Abuse and Mental Health

- Services Administration (“SAMHSA”)) initiatives to address the prevention, early identification and treatment of youth identified at risk for suicide; and
- b) collecting and storing service information related to the treatment of mental health issues that may lead to suicide to enhance the availability, effectiveness and delivery of treatment, services and support for children and their families; and
 - c) evaluating suicide prevention practices at the Site and other sites regionally and nationally; and
 - d) generating database reports as requested by the United States Government; and
 - e) future research as permitted by the Site Agreement or any other United States Government authorized agreement; and
 - f) complying with judicial order or Federal or State law or regulation applicable to such PHI and”
 - g) disseminating such collected data to the Site to enable the Site to better evaluate its effectiveness and delivery of treatment and services for children and their families.
3. **ADDITIONAL USE.** NAME may use the PHI in the future as permitted by the Site and the contract executed by the sponsor of such program and NAME.
 4. **RESTRICTIONS ON USE.** NAME agrees to not use or further disclose the PHI other than is permitted by this DUA, or as otherwise required by law. NAME agrees to use appropriate safeguards to prevent use or disclosure of the PHI other than as provided in this DUA. NAME shall not attempt to identify the individuals to whom the PHI pertains, or attempt to contact such individuals.
 5. **REPORTING.** NAME shall report to Site any use or disclosure of the PHI which is not authorized by this DUA of which NAME becomes aware.
 6. **TERMINATION.** This DUA and all obligations hereunder, shall be effective on the Effective Date first set forth above and shall continue as long as NAME retains the PHI, unless otherwise terminated by applicable law or regulation. NAME may terminate this DUA by returning or destroying the PHI. Should NAME commit a material breach of this DUA, which breach is not cured within thirty (30) days after NAME receives notice of such breach from the Site, then the Site will discontinue disclosure of PHI and report the problem to the Secretary, Department of Health and Human Services.
 7. **SUBCONTRACTORS.** NAME agrees to require that any agent or subcontractor to whom NAME, directly or indirectly, provides PHI will agree to comply with the same restrictions and conditions that apply through this DUA to NAME.
 8. **SEVERABILITY.** In the event any part or parts of this DUA are held to be unenforceable, the remainder of this DUA shall remain in full force and effect.
 9. **AMENDMENTS.** This Agreement may not be modified in any respect other than by a written instrument signed by both Parties.

IN WITNESS WHEREOF, the Parties have executed this Data Use Agreement as of the day and year first set forth above.

Site (Covered Entity)

NAME

By:_____

Name:

Signature

Title

Date

By:_____

Signature

Title

Date

APPENDIX 2.6

SAMPLE LANGUAGE FOR A RELEASE OF INFORMATION FORM

APPENDIX 2.6

Sample Language for a Release of Information to be Added to Service Consent

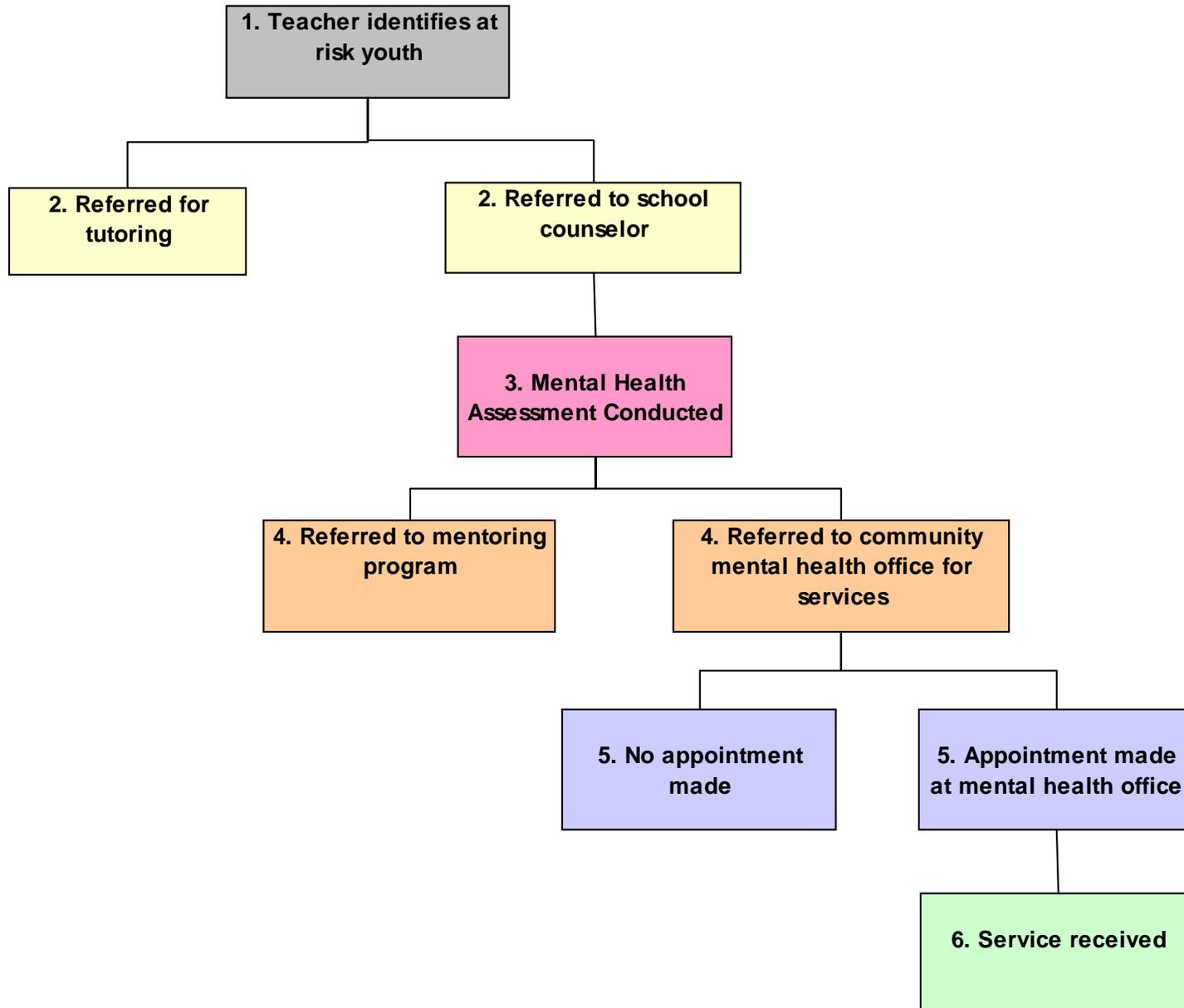
As part of the [Name of State/Tribe] Suicide Prevention Program, the agency/organization from which you are receiving services is participating in a national evaluation sponsored by the Substance Abuse and Mental Health Administration (SAMHSA). By signing below, you are providing access to data related to the services that you and your child may receive. This information will be limited to your child's demographic information (i.e., gender, race and age) and the types of services he/she receives. No identifying information, such as your name, your child's name, family's address or any other contact information will be shared with anyone outside of this agency. This information is being requested to help evaluate the effectiveness of suicide prevention efforts in [Name of State/Tribe].

Signature: _____

APPENDIX 2.7

SAMPLE REFERRAL NETWORK FLOW CHART

**APPENDIX 2.7
SAMPLE REFERRAL NETWORK FLOW CHART**



APPENDIX 2.8

RESOURCE LIST

APPENDIX 2.8

CROSS-SITE EVALUATION RESOURCE LIST

National Strategy for Suicide Prevention: A Collaborative Effort of SAMHSA, CDC, NIH, HRSA, and IHS. <http://www.mentalhealth.samhsa.gov/suicideprevention/>

Report from the President's new Freedom Commission on Mental Health
<http://www.mentalhealthcommission.gov/reports/reports.htm>

Surgeon General's Call to Action to Prevent Suicide, 1999
<http://www.surgeongeneral.gov/library/calltoaction/default.htm>

Transforming Mental Health Care in America, The Federal Action Agenda, First Steps
http://www.samhsa.gov/Federalactionagenda/NFC_TOC.aspx

Reducing Suicide: A National Imperative is available for sale from the National Academy Press, 2101 Constitution Avenue, N.W., Box 285, Washington, DC 20055; call (800) 624-6242 or (202) 334-3313 (in the Washington metropolitan area).

Summary Available at <http://www.iom.edu/Object.File/Master/4/158/Suicide1pagerFINAL.pdf>

GENERAL EVALUATION RESOURCES

Western Michigan University, "Glossary of Program Evaluation Terms"
<http://www.ec.wmich.edu/glossary/prog-glossary.htf>

Government Accounting Standards Board, "Performance Measurement for Government - Additional resources (glossary)"
<http://www.seagov.org/resources/glossary.shtml>

Harvard Family Research Project, "Selected Evaluation Terms"
www.gse.harvard.edu/hfrp/content/projects/afterschool/resources/ost_terms.pdf

Missouri Institute of Mental Health, "Dressed-Down Research Terms: A Glossary for Non-Researchers"
http://www.cstprogram.org/PCS&T/Research%20Glossary/research_glossary.htm

National Science Foundation, "The 2002 User-Friendly Handbook for Project Evaluation" (Section 6)
www.nsf.gov/pubs/2002/nsf02057

Rand Corporation, "Getting to Outcomes 2004"
www.rand.org/pubs/technical_reports/2004/RAND_TR101.pdf

U.S. Environmental Protection Agency (EPA), "Program Evaluation Glossary"
www.epa.gov/evaluate/glossary.htm

SAMHSA National Outcome Measures

<http://www.nationaloutcomemeasures.samhsa.gov/./outcome/index.asp>

Government Performance Results Act of 1993

<http://www.whitehouse.gov/omb/mgmt-gpra/gplaw2m.html>

Hernandez, M., Hodges, S. (2001). Theory-based Accountability. In M. Hernandez & S. Hodges (Eds) *Developing Outcome Strategies in Children's Mental Health*. Baltimore, MD: Paul H. Brookes Publishing Co.

Innocenti, M.S., Roberts, R. N. (2002). Participatory realism: Defining the role of nonevaluator stakeholders in evaluation. In Roberts, Richard N. (Ed); Magrab, Phyllis R. (Ed). *Where children live: Solutions for serving young children and their families*. Advances in applied developmental psychology, Vol. 17. (pp. 133-172). Westport, CT, US: Ablex Publishing (1999) xii, 369 pp.

Mowbray, C.T., Holter, M.C., Teague, G.B., and Bybee, D. (2003) Fidelity Criteria: Development, Measurement, and Validation, *The American Journal of Evaluation*, 24, 3, 315-340.

Patton , M. Q. (1997). *Utilization-focused evaluation: The new century text*. Thousand Oaks, CA: Sage. Chapter 2-5.

Rossi, PH., Freeman, H.E., Lipsey, M.W. (1999). *Evaluation: A systematic approach*, 6th Edition. Thousand Oaks, CA: Sage Publications, Chpts 2-3, 8-9.

Weiss, C.H. (1995). Nothing as practical as good theory: Exploring theory-based evaluation for comprehensive community initiatives for children and families. In J.P. Connell, A.C. Kubisch, L.B. Schorr, & C.H. Weiss, (Eds.) *New Approaches to Evaluating Community Initiatives, Vol 1: Concepts, Methods, and Contexts*. Washington, DC: Aspen Institute.

APPENDIX 3.1

EXISTING DATABASE INVENTORY

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 30 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

Cross-site Evaluation of the Garrett Lee Smith Memorial (GLS) State/Tribal Youth Suicide Prevention and Early Intervention Program

Existing Database Inventory (State/Tribal Version)

Date: (Today's Date) □□/□□/□□□□

Site: (Name of Grantee) _____ [*Select from Pull-down menu*]

Administration Wave: 1 = First wave of administration
 2 = Second wave of administration

IF 2nd WAVE: 1 = 1st time completing Existing Database Inventory
 2 = 2nd time completing Existing Database Inventory

Respondent Type: 1=Project Director/Coordinator
 2=Evaluator
 3=MIS professional
 4=Other

Before beginning the online inventory, please read carefully the following consent form and click the “**I CONSENT**” button at the end to indicate that you agree to participate in this data collection effort. It is very important that you understand that your participation in this inventory is voluntary and that the information you share is confidential.

As part of the cross-site evaluation of the Garrett Lee Smith (GLS) Memorial Suicide Prevention Program through funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), we are asking that you complete this inventory of existing databases. The inventory seeks to catalogue information about the type of existing data that you have to support your suicide prevention program, the degree of data integration among existing data systems, your level of data access, and specific data elements that may or may not be available as they relate to the services being offered through your program. The information obtained will help facilitate the cross-site evaluation. Your consent requires that you read and agree to the following:

Confidentiality: The information that you provide via this online inventory will be kept confidential except as otherwise required by law. No identifying information is requested as part of the inventory. The information that we report to SAMSHA will not contain any identifying information and your name will not be used in any reports about this evaluation.

Risks: Completion of this inventory poses few, if any, risks to you. You may choose to cease input of information at any time or not answer a question, for whatever reason.

Your participation is voluntary. Refusal to participate involves no penalty or adverse consequences. If you consent to complete the inventory here are some additional things you should know:

- You may stop your input of data at any time without penalty or consequence.
- You may chose to not answer a question at any time without penalty or consequence.
- You may contact the cross-site evaluation Project Director or Database Administrator with any questions that you have about the evaluation and/or Existing Database Inventory before, during or after you have completed the inventory.
- We encourage you to print a copy of this consent for your records.
- Again, your name will not be used in any reports about this inventory.

Contact information: If you have any concerns about your participation in this study or have any questions about the evaluation, please contact [INSERT CONTACT NAME, TITLE AND PHONE NUMBER]. Please click the “**I CONSENT**” box below to proceed to the Existing Databases Inventory.

- “I CONSENT” (Move to next web page to start the inventory)
- “I DO NOT CONSENT” (Move the web page which should say “Thank you for considering participation in collection of data through the Existing Databases Inventory. Please contact the Project Director, [INSERT NAME AND CONTACT INFORMATION] with any questions,”).

Thank you!

Introduction

Thank you for taking the time to complete this inventory. This inventory is designed to catalogue information about the type of data that exists to support your suicide prevention program, the degree of data integration among existing data systems, your level of data access, and specific data elements that may or may not be available as they relate to the services being offered through your suicide prevention program. **We are interested in Statewide or centralized data systems that track consistent information about your suicide prevention program. For example, if your suicide prevention program involves multiple mental health agencies, which all have data systems that track different information, we are only interested in the information that is consistently tracked across all mental health agencies.**

The inventory is organized as follows:

PART I: EXISTING DATABASES – Report information on existing Management Information Systems and electronic databases that support your suicide prevention program.

PART II: DATA TYPES – Report information on the type of data collected as part of an existing Management Information System or electronic database.

PART III: GRANTEE SERVICES AND RELATED DATA ELEMENTS– Report information on the services that are provided through your suicide prevention program, and the data elements that are collected related to these services.

This inventory will take approximately 30 minutes to complete. If at any time while you are working to complete this inventory you need to save your entry and come back to it at a later time (*before* submitting as final), you can do so by clicking the “SAVE AND COME BACK LATER” button.

If you have questions or need help related to entering information, please send an email to GLS-DBASE@orcmacro.com for assistance. To begin the inventory, enter your login name and password below. If you do not remember your login name and/or password please refer to the email sent to you by ORC Macro about completing the Existing Database Survey.

Login Name: _____

Password: _____

PART I: EXISTING DATABASES

The following are questions about existing electronic data systems that support your suicide prevention program. It includes questions about the type of data that are captured electronically by your agency/organization and other agencies/organizations that are involved in your suicide prevention program, the level of integration across these data systems, and your accessibility to other data systems.

1. Do you currently have information about suicide prevention activities and/or the youth who are served by your suicide prevention program stored in an electronic system(s)?

- Yes
- No

IF YES:

1a. Is the information in this system(s) captured at the individual level and/ or the group level? (select one)

- Individual level (*data is available at the person level, in other words there is information that describes each person separately*)
- Group level (*data is available to describe groups of people but is not available for any one individual person*)
- Both Individual and Group level

2. Are there local stand-alone electronic data systems that contain information about your suicide prevention activities and/or the youth who are served by your suicide prevention program (i.e., school district database, community health center database, etc.)?

- Yes
- No

IF YES,

2a. Are there variations in the type of information that is tracked in these local stand-alone systems (i.e., the local systems all collect different types of information that is not consistent across systems)?

- Yes
- No

3. From the list below, please identify agencies involved with your suicide prevention program (i.e., planning and development) and agencies that maintain data on the populations potentially impacted by your suicide prevention efforts (i.e., youth, gatekeepers, etc.) (check all that apply).

- Mental Health
- Child Welfare
- Juvenile Justice
- Police/Law Enforcement
- State Health Department
- Education

- Hospital/Medical Center
- Community-based Organization
- Other1 Please describe: _____:
- Other2 Please describe: _____:
- Other3 Please describe: _____:

To complete the remaining items on the Existing Database Inventory, we are interested in data systems that provide information on your suicide prevention activities (i.e., trainings, services, products, etc.) and the youth who are served by your suicide prevention program. **Again, we are interested in Statewide or centralized data systems that track consistent information about your suicide prevention program. For example, if your suicide prevention program involves multiple mental health agencies, which all have data systems that track different information, we are only interested in the information that is consistently tracked across all mental health agencies.**

<p><i>Note: For each agency listed below, please complete items a-e.</i></p>	<p>a. Does this agency have an existing electronic data system? [IF YES GO TO b]</p>	<p>b. Please provide the contact information for a person within each agency knowledgeable about their existing electronic data system.</p>	<p>c. Since receiving grant funds, have you accessed these electronic data for the purposes of your suicide prevention program? [IF NO GO TO e]</p>	<p>d. Is a data user or sharing agreement required to access this data?</p>	<p>e. Do you anticipate being able to access these data in the future as part of your suicide prevention program?</p>
4. Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Organization: Address: Phone #: Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
5. Child Welfare	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Organization: Address: Phone #: Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
6. Juvenile Justice	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Organization: Address: Phone #: Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
7. Police/Law Enforcement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Organization: Address:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

		Phone #: Email:		<input type="checkbox"/> DK	<input type="checkbox"/> DK
8. State Health Department	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Organization: Address: Phone #: Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
9. Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Organization: Address: Phone #: Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
10. Hospital/Medical Center or Emergency room	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Organization: Address: Phone #: Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
11. Community-based Organization	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Organization: Address: Phone #: Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
12. Other1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Organization: Address: Phone #: Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
13. Other2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Organization: Address: Phone #: Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
14. Other3	<input type="checkbox"/> Yes	Name:			

	<input type="checkbox"/> No	Organization: Address: Phone #: Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
--	-----------------------------	---	---	--	--

15. Please list any barriers to accessing any of the above-mentioned data.

NOTE: The columns and rows of the subsequent table will be populated with those agencies identified in column 2 of the preceding table.

The rows in the table below include all of the agencies that you indicated had an existing electronic database. Please look across each row and mark each column that identifies another agency with which that agency’s database is electronically linked or integrated. For example, if the mental health agency has an electronic database that is linked to the electronic database kept by a hospital and also by child welfare, you would place a mark in row one under both child welfare and under hospital/medical center.

16. If no linkages exist between any of these partner agencies, please check here:

		Electronic Database Integration									
Agency	Mental Health	Child Welfare	Juvenile Justice	Police/Law Enforcement	State Health Department	Education	Hospital/Medical Center	Community-based Organization	Other1	Other2	Other3
17. Mental Health											
18. Child Welfare											
19. Juvenile Justice											
20. Police/Law Enforcement											
21. State Health Department											
22. Education											
23. Hospital/Medical Center											
24. Community-based Organization											
25. Other1											
26. Other2											
27. Other3											

PART II: DATA TYPES

In this section we ask that you provide information about the *type* of data that are captured in an existing electronic database. Please consider data stored in all of the databases you identified in Part I.

	a. Are these data elements currently being captured in an electronic database? [IF YES GO TO b] [IF NO GO TO c]	b. Please place a mark in this column if these data were captured prior to the start of the grant program. [GO TO e.]	c. Are you planning to capture these data in an electronic data system at some point during the life of your grant? [IF YES GO TO d]	d. When will data collection and capture begin? Mm/dd/yy [GO TO e]	e. Are these or will these data be captured at only one point in time (1) or captured at multiple points across time (X)? [GO TO f]	f. Are these or will these data be captured at the individual level or group level?
Demographic Data for Youth						
28. Race/ethnicity	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
29. Sex	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
30. Age	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
31. Religion	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
32. Socioeconomic status indicators (i.e., education, income, occupation, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G

Screening, Assessment and Service Encounter Data for Youth						
33. Type of Service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
34. Date of Service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
35. Length of Service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
36. Service provider	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
Epidemiological Data Relevant to Your SAMHSA-funded Suicide Prevention Program (i.e., incidence(s) among entire target population)						
37. DSM-IV diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
38. Suicide Risk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
39. Morbidity (i.e., injury, illness)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
40. Mortality (i.e., cause of death)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
Information on Training Supported with SAMHSA Funds						
41. Date of Training	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
42. Type of	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes		<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I

Training	<input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> No <input type="checkbox"/> DK			<input type="checkbox"/> G
43. Number of attendees	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
44. Satisfaction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
45. Knowledge	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
46. Implementation of Skills Learned	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
Please add any data sources/elements below that are captured in an electronic data system locally and not listed above.						
47. Other1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
48. Other2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
49. Other3	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
50. Other4	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G

[IF YES TO 33], Please complete Part III.

PART III: GRANTEE SERVICES AND RELATED DATA ELEMENTS

You indicated that type of service is stored in an electronic database. Please indicate in the following table what types of services are provided or are available by referral to youth identified at risk as part of your suicide prevention program. In answering these questions please consider services offered by persons trained through your prevention program, services supported directly with grant funds, and services that are available by referral to youth identified at risk through your prevention program.

	a. Is this service provided as part of your suicide prevention program or available to youth who are identified at risk as part of your suicide prevention program?	b. Are service data captured at only one point in time (1) or captured at multiple points across time (X)?	c. Are service data captured at the individual level (I) or group level (G)?
51. Screening/Early Identification	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
52. Crisis Hotline Number	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
53. Crisis/emergency assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
54. Routine Mental Health Intake Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G

55. Medication Treatment and Monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
56. Group Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
57. Individual Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
58. Case Management	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
59. Family Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
60. Inpatient Hospitalization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
61. Residential Treatment Center	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
62. Referral/Community Linkage to Support Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
63. Other Service 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G

64. Other Service 2:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
65. Other Service 3:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G
66. Other Service 4:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> I <input type="checkbox"/> G

This is the end of the inventory.

Thank you for taking the time to complete the Existing Database Inventory. Your timely participation in this activity is critical to the success of the Garrett Lee Smith Memorial Suicide Prevention Cross-Site Evaluation.

APPENDIX 3.2

PRODUCT AND SERVICES INVENTORY-BASELINE

Expiration Date: _____

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 45 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

Cross-site Evaluation of the Garrett Lee Smith Memorial (GLS) State/Tribal Youth Suicide Prevention and Early Intervention Program

Product and Services Inventory (State/Tribal Version - Baseline)

Date: (Today's Date) / /

Site: (Name of Grantee) _____ [*Select from Pull-down menu*]

Respondent Type: 1=Program Staff
2=Evaluation staff
3=Other

Instructions for respondent: Thank you for taking the time to complete this inventory. The Product and Services Inventory (PSI) is designed to catalogue: (1) the products being developed, delivered, and utilized, (2) the types of services that are being implemented, and (3) the methods for evaluating effectiveness of products or services. Some of the products and services you are using locally are pre-established in the field of suicide prevention and others are products and services that you are developing for local use – this inventory will catalogue information about both. This administration of the inventory will ask you to think back across your initial year of grant funding; subsequent administrations will be quarterly and will ask that you provide information about the preceding quarter.

Before beginning the online inventory, please read carefully the following consent form and click the “**I CONSENT**” button at the end to indicate that you agree to participate in this data collection effort. It is very important that you understand that your participation in this inventory is voluntary and that the information you share is confidential.

As part of the cross-site evaluation of the Garrett Lee Smith (GLS) Memorial Suicide Prevention Program through funding from SAMHSA, we are asking that you complete this inventory of products and services. The Product and Services Inventory (PSI) is designed to catalogue on a quarterly basis: (1) the products being developed, delivered, and utilized, (2) the types of services that are being implemented, and (3) the methods for evaluating product delivery and service implementation. Your consent requires that you read and agree to the following:

Confidentiality: The information that you provide via this online inventory will be kept confidential except as otherwise required by law. No identifying information is requested as part of the inventory. The information that we report to SAMSHA will not contain any identifying information and your name will not be used in any reports about this evaluation.

Risks: Completion of this inventory poses few, if any, risks to you. You may choose to cease input of information at any time or not answer a question, for whatever reason.

Your participation is voluntary. Refusal to participate involves no penalty or adverse consequences. If you consent to complete the inventory here are some additional things you should know:

- You may stop your input of data at any time without penalty or consequence.
- You may chose to not answer a question at any time without penalty or consequence.
- You may contact the Project Director or Database Administrator with any questions that you have about the evaluation and/or the Product and Services Inventory before, during or after you have completed the inventory.
- We encourage you to print a copy of this consent for your records.
- Again, your name will not be used in any reports about this inventory.

Contact information: If you have any concerns about your participation in this study or have any questions about the evaluation, please contact [INSERT CONTACT NAME, TITLE AND PHONE NUMBER]. Please click the “I CONSENT” box below to proceed to the Existing Databases Inventory.

- “I CONSENT” (Move to next web page to start the inventory)
- “I DO NOT CONSENT” (Move to the web page which should say “Thank you for considering participation in collection of data through the Product and Services Inventory. Please contact the Project Director, [INSERT NAME AND CONTACT INFORMATION] with any questions,” and offer them an opportunity to go to the inventory’s Homepage.

Thank you!

The Product and Services Inventory is organized as follows.

Thank you for taking the time to complete the Product and Services Inventory. The Product and Services Inventory is organized as follows:

Part I: Product/Service Description: This section will catalogue information about all products and services (pre-established, locally developed, or in development) that are being utilized by your suicide prevention program.

Part II: Product/Service Development: This section will catalogue information specifically about the products and services being locally developed.

Part III: Program Linkages: This section will identify the agencies and organizations that are involved in your suicide prevention program.

If at any time while you are working to complete this inventory you need to save your entry and come back to it at a later time (*before* submitting as final), you can do so by clicking the “SAVE AND COME BACK LATER” button.

If you have questions or need help related to entering information, please send an email to GLS-PSI@orcmacro.com for assistance. To begin the inventory, enter your login name and password below. If you do not remember your login name and/or password please refer to the email sent to you by ORC Macro about completing the Product and Services Inventory.

Login Name: _____

Password: _____

PART I: PRODUCT AND SERVICE DESCRIPTION

Please complete the following section by providing information about *all* products/services that have been utilized, developed, or were in development during the first year of your GLS grant funding. This includes (1) pre-existing products or services that were purchased using grant funds for local use, (2) products and services that were developed or adapted locally using grant funds, and (3) products or services that have been utilized as part of your GLS suicide prevention program. We ask that you think broadly about products and services when completing the PSI. A product or service can be any tangible innovation or activity developed or used as part of your GLS suicide prevention program. Please refer to the Product and Service Categories and Definitions previously provided to you for specific guidance around what should be included as a product or service.

The information you provide will be maintained in our system for future administrations of the PSI. Therefore, you will first be asked to identify the product or service, and then you will be asked to provide follow-up information about those products or services.

INSTRUCTIONS: Please enter all products/services that you have begun development, developed and/or utilized since the beginning of grant funding. For each product or service you list, you will be asked to provide additional information.

Product / Service Name: _____

1. Please indicate what activity has occurred related to this product since the beginning of grant funding (select one).
 - 1= Currently in development [SKIP PATTERN GO TO I-1]
 - 2= Development completed and used during the reporting period [SKIP PATTERN GO TO I-1]
 - 3=Development completed during the reporting period, but did not use during reporting period [SKIP PATTERN GO TO I-1]
 - 4= Used during reporting period, but purchased or developed prior to reporting period (includes products developed locally or pre-existing) [SKIP PATTERN GO TO I-1]

I-1 Please identify the category of product/service (<i>select one</i>). <i>NOTE: Drop down menu will be inserted</i>	I-2 Please identify the target populations/ audiences for each of the identified products and services. <i>NOTE: Drop down menu will be inserted (Drop-down for Table 1 below)</i>	I-3 Please provide a description of each product or service, including the intended purpose (e.g., brochures designed to provide general suicide prevention information, website enhancements to provide national hotline number, etc.)	I-4 Place a mark in this column if the listed product or service has an evidence base. <i>NOTE: This will only apply to indicated pre-established or developed in column I-4</i>	I-5 What method are you using to evaluate the effectiveness of the product or service as part of your grant? <i>NOTE: Drop down menu will be inserted (Drop-down for Table 1 below)</i>	I-6 Does the project plan to continue use of this product or service after the grant funding is discontinued? <i>NOTE: Drop down menu will be inserted (Drop-down for Table 1 below)</i>	I-7 What percentage of your grant budget would you estimate is being used to support this product or service? Please write a percentage in whole numbers between 0 and 100%.
Services						
Products						

TABLE I DROP-DOWN MENUS:

I-2 (SELECT ALL THAT APPLY)

- Youth/Students
- Parents/Guardians
- Mental Health Professionals
- Child Welfare Staff
- University/College Faculty/Staff
- Juvenile Justice Staff
- Primary Care Staff
- Education Staff
- Other (describe)

I-5 (SELECT ALL THAT APPLY)

- Qualitative Methods
 - Focus Groups
 - Qualitative questionnaires
 - Key Informant Interviews
 - Other : _____
- Quantitative Methods
 - Surveys
 - Assessments/Measures
 - Other: _____
- None, there are no plans to evaluate this product/service.

I-6 (SELECT ONE)

- Yes, for up to 6 months after grant funding has ended
- Yes, for up to 12 months after grant funding has ended
- Yes, Indefinitely
- No, The project will not continue product development after grant funding has ended

PART II: PRODUCT/SERVICE DEVELOPMENT

The products and services that you indicated in Table I that were in development or had been developed over the first year of grant funding have been included in the table below. Please provide the additional requested information about the development process for the products and services listed in Table II.

For each of these products/services, please identify the development process, the start date for product development, and a primary contact person handling development of the product/service.

Table II: Product and Service Development				
II-1 Product/Service <i>NOTE: Those products and services identified in Table I, column I-4, as in development or developed will populate the rows.</i>	II-2 Please select one phrase from each pair that best describes the development process for each product and service. <i>NOTE: Drop down menu will be inserted (Drop-down for Table II below)</i>	II-3 Please provide the start date of development for each product and service. MM/YYYY	II-4 Please provide the name of a contact person knowledgeable about the development for each product and service. <i>NOTE: Contact information format will be inserted (Drop down info for Table II below)</i>	II-5 Does your project have a dissemination or utilization plan for this product? If yes, please enter the anticipated start date MM/YYYY. <i>NOTE: YES answers will populate Table III..</i>
Products				
				<input type="checkbox"/> Y DATE: <input type="checkbox"/> N
				<input type="checkbox"/> Y DATE: <input type="checkbox"/> N
				<input type="checkbox"/> Y DATE: <input type="checkbox"/> N
				<input type="checkbox"/> Y DATE: <input type="checkbox"/> N
Services				
				<input type="checkbox"/> Y DATE: <input type="checkbox"/> N
				<input type="checkbox"/> Y DATE: <input type="checkbox"/> N
				<input type="checkbox"/> Y DATE: <input type="checkbox"/> N
				<input type="checkbox"/> Y DATE: <input type="checkbox"/> N

TABLE II DROP-DOWN MENUS AND INFORMATION:

II-2. (SELECT ONE FROM EACH PAIR)

- Participatory or Group Process OR Individually Driven Process
 Strategic/Planned Process OR Spontaneous/Unplanned Process

II-4.

Name:

Organization/Department/Division:

Address:

Phone:

Email:

PART III: PROGRAM LINKAGES

The final section requests specific information about the linkages you have developed with other agencies, departments, divisions and organizations in your suicide prevention efforts, and your plans to develop a referral network.

- 1) Please list all agencies and organizations with whom you have developed or sustained linkages over the initial year of your grant funding, related to your suicide prevention program (please do not use abbreviations).

- 1a) Please list any agencies and organizations with whom you are NOT currently linked, but with whom you would like to establish linkages (please do not use abbreviations).

- 2) Do you have an existing referral network for youth being identified through your suicide prevention program?
- Yes
 - No

2a) If YES, which of the following agencies and organizations participate in that referral network? [NOTE: The agencies and organizations listed in Q1 will populate the table below]

Agency and Organization <i>NOTE: This column will be populated with list provided in Q1</i>	Place a mark next to each agency or organization that participates in your referral network.

2b) Please list any agencies not currently participating, that you would like to be a part of your referral network (please do not use abbreviations).

This is the end of the inventory.

Thank you for taking the time to complete to the Product and Services Inventory. Your timely participation in this activity is critical to the success of the Garrett Lee Smith Memorial Suicide Prevention Cross-Site Evaluation.

APPENDIX 3.3

PRODUCT AND SERVICES INVENTORY-FOLLOW-UP

Expiration Date: _____

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 45 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

Cross-site Evaluation of the Garrett Lee Smith Memorial (GLS) State/Tribal Youth Suicide Prevention and Early Intervention Program

Product and Services Inventory (State/Tribal Version – Follow-up)

Date: (Today's Date) / /

Site: (Name of Grantee) _____ [*Select from Pull-down menu*]

Respondent Type: 1=Program Staff
2=Evaluation staff
3=Other

Did you complete the last administration: 1=Yes
2=No

Instructions for the respondent: Thank you for taking the time to complete this inventory. The Product and Services Inventory (PSI) is designed to catalogue on a quarterly basis: (1) the products being developed, delivered, and utilized, (2) the types of services that are being implemented, and (3) the methods for evaluating the effectiveness of products and services. Some of the products and services you are using locally are pre-established in the field of suicide prevention and others are products and services that you are developing for local use – this inventory will catalogue information about both. This administration of the inventory will ask you to think back across the past three months of grant funding. Information you provided during the last administration will pre-populate the fields in the inventory. Please update information related to the products and services you previously catalogued and add new products and services developed or utilized over the past 3 months.

The Product and Services Inventory is organized as follows:

Part I: Product/Service Description: This section will catalogue information about all products and services (pre-established, locally developed, or in development) that are being utilized by your suicide prevention program.

Part II: Product/Service Development: This section will catalogue information specifically about the products and services being locally developed.

Part III: Program Linkages: This section will identify the agencies and organizations that are involved in your suicide prevention program.

If at any time while you are working to complete this inventory you need to save your entry and come back to it at a later time (*before* submitting as final), you can do so by clicking the “SAVE AND COME BACK LATER” button.

If you have questions or need help related to entering information, please send an email to GLS-PSI@orcmacro.com for assistance. To begin the inventory, enter your login name and password below. If you do not remember your login name and/or password please refer to the email sent to you by ORC Macro about completing the Product and Services Inventory.

Login Name: _____

Password: _____

PART I: PRODUCT AND SERVICE DESCRIPTION

Please complete the following section by providing information about *all* products/services that have been utilized, developed, or were in development during the last three months of grant funding (i.e., since the previous product/service inventory). This includes (1) pre-existing products or services that were purchased using grant funds for local use during the last 3 months, (2) products and services that were developed or adapted locally using grant funds in the past 3 months, and (3) products or services that were utilized in the last 3 months. We ask that you think broadly about products and services when completing the PSI. A product or service can be any tangible innovation or activity developed or used as part of your GLS suicide prevention program. Please refer to the Product and Service Categories and Definitions previously provided to you for specific guidance around what should be included as a product or service.

The following questions will be pre-populated with the information you provided during the last administration of the Product and Service Inventory. You will first be asked to indicate whether you continued using and/or developing the product/service in the last 3 months. If yes, you will be asked to update the pre-populated fields with activity that has occurred in the last 3 months. If no, you will be taken to the next product/service. For any new products or services developed and/or utilized within the past 3 months, you will be asked to enter those in the blank fields provided.

INSTRUCTIONS: The pre-populated fields reflect information that you entered during the previous administration of the PSI. Please indicate whether you have continued to develop or use these products / services within the last 3 months. If you have continued to develop or use these products/services, please update the pre-populated fields. Following the pre-populated fields, you will be allowed to enter any new products or services that you have developed and/or used in the past 3 months.

Product / Service Name: _____

1. Please indicate activity related to this product/service in the last 3 months:
 1= Currently in development [SKIP PATTERN GO TO I-1]
 2= Development completed and used during the reporting period [SKIP PATTERN GO TO I-1]
 3=Development completed during the reporting period, but did not use during reporting period [SKIP PATTERN GO TO I-1]
 4= Used during reporting period, but purchased or developed prior to reporting period (includes products developed locally or pre-existing) [SKIP PATTERN GO TO I-1]
 5= None of the above (you will be taken to the next product/service)

I-1 Please identify the category of product/service (select one). <i>NOTE: Drop down menu will be inserted</i>	I-2 Please identify the target populations/ audiences for each of the identified products and services. Select all that apply for each product or service. <i>NOTE: Drop down menu will be inserted (Drop-down for Table 1 below)</i>	I-3 Please provide a description of each product or service, including the intended purpose (e.g., brochures designed to provide general suicide prevention information, website enhancements to provide national hotline number, etc.)	I-4 Place a check mark in this column if the listed product or service has an evidence base. <i>NOTE: This will only apply to indicated pre-established or developed in column I-4</i>	I-5 What method are you using to evaluate the effectiveness of the product or service as part of your grant? <i>NOTE: Drop down menu will be inserted (Drop-down for Table 1 below)</i>	I-6 Does the project plan continue use of this product or service after the grant funding is discontinued? <i>NOTE: Drop down menu will be inserted (Drop-down for Table 1 below)</i>	I-7 What percentage of your grant budget would you estimate is being used to support this product or service? Please write a percentage in whole numbers between 0 and 100%.
Services						
Products						

TABLE I DROP-DOWN MENUS:

I-2 (SELECT ALL THAT APPLY)

- Youth/Students
- Parents/Guardians
- Mental Health Professionals
- Child Welfare Staff
- University/College Faculty/Staff
- Juvenile Justice Staff
- Primary Care Staff
- Education Staff
- Other (describe)

I-5 (SELECT ALL THAT APPLY)

- Qualitative Methods
 - Focus Groups
 - Qualitative questionnaires
 - Key Informant Interviews
 - Other : _____
- Quantitative Methods
 - Surveys
 - Assessments/Measures
 - Other: _____
- None, there are no plans to evaluate this product/service

I-6 (SELECT ONE)

- Yes, for up to 6 months after grant funding has ended
- Yes, for up to 12 months after grant funding has ended
- Yes, Indefinitely
- No, The project will not continue product development after grant funding has ended

PART II: PRODUCT/SERVICE DEVELOPMENT

The following series of questions related to products and services you indicated in Part I that were in development or had been developed locally over the last three months of grant funding. Please provide the additional requested information about the development process for these products and services.

Table II: Product and Service Development				
II-1 Product/Service (pre-populated) <i>NOTE: Those products and services identified in Table I, column I-4, as in development or developed will populate the rows.</i>	II-2 Please select one phrase from each pair that best describes the development process for each product and service. <i>NOTE: Drop down menu will be inserted (Drop-down for Table II below)</i>	II-3 Please provide the start date of development for each product and service. MM/YYYY	II-4 Please provide the name of a contact person knowledgeable about the development for each product and service. <i>NOTE: Contact information format will be inserted (Drop down info for Table II below)</i>	II-5 Does your project have a dissemination or utilization plan for this product or service? If yes, please enter the anticipated start date MM/YYYY.
Services				
				<input type="checkbox"/> Y DATE: <input type="checkbox"/> N
				<input type="checkbox"/> Y DATE: <input type="checkbox"/> N
				<input type="checkbox"/> Y DATE: <input type="checkbox"/> N
				<input type="checkbox"/> Y DATE: <input type="checkbox"/> N
Products				
				<input type="checkbox"/> Y DATE: <input type="checkbox"/> N
				<input type="checkbox"/> Y DATE: <input type="checkbox"/> N
				<input type="checkbox"/> Y DATE: <input type="checkbox"/> N
				<input type="checkbox"/> Y DATE: <input type="checkbox"/> N

TABLE II DROP-DOWN MENUS AND INFORMATION:

II-2. (SELECT ONE FROM EACH PAIR)

- Participatory or Group Process OR Individually Driven Process
 Strategic/Planned Process OR Spontaneous/Unplanned Process

II-4.

Name:

Organization/Department/Division:

Address:

Phone:

Email:

PART III: PROGRAM LINKAGES

The final section requests specific information about the linkages you have developed with other agencies, departments, divisions and organizations in your suicide prevention efforts, and your plans to develop a referral network.

- 1) Please list all agencies and organizations with whom you have developed or sustained linkages over the past three months, related to your suicide prevention program (please do not use abbreviations).

- 1a) Please list any agencies and organizations with whom you are NOT currently linked, but with whom you would like to establish linkages (please do not use abbreviations).

- 2) Do you have an existing referral network for youth being identified through your suicide prevention program?
- Yes
 - No
 - Don't know

2a) If YES, Which of the following agencies and organizations participate in that referral network? [NOTE: The agencies and organizations listed in Q1 will populate the table below.]

Agency and Organization <i>NOTE: This column will be populated with list provided in Q1</i>	Place a mark next to each agency or organization that participates in your referral network.

2b) Please list any agencies not currently participating, that you would like to be a part of your referral network (please do not use abbreviations).

This is the end of the inventory.

Thank you for taking the time to complete the Product and Services Inventory. Your timely participation in this activity is critical to the success of the Garrett Lee Smith Memorial Suicide Prevention Cross-Site Evaluation.

APPENDIX 3.4

PRODUCT AND SERVICES INVENTORY LIST OF DEFINITIONS

APPENDIX 3.4

Product and Service Definitions and Instructions (To be used when completing the Product and Service Inventory)

PRODUCTS

Instructions: You are asked to catalogue products that have been developed, are in development, or have been used as part of your GLS suicide prevention program during the PSI reporting period (i.e., during the first year for the first administration and quarterly thereafter). You should identify each product individually by type and content, but not by number. For example, if you develop 5 DVDs on different topics, this results in 5 separate entries on the PSI; but using the same DVD multiple times is one entry on the PSI.

The following represent the broad categories of products (to complete item I-1) and examples of products that you should include on the PSI.

1= Print Materials

Brochures
Flyers
Posters
Mailings
Newspaper advertisements
Newsletters/articles
Press releases
Other promotional products (key chains, stress balls, etc.)

2 = Billboards

3=Hotline development or purchase

4=Web Media

Web enhancements
Web site development

5=Visual / Audio Media (not training related)

Television Ads
Radio Ads
PSAs
DVDs
Interactive CD-ROMs

6=Training Curriculum / Materials

Training manuals/materials
Training curriculum
Training presentations
Training Videos / DVDs / CD-ROMs
Training Role Play

7=Workshop, Seminar & Conference Presentations / Curriculum

Workshop materials
Presentations
Curriculum
Role Plays

8=Assessment/Screening/Tracking Tools

Crisis Response Plan
Screening Tool (e.g., DISC Predictive Scales, etc)
Assessment Tool (e.g., mental health assessment, suicide ideation assessment, etc)
Data collection systems and/or surveillance systems_(e.g., MIS)
Community needs assessment protocol

9=Research and Policy Support Materials

GLS evaluation reports
Presentations on suicide research
Publications on suicide research
Policy related presentations

10=Other products

SERVICES

Instructions: You are asked to catalogue services that have been provided as part of your GLS suicide prevention program during the PSI reporting period (i.e., during the first year for the first administration and quarterly thereafter). For the purposes of the PSI, services are defined broadly and include GLS supported activities, such as trainings, workshops, educational seminars, etc. You are asked to identify each activity that has been developed or has occurred during the reporting period. Please individually list activities that vary by content, but do not re-enter the same activities each time it is held. For example, if you conducted QPR training three times during the reporting period that should be one entry; however, if you conducted QPR training and ASIST training, that should be two entries.

The following represent the broad categories of services (to complete item I-1) and examples of services that you should include on the PSI.

1=Training & Technical Assistance Activities

Training on use of a screening program/mechanism
Gatekeeper training
Assessment and referral training

General awareness training
Coalition building training

2=Workshops, Seminars, & Conferences

Workshop
Seminar
Conference
Meetings

3=Early Identification Service

Screening Activity
National Screening Day(s)

4=Postvention Services

Family support services
Emergency interventions
Support groups / hotlines

5=Mental Health Related Services

Assessments
Counseling
Family support services

6=Emergency Services

Crisis response
Mobile crisis
Hotline services

7=Other Services

Advocacy
Reducing access to lethal means

APPENDIX 3.5

TRAINING EXIT SURVEY

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 10 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

Cross-site Evaluation of the Garrett Lee Smith Memorial (GLS) State/Tribal Youth Suicide Prevention and Early Intervention Program

Training Exit Survey

Date: (Today's Date) / /

Training ID (first 2 digits represent grantee):

Number of Trainees who attended the training:

Name of Training: _____

Name and Address of Facility Where Training was held:

Name: _____

Zip Code: _____

Agency / Organization Affiliation of Trainees (check all that apply):

- School
 - a. How many schools are represented at this training? _____
 - b. How many of these schools have participated in previous trainings? _____
- Juvenile Justice/Probation Office/Detention Centers
 - a. How many juvenile justice related agencies/organizations (e.g., probation office, correctional facility, detention center, etc.) are represented at this training? _____
 - b. How many of these have participated in previous trainings? _____
- Child welfare/foster care
 - How many child welfare related agencies/organizations (e.g., foster care, protective services, family services, etc.) are represented at this training? _____
 - How many have participated in previous trainings? _____
- Mental Health Agency
 - How many mental health related agencies/organizations are represented at this training? _____
 - How many have participated in previous trainings? _____
- Community-based organization
 - How many community-based organizations are represented at this training? _____
 - How many have participated in previous trainings? _____
- Other type of organization (Please describe: _____)
 - How many of these organizations are represented at this training? _____
 - How many have participated in previous trainings? _____

Type of Training (check all that apply)

- Train-the-Trainer model (i.e., training participants to be trainers)

TRAINING ID: PARTICIPANT ID:

- Screening for risk factors (i.e., through a screening mechanism)
- Risk factor awareness and general suicide prevention knowledge
- Effective intervention strategies
- Referrals protocols/procedures for at-risk youth
- Post-vention services
- Other (please describe): _____

Total Duration of Training:

Total number of hours hours minutes

Survey Administered by:

- Trainer
- Program Staff
- Evaluation Staff
- Other (please specify): _____

Thank you for participating in this survey about the training you just attended as part of the Youth Suicide Prevention Cross-site evaluation. This survey asks questions about the training you just completed, what you plan to do with what you learned, and your satisfaction with the training. Findings from this survey will help inform the Substance Abuse and Mental Health Services Administration (SAMHSA) about suicide prevention activities.

Before you complete this survey, please read this consent form. The survey will take approximately 10 minutes. By completing and returning this survey, you are consenting to participate. Your participation in this survey is completely voluntary; there are no right or wrong answers; and you may ask any questions that you have before, during or after you complete the survey.

Confidentiality: Your answers to the survey questions will be kept confidential except as otherwise required by law. There will be no way to link your name with the information on your survey. The information that we report to SAMSHA will not contain your name. Your name will not be used in any reports about this evaluation.

Procedures: All participants in training activities funded as part of your State's Youth Suicide Prevention Program are being asked to complete this survey. Therefore, your participation is very important. The survey questions will ask you about your participation in [INSERT TRAINING NAME].

Risks: There are few, if any, risks to you by completing this survey. You may stop the survey at any time or not answer a question. You will not be penalized for stopping. If you stop the survey, at your request, we will destroy your survey. Any questions that you have about this survey will be answered before you start the survey.

Contact information: If you have any concerns about completing this survey or have any questions about the study, please contact [INSERT CONTACT NAME, TITLE AND PHONE NUMBER].

In order to provide you with a copy of this consent form to take with you, please tear off and keep the [color] copy, which is a copy of this consent form.

Thank you in advance for your willingness to participate.

Thank you for your willingness to complete this survey. Your answers will help us understand how trainings like the one you just completed can contribute to preventing suicide among youth. Your answers are very important to us.

1. Which of the following roles do you represent? (select all that apply)
 - Parent / Foster Parent / Caregiver
 - Direct mental health service provider
 - Teacher or other secondary school staff
 - Child welfare staff
 - Probation officer or other juvenile justice staff
 - Primary care provider (i.e., doctor, nurse)
 - University faculty
 - University student
 - Police officer or other law enforcement staff
 - Trainer (i.e., train-the-trainer)
 - Other (please describe: _____)

2. How long have you served in this role? (If you selected more than one role for Question 1, please indicate the number of years for the role that led you to this training.)
 - years months

3. How did you learn of this training? (select all that apply)
 - Supervisor or Administrator of the agency I work for
 - Co-worker
 - My child's school
 - My child
 - Media
 - Other (please describe: _____)

4. Were you required to participate in this training?
 - Yes
 - No
 - Don't know

5. How do you intend to use what you learned during this training (select all that apply)?
 - Screen youth for suicide behaviors (i.e., using a screening tool)
 - Increase the general awareness and knowledge of suicide for myself and others
 - Identify youth who might be at risk for suicide
 - Provide direct services to youth at risk for suicide and/or their families
 - Train other staff members
 - Make referrals to mental health services for at risk youth
 - Other (please describe: _____)
 - Don't intend to use what I learned

6. Will the materials you received as part of this training be helpful to you (i.e., manuals, reference materials, etc.)? (select one)
 - Yes
 - No
 - Don't know
 - Didn't receive any materials

Please indicate your agreement with the following statements about the training.

	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly agree
7. The training increased my knowledge about suicide prevention.				
8. The training met my needs.				
9. The training addressed cultural differences in the youth I intend to serve (i.e., provided different cultural examples, identified different cultures, etc.).				
10. The training was practical to my work and/or my daily life.				
11. I fully understand why I attended the training.				
12. I am now more ready to help with youth suicide prevention in my community.				
13. I will use what I learned from this training.				
14. The things I learned will help youth seek help for issues that might lead to suicide (i.e., depression, substance use, etc.).				
15. The things I learned will help prevent youth suicide or reduce the problems that might lead to suicide (i.e., depression, substance use, etc.).				

16. How would you rate the training? (select one)

- Below my skill level
- At my skill level
- Above my skill level
- Don't know

17. Who do you think will benefit from what you learned during this training? (select all that apply)

- Youth
- Parents/Foster Parents/Caregivers
- Co-workers
- Community members
- Other (please describe: _____)

18. How often do you expect to use what you learned? (select one)

- Daily
- One time a month or more
- At least once per year
- Less than once per year or never

How satisfied were you with:

	1 Very dissatisfied	2 Dissatisfi ed	3 Satisfi ed	4 Very satisfied
19. The trainers' knowledge of the training topics?				
20. The trainers' presentation of the training topics?				
21. The building where the training was held?				
22. The location of the training?				
23. Your overall training experience?				

24. What did you like most about the training?

25. What did you like least about the training?

Background Information

26. What is your gender?

- Male
- Female
- Transgender
- Other (specify) _____

27. What is your age? years

28. Are you Hispanic or Latino (select one)?

- Yes
- No

28a. If Yes, Which group represents you? Are you... (select one or more)

- Mexican, Mexican-American, or Chicano
- Puerto Rican
- Cuban
- Dominican
- Central American
- South American
- Other Hispanic origin (please describe: _____)

29. What is your race (select one or more)?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other (please describe: _____)

This is the end of the survey.

Thank you for taking the time to complete this survey. Your participation is critical to the success of the Garrett Lee Smith Memorial Suicide Prevention Cross-Site Evaluation.

APPENDIX 3.6

TRAINING UTILIZATION AND PENETRATION (TUP) INTERVIEW

Expiration Date: _____

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 40 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

Cross-site Evaluation of the Garrett Lee Smith Memorial (GLS) State/Tribal Youth Suicide Prevention and Early Intervention Program

Training Utilization and Penetration Key Informant Interview

Date: (Today's Date) / /

Site: (Name of Grantee) _____ [Select from Pull-down menu]

Participant ID:

Interviewer: _____ [Select from Pull-down menu]

Verbal consent provided: 1=yes
2= no

Instructions to Interviewer: *When to Use:* Within two months of the administration of the Training Exit Survey following each grant-sponsored training event. The local site evaluator will assist the cross-site evaluation team to select trainees to participate in this interview. The questions on this survey are designed to obtain trainee feedback on: (1) the content, topics and/or concepts of the training, (2) utilization of the training, and (3) penetration of the skills and/or knowledge learned through the training. *Administered by:* Staff from the ORC Macro cross-site evaluation team. *Completed by:* A sample of trainees who are part of a referral network and who have attended suicide prevention awareness, early identification, or assessment trainings (e.g., awareness, QPR, LivingWorks-ASIST).

PART I: INTRODUCTION

INTERVIEWER: Thank you for taking the time to talk with me. My name is [INSERT NAME] and I work for ORC Macro, a research and consulting firm. As you already know your state was awarded funds as part of the Garrett Lee Smith State/Tribal Prevention Program to develop and implement various youth suicide prevention activities in your state. As you may remember from when we first spoke arrange this interview time, ORC Macro is conducting a cross-site evaluation of the State/Tribal Youth Suicide Prevention and Early Intervention Program on behalf of SAMHSA. As part of this evaluation we are conducting this interview with individuals who received training as part of your State's Suicide Prevention Program to get your feedback about the content of the trainings, how you use what you learned in the training and its impact on the communities that you serve. Some important things for you to know before we get started are:

The interview should take no more than 40 minutes

Because of your participation in [INSERT TRAINING], you have been identified as a respondent for this interview. This interview will take approximately 40 minutes and the information your provide will be combined with information gathered from other respondents from the same training, and will never be presented alone or in conjunction with your identity

NOTE TO INTERVIEWER: Be prepared to provide more detail on HOW the individual was identified, if asked.

If you do not know the answer to a question, it is okay to that you do not know. Finally, we are asking your permission to tape this interview in order to be certain that we are accurately capturing the details you provide. To that end, please do not identify yourself or others by name at any time during this call.

You will receive a \$20.00 incentive to thank you for the time you have taken to participate in this interview.

INTERVIEWER INSTRUCTIONS: Read through the Consent form. If consent was not already given verbally in an earlier call to arrange the interview date and time, obtain verbal consent at this time.

PART I: BACKGROUND INFORMATION

INTERVIEWER: During this interview, I want to discuss your participation in the [NAME OF TRAINING] conducted by [NAME OF FACILITATOR or ORGANIZATION THAT HOSTED THE TRAINING], on [DATE OF TRAINING]. However, before we get started I want to hear about other trainings on related topics in which you may have participated.

1. Have you attended trainings on topics related to suicide prevention other than [NAME OF TRAINING] in the past year?

YES

NO

IF NO, GO TO QUESTION 4.

IF YES,

2. What are the names of the other trainings on suicide prevention that you have attended?

3. Did you attend these trainings before or after the [NAME OF TRAINING]?

INTERVIEWER INSTRUCTIONS: For each training named in Q2 indicate whether it was received before (B) or after (A) the [NAME THE TRAINING].

INTERVIEWER INSTRUCTIONS: If the respondent participated in trainings on suicide prevention after the [NAME OF TRAINING], as you conduct the interview, please ensure the respondent is talking about [NAME OF TRAINING].

PART II: TRAINING CONTENT

INTERVIEWER: **Ok, let's get started. The first set of questions that I will ask relate to the suicide prevention information you obtained during [NAME OF TRAINING].**

4. First, thinking back to the [NAME OF TRAINING] you attended, can you please describe the primary objective of that training? [PROBE: Why did you attend the training?]

5. Was this your first exposure to information about suicide prevention?

Yes

No

5a. Did the [NAME OF TRAINING] introduce new concepts to you about suicide prevention? What were those new concepts?

6. In addition to what you just described, what were other things that you learned in the [NAME OF TRAINING]? Please specifically describe the knowledge you gained, skills or techniques you learned.

[PROBE for prevalence of suicide, screen youth for suicide risk factors, identification of risk factors, general awareness of suicidal behaviors, restrictions to lethal means, how to handle a crisis situation, provide direct services to youth, train other staff members, make referrals, etc.]

Now that you have had the opportunity to apply the knowledge and skills that you acquired, I would like to ask you a few questions about the usefulness of [NAME OF TRAINING].

7. What specific components of the [NAME OF TRAINING] do you think have been particularly useful in your work? Why?

8. What specific components of the [NAME OF TRAINING] have not been useful in your work?

9. Do you have any recommendations for modifying the training that you feel would make it more practically useful?

PART III: TRAINING UTILIZATION AND IMPACT

INTERVIEWER: We want to hear about how you used what you learned in the [NAME OF TRAINING], therefore the following questions relate to your use and practical application of skills and knowledge obtained in that training.

10. How does [NAME OF TRAINING] help you in your interactions with youth?

Probe: Content of interaction, style of communication, type of interaction, etc.

11. How have you used what you learned in the [NAME OF TRAINING] in your interactions with youth?

[INTERVIEWER INSTRUCTION: Use this question to probe specific training content/topics such as skills, knowledge and/or techniques related to screening for suicide risk factors, raising awareness of risk factors, identifying risk factors, providing direct services, etc.]

Probe: Specifically, how have you use the skills, knowledge and/or techniques that you obtained in the [NAME OF TRAINING]?

Probe: How often have you used the knowledge and skills that you obtained in [NAME OF TRAINING] (e.g., daily, weekly, monthly)?

Probe: With how many youth have you been able to use the knowledge and skills that you obtained in [NAME OF TRAINING] (e.g., some, many, most)?

12. What materials obtained during the [NAME OF TRAINING] have you used since receiving training?

Probe: Were these materials generally useful?

Probe: What specific manuals, reference materials, handouts, tools, etc. that you received in the [NAME OF TRAINING] do you now use?

13. How is what you learned in [NAME OF TRAINING] relevant to the youth with whom you interact? [PROBE: Describe specific ways that the knowledge or skills you learned applies to the youth you are in contact with.]

14. How does the [NAME OF TRAINING] impact your ability to communicate with others (e.g., parents, family members, co-workers, etc.) about how to prevent suicide?

15. What kind of impact have you had on suicide prevention in your community based on the training you received? Please describe those impacts. (e.g., large/significant impact, minimal impact, impact on only certain communities or specific populations, etc.)

16. What individuals or groups of individuals in your community do you feel have benefited the most from what you learned during [NAME OF TRAINING] (e.g., youth, parents, family, co-workers, community members, partner agencies, etc.)? Please describe those benefits.

17. What (if any) were the barriers to your using what you learned in the [NAME OF TRAINING]? (e.g., costs, access to additional training, access to relevant populations, etc.)

Probe: How have these barriers impeded or inhibited your ability to use the skills you learned in the [NAME OF TRAINING]?

Probe: Are there any additional practical limitations to using the knowledge and skills you obtained during the [NAME OF TRAINING]?

18. What factors have facilitated your use of what you learned in the [NAME OF TRAINING] (e.g., supportive co-workers, appropriate funding for materials and/or training, access to resources and services, etc.)?

Probe: How have these factors aided your ability to use what you learned in the [NAME OF TRAINING]?

INTERVIEWER: That is the last of my questions, is there anything else that you would like to share about the [NAME OF TRAINING] and/or how it meet (or not) your expectations for development of knowledge and skills related to suicide prevention?

Probe: What questions or clarifications do you have about any of the issues that we have discussed?

INTERVIEWER: Thank you for your time and willingness to participate in this interview, your information will be combined with others who participated in the [NAME OF TRAINING] to get a better understanding of how attendees have been able to use the information they were presented and impact the youth and communities in which they work.

APPENDIX 3.7

TUP CONSENT TO CONTACT FORM

TRAINING ID: □□□□□ PARTICIPANT ID: □□□

**Cross-site Evaluation of the Garrett Lee Smith Memorial (GLS) State/Tribal Youth
Suicide Prevention and Early Intervention Program**

**Training Utilization and Penetration Key Informant Interview
CONSENT TO CONTACT FORM**

As part of the Garrett Lee Smith Memorial (GLS) Suicide Prevention Cross-site evaluation for the State/Tribal Youth Suicide Prevention and Early Intervention Program, we will be interviewing up to five individuals who participated in the training activity you just completed. The purpose of the interview is to gain more in-depth information about the training experience you just completed, as well as to understand how you have used the skills and/or knowledge you learned. We are interested in contacting you again within the next 2 months to ask you some questions about what you learned during this training and what impact it has had on youth you in your community. Findings from the interview will assist in informing the Substance Abuse and Mental Health Services Administration (SAMHSA) about suicide prevention activities and training experiences.

The interview will take approximately 40 minutes and will be conducted over the telephone by a member of the cross-site evaluation team. If you are selected to participate in the interview, you will be provided with \$20 in appreciation of your time.

Are you interested in being contacted about possible participation in the Training and Utilization and Penetration Key Informant Interview?

- Yes
- No

If you are interested in participating in this important effort, or in learning more about the Training and Utilization and Penetration Key Informant Interview, please provide your contact information below. If you are selected to participate in the interview, a member of the cross-site evaluation team will contact you to schedule an interview. Participants for the interview will be randomly selected from a complete list of interested training participants.

NAME			
MAILING ADDRESS			
WORK TELEPHONE		HOME/CELL PHONE:	
E-MAIL			

If you have any concerns or questions about your participation in this study, please contact [INSERT CONTACT NAME, TITLE AND PHONE NUMBER].

Whether you selected yes or no above, please tear off this page and return it to the coordinator.
Thank you!

APPENDIX 3.8

TUP INTRODUCTORY PHONE SCRIPT AND VERBAL CONSENT FORM

**Cross-site Evaluation of the Garrett Lee Smith Memorial (GLS) State/Tribal Youth
Suicide Prevention and Early Intervention Program**

**Training Utilization and Penetration Key Informant Interview
PHONE SCRIPT AND VERBAL CONSENT FORM**

Hello, my name is [INSERT NAME] and I work for ORC Macro, a research and consulting firm. ORC Macro is conducting a cross-site evaluation of the State/Tribal Youth Suicide Prevention and Early Intervention Program on behalf of SAMHSA. As part of this study, we are conducting interviews with a sample of trainees who have attended suicide prevention awareness, early identification, or assessment trainings (e.g., awareness, QPR, LivingWorks-ASIST) as part of [INSERT GRANTEE PROGRAM NAME]. I am contacting you to request your participation in these interviews. The interviews are being conducted to obtain feedback from trainees about the content of the trainings, how you use what you learned in the training and its impact on the communities that you serve.

I'd like to obtain your verbal consent to participate in this study. Is now a good time to talk?

- Yes
- No

INTERVIEWER INSTRUCTION: If yes, continue with script below

INTERVIEWER INSTRUCTION: If no, request another time to call back and obtain consent.

Okay! You have been chosen to be an interview respondent because you participated in [INSERT TRAINING NAME]. We are asking that you participate in this phone interview that will take no more than 40 minutes of your time. If you agree to be interviewed, here are the things you should know:

Confidentiality: Your answers to the interview questions will be kept private except as otherwise required by law. There is no link between your name and the information you will be providing. Identifying information will not be disclosed to anyone but the researchers conducting this evaluation. The information that we report to SAMHSA will not contain any identifying information and your name will not be used in any reports about this evaluation.

Procedures: We are conducting up to 5 interviews with a small sample of trainees from the training you participated in, and up to 70 interviews across the nation for individuals who participated in other training activities as part of the State/Tribal Youth Suicide Prevention and Early Intervention Program. This is why your input is so important. We will call to interview you at a time that is most convenient for you. The interview questions ask you about your participation in [INSERT TRAINING NAME].

Risks: This interview poses few, if any, risks to you. You may choose to stop the interview at any time or not answer a question, for whatever reason. If you stop the interview, at your request, we will destroy your survey.

Benefits: You will receive \$20 to compensate you for your time. We will give you this \$20 whether you finish the interview or decide to withdraw before it ends. Your participation in this interview will not directly benefit you other than the financial incentive. However, the benefit of this interview is that your input will help SAMHSA improve suicide prevention awareness, early identification and assessment trainings.

Your participation is voluntary. Refusal to participate involves no penalty or loss of benefits. If you agree to be interviewed, here are some additional things you should know:

- You may discontinue participation in the interview at any time without penalty or consequence.
- You may chose to not answer a question at any time without penalty or consequence.
- We would like to get your permission to record this interview to ensure that we accurately capture details that you provide. However, if you do not agree to be recorded, we will not record the interview. If you agree to be recorded, only staff will be able to use the recording. To protect your privacy, we will keep the notes and recordings in private files and only study staff will be allowed to use them. Your name and other information linking your name to what is said during the groups will not be reported when we present this study or publish its results. Do I have your permission to record the interview?

- YES
- NO

- ORC Macro staff will take notes during the interview.
- Any questions you have about this study will be answered before the interview begins. We will provide you contact information for the Project Director who you may contact with any questions that arise after your participation in this interview.
- You will receive a copy of this consent form via email or regular mail.
- Your name will not be used in any reports about this interview.

Contact information: If you have any concerns about your participation in this study or have any questions about the research, please contact [INSERT CONTACT NAME, TITLE AND PHONE NUMBER].

Do you agree to participate in this interview?

[INTERVIEW INSTRUCTION: Record answer, provide a signature and follow the procedures outlined]

- YES (Verbal Consent Provided)
- NO

[INTERVIEWER INSTRUCTION: RECORD THE FOLLOWING]

Date of consent obtained:

Time of consent obtained:

Site ID:

Participant ID:

Interviewer Signature: _____

[INTERVIEWER INSTRUCTION: - IF “NO” ABOVE THEN THANK THE PERSON FOR THEIR TIME AND END THE CALL. IF “YES” ABOVE THEN STATE THE FOLLOWING:

I’m glad that you consent to be interviewed. Let’s set up a date and time most convenient for you to conduct the 40-minute interview.

[INTERVIEWER INSTRUCTION: SCHEDULE DATE/TIME FOR THE INTERVIEW]

Date: _____

Time: _____ (before to specific time zone)

Also I would like to send you an electronic reminder before our interview. Can you please confirm your name, address, phone number, and e-mail?

[INTERVIEWER INSTRUCTION: RECORD THE FOLLOWING]

NAME			
MAILING ADDRESS			
WORK TELEPHONE		CELL PHONE:	
E-MAIL			

Please contact me at [PHONE NUMBER] if your schedule changes so that we can reschedule a time to talk. Otherwise, I look forward to talking with you on [Month/Day/Year] at [Time].

Thank you!

APPENDIX 3.9

REFERRAL NETWORK SURVEY

Expiration Date: _____

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 40 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

Cross-site Evaluation of the Garrett Lee Smith Memorial (GLS) State/Tribal Youth Suicide Prevention and Early Intervention Program

Referral Network Survey

Date: (Today's Date) //

Site: (Name of Grantee) _____ [*Select from Pull-down menu*]

Administration Wave: 1 = First wave of administration
 2 = Second wave of administration

IF 2nd WAVE: 1 = 1st time completing Referral Network Survey
 2 = 2nd time completing Referral Network Survey

Before you continue with this online survey, please read carefully the following consent form and click the **“I CONSENT”** button at the end to indicate that you agree to participate in this data collection effort. It is very important that you understand that your participation in this survey is voluntary and that the information you share is confidential.

As part of the cross-site evaluation of the Garrett Lee Smith State/Trial Prevention Program, we are asking that you complete this Referral Network Survey. The survey includes a series of open and closed ended questions asking you about your organization’s involvement in your local suicide prevention network. The findings from the survey will assist in informing the Substance Abuse and Mental Health Services Administration (SAMHSA) about suicide prevention activities and network processes.

You are being asked to respond to this survey because your organization is involved in your State’s suicide prevention program. You represent an organization that has been targeted because you identify and/or serve youth identified at risk for suicide. There are no right or wrong responses to this survey. The survey will take approximately 40 minutes for you to complete. Your consent requires that you read and agree to the following:

Confidentiality: The information that you provide via this survey will be kept confidential except as otherwise required by law. Any identifying information will not be disclosed to anyone but the researchers conducting this evaluation and will be kept in locked files separate from the data collected. The information that we report to SAMSHA will be reported in aggregate, will not contain any identifying information and your name will not be used in any reports about this evaluation.

Risks: Completing this survey poses few, if any, risks to you. You may choose to cease input of information at any time or not answer a question, for whatever reason.

Benefits: Your participation will not result in any direct benefits to you. However, your input will help gain a better understanding of the systems in place to help youth identified at risk for suicide.

Your participation is voluntary. Refusal to participate involves no penalty or adverse consequences. If you consent to participate in this survey here are some additional things you should know:

- You may stop your input of data at any time without penalty or consequence.
- You may chose to not answer a question at any time without penalty or consequence.
- You may contact the Project Director or Database Administrator with any questions that you have about the evaluation and/or Referral Network Survey before, during or after you have completed the survey.
- We encourage you to print a copy of this consent for your records.
- Again, your name will not be used in any reports about this survey.

Contact information: If you have any concerns about your participation in this survey or have any questions about the evaluation, please contact [INSERT CONTACT NAME, TITLE AND

PHONE NUMBER]. Please click the “I CONSENT” box below to proceed to the Referral Network Survey.

- “I CONSENT” (Move to next web page to start the survey)
- “I DO NOT CONSENT” (Move the web page which should say “Thank you for your time in consideration of participation in the Referral Network Survey. Please contact the Project Director, [INSERT NAME AND CONTACT INFORMATION] with any questions,” and offer respondents an opportunity to go to the survey Homepage.

Thank you!

Thank you for agreeing to participate in this survey about collaboration within your local suicide prevention network as part of the Garrett Lee Smith Memorial (GLS) Suicide Prevention Cross-site Evaluation for the State/Tribal Suicide Prevention and Early Intervention Program. The survey asks questions about the connections between your organization and the other organizations in your local suicide prevention network. Findings will assist in informing the Substance Abuse and Mental Health Services Administration (SAMHSA) about suicide prevention activities and network processes. This survey will take approximately 40 minutes to complete. There are no right or wrong answers and answering these questions is voluntary. Questions about your background are not used to identify who you are; they are only asked so that we are able to describe the demographic characteristics of the respondents who complete this survey. Findings will only be reported at the group level and will not be matched with individuals.

Thank you in advance for your willingness to participate.

1. What type of organization do you work for?

- Mental Health
- Child Welfare/Services
- Juvenile Justice
- Police/Law Enforcement
- State Health Department
- Education
- Hospital/Medical Center
- Community-based Organization
- Other (Please describe) _____

2. How long has your organization been operating?

- < 1 years
- 1 – 5 years
- 6 – 10 years
- > 10 years
- Don't know

3. How many staff/faculty are primarily affiliated with your organization?

- < 10
- 10 – < 20
- 20 – < 50
- 50 – 100
- > 100
- Don't know

4. What proportion of the population you serve is of Hispanic or Latino cultural or ethnic background?

- < 5%
- 5-10%

- 11-15%
- 16-20%
- 21-25%
- > 25%
- Don't know

5. What is the approximate racial distribution of the population you serve?

- ___ % American Indian or Alaska Native
- ___ % Asian
- ___ % Black or African American
- ___ % Native Hawaiian or other Pacific Islander
- ___ % White
- ___ % Hispanic or Latino
- ___ % Multi-racial
- ___ % Other (Please state) _____
- ___ Don't know

6. What is the approximate gender distribution of the population you serve?

- ___ % male
- ___ % female
- ___ % transgender
- ___ % other (specify) _____

7. What is the approximate age distribution of the population you serve?

- ___ % 0 – 9 years
- ___ % 10-15 years
- ___ % 16-20 years
- ___ % > 20 years
- ___ Don't know

8. How long have you been working with youth? _____ years

9. What is your primary role in your organization? (*select all that apply*)

- Direct service provider
- Gatekeeper (e.g., teacher, school personnel, foster parent, probation officer, etc.)
- Administrator
- Other (Please describe) _____

10. How long have you worked at your organization? ___ years ___ months

11. What is the highest academic degree you obtained? (*select one*)

- Associate
- Bachelor
- Master

- Doctoral / professional

The next section asks about the types of linkages, partnerships, and collaborations your organization has had with other organizations/agencies related to suicide prevention during the last 12 months. The pull down menu represents all of the agencies/organizations identified as part of your referral network. From the list, click on the organization that your organization has interacted with related to suicide prevention, then rate the quality of the relationship. You will be allowed to identify up to 10 agencies/organizations for each relationship type.

12. My organization has worked with the following organizations around...

NOTE: Pull down menu will be populated with organizations identified by the local evaluation team.

NOTE: these questions will appear for EACH of the organizations selected within each of the domains a. – 1.

a. Network governance or decision-making	Pull-down menu of all organizations	On a scale of 1 to 5, how would you rate the overall quality of the relationship between this organization and your organization relative to network governance and decision making, with 1 being “extremely low quality” and 5 being ”extremely high quality”? 1 2 3 4 5
b. Sharing information (e.g., about suicide prevention, public awareness, available services, service capacity)	Pull-down menu of all organizations	On a scale of 1 to 5, how would you rate the overall quality of the relationship between this organization and your organization relative to information sharing, with 1 being “extremely low quality” and 5 being ”extremely high quality”? 1 2 3 4 5
c. Sharing resources (e.g., staff, materials, money, services)	Pull-down menu of all organizations	On a scale of 1 to 5, how would you rate the overall quality of the relationship between this organization and your organization relative to resource sharing, with 1 being “extremely low quality” and 5 being ”extremely high quality”? 1 2 3 4 5
d. Developing service infrastructures	Pull-down menu of all organizations	On a scale of 1 to 5, how would you rate the overall quality of the relationship between this organization and your organization relative to service infrastructure development, with 1 being “extremely low quality” and 5 being ”extremely high quality”? 1 2 3 4 5

<p>e. Providing referrals for youth in need of service</p>	<p>Pull-down menu of all organizations</p>	<p>On a scale of 1 to 5, how would you rate the overall quality of the relationship between this organization and your organization relative to making referrals, with 1 being “extremely low quality” and 5 being ”extremely high quality”?</p> <p style="text-align: center;">1 2 3 4 5</p>
<p>f. Receiving referrals for youth in need of services</p>	<p>Pull-down menu of all organizations</p>	<p>On a scale of 1 to 5, how would you rate the overall quality of the relationship between this organization and your organization relative receiving referrals, with 1 being “extremely low quality” and 5 being ”extremely high quality”?</p> <p style="text-align: center;">1 2 3 4 5</p>
<p>g. Coordinating early identification and gatekeeper training activities</p>	<p>Pull-down menu of all organizations</p>	<p>On a scale of 1 to 5, how would you rate the overall quality of the relationship between this organization and your organization relative the coordination of early identification and gatekeeper training activities, with 1 being “extremely low quality” and 5 being ”extremely high quality”?</p> <p style="text-align: center;">1 2 3 4 5</p>
<p>h. Coordinating activities related to mental health professional assessment trainings</p>	<p>Pull-down menu of all organizations</p>	<p>On a scale of 1 to 5, how would you rate the overall quality of the relationship between this organization and your organization relative mental health assessment trainings, with 1 being “extremely low quality” and 5 being ”extremely high quality”?</p> <p style="text-align: center;">1 2 3 4 5</p>

i. Delivering training, technical assistance, or consultation to the other organizations	Pull-down menu of all organizations	On a scale of 1 to 5, how would you rate the overall quality of the relationship between this organization and your organization relative to your delivery of training and technical assistance, with 1 being “extremely low quality” and 5 being “extremely high quality”? 1 2 3 4 5
j. Other activity (list activity):	Pull-down menu of all organizations	On a scale of 1 to 5, how would you rate the overall quality of the relationship between this organization and your organization relative to 1 st OTHER ACTIVITY, with 1 being “extremely low quality” and 5 being “extremely high quality”? 1 2 3 4 5
k. Other activity (list activity):	Pull-down menu of all organizations	On a scale of 1 to 5, how would you rate the overall quality of the relationship between this organization and your organization relative to 2 nd OTHER ACTIVITY, with 1 being “extremely low quality” and 5 being “extremely high quality”? 1 2 3 4 5
l. Other activity (list activity):	Pull-down menu of all organizations	On a scale of 1 to 5, how would you rate the overall quality of the relationship between this organization and your organization relative to 3 rd OTHER ACTIVITY, with 1 being “extremely low quality” and 5 being “extremely high quality”? 1 2 3 4 5

13. Is there a formal or informal process or procedure between your organization and any other organizations regarding referral of clients?

- Formal
- Informal
- No referral process or procedures are in place

14. Are there specific agreements around data sharing?

- Yes
- No
- Don't know

15. Does your organization provide services to youth referred from other organizations/agencies?

- Yes

- No
- Don't know

[IF YES,]

15a. Is there a formal (i.e., documented protocol, a referral form, a computerized system, etc.) or informal mechanism (e.g., no documented protocol, a phone call, in-person contact, etc.) in place to notify you or your agency when a client has been referred to you?

- Formal
- Informal
- No mechanism in place

[IF FORMAL OR INFORMAL,]

15b. Is there a process in place to follow-up with a client if they have been referred but have not sought services with your agency?

- Yes
- No
- Don't know

15c. Is there a process in place to follow-up with the referring agency to let them know a client completed the referral?

- Yes [IF YES GO TO 16]
- No [IF NO GO TO 15c.1]
- Don't know [IF DON'T KNOW GO TO 16]

15c.1. What are some of the reasons and/or barriers that prevent your organization from following up with the referring agency?

16. What has facilitated collaboration between your organization and other organizations?

17. What are the barriers to collaboration between your organization and other organizations?

18. What recommendations would you have to improve/enhance collaboration among organizations?

Respondent Demographic Characteristics

19. What is your gender?
- Male
 - Female
 - Transgender
 - Other (specify) _____
20. What is your age? _____ years
21. Are you Hispanic or Latino (select one)?
- Yes
 - No
- 21a. If Yes, Which group represents you? Are you... (select one or more)
- Mexican, Mexican-American, or Chicano
 - Puerto Rican
 - Cuban
 - Dominican
 - Central American
 - South American
 - Other Hispanic origin (please describe: _____)
22. What is your race (select one or more)?
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - Other (specify)

APPENDIX 3.10

EARLY IDENTIFICATION, REFERRAL AND FOLLOW-UP LOG

Cross-Site Evaluation of the Suicide Prevention and Early Intervention Program
Early Identification, Referral and Follow-up (EIRF) Tracking Log

Instructions: This form is to be used to track information for all youth who have been identified at risk for suicide through screening activities or identified by a trained gatekeeper. For youth who have been identified by a screening activity, all youth who screen positive and participate in a follow-up interview should be captured on this form. Each youth should maintain the same Participant ID on each form (i.e., EI, R and F).

Instructions: This form is to be used to track information on all youth who are referred for mental health related

EI FORM

Youth Level Demographic Information (To be completed for all youth identified at risk through screening or gatekeeper training)

	Today's Date	Participant ID#:	Early Identification Activity Setting [Select one] 1=School 2 =Child Welfare 3 =Juvenile Justice 4 = Law Enforcement 5= Community-based Organization 6=Physical Health 7=Mental Health Agency 6 = Other (please describe: _____)	Source of early identification: 1= Screening 2= Parent / Foster Parent / Caregiver 3= Mental health service provider 4= Teacher or other secondary school staff 5=Child welfare staff 6= Probation officer or other juvenile justice staff 7=Primary care provider 8= Police officer or other law enforcement staff 9= Other (please describe: _____)	Age	Gender 1=Boy 2=Girl 3=Transgender 4=Other	Hispanic or Latino cultural background 1=Yes 2=No	Race 1 = American Indian or Alaska Native 2 = Asian 3 = Black or African American 4 = Native Hawaiian or Other Pacific Islander 5 = White 6=Hispanic or Latino 7 = Other (<i>Please specify</i>)
1.	__ / __ / __	-----			__ yrs			
2.	__ / __ / __	-----			__ yrs			
3.	__ / __ / __	-----			__ yrs			
4.	__ / __ / __	-----			__ yrs			
5.	__ / __ / __	-----			__ yrs			
6.	__ / __ / __	-----			__ yrs			
7.	__ / __ / __	-----			__ yrs			

Cross-Site Evaluation of the Suicide Prevention and Early Intervention Program
Early Identification, Referral and Follow-up (EIRF) Tracking Log

or non-mental health services by a trained gatekeeper or by the person who completes the interview following a positive screen. Each youth should maintain the same Participant ID on each form (i.e., EI, R and F).

R FORM

Referral for Services Information
(To be completed for all youth identified at risk)

		Identify mental health related service referrals that were made. 1=No mental health related referral 2=Mental health assessment / treatment 3=Substance use assessment / treatment 4=Psychiatric hospitalization 5=Emergency room or mobile crisis 6=Other (please describe)	Date of mental health related referral	Where was youth referred? 1=Mental health agency 2=Hospital 3=Sub Abuse Tx Center 4=School counselor 5=Private practice 6=Other (please describe)	Identify non-mental health related service referrals that were made. 1=No non-mental health related referral 2=Informed youth of crisis hotline 3=Discussed availability of other supports with youth (i.e., talk with teacher, family member, etc.) 4=Tutoring / academic counseling 5=Physical Health referral (e.g., medical, vision, hearing, dental, pregnancy, etc.) 6=Other (please describe)	If no referral was made, identify the reason. 1=Determined there was no need for further services 2=Youth already receiving services 3=Youth already receiving other supports 4=No capacity at referral agencies to serve the youth 5=Other (Please describe)
1.	Today's Date	Participant ID#:	--/--/--			
2.	--/--/--	-----	--/--/--			
3.	--/--/--	-----	--/--/--			
4.	--/--/--	-----	--/--/--			
5.	--/--/--	-----	--/--/--			
6.	--/--/--	-----	--/--/--			

Cross-Site Evaluation of the Suicide Prevention and Early Intervention Program
Early Identification, Referral and Follow-up (EIRF) Tracking Log

Instructions: This form is to be used to track information for all youth who were referred for mental health related services by a trained gatekeeper or by the person who completed the interview following a positive screen. Each youth should maintain the same Participant ID on each form (i.e., EI, R and F).

F FORM

Follow-up to Mental Health Related Referral Information
(To be completed at 3 months post mental health referral date)

		If service was received:		
Today's Date	Participant ID#:	Identify the youth's situation as it relates to the mental health related referral. 1=No action was taken following the referral 2=Appointment was made but youth did not attend 3=Appointment was made and youth is on a waiting list 4=Appointment was made and youth attended the appointment 5= Youth received emergency services 6=Other (please describe)	Date of service	Type of Service 1=Mental health assessment 2=Substance abuse assessment 3=Family therapy 4=Individual therapy 5=Group therapy 6=Substance Abuse Counseling 7=Emergency room services 8=Other (please describe)
1. __/__/__	-----		__/__/__	
2. __/__/__	-----		__/__/__	
3. __/__/__	-----		__/__/__	
4. __/__/__	-----		__/__/__	
5. __/__/__	-----		__/__/__	
6. __/__/__	-----		__/__/__	
7. __/__/__	-----		__/__/__	

APPENDIX 3.11

EARLY IDENTIFICATION, REFERRAL AND FOLLOW-UP FORM

EARLY IDENTIFICATION, REFERRAL AND FOLLOW-UP (EIRF) FORM

EIRFDATE (Today's Date)

		/			/				
Month			Day			Year			

Participant ID (Macro-assigned ID)

--	--	--	--	--	--	--	--	--	--

Sources of information used to complete this form

[Select all that apply]

- 1 = Case record review or existing data system
- 2 = Directly from a provider (i.e., case manager, clinician, mental health professional)
- 3 = Directly from a gatekeeper (i.e., not a mental health professional)
- 4 = Other (please describe: _____)

Early Identification Activity Setting

[Select one]

- 1= School
- 2 = Child Welfare
- 3 = Juvenile Justice
- 4 = Law Enforcement
- 5= Community-based Organization
- 6= Physical Health
- 7= Mental Health Agency
- 8 = Other (please describe: _____)

Source of Early Identification of Youth

NOTE: Item 1 should be selected for all youth identified at risk through a screening mechanism (e.g., TeenScreen) no matter who conducted the screening. Items 2-9 should be selected for all other early identification activities.

[Select one]

- 1= Screening
- 2= Parent / Foster Parent / Caregiver
- 3= Mental health service provider (e.g., clinician, school counselor, etc.)
- 4= Teacher or other secondary school staff
- 5=Child welfare staff
- 6= Probation officer or other juvenile justice staff
- 7=Primary care provider (i.e., doctor, nurse)
- 8= Police officer or other law enforcement staff
- 9= Other (please describe: _____)

This form is to be used to provide individual level data on youth who have been identified at risk for suicide through Garrett Lee Smith Suicide Prevention and Early Intervention program activities. Youth may be identified by a trained gatekeeper or through a screening activity.

Section I. Early Identification

1. Youth Age:

--	--

Years

For all variables and data elements:

666 = Not Applicable
777 = Refused

888 = Don't Know
999 = Missing

PARTICIPANT ID:

□ □ □ □ □ □ □ □

Early Identification, Referral and Follow-up Form (EIRF)

2. **Youth Gender:**
- 1 = Boy
 - 2 = Girl
 - 3 = Transgender
 - 4 = Other (specify) _____

3. **Is the youth of Hispanic or Latino cultural/ethnic background?**
- 1 = No [GO TO ITEM #4]
 - 2 = Yes

3a. [IF YES] **Which group describes his/her Hispanic or Latino cultural/ethnic background? Is he/she** [Select all that apply]

- 1 = Mexican, Mexican-American, or Chicano
- 2 = Puerto Rican
- 3 = Cuban
- 4 = Dominican
- 5 = Central American
- 6 = South American
- 7 = Other Hispanic origin (Please specify: _____)

4. **Which group(s) describes (child's name)? Is he/she** [Select all that apply]

- 1 = American Indian or Alaska Native
- 2 = Asian
- 3 = Black or African American
- 4 = Native Hawaiian or Other Pacific Islander
- 5 = White
- 6 = Other (Please specify: _____)

Section II. Referral Information

5. **Was the youth referred for mental health related services?**

- 1=Yes [GO TO QUESTION 5a]
- 2=No [GO TO QUESTION 6]

5a. Identify the mental health related service to which a referral was made (select all that apply).

- Mental health assessment / treatment [GO TO QUESTION 7]
- Substance use assessment / treatment [GO TO QUESTION 7]
- Psychiatric hospitalization [GO TO QUESTION 7]
- Emergency room or mobile crisis [GO TO QUESTION 7]
- Other (please describe: _____) [GO TO QUESTION 7]

6. **Was the youth referred for non-mental health related services?**

- 1=Yes [GO TO QUESTION 6a]
- 2=No [GO TO QUESTION 6b]

6a. Identify the non-mental health related service to which a referral was made (select all that apply).

- Informed youth of crisis hotline [END OF FORM]

PARTICIPANT ID:

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 Early Identification, Referral and Follow-up Form (EIRF)

- Discussed availability of other supports with youth (i.e., talk with teacher, family member, etc.) [END OF FORM]
- Tutoring / academic counseling [END OF FORM]
- Physical Health referral (e.g., medical, vision, hearing, dental, pregnancy, etc.) [END OF FORM]
- Other (please describe: _____) [END OF FORM]

6b. Why was the youth not referred for any services? (select all that apply)

- No need for additional services [END OF FORM]
- Youth was already receiving mental health services [END OF FORM]
- No capacity at provider agencies to make a mental health referral [END OF FORM]
- Youth already receiving other supports [END OF FORM]
- Other (please describe: _____) [END OF FORM]

7. Date of referral for mental health related services:

Month Year

8. Where was the child referred for mental health related services:

- 1 = Mental Health Agency
- 2 = Hospital
- 3 = Emergency room
- 4 = Substance Abuse Treatment Center
- 5 = School Counselor
- 6 = Private practice
- 7 = Other (please describe: _____)

Section III. Follow-up to Referral

9. In the 3 months following the date of referral, which of the following best describes the youth's situation as it relates to completing the referral? (select one)

- No action was taken following the referral [END OF FORM]
- Made an appointment but youth did not attend the appointment [END OF FORM]
- Attempted to make an appointment but youth was wait-listed for at least 3 months [END OF FORM]
- Made an appointment and youth received first service within 3 months [GO TO QUESTION 10]
- Youth received emergency services [GO TO QUESTION 10]

10. Date of Service (1st appointment or emergency service):

Month Year

11. What service did the youth receive at the 1st appointment?

- 1 = Mental Health assessment
- 2 = Substance use assessment
- 3 = Family Therapy
- 4 = Individual Therapy
- 5 = Group therapy
- 6 = Substance abuse counseling
- 7 = Emergency room services
- 8 = Other service (please describe: _____)

PARTICIPANT ID:

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 Early Identification, Referral and Follow-up Form (EIRF)

APPENDIX 3.12

EIRF AGGREGATE INTERFACE FORM

EIRF Aggregate Interface

Name of Grantee: _____

Date (mm/dd/yyyy): _____

Unduplicated count of number screened: _____

Unduplicated count of number screened positive: _____

1. Gender

- Male
- Female
- Transgender
- Other

2. Race/Ethnicity

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Mexican, Mexican-American or Chicano
- Puerto Rican
- Cuban
- Dominican
- Central American
- South American
- Other Hispanic Origin (please describe: _____)
- Other (please describe: _____)

APPENDIX 4.1

TUP INTRODUCTORY SCRIPT FOR CONSENT TO CONTACT

APPENDIX 4.1

Script for Introducing Training Utilization and Penetration (TUP) Activities to Potential Respondents

{Insert State/Tribal name} has been funded by the Substance Abuse and Mental Health Services Administration as a part of the federal Garrett Lee Smith Suicide Prevention Program. This funding provides an opportunity for our state to support high quality early identification training, such as the one you have participated in today, to enhance our suicide prevention activities.

As a part of our funding we, along with all of the other grantees, are required to participate in a national evaluation effort. This national evaluation is designed to gather information about the products, services, activities, and impacts of the suicide prevention activities being implemented across the country.

One of the national evaluation activities is designed to gather information related to our early identification trainings. You have just completed one of those trainings and were asked to complete a national evaluation Training Exit Survey related to your experiences today. While understanding your training experience today is an important aspect of evaluating our suicide prevention activities, it is not the complete picture. A critical next step is to understand what you do with the information you learned today, as you return to your places of work and/or daily routines.

For this reason, we are requesting that you provide your name and contact information for possible participation in a training utilization follow-up study. Providing your name and contact information does not commit you to participate, nor does it guarantee that you will be contacted. If, however, you are selected for the utilization study, you will be contacted by ORC Macro (the organization hired by the federal government to oversee this data collection activity) and asked to participate in a telephone interview. The interview will take no longer than 60 minutes

Understanding the ways in which the early identification training experience translates into actual utilization and practice around suicide prevention is a critical component of our approach to suicide prevention. We would appreciate your willingness to provide your contact information for this important national effort.

APPENDIX 4.2

RNS INTRODUCTORY SCRIPT FOR RESPONDENT AGENCIES

APPENDIX 4.2

Script for Introducing Referral Network Survey Activities to Potential Respondents

{Insert State/Tribal name} has been funded by the Substance Abuse and Mental Health Services Administration as a part of the federal Garrett Lee Smith Suicide Prevention Program. This funding provides an opportunity for our state to support high quality early identification training, such as the one you have participated in today, to enhance our suicide prevention activities.

As a part of our funding we, along with all of the other grantees, are required to participate in a national evaluation effort. This national evaluation is designed to gather information about the products, referral networks, services, activities, and impacts of the suicide prevention activities being implemented across the country.

One of the national evaluation activities is designed to gather information related to locally defined referral networks, specifically, the identification, referral and service network that exists locally to support children at risk and in need. You and your organization are a member of that network.

If you are willing we would like to provide your name and contact information to the national evaluation team at ORC Macro, as they are the organization hired by the federal government to oversee these data collection activities. You will then be contacted via email to participate in a web-based referral network survey. Survey will take approximately 30-45 minutes. Forwarding your name to the national evaluation team does not commit you to participation.

Understanding the ways in which our local early identification, referral, and service network works to support children at risk and in need is a critical component of statewide approach to suicide prevention. We would appreciate your willingness to be contacted as a part of this important national effort.

APPENDIX 4.3

RNS ADMINISTRATION SUPPORTING MATERIALS

REMINDER EMAIL

Subject: Cross-site Evaluation of Suicide Prevention Program: Referral Network Survey-Reminder

Dear Respondent:

A few weeks ago, you received an email about a Web survey on your suicide prevention “referral network”. This survey is being conducted as part of the Cross-site Evaluation of the Garrett Lee Smith Suicide Prevention and Early Intervention Program. The purpose of this important survey is to learn about the systems in place to support youth at risk for suicide. This effort is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). We understand the time demands you must face, but we hope that you can find the time to complete this important survey.

You can access the survey by entering the following address into your Web browser:

<http://www.spdc.grc.com>

When you reach this website, please log in using the following username and password.

Password: XXXXX

Your username and password will only be used for security purposes and to track respondents. Survey responses are anonymous and cannot be linked to usernames or respondents. Every effort has been made to ensure the security of the information you provide in the web-based survey. The survey is operated under a secure server and all transmitted information is encrypted. There are few, if any, risks or benefits to participating in this survey.

Thank you in advance for your participation. As always, please feel free to contact [contact name], with any questions.

Sincerely,

Christine Walrath, PhD
Project Director
Cross-site Evaluation of the GLS Suicide Prevention Program
ORC Macro

[<Email sent in to potential respondents following advance letter](#)

Subject: Cross-site Evaluation of Suicide Prevention Program: Referral Network Survey

Dear Respondent:

A few weeks ago, you received an email from the cross-site evaluation team at ORC Macro introducing you to our Referral Network Survey. Because you are involved in helping youth, you are the best source of information about how different agencies/organizations work together to support youth at risk for suicide. You were identified as a potential respondent because you are involved in your State's suicide prevention "referral network". You were selected as part of a small group of individuals to complete this survey. This survey should take about 20-40 minutes to complete (depending on the size of your network) and we hope you take time to inform us about your role in the suicide prevention "referral network".

For your convenience, we have made the survey available on the Internet. Over the next few days, you can complete the survey at the following Internet address:

<http://www.spdc.qrc.com>

When you reach this website, you will be asked to log in using a username and password. Your username and password are:

Password: XXXXX

Your user name and password will only be used for security purposes and to track survey completion. Survey responses will be kept anonymous and will not be linked to individual respondents. Every effort has been made to ensure the security of the information you provide through the web-based survey. The survey is operated under a secure server and all transmitted information is encrypted. While your participation in this survey is completely voluntary, there are some questions that you will be required to answer on the web-based survey in order to maintain its flow and ensure the utility of the information gathered. There are few, if any, risks or benefits associated with participating in this survey.

This survey is being conducted as part of the Cross-site Evaluation of the Garrett Lee Smith Suicide Prevention and Early Intervention Program and is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). If you do not have access to the Internet or have any questions, please contact [name of contact] at ORC Macro. The results from the survey will be made available to all interested respondents.

Your time and effort are greatly appreciated.

Sincerely,

Richard McKeon, PhD
Center for Mental Health Services
Substance Abuse and Mental Health Services
Administration

Christine Walrath, PhD
Project Director
Cross-site Evaluation of the GLS Suicide
Prevention Program
ORC Macro

[<Email sent in advance to potential respondents](#)

Subject: Cross-site Evaluation of Suicide Prevention Program: Referral Network Survey

Dear Respondent:

With funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), ORC Macro is conducting a survey of representatives from agencies/organizations involved in your State's Suicide Prevention Program. The survey is part of the cross-site evaluation of the federally funded Garrett Lee Smith Suicide Prevention and Early Intervention Program. We are surveying representatives from agencies/organizations involved in identifying and referring youth at risk for suicide or those involved in serving at risk youth. We are calling this network of agencies/organizations, a suicide prevention "referral network". Because you work for an agency/organization involved in this type of "referral network", you were identified as a respondent to our survey.

Because you are part of a suicide prevention "referral network", we would like to ask you some questions related to the relationship between your agency/organization and other agency/organizations involved in helping youth at risk for suicide. Within the next few days, you will receive an email with a request to complete a brief web-based survey on your suicide prevention "referral network".

Of course, participation in this survey is completely voluntary. Because this is such an important aspect of the federal effort to prevent youth suicide, we hope that you will take a few minutes to provide your insight about the systems that are in place to support these youth.

The forthcoming email will contain a user name and password that will allow you to log in to a website and complete the survey. To log in you will need to visit the following Internet address:

<http://www.spdc.qrc.com>

To ensure confidentiality, your user name and password will only be used for security purposes and to keep track of response rates. Individual responses will be kept strictly confidential. If you do not have access to the Internet, please contact [name of contact] and she will arrange for you to complete the survey.

Thank you in advance for your participation.

Sincerely,

Richard McKeon, PhD
Center for Mental Health Services
Substance Abuse and Mental Health Services
Administration

Christine Walrath, PhD
Project Director
Cross-site Evaluation of the GLS Suicide
Prevention Program
ORC Macro

[FINAL REMINDER EMAIL](#)

Subject: Cross-site Evaluation of Suicide Prevention Program: Referral Network Survey-Final Reminder

Dear Respondent:

A few weeks ago, you received an email about a Web survey on your suicide prevention “referral network”. This survey is being conducted as part of the Cross-site Evaluation of the Garrett Lee Smith Suicide Prevention and Early Intervention Program. The purpose of this important survey is to learn about the systems in place to support youth at risk for suicide. This effort is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). We understand the time demands you must face, but we hope that you can find the time to complete this important survey.

You can access the survey by entering the following address into your Web browser:

<http://www.spdc.grc.com>

When you reach this website, please log in using the following username and password.

Password: XXXXX

Your username and password will only be used for security purposes and to track respondents. Survey responses are anonymous and cannot be linked to usernames or respondents. Every effort has been made to ensure the security of the information you provide in the web-based survey. The survey is operated under a secure server and all transmitted information is encrypted. There are few, if any, risks or benefits to participating in this survey.

This will be your final reminder for participating in our survey. We hope that you take the time to respond to these important questions, so that the systems in place to serve youth can be better understood. As always, please feel free to contact [contact name], with any questions.

Sincerely,

Christine Walrath, PhD
Project Director
Cross-site Evaluation of the GLS Suicide Prevention Program
ORC Macro

APPENDIX 5.1

TRAINING EXIT SURVEY COVER PAGE DATA SPECIFICATIONS

**APPENDIX 5.1
TRAINING EXIT SURVEY COVER PAGE DATA SPECIFICATIONS**

Variable Name	Question Number	Question	Formats & Codes
txsdate	cs1	Month/Day/Year	(Text)
txsid	cs2	Training ID	(Numeric)
txsnum	cs3	Number of Trainees who attended the training	(Numeric)
txsname	cs4	Name of Training	(Text)
txsfac	cs5	Name of facility where training was held	(Text)
txszip	cs6	Zipcode of facility where training was held	(Text)
txssch	cs7	Agency/Organization Affiliation of Trainees: School	0=Not Endorsed 1=Endorsed
txssch1	cs7	How many schools are represented at the training?	(Numeric)
txssch2	cs7	How many of these schools have participated in previous trainings?	(Numeric)
txsjj	cs7	Juvenile Justice/Probation Office/Detention Centers	0=Not Endorsed 1=Endorsed
txsjj1	cs7	How many juvenile justice related agencies/organizations are represented at this training?	(Numeric)
txsjj2	cs7	How many of these have participated in previous trainings?	(Numeric)
txscw	cs7	Child welfare/foster care	0=Not Endorsed 1=Endorsed
txscw1	cs7	How many child welfare related agencies/organizations are represented at this training?	(Numeric)
txscw2	cs7	How many have participated in previous trainings?	(Numeric)
txsmh	cs7	Mental Health Agency	0=Not Endorsed 1=Endorsed
txsmh1	cs7	How many mental health related agencies/organizations are represented at this training?	(Numeric)
txsmh2	cs7	How many have participated in previous trainings?	(Numeric)
txsco	cs7	Community-based organization	0=Not Endorsed 1=Endorsed
txsco1	cs7	How many community-based organizations are represented at this training?	(Numeric)
txsco2	cs7	How many have participated in previous trainings?	(Numeric)
txsoth	cs7	Other type of organization	0=Not Endorsed 1=Endorsed

Variable Name	Question Number	Question	Formats & Codes
txsotho	cs7	Other, Please Specify	(Text)
txsoth1	cs7	How many of these organizations are represented at this training?	(Numeric)
txsoth2	cs7	How many have participated in previous trainings?	(Numeric)
txstype1	cs8	Type of Training: Train-the-Trainer model (i.e., training participants to be trainers)	0=Not Endorsed 1=Endorsed
txstype2	cs8	Type of Training: Screening for risk factors (i.e., through a screening mechanism)	0=Not Endorsed 1=Endorsed
txstype3	cs8	Type of Training: Risk factor awareness	0=Not Endorsed 1=Endorsed
txstype4	cs8	Type of Training: General suicide prevention knowledge	0=Not Endorsed 1=Endorsed
txstype5	cs8	Type of Training: Effective intervention strategies	0=Not Endorsed 1=Endorsed
txstype6	cs8	Type of Training: Referrals protocols/procedures for at-risk youth	0=Not Endorsed 1=Endorsed
txstype8	cs8	Type of Training: Post-vention services	0=Not Endorsed 1=Endorsed
txstype8	cs8	Type of Training: Other	0=Not Endorsed 1=Endorsed
txstypeo	cs8o	Type of Training: Other	(Text)
txshr	cs9	Duration of Training: Hour	(Numeric)
txsmn	cs9	Duration of Training: Minutes	(Numeric)
txsadm	cs10	Survey Administered By	1=Trainer 2=Program Staff 3=Evaluation Staff 4=Other

APPENDIX 5.2

TRAINING EXIT SURVEY DATA SPECIFICATIONS

**APPENDIX 5.2
TRAINING EXIT SURVEY DATA SPECIFICATIONS**

Variable Name	Question Number	Question	Formats & Codes
txsid	cs1	Training ID	Numeric (5 digits)
txspid	cs2	Participant ID	Numeric (3 digits)
txs1_1	1	Role - Parent / Foster Parent / Caregiver	0=Not Endorsed 1=Endorsed
txs1_2	1	Role - Direct mental health service provider	0=Not Endorsed 1=Endorsed
txs1_3	1	Role - Teacher or other secondary school staff	0=Not Endorsed 1=Endorsed
txs1_4	1	Role - Child welfare staff	0=Not Endorsed 1=Endorsed
txs1_5	1	Role - Probation officer or other juvenile justice staff	0=Not Endorsed 1=Endorsed
txs1_6	1	Role - Primary care provider (i.e., doctor, nurse)	0=Not Endorsed 1=Endorsed
txs1_7	1	Role - University faculty	0=Not Endorsed 1=Endorsed
txs1_8	1	Role - University student	0=Not Endorsed 1=Endorsed
txs1_9	1	Role - Police officer or other law enforcement staff	0=Not Endorsed 1=Endorsed
txs1_10	1	Role - Trainer (i.e., train-the-trainer)	0=Not Endorsed 1=Endorsed
txs1_11	1	Role - Other	0=Not Endorsed 1=Endorsed
txs1o	1o	Roles you represent - Other	(Text)
txs2yr	2	Years served in this role?	(Numeric)
txs2mon	2	Months served in this role?	(Numeric)
txs3_1	3	Learned of this training - Supervisor or Administrator of the agency I work for	0=Not Endorsed 1=Endorsed
txs3_2	3	Learned of this training - Co-worker	0=Not Endorsed 1=Endorsed
txs3_3	3	Learned of this training - My child's school	0=Not Endorsed 1=Endorsed
txs3_4	3	Learned of this training - My child	0=Not Endorsed 1=Endorsed
txs3_5	3	Learned of this training - Media	0=Not Endorsed 1=Endorsed
txs3_6	3	Learned of this training - Other	0=Not Endorsed 1=Endorsed
txs3o	3o	Other, please describe	(Text)
txs4	4	Were you required to participate in this training?	1=Yes 2=No 3=Don't Know

Variable Name	Question Number	Question	Formats & Codes
txs5_1	5	Use what you learned - Screen youth for suicide behaviors (i.e., using a screening tool)	0=Not Endorsed 1=Endorsed
txs5_2	5	Use what you learned - Increase the general awareness and knowledge of suicide for myself and others	0=Not Endorsed 1=Endorsed
txs5_3	5	Use what you learned - Identify youth who might be at risk for suicide	0=Not Endorsed 1=Endorsed
txs5_4	5	Use what you learned - Provide direct services to youth at risk for suicide and/or their families	0=Not Endorsed 1=Endorsed
txs5_5	5	Use what you learned - Train other staff members	0=Not Endorsed 1=Endorsed
txs5_6	5	Use what you learned - Make referrals to mental health services for at risk youth	0=Not Endorsed 1=Endorsed
txs5_7	5	Use what you learned - Other	0=Not Endorsed 1=Endorsed
txs5_8	5	Use what you learned - Don't intend to use what I learned	0=Not Endorsed 1=Endorsed
txs5o	5o	Other, please describe	(Text)
txs6	6	Will the materials you received as part of this training be helpful to you?	1=Yes 2=No 3=Don't know 4=Didn't receive any materials
txs7	7	The training increased my knowledge about suicide prevention.	1=Strongly Disagree 2=Disagree 3=Agree 4=Strongly Agree
txs8	8	The training met my needs.	1=Strongly Disagree 2=Disagree 3=Agree 4=Strongly Agree
txs9	9	The training addressed cultural differences in the youth I intend to serve	1=Strongly Disagree 2=Disagree 3=Agree 4=Strongly Agree
txs10	10	The training was practical to my work and/or my daily life.	1=Strongly Disagree 2=Disagree 3=Agree 4=Strongly Agree
txs11	11	I fully understand why I attended the training.	1=Strongly Disagree 2=Disagree 3=Agree 4=Strongly Agree

Variable Name	Question Number	Question	Formats & Codes
txs12	12	I am now more ready to help with youth suicide prevention in my community.	1=Strongly Disagree 2=Disagree 3=Agree 4=Strongly Agree
txs13	13	I will use a lot of what I learned from this training.	1=Strongly Disagree 2=Disagree 3=Agree 4=Strongly Agree
txs14	14	The things I learned will help youth seek help for issues that might lead to suicide	1=Strongly Disagree 2=Disagree 3=Agree 4=Strongly Agree
txs15	15	The things I learned will help prevent youth suicide or reduce the problems that might lead to suicide	1=Strongly Disagree 2=Disagree 3=Agree 4=Strongly Agree
txs16	16	How would you rate the training?	1=Below my skill level 2=At my skill level 3=Above my skill level 4=Don't know
txs17_1	17	Who will benefit - Youth	0=Not Endorsed 1=Endorsed
txs17_2	17	Who will benefit - Parents/Foster Parents/Caregivers	0=Not Endorsed 1=Endorsed
txs17_3	17	Who will benefit - Co-workers	0=Not Endorsed 1=Endorsed
txs17_4	17	Who will benefit - Community members	0=Not Endorsed 1=Endorsed
txs17_5	17	Who will benefit - Other	0=Not Endorsed 1=Endorsed
txs17o	17o	Other, please describe	(Text)
txs18	18	How often do you expect to use what you learned?	1=Daily 2=One time a month or more 3=At least once per year 4=Less than once per year or never
txs19	19	The trainers' knowledge of the training topics?	1=Very Dissatisfied 2=Dissatisfied 3=Satisfied 4=Very Satisfied
txs20	20	The trainers' presentation of the training topics?	1=Very Dissatisfied 2=Dissatisfied 3=Satisfied 4=Very Satisfied
txs21	21	The building where the training was held?	1=Very Dissatisfied 2=Dissatisfied 3=Satisfied 4=Very Satisfied

Variable Name	Question Number	Question	Formats & Codes
txs22	22	The location of the training?	1=Very Dissatisfied 2=Dissatisfied 3=Satisfied 4=Very Satisfied
txs23	23	Your overall training experience?	1=Very Dissatisfied 2=Dissatisfied 3=Satisfied 4=Very Satisfied
txs24	24	What did you like most about the training?	(Text)
txs25	25	What did you like least about the training?	(Text)
txs26	26	What is your gender?	1=Female 2=Male
txs27	27	What is your age?	(Numeric)
txs28	28	Are you Hispanic or Latino	1=Yes 2=No
txs28a1	28a	Mexican, Mexican-American	0=Not Endorsed 1=Endorsed
txs28a2	28a	Puerto Rican	0=Not Endorsed 1=Endorsed
txs28a3	28a	Cuban	0=Not Endorsed 1=Endorsed
txs28a3	28a	Dominican	0=Not Endorsed 1=Endorsed
txs28a4	28a	Central American	0=Not Endorsed 1=Endorsed
txs28a5	28a	South American	0=Not Endorsed 1=Endorsed
txs28a6	28a	Other Hispanic origin	0=Not Endorsed 1=Endorsed
txs28ao	28ao	Other	0=Not Endorsed 1=Endorsed
txs29_1	29	Race - American Indian or Alaska Native	0=Not Endorsed 1=Endorsed
txs29_2	29	Race - Asian	0=Not Endorsed 1=Endorsed
txs29_3	29	Race - Black or African American	0=Not Endorsed 1=Endorsed
txs29_4	29	Race - Native Hawaiian or Other Pacific Islander	0=Not Endorsed 1=Endorsed
txs29_5	29	Race - White	0=Not Endorsed 1=Endorsed
txs29_6	29	Race - Other	0=Not Endorsed 1=Endorsed

APPENDIX 5.3

RESPONDENT LIST TEMPLATE FOR REFERRAL NETWORK SURVEY (RNS)

APPENDIX 5.3

Respondent List for Referral Network Survey

Grantee

Name: _____

Referral Network County/Location: _____

Agency Name (Indicate type of agency)	Name of Respondent	Email address	Phone number	Mailing address
	Administrator:			
	Supervisor:			
	Administrator:			
	Supervisor:			
	Administrator:			
	Supervisor:			
	Administrator:			
	Supervisor:			
	Administrator:			
	Supervisor:			
	Administrator:			
	Supervisor:			
	Administrator:			
	Supervisor:			
	Administrator:			
	Supervisor:			
	Administrator:			
	Supervisor:			

APPENDIX 5.4

EIRF DATA SPECIFICATIONS

**APPENDIX 5.4
EIRF DATA SPECIFICATIONS**

Variable Name	Question Number	Question	Formats & Codes
eirfdate	cs1	Month/Day/Year	(Text)
efpid	cs2	Participant ID	(Numeric)
efcase	cs3	Sources of information used to complete this form: Case record review or existing data system	0=Not Endorsed 1=Endorsed
efprovid	cs3	Directly from a provider (i.e., case manager, clinician, mental health professional)	0=Not Endorsed 1=Endorsed
efgate	cs3	Directly from a gatekeeper (i.e., not a mental health professional)	0=Not Endorsed 1=Endorsed
efoth	cs3	Other	0=Not Endorsed 1=Endorsed
efothd	cs3o	Other, please describe	0=Not Endorsed 1=Endorsed
efsett	cs4	Early Identification Activity Setting	1= School 2 = Child Welfare 3 = Juvenile Justice 4 = Law Enforcement 5= Community-based Organization 6= Physical Health 7= Mental Health Agency 6 = Other
efsetto	cs4o	Other Early Identification Activity Setting	(Text)
efsource	cs5	Source of Early Identification of Youth	1= Parent / Foster Parent / Caregiver 2= Mental health service provider (e.g., clinician, school counselor, etc.) 3= Teacher or other secondary school staff 4=Child welfare staff 5= Probation officer or other juvenile justice staff 6=Primary care provider (i.e., doctor, nurse) 7= Police officer or other law enforcement staff 8= Other
eirf1	1	Youth Age	(Numeric)
eirf2	2	Youth Gender	1 = Boy 2 = Girl
eirf3	3	Is the youth of Hispanic or Latino cultural/ethnic background?	1=No 2=Yes
eirf3a_1	3a	Mexican, Mexican-American, or Chicano	0=Not Endorsed 1=Endorsed
eirf3a_2	3a	Puerto Rican	0=Not Endorsed 1=Endorsed

Variable Name	Question Number	Question	Formats & Codes
eirf3a_3	3a	Cuban	0=Not Endorsed 1=Endorsed
eirf3a_4	3a	Dominican	0=Not Endorsed 1=Endorsed
eirf3a_5	3a	Central American	0=Not Endorsed 1=Endorsed
eirf3a_6	3a	South American	0=Not Endorsed 1=Endorsed
eirf3a_7	3a	Other Hispanic origin	0=Not Endorsed 1=Endorsed
eirf3ao	3ao	Other Hispanic origin (please describe)	(Text)
eirf4_1	4	American Indian or Alaska Native	0=Not Endorsed 1=Endorsed
eirf4_2	4	Asian	0=Not Endorsed 1=Endorsed
eirf4_3	4	Black or African American	0=Not Endorsed 1=Endorsed
eirf4_4	4	Native Hawaiian or Other Pacific Islander	0=Not Endorsed 1=Endorsed
eirf4_5	4	White	0=Not Endorsed 1=Endorsed
eirf4_6	4	Other	0=Not Endorsed 1=Endorsed
eirf5	5	Was the youth referred for mental health related services?	1=Yes 2=No
eirf5a1	5a	Referral made to: Mental health assessment/treatment	0=Not Endorsed 1=Endorsed
eirf5a2	5a	Substance use assessment / treatment	0=Not Endorsed 1=Endorsed
eirf5a3	5a	Psychiatric hospitalization	0=Not Endorsed 1=Endorsed
eirf5a4	5a	Emergency room or mobile crisis	0=Not Endorsed 1=Endorsed
eirf5a5	5a	Other	0=Not Endorsed 1=Endorsed
eirf5ao	5ao	Other, please describe	(Text)
eirf6	6	Was the youth referred for non-mental health related services?	1=Yes 2=No
eirf6a1	6a	Non-mental health referral made to: Informed youth of crisis hotline	0=Not Endorsed 1=Endorsed
eirf6a2	6a	Discussed availability of other supports with youth	0=Not Endorsed 1=Endorsed
eirf6a3	6a	Tutoring / academic counseling	0=Not Endorsed 1=Endorsed
eirf6a4	6a	Physical Health referral	0=Not Endorsed 1=Endorsed
eirf6a5	6a	Other	0=Not Endorsed 1=Endorsed

Variable Name	Question Number	Question	Formats & Codes
eirf6ao	6ao	Other, please describe	(Text)
eirf6b1	6b	Why was the youth not referred for any services? No need for additional services	0=Not Endorsed 1=Endorsed
eirf6b2	6b	Youth was already receiving mental health services	0=Not Endorsed 1=Endorsed
eirf6b3	6b	No capacity at provider agencies to make a mental health referral	0=Not Endorsed 1=Endorsed
eirf6b4	6b	Youth already receiving other supports	0=Not Endorsed 1=Endorsed
eirf6b5	6b	Other	0=Not Endorsed 1=Endorsed
eirf6bo	6bo	Other, please describe	(Text)
eirf7m	7	Month	(Numeric)
eirf7y	7	Year	(Numeric)
eirf8	8	Where was the child referred for mental health related services?	1 = Mental Health Agency 2 = Hospital 3= Emergency room 4= Substance Abuse Treatment Center 5 = School Counselor 6= Private practice 7 = Other
eirf8o	8o	Other, please describe	(Text)
eirf9	9	In the 3 months following the date of referral, which of the following best describes the youth's situation as it relates to completing the referral?	1=No action was taken following the referral 2=Made an appointment but youth did not attend the appointment 3=Attempted to make an appointment but youth was wait-listed for at least 3 months 4=Made an appointment and youth received first service within 3 months 5=Youth received emergency services
eirf10m	10	Date of 1st service: Month	(Numeric)
eirf10y	10	Date of 1st service: Year	(Numeric)
eirf11	11	What service did the youth receive at the 1st appointment?	1 = Mental Health assessment 2 = Substance use assessment 3 = Family Therapy 4= Individual Therapy 5= Group therapy 6= Substance abuse counseling 7= Emergency room services 8= Other service
eirf11o	11o	Other, please describe	(Text)

APPENDIX 6.1

DATA MANUAL (TO BE DEVELOPED)

APPENDIX 6.2

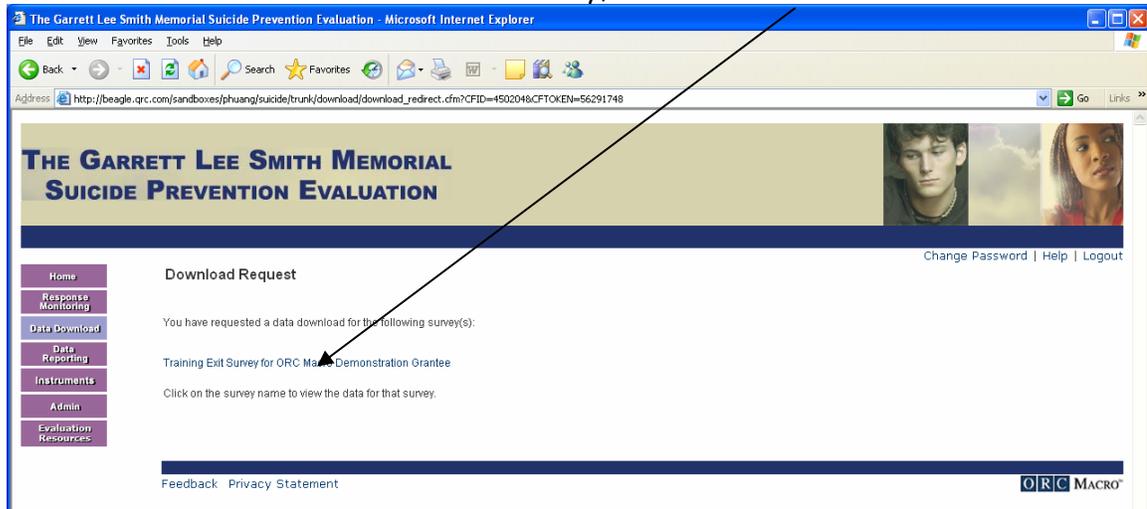
STEP-BY-STEP DATA DOWNLOAD INSTRUCTIONS

APPENDIX 6.2 STEP-BY-STEP DATA DOWNLOAD

Instructions for Downloading Dataset and importing into Excel, Access, and SPSS

To download data from SPDC

1. In the SPDC, select 'Data Download' button, and select an instrument by clicking on the checkbox
2. Move mouse over to the name of the Survey, and click once



3. Data will open as a text file.

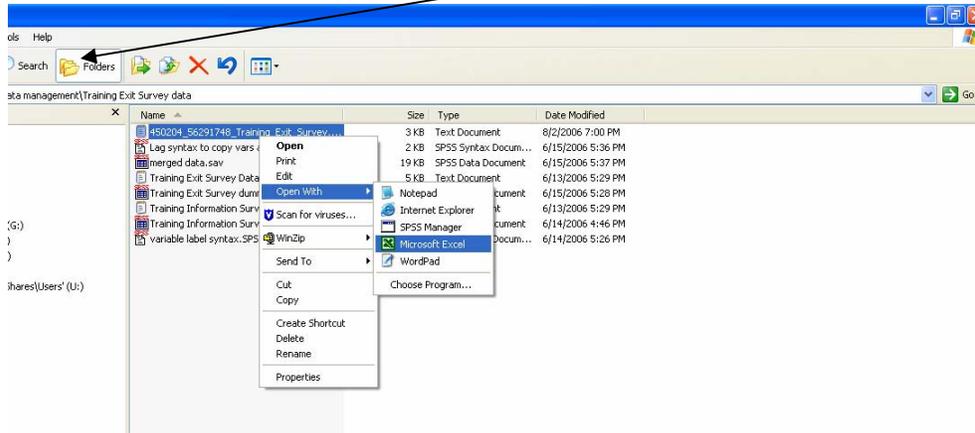
II_ID	txsid	txspid	txs1_1	txs1_2	txs1_3	txs1_4	txs1_5	txs1_6	txs1_7	txs1_8	txs1_9	txs1_10	txs1_11	txs10	txs2yr	txs2mon	txs3_1	txs3_2	txs
1105	87654	123	1	0	0	0	0	0	0	0	0	0	0	3	0	1	0	0	0
1108	87654	135	0	0	1	0	0	0	0	1	0	0	0	2	2	0	0	1	0
1111	87654	946	0	1	0	0	0	0	0	0	0	0	0	2	2	0	0	0	0
1114	12345	987	0	0	0	0	0	0	0	0	0	1	0	15	11	1	0	0	0
1117	12345	135	0	0	0	0	0	0	0	0	0	1	0	patient	2	1	0	1	0
1120	12345	312	0	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0	0
1123	13467	589	0	0	0	0	1	0	0	0	0	1	0	2	2	0	0	0	0
1126	13467	543	1	0	0	0	0	0	0	0	0	0	0	5	3	0	0	0	0
1129	13467	567	0	0	1	0	0	0	1	0	0	0	0	10	10	0	1	0	0

4. Save text file by clicking on 'file,' 'save as,' and select location to store the data. (To return to SPDC, click your browser's back button.)

See page 2 for importing into **Excel**, page 3 for **Access**, and page 4 for **SPSS**

To import dataset into Excel

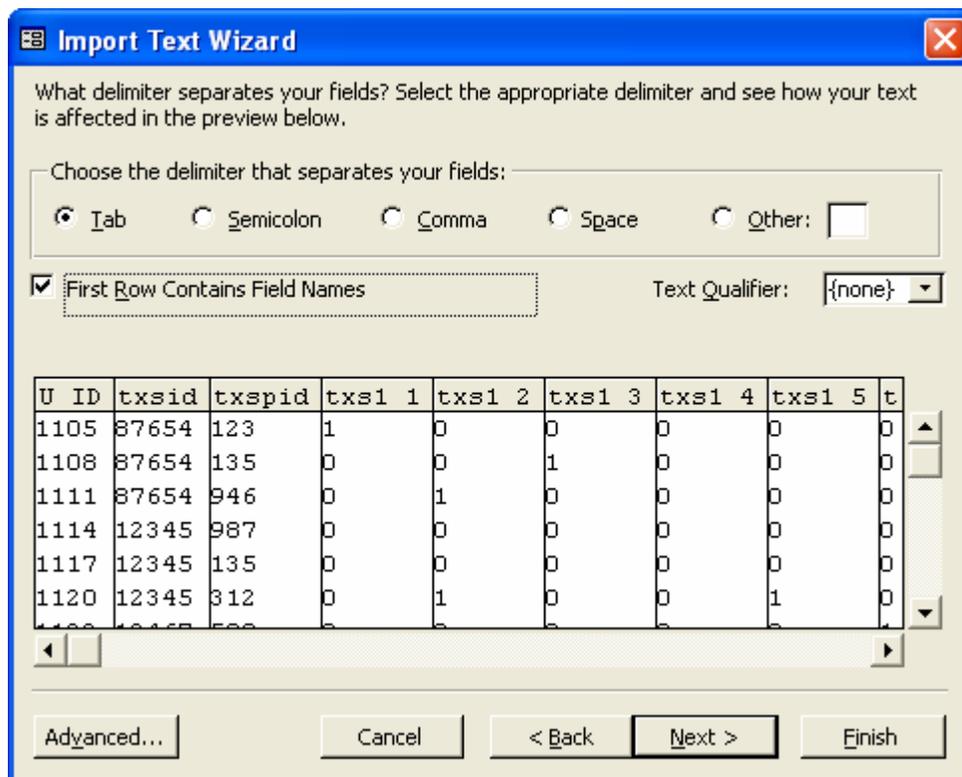
1. Open a "My Computer" window
2. Click on the Folders icon in the top menu bar



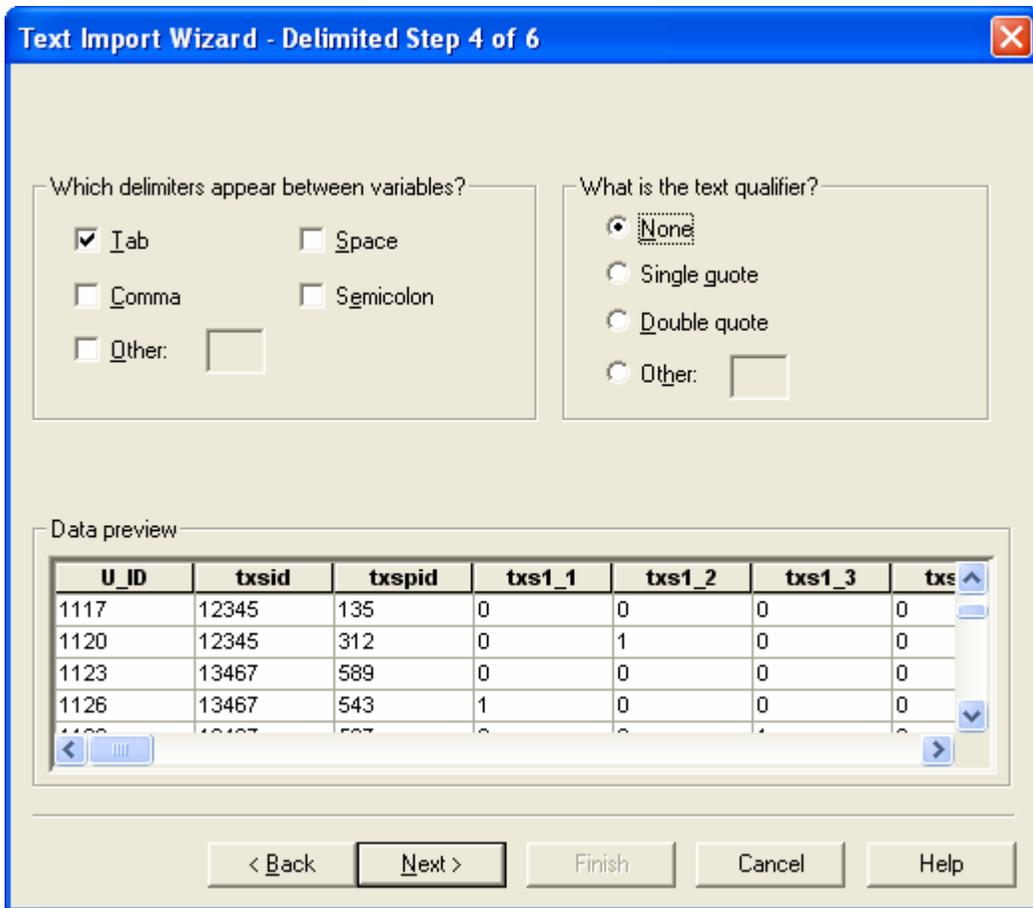
3. Locate file (click to location where file was saved)
4. Highlight document, right click (one time) and select 'open with'.
 - 5a. If Excel appears in list, left click on it.
 - 5b. If Excel does not appear in list, select 'Choose Program'
5. Dataset will import.
6. Save file

To import into Access

1. Open Access, new database or existing database (either will work)
2. Click 'File,' 'Get External Data,' and 'Import'
3. Select Dataset (locate path where dataset was saved, highlight, click on 'import' button).
4. Import Text Wizard Opens. Screen 1: Select 'Delimited Format' and click 'next'
5. Screen 2: Select 'Tab' and 'First Row Contains Field Names', and click 'next'



6. Screen 3: Choose 'New Table' (unless you have reason to import into an existing table)
7. Screen 4: Default options are ok, can click 'next' (unless you prefer to change settings)
8. Screen 5: Default options are ok, can click 'next' (however, no primary key needed)
9. Screen 6: If you'd like to change the name of the table, you can do so on this screen. Default options are ok, and can click 'FINISH'.
10. Save file



8. Screen 5: Default options are ok, click 'Next'
9. Screen 6: Default options are ok, click 'Finish'
10. Save File

