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**Cross-site Evaluation of the
Garrett Lee Smith Memorial (GLS) Campus Suicide Prevention Program**

**Prevention Strategies Inventory
(Campus Version)**

Instructions for the respondent: Thank you for taking the time to complete this inventory. The Prevention Strategies Inventory (PSI) is designed to catalogue: (1) the prevention strategies being developed and implemented and (2) the percent of GLS funds expended to date by prevention strategy category. Some of the activities, products and services that you are implementing 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 over the first two quarters of your 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 private. This inventory will take approximately 45 minutes.

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 prevention strategies. The Prevention Strategies Inventory (PSI) is designed to catalogue on a quarterly basis: (1) the prevention strategies being developed

and implemented and (2) the percent of GLS funds expended to date by prevention strategy category. Your consent requires that you read and agree to the following:

Privacy: The information that you provide via this online inventory will be kept private except as otherwise required by law. No identifying information is requested as part of the inventory. 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.

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 the Prevention Strategies 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 Christine Walrath, Principal Investigator at Christine.M.Walrath-Greene@macrointernational.com or at 212-941-5555. Please click the “I CONSENT” box below to proceed to the Prevention Strategies 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 Prevention Strategies Inventory. Please contact Christine Walrath, Principal Investigator at Christine.M.Walrath-Greene@macrointernational.com or at 212-941-5555 with any questions.” and offer them an opportunity to go to the inventory’s Homepage.

Thank you!

The Prevention Strategies Inventory is organized as follows.

Part A: Suicide Prevention Program Strategies: This section will ask you to select the prevention strategies that are being developed and implemented in your suicide prevention program.

Document A.2

Part B: Follow Up Questions on Selected Strategies: For each of the prevention strategies you selected in Part 1, you will be asked follow up questions.

Part C: Budget: This section will ask for the amount of the total GLS budget expended to date and the percent of funds expended to date by prevention strategy category.

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 “NEXT PAGE” button in order to save your responses. You can then close the survey webpage.

If you have questions or need help related to entering information, please send an email to GLS-PSI@macrointernational.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 ICF Macro about completing the Prevention Strategies Inventory.

Login Name: _____

Password: _____

NOTE: BASELINE AND FOLLOW UP VERSIONS ARE IDENTICAL. FOLLOW UP VERSION WILL BE PRE-POPULATED WITH INFORMATION FROM PREVIOUS ADMINISTRATION.

SECTIONS:

- A. SUICIDE PREVENTION PROGRAM STRATEGIES**
- B. FOLLOW UP QUESTIONS ON SELECTED STRATEGIES**
 - 1. OUTREACH AND AWARENESS
 - 1.1. Public Awareness Campaigns
 - 1.2. Outreach and Awareness Activities and Events
 - 1.3. Outreach and Awareness Products
 - 2. GATEKEEPER TRAINING
 - 3. ASSESSMENT, REFERRAL, AND CLINICAL TRAINING FOR MENTAL HEALTH PROFESSIONALS AND HOTLINE STAFF
 - 3.1. Assessment and Clinical Training for Mental Health Professionals
 - 3.2. Assessment and Referral Training for Hotline Staff
 - 4. LIFESKILLS AND WELLNESS ACTIVITIES
 - 5. HOTLINES AND HELPLINES
 - 6. MEANS RESTRICTION
 - 6.1. Public Awareness Campaigns
 - 6.2. Outreach & Awareness Events
 - 6.3. Outreach & Awareness Products
 - 7. POLICIES AND PROTOCOLS FOR INTERVENTION AND POSTVENTION
 - 7.1. Policies and protocols related to intervention
 - 7.2. Policies and protocols related to postvention
 - 8. COALITIONS AND PARTNERSHIPS
 - 8.1. Leading or substantially supporting a Suicide Prevention Coalition
 - 8.2. Participating in coalitions related to youth prevention
 - 8.3. Partnerships with agencies and organizations
 - 9. OTHER SUICIDE PREVENTION STRATEGIES
- C. BUDGET**

A. SUICIDE PREVENTION PROGRAM STRATEGIES

1. What types of suicide prevention strategies are being implemented under your GLS program? Select all that apply

OUTREACH AND AWARENESS

Public Awareness Campaigns

[A Public Awareness Campaigns is an organized systematic effort through various communications media to make the general public or particular target populations aware of key messages in suicide prevention. Examples of Public Awareness Campaign are: “Be Well to Do Well (BW2DW)” mental health awareness campaign, “I Am Not a Bystander” campaign, "How YOU Doin'?" campaign, "Suicide Shouldn't Be A Secret", “Ask, Listen and Refer” Campaign, "Don't Erase Your Future" campaign etc.,]

Outreach and Awareness Activities/Events

[These are activities and events intended to promote awareness about suicide prevention and are not connected to a particular public awareness campaign. Examples of these types of activities are: a suicide prevention poster contest, out of darkness walk, booth at a health fair, suicide awareness day, and events held during National Red Ribbon Week.]

Outreach and Awareness Products

[These are products intended to promote awareness about suicide prevention. Their distribution is not limited to or connected to a particular public awareness campaign or to a particular activity/event. Examples of these types of products are: radio and TV Public Service Announcements, website development or enhancement, newspaper articles, billboards and awareness products such as stress balls, mood pens, T-shirts and bracelets.]

GATEKEEPER TRAINING

Gatekeeper Training

[Gatekeeper training programs are trainings designed to help students, faculty and staff identify individuals at risk of suicide and to refer them for help. Participants in gatekeeper trainings may include students, parents/guardians, Resident Advisors, student leaders, clerical staff, public safety or other emergency response staff, university or college administrators, health and wellness professionals, clergy and faculty members and the larger community that the campus is part of (such as local high schools or community-based organizations).]

ASSESSMENT, CLINICAL, AND REFERRAL TRAINING FOR MENTAL HEALTH PROFESSIONALS AND HOTLINE STAFF

- Assessment and clinical training for mental health professionals**
[This category refers to training mental health professionals on assessing and managing suicide risk and making appropriate referrals. Examples of these types of trainings are: Assessing and Managing Suicide Risk (AMSR) for mental health professionals and training clinicians in suicide and sexual/dating violence assessment.]
- Assessment and referral training for hotline staff**
[This category refers to training hotline staff in suicide risk assessment and referral skills.]

LIFESKILLS AND WELLNESS ACTIVITIES

- Life skills and wellness activities**
[This category refers to activities (workshops, educational seminars, speaking events and trainings) that aim to provide students with essential lifeskills and promote wellness. These activities intend to support positive social, emotional, spiritual and academic development. They help to increase connectedness to the campus community. Lifeskills include depression and stress management, communication, problem-solving, anger regulation and goal-setting. Examples of these types of activities are: a workshop to increase students' resilience to stress and negative life events; a workshop on healthy relationships; a seminar on depression, anxiety, eating disorders and body image; tai chi; yoga; meditation; progressive muscle relaxation; and dance and movement.]

HOTLINES AND HELPLINES

- Developing, maintaining or supporting crisis hotlines and helplines**
[This strategy refers to developing, maintaining or supporting hotline or helpline services for the campus community. For example, a grantee may use GLS funds to develop and maintain a hotline service for students or a grantee uses funds to develop a local call center for the National Suicide Prevention Hotline. Please note that training for hotline staff should be indicated under another category “Assessment and Referral Training for Hotline Staff”. Also, materials promoting the National Suicide Prevention Lifeline should be reported under “Outreach and Awareness Products”.]

MEANS RESTRICTION

[This strategy refers to efforts to educate about the issue of lethal means restriction. Examples of efforts that would be reported under this category would be a campaign dedicated to reducing access to lethal means, and outreach and awareness events, activities and materials focused on access to lethal means.]

- Public Awareness Campaigns**
[A Public Awareness Campaigns is an organized systematic effort through various communications media focused on creating awareness about access to lethal means among the general public or particular target populations. For example: “Lock 'Em Up” Prescription Drug Campaign.]
- Outreach & Awareness Events**
[Outreach and awareness events or activities intended to promote awareness about access to lethal means and not connected to a particular public awareness campaign.]
- Outreach & Awareness Products**
[Outreach and awareness products intended to promote awareness about access to lethal means and not connected to a particular public awareness campaign. Examples of these types of products are: radio and TV Public Service Announcements, website development or enhancement, newspaper articles, brochures, billboards and awareness products such as stress balls, mood pens, T-shirts and bracelets.]

POLICIES AND PROTOCOLS FOR INTERVENTION AND POSTVENTION

[Policies and protocols related to intervention guide the actions of all agencies and personnel involved in ensuring that at-risk students receive coordinated, timely and effective support (assessment, referral, treatment and follow-up). Policies and protocols related to postvention guide the actions of all campus departments and personnel and outside agencies involved in taking appropriate postvention steps to support family, friends and campus community following a suicide and to prevent cluster suicides. These are policies and protocols utilized by a special team formed to respond to students at risk or to crisis situations, and involve various individuals, agencies and services, including campus departments, mental health centers, hospitals, mobile crisis teams, police, parents/guardians etc., Policies and protocols are formal written statements documenting the procedures to be followed.]

- Policies and protocols related to intervention
- Policies and protocols related to postvention

COALITIONS AND PARTNERSHIPS

[Please indicate whether you are using GLS funds to: lead or substantially support a suicide prevention coalition; participate in related youth prevention coalitions such as youth substance abuse coalition; and partner with on-campus departments/agencies/organizations and off-campus agencies/organizations.]

- Leading or substantially supporting a Suicide Prevention Coalition
- Participating in coalitions related to youth prevention
- Partnerships with agencies and organizations

OTHER SUICIDE PREVENTION STRATEGIES

[Please report any other suicide prevention strategies that are not listed above.]

- Other
Please specify: _____
- Other
Please specify: _____
- Other
Please specify: _____
- Other
Please specify: _____

Subsequent sections will be restricted to the strategies that the respondent selected in Q1. For each strategy, grantees can report multiple entries. For example, under “Public Awareness Campaigns”, they can enter information about each campaign separately. Or under “Policies and protocols related to intervention”, they can enter multiple protocols separately.

SECTION B FOLLOW UP QUESTIONS ON SELECTED STRATEGIES

1. OUTREACH AND AWARENESS

1.1. Public Awareness Campaigns

1. What is the name of the public awareness campaign?

Document A.2

2. Please describe the public awareness campaign – its goals, methods/elements and intended audiences.

3. Please indicate the populations targeted by the public awareness campaign.

- Student
- Parents/guardians
- Staff
 - Clerical/administrative support
 - Public safety or other emergency response staff
 - Residential life
 - Facilities maintenance
 - Other staff
- University or College Administrator
- Health and Wellness Professionals
 - Mental health/counseling
 - Primary care (physical health)
 - Other health professional
- Faculty Member or Researcher
- Clergy
- Community (outside of campus such as local high schools or community-based organizations)
 - _____ (Please specify)
 - _____ (Please specify)
 - _____ (Please specify)
 - Other _____ (Please specify)

4. Please indicate which of the following elements are used in this public awareness campaign, and for each selected element, please provide a brief description.

- Print materials such as brochures, posters & flyers

Please describe:

Document A.2

Print media such as newspapers/magazines/newsletters

Please describe:

Billboards

Please describe:

Awareness products (such as stressballs, keychains, mood pens, T-shirts etc.,)

Please describe:

Website development/enhancement

Please describe:

Radio

Please describe:

TV

Please describe:

DVD

Please describe:

- Events/activities

Please describe:

- Booth at health fair

Please describe:

- Other

Please describe:

5. What methods are you using to evaluate the effectiveness of this public awareness campaign?

Qualitative Methods

- Focus Groups
- Qualitative questionnaires
- Key Informant Interviews
- Other (**Please specify**): _____

Quantitative Methods

- Surveys
- Assessments/Measures
- Other (**Please specify**): _____
- None, there are no plans to evaluate this product/service.

1.2. Outreach and Awareness Activities and Events

1. What is the name of activity/event?

2. Type of activity/event

Document A.2

- Booth at health fair
- Out of darkness walk
- Poster contest
- Other events/activities
- Please enter type: _____

3. Please describe the activity or event. Explain how the activity or event relates to the goals of your suicide prevention program.

4. Please indicate the populations targeted by the activity or event.

- Student
- Parents/guardians
- Staff
 - Clerical/administrative support
 - Public safety or other emergency response staff
 - Residential life
 - Facilities maintenance
 - Other staff
- University or College Administrator
- Health and Wellness Professionals
 - Mental health/counseling
 - Primary care (physical health)
 - Other health professional
- Faculty Member or Researcher
- Clergy
- Community (outside of campus such as local high schools or community-based organizations)
 - _____ (Please specify)
 - _____ (Please specify)
 - _____ (Please specify)
 - Other _____ (Please specify)

6. What methods are you using to evaluate the effectiveness of this activity or event?

Qualitative Methods

- Focus Groups
- Qualitative questionnaires
- Key Informant Interviews
- Other (**Please specify**): _____

Quantitative Methods

- Surveys
- Assessments/Measures
- Other (**Please specify**): _____
- None, there are no plans to evaluate this product/service.

1.3. Outreach and Awareness Products

1. What is the name of product?

2. Type of product

- Print materials such as brochures, posters & flyers
- Print media such as newspapers/magazines/newsletters
- Billboards
- Awareness products (such as stressballs, keychains, mood pens, T-shirts etc.,)
- Website development/enhancement
- Radio
- TV
- DVD
- Newspaper/magazine/newsletter
- Other product
- Please describe: _____

3. Please describe the product. Explain how this product relates to the goals of your suicide prevention program.

4. Please indicate the populations targeted by the product.

- Student
- Parents/guardians
- Staff
 - Clerical/administrative support
 - Public safety or other emergency response staff
 - Residential life
 - Facilities maintenance
 - Other staff
- University or College Administrator
- Health and Wellness Professionals
 - Mental health/counseling
 - Primary care (physical health)
 - Other health professional
- Faculty Member or Researcher
- Clergy
- Community (outside of campus such as local high schools or community-based organizations)
 - _____ (Please specify)
 - _____ (Please specify)
 - _____ (Please specify)
 - Other _____ (Please specify)

5. What methods are you using to evaluate the effectiveness of this product?

Qualitative Methods

- Focus Groups
- Qualitative questionnaires
- Key Informant Interviews
- Other (Please specify): _____

Quantitative Methods

- Surveys
- Assessments/Measures
- Other (Please specify): _____
- None, there are no plans to evaluate this product/service.

2. GATEKEEPER TRAINING

2.1. Gatekeeper Training

1. What is the name of the training?

2. Please indicate the type of training:

- QPR (Question, Persuade, Refer)
- ASIST (Applied Suicide Intervention Skills Training)
- SafeTALK
- Other Please describe: _____

Is this a locally developed training?

- Yes
- No

3. Please describe the training. If you are using a standard curriculum (one of the types mentioned in Q2), you need not describe the content of the curriculum. If you are using a locally developed curriculum, please describe the content of the curriculum. Provide description such as why this particular training type has been selected for these particular groups of trainees, how the training has been adapted to meet the needs of this group of trainees, strategies for recruiting participants etc,

4. Please indicate the types of trainees.

- Student
- Parents/guardians
- Staff
 - Clerical/administrative support
 - Public safety or other emergency response staff
 - Residential life
 - Facilities maintenance
 - Other staff
- University or College Administrator
- Health and Wellness Professionals

- Mental health/counseling
- Primary care (physical health)
- Other health professional
- Faculty Member or Researcher
- Clergy
- Community (outside of campus such as local high schools or community-based organizations)
 - _____ (Please specify)
 - _____ (Please specify)
 - _____ (Please specify)
 - Other _____ (Please specify)

5. What methods are you using to evaluate the effectiveness of this training?

Qualitative Methods

- Focus Groups
- Qualitative questionnaires
- Key Informant Interviews
- Other (Please specify): _____

Quantitative Methods

- Surveys
- Assessments/Measures
- Other (Please specify): _____
- None, there are no plans to evaluate this product/service.

3. ASSESSMENT, CLINICAL, AND REFERRAL TRAINING FOR MENTAL HEALTH PROFESSIONALS AND HOTLINE STAFF

3.1. Assessment, Clinical, and Referral Training for Mental Health Professionals

1. What is the name of the training?

2. Please indicate the type of training:

- AMSR (Assessing and Managing Suicide Risk)
- RRSR (Recognizing and Responding to Suicide Risk)
- Other (Please describe): _____

Is this a locally developed training?

- Yes
- No

3. Please describe the training. If you are using a standard curriculum (one of the types mentioned in Q2), you need not describe the content of the curriculum. If you are using a locally developed curriculum, please describe the content of the curriculum. Provide description such as why this particular training type has been selected for these particular groups of trainees, how the training has been adapted to meet the needs of this group of trainees, strategies for recruiting participants etc,

4. Please indicate the types of trainees.

- Mental health clinician/counselor/ psychologist
 Social Worker / Caseworker / Care coordinator
 Other (**Please specify**): _____

5. What methods are you using to evaluate the effectiveness of this training?

Qualitative Methods

- Focus Groups
 Qualitative questionnaires
 Key Informant Interviews
 Other (**Please specify**): _____

Quantitative Methods

- Surveys
 Assessments/Measures
 Other (**Please specify**): _____

None, there are no plans to evaluate this product/service.

3.2. Assessment and Referral Training for Hotline Staff

1. What is the name of the training?

2. Please indicate the type of training:

3. Please describe the training.

4. Please indicate the types of trainees.

- Mental health clinician/counselor/ psychologist
- Social Worker / Caseworker / Care coordinator
- Volunteers
- Other (**Please specify**): _____

5. What methods are you using to evaluate the effectiveness of this training?

Qualitative Methods

- Focus Groups
- Qualitative questionnaires
- Key Informant Interviews
- Other (**Please specify**): _____

Quantitative Methods

- Surveys
- Assessments/Measures
- Other (**Please specify**): _____
- None, there are no plans to evaluate this product/service.

4. LIFESKILLS AND WELLNESS ACTIVITIES

1. What is the name of the activity?

2. Please describe the activity (include its purpose and how it relates to suicide prevention efforts).

3. What methods are you using to evaluate the effectiveness of this activity?

Qualitative Methods

- Focus Groups
 Qualitative questionnaires
 Key Informant Interviews
 Other (**Please specify**): _____

Quantitative Methods

- Surveys
 Assessments/Measures
 Other (**Please specify**): _____
 None, there are no plans to evaluate this product/service.

5. HOTLINES AND HELPLINES

1. What is the name of the hotline/helpline?

2. Please describe the hotline/helpline.

3. What methods are you using to evaluate the effectiveness of the crisis hotline?

Qualitative Methods

- Focus Groups
 Qualitative questionnaires
 Key Informant Interviews
 Other (**Please specify**): _____

Quantitative Methods

- Surveys
- Assessments/Measures
- Other (**Please specify**): _____
- None, there are no plans to evaluate this product/service.

6. MEANS RESTRICTION

6.1. Public Awareness Campaign

1. What is the name of the public awareness campaign?

2. Please describe the public awareness campaign – its goals, methods/elements and intended audiences.

3. Please indicate the populations targeted by the public awareness campaign.

- Student
- Parents/guardians
- Staff
 - Clerical/administrative support
 - Public safety or other emergency response staff
 - Residential life
 - Facilities maintenance
 - Other staff
- University or College Administrator
- Health and Wellness Professionals
 - Mental health/counseling
 - Primary care (physical health)
 - Other health professional
- Faculty Member or Researcher
- Clergy

Document A.2

- Community (outside of campus such as local high schools or community-based organizations)
 - _____ (Please specify)
 - _____ (Please specify)
 - _____ (Please specify)
 - Other _____ (Please specify)

4. Please indicate which of the following elements are used in this public awareness campaign, and for each selected element, please provide a brief description.

- Print materials such as brochures, posters & flyers

Please describe:

- Print media such as newspapers/magazines/newsletters

Please describe:

- Billboards

Please describe:

- Awareness products (such as stressballs, keychains, mood pens, T-shirts etc.,)

Please describe:

- Website development/enhancement

Please describe:

-

Document A.2

Radio

Please describe:

TV

Please describe:

DVD

Please describe:

Events/activities

Please describe:

Booth at health fair

Please describe:

Other

Please describe:

5. What methods are you using to evaluate the effectiveness of this public awareness campaign?

Qualitative Methods

- Focus Groups
- Qualitative questionnaires
- Key Informant Interviews
- Other (**Please specify**): _____

Quantitative Methods

- Surveys
- Assessments/Measures
- Other (**Please specify**): _____
- None, there are no plans to evaluate this product/service.

6.2. Outreach and Awareness Activities and Events

1. What is the name of activity/event?

2. Type of activity/event

- Booth at health fair
- Out of darkness walk
- Poster contest
- Other events/activities
- Please enter type: _____

3. Please describe the activity or event. Explain how the activity or event relates to the goals of your suicide prevention program.

4. Please indicate the populations targeted by the activity or event.

- Student
- Parents/guardians
- Staff
- Clerical/administrative support

- Public safety or other emergency response staff
- Residential life
- Facilities maintenance
- Other staff
- University or College Administrator
- Health and Wellness Professionals
 - Mental health/counseling
 - Primary care (physical health)
 - Other health professional
- Faculty Member or Researcher
- Clergy
- Community (outside of campus such as local high schools or community-based organizations)
 - _____ (Please specify)
 - _____ (Please specify)
 - _____ (Please specify)
 - Other _____ (Please specify)

7. What methods are you using to evaluate the effectiveness of this activity or event?

Qualitative Methods

- Focus Groups
- Qualitative questionnaires
- Key Informant Interviews
- Other (Please specify): _____

Quantitative Methods

- Surveys
- Assessments/Measures
- Other (Please specify): _____
- None, there are no plans to evaluate this product/service.

6.3. Outreach and Awareness Products

1. What is the name of product?

2. Type of product

- Print materials such as brochures, posters & flyers
- Print media such as newspapers/magazines/newsletters
- Billboards

Document A.2

- Awareness products (such as stressballs, keychains, mood pens, T-shirts etc.,)
- Website development/enhancement
- Radio
- TV
- DVD
- Newspaper/magazine/newsletter
- Other product Please describe: _____

3. Please describe the product. Explain how this product relates to the goals of your suicide prevention program.

1. Please indicate the populations targeted by the product.

- Student
- Parents/guardians
- Staff
 - Clerical/administrative support
 - Public safety or other emergency response staff
 - Residential life
 - Facilities maintenance
 - Other staff
- University or College Administrator
- Health and Wellness Professionals
 - Mental health/counseling
 - Primary care (physical health)
 - Other health professional
- Faculty Member or Researcher
- Clergy
- Community (outside of campus such as local high schools or community-based organizations)
 - _____ (Please specify)
 - _____ (Please specify)
 - _____ (Please specify)
 - Other _____ (Please specify)

2. What methods are you using to evaluate the effectiveness of this product?

Qualitative Methods

- Focus Groups
- Qualitative questionnaires
- Key Informant Interviews
- Other (**Please specify**): _____

Quantitative Methods

- Surveys
- Assessments/Measures
- Other (**Please specify**): _____
- None, there are no plans to evaluate this product/service.

7. POLICIES AND PROTOCOLS FOR INTERVENTION AND POSTVENTION

7.1. Policies and protocols related to intervention

1. What is the name of the policy/protocol?

2. Please provide a brief description of the policy or protocol (include elements such as procedures for responding to youth at risk, types of campus departments/personnel and outside agencies involved in the protocol and their respective roles and responsibilities, description of how the protocol will be communicated, reviewed and evaluated etc.).

7.2. Policies and protocols related to postvention

1. What is the name of the policy/protocol?

2. Please provide a brief description of the policy or protocol (include elements such as postvention procedures for responding to completed suicide, types of campus departments/personnel and outside agencies involved in the protocol and their respective roles and responsibilities, description of how the protocol will be communicated, reviewed and evaluated etc.,).

8. COALITIONS AND PARTNERSHIPS

8.1. Leading or substantially supporting a suicide prevention coalition

1. What is the name of the coalition?

2. Please provide a brief description of the coalition (include elements such as such as what types of agencies participate in the coalition, what are the goals of the coalition, what are its major achievements and how frequently do the members meet, strategies for sustaining the coalition etc.,).

8.2. Participating in coalitions related to youth prevention

1. What is the name of the coalition?

2. Please provide a brief description of the coalition (include elements such as how does your participation in this coalition advance your suicide prevention efforts, what types of agencies participate in the coalition, what are the goals of the coalition, what are its major achievements and how frequently do the members meet, etc.,).

8.3. Partnerships with agencies and organizations

1. Please provide a brief description of your efforts to build partnerships with youth-serving agencies and organizations (on campus and off campus partnerships).

OTHER SUICIDE PREVENTION STRATEGIES

1. Please provide a brief description of this suicide prevention strategy (include elements such as type of strategy, target populations etc.).

SECTION C BUDGET

1. How much of your GLS budget (including any matching funds) have you spent to date? Specify dollar amount: _____
2. Please estimate the percentage of your total budget expended to date on the following prevention strategies.

❖ OUTREACH AND AWARENESS	___%
➤ Public Awareness Campaigns	___%
➤ Outreach and Awareness Activities and Events	___%
➤ Outreach and Awareness Products	___%
❖ GATEKEEPER TRAINING	___%
❖ ASSESSMENT AND REFERRAL TRAINING FOR MENTAL HEALTH PROFESSIONALS AND HOTLINE STAFF	___%
➤ Assessment and Referral Training for Mental Health Professionals	___%
➤ Assessment and Referral Training for Hotline Staff	___%
❖ LIFESKILLS AND WELLNESS ACTIVITIES	___%
❖ SCREENING PROGRAMS AND TOOLS	___%
❖ HOTLINES AND HELPLINES	___%
❖ MEANS RESTRICTION	___%
➤ Public Awareness Campaigns	___%
➤ Outreach & Awareness Events	___%
➤ Outreach & Awareness Products	___%
❖ POLICIES AND PROTOCOLS FOR INTERVENTION AND POSTVENTION	___%
➤ Policies and protocols related to intervention	___%
➤ Policies and protocols related to postvention	___%

- ❖ **COALITIONS AND PARTNERSHIPS** _____%
- Leading or substantially supporting a Suicide Prevention Coalition _____%
- Participating in coalitions related to youth prevention _____%
- Partnerships with agencies and organizations _____%

- ❖ **OTHER SUICIDE PREVENTION STRATEGY** _____%

Data Elements for the Training Exit Survey Cover Page - Campus

Variable Name	Question Num	Question	Formats & Codes
Grantee		Grantee	Text
U_ID			Randomly generated unique identifier
SubDate		Survey Submission Date	Text (System-generated date of submission into the SPDC)
txsdate	1	Month/Day/Year	Text
txsid	2	Training ID. Sites belonging to Cohorts 1, 2 or 3 have 5 digit txsids, of which the first two digits are the site ID. Sites belonging to Cohort 4 have 6 digit txsids, of which the first three digits are the site ID.	Numeric
txsnum	3	Number of Trainees who attended the training	Numeric
txsnum_un	4	Number of Trainees under 18 years of age who attended the training	
txsname	5	Name of Training	Text
txsfac	6	Name of facility where training was held	Text
txszip	6	Zipcode of facility where training was held	Text
txssch	7	Agency/Organization Affiliation of Trainees: School	0=Not Endorsed 1=Endorsed
txssch1	7	How many schools are represented at the training?	Numeric
txssch2	7	How many of these schools have participated in previous trainings?	Numeric
txsjj	7	Juvenile Justice/Probation Office/Detention Centers	0=Not Endorsed 1=Endorsed
txsjj1	7	How many juvenile justice related agencies/organizations are represented at this training?	Numeric
txsjj2	7	How many of these have participated in previous trainings?	Numeric
txscw	7	Child welfare/foster care	0=Not Endorsed 1=Endorsed

txscw1	7	How many child welfare related agencies/organizations are represented at this training?	Numeric
txscw2	7	How many have participated in previous trainings?	Numeric
txsmh	7	Mental Health Agency	0=Not Endorsed 1=Endorsed
txsmh1	7	How many mental health related agencies/organizations are represented at this training?	Numeric
txsmh2	7	How many have participated in previous trainings?	Numeric
txsco	7	Community-based organization	0=Not Endorsed 1=Endorsed
txsco1	7	How many community-based organizations are represented at this training?	Numeric
txsco2	7	How many have participated in previous trainings?	Numeric
txsoth	7	Other type of organization	0=Not Endorsed 1=Endorsed
txsotho	7	Other, Please Specify	Text
txsoth1	7	How many of these organizations are represented at this training?	Numeric
txsoth2	7	How many have participated in previous trainings?	Numeric
txsacttype	8	Specify Activity Type	1=Educational Seminar/Student Orientation 2=Training (specify below)

txsnewtype	9	Type of Training (select one)	1=QPR (Question, Persuade, Refer) 2=Yellow Ribbon 3=ASIST (Applied Suicide Intervention Skills Training) 4=Signs of Suicide (SOS) 5=Youth Depression & Suicide: Let's Talk 6=SafeTALK 7=Frameworks 8=Suicide 101 9=Lifelines 10=AMSR (Assessing and Managing Suicide Risk) 11=Teenscreen 12=Campus Connect 13=Other type of training
txsnewtype	9	Other type of training (select one)	1=Gatekeeper training 2=Screening training 3=General awareness training 4=Clinical intervention/treatment training 5=Postvention training 6=Stress Management 7= Faculty Training 8=Peer educator training 9=Alcohol/substance abuse awareness 10=Diversity/Cultural competency training 11=Academic Success training
txstot	9	Is this a train-the-trainer event?	1 =Yes 2=No
txshr	10	Duration of Training: Hour	Numeric
txsmn	10	Duration of Training: Minutes	Numeric

MIS Required Variables

	Percentage	Source of Data, Description, and Scope
Student Retention Rate - Percentage of freshmen who started in Fall 2008 and returned in Fall 2009 (if you cannot provide freshmen retention rate, please explain what rate you are providing in the source section)		

Insert rows for additional data/explanation

	Number of Students Receiving MH Services	Total Student Body Enrollment AY 2008-2009	Source of Data, Description, and Scope
Student Use of Mental Health Services - Can include emergency mental health services; unduplicated count of all services if possible			

Insert rows for additional data/explanation

	Number of Students Receiving Emergency Services	Total Student Body Enrollment AY 2008-2009	Source of Data, Description, and Scope
Student Use of Emergency Services - Sources can include ER visits, campus security responses, police responses, mobile crisis units, etc. If urgent care is not emergency, please do not include.			

Additional Element 1 _____

Additional Element 2 _____

Additional Element 3 _____

Additional Element 4 _____