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

Prevention Strategies Inventory

OUTREACH AND AWARENESS

Public Awareness Campaigns

Public Awareness Campaigns are organized systematic efforts using multiple communications media to make the general public or a particular target population aware of key messages about suicide prevention.

*Please note: campaigns that are specific to means restriction should be reported under “Means Restriction Awareness Campaigns.”

Examples of Public Awareness Campaigns are: the “Be Well to Do Well (BW2DW)” mental health awareness campaign; the “I Am Not a Bystander” campaign; the “How YOU Doin’” campaign; the “Suicide Shouldn't Be a Secret” campaign; the “Ask, Listen, Refer” campaign; and the “Don't Erase Your Future” campaign.

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.

*Please note: activities/events specific to means restriction should be reported under “Means Restriction Activities and Events.”

Examples of Outreach and Awareness Activities/Events are: a suicide prevention poster contest, an “Out of Darkness” walk, a 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.

*Please note: products specific to means restriction should be reported under “Means Restriction Products.”

Examples of Outreach and Awareness 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, staff, and others identify individuals at risk for suicide and to refer them for help.

ASSESSMENT, CLINICAL, AND REFERRAL TRAINING

For Mental Health Professionals

This category refers to training mental health professionals on assessing, managing, and treating 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 assessment.

For Hotline Staff

This category refers to training hotline staff in suicide risk assessment and referral skills. These trainings are generally gatekeeper training, but must have the specific goal of training those who will be staffing a hotline or helpline.

LIFE SKILLS AND WELLNESS DEVELOPMENT

Life Skills and Wellness Activities

These activities include workshops, educational seminars, speaking events, and trainings that provide students with essential life skills and promote wellness. These activities intend to support positive social, emotional, spiritual, and academic development.

Examples of Life Skills and Wellness Activities are: workshops on stress management or healthy relationships; seminars on depression, anxiety, eating disorders and body image; tai chi; yoga; meditation; progressive muscle relaxation; and dance and movement.

Cultural Activities

These are activities that use a “culture as prevention” approach and are intended to strengthen the ties students feel with both the campus community and their own cultural group.

Examples of Cultural Activities include: culturally based support groups, culturally based student groups, or suicide prevention activities that tie into cultural beliefs and practices.

SCREENING PROGRAMS

Early Identification Screening Programs involve the administration of a screening instrument or an online mental health screening tool to identify at-risk youth.

Examples of Screening Programs include: Depression Screening, ISP, other online screening tools.

HOTLINES AND HELPLINES

Developing, maintaining or supporting hotline or helpline services for the campus community.

A grantee may use GLS funds to develop and maintain a hotline service for students or a grantee can use funds to develop a local call center for the National Suicide Prevention Hotline.

*Please note: training for hotline staff should be indicated under “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

Means Restriction are efforts that aim to educate about the issue of lethal means restriction. Examples of efforts that would be reported under this category include: a campaign dedicated to reducing access to lethal means, and outreach and awareness events, activities and materials focused on issues related to access to lethal means.

Means Restriction Awareness Campaigns

Public Awareness Campaigns are 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: the “Lock ‘Em Up” Prescription Drug Campaign.

Means Restriction Events

Outreach and awareness events or activities intended to promote awareness about access to lethal means but not connected to a particular public awareness campaign.

Means Restriction 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

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 formally written statements documenting the procedures to be followed.

Policies and Protocols related to Intervention

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 assessment, referral, treatment, and follow-up support.

Policies and Protocols related to Postvention

Policies and protocols related to postvention guide the actions of all campus departments and personnel and outside agencies to involved in taking appropriate postvention steps to support family, friends, and the campus community following a suicide, and to prevent cluster suicides.

COALITIONS AND PARTNERSHIPS

The leading, support, or participation of agencies, programs or organizations in suicide prevention or other prevention coalitions are examples of this activity. This category also includes partnerships that result in coordinated services or activities.

Leading or substantially supporting a Suicide Prevention Coalition

The development of a means for cooperation and collaboration among persons, groups, or organizations to work together toward goals related to suicide prevention.

Leading or substantially supporting a Coalition that is closely related to youth suicide prevention

The development of a structure arrangement for cooperation and collaboration among persons, groups, or organizations, in order to work together toward goals related to youth prevention (e.g., youth violence, substance abuse) or the promotion of health and well-being.

Participating in Coalitions related to prevention

Participation in or support of coalitions related to prevention efforts (e.g., youth violence, domestic violence, or substance abuse) or the promotion of mental health and well-being.

Partnerships with agencies and organizations

Efforts to build partnerships to facilitate timely, effective and coordinated suicide prevention and early identification. These partnerships will generally involve a memorandum of understanding or other formal agreement.

OTHER SUICIDE PREVENTION STRATEGIES

Prevention strategies that cannot be classified under the previously listed strategy types can go under "Other." Items that are commonly reported in this strategy include: other trainings (e.g., cultural competence/SafeZone trainings), congressional testimony/advocacy, postvention activities or products, or work to make suicide prevention education part of a course curriculum or degree requirement.

OUTREACH AND AWARENESS

Public Awareness Campaigns

1. What is the name of the public awareness campaign?
2. Please describe the public awareness campaign. Include information such as goals, methods/elements and intended audiences.
3. Does this strategy target the entire campus community or the general population?
 - Yes
 - No
4. If no, please indicate the populations targeted by the public awareness campaign.
 - Undergraduate student
 - Graduate student
 - Campus administrator
 - Campus staff (including mental/primary health care providers)
 - Faculty/instructor/lecturer
 - Off-campus community member (including family member)
 - Other, please specify _____
5. Does your campaign place emphasis or focus on any of these current priority populations?
[MULTIPLE SELECTIONS ARE POSSIBLE.]
 - American Indian/Alaska Native
 - Survivors of suicide
 - Individuals who engage in nonsuicidal self-injury
 - Suicide attempters
 - Individuals with mental and/or substance abuse disorders
 - Lesbian, gay, bisexual, and transgender (LGBT) populations
 - Veterans, active military, or military families
 - Hispanic or Latino population
 - Other, please specify: _____
6. 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 and flyers. Please describe.
 - Print media such as newspapers/magazines/newsletters. Please describe.
 - Billboards. Please describe.
 - Awareness products (such as stress balls, key chains, mood pens, T-shirts, etc.,) Please describe.
 - Web site 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.

Outreach and Awareness Activities and Events

7. What is the name of activity/event?
8. Type of activity/event
 - Participation in a Health Fair (ex. Booth or table)
 - Awareness walk (ex. Out of Darkness)
 - Poster contest
 - Awareness/informational presentation
 - Other, please specify: _____
9. Please describe the activity or event. Explain how the activity or event relates to the goals of your suicide prevention program.
10. Does this strategy target the entire campus community or the general population?
 - Yes
 - No
11. If no, please indicate the populations targeted by the activity or event.
 - Undergraduate student
 - Graduate student
 - Campus administrator
 - Campus staff (including mental/primary health care providers)
 - Faculty/instructor/lecturer
 - Off-campus community member (including family member)
 - Other, please specify: _____
12. Does this activity/event place emphasis or focus on any of these current priority populations?
[MULTIPLE SELECTIONS ARE POSSIBLE.]
 - American Indian/Alaska Native
 - Survivors of suicide
 - Individuals who engage in nonsuicidal self-injury
 - Suicide attempters
 - Individuals with mental and/or substance abuse disorders
 - Lesbian, gay, bisexual, and transgender (LGBT) populations
 - Veterans, active military, or military families
 - Hispanic or Latino population
 - Other, please specify: _____

Outreach and Awareness Products

13. What is the name of the product?

14. Type of product
- Print materials such as brochures, posters and flyers
 - Print media such as newspapers/magazines/newsletters
 - Billboards
 - Awareness products (such as stress balls, key chains, mood pens, T-shirts, etc.,)
 - Website development/enhancement
 - Radio
 - TV
 - DVD
 - Other, please specify: _____
15. Please describe the product. Explain how this product relates to the goals of your suicide prevention program.
16. Does this strategy target the entire campus community or the general population?
- Yes
 - No
17. If no, please indicate the populations targeted by the product.
- Undergraduate student
 - Graduate student
 - Campus administrator
 - Campus staff (including mental/primary health care providers)
 - Faculty/instructor/lecturer
 - Off-campus community member (including family member)
 - Other, please specify _____
18. Does this product place emphasis or focus on any of these current priority populations?
[MULTIPLE SELECTIONS ARE POSSIBLE.]
- American Indian/Alaska Native
 - Survivors of suicide
 - Individuals who engage in nonsuicidal self-injury
 - Suicide attempters
 - Individuals with mental and/or substance abuse disorders
 - Lesbian, gay, bisexual, and transgender (LGBT) populations
 - Veterans, active military, or military families
 - Hispanic or Latino population
 - Other, please specify: _____

GATEKEEPER TRAINING

19. What is the name of the training?
20. Please indicate the type of training:
- QPR (Question, Persuade, Refer)
 - Yellow Ribbon
 - ASIST (Applied Suicide Intervention Skills Training)
 - Signs of Suicide (SOS)
 - Sources of Strength
 - Youth Depression and Suicide: Let's Talk
 - SafeTALK
 - Connect (formerly Frameworks)
 - Suicide 101
 - Lifelines
 - Campus Connect
 - Other, please specify: _____
[IF OTHER] Is this a locally developed training?
 - Yes
 - No
21. Were the trainees members of the entire campus community?
- Yes
 - No
22. If no, please indicate the types of trainees.
- Undergraduate student
 - Graduate student
 - Campus administrator
 - Campus staff (including mental/primary health care providers)
 - Faculty/instructor/lecturer
 - Off-campus community member (including family member)
 - Other, please specify _____
23. Does this training place emphasis or focus on any of these current priority populations?
[MULTIPLE SELECTIONS ARE POSSIBLE.]
- American Indian/Alaska Native
 - Survivors of suicide
 - Individuals who engage in nonsuicidal self-injury
 - Suicide attempters
 - Individuals with mental and/or substance abuse disorders
 - Lesbian, gay, bisexual, and transgender (LGBT) populations
 - Veterans, active military, or military families
 - Hispanic or Latino population
 - Other, please specify: _____

24. Please describe the training. Include information 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. If you are using a locally developed curriculum, please also describe the content of the curriculum.

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

Mental Health Professionals

25. What is the name of the training?

26. Please indicate the type of training:

- AMSR (Assessing and Managing Suicide Risk)
- RRSR (Recognizing and Responding to Suicide Risk)
- Other, please specify: _____
[IF OTHER] Is this a locally developed training?
 - Yes
 - No

27. Please indicate the types of trainees.

- Mental health clinician/counselor/ psychologist
- Social Worker/Caseworker / Care coordinator
- Other, please specify: _____

28. Please describe the training. Include information 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. If you are using a locally developed curriculum, please also describe the content of the curriculum.

Hotline Staff

29. What is the name of the training?

30. Please indicate the type of training:

[SELECT ONLY ONE.]

- QPR (Question, Persuade, Refer)
- ASIST (Applied Suicide Intervention Skills Training)
- Youth Depression & Suicide: Let's Talk
- SafeTALK
- Suicide 101
- Campus Connect
- Other, please specify: _____
[IF OTHER] Is this a locally developed training?
 - Yes
 - No

31. Please indicate the types of trainees.

- Mental health clinician/counselor/psychologist
- Social worker/caseworker/care coordinator
- Volunteers
- Other, please specify: _____

32. Please describe the training. Include information 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. If you are using a locally developed curriculum, please also describe the content of the curriculum.

LIFE SKILLS AND WELLNESS DEVELOPMENT

Life skills and Wellness Activities

33. What is the name of the activity?

34. Please describe the activity. Include its purpose and how it relates to suicide prevention efforts.

35. Does this life skills/wellness activity place emphasis or focus on any of these current priority populations? [MULTIPLE SELECTIONS ARE POSSIBLE.]

- American Indian/Alaska Native
- Survivors of suicide
- Individuals who engage in nonsuicidal self-injury
- Suicide attempters
- Individuals with mental and/or substance abuse disorders
- Lesbian, gay, bisexual, and transgender (LGBT) populations
- Veterans, active military, or military families
- Hispanic or Latino population
- Other, please specify: _____

Cultural activities

36. What is the name of the activity?

37. Please describe the activity. Include its purpose and how it relates to suicide prevention efforts.

38. Does this cultural activity place emphasis or focus on any of these current priority populations? [MULTIPLE SELECTIONS ARE POSSIBLE.]

- American Indian/Alaska Native
- Survivors of suicide
- Individuals who engage in nonsuicidal self-injury
- Suicide attempters
- Individuals with mental and/or substance abuse disorders
- Lesbian, gay, bisexual, and transgender (LGBT) populations
- Veterans, active military, or military families
- Hispanic or Latino population
- Other, please specify: _____

SCREENING PROGRAMS

39. What is the name of the screening tool?

40. Please indicate the type of screening tool:

[SELECT ONLY ONE.]

- American College Health Assessment /National College Assessment Survey (ACHA-NCHA)
- AFSP Interactive Screening Program
- Beck – Anxiety Inventory
- Beck – Hopelessness Scale
- College Response - NASD
- Patient Health Questionnaire – 9 (PHQ)
- Personal Wellness Profile Health Assessment
- Pictorial Representation of Illness and Self Measure (PRISM Self Assessment)
- Q45 Questionnaire
- Screening for Mental Health Inc., (SHM)
- TeenScreen
- Touchstone Web Screening
- Other Alcohol or Other Drug Screening, please specify: _____
- Other Anxiety Screening, please specify: _____
- Other Depression Screening, please specify: _____
- Other Eating Disorder Screening, please specify: _____
- Other Mental Illness Screening, please specify: _____
- Other Post-Traumatic Stress Screening, please specify: _____
- Other Screening Tool, please specify: _____

41. Please describe the screening program.

42. Please indicate the settings targeted by the screening program.

[MULTIPLE SELECTIONS ARE POSSIBLE.]

- Online
- At the counseling center
- At a health fair
- On-campus medical center (Health Center)
- At awareness events such as National Depression Screening Day
- In class

HOTLINES AND HELPLINES

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

44. Please describe the hotline/helpline. Include information such as: whether it is locally developed or supported by the National Suicide Prevention Lifeline; its hours of operation; whether it is available to the entire community, etc.

MEANS RESTRICTION

Means Restriction Awareness Campaign

45. What is the name of the means restriction awareness campaign?
46. Please describe the means restriction awareness campaign—its goals, methods/elements and intended audiences.
47. Does this strategy target the entire campus community or the general population?
- Yes
 - No
48. If no, please indicate the populations targeted by the means restriction awareness campaign.
[MULTIPLE SELECTIONS ARE POSSIBLE.]
- Undergraduate student
 - Graduate student
 - Campus administrator
 - Campus staff (including mental/primary health care providers)
 - Faculty/instructor/lecturer
 - Off-campus community member (including family member)
 - Other, please specify _____
49. Does this means restriction awareness campaign place emphasis or focus on any of these current priority populations? [MULTIPLE SELECTIONS ARE POSSIBLE.]
- American Indian/Alaska Native
 - Survivors of suicide
 - Individuals who engage in nonsuicidal self-injury
 - Suicide attempters
 - Individuals with mental and/or substance abuse disorders
 - Lesbian, gay, bisexual, and transgender (LGBT) populations
 - Veterans, active military, or military families
 - Hispanic or Latino population
 - Other, please specify: _____
50. 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 and flyers. Please describe.
 - Print media such as newspapers/magazines/newsletters. Please describe.
 - Billboards. Please describe.
 - Awareness products (such as stress balls, key chains, 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.

Activities and Events

51. What is the name of activity/event?

52. Type of activity/event

- Participation in a Health Fair (ex. Booth or table)
- Awareness walk (ex. Out of Darkness)
- Poster contest
- Awareness/informational presentation
- Other, please specify: _____

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

53. Does this strategy target the entire campus community or the general population?

- Yes
- No

54. If no, please indicate the populations targeted by the activity or event. [MULTIPLE SELECTIONS ARE POSSIBLE.]

- Undergraduate student
- Graduate student
- Campus administrator
- Campus staff (including mental/primary health care providers)
- Faculty/instructor/lecturer
- Off-Campus community member (including family member)
- Other, please specify: _____

55. Does this activity or event place emphasis or focus on any of these current priority populations?

- American Indian/Alaska Native
- Survivors of suicide
- Individuals who engage in nonsuicidal self-injury
- Suicide attempters
- Individuals with mental and/or substance abuse disorders
- Lesbian, gay, bisexual, and transgender (LGBT) populations
- Veterans, active military, or military families
- Hispanic or Latino population
- Other, please specify: _____

Mean Restriction Products

56. What is the name of product?

57. Type of product

- Print materials such as brochures, posters and flyers
- Print media such as newspapers/magazines/newsletters
- Billboards
- Awareness products (such as stress balls, key chains, mood pens, T-shirts, etc.)
- Website development/enhancement
- Radio
- TV
- DVD
- Other, please specify: _____

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

59. Does this strategy target the entire campus community or the general population?

- Yes
- No

60. If no, please indicate the populations targeted by the product.

- Undergraduate student
- Graduate student
- Campus administrator
- Campus staff (including mental/primary health care providers)
- Faculty/instructor/lecturer
- Off-campus community member (including family member)
- Other, please specify: _____

61. Does this means restriction product place emphasis or focus on any of these current priority populations? [MULTIPLE SELECTIONS ARE POSSIBLE.]

- American Indian/Alaska Native
- Survivors of suicide
- Individuals who engage in nonsuicidal self-injury
- Suicide attempters
- Individuals with mental and/or substance abuse disorders
- Lesbian, gay, bisexual, and transgender (LGBT) populations
- Veterans, active military, or military families
- Hispanic or Latino population
- Other, please specify: _____

POLICIES AND PROTOCOLS

Related to intervention

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

63. What is the purpose of this policy/protocol?
64. Who is included or involved in the implementation (staff/agencies)?
65. How will this policy/protocol be used and communicated?

Related to postvention

66. What is the name of the policy/protocol?
67. What is the purpose of this policy/protocol?
68. Who is included or involved in the implementation (staff/agencies)?
69. How will this policy/protocol be used and communicated?

COALITIONS AND PARTNERSHIPS

Leading or substantially supporting a suicide prevention coalition

70. What is the name of the coalition?
71. Please provide a brief description of the coalition. Include information 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.

Leading or substantially supporting a coalition that is closely related to youth suicide prevention

72. What is the name of the coalition?
73. Please provide a brief description of the coalition. Include information such as: what types of agencies participate in the coalition; what are the coalition's goals of the coalition; what are its major achievements; how frequently do the members meet; strategies for sustaining the coalition etc.

Participation in a coalition related to prevention

74. What is the name of the coalition?
75. Please provide a brief description of the coalition. Include information such as: how does your participation in this coalition advance your suicide prevention effort; 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.

Partnerships with agencies and organizations

76. Name of partnership strategy: _____

77. Please provide a brief description of your efforts to build partnerships with youth-serving agencies and organizations. These can include on-campus and off-campus partnerships.

OTHER SUICIDE PREVENTION STRATEGIES

78. Name of suicide prevention strategy: _____

79. Type of suicide prevention strategy

[SELECT ONLY ONE.]

- Postvention Products and Activities
- Inclusion of suicide prevention content into curriculum/course
- Cultural sensitivity training. Describe group:
- Other training, please describe: _____
- Other, please describe: _____

80. Please provide a brief description of this suicide prevention strategy. Include elements such as type of strategy, target populations, etc.

81. Does this strategy place emphasis or focus on any of these current priority populations?

[MULTIPLE SELECTIONS ARE POSSIBLE.]

- American Indian/Alaska Native
- Survivors of suicide
- Individuals who engage in nonsuicidal self-injury
- Suicide attempters
- Individuals with mental and/or substance abuse disorders
- Lesbian, gay, bisexual, and transgender (LGBT) populations
- Veterans, active military, or military families
- Hispanic or Latino population
- Other, please specify: _____

BUDGET

How much of your GLS budget, including any matching funds, have you spent to date? Specify dollar amount: _____

Please estimate the percentage of your total budget expended to date on the following prevention strategies.

[ONLY MAJOR STRATEGIES (BOLD CAPS) ARE REQUIRED.]

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	___%
For Hotline Staff	___%
LIFE SKILLS AND WELLNESS DEVELOPMENT	___%
Life Skills and Wellness Activities	___%
Cultural Activities	___%
SCREENING PROGRAMS	___%
HOTLINES AND HELPLINES	___%
MEANS RESTRICTION	___%
Means Restriction Awareness Campaigns	___%
Means Restriction Events	___%
Means Restriction Products	___%
POLICIES AND PROTOCOLS	___%
Related to Intervention	___%
Related to Postvention	___%
COALITIONS AND PARTNERSHIPS	___%
Leading or substantially supporting a Suicide Prevention Coalition	___%
Leading or substantially supporting a Coalition that is closely related to youth suicide prevention	___%
Participating in coalitions related to youth suicide prevention	___%
Partnerships with agencies and organizations	___%
OTHER SUICIDE PREVENTION STRATEGY	___%

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 0930-0286. Public reporting burden for this collection of information is estimated to average 80 minutes per respondent, 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 2-1057, Rockville, Maryland, 20857.

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

Training Activity Summary Page

Training date:

 / /

Training ID

(First 3 digits represent Site ID):

Site ID

The following information on the number of trainees in the TR1 and WD2 categories is required in order for posting TRAC data to the Suicide Prevention Data Center. Please note that TR1 and WD2 are mutually exclusive categories. For further details, please see additional guidance provided in your TRAC Users Guide.

(Do not leave this question blank. If none of the trainees belong to the category, enter "0".)

Number of trainees under 18 years of age who attended the training:

Total number of trainees who attended the training:

How many trainees fall under the WD2 category (the number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant)?

How many trainees fall under the TR1 category (the number of individuals who have received training in prevention or mental health promotion)?

_____ = _____ + _____

Number of trainees by role (participants should only be counted in one role category):

- Undergraduate student □□□
- Graduate student □□□
- Campus administrator □□□
- Campus staff □□□
- Faculty/instructor/lecturer □□□
- Off-campus community group member □□□
- Other (please describe: _____) □□□

Name of training: _____

Name and ZIP code of facility where training was held (leave blank for online trainings)

Name: _____

ZIP code: □□□□□

Type of training (select one):

- QPR (Question, Persuade, Refer)
- Yellow Ribbon
- ASIST (Applied Suicide Intervention Skills Training)
- Signs of Suicide (SOS)
- Sources of Strength
- Youth Depression and Suicide: Let's Talk
- SafeTALK
- Connect (formerly Frameworks)
- Suicide 101
- Lifelines
- AMSR (Assessing and Managing Suicide Risk)
- RRSR (Recognizing and Responding to Suicide Risk)
- Campus Connect
- TeenScreen
- American Indian Life Skills Development
- Other: Please specify: _____

If you have selected "Other" as type of training, please select one of the following:

- Gatekeeper training
- Screener training
- Clinical intervention/treatment training
- Postvention training
- General awareness training

What is the primary intended outcome for participants in this training?

- To screen youth for suicide behaviors (i.e., using a screening tool)
- To have conversations about suicide and suicide prevention with youth and others
- To identify youth who might be at risk for suicide
- To provide direct services to youth at risk for suicide and/or their families
- To train other staff or community members
- To make referrals to mental health services for at risk youth
- To work with adult at-risk populations
- To enhance life skills and coping mechanisms

Total duration of training:

Total number of hours □□ minutes □□

Is this a train-the-trainer event?

- Yes
- No

Is this an online training?

- Yes
- No

Is this a booster or follow-up training?

- Yes
- No

If no, are there any plans to conduct follow-up or booster trainings in the future?

- Yes
- No

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 0930-0286. Public reporting burden for this collection of information is estimated to average 20 minutes per respondent, 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 2-1057, Rockville, Maryland, 20857.

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

MIS Data Submission and Abstraction Activity

Instructions: Please answer each question below and indicate the source/scope of the data in “Source/Scope of Data and/or Explanation” section. If you cannot provide unduplicated counts where requested, please provide the numbers you have in the “Response” section and an explanation in the “Source/Scope” section. For assistance, please contact your technical assistance liaison.

Question	Response	Source/Scope of Data and/or Explanation
What was the total student body enrollment on your campus for academic year (AY) 20XX-20XX?		
What is the percentage of full-time freshmen who started school in Fall 20XX and returned in Fall 20XX ? (If you cannot provide this information, please explain what retention rate you are providing in the source section.)		
Does your campus have a counseling center OR provide counseling services on campus?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please continue. If no, please stop and submit survey.
During the last 5 years , how many students received mental health services on campus (from the counseling center or other campus location)? <i>Please provide an <u>unduplicated</u> count of the total number of students when possible; include information about suspected and known cases and describe in source section.</i>		

Question	Response	Source/Scope of Data and/or Explanation
a. During the last 5 years , how many suicide attempts occurred among students who live on or off-campus?		
b. During the last 5 years , how many suicide completions occurred among students who live on or off-campus ?		

Finalize Submission

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Finalize Submission