**Attachment D - Partners Portal reporting platform**

Form Approved

OMB NO: 0920-xxxx

Exp. Date: X/XX/XXXX

Public reporting burden of this collection of information is estimated at 12 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/Information Collection Review Office, 1600 Clifton Road, NE, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-xxxx).

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| **NCIPC CSP Partner’s Portal – Annual Performance Monitoring Fields** |
| **Program-specific Activities Prepopulated on “Task Details” page**1. Create a coordinated multi-sectoral partnership plan
2. Use existing data to finalize the selection of the vulnerable population(s) and to understand the circumstances of suicide
3. Create an inventory of suicide prevention programs ongoing in the jurisdiction and identify prevention gaps and opportunities
4. Selection of strategies and approaches from the technical package
5. Develop, implement, and evaluation a communication and dissemination plan for stakeholders
6. Comprehensive Evaluation
7. Surveillance
 |
| **Overview**“Title” [free text]“Tier from the CDC Technical Package” [drop-down]* Tier 1 – Community based interventions
* Tier 2 – Healthcare-related interventions
* Tier 3 – Upstream interventions

“Strategy from the CDC Technical Package” [conditional drop-down based on above selection]“Approach from the CDC Technical Package” [conditional drop-down based on above selection]“Program, Practice, or Policy from the CDC Technical Package” [conditional drop-down based on above selection]“Description” [free text]“Progress” [free text]“Status” [drop-down]* Not yet started - still planned, but not yet started
* New - added since initial work plan submitted
* Revised - revised since initial work plan submitted
* Initiated - current timeframe for completion unknown
* On track - on track to complete by due date
* Completed - completed on time
* Discontinued - no longer being addressed

“Assistance and Barriers”* Further CDC Technical Assistance necessary to complete this activity [free text]
* Barriers or challenges associated with this activity [free text]
 |
| **Indicators**“Indicator Title” [free text]“Indicator Description” [free text]“Type of Indicator” [drop-down]* Process
* Short-term
* Intermediate

If intermediate is selected above, answer following field:“Risk and Protective Factors” [checklist]* History of depression and other mental illnesses
* Hopelessness
* Substance Abuse
* Certain Health Conditions
* Previous Suicide Attempt
* Previous Suicide Attempt
* Violence Victimization and Perpetration
* Genetic and Biological Determinants
* High Conflict or Violence Relationships
* Sense of Isolation and Lack of Social Support
* Family/Loved One’s History of Suicide
* Financial and Work Stress
* Inadequate Community Connectedness
* Barriers to Health Care
* Availability of Lethal Means of Suicide
* Unsafe Media Portrayals of Suicide
* Stigma Associated with Help-Seeking Mental Illness
* Effective Coping and Problem-Solving Skills
* Moral Objections to Suicide
* Strong and Supportive Relationships with Partners, Friends, and Family
* Connectedness to School, Community and Other Social Institutions
* Availability of Quality and Ongoing Physical and Mental Health Care
* Reduced Access to Lethal Means
* Other (write-in option)

“Data Source” [free text]“Unit” [drop-down]* Count
* Percent
* Proportion
* Rate”

Values” (numeric entry)“Indicator Directionality” [drop-down]* Increase
* Decrease

“Indicator Notes” [free text] |
| **Previous Year/Mid-Year Progress and Work Plan**“Sub-Activity Name” [free text]“Description” [free text]“Progress” [free text]“Start Date”“End Date”“Status” [drop-down]* Not yet started - still planned, but not yet started
* New - added since initial work plan submitted
* Revised - revised since initial work plan submitted
* Initiated - current timeframe for completion unknown
* On track - on track to complete by due date
* Completed - completed on time
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“Responsible Party” [free text] |
| **Vulnerable Populations**“Jurisdiction Title” [free text]“Overarching Population” [free text]“Vulnerable Population” [free text]“Notes” [free text] |
| **Evaluation/Comprehensive Evaluation**“Evaluation Question” [free text]“Intended use of evaluation findings” [free text]“Dissemination of evaluation findings” [free text]“Program Improvements” [free text]“Facilitators of Implementation” [free text] “Successes” [free text]“Lessons Learned” [free text] |
| **Surveillance** “Total Number of Suicides” [numeric entry]“Total Number of Suicide Attempts” [numeric entry]“State Population” [numeric entry]“Data Year” [checklist; selection dependent on year of reporting. Below example for year 1]* 2017
* 2018
* 2019
* 2020

“Data Source” [free text]“Suicide Rate” [auto-calculated by system]“Notes” [free text] |
| **Deliverables**“Document Title”“File Upload”* Word Document
* Excel Document
* PDF
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