

TRANSFORMING YOUTH SUICIDE PREVENTION IN MICHIGAN

SAMHSA GRANT PROPOSAL NARRATIVE FY 2010-2013

ABSTRACT

The Transforming Youth Suicide Prevention in Michigan (TYSP-Mi) Program engages programs/individuals to expand suicide prevention in the state and more strongly emphasize primary prevention and early intervention. The Program will provide technical assistance and grants to local communities for improved programming and service coordination; regional ASIST and AMSR trainings; and continue to build a strong state infrastructure.

The TYSP-Mi Program is mapped to particular Awareness and Intervention recommendations in the State Plan. For the next three years, program activities will include:

- **Awareness:** The Michigan Department of Community Health and its partners will: a) coordinate and support regional trainings to instruct at least 550 community caregivers in ASIST and 750 professionals in AMSR; and b) convene the TYSP-Mi Program Advisory Group which includes a wide range of members from child and youth support programs and agencies to provide oversight and expert input for the Program. TYSP-Mi Program staff also will work with the Michigan Suicide Prevention Coalition to put a MiSPC Youth Suicide Prevention subcommittee in place to assure that youth suicide prevention issues are addressed in the state plan implementation.

- **Intervention:** Eight communities will be awarded grants to develop or enhance comprehensive local prevention and early intervention efforts. A Community Technical Assistance Program will be available to all communities in the state to assist with a) acquiring the skills and knowledge needed to implement a comprehensive community prevention/early intervention program, and b) initiating the process of planning a course of action for their community.

The program will have a strong, three part evaluation process: 1) Self-evaluation at the state and local levels lead by Dr. Cynthia Ewell Foster from the University of Michigan; 2) participation in the national cross-site evaluation effort; and 3) collecting, analyzing, and supplying mandated GPRA data items to SAMHSA.

PROJECT NARRATIVE

SECTION A: STATEMENT OF NEED

Pattern of youth suicide mortality & morbidity: From 1999–2006, Michigan lost 1,120 10–24 year olds to suicide (an average of 140 per year). There is a rise in documented suicide deaths from ages 10 through 18 years, with young adults ages 19–24 accounting for 64% of all youth suicide deaths in the state. By far the largest number of deaths involved white males ages 19–24. Firearms were used in 49% of all youth suicide deaths, followed by suffocation/hanging (36%), and poisoning (9%).

At least 1,210 Michigan 10–24 year olds were admitted to the hospital with suicide attempt/intentional self harm (SA/ISH) diagnoses in 2007. White females were most likely to be admitted; among both females and males the majority of admissions were related to self-poisoning (97% and 88%, respectively). In 2001, an estimated 2,672 emergency department (ED) cases (non-fatal, non-admitted) were seen in Michigan hospitals for SA/ISH by 10–24 year olds. Adolescents 15–18 years old had the highest rate of ED visits per 100,000 population (218.2) for this group of diagnoses. Females led age/gender groups with 30% of cases (n=802) and a rate of 285.2/100,000. A large national study determined that at least 60% of self-harm cases seen in EDs were probable suicide attempts; another 10% possible attempts.¹ Intent was undetermined for the remaining 30% of cases, making it likely that proportions of probable and possible attempts are actually higher.

Of the 76 youth suicide cases reviewed by Michigan Child Death Review Teams in 2005 and 2006, 30% of decedents had a history of substance abuse, 28% a criminal history on delinquency, 17% a history of maltreatment victimization, 16% a history of mental illness, and 5% had been placed outside of home (foster or relationship care).

One in 11 high school students (9.1%) reported in the 2007 Michigan Youth Risk Behavior Survey (YRBS) attempting suicide one or more times in the past year; 3% of respondents required medical attention after an attempt. This is compared to 6.9% and 2.0% of respondents nationally. Twenty-seven percent of Michigan 9th–12th grade students reported symptoms of depression and 15% of students reported they had seriously considered suicide. More females than males reported feeling depressed, as well as considering suicide, making a plan, and actually attempting suicide during the previous year. More American Indian and Hispanic students than non-Hispanic students reported making a plan in the year before the survey. Compared to 2007 national YRBS averages, a larger percentage of Michigan 9th–12th grade males reported attempting suicide in the last year (US=4.6%, MI=6.5%). and a larger percentage of Michigan female students reported making a plan (US=13.4%, MI=15.5%). Also, a larger percentage of both non-Hispanic white and Hispanic high school students reported attempting suicide, compared to national data (US=5.6%, 10.2%; MI=8.6%, 16.8%).

Target populations:

COMMUNITY GRANTS PROGRAM—Because population demographics, as well as local concerns and issues, vary widely by area of the state, applicants for local grants will be allowed, with appropriate justification, to focus within their catchment area on the population(s) of local interest within the 10–24 year olds (and those who work/interact with individuals in the selected age range). Preference in the grant review process will be given first to applicants whose youth focus population has rates of suicide exceeding the national averages, then to those whose rates

exceed state averages. Applicants will be encouraged to include work with military families and with young adults ages 19–24 years who are not in a higher education setting.

COMMUNITY TECHNICAL ASSISTANCE PROGRAM—The primary target for this component is interested and committed communities within the state that do not receive any of the local grants.

REGIONAL TRAINING PROGRAM— The primary focus population for the *Applied Suicide Intervention Skills Training* (ASIST) program is formal and informal community caregivers who potentially come in contact with young people. This includes, but is not limited to school administrators, counselors, safety officers, healthcare professionals, social workers, juvenile justice personnel, first responders and law enforcement, mental health professionals, foster care providers, mentors, community religious leaders, and others serving at-risk young people. Some participants may be survivors.

The primary target population for the *Assessing and Managing Suicide Risk* (AMSR) training is behavioral health professionals who work with adolescents and young adults. This includes, but is not limited to psychiatrists, psychologists, licensed counselors, social workers, and employee assistance professionals.

We will work with our partners on the Advisory Group to ensure that caregivers and professionals involved in as juvenile justice, foster care, National Guard Family Assistance Centers, and substance abuse are encouraged to participate in the trainings.

Justification for target populations:

COMMUNITY GRANTS PROGRAM—Local selection of focus population(s) based on elevated risk compared to national and state norms will facilitate identification of highest risk youths.

COMMUNITY TECHNICAL ASSISTANCE PROGRAM—We are aware of many communities currently considering or starting to work on local suicide prevention plans and activities. The Technical Assistance Program has proven to be an efficient means of working with a significant number of interested and committed communities that do not receive a community grant.

REGIONAL TRAINING PROGRAM—The focus population for the ASIST trainings is purposely broad because the “go to” adults for young people vary by community. The AMSR focus population is naturally more narrow because of the nature of the training. Working with our partners will assure that key individuals in communities receive appropriate training.

Estimates of numbers to be served:

COMMUNITY GRANTS PROGRAM—Youth and other key individuals will be reached in at least eight communities through the local grants. Last fiscal year (the first full year for the current local grantees) these grants directly involved 2,169 middle school students, 886 high school students, 348 college age youth, and 3,448 adults in activities such as trainings and awareness events. We believe that, proportionally, the new grants will have the same impact.

COMMUNITY TECHNICAL ASSISTANCE PROGRAM—In FY 07 and FY 08, at least 20 communities, in addition to the communities receiving grants from us, were represented at the Community TA meeting—several by multiple people. We anticipate that this will continue to be the case.

REGIONAL TRAINING PROGRAM—The TYSP-Mi Program training component will assure that at least 350 individuals are trained in ASIST in the first year and 500 mental health professionals are trained in AMSR. Over the succeeding two years, we anticipate training an additional 200 in ASIST and 250 in AMSR.

Demographics: Michigan’s population is primarily White (82%), 15% Black, 2.5% Asian/Pacific Islander, and 0.7% Native American/Alaskan Native. Four percent of the

population is of Hispanic ethnicity, but there is a significant transient Hispanic population due to migrant seasonal workers employed in Michigan’s agricultural industry. The state’s estimated 2.1 million 10–24 year, which make up 21% of the state’s population, are fairly evenly divided over 10–14 year olds, 15–19 year olds, and 20–24 year olds.

Geographic area to be served: As proposed, the Programs serves the entire state.

Geographically, Michigan is a very large state, encompassing two peninsulas and everything from very rural, remote areas to one of the nation’s major urban centers. The three program components are designed to maximize coverage with available resources:

The COMMUNITY GRANTS PROGRAM will fund eight grants for coordinated, focused local efforts—one of the criterion used when awarding the grants will be geographic diversity.

The COMMUNITY TECHNICAL ASSISTANCE PROGRAM will offer technical support and consultation to communities across the state not awarded grants, but interested in starting or enhancing local efforts. Past experience tells us that many parts of the state will be represented.

The REGIONAL TRAINING PROGRAM will promote and coordinate trainings that will be available to all interested state residents and will be promoted statewide. The goal of this component is to ultimately have a statewide network of trained adult gatekeepers and mental health professionals who are position to identify youth at risk. Initial site selection for the trainings was based on whether or not there is a local grantee or other agency currently sponsoring trainings in the area. The map at the right shows the proposed sites for the regional trainings based on current gaps in training availability, although this may change somewhat based on who and what activities are funded through the local grants program.



Needs related to suicide prevention of various systems that serve at risk youth: Staff of the Bureau of Juvenile Justice in the Michigan Department of Human Services (DHS) previously brought up the critical need for staff in the pre-adjudication juvenile detention facilities, as well as the post-adjudication secure and residential facilities, to be trained in the most current evidence-based methods for recognizing and appropriately handling suicidal youth. A psychologist who works in the Bureau recently mentioned that another critical need is a comprehensive "usable" suicide assessment tool that everyone can understand and use. Bureau staff also need education on suicide awareness and understanding that talking about suicide doesn't make someone complete the act, nor does it necessarily mean that a youth is going to make an attempt.

A major concern expressed by the Manager of the Child Protective Services and Foster Care in the Michigan Department of Human Services was that they simply don't know what the "picture" of suicide and suicidal behavior looks like among the foster care population in the state. Another need raised by a Youth Services staff member in the Foster Care Program is for assistance in developing programming to assist high risk youth who will soon exit the foster care program—"kids in transition"—and thus lose any support and services.

The Bureau of Community Mental Health Services within the MDCH Mental Health Agency raised the concern that the state's community mental health (CMH) system needs experts trainers who then will train others in techniques to interview and intervene with suicidal youth. There is also a need for training of local CMH staff in interventions with survivors following an event and

identifying appropriate postvention services as part of local crisis response plan. State mental health staff also feel there is a need simply for identifying the level of knowledge and skill of local staff.

A mental health specialist working with both the Michigan Department of Education and the MDCH adolescent health program has seen a need in the programs she works with for knowledge of and access to evidence-based prevention program and curricula.

How the proposed project meets need identified in the Suicide Prevention Plan for Michigan (see state plan in Appendix 4): When the Michigan Suicide Prevention Coalition (MiSPC) examined Michigan's current state, regional, and local programming levels, it was apparent that the limited resources were being used primarily for crisis intervention. Clearly Michigan must start prevention/early intervention work by building a viable infrastructure and assuring that the most basic programming, training, and surveillance needs are met. The needs of Michigan's wide range of communities—from the predominately rural Upper Peninsula, the tribal nation populations scattered throughout the state, the urban areas in and around Detroit, and developing suburbs—were identified and discussed as the plan took shape. Specific needs identified in the plan and addressed at least in part through the TYSP-Mi Program include:

- Utilization of evidence-based best practices focused on the unique needs of each community.
- Creation of state-level leadership within MDCH.
- Utilization of the state's existing Community Collaboratives to take the lead or identify appropriate leadership at the local level for suicide prevention efforts.
- Creation of a resource base for future suicide prevention efforts through development of broad-based public-private partnerships.
- Identification and encouragement of the use of effective best practices in professional settings.
- Increasing the number of local and/or regional suicide prevention collaboratives
- Encouraging all communities to develop and promote services for survivors of suicide
- Enhancing prevention and early intervention in schools
- Expanding the number of trained gatekeepers
- Enhancing suicide prevention training for staff in Community Mental Health Programs
- Improving and expanding suicide surveillance in the state

SECTION B: PROPOSED APPROACH

Purpose of proposed project: The purpose of Michigan's Transforming Youth Suicide Prevention Program is to reduce completed and attempted suicides among 10–24 year olds in the state. This will be accomplished through: a) support for coordinated efforts focused on identified local priorities in selected communities; b) technical assistance and support for all communities interested in starting or enhancing coordinated, focused local efforts addressing youth suicide prevention and early intervention; c) implementation and coordination of an extensive gatekeeper and mental health professional regional training program; and d) building state level infrastructure to support future efforts.

Year 1 Goals and objectives

Goal 1: Support youth suicide prevention efforts at the local level.

Obj. 1.1 Program staff will implement and carefully evaluate a Community Grants Program to fund and provide technical assistance to support eight communities in implementation of coordinated, focused local youth suicide prevention efforts. (ongoing)

Obj. 1.2 Currently funded programs will receive four month “transition grants” to allow them to maintain a level of programming during the new grants competition process. (October 2009–January 2010)

Obj. 1.3 Program staff will implement and carefully evaluate the Community Technical Assistance Program for interested communities that are committed to addressing youth suicide prevention and are not funded through the Community Grants Program. (ongoing)

Obj. 1.4 Program staff will coordinate and evaluate the statewide Regional Training Program, incorporating two established suicide prevention/intervention training courses—ASIST and AMSR. (February–September 2010)

Goal 2: Develop a strong collaborative structure in Michigan working toward youth suicide prevention.

Obj. 2.1 The Program Director will convene the TYSP-Mi Advisory Group to serve in an oversight and advisory capacity to the program. (first meeting—September 15, 2009)

Obj. 2.2 The Program Director will continue working to develop a collegial network among state government programs that have a concern about suicide and suicide prevention in regards to their programs and/or the populations they serve. (ongoing)

Obj. 2.3 The Program Director will work with the Chair of the Michigan Suicide Prevention Coalition (MiSPC) to identify and recruit key individuals in youth supporting organizations to serve on a Youth Suicide Prevention subcommittee for the Coalition. (ongoing)

Goal 3: Engage in a comprehensive evaluation of the TYSP-Mi Program.

Obj. 3.1 Under the direction of Dr. Cynthia Ewell Foster from the University of Michigan, Program staff will collect and analyze data necessary for a comprehensive evaluation of activities at the state level. (ongoing)

Obj. 3.2 The local programs receiving grant funds, working with the Evaluation Consultant and Program staff, will collect and analyze data necessary for process and outcome evaluation of program activities. (starting in February 2010)

Obj. 3.3 Program staff will participate in the cross-site evaluation sponsored by SAMHSA. (ongoing)

Obj. 3.4 Program staff will assure compliance with all GPRA requirements. (ongoing)

How achievement of goals will address stated purposes of grant program: The goals of the TYSP-Mi Program will foster development and implementation of coordinated, collaborative, comprehensive, and culturally appropriate suicide prevention and early intervention strategies focusing on Michigan’s 10–24 year olds. Working intensively with select Community Collaboratives (local human services coordinating bodies) and tribal governments, and providing technical assistance and training opportunities for other interested and committed communities and individuals, MDCH will support the implementation and evaluation of evidence-based suicide prevention and early intervention activities coordinated across local child and youth support organizations. At the same time, MDCH will a) lead development within state government of the support and infrastructure necessary to grow and sustain a viable state-level youth suicide prevention program and b) actively work with the MiSPC to create a statewide network of concerned organizations, programs, survivors, and others to advocate for youth suicide prevention and intervention.

How the TYSP-Mi Program will advance the Suicide Prevention Plan for Michigan: The components of the TYSP-Mi Program all implement specific objectives in Michigan’s state plan. At the end of the three years, plan objectives related to engaging numerous local communities in

prevention and early intervention efforts and increasing the number of trained gatekeepers, including mental health professionals, will be significantly achieved. Developing and nurturing a Coalition sub-committee specifically to work on youth suicide prevention actions related to implementation of the state plan will enhance focus on issues specific to younger populations.

How the TYSP-Mi Program is supported by the National Strategy and IOM Report: The Suicide Prevention Plan for Michigan mirrors many aspects of the National Strategy for Suicide Prevention, including the key structural themes of Awareness, Intervention, and Methodology. Just as goals, objectives, and specific activities set forth in the TYSP-Mi Program plan are strongly supported by—and strongly supportive of—the state plan (as described above), they are supported by goals and objectives within the National Strategy, particularly those related to training, implementing suicide prevention programming, and developing broad-based support for suicide prevention. The Institute of Medicine’s report supports TYSP-Mi Program goals and objectives by highlighting the need to view prevention from a multidimensional, integrated perspective, and create a network of programs that can disseminate information on and support the implementation and evaluation of evidence-based programs and practices, as well as provide data to improve monitoring of trends.

Specific program activities:

COMMUNITY GRANTS PROGRAM

The grants program will support the development or expansion of comprehensive efforts in committed communities. Eight grants will be awarded for up to \$45,000/year (prorated in PY1).

The Program Director and others within the MDCH Injury & Violence Prevention (IVP) Section have extensive experience developing and implementing Requests for Proposals (RFPs) and working with grants to local programs. Staff are also proficient in the processes necessary to select grant recipients, as well as departmental contract policies, practices, and procedures. Because youth suicide prevention staff currently is in place and the process for issuing the RFP will be very similar to that previously used, the RFP for this round of grants can be issued by September 15, 2009 before the federal grant year begins. This will allow the regional pre-application meetings (described below) to occur immediately after the start of the fiscal year and for most of the MDCH contracting process to be completed before the Christmas and New Year’s holidays.

Specific Community Grants Program activities will include:

A. *Develop the Request for Proposals.* The RFP process, the standard method used by the Section to distribute grant funds to communities, has been found to be the most equitable means of distributing funds to communities. Additionally, it puts a process in place for monitoring the use of those funds. It is anticipated that the RFP developed in 2007 will be revised to address program changes described below.

Community Collaboratives and the governments of Michigan’s 12 federally recognized American Indian tribes will be the eligible applicants for these grants. All 83 counties in the state, either individually or in cooperation with other counties, have an established human services collaborative group that addresses local issues impacting the lives of children, families, and special populations.

Working with the six currently funded TYSP-Mi Program grantees has made clear the need to assure a) more consistency across programs, b) that programs maintain a strong focus specifically on youth suicide prevention (avoiding “scope creep” to more general suicide prevention in the community), and c) an ability to conduct a state-level cross-site evaluation.

Therefore, the major change to the RFP will be to include specific components of a comprehensive program that each grantee must address. All applicants will be required to demonstrate how they will collaboratively engage critical youth-related/serving community programs such as foster care, juvenile justice, military family centers, services for GLBTQ youth, faith community, health care, etc. In addition, as part of a comprehensive youth suicide prevention-specific program, applicants will be required to include plans for at least four of the following additional seven components:

- local leadership development;
- professional and key community member training;
- improved referral networks;
- improved risk assessment and monitoring for youth;
- youth education;
- postvention services; and/or
- surveillance.

To implement a multilayered program and fulfill the requirements set forth in the SAMHSA RFA, as well as to assure program effectiveness, efficiency, and consistency with the goals/objectives of the Suicide Prevention Plan for Michigan, the National Strategy, and the IOM Report, successful proposals must address the following requirements:

- Dedication of a minimum 0.25FTE staff person who has authority to ensure that planned youth suicide prevention and early intervention activities are carried out.
- Data collection (baseline and ongoing) for local program process and outcome measures, as well as GPRA or similar data items as determined by SAMHSA.
- Agreement to collect a core set of data items (to be determined by the U of M Evaluation Consultant and MDCH Program staff) for cross-site comparisons, as well as agreement to work with the Evaluation Consultant to determine what other measures are important for the local program and how best to collect and analyze necessary data.
- Assessment of existing service gaps and strengths related to prevention and early intervention and monitoring of changes as the program progresses.
- Building or enhancement of the currently existing collaborative group and how that group will specifically encompass a youth suicide prevention focus.
- Implementation of prevention and early intervention evidence-based best practices in appropriate settings with key priority populations. Applicants must provide a detailed description of their chosen population(s) and compelling rationale for selection. Primary preference will be given to proposed efforts in which the target population has rates of suicide that exceed the national average for that group; secondary preference to those where the rates exceed state averages. A description of the experiences, beliefs, values, and norms of the cultural group of interest is expected.
- Use of programming and services drawn from specified resources (e.g., the National Registry for Effective Programs and Practices), operated with fidelity, and in a combination that provides for a multilayered prevention and early intervention approach that addresses several areas at once.
- Evidence that services will be provided in locations that are adequate, accessible, compliant with ADA, and amenable to target populations.
- Assurance that high risk youth have access to appropriate services and demonstration that a plan is in place for ensuring access to emergency care for youth identified at immediate risk

- Plans for facilitating cross-system referrals of at-risk youth and continuity of care.
- Detailed explanation on how programs will obtain prior written, informed voluntary consent from a youth's parent or legal guardian for assessment services, school sponsored programs, and treatment involving medication related to youth suicide conducted in elementary and secondary schools. They will also need to provide a sample consent form.
- Plans for how family involvement will be promoted, including agreement to provide a forum during MDCH site visits in which families can discuss needs and experiences relative to the local programs, as well as hear about and provide input on current and planned state level activities.
- Description of how cultural sensitivity and competency will be assessed and addressed in all aspects of the proposed effort including infrastructure development, intervention and target population selection, and plans for sustainability.
- Evidence of collaboration among early intervention and prevention services, as well as State and local agencies serving at-risk youth.
- Explanation of how the proposed program supports implementation of the Suicide Prevention Plan for Michigan.
- Description of the process they will use to work toward sustainability of the program.

B. *Conduct regional pre-application technical assistance meetings.* When issuing the original RFP for local youth suicide prevention grants in the fall of 2007, a series of in-person pre-application meetings was very well received and much appreciated by potential applicants. These meetings provided not only an opportunity for potential applicants to ask questions (which were also recorded and posted with answers on the IVPS website), but also for the TYSP-Mi Program Director to walk attendees through the process of writing a proposal that was responsive to the RFP. Five regional meetings will provide information to prospective applicants on: a) the state suicide prevention plan, b) requirements of the Request for Proposals, c) expectations for proposed programs, d) information on what constitutes a good grant proposal, and e) the standard resources from which applicants should draw services they will be proposing to offer (e.g., National Registry of Effective Programs and Practices, Center for Mental Health Services Evidence-based Practice Tool Kits, etc.). Because the RFP will be issued at least two weeks before the fiscal year begins, these meetings can take place immediately after the start of FY10.

C. *Review proposals, select grantees, issue contracts.* Selection criteria for awards will include rates of suicide within the proposed target population compared to the CDC determined national average rate and state data, as well as the extent to which the proposal: a) supports the implementation of strategies set forth in the state suicide prevention plan; b) focuses on prevention and early intervention; c) is comprehensive and integrated with the community's youth and young adult support organizations and systems; d) demonstrates current collaboration or commitment to future collaboration among appropriate agencies and systems; and e) satisfactorily addresses the mandatory requirements set out in the RFP

An expert review team will be assembled with recommendations from the TYSP-Mi Advisory Group and led by the Program Director. The review team will use the TYSP-Mi review process developed for the 2007 grants: a) a primary and secondary reviewer, using a standard review form, will give a score and recommendation for each proposal. A third person, the "reader", will read, but not score, the proposal in case a third view is needed in the team discussion; b) the primary reviewer will present his/her findings to the team, followed by the secondary reviewer's comments; c) the team will discuss the findings and provide a recommendation. Either reviewer can change a score based on the team discussion and, if

needed, the view of the reader. Based on the average of scores given by the primary and secondary reviewers the proposals will be ranked by score and; d) the review team will then examine geographic diversity of the top proposals in making final funding recommendations.

D. Conduct mandatory initial grantee meeting.

This meeting will take place within one month of the local program start date (February 1) and will be stated in the RFP as a program requirement. The purpose of the meeting is to determine grantees’ initial technical assistance needs, ensure that all grantees understand reporting expectations for both state reports and national requirements, hold initial group and individual meetings with the Evaluation Consultant, and establish a collegial relationship among the grantees.

E. Work with sites to develop and conduct evaluations. Each selected community will implement a combination of prevention and early intervention programs and services that fit within the requirements set forth in the RFP and that best address local needs. Therefore, the Evaluation Consultant, Dr. Cynthia Ewell Foster from the University of Michigan will begin working with each community at the initial grantee meeting in February to develop a viable evaluation plan that will include community specific process and outcome measures.

Standardized quarterly and year end reports are a required key component of the process evaluation for local programs, as well as part of the monitoring of the program by the state Program staff. Copies of these forms are included in Appendix 2

F. Timeframe for initiating grants to local programs (see complete project timeline on page 17)

Issue RFP	September 14
Pre-application TA meetings	week of October 5
Proposals due	November 9
Proposal review meeting	November 20
Notification of awards	December 1
Contract negotiations	December 3–9
Mail contracts to agencies for signature	No later than December 14
Programs start	February 1
Mandatory grantee meeting	February 9 (alt. snow date 2/16)

TRANSITION GRANTS

Because there will be a gap of four months between the end of current local grants and the start of the new awards for local programs, we propose to provide an additional four months of funding (at a slightly reduced level) to our current grantees to serve as a “bridge” between the end of one funding cycle and the beginning of the next. This would allow programs to maintain some momentum so that, if they receive an award in the new competitive cycle, they can transition smoothly to the new grant without having to rehire staff or restart programming. Transition grants do not guarantee funding in the new cycle. Current grantees would compete with all other applicants for the new funding.

COMMUNITY TECHNICAL ASSISTANCE PROGRAM

The TYSP-Mi Program will make technical assistance opportunities available to all communities interested in starting or enhancing prevention and early intervention efforts. Specific activities include:

A. Annual 2-day Technical Assistance (TA) meetings. Key people in communities across the

B. *Access to developed health communication materials.* Young adults ages 19–24 who are not in an educational setting are difficult to reach. The TYSP-Mi Program has posters, mirror clings, window stickers, and radio spots that were developed based on results of focus groups conducted with both rural and urban men and women from this target population. These materials are available free of charge to community programs.

C. *Access to ASIST and AMSR Regional Trainings.* (see below)

D. *Access to the state website.* TYSP-Mi Program and state IT staff have developed a youth suicide prevention website that is linked to the IVP Section website (<http://www.michigan.gov/injuryprevention>). This website will be functional by September 2009 and will include, in addition to information specifically for young people and their parents, access for community programs to up-to-date Toolbox materials (see below) and links to key programs and information.

E. *Suicide Prevention Toolbox.* For the Community Technical Assistance Meeting taking place in May of this year, TYSP-Mi staff are developing a “toolbox” for communities based on work done previously by the Idaho program. The toolbox is an actual firebox containing key materials related to areas such as Strategies for Suicide Prevention, National and State Data, Media Relations, Suicide Prevention Programs, Coalition Building and Maintenance, Reducing Stigma, TYSP-Mi Program information and materials, and Survivor Support. Once a community receives its toolbox, they will be able to check the state website for updated and new materials.

F. *Access to TYSP-Mi Program staff for TA and consultation.* One expectation of state government programs is that staff are available to share their expertise and knowledge with organizations and citizens in the state. Participants in the TA meeting and unfunded grant applicants not participating in the meeting will be encouraged to use the TYSP-Mi staff as a resource as they develop and implement local efforts.

REGIONAL TRAINING PROGRAM

To increase access statewide to appropriate training resources, Program staff will provide leadership—including facilitation, coordination, and oversight of training events—for two established suicide prevention-related training courses: the ASIST gatekeeper training program to increase the skills of community members to recognize warning signs and to respond appropriately, and the AAS/SPRC AMSR course. In 2007 we sponsored an AMSR training-for-trainers and an ASIST T4T in 2008. Currently, 12 AMSR trainers are authorized in the state and at least 18 ASIST trainers. Feedback received from participants in the trainings for trainers pointed out a lack of information about cultural issues in both training curricula. Therefore, Program staff will ensure that cultural sensitivity is addressed with the trainers at refresher courses to be held in the summer of 2009 and will provide references for further information on accommodating/identifying cultural beliefs that may influence both suicide risk among youth and the response of gatekeepers. This is crucial in a state as diverse as Michigan, which, for example, encompasses extremely rural areas in the Upper Peninsula with a strong Scandinavian

influence as well as the Detroit metropolitan area, where large numbers of African Americans reside and which is also home to the largest Arab population outside of the Middle East.

Because the Michigan Chapter of the National Association of Social Workers does not accept CEUs approved by the NASW, TYSP-Mi program staff are currently working on being approved as a Michigan CEU provider for both the ASIST and AMSR trainings.

Specific Regional Training Program activities include:

A. *Coordinate 10 ASIST and 10 AMSR regional trainings.* The TYSP-Mi Program will arrange for facilities, trainers, supplies and materials, and other support necessary for the trainings. Participants will be expected to cover their travel expenses. A \$50 registration fee will be charged to cover the cost of lunch and refreshments. We have also found that charging a modest fee increases likelihood of attendance.

B. *Promote the workshops.* All workshops will be promoted at the same time so individuals can choose the most convenient time and place. This will also facilitate the planned evaluation (see Section D, below). Information and registration forms will be distributed by Program staff through the state coalition listserv; Community Collaboratives; tribal behavioral health programs; the state psychiatric, psychological, and social work professional organizations; the Community Mental Health Service Programs; the Program's tribal mailing and email list; and through the Program's general suicide prevention emailing list.

C. *Support the work of the trainers.* In addition to the state-sponsored regional trainings, Michigan's AMSR and ASIST trainers will be assisted with identification of and coordination with communities and organizations desiring local trainings, tracking of evaluation materials needed for the national cross-site evaluation as well as the state's self evaluation, and support for refresher and skill-building sessions during the grant cycle.

TYSP-MI ADVISORY GROUP

The TYSP-Mi Program Advisory Group will provide consultation on implementation and evaluation issues; review documents produced by Program staff; assist with planning future years' goals, objectives, and activities; and work with the Program Director to develop a comprehensive sustainability plan for the state level youth suicide prevention initiative. Group members have been asked to be available as necessary to help answer questions or provide a sounding board for ideas. The group will meet three times a year. Letters from programs and individuals already committed to serve on the Advisory Group are included in Appendix 1.

STATE GOVERNMENT SUICIDE PREVENTION NETWORK

Suicide, including youth suicide, is an issue that impacts many departments, agencies, and programs within state government. We must work together to coordinate resources, share knowledge and skills, and institutionalize suicide prevention as an expected role and service of state government. On June 15, 2009 we are sponsoring a Summit that will bring state government programs together for the first time to meet, discuss concerns and activities (or lack thereof) around the issue, explore the current role of state government and what it should be concerning suicide prevention, and examine how to develop collegial relationships for future activities. At this point, it is unknown what the programs represented at the meeting will want/need in terms of future support or facilitation. However, based on the results of the Summit, the TYSP-MI Program Director will put a plan in place for maintaining at least a minimal collegial support network for state government programs.

EXPANSION OF THE MICHIGAN SUICIDE PREVENTION COALITION

The MiSPC is a key component of the statewide network being constructed around suicide prevention. Its focus is implementation of the *Suicide Prevention Plan for Michigan*, which was designed to address suicide across the lifespan. To build a base for youth suicide prevention within the Coalition and assure that youth suicide specific needs are met during all phases of the plan's implementation, the TYSP-Mi Program Director and the Chair of the Coalition have agreed to work together to develop a Youth Suicide Prevention sub-committee for the Coalition. (see email addendum to Larry Lewis's letter of commitment in Appendix 1). They will involve other members of the Coalition in identifying current and potential members who would bring a strong youth focus to the group.

Specific activities include:

A. *Meet with MiSPC Chair.* In this meeting, the Program Director and Chair will discuss the key youth serving organizations they would like to work with or join the Coalition, as well as the best way to contact these organizations.

B. *Work with MiSPC membership.* The Program Director and Chair will present discussion findings to MiSPC members for input, which will be used to finalize recruitment strategies.

C. *Work with MiSPC Chair and membership to recruit youth serving organizations.* The Program Director will be available to participate in all aspects of recruitment, such as reviewing/co-signing letters, making phone calls, and responding to questions and concerns.

Timeline: (see next page)

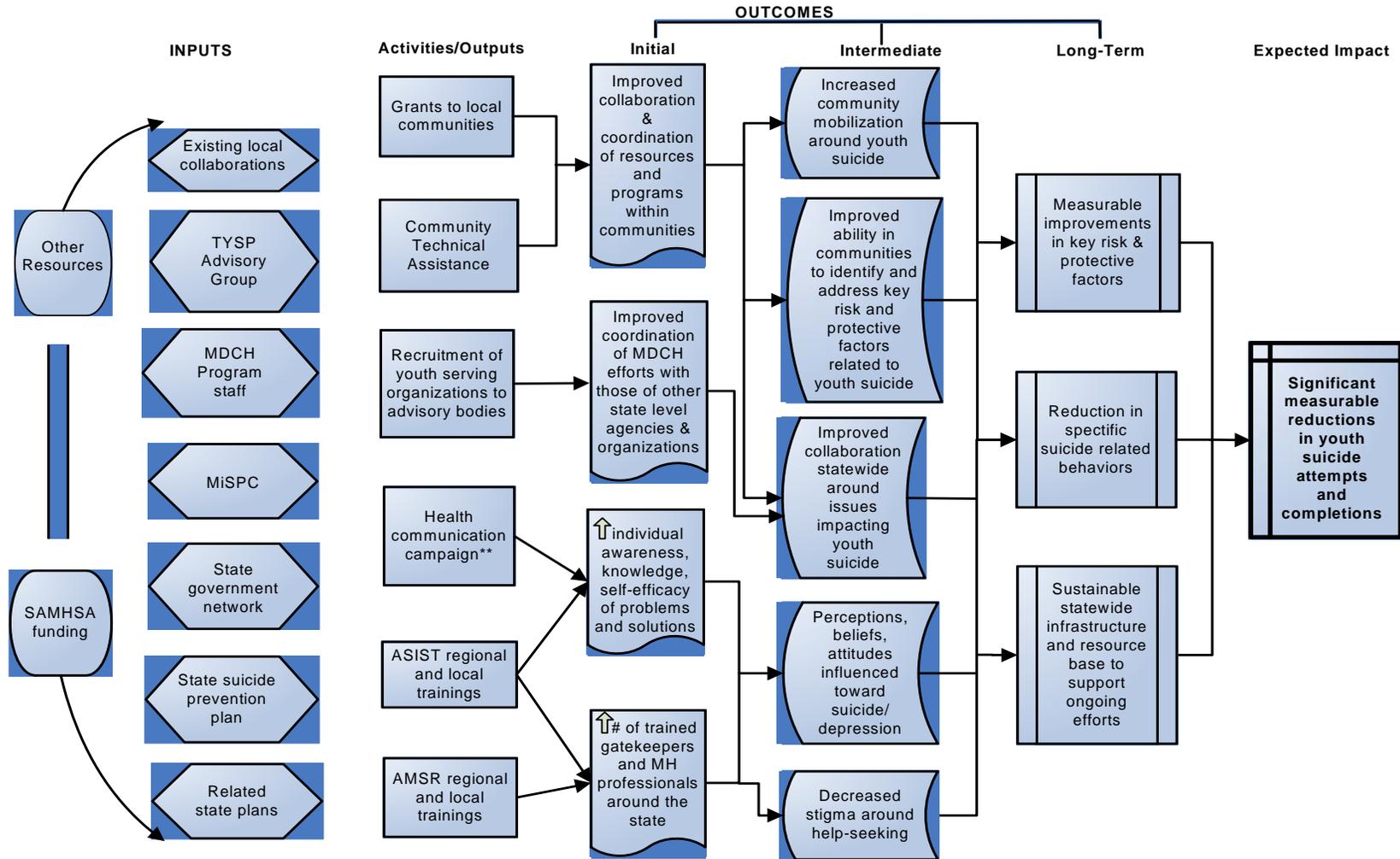
How the proposed project addresses needs identified in Section A (see Logic Model on page 18): Michigan's suicide prevention plan identified a need to build community capacity to implement multilayered prevention and intervention programming focusing on specific local needs. This will be addressed through the Community Grants and Community Technical Assistance Programs. The TYSP-Mi Program allows select communities to focus on identified high risk groups of youth within their catchment areas with up to 32 months of funding to implement coordinated, focused prevention and early intervention efforts. As part of the evaluation, the selected communities will work with the state to develop replication guidelines so that other communities can benefit from the lessons learned. Additional communities will receive focused technical assistance to develop local efforts.

While the TYSP-Mi Program has closed the gap identified in the original program plan submitted to SAMHSA of the lack of trainers in Michigan for key gatekeeper and professional suicide prevention/intervention training programs, statewide access to actual trainings still needs to be addressed. The lack of a substantial state level infrastructure focusing on suicide prevention and early intervention, particularly for adolescents and young adults, will be dealt with by a) establishing a TYSP-Mi Program Advisory Group to ensure strength and sustainability of the Program and its initiatives, b) building a state government suicide prevention network across departments and programs, and c) expanding active membership of the Michigan Suicide Prevention Coalition through implementation of the Youth Suicide Prevention subcommittee.

While state level programming proposed here does not focus specifically 19–24 year olds, particularly males, both funded and unfunded communities will be educated on the needs and culture of this population and strongly encouraged work with members of this group in their communities to develop programming and interventions.

TIMELINE	YEAR 1												YEAR 2												YEAR 3																						
	TYSP Program month	-1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36									
GRANTS TO LOCAL PROGRAMS												<i>(PROGRAM DIRECTOR, EVALUATION CONSULTANT)</i>																																			
Revise RFP & disseminate																																															
Pre-application TA meetings																																															
Proposals received & reviewed			✕																																												
Grants awarded/contracts				✕																																											
Local programs initiated & evaluated					✕	E		E						E	E		E	E		E	E		E	E		E	E		E	E		E	E		E	E		E	E								
TECHNICAL SUPPORT FOR UNFUNDED COMMUNITIES												<i>(PROGRAM DIRECTOR)</i>																																			
2 day Community TA meeting									X													X																									
Update Toolbox materials on website	X							X						X							X							X																			
REGIONAL TRAINING PROGRAM												<i>(PROGRAM DIRECTOR, EVALUATION CONSULTANT)</i>																																			
Set-up/promote trainings																																															
Trainings (1=Yr 1Spring cohort; 2=Yr 1Fall cohort)									✕				✕	E1						E2	E1					E2												E1			E2						
STATE GOVERNMENT SUICIDE PREVENTION ACTIVITIES												<i>(PROGRAM DIRECTOR)</i>																																			
TYSP-Mi Advisory Group meetings	X							X					X								X					X															X						
State government network development and facilitation																																															
Work with MiSPC to develop Youth Suicide Prevention subcommittee									✕																																						
Coalition meetings		X			X			X			X				X			X			X			X			X			X			X			X			X			X					
Joint Advisory Group, Coalition, and government network meeting																																															
Family forums												X														X																	X				
Evaluation												<i>(EVALUATION CONSULTANT, PROGRAM DIRECTOR)</i>																																			
Conduct ongoing self evaluation																																															
Develop Replication Guidelines																																												✕			
Participate in cross site evaluation																																															
✕ = Milestone												E = Follow-up evaluation point												() Key program personnel												X= Single event											

PROGRAM LOGIC MODEL
Transforming Youth Suicide Prevention in Michigan



**used in 2007-2008; materials still available for use by community programs

Assumptions

- ☐ Systematic approach needed to ID and refer youth/young adults at risk
- ☐ Evidence-based, multilayered interventions will reduce suicides and suicidal behavior
- ☐ State level programs, departments, and non-profit agencies are willing to work together
- ☐ Gatekeeper training increases personal efficacy & skills
- ☐ A strong state program is needed to support local efforts

Plan for formation or continuation of public/private partnership with key stakeholders: The MiSPC, the TYSP-Mi Program Advisory Group, and the state government network will provide the foundation for a permanent, viable, and comprehensive youth suicide prevention effort. A joint meeting of the three groups will be planned for PY 2.

Intention to work collaboratively with SPRC: We look forward to and fully commit to continuing our collaboration with SPRC on State/tribal-sponsored youth suicide early intervention and prevention strategies.

Plans for ensuring that required program elements are drawn from specified resources: The RFP for the local grants program will specify that proposed services must be drawn from the resources specified in the SAMHSA RFA for this grant proposal. The Program Director will ensure that review team members for the community grants are familiar with the web-based resource lists and that the review team includes persons familiar with practices supported as promising strategies by recognized experts in suicide prevention. If a local plan has been developed, local applicants will be required to attach a copy to their proposal. Communities not receiving grant funds will be educated on these resources through the annual Community Technical Assistance meetings.

Plans for ensuring access to emergency care for youth identified at immediate risk: Local grantees will be required to explicitly address this in their program plan.

Plans for facilitating and monitoring cross-system referrals of at-risk youth and continuity of care: Local grantees will be required to explicitly address this in their program plan.

How parental consent will be obtained: Local grantees will be required to provide a plan in their proposal for obtaining prior written, informed voluntary consent from the parent or legal guardian of any youth for any assessment services, school sponsored programs, and treatment involving medication related to youth suicide conducted in elementary and secondary schools. Local grantees will be provided with examples of active consent forms and accompanying cover letters at the mandatory initial grantee meeting (see Appendix 3 for consent form and cover letter examples).

How family involvement will be promoted: The Program Director will work with the MiSPC and Advisory Group to conduct an annual forum (September of each project year) where interested families can be brought up to date and provide input into state activities. The Advisory Group will include one or more parent survivors (see Appendix 1 for letter of commitment). Local grantees will be required, at the annual site visit, to provide a means for families to discuss local efforts and needs with the Program Director, and where they can learn about and provide input on current and proposed state efforts. Grantees will be strongly encouraged to see that the diversity of families impacted by their program and/or touched by youth suicide is represented. Grantees will also be required to show family involvement in program development, implementation, and evaluation. Communities will be strongly encouraged to send a family member of a youth who attempted or completed suicide to the annual Community TA meeting.

Collaboration among early intervention and prevention services, as well as State agencies serving at-risk youth: As discussed above, the TYSP-Mi Program is breaking new ground in collaboration by service providers and state agencies around youth suicide prevention and early intervention. The three bodies—the TYSP-Mi Program Advisory Group, the state government network, and the MiSPC—will be key in promoting and modeling active, effective collaboration

around the state and within state government. Letters of commitment from organizations, agencies, and individuals already committed to the TYSP-Mi Program Advisory Group are included in Appendix 1.

How program will address target population issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender: Local grantees will be expected to involve members of their target population(s) in the development of their activities to assure that the concepts, messages, and delivery methods are age and culture appropriate. State program staff will work with local programs to ensure that materials used are appropriate and at a suitable reading level (sixth grade reading level is the standard used in MDCH for public health materials). State staff will also explore the availability of culture and language specific materials and distribute information on these materials to local programs. All trainings will be compliant with the Americans with Disabilities Act and held in accessible facilities.

Potential barriers to successful conduct of Program and how we will overcome them: The TYSP-Mi Program is complex. Especially in PY 1 it will be critical to meet milestones if individual program components are to progress on schedule. The Program Director must maintain the big picture and plan ahead so that all milestones are met on time.

Another layer of complexity is the many “players” in implementation, advisory, and participatory roles. Appropriate and frequent communication with all parties involved will be important in maintaining momentum and avoiding misunderstandings. Any miscommunications will need to be addressed immediately. The Program Director must ensure that the Advisory Group, state network, and MiSPC Youth Suicide Prevention subcommittee do not work at cross-purposes and that efforts complement each other whenever possible. Turf issues may arise, particularly in this time of constrained resources. It will be crucial to build relationships between the three groups to assure understanding and respect for perspectives, concerns, and priorities, and to address any areas of possible conflict early on.

One potential barrier is local grantees not following through with their program plans—either discretionary programming or mandatory components—or not fulfilling contract requirements. In 2009 the MDCH Public Health Agency instituted a detailed subrecipient monitoring process that the Program Director will be required to follow to assure that programs are meeting their contractual obligations. The Program Director will work closely with grantees and follow up quickly on any areas of concern. In addition to the Program Director being in regular contact with the programs and providing technical assistance as needed, the individual programs will be required to submit quarterly and year end reports (see reporting forms in Appendix 2), which the Program Director will review and be able to follow up on with programs should questions arise. The Program Director will also make annual site visits to each grantee.

Securing resources for sustaining the State suicide prevention initiative when Federal funding ends: Despite Michigan’s current dire economic straits, the MiSPC is committed to implementation of objectives in the state plan calling for the establishment of an Office of Suicide Prevention within the Michigan Department of Community Health. This will take working with key policy makers. While not feasible now because of the state’s depressed economy, it may be likely within a few years. MDCH staff will continue to keep the issue of suicide in front of the Department Director, key Deputy Directors, and Michigan’s Surgeon General so that when state funding is available, it may be easier to get it directed to suicide prevention. It will also be important to identify and educate key legislators about the toll youth suicide takes on Michigan and what the state can do to address the issue. The IVP Section is

currently developing a communication plan to increase legislators' awareness about the public health issues of injury and violence, including suicide.

Increased program coordination within MDCH opens access to additional funding streams. For example, typically the MDCH IVP Section would not have access to funding in the federal mental health funding stream, but partnerships developed with MDCH Mental Health Agency programs over the last few years created the potential to link public health and mental health funding in a single suicide prevention program. One overall goal for the state government network might be to work toward a similar coordination of resources across state departments.

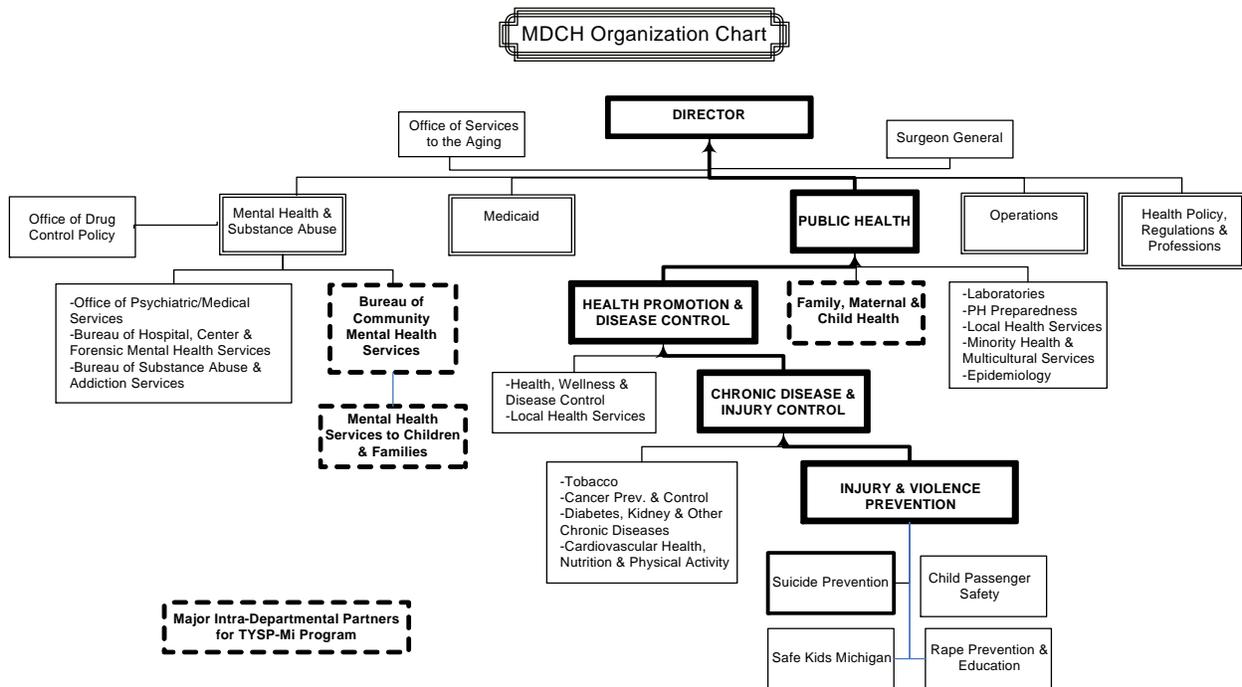
Securing resources to sustain the proposed project when Federal funding ends: Work has started to get suicide prevention as a line item in the MDCH budget, but meanwhile other state resources can be tapped for specific program components. For example, the MDCH IVP Section is given \$35,000 each year for materials development and distribution, which might be used to reprint some of the Health Communication Campaign materials the Program currently has available.

The MiSPC continues to work with foundations to pique interest in suicide prevention. Several foundations are also represented on the Coalition and will be key in future funding for the TYSP-Mi program. While foundations will not directly fund state government programs, MDCH has close working relationships with several health-related non-profits that could take a leadership role in the Program over time. Program staff and partners will also be vigilant in looking for funding opportunities, including other grants, to support and enhance the program.

SECTION C: STAFF, MANAGEMENT, AND RELEVANT EXPERIENCE

MDCH experience with public health programs, including suicide prevention: The MDCH IVP Section has more than an 18 year history of advancing primary prevention of injuries using the public health model. While suicide prevention and early intervention are still relatively new areas for the MDCH IVP Section, the TYSP-Mi Program Director played a major role in the development of the Suicide Prevention Plan for Michigan and has served as the Program's Director since its inception. The MDCH IVP Section currently has or has had lead responsibility for several statewide public health programs, including fall prevention for older adults, child and adolescent violence prevention, child passenger safety, Michigan Safe Kids, the Rape Prevention Education Program, and the Violence Against Women Prevention Program. It is also the lead program for implementing the Michigan Injury Prevention Plan (which includes suicide as one of its top four injury issues) and is putting into operation a comprehensive injury and violence public health surveillance plan.

Below is a current organizational chart for MDCH showing the placement of the Division of Chronic Disease & Injury Control (DCDIC) and the IVP Section. The Section currently has six members—the Manager, four professional staff and a secretary. The Section also has access to 16 hours a week of an injury epidemiologist. In addition to the Section Manager's 19 years of professional public health and injury control experience, the public health consultants combined have over 60 years of public health experience, most of that in injury prevention and control. Staff have extensive experience in developing and coordinating large ongoing training programs, policy development, program development and evaluation, and contract management. The TYSP-Mi Program Director has developed a close working relationship with staff from the MDCH Bureau of Community Mental Health Services and also the state's Chief Psychologist. Our Mental Health Agency colleagues have worked many years on the issue of suicide and related mental health issues.



Staff who will participate in the project (bio sketches and position descriptions for Ms. Smith and Ms. Scarpetta can be found in Section G)

Person	Role	Level of effort
Patricia K. Smith, M.S.	Program Director	0.75 FTE
Linda Scarpetta, M.P.H.	Staff supervision	0.05 FTE
Cheryl Rockefeller	Secretary	0.10 FTE
Elaine Hewitt	Financial Analyst	0.05 FTE

Qualifications, roles, and responsibilities of subcontractors: Cynthia Ewell Foster, Ph.D. of the University of Michigan will serve as Evaluation Consultant. Dr. Ewell Foster has strong research interests in the areas of applied intervention research, youth depression and suicide, and community psychology (bio sketch in Section G). She has experience collaborating with existing community agencies to conduct program evaluation research. Dr. Ewell Foster has trained under Cheryl King, Ph.D., a national expert in youth suicide prevention, for the past seven years and is an active member of Dr. King’s research program—the Youth Depression and Suicide Prevention research team. Dr. Ewell Foster has substantial expertise in conducting intervention research and has strong interests in university-community partnerships and community-based participatory research. She has recently completed a study of a school-based mental health awareness and stigma reduction intervention for African American Youth that involved partnerships with a local non-profit agency as well as numerous school districts within Southeast Michigan. This program was successfully evaluated with over 1300 African American youth. She will provide expertise and oversight of the required self-evaluation component. She will work with the TYSP-Mi Program Director to develop the appropriate process and outcome measures and determine the best means of collecting and analyzing the necessary data. She also

will work directly with the local grant funded communities to devise and carry out their site-specific evaluation processes including developing, implementing, and maintaining the integrity of their self-evaluation procedures

Current IT infrastructure in database/website/virtual library development capacity: As a state government department, MDCH has full IT infrastructure support from the Department of Information Technology (DIT) to address any IT development needs. Each department has a liaison within DIT to assure that appropriate assistance concerning IT needs are met in a timely fashion.

Experience in data collection, storage, and retrieval: The MDCH Bureau of Community Mental Health Services has established a comprehensive management information system for public mental health services delivered through the Pre-paid Inpatient Health Plans (PIHPs) and Community Mental Health Services Programs (CMHSPs) that requires the PHIPs and CMHSPs to submit encounter data and demographic data to MDCH on the 187,000 persons (children and adults with developmental disabilities, children with serious emotional disturbance and adults with serious mental illness) annually served by the system. On the public health side of the department, the MDCH IVP Section, working with the Michigan Public Health Institute, developed the Michigan Emergency Department Community Injury Information Network, a system to collect, clean, store, analyze, and report on select data on all injury cases seen in a representative sample of 23 hospital emergency departments from around the state. This database currently contains data on over 1.2 million cases across a six-year period (1999 to 2004).

On a smaller scale, the TYSP-Mi Program Director has been acquiring the state's data for the national cross-site evaluation since October 2006 and using the Suicide Prevention Data Center to enter the data as well as retrieve it for state use.

MDCH's experience in forming strategic partnerships to advance a public policy issue: The MDCH IVP Section was a key partner in the large scale collaborative effort to implement legislation to increase booster seat use for children in the state. Section staff worked closely with the health care, automobile manufacturers, law enforcement, education, child advocacy organizations, auto insurance companies, traffic safety programs, legislators, and others to assure that the best possible package of legislation was created, passed, and signed into law in 2008. The IVP Section Manager has designated policy development and advocacy as essential activities for the Section over the coming year.

MDCH experience working with consumer/advocacy groups, as well as survivor and family organizations: MDCH has a long-standing commitment to involving consumer/advocacy groups in the development of department initiatives and policies. For example, the membership of the Michigan Mental Health Commission included both mental health consumers and advocates. The Division of Mental Health Services to Children and Families works closely with the Michigan Association for Children's Mental Health (ACMH), an affiliate of the Federation of Families (both the Division and ACMH have committed to serving on the TYSP-MI Advisory Group). ACMH advocates for services for children and provides parent support groups in numerous locations around the state. Working with survivor groups is fairly new for both the MDCH Public Health and Mental Health program partners, although initial relationships have been established through participation in the MiSPC and the current TYSP-Mi Program activities.

Experience incorporating cultural competency in past program activities: As a matter of practice, within the MDCH Community Mental Health Program, parents and families are

included in workgroups to develop new policy, programs, or initiatives and are paid for their time and expenses (including in some cases child care). In addition, in provision of trainings for new program initiatives—for example in the implementation of wraparound—cultural relevance is integrated into all aspects training. Pre-paid Inpatient Health Plans (community mental health agencies) are required, through the MDCH contract, to ensure that services are delivered to all recipients in a culturally competent manner. This includes requirements for identifying prevalent non-English languages throughout the service region and providing written materials in those languages and availability of oral interpretation in those languages; assuring access to services is facilitated for persons with diverse cultural backgrounds and/or limited English proficiency; the recruitment and hiring of culturally competent staff; assessing staff training needs in cultural competence and providing training to meet those needs; and having a process for assessing compliance annually with the cultural competence plan. MDCH assesses compliance with these requirements as part of its site review monitoring process. The TYSP-Mi, when developing its Health Communication Campaign materials, conducted focus groups with both rural (primarily White) and urban (primarily African American) men and women in the target age groups (19–24 year olds not in an education setting) to assure that the messages and materials would be culturally relevant. At last year’s Community Technical Assistance meeting one of the plenaries was a hands on session working with participants to expand their view of “culture” beyond race and ethnicity.

Qualifications of the Program Director for assuming responsibility for project oversight: Patricia Smith brings 18 years of experience in public health injury prevention and control program development and implementation to the TYSP-Mi Program, the last three as the TYSP-Mi Program Director. She served for 11 years as program director for a major cooperative agreement with the Centers for Disease Control and Prevention. Ms. Smith was also the lead staff person in the original development of the MDCH Violence Prevention Program. She has extensive experience in developing and managing grant programs; contract development and management; public health program development and management; construction and implementation of a major state surveillance system; working with subcontractors; training; and research. She has been an active member of the Michigan Suicide Prevention Coalition since its inception in 2003 and was a co-drafter of the Suicide Prevention Plan for Michigan. She was a member of the state planning team at the Collaboration Around Youth Suicide Prevention meeting in November 2004 in Chicago, co-sponsored by the Association of State and Territorial Health Officials (ASTHO) and the National Association of State Mental Health Program Directors, a member of the state team that participated in the Suicide Prevention Conference for Public Health Regions 3 & 5 sponsored by the SPRC in May 2005, and served on the planning committee for Michigan’s inaugural state suicide prevention conference held in November 2008.

Ms. Smith’s involvement in Michigan’s suicide prevention planning efforts, her ongoing participation on the MiSPC, and the relationships she has established with key players throughout the state over the last several years put her in a strategic position to monitor the “big picture” of suicide prevention in the state as mentioned earlier and to play a key role in assuring that messages and proposed actions are coordinated and supportive of each other. Additionally, she works from a human ecological perspective with a clear understanding how individual, family, peer, culture, community, and societal factors influence suicide and suicidal behaviors.

Qualifications and experience of other key personnel: Linda Scarpetta, Manager of the IVP Section, has been involved in the development, implementation, and evaluation of a variety of

surveillance and community-based injury and violence prevention programs for 20 years. She has 14 years of supervisory experience. Ms. Scarpetta has immediate supervisory responsibility for MDCH IVP Section staff, including Ms. Smith and the secretary. She will ensure that activities related to the TYSP-Mi Program are appropriately integrated with other activities and efforts of the MDCH IVP Section.

Quality control mechanisms to ensure smooth oversight, management, and day-to-day operations: The Program Director will be responsible for the day-to-day oversight and general program management. She will meet monthly with the Section Manager to review progress on objectives, as well as identify potential problems and possible solutions. She will set up a schedule with the Division's financial consultant to review program expenditure reports on a regular basis (at least bimonthly) so budget problems can be identified and corrected early on.

The MDCH IVP Section has a monitoring process in place for contract paperwork and submission of quarterly and year-end reports. The Program Director and the IVP secretary will use this system to track when contract paperwork is sent forward through the department, when signed contracts or amendments are received back and sent out to the contractor, and when quarterly progress and year end reports are received from local grantees.

Description of resources (e.g., facilities, equipment) available for the program: The Program Director has a fully equipped office within the MDCH IVP Section. The office includes sufficient desk space, private filing space, telephone, and up-to-date computer resources. Computer resources include a personal computer, LAN, Internet access, and necessary software. Technological and clerical supports are also available. The Program Director has access to other office support equipment (e.g. fax machine, photocopier, laser printer, laminator, etc.) and conference call capabilities. MDCH has numerous conference rooms in several locations, including the building where the MDCH IVP Section is located, that can accommodate meetings for 2 to 100 participants.

The Program Director will regularly interact with and have relatively easy access to the expertise of internal and external state-level partners including the MDCH Bureau of Epidemiology; MiSPC; Michigan Department of Education; University of Michigan Child/Adolescent Depression Program; MDCH Bureau of Family, Maternal, and Child Health; and MDCH Bureau of Community Mental Health Services, as well as other state level programs. These partners will also provide the Director with critical links to local and regional programs.

Evidence that services will be provided in a location that is adequate, accessible, compliant with ADA, and amenable to target populations: Applicants for local grants will be required to explicitly address this issue in their proposed program plans. The Program Director will use the extensive resources developed by the Human Resources Department of the Michigan Department of Labor and Economic Growth for planning and holding accessible meetings (http://www.michigan.gov/cis/0,1607,7-154-10573_35828_36119---,00.html) to assure that all trainings and technical assistance meetings offered by the state program will be conducted in accessible facilities. Support services (e.g., sign language interpreters; Braille, large-type, or audiotaped materials) are available through the state and will be offered and provided when necessary. Geographic location will be important for some activities, such as the technical assistance meeting, which will be attended by individuals both from the Lower and Upper Peninsulas.

SECTION D: PERFORMANCE ASSESSMENT AND DATA

Ability to collect and report on the required GPRA domains:

- 1) Increase in number of students exposed to mental health and suicide awareness campaigns— Recipients of local grants are required to submit quarterly and year-end reports that include documentation of the number of youth exposed to project activities in general (see current report forms in Appendix 2). The forms will be revised so that numbers can be linked to specific activities. Additionally, the RFP will include a requirement to provide comparable baseline data (if available) so that increases in exposure from baseline and over time can be documented.
- 2) Increase in number of individuals trained in youth suicide prevention. As part of the self-evaluation for the current funding cycle, in the year end report TYSP-Mi staff will document the number of individuals trained in the various programs used by the local grantees and any trainings directly sponsored by the state. Data are available through the reports submitted by the local grantees, the Training Exit Survey database maintained by the national cross-site evaluation contractor, and through program records maintained in the state office. This will serve as the baseline for documenting the increase in numbers trained through program-related activities over the course of the next three years. The same data sources will be used.
- 3) Number of youth screened positive for suicide risk receiving follow-up services. Dr. Ewell Foster and the Program Director will work with the national Evaluation Contractor's liaison to determine which local grantees need to be using the EIRF (Early Identification, Referral, and Follow-up) forms developed for the national cross-site evaluation. The designated grantees will submit their forms to the Program Director who will input the data into the Suicide Prevention Center database (SPDC).
- 4) Increase in knowledge of suicide risk for a subset of training recipients. See below

Willingness to collaborate with the Suicide Prevention Evaluation Contractor and to comply with all necessary GPRA requirements: will actively collaborate with the Suicide Prevention Evaluation Contractor and comply with all necessary GPRA requirements. They will encourage and assist all sub-grantees to fully participate in helping the state meet all GPRA requirements. Dr. Ewell Foster and the Director will work with the Suicide Prevention Cross-site Evaluation Contractor to develop Michigan's capacity to monitor the extent to which youth referred to treatment by those trained in our gatekeeper training initiatives and other program-funded activities actually access that treatment.

Annual Project Self-Evaluation: Cynthia Ewell Foster, Ph.D. will serve as the Evaluation Consultant for the TYSP-Mi Program. For the self evaluation, Dr. Ewell Foster will work with Program staff 1) by designing and implementing a methodologically rigorous evaluation of sponsored ASIST and AMSR trainings, to include longitudinal follow-ups of training impact and outcomes, 2) by consulting with local grantees to assist them to design and implement a feasible evaluation of their individual programs, and, 3) by assisting in the coordination of the Michigan-specific national, cross-site evaluation activities.

Evaluation of process and outcome at the local level will vary by sub-grantee organization in order to capture individual program components. In all efforts at both the state and regional level, our focus will be on the following units of assessment: 1) documenting an increase in the number of youth exposed to mental health and suicide awareness campaigns, 2) documenting an increase in the number of individuals trained in suicide prevention strategies, 3) documenting the number of youth who screen positive for suicide risk, numbers referred for treatment, and numbers who are actually able to access that treatment, and 4) documenting an increase in

participant knowledge as a result of training and awareness campaigns. Furthermore, all evaluation plans will be developed in collaboration with existing community agencies, advocacy organizations, and stakeholders to ensure that the most vital aspects of each intervention are being measured. Each local grantee will be assisted to develop appropriate measures of both process and outcome, as well as barriers and contextual factors that served to improve or limit effectiveness. Part of the data collection will be the quarterly and year end reports submitted by each local grantee organization (see instruments in Appendix 2).

The means for assessing the required infrastructure development, direct services, and developmental performance measures listed in section I–2.3 of the RFA are described at the beginning of this Section. Data on the following measures will also be provided:

- State and county suicide rates—this data is available directly from the MDCH Office of Vital Records. While no attempt data is available at the state level, some funded communities may choose to develop a surveillance program to obtain this information locally and will be shared in the state’s annual report.
- The number of persons by age, gender, race and ethnicity referred to mental health services and who actually schedule appointments. This information will be available from any local grantees using the EIRF instruments. At the state level we will also work with the national Evaluation Contractor develop a system to monitor this, as described above.
- The number of objectives from the National Strategy for Suicide Prevention being actively implemented. This will be specifically addressed in the Program’s annual report to SAMHSA.

Inclusion of specific process, performance, and outcome measures related to goals and objectives: A major role for Dr. Ewell Foster’s role will be to design and implement a methodologically rigorous evaluation of the impact of the 10 ASIST and 10 AMSR trainings to be held regionally throughout the state. For PY 1 we anticipate a total of 270 ASIST trainees and 500 AMSR trainees. Trainings will be conducted in ten different regions across the state in order to maximize attendance. Training sites will be randomized to either a spring (April, May, 2010) or Fall (September 2010) condition. The Spring sites will serve as our intervention condition with fall sites servings as a waitlist control condition. Participants will complete pre-post evaluations, with fall participants completing their evaluations via an online survey web portal during Spring 2010, at the same time as our intervention group. All participants will be asked to complete longitudinal follow-up evaluations. Assessment measures will include the following: 1) incorporation of national cross-site evaluation measures, including the Training Exit Survey and Training Utilization Penetration Key Informant Interview (TUP) protocol (see Appendix 2), in order to maximize comparisons of data across states; 2) trainee feedback measures designed by Living Works and AAS/SPRC for use with their respective programs to maximize comparisons with existing databases; and 3) peer-reviewed and psychometrically strong measures of knowledge, attitudes, and helping intentions to include the Suicide Intervention Response Inventory (see Appendix 2), Suicide Opinion Questionnaire (see Appendix 2), and the Suicide Potential Lethality Scale (see below for details about each measure).

A unique strength of this evaluation will be the incorporation of measures of actual behavior change post-training, to include: impact of training on provision of clinical services (e.g., examples of changes in standards of practice), numbers of youth with whom the participant utilized newly trained skills, diffusion of skills to others in the community (colleagues, family members, friends), and the extent to which the participant has encouraged others to participate in

similar gate-keeper training initiatives. These behavior change items will be measured both quantitatively and qualitatively.

In addition to a pre-post evaluation prior to and immediately following the training programs, participants will complete a 6, 12, and 24 month evaluation via an online survey portal. Furthermore, a randomly selected subgroup of participants will be recruited to participate in a qualitative focus-group analysis at 12 months regarding perceived strengths and weaknesses of the training programs and the ways in which trainees can see themselves applying their newfound knowledge within their communities. The TUP interview protocol will be utilized during these focus groups (see Appendix 2).

Dr. Ewell Foster will assist the Program's local grantees to identify and/or design appropriate process and outcome measures that best reflect their particular goals and objectives. This will be accomplished in a variety of ways. First, she will participate in the mandatory grantee meeting to be held shortly after awards are finalized. At this initial meeting, she will provide individualized assistance regarding how each sub-grantee can best make use of evaluatory procedures and will provide technical assistance to improve each site's individual evaluation plans. In order to maximize resources, each site will be encouraged, when possible to make use of the existing cross-site evaluation measures. When this is not feasible, Dr. Ewell Foster and her research assistant will provide guidance to individual communities regarding existing psychometrically reliable and valid measures. In addition to the initial training meeting, Dr. Ewell Foster will attend annual meetings of the local grantees and will be available by telephone and/or email to consult with them regarding measure identification and implementation of evaluation.

Plans for data collection, management, analysis, interpretation, and reporting: Dr. Ewell Foster will have primary oversight for all matters pertaining to the evaluation of AMSR and ASIST training initiatives. She will train and supervise research staff and oversee all data management, entry, analysis, interpretation, and reporting. De-identified data will be kept on site at the University of Michigan, where data entry and management will be completed with the help of a trained bachelor's level research assistant. Dr. Ewell Foster will work with the Program Director to use the data to develop reports for SAMHSA and key stakeholders. Dr. Ewell Foster and the Program Director will also regularly review the findings from the data analyses and discuss how those findings could be used to improve the Program.

Local grantees will be responsible for collecting, managing, analyzing, and reporting their own evaluation data, but are able to consult with Dr. Ewell Foster regarding procedures for doing so most effectively and in complete compliance with all federal statutes regarding human subjects research.

Existing approach to data collection and necessary modifications: The TYSP-Mi Program currently follows all data collection and reporting requirements for the national cross-site evaluation and SAMHSA. In addition, the local grantees are required to submit detailed quarterly and annual progress reports with the Program Director. While these data collection activities will continue, data collection will greatly expand as described above to cover the evaluation of the Year 1 Regional Trainings.

Description of how collection, analysis, and reporting of required performance data will be integrated into evaluation activities: Dr. Ewell Foster will work with individual local grantees to ensure strong understanding of the rationale and benefits of the cross site evaluation national measures and will assist sites to identify ways in which such measures can perform "double duty" assessing their chosen process and outcome measures. In this way, sites can create a more

feasible evaluatory structure that does not unnecessarily burden respondents or the agency's resources. At annual meetings, local grantees will report about the results of their evaluation measures and will be asked to describe barriers, implementation challenges, and how they were resolved in order disseminate the benefits of their knowledge to other sub-grantees.

Reliability and validity of evaluation measures: In addition to incorporating the TES, EIRF, and TUP cross-site evaluation measures, we will also utilize several peer reviewed and psychometrically sound measures in the evaluation of the ASIST and AMSR. The **Suicide Intervention Response Inventory-2 (SIRI-2)**² is a 25 item measure listing possible statements by suicidal patients and counselors, with respondents asked to indicate on a 7 point likert scale the appropriateness of the caregiver's response. The SIRI-2 has high internal reliability with coefficient alphas ranging from .90 to .93 and test-retest reliability over a 2-week period ($r = .92$).² The SIRI-2 discriminated between master's level counselors and introductory college students and demonstrates sensitivity to change with education and training.² The **Suicide Opinion Questionnaire (SOQ)**^{3,4} consists of 100 self-report items that assess the attitudes of health care professionals about suicide. Examples include "I would feel ashamed if a member of my family committed suicide;" "Most persons who attempt suicide are lonely and depressed;" and "Suicide is an acceptable means to end an incurable illness." Estimates of test-retest reliability have indicated that the 8 subscales have moderately high to high test-retest reliability over a wide variety of intervals (from 2 weeks to 18 months), ranging from .73 to .96 across.⁵ The **Suicide Potential Rating Scale, also called the Suicide Lethality Scale (SPLS)**^{6,7}, is a 13 item self-report questionnaire that assesses general knowledge about suicide. Responses are scored as either correct or incorrect. Construct validity has been established by comparing accuracy of responses from professionals and non-professionals.

The process to document lessons learned; what barriers inhibited implementation and how such barriers were resolved; and what would be done differently in the future: In the last half of year three, a major project will be the development of Program Replication Guidelines in order document useful and usable information from multiple perspectives on what was learned, what did and did not work, barriers to implementation and the best ways to overcome or avoid them, program costs, program outcomes, and recommendations for improvement. Discussions will begin early on in the meetings with the TYSP-Mi Program Advisory Group and local grantees about the need to compile information and document throughout the project what will be useful in developing these Guidelines. Each local program will submit a report based on a standard outline used by all the local programs, and developed in collaboration with the grantees. The report information will be aggregated and compiled with the findings from the state level efforts.

Dissemination of findings: In addition to the Replication Guidelines, Dr. Ewell Foster will be disseminating the results of the ASIST and AMSR training evaluations to the academic community via presentations at national meetings (e.g., American Association of Suicidology) and national academic journals related to suicide prevention (e.g., Suicide and Life Threatening Behavior).

SECTION E: LITERATURE CITATIONS

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