

Learning Collaborative

Strategic Planning for Suicide Prevention



Learning Module 5: Planning Your Evaluation
Creating Logic Models, Monitoring Progress, and
Evaluating Your Efforts

Know the Signs >> Find the Words >> Reach Out



Funded by counties through the voter-approved Mental Health Services Act (Prop. 63)

Welcome!

- If you called in on the phone, find and enter your audio PIN
- If you have a question, technical problem or comment, please type it into the “chat” box or use the icon to raise your hand.

✓ Jana Sczersputowski, MPH



Jana Sczersputowski applies her public health background to deliver community-driven and behavior change oriented communication solutions in the areas of mental health, suicide prevention, child abuse prevention and other public health matters. She is specialized in strategic planning, putting planning into action, and evaluating outcomes. Most of all she is passionate about listening to youth, stakeholders and community members and ensuring their voice is at the forefront of public health decision making impacting their communities.

✓ Anara Guard



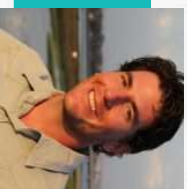
Anara Guard has worked in suicide and injury prevention since 1993. For the past eight years, she has been a subject matter expert advising Know the Signs and other suicide prevention projects. Previously, she was deputy director at the national Suicide Prevention Resource Center where, among other duties, she led the development of annual grantee meetings for SAMHSA's suicide prevention grantees and oversaw technical assistance.

✓ Rosio Pedroso, MPP



Rosio Pedroso has over 20 years of research and evaluation experience focusing on unserved and underserved communities. She has over six years of experience conducting train the trainer curriculum and materials for community engagement and statewide campaigns including suicide prevention and child abuse and neglect awareness.

✓ Stan Collins



Stan Collins, has worked in the field of suicide prevention for nearly 20 years. Stan is a member of the American Association of Suicidology's Communication team and in this role supports local agencies in their communications and media relations related to suicide. In addition, he is specialized in suicide prevention strategies for youth and in law enforcement and primary care settings.

✓ Sandra Black, MSW



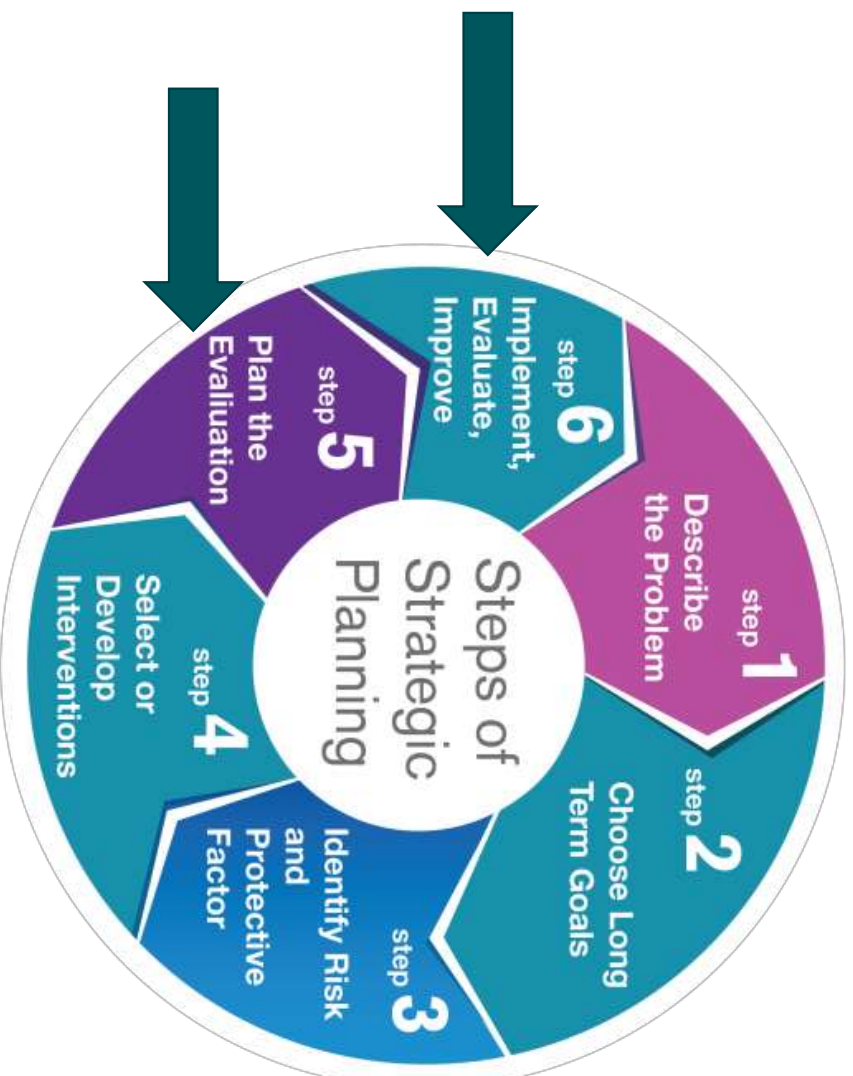
Sandra Black has worked in suicide prevention in California since 2007. Until 2011 she managed the California Office of Suicide Prevention, which included completion and implementation of the California Strategic Plan on Suicide Prevention.

Strategic Planning Learning Collaborative Overview

- **Webinar 5: Planning Your Evaluation.** Creating Logic Models, Monitoring Progress, and Evaluating Your Efforts

-
- Webinar 1: Strategic planning framework
 - **November 6th 10:30am-12pm**
 - Webinar 2: Describe the problem and its context
 - **December 4th 10:30am-12pm**
 - Webinar 3: Building and Sustaining a Coalition
 - **January 15th 10:30am-12pm**
 - Webinar 4: Putting Planning into Action:
 - **March 12th 10:30am-12pm**

Steps of Strategic Planning



Based on the Steps of Strategic Planning Framework from the Suicide Prevention Resource Center (SPRC).



Creating A Logic Model and Action Plan

Why Use a Logic Model?



Certain resources are needed to operate your program

If you have access to them, **then** you can use them to accomplish your planned activities

If you accomplish your planned activities, **then** you will hopefully deliver the amount of service that you intended

If you accomplish your planned activities to the extent you intended, **then** your participants will benefit in certain ways

If these benefits are achieved, **then** certain changes in groups or communities are expected to occur



Your Planned Work

Your Intended Results

Example 12: Logic Model for a Youth Mental Health Refugee Camp

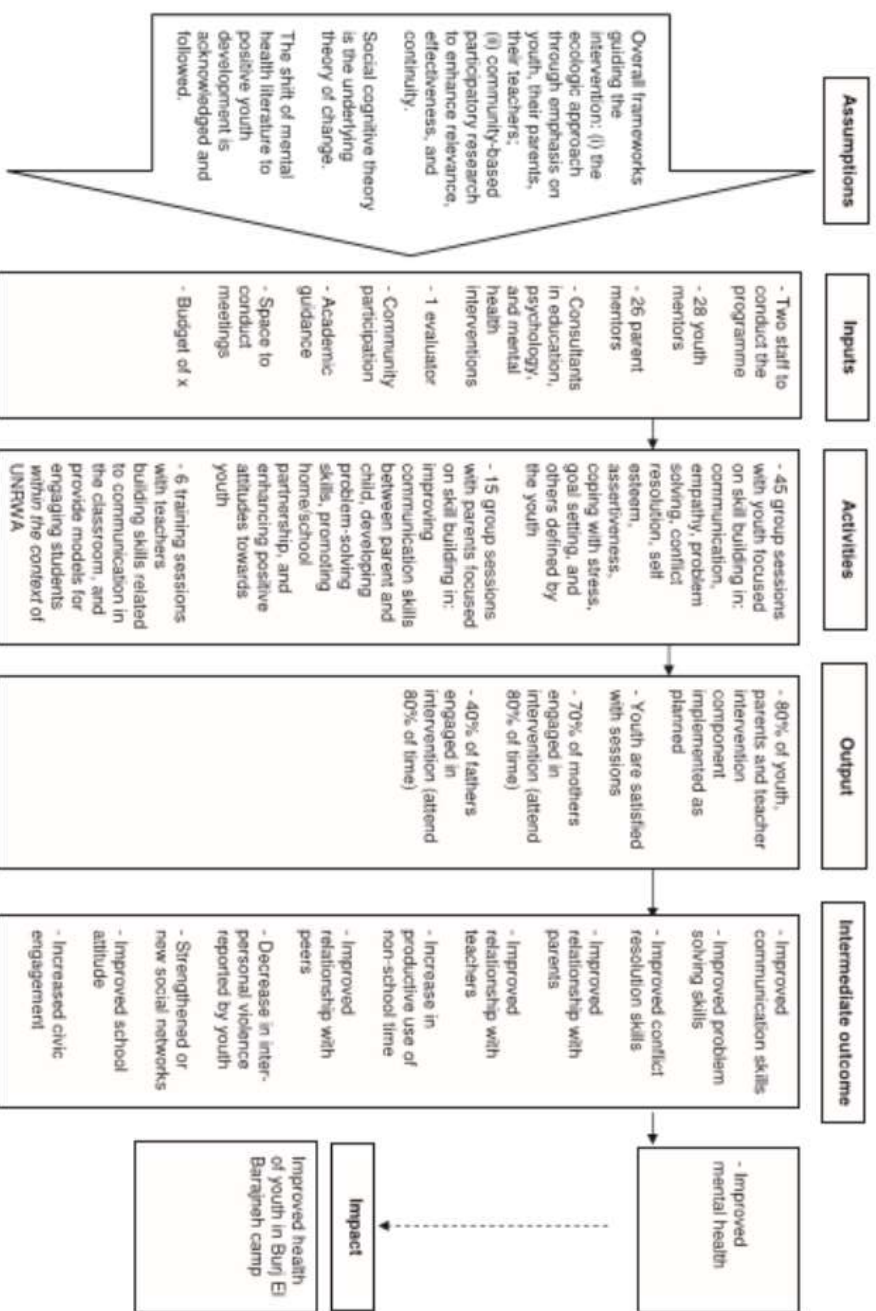


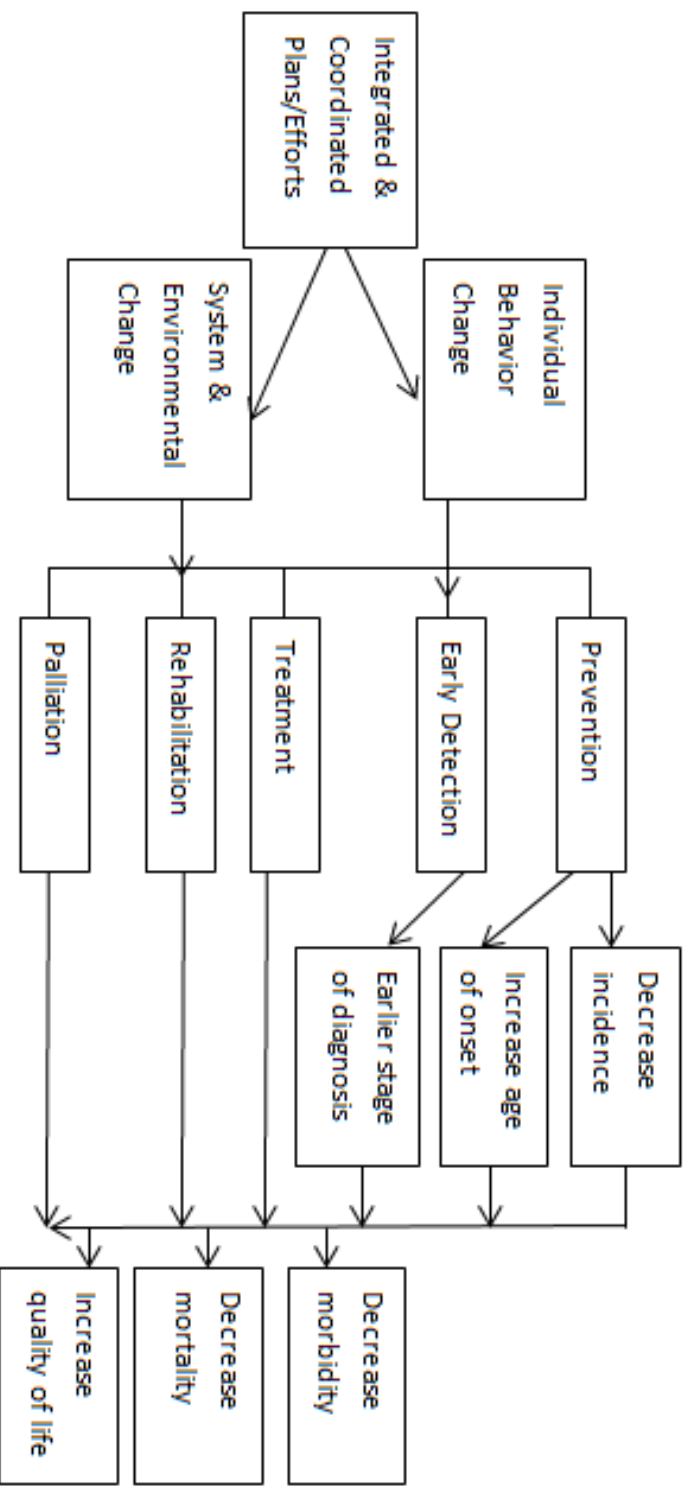
Figure 3 The logic model for our youth mental health promotion intervention

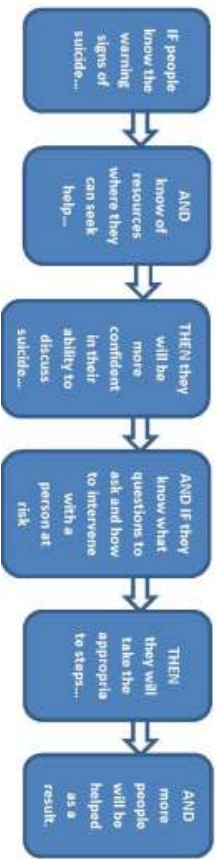
Example : Comprehensive Cancer Control

If



Then



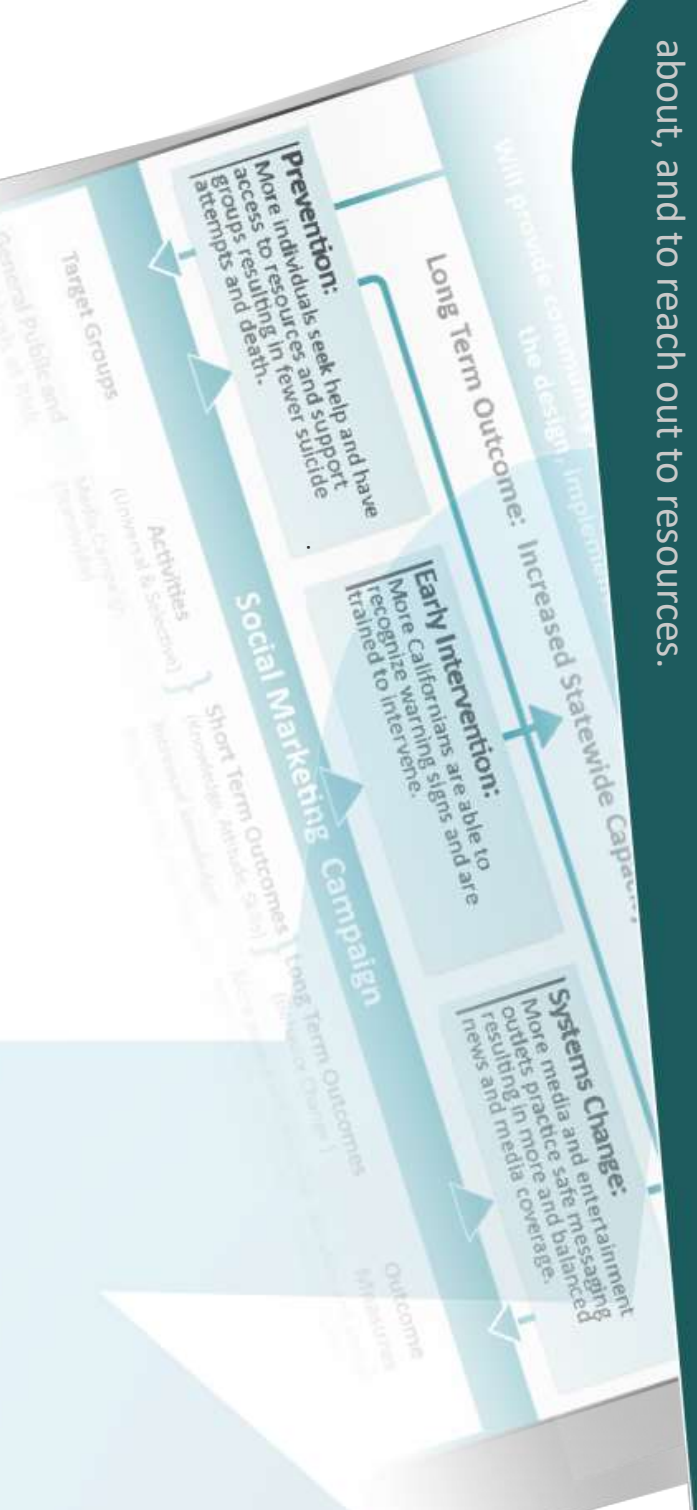


Target Groups	Activities (Universal & Selected)	Short Term Outcomes (Knowledge, Attitudes, Skills)	Long Term Outcomes (Behavior Change)	Outcome Measures
General Public and Individuals at Risk	Media Campaign: Campaigns that fit with needs to use targeted materials (TV, Radio, Print, Online and more) provided to each county (Statewide)	Increased knowledge: Risk factors and warning signs Crisis lines and resources Suicide is preventable Recovery is possible	More people will recognize warning signs, confidently offer help and be able to train other individuals to recognize	Baseline and annual follow-up studies Number of media impressions
Selected Audiences at Elevated Risk:	Targeted Outreach: Targeted outreach for those at elevated risk (Driven by data and demographic)	Education to help through personal stories Survivor support groups are trained to advocate with local media	More individuals will ask for help and seek help from appropriate resources Reduced stigma around help-seeking	Call to phone numbers listed on campaign materials
Selected Audiences at Elevated Risk:	Targeted Outreach: Targeted outreach for those at elevated risk (Driven by data and demographic)	Survivor support groups are trained to advocate with local media More news coverage and social media messaging More survivor support groups available in the community	More health care providers with skills to recognize and respond to warning signs of suicide	Annual media analysis of coverage to recognize recommendations Number of news outlets that participate in forums Number of news outlets that report on suicides

Core Values
Community and consumer driven, utilization of best practices, sustainable, culturally and linguistically competent, collaboration & integration, data driven & outcome-based

Know the Signs is a statewide suicide prevention social marketing campaign with the overarching goal to increase Californians' capacity to prevent suicide by encouraging individuals to know the signs, find the words to talk to someone they are concerned about, and to reach out to resources.

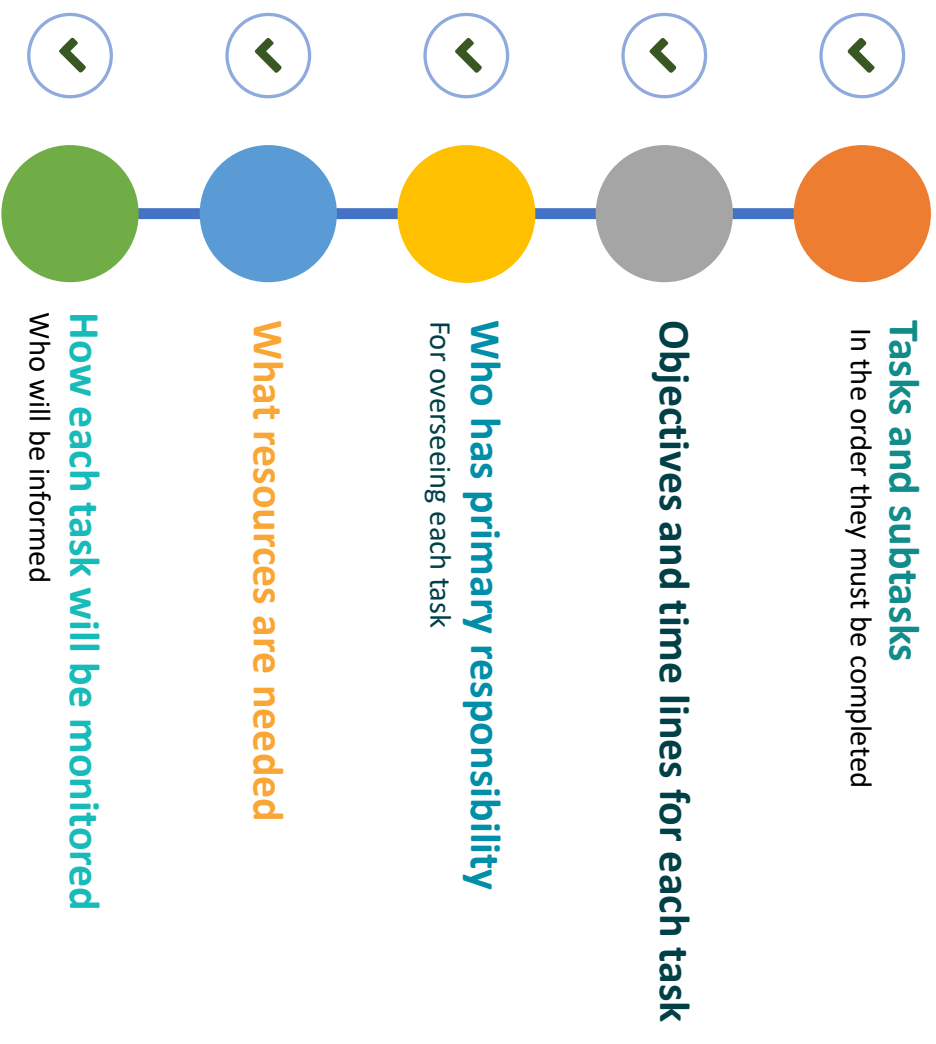
KNOW THE SIGNS



50%
 Californians were exposed to the Know the Signs campaign that was rated by an expert panel to be aligned with best practices and one of the best media campaigns on the subject.

"The results provide further evidence that the Know the Signs campaign is making Californians more confident in their ability to intervene with someone at risk of suicide."
 (RAND Corporation, 2015)

Action Plan





Q&A



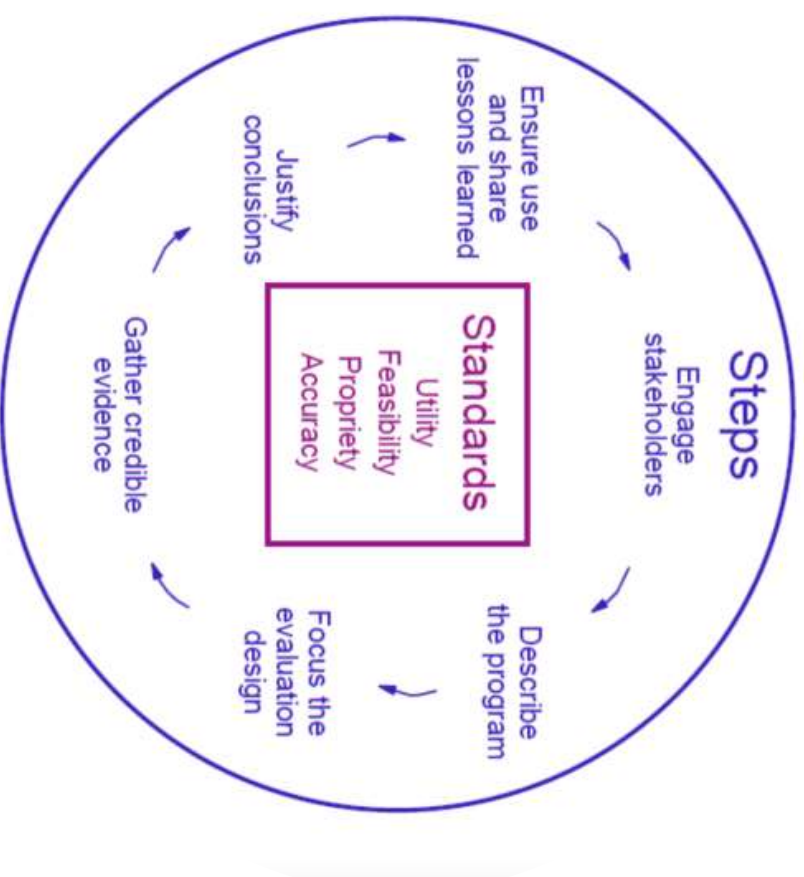
Step 5: Plan the Evaluation



<u>Evaluation Is Thought To Be:</u>		<u>Evaluation Can Be:</u>
Expensive	.....	Cost-effective
Time-consuming	.....	Strategically timed
Tangential	.....	Integrated
Technical	.....	Accurate
Not Inclusive	.....	Engaging
Academic	.....	Practical
Punitive	.....	Helpful
Political	.....	Participatory
Useless	.....	Useful

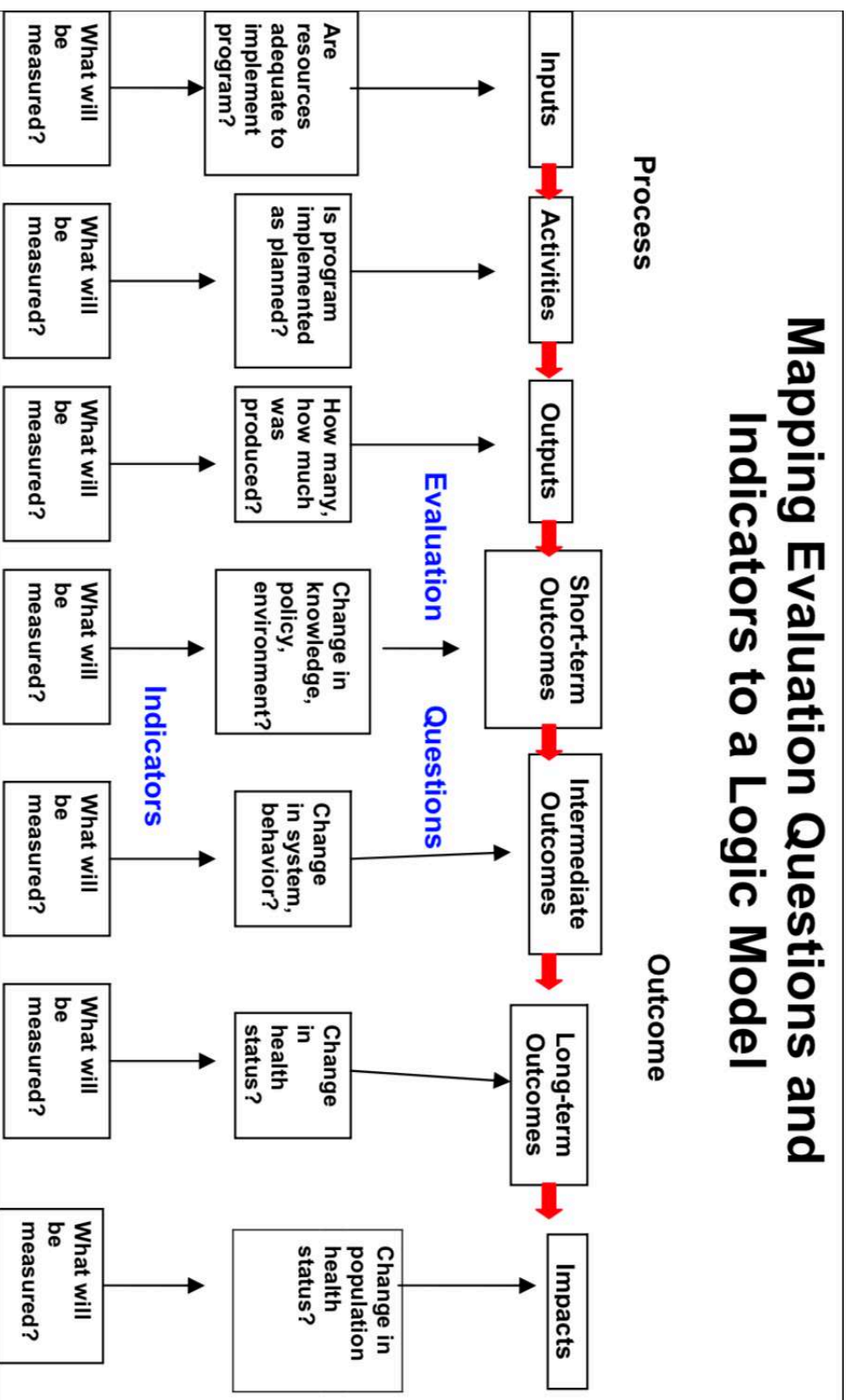
Centers for Disease Control and Prevention, Evaluation Guide,
http://www.cdc.gov/cvh/library/evaluation_framework/index.htm

CDC Evaluation Framework



Centers for Disease Control and Prevention, Evaluation Guide,
http://www.cdc.gov/cvh/library/evaluation_framework/index.htm

Mapping Evaluation Questions and Indicators to a Logic Model



Centers for Disease Control and Prevention, Evaluation Guide,
http://www.cdc.gov/cvh/library/evaluation_framework/index.htm

Outcome Measurement

While what you DID is
important...

... what HAPPENS when you
do it is even more important.

*What has **changed** as a result of
what we have been doing?*

Change	In What	For Whom
Increase/decrease Maintain Improve Reduce Expand	Attitudes Knowledge Perception Behavior Organization Skills	Population group Participant Client/Patient Individual Family Community



Specific



Behavioral Objectives

Look at changing the behaviors of individuals (what they are doing and saying) and the products (or results) of their behaviors.

- Increase the number of medical providers who will screen patients for depression by 50% resulting in an increase in individuals that are identified at risk and referred to mental health services.



Measurable



Community Level Objectives

These are the result of behavior change in many people.

- Using 2016 suicide data of 44 total suicide deaths as a baseline, the goal is to reduce suicide deaths in Solano County by 10% in five years, 20% in ten years with an ultimate goal to work towards zero suicide deaths.



Achievable



- As measured by an annual population survey, 100% of our community will agree with the statement, "I am confident in my ability to discuss suicide with someone I care about."



Relevant



Process Objectives

Refer to the implementation of activities necessary to achieve other objectives.

- Attend medical society meetings to begin to survey and engage medical providers in providing feedback as to the importance of screening for depression.



Timed



Challenging



County Spotlight:
Evaluation of the San Diego County
Suicide Prevention Action Plan Update 2018

Edith Wilson, Ph.D.

UC San Diego Health Services Research Center

EMM Webinar

Tuesday April 16, 2019

UC San Diego



COMMUNITY HEALTH
IMPROVEMENT PARTNERS
mending a difference together



PRESENTER INTRODUCTION



Edith Wilson, PhD

- Edith is an Evaluation Research Associate with the Health Services Research Center at UC San Diego. She is the project manager for the evaluation of the San Diego County Suicide Prevention Action Plan, HSRC Innovations Program contract, and data identification project. She has also been involved in the evaluation of Prevention and Early Intervention programs for San Diego County as well as projects funded by the Mental Health Services Oversight and Accountability Commission.
- Prior to her position at UC San Diego, Edith worked as a Senior Analyst for the UK Ministry of Justice.



CONTENT

- I. Background on San Diego Suicide Prevention Council (SPC)
- II. SPC Consultants
- III. Suicide Prevention Plan Update 2018 Strategy Framework
- IV. Development of Evaluation Plan
 - I. Logic Models and Evaluation Plan Grids
 - II. SPC Partner Organization Survey
 - III. SPC Member Survey
- V. Dissemination
- VI. Time for Questions

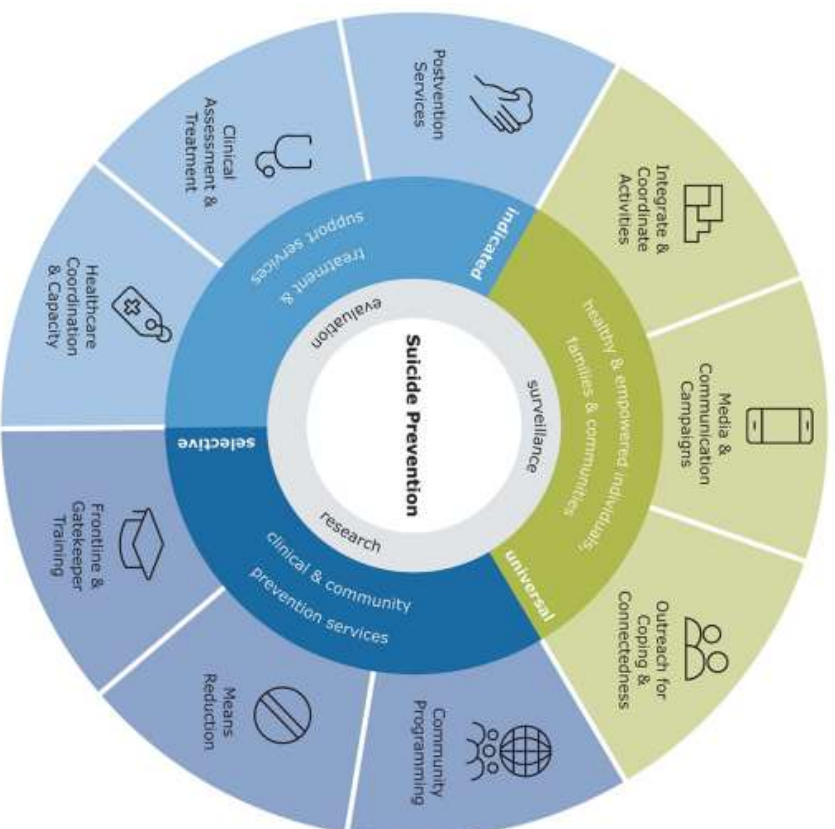
BACKGROUND

SAN DIEGO COUNTY SUICIDE PREVENTION COUNCIL

- The San Diego County Suicide Prevention Council (SPC) is a collaborative of mental and behavioral health stakeholders with a collective vision of zero suicides.
- SPC's mission is to prevent suicide and its devastating consequences in San Diego County.
- Community Health Improvement Partners (CHIP) was contracted to form the SPC and introduced a Suicide Prevention Action Plan for San Diego County in 2011 and an updated Action Plan in 2018.
- SPC provides oversight, guidance, and collective support to implement the recommendations of the Suicide Prevention Action Plan.
- SPC is funded via the Prevention and Early Intervention (PEI) component of the Mental Health Services Act (MHSA).

SUICIDE PREVENTION ACTION PLAN UPDATE 2018 STRATEGY FRAMEWORK

The San Diego County Suicide Prevention Action Plan Update 2018 (SPAP Update 2018) identifies nine suicide prevention strategies that were developed as part of a stakeholder-driven process.



Scan this code for more information on the SPAP Update 2018.



SPC CONSULTANTS

- The UC San Diego Health Services Research Center (HSRC) has been contracted as the **SPC Evaluation Consultant** to develop an evaluation plan for the SPAP Update 2018.
- The purpose of the SPC Evaluation Plan is to provide a framework for the evaluation of the implementation of the SPAP Update 2018.
- HSRC works very closely with the **SPC Strategic Planning Consultant** (Nash and Associates) who is responsible for the development of the SPAP Update 2018 as well as implementation plans which detail actionable activities for each strategy.



DEVELOPMENT OF EVALUATION PLAN

Strong Stakeholder Involvement: Health care providers, educators, faith leaders, community members affected by suicide, and other SPC partners provided feedback through:

- **Evaluation Planning Meetings** specific for each strategy (held six meetings in 2018)
- **Expert Interviews**, e.g., with representatives of the San Diego Access & Crisis Line and the It's Up to Us Campaign
- **SPC Assessment & Evaluation Subcommittee**

EVALUATION PLAN: CONTENT

- Background
- Purpose of Evaluation Plan
- Logic Models
- Evaluation Plan Grids
- Review of Epidemiological Data Sources
- Review of Geographic Information System Mapping
- Review of Data Collection System
- Gatekeeper Trainings
- Next Steps



LOGIC MODELS AND EVALUATION PLAN GRIDS

Key Evaluation Elements

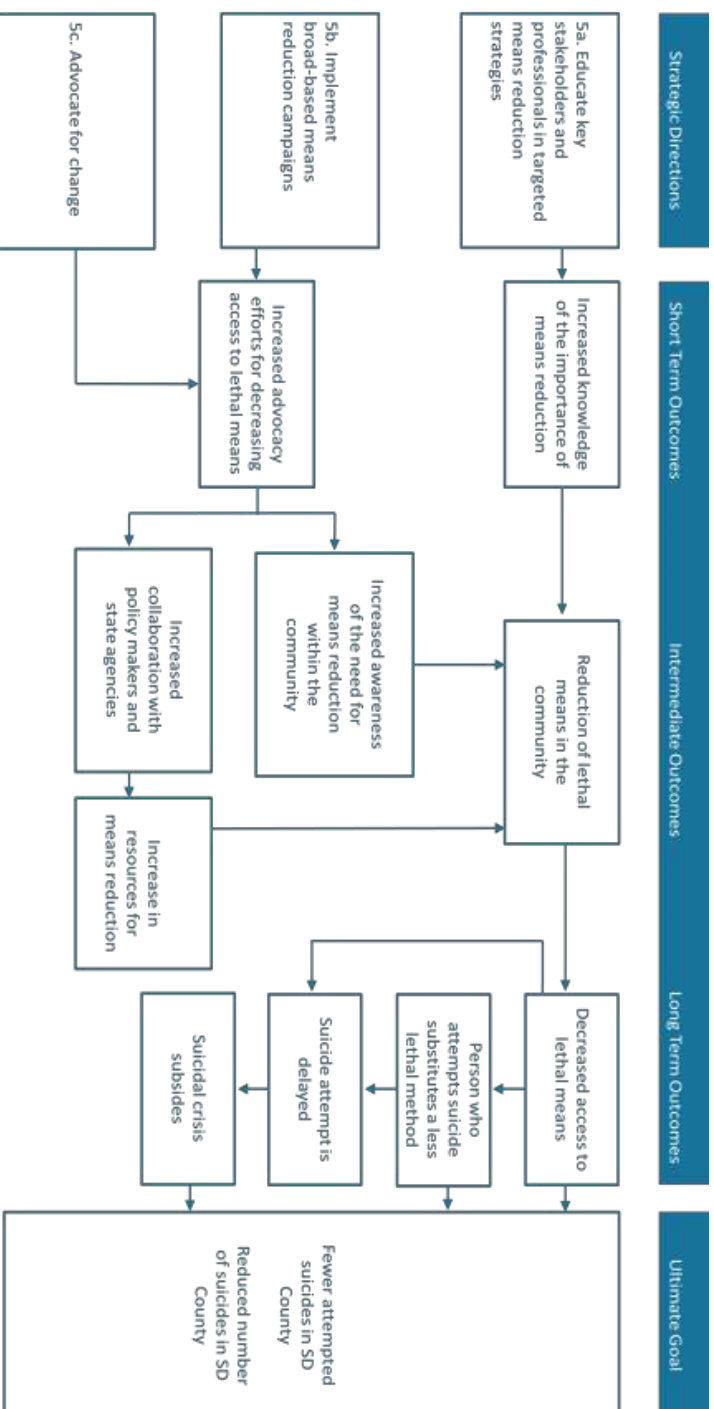
Strategy-specific evaluation elements were identified and summarized in evaluation plan grids and logic models to foster shared understanding.

- **Logic models** visually represent the intended impact of SPC activities on short, intermediate, and long-term outcomes.
- **Evaluation plan grids** are living documents that align SPC's implementation activities with key performance indicators, measures, and responsibilities.
- **Evaluation implementation meetings** were held with SPC partners to identify feasible evaluation efforts and available data.

LOGIC MODEL - EXAMPLE

STRATEGY 5: MEANS REDUCTION STRATEGY

SPC SPAP UPDATE 2018 – LOGIC MODEL: MEANS REDUCTION STRATEGY (MR-S5) *



* Partly based on Barber, C.W., & Miller, M.J. (2014).

EVALUATION PLAN GRID – EXAMPLE

STRATEGY 2: MEDIA AND COMMUNICATIONS

Strategic Direction	2b. Strengthen SPC's partnership with media.
Specific Activities	2b-iii. Outreach to media and communications faculty at local colleges and universities to identify journalism and communications programs and provide presentations to students.
Indicators	<ul style="list-style-type: none"> • # of presentations to students • # students trained by college/university • % of participants correctly identifying positive messaging items on training survey
Measures/Data	<ul style="list-style-type: none"> • Tracking # of attendees by college/university • Post-training survey (including demographics and satisfaction items)
Data collection	SPC Media & Communications Subcommittee

IDENTIFICATION OF KEY DATA SOURCES

- **Surveys** measuring mental health outcomes, consumer perceptions, health risk behaviors, and overall program satisfaction, including new SPC Member and Partner Organization Surveys
- **Training Evaluation Forms** measuring e.g., training satisfaction, knowledge gained, and confidence to intervene
- **Behavioral Health Measures** assessing e.g., overall well-being, knowledge of resources, coping skills, etc.
- **Data Tracking** e.g., to record data pertinent to SPC activities such number of outreach presentations and **Web Analytics**
- **Other Innovative Techniques**, such as Geographic Information System Mapping (GIS)

SPC PARTNER ORGANIZATION SURVEY

Evaluation Implementation Example:

The SPC Partner Organization Survey is a new survey implemented in 2019.

The purpose of the survey is to gather feedback on the collaborative efforts of the SPC, in particular, the implementation of the SPAP Update 2018 across partner organizations.



SPC MEMBER SURVEY

The SPC Member Survey is a new survey implemented in 2019 to gather feedback from individuals participating in the SPC. The survey covers a variety of topics including member diversity, knowledge and use of SPC resources, and satisfaction with the work of the SPC.





DISSEMINATION

Evaluation findings will be disseminated on a regular basis to monitor the progress of the implementation of strategies and to support program improvement efforts via:

- Presentations at stakeholder meetings, conferences, and behavioral health advisory boards
- Sharing of program evaluation results by SPC partners
- Strategy-specific interactive dashboards



ANY QUESTIONS?



REFERENCES AND RESOURCES

- Barber, C.W., & Miller, M.J. (2014). Reducing a Suicidal Person's Access to Lethal Means of Suicide. *American Journal of Preventive Medicine*, 47(3), 264-272.
- Centers for Disease Control and Prevention (2018). CDC Vital Signs: Suicide Rising Across the U.S. Atlanta, Georgia: CDC. Retrieved from: <https://www.cdc.gov/vitalsigns/pdf/vs-0618-suicide-H.pdf>
- Community Health Improvement Partners (2018). San Diego County Suicide Prevention Action Plan Update 2018. San Diego: Community Health Improvement Partners and San Diego County Health and Human Services Agency. Retrieved from: <https://www.sdchip.org/initiatives/suicide-prevention-council/action-plan/>
- Wilson, E., Reyes Yee, F., Bernardino, E., Heller, R., Birch, K., & Sarkin, A. (2018). Suicide Prevention Council (SPC) – SPAP Update 2018 Evaluation Plan (Version 1.0). San Diego: Community Health Improvement Partners and San Diego County Health and Human Services Agency.

For more information on the San Diego County Suicide Prevention Council, visit:
<https://www.sdchip.org/initiatives/suicide-prevention-council/>

CONTACT

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For more information on the UC San Diego Health Services Research Center, visit:

<https://medschool.ucsd.edu/som/fmph/research/hsrc/pages/default.aspx>

Review of the RAND Toolkit

Role of Program Evaluation



Toolkit Components

1. Process for the development of program logic models
2. Accessing the quality of the logic model
3. Designing an evaluation
4. Identifying measures
5. Analyzing and using evaluation data
6. Research and references on suicide prevention programs.

<https://www.rand.org/pubs/tools/TL1111.html>

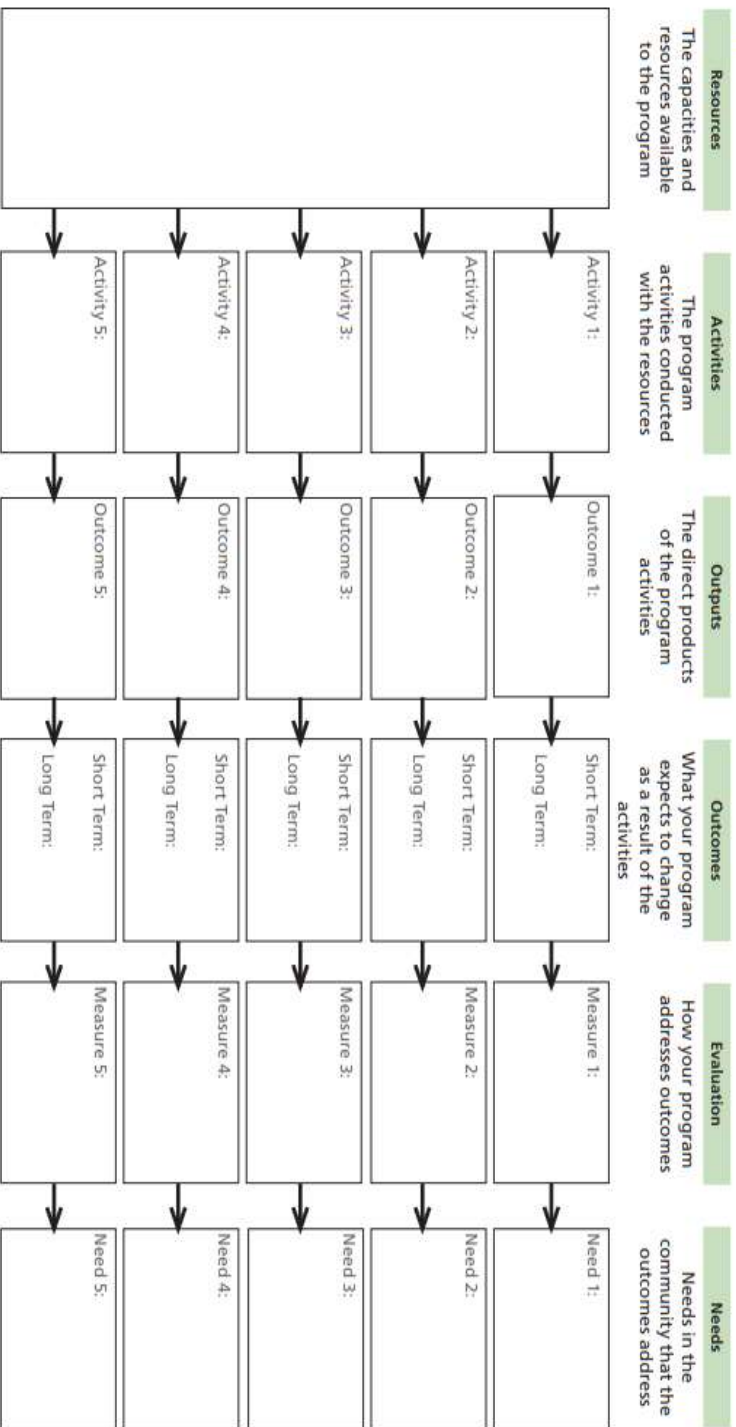


Template 2.1 Blank Program Logic Model Template

Program Name: _____

Date: _____

Target Population: _____





Worksheet 2.1 Identifying Core Components

Next, we'll need to transform these descriptions into well-specified bullets that de-gram resources. Below are examples of well-specified and poorly specified lists of re-

Poorly Specified Examples	Well-Specified Examples
<ul style="list-style-type: none"> • Hotline staff 	<ul style="list-style-type: none"> • Three psychologists on staff trained to deal with callers in crisis • A large volunteer base from the local suicide prevention coalition that can be leveraged a
<ul style="list-style-type: none"> • Money 	<ul style="list-style-type: none"> • \$50,000 funding to cover 1.5 full-time-equivalent program staff
<ul style="list-style-type: none"> • Equipment needed to run the program 	<ul style="list-style-type: none"> • Donated space to run the program at the local department of health • Hotline equipment (phones, phone lines, answering service, etc.)
<ul style="list-style-type: none"> • Relationships with key partners 	<ul style="list-style-type: none"> • A memorandum of understanding with the local department to conduct house calls when hotlines identify a caller as high-risk

Describe these resources using a list of well-specified bullets:



Worksheet 2.1 Identifying Core Components

Outcomes can be grouped into short-term and long-term outcomes. "Short-term outcomes should be attainable within 1 to 3 years, while longer-term outcomes should be achievable within a 4 to 6 year timeframe" (W. K. Kellogg Foundation, 2000). However, if your program is only three months long, your short-term outcomes may occur in the one- to three-month time frame, and your long-term outcomes may occur in the six-month to one-year time frame. Anchor your short- and long-term outcomes to your program's length. Next, we'll need to transform these descriptions into well-specified bullets that describe intended program outcomes and group them as short-term and long-term outcomes. Below is an example of a well-specified and a poorly specified program outcome.

Poorly Specified Example	Well-Specified Example
<ul style="list-style-type: none"> • Increase knowledge about suicide 	<ul style="list-style-type: none"> • After Springfield High School students participate in the program for two months, their recognition of suicide risk factors will increase by 20 percent

Describe the intended short-term outcomes using well-specified bullets:

Suicide Prevention Program Logic Model

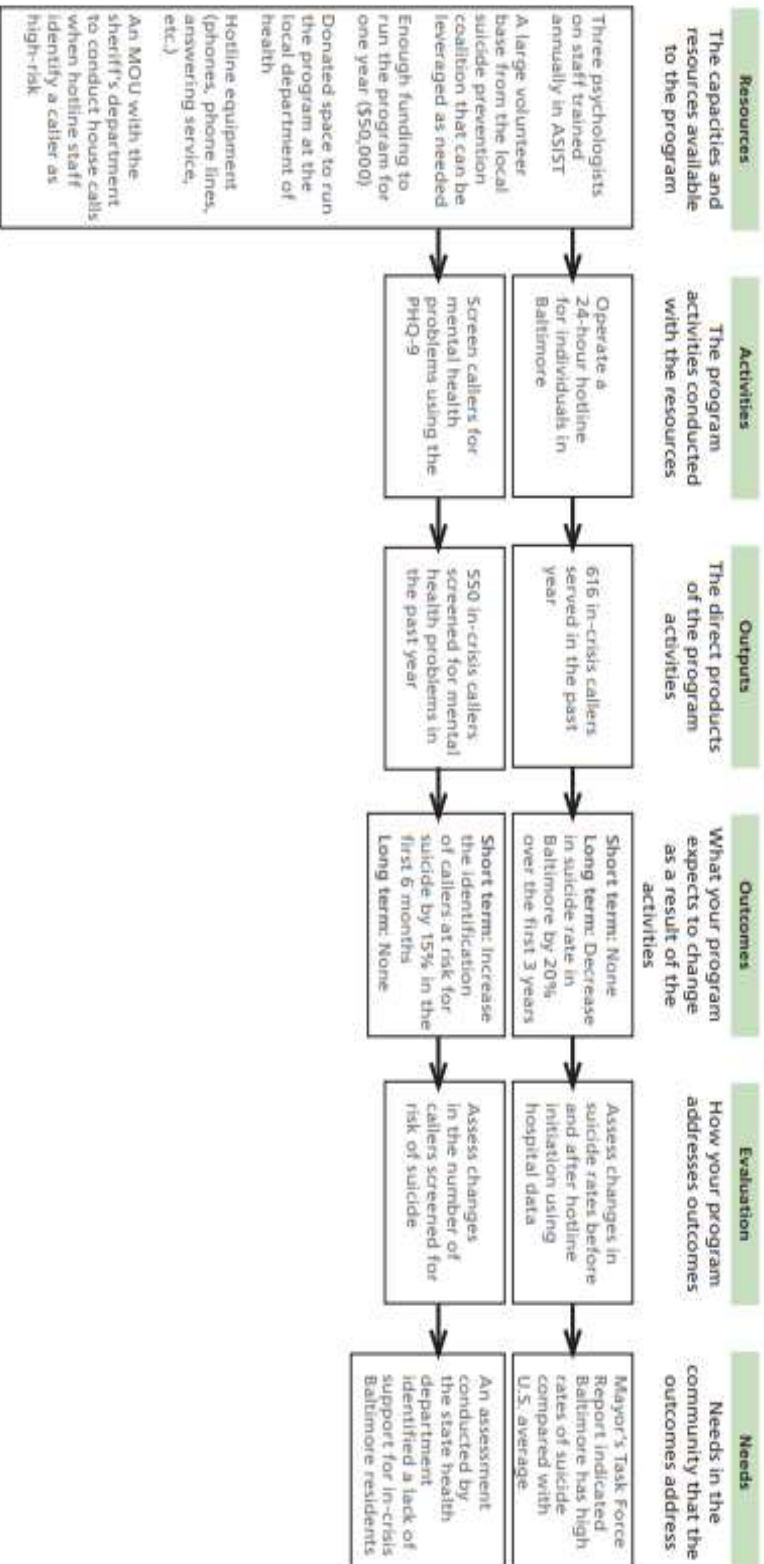


Template 2.2
Sample Program Logic Model

Program Name: Fictional Crisis Hotline

Date: 6/1/13

Target Population: In-crisis residents in the metropolitan areas of Baltimore, Maryland (zip codes 21201, 21202, and 21210)



Program Evaluation Design

RAND Suicide Prevention Program Evaluation Toolkit



Table 3.2
Types of Evaluation Designs

Method	Ease of Execution	Confidence in Result	Cost	Expertise Needed to Gather and Use Data
Pre-/post-intervention evaluation with control group	Hard to find group willing to be randomly assigned; ethical issues of withholding beneficial program from control participants	Provides excellent level of confidence that the program caused the change	High; doubles the cost of the evaluation	High
Pre-/post-intervention evaluation with comparison group	Can be hard to find group that is similar to program group	Provides good level of confidence that the program caused the change	High; doubles the cost of the evaluation	Moderate to high
Interrupted time series analysis	Requires several years of data collected in the same way, which can be hard to find	Tracks short- and long-term changes, but one cannot be sure that the program caused the change	Inexpensive (data usually collected by other sources)	Low (for simple graphical technique; statistical methods are complex)
Pre-/post-intervention evaluation	Easy way to measure change	Only moderate confidence that the program caused the change	Moderate	Moderate
Retrospective pre-/post-intervention evaluation	Easier than the standard pre/post evaluation	Only moderate confidence that the program caused the change and it may be hard for participants to recall how they were at the start	Inexpensive	Low

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Chapter Three: Evaluation Design



Table 3.3
Statistically Significant Effects of Suicide Prevention Programs, by Program Type

Program Type	Statistically Significant Effects Detected in Evaluation Studies	Reference
Appropriate postvention response	Decreased negative emotions	Farberow, 1992
Crisis hotline	Decreased number of callers with mental state of "set in" and increased number rated as "no suicide urgency" Decreased suicidal ideation from beginning to end of call Decreased depressed mood	King, Nurcombe, et al., 2003 Mishara and Daigle, 1997 Gould, Kalafat, et al., 2007 Gould, Muntak, et al., 2012 Meehan and Broom, 2007
Gatekeeper training	Improved knowledge about suicide and attitudes (self-efficacy) about intervening with suicidal individuals	Cross, Mathieu, et al., 2007 Nelson, 1987 Capp, Deane, and Lambert, 2001 Clark, et al., 2010
Marketing campaign	Decreased negative emotions and distress Increased knowledge about suicide	Bryan et al., 2009 Daigle et al., 2006
Means restriction	Decreased suicide rates	Yip et al., 2010
Mental health intervention	Please refer to the evaluation findings for the specific therapeutic approach that you are employing. A summary of findings for multisystemic therapy, problem-solving therapy, LIFESPAN therapy, RUSH, and dialectical behavior therapy are included in Section A.6 in Appendix A .	
Provider training	Improved attitudes and competence levels	Chan, Chien, and Tso, 2009a, 2009b Rutz, 2001
Screening program	Increased referrals for mental health services	Husky, Kaplan, et al., 2011; Husky, McGuire et al., 2009; Husky, Miller, et al., 2011
Coping skills and self-referral training	Decreased suicidal ideations, depression, hopelessness, stress, and anger Increased self-esteem and social network support	Egbert, Thompson, Herring, and Nicholas, 1995 King, Strunk, and Sorter, 2011

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Program Evaluation Plan



Template 3.1 Evaluation Planner

Sample	Data Collection	Measures	Plan for Data Analysis	Resources Needed
Target population:	Timing		Intended audience:	
Size:	Frequency			
	Person responsible			



Table 4.2
Sample Outcome Measures

Sample Measure	Brief Description	Reference(s)
Increased Awareness of Suicide Signs and Symptoms and Self-Care Skills (cont.)		
Attitudes toward mental health treatment	Extent to which individuals have a negative attitude toward mental health treatment or have concerns that it might affect their decision to seek treatment for a psychological problem from a mental health professional	Rotherham-Borus, Placentini, Van Rossem, et al., 1996*** Britt et al, 2008****
Skills associated with help-seeking behaviors	Extent to which individuals have engaged in help-seeking behaviors in the past three months (e.g., in the past three months, have they received treatment from a psychologist?)	Aseltine and DeMartino, 2004****
Reasons for Living Inventory, Survival and Coping Scale	Assessment of positive expectancies about living as opposed to killing oneself and the importance of these beliefs in resisting suicide	Linehan, Goodstein, et al., 1983**
Improved Identification of Those at Risk		
Suicide intervention skills	Extent to which individuals were able to elicit a promise from a peer not to act on suicidal intentions until talking with someone first, expressed willingness to accompany the peer to a resource person, did not agree to keep a secret about the peer's suicidal intentions, and displayed active crisis intervention skills	LaFromboise and Howard-Pitney, 1995***
Self-efficacy in identifying and referring individuals at risk	Extent to which individuals feel comfortable applying suicide prevention skills, active listening, problem-solving, anger management, and stress management skills to identify and refer individuals at risk for suicide to appropriate care; this measure also relates to access to care	LaFromboise and Howard-Pitney, 1995***
Screening for self-damaging, or impulsive behavior	Extent to which an individual engages in self-damaging behavior, including gambling, binge eating, substance misuse, and reckless driving	Arntz et al., 2003***
Screening for suicide risk	Use of systematic tool, such as the Symptom-Driven Diagnostic System for Primary Care, the Scale for Suicidal Ideation, or the Suicidal Ideation Screening Questionnaire, to screen individuals for suicide risk; screenings can take place in primary care, school, employment, and other non-mental health and mental health settings	Broadhead et al., 1995* Beck, Brown, and Steer, 1997* Cooper-Patrick, Crum, and Ford, 1994*

Checklist 4.1

- Fidelity data are linked directly to specific program activities. Refer to the program activities in your logic model.
- Demographic or attendance data collected are from the program participants. Refer to the target population in your logic model.
- Satisfaction data are collected from either the program participants or staff responsible for implementing the SPP.
- Outcome data are linked directly to a specified program outcome. Refer to the logic model for program outcomes



Worksheet 6.1 Assessing Participation in Your Program's Evaluation (adapted from unpublished research by Hunter et al.)

A. What is the period of reporting?	B. How many participants did you plan to reach with your program?	C. How many attended your program even once?	D. How many people participated in the evaluation?
E. % of participants reached: _____ (number of participants who attended your program even once/number of participants you planned to reach x 100)		F. % of participants in the evaluation: _____ (number of participants in the evaluation/ number of participants who attended your program even once x 100)	

G. Who took part in the evaluation?

Program completers

Regular attendees

Everyone who ever attended

Others

H. How well does your evaluation represent the population you intended to reach? (Using the information above, check one.)

Not at all well: This means that you did not reach the program participants you planned to reach (% of participants reached was less < 50%). It can also mean that you reached most or some of the participants you planned to reach (% of participants reached was > 50%), but few participated in the evaluation (% of participants in the evaluation was < 75%).

Somewhat well: This means that you reached some of the program participants you planned to reach (% of participants reached was > 50%). Of those reached, most participated in the evaluation (% of participants in the evaluation was < 75%).

Very well: This means that you reached most or all of the program participants you planned to reach (% of participants reached was > 75%), and most participated in the evaluation (% of participants in the evaluation was < 75%).




Worksheet 6.2 Review Program Outcomes, with Example (based on unpublished research by Hunter et al.)

Outcome	Difference/Change in Any of the Outcomes?	What is the trend?	Did this meet your expectations for the program?	Met Expectations?	Action Needed?	Potential Barriers (e.g., resources, expertise)?
<i>Example:</i> After Springfield High School students participate in the program for two months, their recognition of suicide risk factors will increase by 20 percent.	15 percent increase in the Springfield High School students' recognition of suicide risk factors	<input checked="" type="checkbox"/> Better <input type="checkbox"/> Same <input type="checkbox"/> Worse	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Missed <input type="checkbox"/> Exceeded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Student attendance varied. May need to think about make-up sessions to accommodate student absences.	
	<i>Was this related to any program activities (as measured by process evaluation measures)?</i> Yes, attendance data. These data showed that 65 percent of the students participated in the full two-month program.					

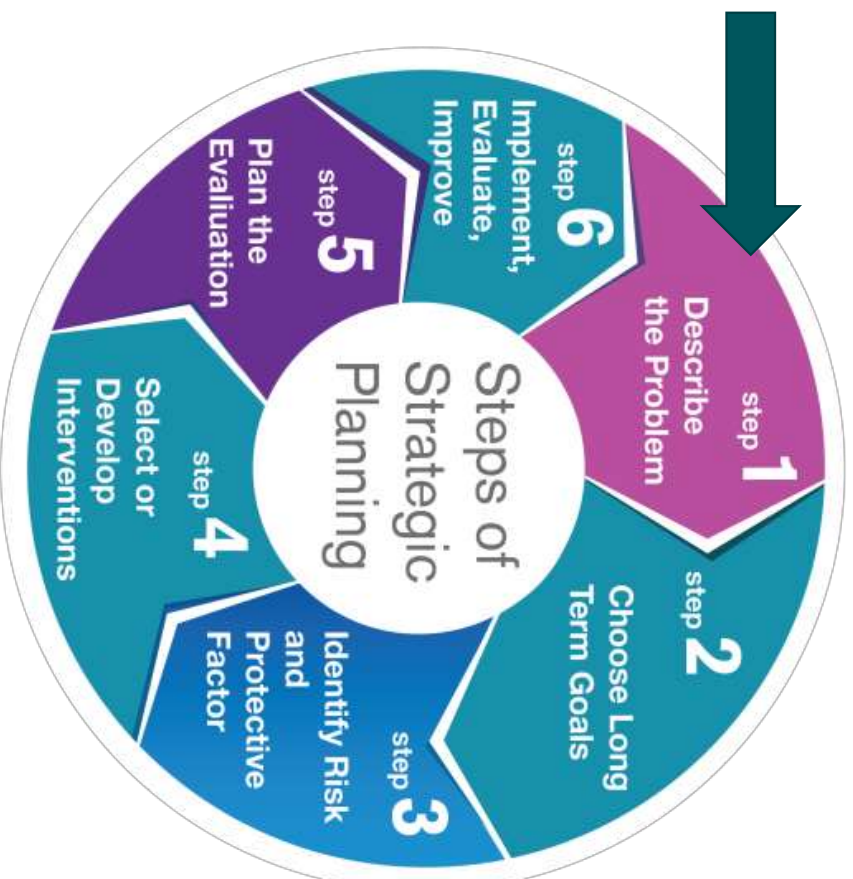


Q&A

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Step 6: Implement, Evaluate, and Improve

Steps of Strategic Planning



Based on the Steps of Strategic Planning Framework from the Suicide Prevention Resource Center (SPRC).

SANTA CLARA COUNTY SUICIDE PREVENTION PROGRAM

Goals

Reduce and prevent **suicide deaths** in Santa Clara County

Outcome Objectives

1. Increase early identification and support for people thinking about suicide
2. Increase use of mental health services
3. Strengthen community suicide prevention and response systems
4. Reduce access to lethal means
5. Improve messaging in media about suicide

Cross-cutting
Data & evaluation
Policy implementation
Cultural competency



SANTA CLARA COUNTY SUICIDE PREVENTION PROGRAM

Activities

1. Gatekeeper trainings
2. Public education campaigns
Community outreach
Services: Crisis Text Line, LGBTQ, grief support
3. School-based partnership – Kognito/HEARD Alliance
City-wide policies
4. Gun safety policy
Gun shop outreach
5. Media response and interviews
Safe messaging trainings

ation Oversight Committee: Suicide Prevention Program Staff, Workgroups, Interventions, Policy, Communities



Q&A

Additional Resources

Centers for Disease Control and Prevention, Evaluation Guide
<https://www.cdc.gov/eval/approach/index.htm>

RAND Suicide Prevention Program Evaluation Toolkit
<https://www.rand.org/pubs/tools/TL1111.html>

PH Learn Link Program Planning and Evaluation On Line Course, Northwest Center for Public Health Practice, University of Washington School of Public Health

<http://phlearnlink.nwcpnp.org/course/index.php?categoryid=15>



California's Mental Health Movement



Funded by counties through the voter-approved Mental Health Services Act (Prop. 63).