2016

Coalition Survey

prevent suicide
WISCONSIN
PARTNERS SAVING LIVES IN OUR STATE

Prepared by Mental Health America of Wisconsin

October 2016

2016 Coalition Survey Narrative

Introduction

Mental Health of America of Wisconsin (MHA) is the grantee for the Department of Health Services' contract for Mental Health Prevention and Quality Improvement-Suicide Prevention. Through this grant MHA supports the development of suicide prevention infrastructure and training to address the needs of children with serious emotional disturbances and adults with serious mental illness. The work of the grant is directed, in part, by the Wisconsin Suicide Prevention Strategy (WSPS). A key element of the WSPS is ongoing evaluation of Wisconsin's suicide prevention efforts to support quality improvement. The Coalition Survey is one part of that evaluation effort.

Local suicide prevention coalitions can play an important role in implementation of the objectives of the WSPS. They can promote the WSPS objectives to members of their community, directly engage in activities in support of the WSPS and support other groups that are engaging in such activities. The health of these coalitions is therefore an important part of a strong suicide prevention infrastructure in Wisconsin. The Coalition Survey attempts to identify barriers and facilitators to coalition effectiveness in order for MHA and its partners, through Prevent Suicide Wisconsin, to identify how best to support optimal effectiveness. The survey also helps us understand the role that local coalitions are playing in implementation of the WSPS.

The 2016 Coalition Survey is the second such survey. The first was conducted in 2015. This narrative provides an overview of the findings from the survey. The compiled survey findings can be found in Appendix 1.

Comparing the 2016 Survey with the 2015 Survey

There were 25 responses to the 2016 Coalition Survey representing 26 counties (although it is possible that some responding coalitions cover more than one county but this was not captured on the survey). See the map of counties identified as being part of coalitions responding to the 2016 survey in Appendix 2. This compares with 26 responses in 2015 representing 26 counties. Appendix 3 contains a table of counties associated with responses for both surveys.

Throughout this report we will provide some comparative information with the 2015 Coalition Survey. However, these need to be taken with the proverbial grain of salt for two reasons. First, the coalitions responding to the surveys differed fairly significantly between the two surveys. While 19 coalitions responded to both surveys, there were 7 coalitions that responded in 2015 that did not respond in 2016 and 7 coalitions that responded in 2016 that did not respond in 2015. Therefore, we have a very different sample, so differences may be a function of the sample rather than any real change in the data elements themselves. Secondly, for a variety of reasons many of the questions were not the same; sometimes they were similar, but sometimes they were framed very differently. These changes reflected

the perception of evaluators working with Prevent Suicide Wisconsin as to the usefulness of certain questions on the 2015 survey once we were able to review the results.

While it is difficult to interpret changes between the two surveys because of these factors, it is likely that any areas where there seem to be agreement reflect factors that can be judged to be valid, since they apply across the 33 coalitions that responded to either or both surveys.

The State of Local Coalitions

Forty percent of responding coalitions in 2016 report they have been in existence for 1-4 years. In 2015 this number was fifty-six percent. This may reflect that the responding group in 2016 is more experienced, or it may just reflect that fact that a number of the coalitions who responded in 2015 have an extra year of existence and therefore moved into the category of 5-10 years.

Other structural elements of the responding coalitions (the corresponding number from 2015 in parentheses, when available):

- 71% meet monthly (55%)
- 68% have a coordinator who is either paid by the coalition or is provided as in-kind by the organization that pays the coordinator (56%)
- 39% report having a budget (64%)
- 68% of the budget comes from coalition fundraising (83%)
- 79% have a website and/or social media presence
- 43% have a resource directory

The most significant challenges for coalitions are participant time and funding programs and activities.

Table 1: Challenges for Coalitions

Percent reporting issue was a: **Issue**	Difficult Challenge	A Challenge	Total		2015
Participant Time	40	28	68		70
Funding: programs	20	44	64		63
Funding: activities	16	44	60		
Lack of support from key stakeholders	8	12	20		44
Funding for training	8	12	20		30
Lack of Coordination	8	8	16		7
Lack of clarity about Mission	0	12	12		7
Lack of information	4	4	8		15

As noted, while in 2015 coalitions were asked only if something was a challenge or not, these same two items topped the list. Lack of support from key stakeholders was not identified as of great a challenge in 2016.

With regard to participant time, respondents noted that the majority of the work is done by a few members and that conflicts with other responsibilities limits time for those who are volunteers or those who are doing coalition work as an add-on to their other work responsibilities.

With regard to funding for programs and activities, limited funding sources and capacity for grant-writing and planning/implementing fundraisers were identified as specific challenges. However, a number of coalitions did indicate that they had overcome funding challenges by gradually developing their resources with donations or fundraisers or utilizing available grant opportunities. As noted earlier the majority of funding comes from the coalition's own fundraisers or foundations (59%). Funding from county mental health (23%) or public health (18%) dollars is limited. Funding for trainings is less of a challenge because some trainings don't have a cost (such as QPR) or people will pay for the trainings.

Fundraising, along with partnership building/networking, were the two areas that the most coalitions identified where they would like to receive mentoring. A number of coalitions identified a readiness to provide such mentoring.

Implementation of WSPS Objectives

As noted in Table 2, increasing the public's knowledge of suicide risk factors and warning signs is by far the most prevalent activity among coalitions responding to the survey. While the changes from the 2015 survey make comparison especially difficult in this area, gatekeeper training was the most prevalent activity that year, as well.

Table 2: Alignment with WSPS Objectives
(Ranked by "very involved" percent)

Percent of coalitions who are: Objective	Very Involved	Somewhat Involved
Increase public's knowledge of risk factors	72	24
Create suicide-safe environments	40	28
Increase resources for providers	36	20
Increase social connections	29	46
Using data: describe, improve	28	36
Reduce Stigma	20	48
Using data; Identify sub-populations	12	36
ACEs/TIC	12	32

Using data: evaluate	12	28
Improve continuity of care	12	20
Expand access to services	4	44

In the 2015 survey activities that fall into Goals 1 and 2 of the WSPS were most likely to be the ones with which coalitions were involved. Table 3 shows the involvement by Goal areas in the 2016 survey. Goal areas 1 and 2 continue to show the most involvement, but "increasing resources for providers" in Goal area 3 also showed over a third of responding coalitions as very involved.

Table 3: Involvement by WSPS Goal Areas

(Ranked by "very involved" percent within goal areas)

Percent of coalitions who are: **Goals/Objectives**	**Very Involved**	**Somewhat Involved**
Goal 1: Increase Protective Factors		
Create suicide-safe environments	40	28
Increase Social Connections	29	46
Reduce the impact of ACEs/promote SED	12	32
Goal 2: Increase Access to Care for People At Risk		
Increase public's knowledge of risk factors	72	24
Decrease Stigma	20	48
Expand Access to Services	4	44
Goal 3: Implement Best Practices in Health Care System		
Increase resources for providers	36	20
Improve continuity of care	12	20
Goal 4: Improve Monitoring and Evaluation		
Using data: describe, improve	28	36
Using data; sub-populations	12	36
Using data: evaluate	12	28

Table 4 summarizes the responses for utilization and usefulness of various suicide prevention resources. Again, information from the 2015 survey, while not structured in the same way (the first two categories were “extremely” and “moderately”), is provided for comparison sake.

Table 4: Utilization of Resources

(Ranked by “Total”)

Percent who found it: **Resource**	Extremely Useful	Very Useful	**Total**	Have not used	2015	Extremely Useful	Not Using
Burden of Suicide	12	28	**40**	20		47	23
SPRC	24	12	**36**	20		56	23
Annual Conference	20	16	**36**	28		57	27
PSW Website	8	20	**28**	20		21	8
MHA Technical Assistance	12	12	**24**	48		45	16
PSW enews	8	4	**12**	32		24	35
PSW Teleconference	0	8	**8**	42		33	42

There remain a fairly high percentage of coalitions who have not utilized some of the resources available to them. This is notably higher in 2016 for the PSW website and MHA technical assistance. Because the website was redesigned in 2015 there may have been greater interest and use as a result of that. MHA staff capacity to provide technical assistance decreased in the year prior to the 2016 survey, which may account for the change in that category. Identified use of the bi-monthly teleconference remains relatively low, according to the survey, however actual participation on these calls has increased in 2016.

Key factors identified that affect the use of various resources include:

- Burden of Suicide report: time lag in the data.
- PSW Teleconference: scheduling conflicts. Ability to archive these might help.
- PSW Annual Conference: ideas for breakouts that would be more useful.
- PSW Website: ability for coalitions to interact with each other and share ideas.
- Technical Assistance from MHA: more discussion about increasing access to mental health services would be helpful.
- PSW e-Newsletter: nothing specific noted.
- Suicide Prevention Resource Center: just one positive comment.

Seventy-six percent of coalitions reported evaluating any activity as compared to 44% in 2015.

Coalitions were most likely to measure the number of participants (30 responses) followed by participant satisfaction (24), changes in participant knowledge (21) and change in participant behavior/action (13). This likely reflects the relative ease of collecting these different types of outcome data.

Suggestions for Improvement Based on the Survey Results

1. Partnership building and fundraising were the top two areas coalitions identified for which they would like mentoring. MHA will contact those coalitions who expressed a willingness to provide mentoring in these areas to discuss how this might best be accomplished. We will also use the annual conference to address these areas of concern as well as exploring how to create additional opportunities to support coalitions in these areas.
2. PSW has worked with our evaluation partners to develop a coalition effectiveness survey. We plan to make this available to coalitions by the end of 2016. This tool may help coalitions identify any structural challenges that may be impacting the commitment of their members. Clearly there are many factors that influence the time individuals put into activities, but if they are dissatisfied with the functioning of a coalition this may make them less willing to invest that time.
3. Reach out to make sure that all coalitions are aware of the various resources available and use the specific suggestions identified in the survey to address needs that might make these resources more useful to coalitions.
4. Educate coalitions on the potential to work with their coroners/medical examiners to obtain more real-time data on suicide deaths. A number of coalitions noted the time lag that is inherent in public health reporting.
5. Explore technology changes that would enhance use of resources: ability to archive teleconferences; ability to use website to share ideas across coalitions.

Acknowledgements

MHA would like to thank all the coalitions that took the time to complete the coalition survey. We hope the results of the survey and planned improvements will be of value to them. As much as anything this survey documents the tremendous effort that local coalitions are investing in suicide prevention. They are the backbone of Wisconsin's suicide prevention infrastructure.

MHA would also like to thank the following individuals who served on the PSW Evaluation Subcommittee and assisted with the development of the coalition survey. Their expertise in the area of evaluation was invaluable.

- Tim Connor; Mental Health Evaluation Specialist; UW Population Health Institute in support of Wisconsin Department of Health Services (DHS)

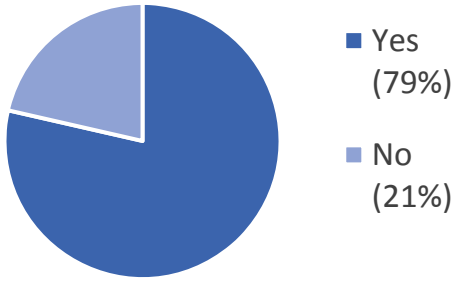
- Julianne Dwyer; Mental Health Promotion and Prevention Coordinator; Bureau of Prevention Treatment and Recovery ; Division of Mental Health and Substance Abuse Services ; DHS
- Brittany Grogan, MPH; Wisconsin Violent Death Reporting System Coordinator; Injury Research Center; Medical College of Wisconsin
- Andrea Gromoske, MSW, PhD; Evaluator/Epidemiologist; Family Health Section; Bureau Community Health Promotion; Division of Public Health; DHS
- Sara Kohlbeck, MPH; Assistant Director; Injury Research Center; Medical College of Wisconsin
- Katherine McCoy, Ph.D.; Evaluation Consultant; Wisconsin Department of Public Instruction; Student Services, Prevention and Wellness

Finally we would like to thank the Prevent Suicide Wisconsin Steering Committee for their guidance and comments on the survey, in addition to the vital input they provide to MHA on implementation of the WSPS. Information about the steering committee and current members can be found in Appendix 4.

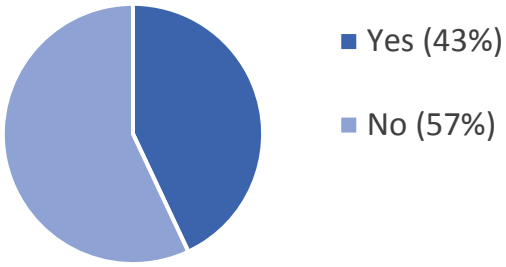
Appendix 1: PSW Annual Coalition Survey Detailed Results

General/Structural

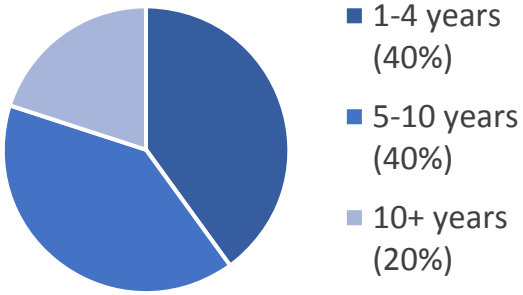
Coalitions With a Website or Social Media Page



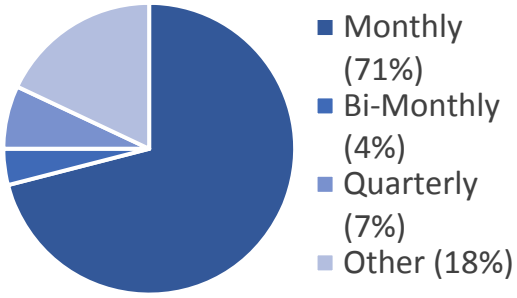
Coalitions With a Local Suicide-Related Resource Directory



Number of Years Coalition Has Been Working on Suicide Prevention

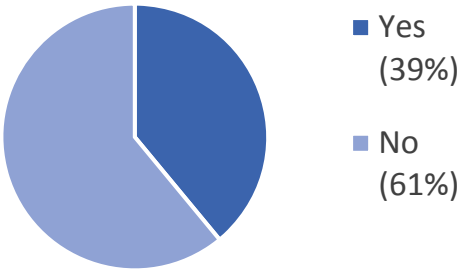


Coalition Meeting Frequency

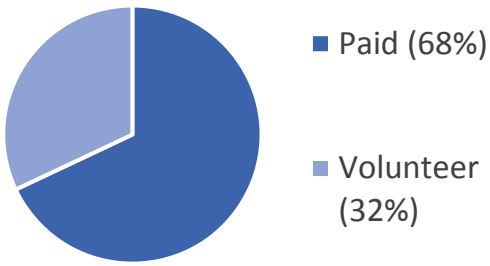


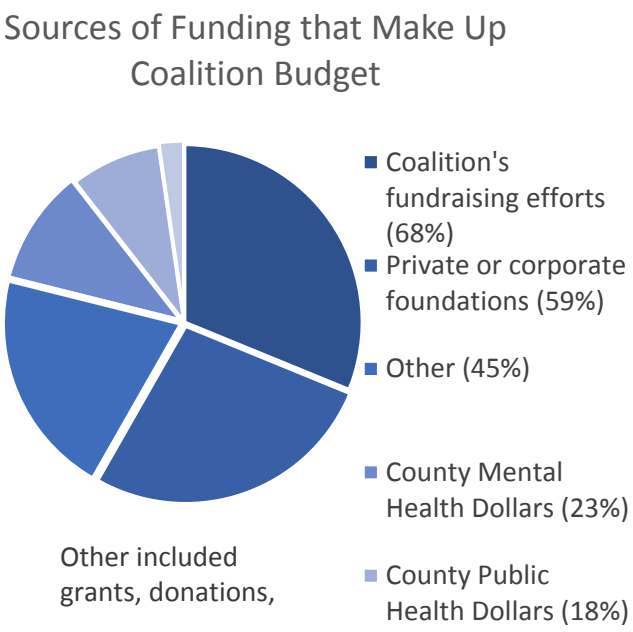
Budget

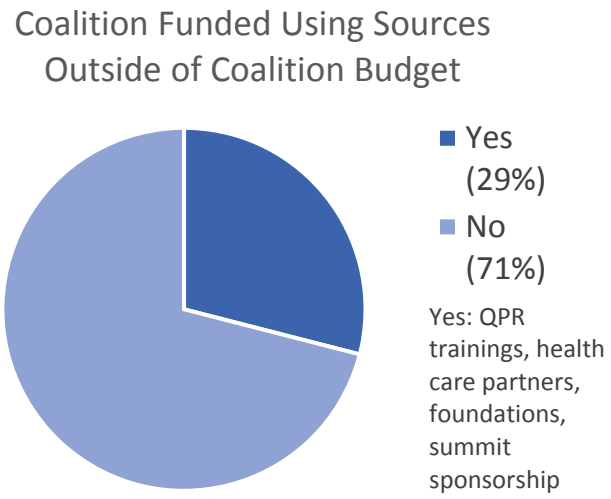
Coalition Has A Budget



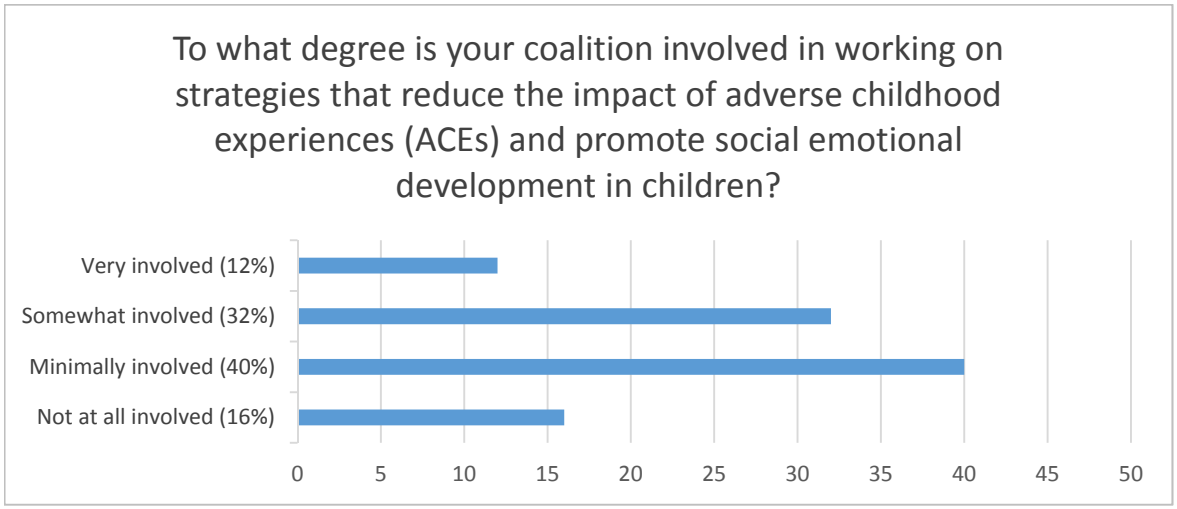
Coalition Leader: Paid or Volunteer

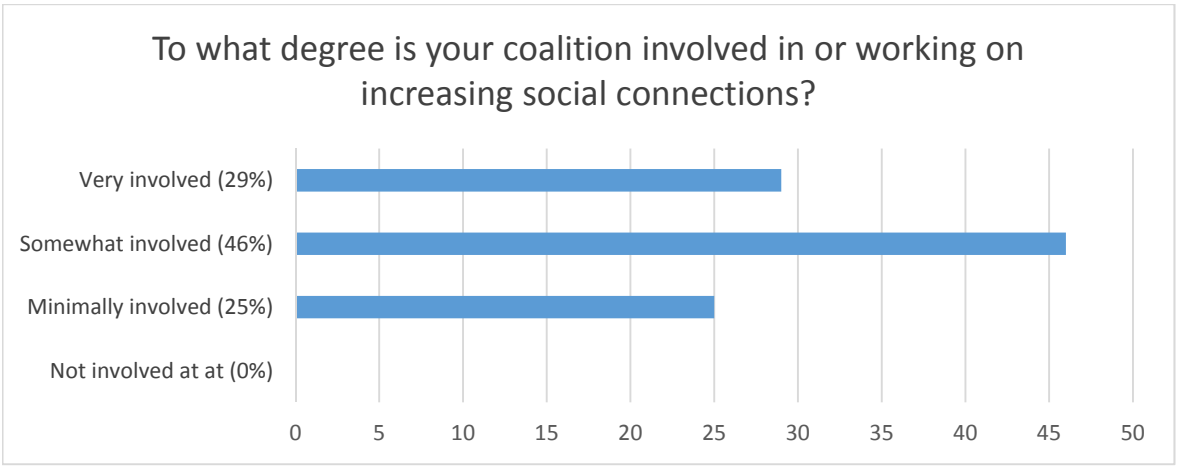


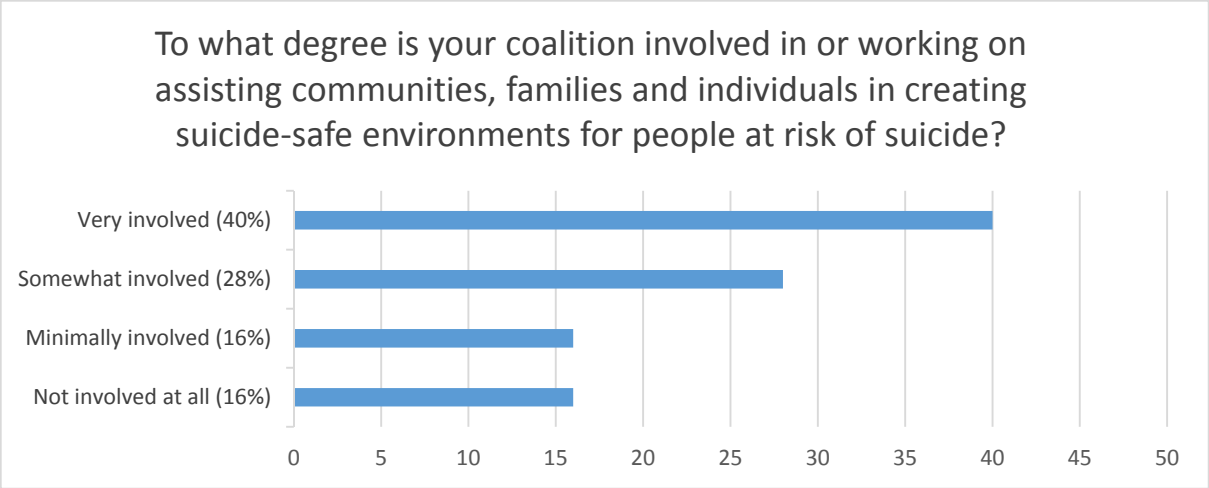




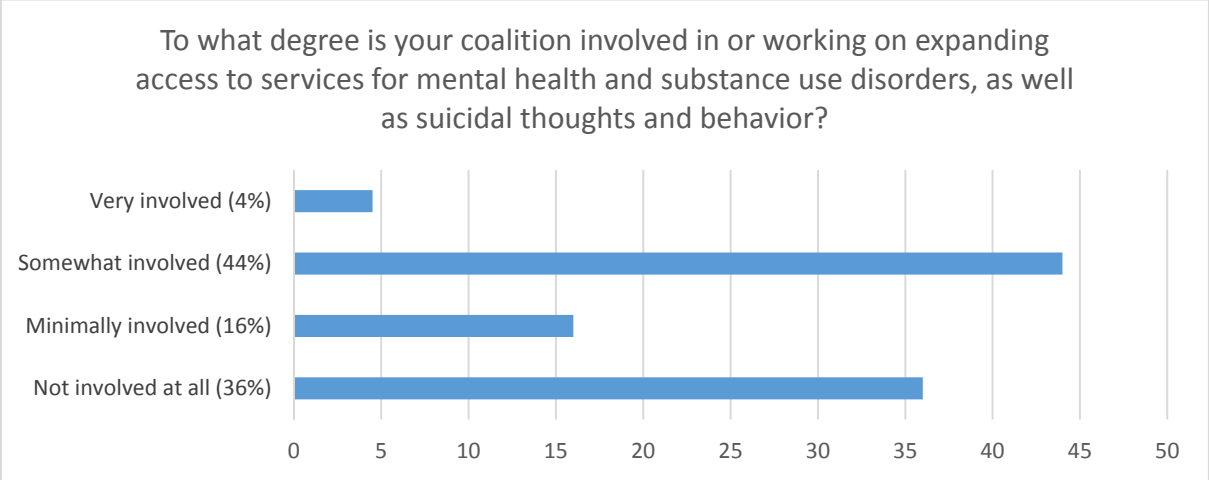
Goal 1: Increase and Enhance Protective Factors

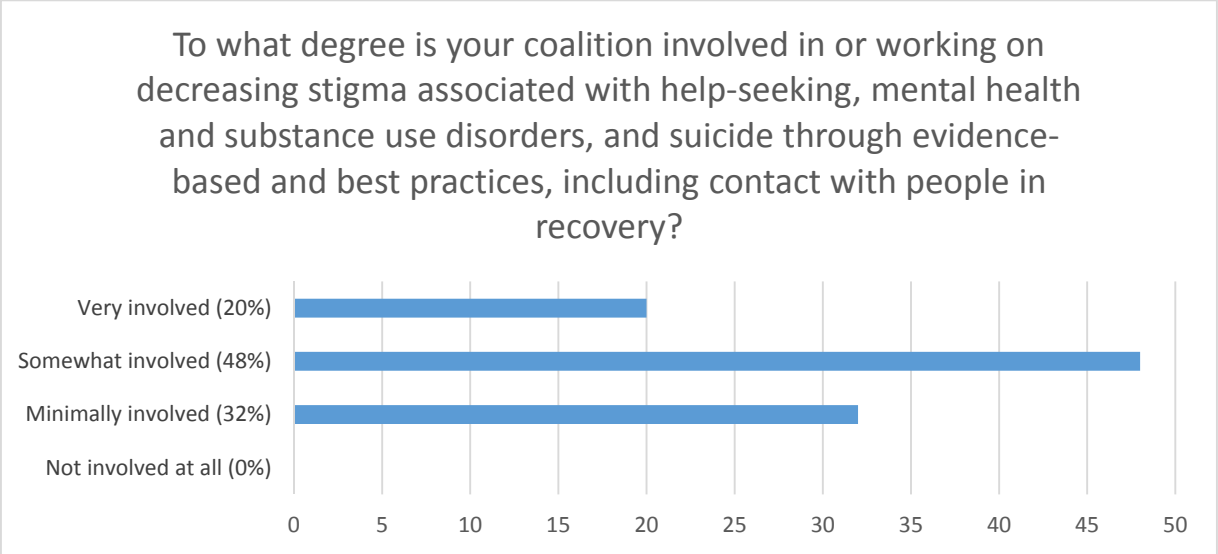


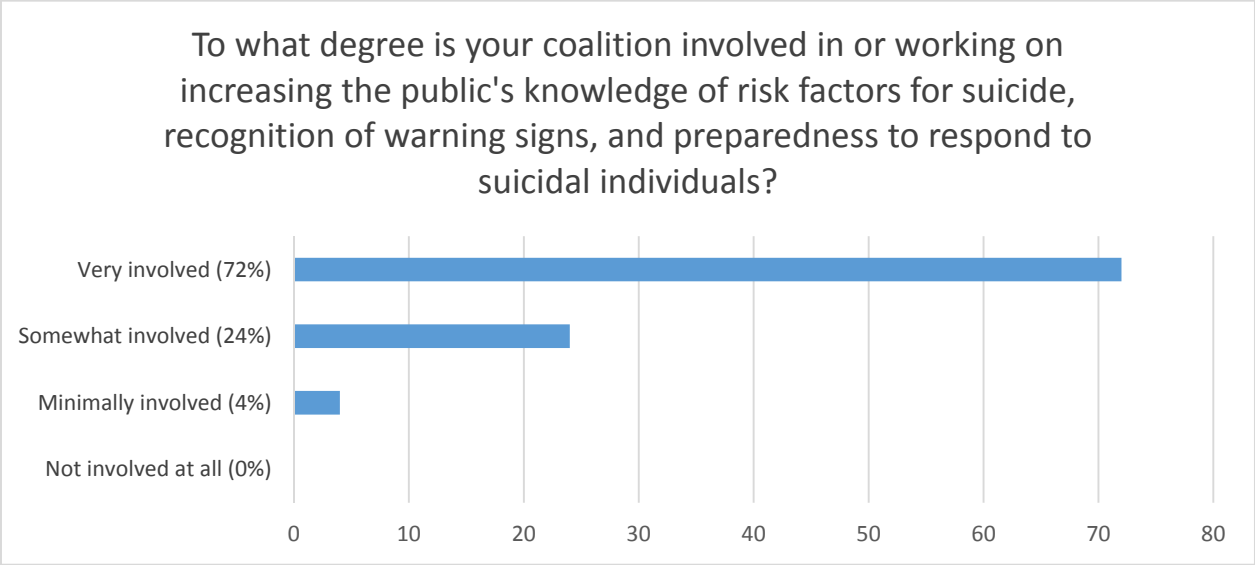




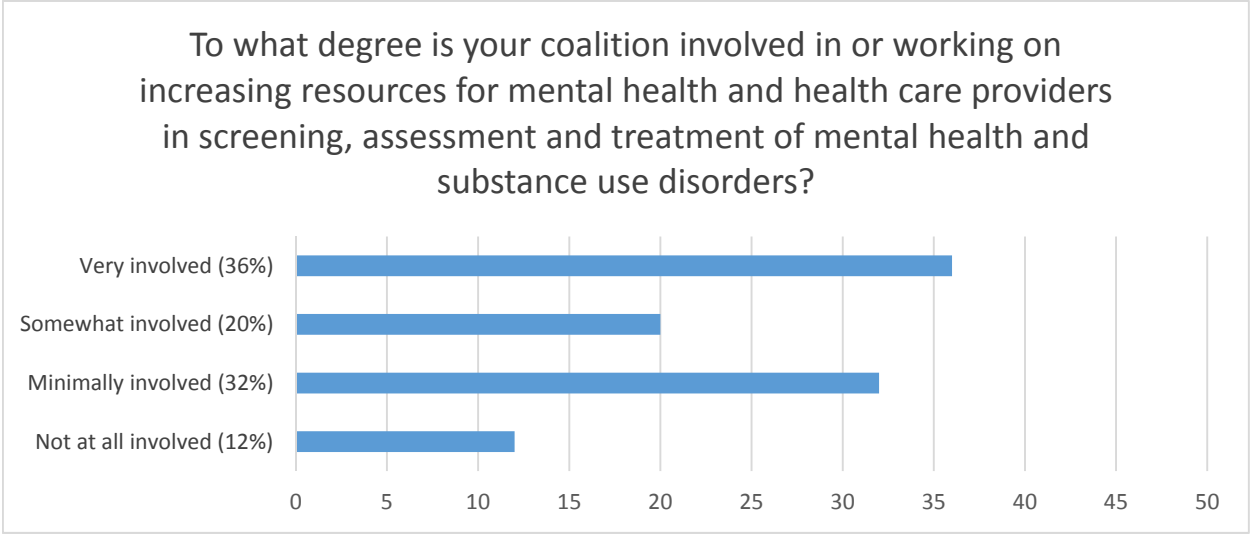
Goal 2: Increase Access to Care for At-Risk Populations

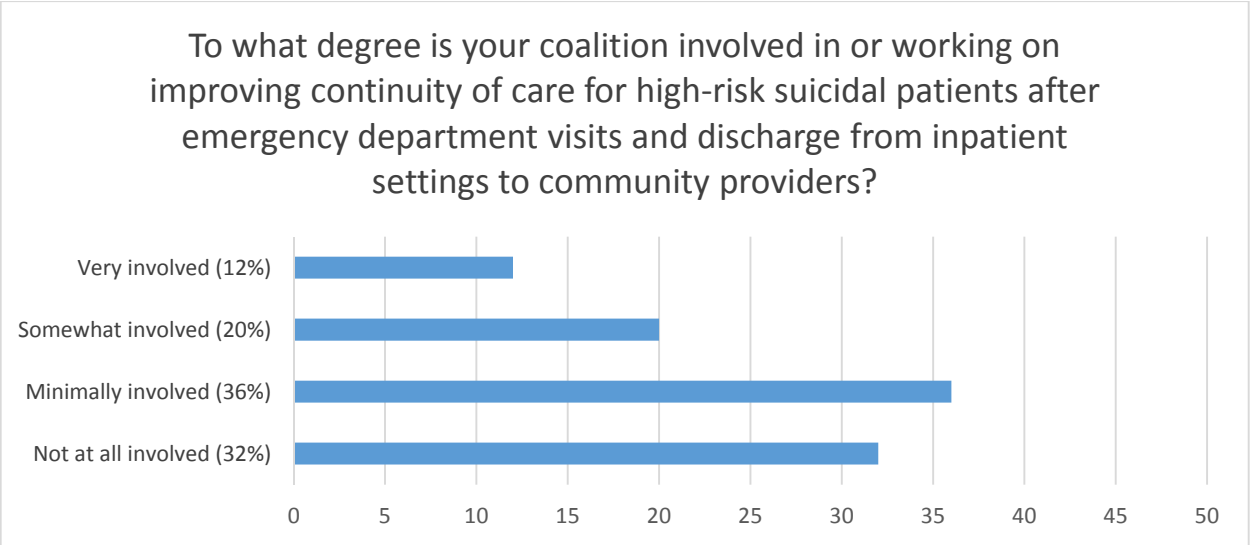




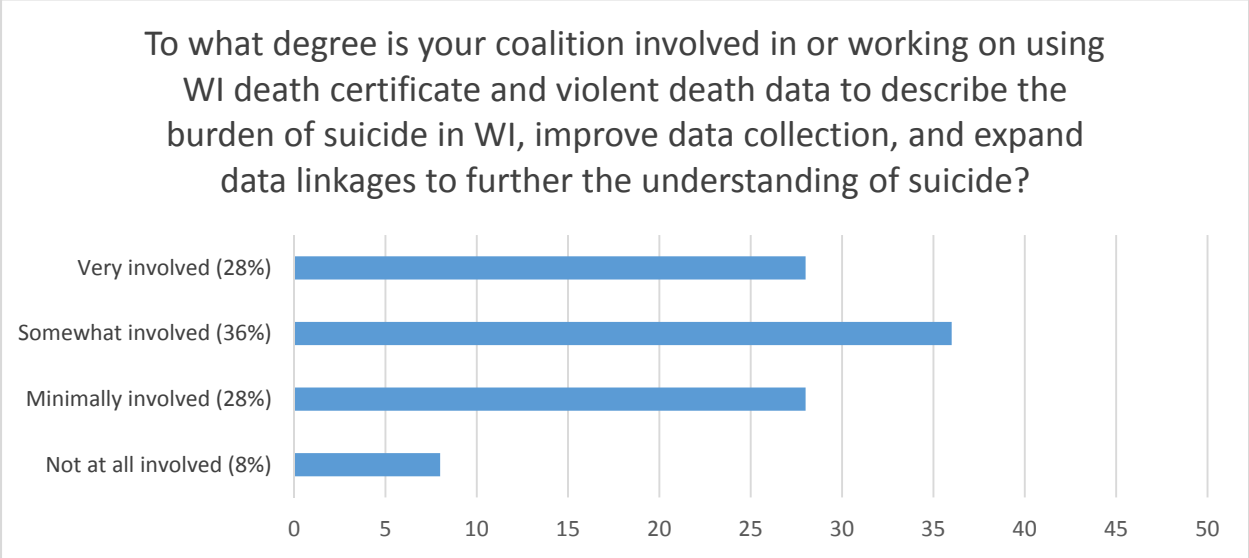


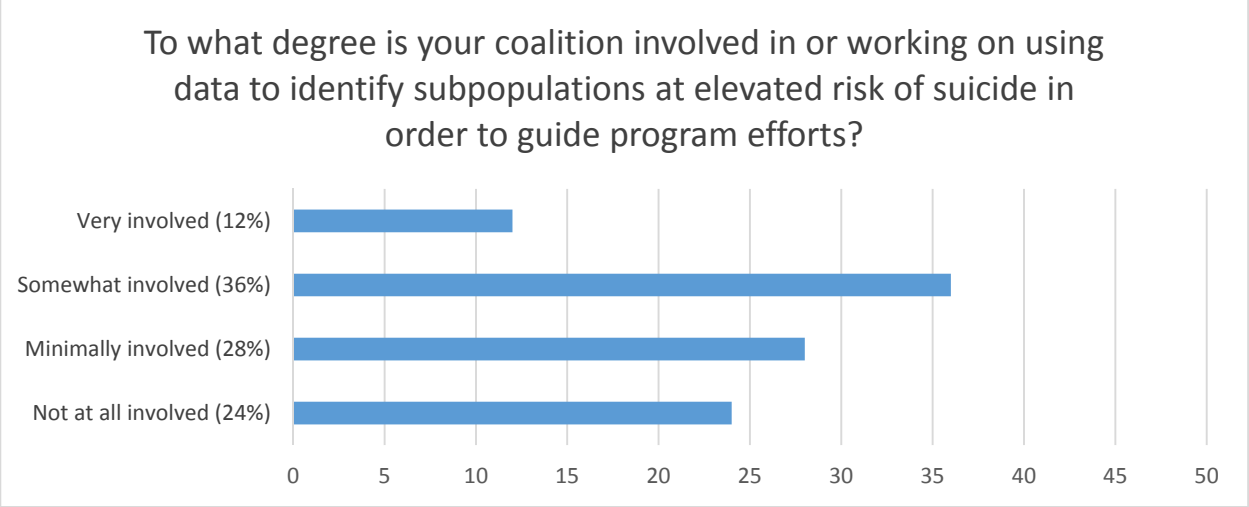
Goal 3: Implement Best Practices for Suicide Prevention within the Health Care System

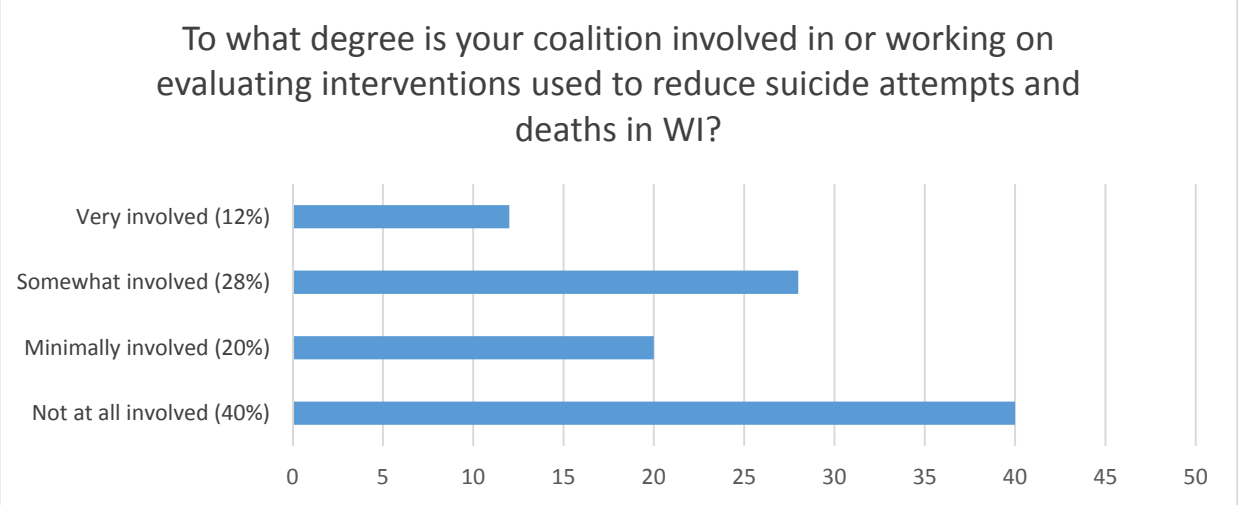




Goal 4: Improve Monitoring and Evaluation of Suicide and Suicide Prevention Activities

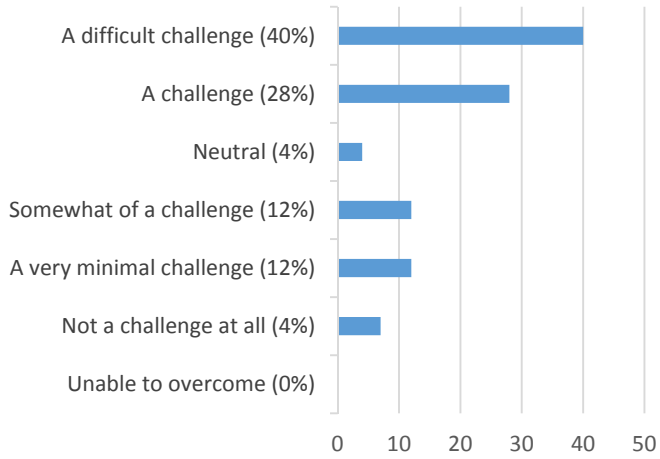






Challenge – Participant Time

How much of a challenge to the functioning of your coalition is a lack of participant members time to dedicate to coalition work?



Explain your challenge:

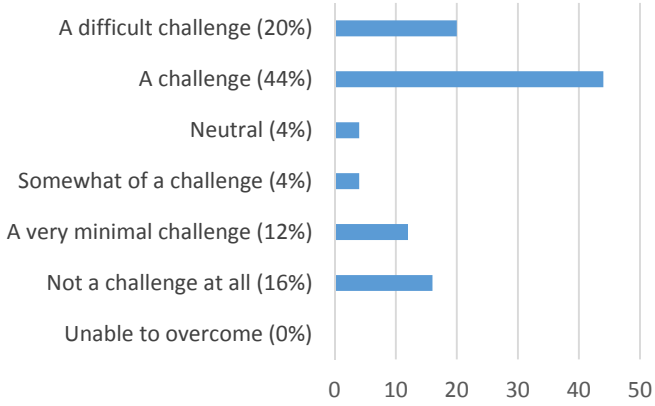
- There are just a few coalition members who do the majority of the work; trying to get coalition members to put in the time and effort to do things; time limited by other duties/responsibilities, most are volunteers for this.
- We are an all volunteer nonprofit organization. The board members volunteer in their spare time. Time is limited since we all have jobs.
- Most coalition members are employees of the County, working full-time in their respective jobs. Coalition meets monthly, but there is little time for extra coalition work.
- Our coalition started from a Health Services Advisory Board and doesn't really do much at all. We have talked and shared resources, but that's about it. I have tried to turn us towards being an "action" group, but was met with a wall.
- Currently, although we have several members on the coalition, most of the effort and work put into getting programs is done by two or three of our members.
- People don't show up at meetings.
- Rural area hard to meet.

What additional resources may help overcome this challenge?

- A volunteer coordinator; a paid part-time administrative support person; more flexible meeting times.
- Hire an executive director to focus on the organization to move forward on projects and goals.
- More community stakeholder involvement to take on some of the tasks; budget.

Challenge – Funding to Implement Programs

How much of a challenge to the functioning of your coalition is a lack of financial resources to implement programs?



Explain your challenge:

- Very limited budget, but don't have the capacity to plan and facilitate fundraisers or grant writing.
- We have limited funding sources from local and regional foundations.

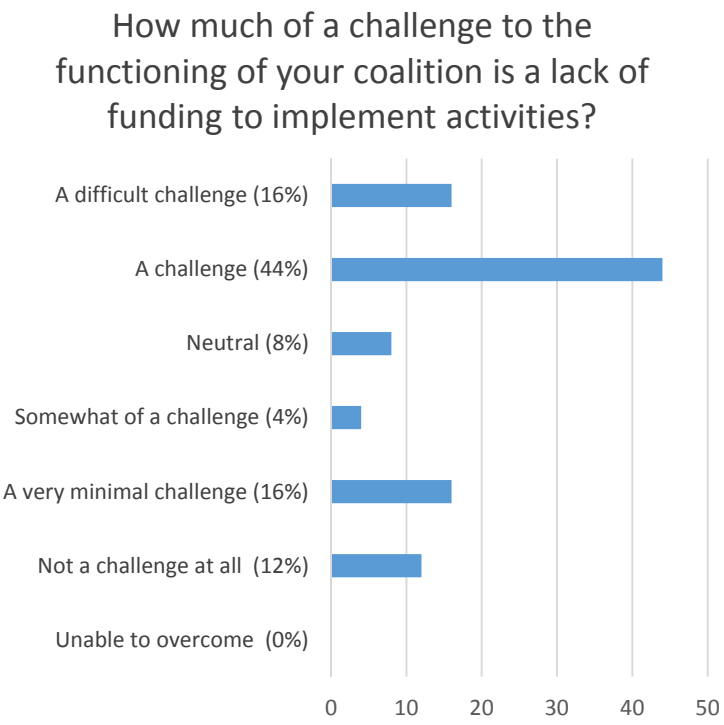
If this was a challenge in the past, how did you overcome it?

- Our public and mental health dollars are sufficient to cover what coalition partners want to accomplish. If community partners were more interested in our initiatives, we would need more money. It has been hard to get buy in from our hospitals, employers, and faith community for QPR and Zero Suicide Initiatives. We'd like to increase access to MH services, but this is so far beyond our coalition's capacity at present that no money is required.
- Have gradually developed our resources with donations, fund raisers, etc.
- Organized and established fundraisers and utilizing available grants and funding from AFSP and others

What additional resources may help your coalition overcome this challenge?

- We have generous donors. If we were satisfied with status quo, we could coast for a while. Making progress would require significant, sustained funding to hire an ED who could grow programs.
- Increased fundraisers or donations, grants; better way to go about securing financial resources.
- Additional funding opportunities through regional and national government agencies; poor county

Challenge – Funding to Implement Activities



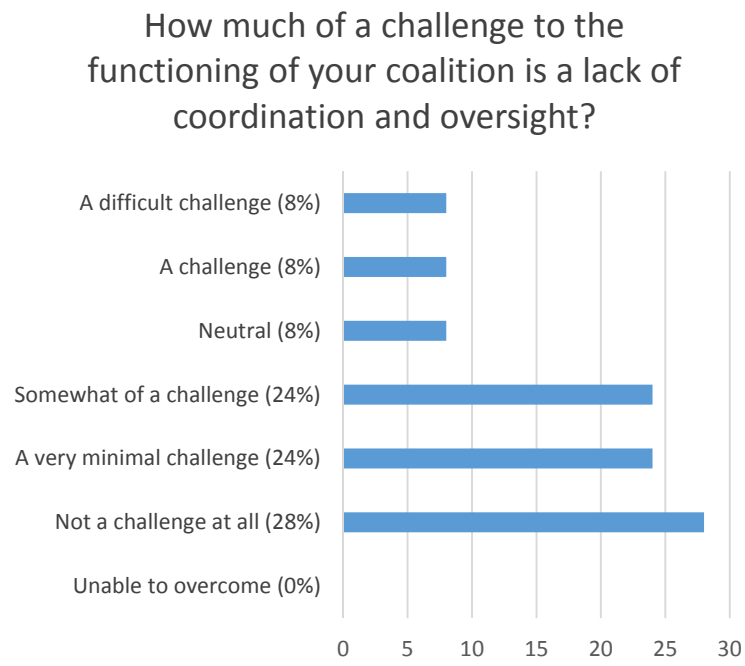
Explain your challenge:

- Limited budget and limited manpower.
- No money to support what efforts, materials, etc.
- It's hard to implement things when we don't have the finances.
- People don't want to give or people don't commit to doing things.
- Programs and activities overlap for us. We will continue to do our current activities. To grow, we need and ED.

What additional resources may help overcome this challenge?

- Additional donations, grants, fundraising profits but need the manpower to do this; a better way to secure finances.

Challenge – Lack of Coordination and Oversight



Explain your challenge:

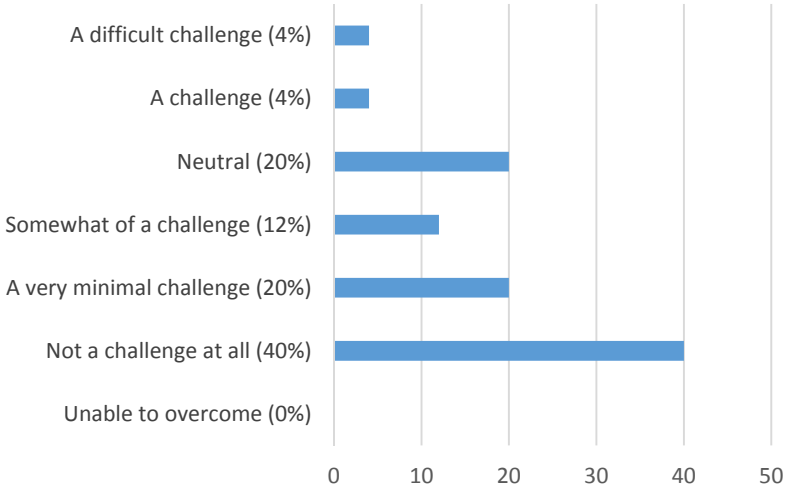
- Time, funding, people don't understand the problem, stigma.
- People just don't want to commit to meetings or events.

What additional resources may help overcome this challenge?

- Connections to people in our area who have expressed interest in working on this topic

Challenge – Lack of Information

How much of a challenge to the functioning of your coalition is a lack of information about suicide prevention programs and how to implement them?



Explain your challenge:

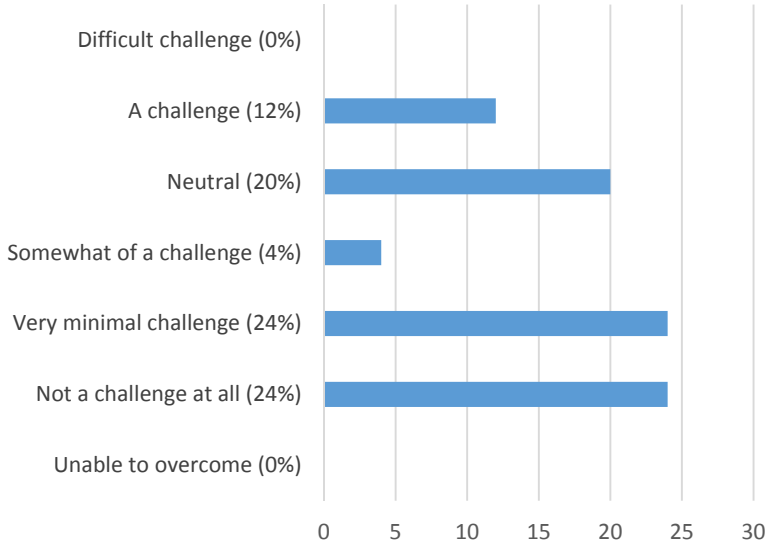
- Easier accessible tools, suggestions so don't have to recreate what others have already done.
- At this point we organize the programs and activities we have. We do not have the resources to expand to new programs.

If this was a challenge in the past, how did you overcome it?

- We have a good track record with QPR trainings, train the trainers, holding conferences and other educational sessions. Some of our members attend regional and national suicide prevention conferences to stay up-to-date with regard to training and education.
- The information is widely available online and through MHA. We do need help in marketing to sectors and the public, though.

Challenge – Lack of Clarity about Mission

How much of a challenge to the functioning of your coalition is a lack of clarity about the coalition's mission?



Explain your challenge:

- We have had attrition on our board. We still want to work to decrease the rate of suicide and support survivors. Now our efforts need to be very focused and intentional, with our limited capacity.

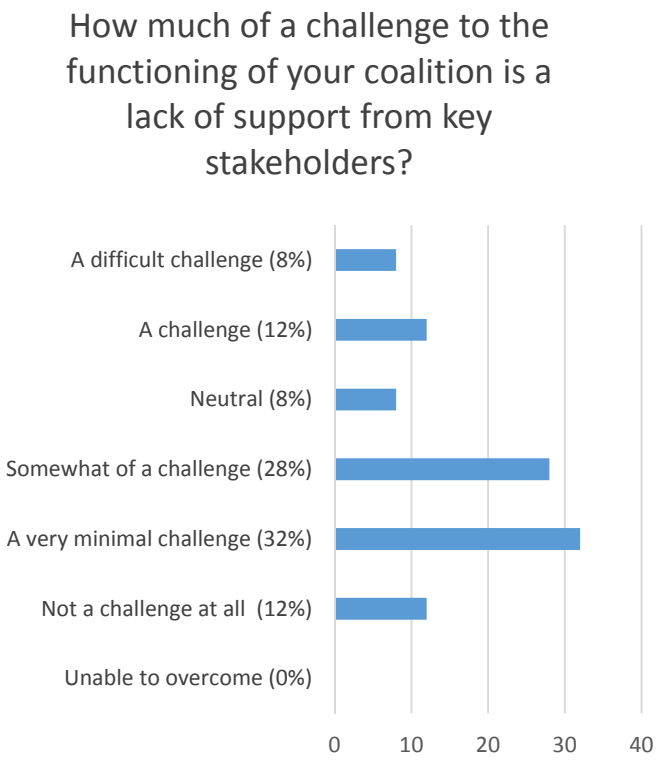
If this was a challenge in the past, how did you overcome it?

- Every year we hold a strategic planning meeting for PSGM's Steering Committee. We review our vision and mission, evaluate progress on our annual goals, set the next year's goals. We try to relate our goals to the overall WI strategic plan for suicide prevention.
- A mission statement was discussed and selected by the coalition during a team meeting
- We spend time on strategic planning annually and revisit our mission and vision statements as well. Our coalition members need some training on how to communicate effectively about our mission, however: marketing skills need improvement.

Additional resources that could help:

- More board members, more time, more energy.

Challenge – Lack of Support from Key Stakeholders



Explain your challenge:

- We have great participation from mental health care providers, public health, school guidance counselors, and one local police department. We have no representatives at present from our two hospitals, and no school administrators have ever been active participants.
- They all say their budgets are strapped.
- For the most part we offer support to others - schools, others - when we approach other agencies they are often supportive of our efforts.

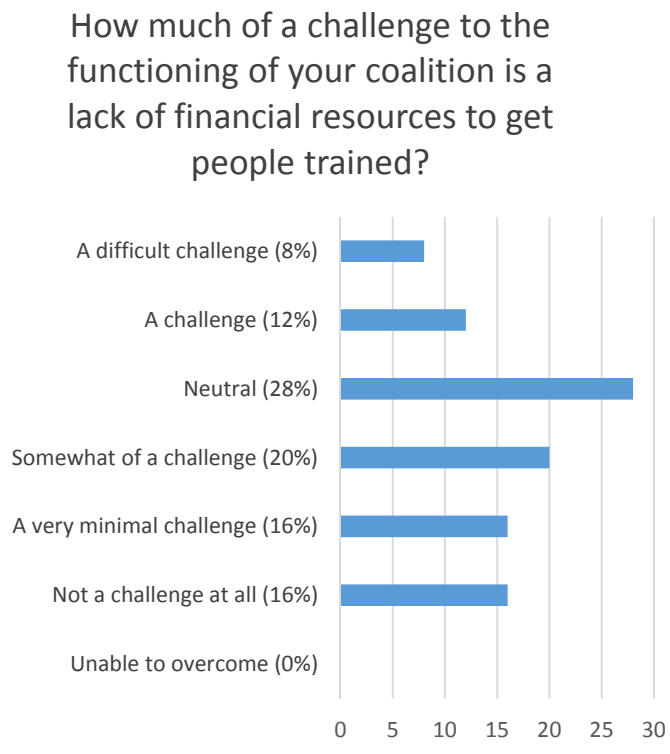
If this was a challenge in the past, how did you overcome this challenge?

- Meet them where they are - talk with them about what they need.
- Retirements have caused turnover as far as representation on the coalition. Follow-ups are done with administrators to assure participation.
- Open discussions and collaboration.

What additional resources may help your coalition overcome this challenge?

- Training on how to market QPR to employees and churches and Zero Suicide to hospitals and health care systems.

Challenge – Funding for Training



Explain your challenge:

- Very limited budget to cover costs of training, time off from work, mileage.
- You have to have free trainings which then puts the financial burden on the organization I work for.

If this was a challenge for you in the past, how did you overcome it?

- The challenge is not financial, but getting people interested in the trainings. We have enough QPR Trainers, but we'd like more people trained in Zero Suicide, CALMS and best practices for clinicians.
- The training we receive is either free or the individual pays for her training.

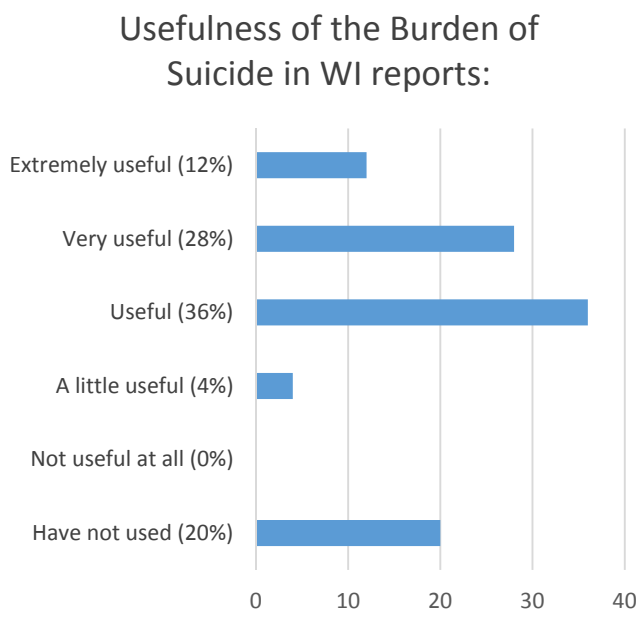
Which trainings were you trying to attend and were not able to afford?

- Annual conference, additional mental health/suicide prevention trainings; various ones. Mental First Aid.

What additional resources may help your coalition overcome this challenge?

- Community stakeholder donations, grants, community members that are able to attend and bring back materials to the group.

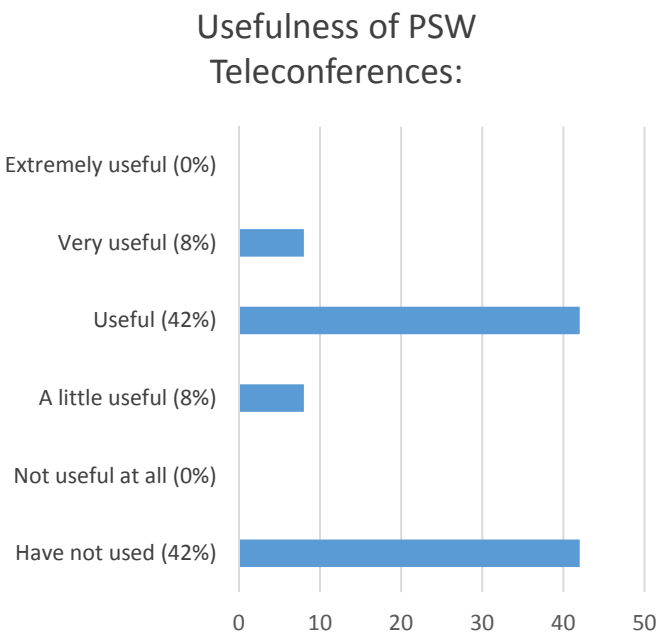
Resources – Burden of Suicide in Wisconsin Reports



What would make the Burden of Suicide report more useful?

- Relating impact of successful local initiatives in decreasing the rate of suicide attempts/deaths. Program evaluation, so we know what are the most important areas to focus our limited resources to make the most impact. We are going for means restriction and some other public health approaches, and trying to start getting better and more time sensitive data to help evaluate impact.
- Time available to fully read it
- The time lag in all available data is an issue - wish we could all access more timely data
- Data is often outdated and needs to be presented in a way that the general population (non- clinicians) can understand. Also more individual county data would be helpful.
- More up to date information.

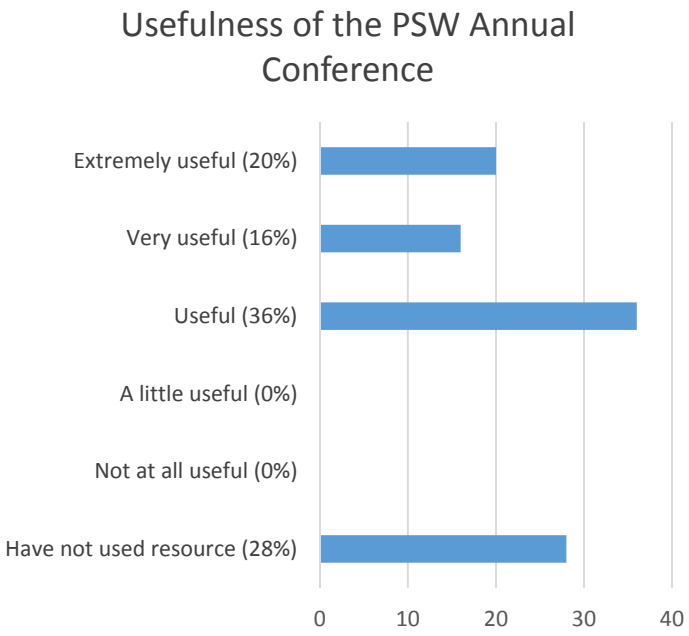
Resources – PSW Teleconference



What would make the teleconference more useful?

- I like the presentations. Really appreciate having handouts available. The technology often gets in our way. I would like to hear more about what other groups around the state are doing, but there is very little discussion. The teleconferences are a nice way to offer a presentation and make general statewide announcements. It doesn't feel like there is any connection needed or wanted between the various callers. Maybe I'm expecting the wrong thing.
- Coalition work needs to come after other Public Health expectations. Will participate as schedule allows.
- I can't always attend. Are they archived now?
- I was unaware of these teleconferences
- Scheduling conflicts
- Because these occur during working hours I have not been able to participate this year.
- Having the time available to join them. Is there a way to share the information that is given at the conferences?

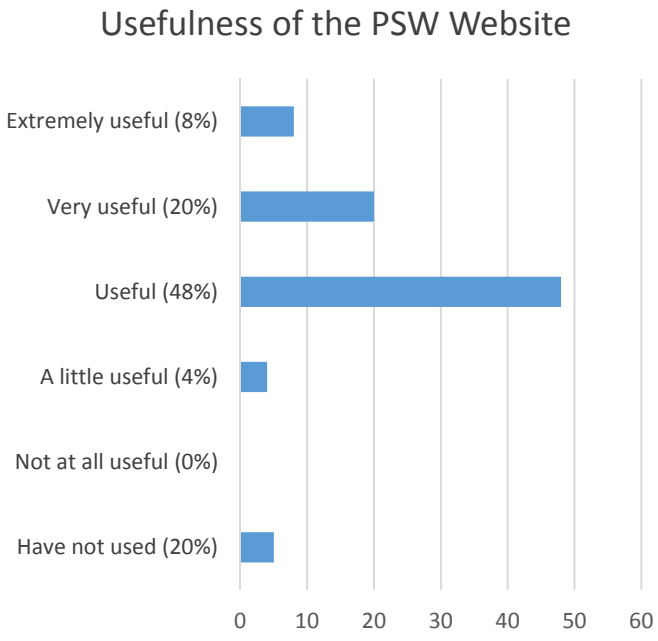
Resources – PSW Annual Conference



What would make the PSW Annual Conference more useful for you?

- Have attended the past few years-liked the lunch discussion last year-a great addition! Pre-conference trainings are relevant. Any opportunities to increase networking (social event) would be appreciated.
- The breakout sessions were not all high quality. Moe skill-building workshops would be helpful (e.g., how to market QPR and Zero Suicide effectively, how to work with business partners, how to engage hospitals...)
- To be able to network more with other coalitions. More useful break out trainings.
- How and where to write grants

Resources – PSW Website



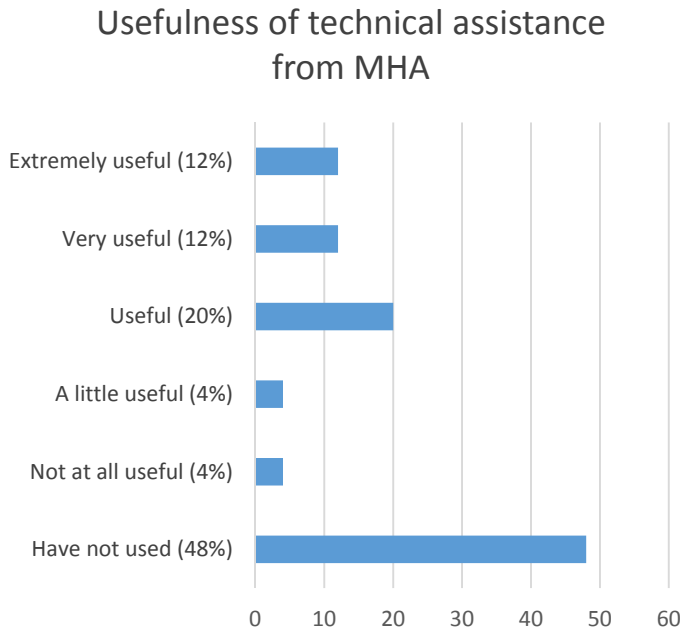
What would make the PSW website more useful for you?

- It has really been helpful over the past 1-2 years.
- I haven't checked the website for a while. I went there recently and was impressed with all the info that was there. I hope to take the time to look at it further.

What are some suggestions you have for website improvement?

- Do you have a link to the WISH system? That would be good.
- It would be nice to have something for coalitions to be able to interact with each other and share ideas.

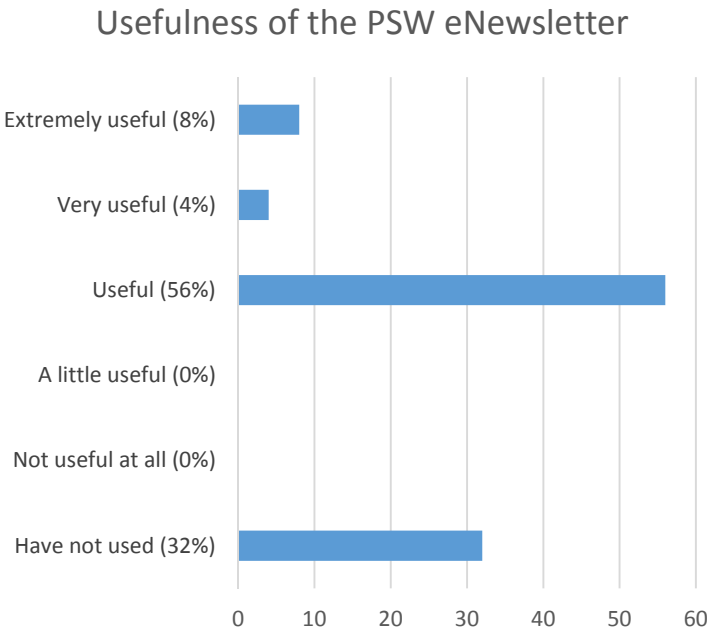
Resources – Technical Assistance from MHA



What would make technical assistance from MHA more useful for you?

- PSGM is a program of MHA, and we have significant involvement from Adrienne O'Neil, Martina Gollin-Graves and Shel Gross. Attending the PSW steering meeting last June really helped with understanding the whole frame of reference of what is happening in WI in suicide prevention. Really like the newsletters. Can we borrow your template??
- Not sure if this fits into the category of TA, but the fact that you bring programs like ManTherapy and Zero Suicide to the state is very helpful
- I'd like to have a targeted discussion on how a coalition can increase access to mental health services (i.e., more providers, especially for Medicaid clients)
- Have had little need.

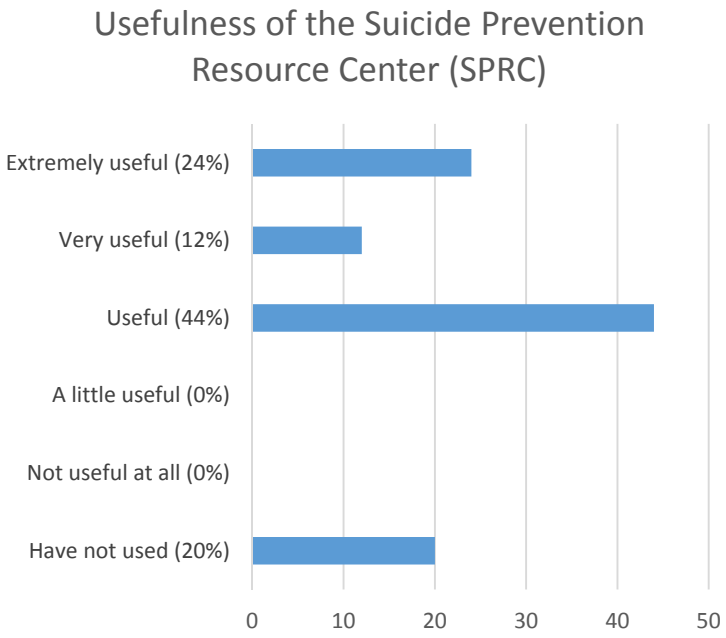
Resources – Usefulness of the PSW e-Newsletter



What would make the PSW e-Newsletter more useful for you?

- Nothing, I just want to use your template for the PSGM newsletter, and we haven't been able to figure out how to import it for our use.
- Thanks for avoiding repeating info available elsewhere.

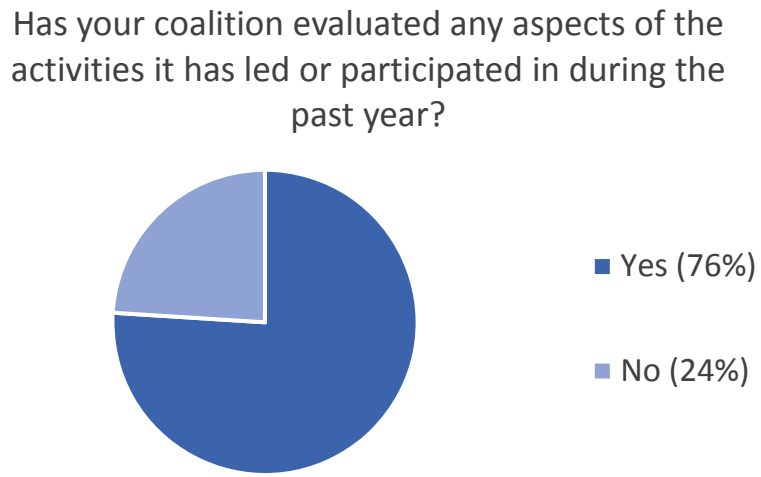
Usefulness of the Suicide Prevention Resource Center (SPRC)



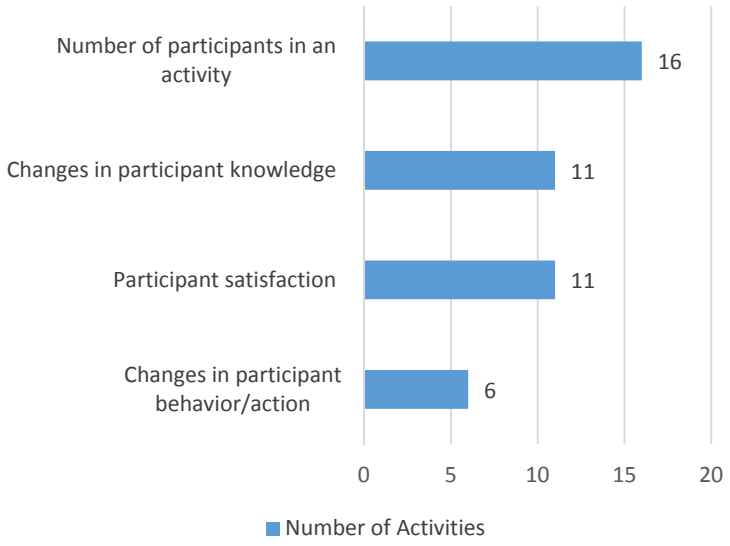
What would make the SPRC more useful for you?

- Love the Weekly Spark

Evaluation



Activity 1: What type of activity was evaluated?



How were the indicators of the activity measured?

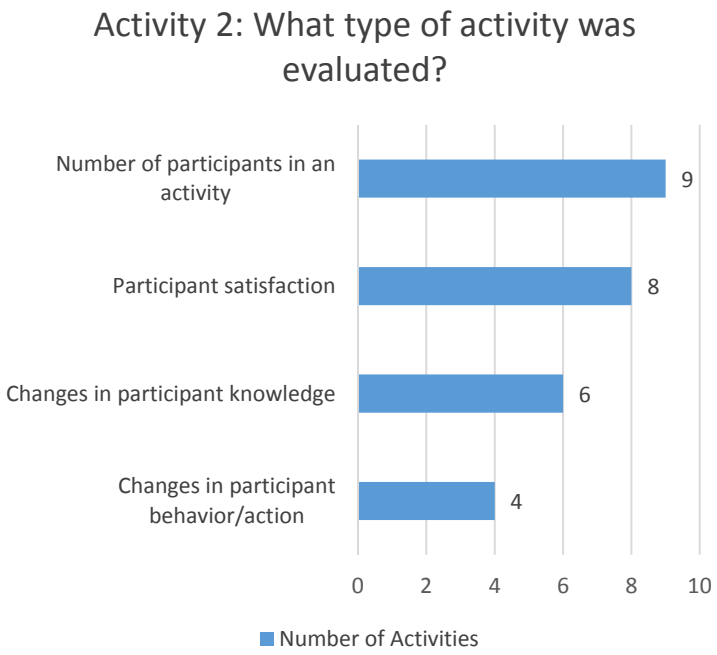
- Post activity survey
- Only evaluation for satisfaction after event
- Pre and post tests
- Participant evaluations of Zero Suicide conference
- Comparison of year one to year two.
- Surveys (post only); interviews; observations.
- Suicide prevention summit, evaluations
- Training evaluation
- Number of screening permission slips distributed
- Number of students participating in screening
- Sign-in sheets
- Group evaluated, looked at SWOT analysis
- We looked at how many people attended the meetings and events

Please explain any of your coalition's evaluation findings:

- For QPR trainings, mostly positive. We actually changed our evaluation this year, so just have limited data with the new survey.
- Most participants had positive comments
- Between 2015 and 2016 about 400 Clark County employees and residents received QPR training. After participating in QPR training, individuals indicated having increased knowledge regarding: facts concerning suicide, identifying the warning signs of suicide, knowing how to ask someone about suicide, and increased awareness for local resources for help with suicide.
- 170 participants; 93% of evaluation respondents said they will change their clinical practice or the way they work with clients.
- Number of participants was very consistent with the previous year.
- Participants are generally very satisfied with QPR trainings, and when we have followed up with participants months after the training, many report using it.
- Mental Health First Aid Training - most indicated they were pleased with the program and their knowledge increased.
- Still in process. evaluate year to year
- increase in knowledge
- Increased participation rate this year.
- Participants want more local resources and really want to learn about the referral process. How they can really help.
- Have had good results in raising awareness and involvement
- We had record number of participants and they were very satisfied with the training.

How were activity evaluation results used?

- From the evaluations, our coalition realized that individuals who received QPR training benefited from it & found it valuable. Thus, additional effort was put into scheduling additional QPR events for community members.
- To plan follow-up meeting and support for Zero Suicide efforts of partners.
- Participant verbal comments were used to determine what to keep and what to change from year one walk to year two.
- We will use the results for fundraising and to build awareness for the program.
- We share results with our QPR instructors and meet to discuss how we can improve the quality of our trainings. We've made changes based on results: improved slide deck and role play materials, use 2 trainers per session, use role plays consistently.
- Planning of next Summit.
- Reviewed with coalition. Determined we will continue to organize community trainings.
- Will be shared with grant partners and community
- Providing more/different resources to participants, including on-line screening tools and mental wellness apps.
- Identified 3 areas of focus
- They were used to secure CEU's and to report to funding source.



How were the indicators of the activity that was evaluated measured?

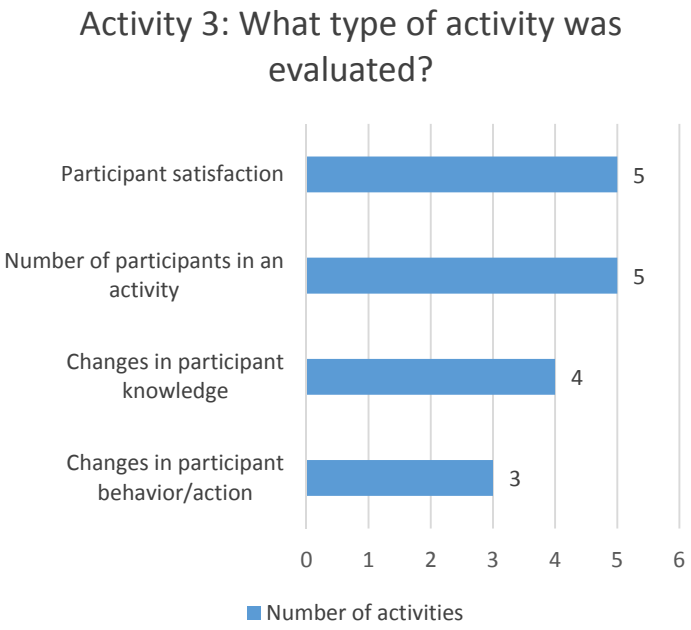
- Post TOT evaluation, evaluation of scholarship recipients participation in future QPR trainings
- Pre and post tests
- Number of giveaways taken vs brochures
- Surveys (post), interviews, observation
- Comments at Suicide Prevention Awareness Event media coverage
- Event Evaluation
- Student survey post screening

For this activity, explain any of your coalition's evaluation findings:

- TOT participants were largely satisfied with the training; Getting scholarship participants to actually conduct trainings can be difficult
- QPR increases participant knowledge on how to respond to someone experiencing a suicidal crisis
- Giveaways are picked up more often than brochures/informational handouts
- Participation in our Walk for Hope has been steadily declining. Some past participants say it is too draining emotionally. Others have shared that they would like a more intimate event.
- Overall more media coverage, community being less averse to talking about suicide prevention, and stigma.
- Mental Health Provider Meeting - most indicated that they found the event to be helpful and they would like to continue having these events in the future. Good networking opportunity.
- Increased knowledge by participants
- Increased # of students speaking with parents about YScreen once they have received the permission slip. Increased # of students would suggest YScreen to other students. Increased # of students made the decision to not take the screen themselves rather than it being their parent's decision. Several suggestions provided on how to increase student participation in screening.
- Need for expansion and programming to other community organizations

How were this activity's evaluation results used:

- Evaluate our Master Trainer; Set up a mentoring system between newly trained and veteran QPR trainers, pairing them for ongoing trainings
- Sent to QPR Institute
- Incorporating concise information onto the giveaway whether imprinted or attached.
- We've added elements to our walk to make it more meaningful and to open participants up to sharing stories with each other (if they would like). This year, we are trying a new location, using a smaller part of the track for more intimacy. When participants shared they needed a wheelchair and stroller accessible walk, we changed the venue to a track last year.
- Planning of next year's event
- Reviewed with coalition. Discussed continuing to offer these types of events in the future.
- Continued improvements by facilitators
- Used student suggestions to improve screening program at each individual school site.
- For future planning and programming.



How were the indicators measured?

- Evaluated completion of various aspects of website noted as goals in Kubly grant
- Participant evaluation
- Survey (post), interviews, observations.
- Comments by participants Dance for Hope
- Mental Health Resource Guide and Crisis Card were reviewed by community, including members from high risk groups (veterans, elderly, etc.)
- Post surveys
- Monthly referral survey collecting # of referrals made to mental health or related services by YMHFA "first aiders"

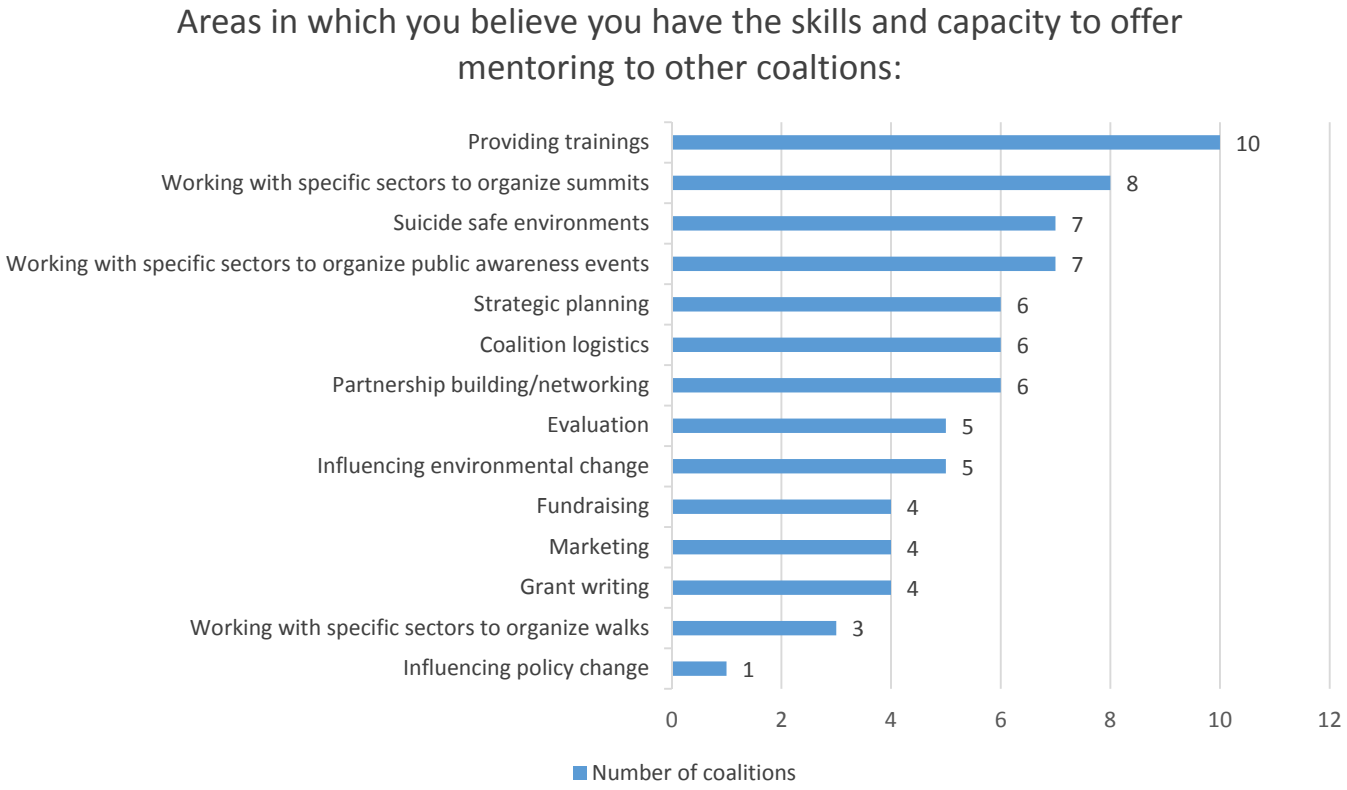
For this activity, explain any of your coalition's findings:

- Did not have website hit tracking, website launch was delayed.
- 95% of participants said they'd change prescribing practices.
- Our clergy-targeted Gathering on Mental Health did not attract many local clergy.
- Media coverage, decrease stigma. Having younger population exposed to concept of suicide prevention and metal health issues.
- Received feedback on images, organization of materials and how to make important information stand out.
- Increased knowledge by participants.
- Referrals are being made consistently.

How were this activity's evaluation results used?

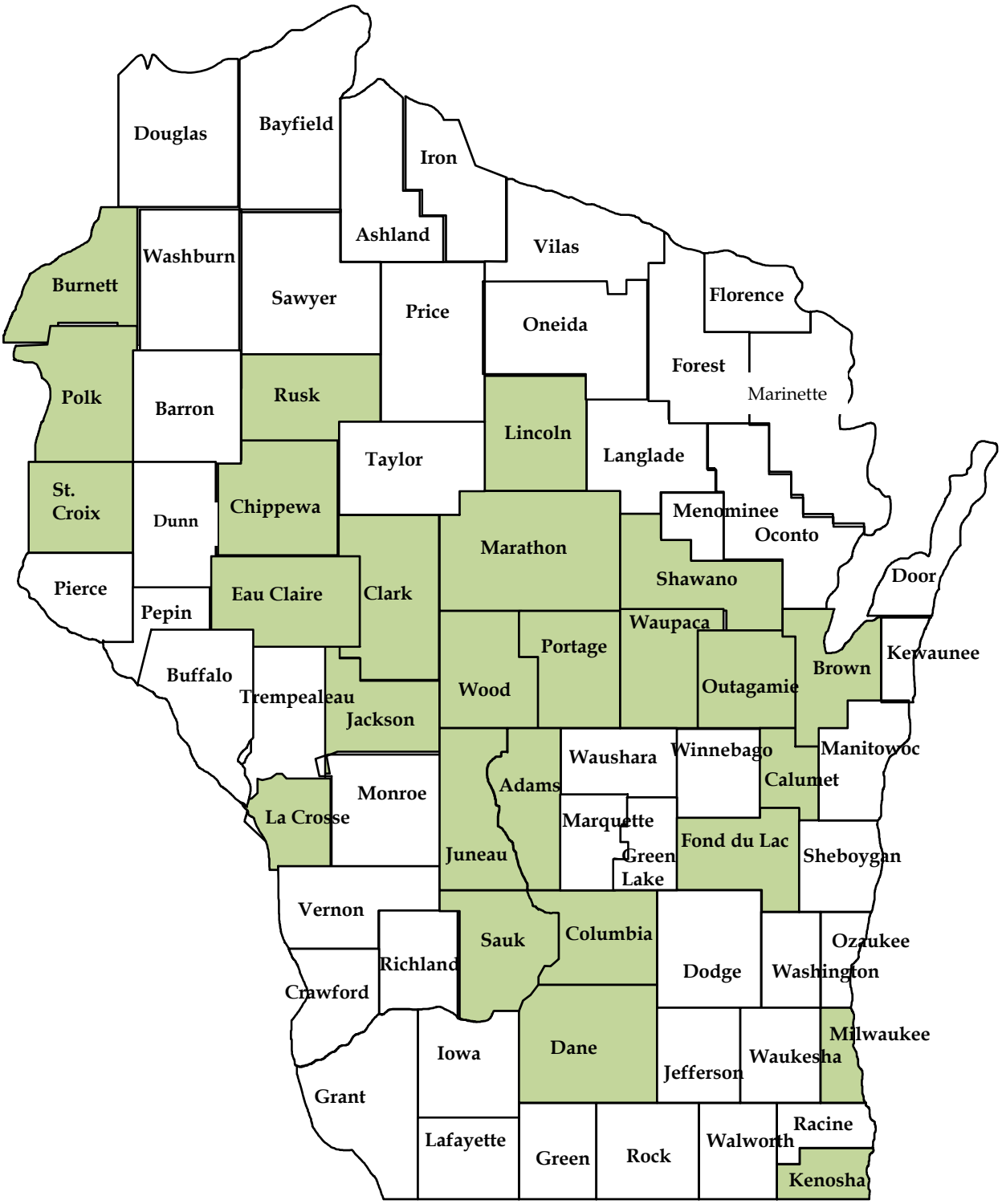
- We are still continuously working on improving our website, using for communication with coalition partners, for educational events, etc.
- Plan future clinician education.
- We are in the process of following up with local clergy to see why they did not attend: was the event held on a bad day (Saturday)? Do they feel they don't need training in decreasing stigma and responding to mental health crises?
- Planning of next event.
- Publication Review Form results were shared with the coalition and updates to materials were made.
- To continue the program and continue to make improvements for families.
- Planning for future events and programs.

Mentoring


Areas in which you believe you have the skills and capacity to offer mentoring to other coaltions:
Providing trainings
Working with specific sectors to organize summits
Suicide safe environments
Working with specific sectors to organize public awareness events
Strategic planning
Coalition logistics
Partnership building/networking
Evaluation
Influencing environmental change
Fundraising
Marketing
Grant writing
Working with specific sectors to organize walks
Influencing policy change
10
8
7
7
6
6
6
5
5
4
4
4
3
1
0
2
4
6
8
10
12
Number of coalitions

Appendix 2: PSW 2016 Coalition Survey Respondents

County with organization who responded to the coalition survey



Appendix 3: PSW Coalition Survey Respondents

County	2015	2016
Adams		X
Brown	X	X
Burnett	X	X
Calumet	X	X
Chippewa	X	X
Clark	X	X
Columbia	X	X
Dane	X	X
Door	X	
Eau Claire	X	X
Fond du Lac	X	X
Iowa	X	
Jackson	X	X
Juneau	X	X
Kenosha	X	X
La Crosse	X	X
Langlade	X	
Lincoln	X	X
Manitowoc	X	
Marathon	X	X
Milwaukee	X	X
Oneida	X	
Outagamie	X	X
Polk		X
Portage	X	X
Rusk		X
Sauk		X
Shawano		X
St. Croix		X
Taylor	X	
Waukesha	X	
Waupaca	X	X
Wood		

Appendix 4: PSW (Prevent Suicide Wisconsin) Steering Committee

1. The formal steering committee, with final decision-making and voting rights will consist of
    a. Two staff – from Div. of MH/SA Services contractor for suicide prevention (currently MHA)
    b. Advisory positions from state agency staff; non-voting.
    c. 9 board members, rotating three in and out each year, so that each "term" is three years, starting and ending on January 1 of each year.
    d. These positions can be renewed, based on the desire of the person in the position and meeting participation expectations, for additional three-year terms and is not limited. Members with terms ending must convey their wishes to remain or leave the steering committee by November 1 prior to their term ending to allow time to nominate new members.
    e. Should a member need to leave the steering committee, nominations will be accepted from the PSW listserv to fill that position in the same term time.
2. The formal steering committee will meet at least once per year in face-to face meeting as well as in other phone conference meetings as deemed necessary to complete business of the organization.
3. The overall PSW committee will be made up of anyone who wishes to participate in the phone conferences and serve on project committees and will be allowed opportunity to voice ideas, concerns and other comments as they pertain to PSW, but will not be voting members. The number of this group is not limited.
4. Members of the overall committee may serve and even chair project committees, however, a steering committee member must also be part of the committee in order to maintain accurate reporting to the full steering committee.
5. The staff to the committee will maintain communication with the steering committee and subcommittees regarding actions to be taken and financial decisions to ensure adherence to grant and or policy standards.

Steering Committee

Staff: Shel Gross, Chair; Addy O'Neill; Mental Health America of WI
Term ends Dec. 2016
Mark Flower-DryHootch of America
Richard Bennet-Deputy, Dane County Sheriff's Office
Patty Schactner-St. Croix County Medical Examiner
Term ends Dec. 2017
Rev. Charlie Hansen – Pastor, Holy Spirit Community Church
Lisa Dodson, Dean, Medical College of Wisconsin, Central Wisconsin
Rachel Dozer, Ho-chunk –Native American
Term ends Dec. 2018

Janet McCord- Associate Professor and Chair of the Edwin S. Shneidman Program at Marian University
Jennifer Muehlenkamp - Professor of Psychology, UW-Eau Claire
Debbie Rueber-Kenosha County, Division of Health

Advisory Members: DPI - Brenda Jennings (Gregg Curtis), DHS – Public Health, Brittany Grogan, Div. of Prevention, Treatment and Recovery - Julianne Dwyer; DOC- Christine Trindrud; Jeffrey Garbleman; Office of Children's Mental Health—TBD

At-large members of the PSW committee: Anyone interested in being part of phone conferences or committees (non-voting)