

## **Community Needs and Assets Assessment Youth Suicide Prevention**

The purpose of this assessment is to identify the resources available to address youth suicide prevention/intervention within your region. This assessment can serve as the basis for discussion when beginning your planning. The content of the assessment aims to cover a broad range of factors that may influence youth suicide prevention strengths and challenges within your region. Some areas may be more, or less, relevant to your Community Health Network Alliance.

We recognize that no one person (or agency) within the CHNA will have access to all of this information. Ideally, completion of the assessment will be a collaborative effort across the CHNA. We recognize that some towns or communities throughout your CHNA may have different characteristics and needs. Therefore it is important to collect data that can capture the needs of various identified areas within the CHNA. One suggestion is for different individuals on your team to collect data for particular towns or groups of towns that are logically related by service utilization, demographics or other relevant criteria. It is important to clearly identify the geographic areas about which data are being reported. Questions should be answered relative to this identified area.

Many of the questions included in this assessment can be answered using data that has been previously collected. We suggest that if data is more than three years old you consider updating it. We consider this assessment a tool for organizing data you already have and a guide for using data that you may have not considered using in the past. We recognize that it may be difficult to obtain data for some questions and some questions may be less relevant for your CHNA than others; however, we recommend that to the best of your ability you make an effort to complete the assessment as fully as possible. Each question provides a piece of the puzzle, with some pieces having the potential to give insight into the community in ways that may have been previously overlooked.

## Community Needs and Assets Assessment: Youth Suicide Prevention

### A. Demographics

**A1.** Please provide as much of the following demographic data as possible. (You may want to collect data for several representative towns within the CHNA, or use regional data. Either way, state what towns or region the data represents):

	Data	Data Source	Town or Regional Data?
<b>A. Population size</b>			
<b>B. Median Household Income</b>			
<b>C. % of Households living Below the Poverty Line</b>			
<b>D. Racial/ethnic Composition</b> _____ _____ _____ _____			
<b>E. % of Youth in Population (ages 10-24)</b>			
<b>F. Number of Youth in the Juvenile Justice system</b>			
<b>G. % of Youth in Foster Care</b>			

Town/Area \_\_\_\_\_

	<b>Data</b>	<b>Data Source</b>	<b>Town or Regional Data?</b>
<b>H. Number of Homeless Youth</b>			
<b>I. School Dropout Rate</b>			
<b>J. Unemployment Rate</b>			
<b>K. Number of Youth accessing Food Banks or Pantries or Soup Kitchens</b>			
<b>L. # Youth who receive Reduced Cost or Free School Breakfast/Lunch</b>			
<b>M. Immigrant and Refugee Populations</b>			

## B. Community Resources for Youth

**NOTE:** This section asks you to consider what resources are available to youth in your CHNA. Please provide your best response, but we also suggest that you engage youth in answering these questions. Focus groups and key informant interviews will provide important information.

**B1.** Please rate the extent to which youth in your identified area go to ‘hang out’ or interact with other peers or adults in the following settings? These may be formal or informal settings. If there are special populations that frequent places not listed, please note the population and area in one of the boxes marked “other”. Please add to/modify the list as needed.

**1=Never Used, 2=Rarely Used, 3=Sometimes Used, 4=Frequently Used 5=N/A**

Location	10-13 yr olds					14-17 yr olds					18-20 yr olds					21-24 yr olds				
A. Community Centers (e.g. YMCA, Boys’/Girls’ club)	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A
B. Park:	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A
C. House of worship (e.g. mosque, church, synagogue)	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A
D. Natural settings (e.g. Woods, beach, lakes, fields)	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A
E. Cemetery	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A
F. Café, restaurant, bar:	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A

Location	10-13 yr olds					14-17 yr olds					18-20 yr olds					21-24 yr olds				
G. Music club:	1	2	3	4		1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A
H. Downtown/Main St.	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A
I. Street corner	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A
J. School grounds/ designated spot on campus	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A
K. Skateboard park/area	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A
L. Basketball courts	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A
M. Ski areas	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A
N. Mall/Shopping Center	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A
O. 'Smoking area'	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A
P. Movie theater	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A

Town/Area \_\_\_\_\_

Location	10-13 yr olds					14-17 yr olds					18-20 yr olds					21-24 yr olds				
Q. Gym/Recreation Center	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A
R. After School Programs	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A
S. Internet (list particular sites to online communities if applicable) _____ _____	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A
T. Other (please list) _____ _____	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A
U. Other (please list) _____ _____	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A	1	2	3	4	N A

**Additional Comments:** (notable details related to any of the above)

Town/Area \_\_\_\_\_

**B2.** What kinds of formal or informal activities are available to youth in the identified area?  
How frequently are they used by youth?

Activity	10-13 yr olds					14-17 y.o.					18-20 y.o.					21-24 y.o.					What barriers exist which prevent youth from utilizing this activity?
	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	
A. Seasonal fairs, festivals or Carnivals	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	
B. Sports teams or “pick up” sports	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	
C. Concerts (to go to as audience member-not performer)	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	
D. Clubs (school-related or not)	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	
E. Boy Scouts/Girl Scouts	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	

Activity	10-13 yr olds					14-17 y.o.					18-20 y.o.					21-24 y.o.					What barriers exist which prevent youth from utilizing this activity?
	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	
F. Political organizations/ activism	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	
G. Volunteer opportunities	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	
H. Religious or spiritual activities	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	
I. Cultural events or gatherings	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	
J. Mentoring System (e.g. elder companion program, Big Brother/ Big Sister, academic “buddies”)	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	
Mentoring System (e.g. elder companion program, Big Brother/ Big Sister, academic “buddies”)	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	

Activity	10-13 yr olds					14-17 y.o.					18-20 y.o.					21-24 y.o.					What barriers exist which prevent youth from utilizing this activity?
	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	
K. Youth Councils	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	
L. Drop in centers	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	
M. Adult-supervised Performing Arts for youth (drama, dance, music)	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	
N. Dances	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	
O. Martial arts	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	
P. Work/jobs	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	

Activity	10-13 yr olds					14-17 y.o.					18-20 y.o.					21-24 y.o.					What barriers exist which prevent youth from utilizing this activity?
	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	1	2	3	4	N/A	
Q. Family-based activities																					
R. Other (please list) _____ _____																					
S. Other (please list) _____ _____																					

Town/Area \_\_\_\_\_

**Additional Comments:** (notable details related to any of the above)

**B3.** Taking into account activities considered above, list activities that could benefit youth, by increasing protective factors and/or decreasing risk factors, which are not currently available or that are available but underutilized?

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**B4.** What media outlets are most popular with youth audiences? On which outlets do youth most depend to get information? (Check as applies)

	Popular/highly utilized:				Depend on/Trust for getting Information:			
	10-13 yr. old	14-17 yr. old	18-20 yr. old	21-24 yr. old	10-13 yr. old	14-17 yr. old	18-20 yr. old	21-24 yr. old
Television								
Computer/internet								
Cell phone								
Local Newspaper								
Booths at Health Fairs, Campus/School events								
Texting								
Radio								
Networking websites (MySpace, Facebook, Twitter)								
Places where Flyers are posted								
Specialty magazines (e.g. Gaming or sports mags)								
Word of mouth (peers or adults)								
Other:								
Other:								

Town/Area \_\_\_\_\_

**B5a.** Who are perceived (either by youth or the community) as positive role models for the youth in your identified area? Consider individuals or groups represented locally, nationally and in the media.

Youth identified role Models:

Community identified role models:

Town/Area \_\_\_\_\_

**B5b.** How might increased accessibility to positive role models be accomplished within the identified area, either directly or indirectly?

**B6.** Which of the following pose barriers to accessing **primary care (routine medical) services** for youth in the identified area? Select all that apply.

- a. \_\_\_\_\_ Lack of knowledge of services
- b. \_\_\_\_\_ Lack of health literacy
- c. \_\_\_\_\_ Insurance
- d. \_\_\_\_\_ Cost
- e. \_\_\_\_\_ Transportation
- f. \_\_\_\_\_ Lack of trained specialists
- g. \_\_\_\_\_ Lack of medical professionals that are culturally sensitive or mirror the culture

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- h. \_\_\_\_\_ Language
- i. \_\_\_\_\_ Timely access to appointments
- j. \_\_\_\_\_ Convenience of available of appointments
- k. \_\_\_\_\_ Timely access to emergency appointments
- l. \_\_\_\_\_ Lack of continuity of services
- m. \_\_\_\_\_ Kids are “over-scheduled”
- n. \_\_\_\_\_ Other: \_\_\_\_\_

**Comments:** (e.g. are there notable sub-populations that might be more/less likely to be affected by certain barriers?)

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B7. Which of the following pose barriers to accessing **mental health services** for youth in the identified area?

- a. \_\_\_\_\_ Lack of knowledge of services
- b. \_\_\_\_\_ Lack of mental health literacy
- c. \_\_\_\_\_ Insurance
- d. \_\_\_\_\_ Cost
- e. \_\_\_\_\_ Transportation
- f. \_\_\_\_\_ Lack of trained specialists
- g. \_\_\_\_\_ Lack of medical professionals that are culturally sensitive or mirror the culture
- h. \_\_\_\_\_ Language
- i. \_\_\_\_\_ Timely access to appointments
- j. \_\_\_\_\_ Convenience of available of appointments
- k. \_\_\_\_\_ Timely access to emergency appointments
- l. \_\_\_\_\_ Kids are overscheduled
- m. \_\_\_\_\_ Stigma
- n. \_\_\_\_\_ Don't think it will help
- o. \_\_\_\_\_ Other: \_\_\_\_\_

Town/Area \_\_\_\_\_

**Comments:** (e.g. are there notable sub-populations that might be more likely to be affected by certain barriers?)

**B8.** Which of the following pose barriers to accessing **addiction services** for youth in the identified area?

- a. \_\_\_\_\_Lack of knowledge of services
- b. \_\_\_\_\_Lack of mental health literacy
- c. \_\_\_\_\_Insurance
- d. \_\_\_\_\_Cost
- e. \_\_\_\_\_Transportation
- f. \_\_\_\_\_Lack of trained specialists
- g. \_\_\_\_\_Lack of medical professionals that are culturally sensitive or mirror the culture
- h. \_\_\_\_\_Language
- i. \_\_\_\_\_Timely access to appointments
- j. \_\_\_\_\_Convenience of available of appointments
- k. \_\_\_\_\_Timely access to emergency appointments

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l. \_\_\_\_\_ Kids are overscheduled

m. \_\_\_\_\_ Stigma

n. \_\_\_\_\_ Don't think it will help

o. \_\_\_\_\_ Other: \_\_\_\_\_

**Comments:** (e.g. are there notable sub-populations that might be more likely to be affected by certain barriers?)

## C. Primary, Mental Health Care and Addiction Services for Youth

The following questions ask you to consider **primary care (routine medical) services** for youth in the identified area. Such services may include community health clinics, pediatric health practices, as well as alternative or indigenous health practices that are used by youth.

Please consider “partners” to include either members of the CHNA or those who work closely with the CHNA.

**C1a.** Who are your **current partners** in primary health services for youth?

**C1b.** Who are **potential partners** in this area with whom the CHNA/Youth Suicide Prevention Project would benefit from increased engagement?

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The following questions ask you to consider **mental health services** for youth in the identified area. These services might include behavioral health clinics or practices, hospitals, mental health emergency services, independent psychologists or therapists, independent psychiatrists, residential mental health or behavioral health programs, support or advocacy groups, etc.

**C2a.** Who are your **current partners** in mental health services for youth?

**C2b.** Who are **potential partners** in this area with whom the CHNA/Youth Suicide Prevention Project would benefit from increased engagement?

Town/Area \_\_\_\_\_

The following questions ask you to consider **Addiction services** for youth in the identified area. These services might include behavioral health clinics or practices, inpatient addiction services, detox facilities, community re-integration services

**C 3a.** Who are your **current partners** in addiction services for youth?

**C 3b.** Who are **potential partners** in this area with whom the CHNA/Youth Suicide Prevention Project would benefit from increased engagement?

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C4. Below is a list of persons/organizations that may be involved in the mental health screening and referral process for at-risk youth.

C4a. In the table below, please identify to what extent the following stakeholders are involved in screening and referral processes for at risk youth.

- 1 = YES**
- 2 = NO**
- 3 = I don't know**

	<b>Are these stakeholders trained in a screening protocol?</b>	<b>Is the screening process utilized?</b>	<b>Is there a referral process in place for positive screens?</b>	<b>Is the referral process effective in accessing services?</b>	<b>Is there a protocol for following up on referrals made?</b>
School Personnel (teachers, guidance/adjustment counselors, cafeteria workers, building custodians etc.)					
Local Law enforcement (police)					
Campus police/public safety					
Department of Children and Families (DCF)					
Department of Youth Services (DYS)					
Mental Health Providers (counselors, therapists, psychiatrists, substance abuse counselors)					
Primary Care Providers (including Community Health centers)					
Hospital Emergency Department staff					

Town/Area \_\_\_\_\_

**C4b.** Please describe ways in which any of the above screening and referral processes could be improved.

**C5.** In what ways (or circumstances) might parents or guardians be better supported in accessing mental health services for youth? (To answer this question we suggest conducting focus groups with parents and/or utilizing key informants who have experience in this area)

**C7.** In what ways (or circumstances) might faith communities be better supported in accessing mental health services for youth? (To answer this question we suggest conducting focus groups including members of faith based communities or utilizing key informants who have experience in this area)

C6. In what ways (or circumstances) might schools be better supported in accessing mental health services for youth? (To answer this question we suggest conducting focus groups and/or interviews with key informants who have experience in this area, such as school adjustment counselors and nurses, or mental health agencies that provide services to schools)

## D. Addressing Community Risk Factors

The following questions ask you to consider the **resources** (e.g. trained specialists, agencies, support systems) in the identified area that are **available to youth confronting a variety of risk factors**.

**D1a.** In the table below, please assess whether or not there are sufficient resources to address the following risk factors, and identify any barriers to accessing these resources.

**Sufficiency of Resources**

- 1 = not at all sufficient**
- 2 = more insufficient than sufficient**
- 3 = neither sufficient nor insufficient**
- 4 = more sufficient than not**
- 5 = completely sufficient**

**Barriers to Access**

- A. cost**
- B. transportation**
- C. lack of community awareness**
- D. insurance**
- E. lack of trained specialists**
- F. stigma**
- G. other (specify)**

Risk Factors/ Populations at Risk	How sufficient are resources?	Barriers to Access (list all that apply)
<b>Suicide Attempts</b>		
<b>Bullying</b>		
<b>Social Isolation</b> (Including notable cliques that deny membership to certain individuals)		
<b>Cultural isolation</b>		
<b>Recent immigration</b>		
<b>Gang involvement</b>		
<b>Out of school youth</b>		
<b>Substance Abuse</b>		
<b>Domestic Violence</b>		
<b>Relationship/Dating Violence</b>		
<b>Self Harm (e.g. cutting)</b>		

Town/Area \_\_\_\_\_

<b>Risk Factors/ Populations at Risk</b>	<b>How sufficient are resources?</b>	<b>Barriers to Access (list all that apply)</b>
<b>Eating Disorders</b>		
<b>Veterans</b>		
<b>Juvenile Justice involvement</b>		

**D1b.** Describe any populations (geographic, cultural, etc) for which there are **notable exceptions**. For example, is there a cultural group for whom the available resources are not appropriate or otherwise inaccessible? Is there a sub-population of your area that may not be able to take advantage of a resource that others in your region use regularly?

Town/Area \_\_\_\_\_

**D2.** Please list any current and potential partners who do or could work to address these risk factors/populations:

<b>Risk Factors/ Populations at Risk</b>	<b>Current partners</b>	<b>Potential partners</b>
<b>Suicide Attempts</b>		
<b>Bullying</b>		
<b>Social Isolation</b>		
<b>Cultural isolation</b>		
<b>Recent immigration</b>		
<b>Gang involvement</b>		
<b>Out of school youth</b>		
<b>Substance Abuse</b>		
<b>Domestic Violence</b>		
<b>Relationship/Dating Violence</b>		

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<b>Risk Factors/ Populations at Risk</b>	<b>Current partners</b>	<b>Potential partners</b>
<b>Self Harm (e.g. cutting)</b>		
<b>Eating Disorders</b>		
<b>Veterans</b>		
<b>Juvenile Justice involvement</b>		

**Other comments:**

Town/Area \_\_\_\_\_

**D3.** List organizations (formal or informal) in the identified area that work specifically with **Gay, Lesbian, Bisexual, or Transgender Youth**? Have staff at these organizations received training about suicide risk, prevention and/or intervention?

Organization working with: Gay, Lesbian, Bisexual, or Transgender Youth	Trained	Not Trained	Don't Know	Are trainings updated ?

Comments:

Town/Area \_\_\_\_\_

**D4.** List organizations (formal or informal) in the identified area that work with specific **racial/ethnic groups** including Native Americans and Alaskan Natives. Has the staff at these organizations received training about suicide risk, prevention and/or intervention?

Organization working with: Racial/ethnic groups	Trained	Not Trained	Don't Know	Are trainings updated ?

Comments:

Town/Area \_\_\_\_\_

**D5.** List organizations (formal or informal) in the identified area that work with **youth with disabilities**. Has the staff at these organizations received training about suicide risk, prevention and/or intervention?

Organizations working with : Youth with Disabilities	Trained	Not Trained	Don't Know	Are trainings updated ?

Comments:

Town/Area \_\_\_\_\_

**D6.** List organizations (formal or informal) in the identified area that work with **young veterans (age 18-24)**. Has the staff at these organizations received training about suicide risk, prevention and/or intervention?

Organizations working with: Young veterans (age 18-24)	Trained	Not Trained	Don't Know	Are trainings updated ?

Comments:

Town/Area \_\_\_\_\_

**D7.** List organizations (formal or informal) in the identified area that work with **children of veterans**. Has the staff at these organizations received training about suicide risk, prevention and/or intervention?

Organizations working with: Children of Veterans	Trained	Not Trained	Don't Know	Are trainings updated ?

Comments:

Town/Area \_\_\_\_\_

D8. List organizations (formal or informal) in the identified area that work with **children of parents with mental illness and/or addiction**. Has the staff at these organizations received training about suicide risk, prevention and/or intervention?

<b>Organizations working with: Children of parents with mental illness and/or addiction</b>	<b>Trained</b>	<b>Not Trained</b>	<b>Don't Know</b>	<b>Are trainings updated ?</b>

Comments:

Town/Area \_\_\_\_\_

D9. List organizations (formal or informal) in the identified area that **do outreach to isolated communities**. Has the staff at these organizations received training about suicide risk, prevention and/or intervention?

Organizations that: Do outreach to isolated communities	Trained	Not Trained	Don't Know	Are trainings updated ?

Comments:

Town/Area \_\_\_\_\_

**D10a.** What is the prevalence of alcohol and drug use among youth in your identified area? (To put this in perspective, it will be helpful to compare this data to statewide data). (see guide book for details)

**D10b.** Please list the Alcohol and Other Drug Abuse Treatment Programs for youth within you identified area? Please note if the facilities are utilized by youth and list treatment for specific populations that might be available at any of the facilities (e.g. GLBT youth, Veteran, gender specific services, services for non-English speakers).

AOD treatment facilities	Are they utilized 1=Yes 2=No 3=I don't know	Treatment for Specific Populations?
<b>Outpatient</b>		
<b>Intensive Outpatient (Day treatment)</b>		
<b>Residential</b>		
<b>Detox</b>		
<b>Other</b>		

Town/Area \_\_\_\_\_

Comments:

**E. Community Prevention & Intervention**

E1a. Does your identified area have a **suicide hotline**?  YES  NO

If yes, is this hotline accessible to people with disabilities?  YES  NO

Is the community aware of this service?  YES  NO

E1b. Does your identified area have access to a **crisis intervention system/team** in the region?

YES  NO

If yes, do members of the community know how to access these services?

YES  NO

E2. Are the ‘first responders’ (i.e. persons that might arrive first on the scene in a time of crisis) in your identified area trained in suicide prevention? Are they mandated by policy to receive training and to periodically update this training? *Feel free to add other ‘first responders’ to the list.*

<b>First Responders</b>	<b>Type of Training (e.g. gatekeeper, triage, risk assessment, referral)</b>	<b>Hours of training</b>	<b>Are training updates mandatory?</b>	<b>Policies Regarding Suicide Prevention Education?</b>
Police Officers			Yes No	Yes No
EMTs			Yes No	Yes No
Behavioral Health Workers			Yes No	Yes No

Town/Area \_\_\_\_\_

<b>First Responders</b>	<b>Type of Training (e.g. gatekeeper, triage, risk assessment, referral)</b>	<b>Hours of training</b>	<b>Are training updates mandatory?</b>	<b>Policies Regarding Suicide Prevention Education?</b>
School Personnel			<b>Yes No</b>	<b>Yes No</b>
Emergency Department/Room Staff			<b>Yes No</b>	<b>Yes No</b>
Fire Department			<b>Yes No</b>	<b>Yes No</b>
Clergy			<b>Yes No</b>	<b>Yes No</b>
Psychiatric crisis staff			<b>Yes No</b>	<b>Yes No</b>

Comments:

Town/Area \_\_\_\_\_

**E3a.** In the table below, please identify where the **Emergency Department** services are located, whether mental health coverage is available at the site, and whether there are systems in place to arrange for follow-up care for youth. Is there a means of following up on referrals made?

<b>Emergency Room Service site</b>	<b>Are mental health services available on site? (yes/no)</b>	<b>Are there systems in place for arranging follow-up care referrals for high-risk youth? (yes/no)</b>	<b>Is there a system for tracking referral outcomes? (yes/no)</b>

**E3b.** Please describe any barriers to emergency room service in your identified area.

Town/Area \_\_\_\_\_

**E4a.** In the following table, please list any **key partners** in the identified area who **currently** either specialize in the services listed or have staff trained to provide the service. To the best of your knowledge describe or name the service provided under each category. Also note whether these people/agencies have an opportunity to update their training in the area.

Organization/Provider	Suicide Prevention (e.g. anti-stigma campaign)	Intervention (e.g. DBT, partial hospitalization)	Postvention (e.g. critical incident debriefing)	Opportunities for updates in training? (Yes/No)

**E4b.** In the following table, please list any **potential partners** who could, but do not currently, provide these services.

Organization/Provider	Prevention	Intervention	Postvention

Town/Area \_\_\_\_\_

Comments:

Town/Area \_\_\_\_\_

**E5.** Please describe any successes or challenges the communities in your identified area have confronted in their efforts to address suicide and/or mental health issues:

	<b>Successes</b>	<b>Challenges</b>
<b>Mental Health Promotion</b>		
<b>Suicide Prevention Curricula/Training</b>		
<b>Mental health Screening &amp; Referrals</b>		

Town/Area \_\_\_\_\_

	Successes	Challenges
<b>Reducing Stigma around Mental Illness</b>		
<b>Increasing Help-Seeking Behaviors</b>		
<b>Gatekeeper Training</b>		
<b>Media Education on Appropriate Coverage of Suicidal Behavior</b>		

Town/Area \_\_\_\_\_

	Successes	Challenges
<b>Screening &amp; Referrals in Schools</b>		
<b>School Policies Regarding Traumatic Experiences</b> (e.g. response to suicidal threats/behaviors, grief counseling, student returning to school after hospitalization, student returning to school after a traumatic death)		
<b>School Policy Regarding Bullying</b>		

**E6.** The following question has to do with postvention protocols and services (i.e. support offered to family, friends, peers and community members after a completed suicide). If your community has not experienced a suicide, please complete columns 1 and 2 of this question.

	<b>Does your area offer this postvention service?</b> (Y=Yes, N=No)	<b>Has this service been activated?</b> Y=Yes N=No (suicide occurred, but service was not activated) N/A = No, because we have not had a suicide since this service has been in place	<b>How would you rate the success of these services?</b> 0=Not at All Successful 1=Somewhat Successful 2=Very Successful
<b>Critical incident debriefing with the community</b> (e.g.school, organization, or work place)	Y    N	Y    N    N/A	0    1    2
<b>Specific media reporting protocols</b>	Y    N	Y    N    N/A	0    1    2
<b>Survivor support groups</b>	Y    N	Y    N    N/A	0    1    2
<b>Adolescent grief support groups</b>	Y    N	Y    N    N/A	0    1    2
<b>Memorial services or vigils open to the community</b>	Y    N	Y    N    N/A	0    1    2

**E7.** Are there other postvention activities that would be helpful to the community in the event of a suicide? (e.g. Is there a particular segment of the community whose needs are not currently addressed?)

**E8.** In each of the categories provided below, name at least five available assets that could be useful for suicide prevention for youth ages 10-24. Assets may include personnel within a given group that are specially trained or particularly invested in youth suicide prevention; material or organizational resources available; the nature of the relationship of a group/organization to the community or segment of the community.

**a. Prevention network members' individual skills/capacities:**

- 1.
- 2.
- 3.
- 4.
- 5.

**b. Social, civic engagement groups:**

- 1.
- 2.
- 3.
- 4.
- 5.

**c. Faith-based Organizations:**

- 1.
- 2.
- 3.
- 4.
- 5.

**d. Cultural events/Organizations:**

- 1.
- 2.
- 3.
- 4.
- 5.

**e. Local Institutions (school/faith/recreation):**

- 1.
- 2.
- 3.
- 4.
- 5.

**f. Space (open and gathering space):**

- 1.
- 2.
- 3.
- 4.
- 5.

**g. Businesses (formal and informal):**

- 1.
- 2.
- 3.
- 4.
- 5.

**h. Youth Development/Youth leadership programs:**

- 1.
- 2.
- 3.
- 4.
- 5.

**i. Resources or Services for high risk youth**

- 1.
- 2.
- 3.
- 4.
- 5.

**j. Tribal organizations**

- 1.
- 2.
- 3.
- 4.
- 5.

**k. Recreation Department**

- 1.
- 2.
- 3.
- 4.
- 5.

**l. Other:**

## F. Community Attitudes Towards Help-Seeking

**F1.** Do you notice stigma or shame attached to the following mental health/illness considerations? In the ‘Brief Explanation,’ you might consider what segments of the population tend to carry this stigma/shame or whether certain forms of mental illness/challenges are more stigmatized than others. *Please take some time to discuss this as a group before responding.* It may be informative to include these questions in **focus groups and key informant interviews with youth and parents.**

	Yes or No	Level of Stigma	Brief Explanation
<b>Acknowledging personal difficulties</b>	Y / N	Low Med High	
<b>Acknowledging the need for help</b>	Y / N	Low Med High	
<b>Seeking help (of any kind) for personal difficulties</b>	Y / N	Low Med High	
<b>Seeking help from mental health professionals</b>	Y / N	Low Med High	
<b>Seeking help from substance abuse professionals</b>	Y / N	Low Med High	
<b>Seeking help from other community members (e.g. religious leaders, teachers)</b>	Y / N	Low Med High	
<b>Seeking help from Parents or other significant adults</b>	Y / N	Low Med High	
<b>Seeking help from peers</b>	Y / N	Low Med High	

**F2.** What are the prevalent or notable beliefs, myths, or attitudes regarding suicidal thoughts and behaviors in your region? Who holds these biases (youth, adults, members of particular religions or faiths, etc.)?

**F3.** How might the CHNA increase the public's awareness of who/how to ask for help upon identifying someone in need?

## G. Data Sources

**G1.** Which of the following, if any, does your CHNA use to track mental health data related to suicide (risk factors, attempts, etc.)?

- Computer database or spreadsheet
- Interviews or Focus Groups
- Records from mental health workers
- Medical records
- Police records
- DPH data

**G2.** From what sources can your CHNA access the following data?

Type of Data	Data Source	How confident are you in the accuracy of the data? 0=Not at all confident 1=Somewhat Confident, 2=Very Confident
<b>Number of suicides completed</b>		
<b>Number of suicides attempted</b>		
<b>Incidence of child abuse</b>		
<b>Incidence of sexual assault</b>		
<b>Prevalence of substance abuse</b>		
<b>Prevalence of underage drinking</b>		
<b>Academic performance</b>		
<b>Number of youth that access mental health services</b>		
<b>Other</b> _____ _____		

Town/Area \_\_\_\_\_

<b>Type of Data</b>	<b>Data Source</b>	<b>How confident are you in the accuracy of the data? 0=Not at all confident 1=Somewhat Confident, 2=Very Confident</b>
<b>Other</b> _____ _____		
<b>Other</b> _____ _____		
<b>Other</b> _____ _____		
<b>Other</b> _____ _____		

## H. Finally...About Your CHNA

**H1.** What barriers to collaboration around youth suicide prevention exist between members of your CHNA and relevant partners?

**H2.** What recommendations would you have to improve/enhance collaboration among CHNA members and relevant partners?

**H3.** Are there anything other considerations with respect to your CHNA's strengths, needs, or current efforts around youth mental health or suicide prevention efforts?