

Division of Mental Health, Developmental Disabilities and Addictive Diseases

Training and Technical Assistance FY05

FINAL REPORT

***Preventing Suicide Among Adult Consumers of Mental Health
and Addictive Diseases Services***

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Child and Family Policy Initiative
Carl Vinson Institute of Government, University of Georgia
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Training Objectives and Intended Audience

The “Preventing Suicide among Adult Consumers of Mental Health and Addictive Diseases Services” training series was initiated by the Division of Mental Health, Developmental Disabilities, and Addictive Diseases in response to their priority for a training focus in 2005 on suicide prevention for adult consumers of mental health and addictive disease services. The intended audience was providers of mental health and addictive diseases services who serve adult consumers, especially clinicians, supervisors, managers, and administrators.

The objectives of the training were to provide:

- (1) An orientation to suicide as a problem in mental health and addictive diseases treatment settings,
- (2) Up-to-date information about suicide risk and protective factors,
- (3) Training in a proven suicide risk assessment protocol, and,
- (4) Introduction to an award-winning documentation system to reduce risk of suicide malpractice.

Training Format

The training was developed in clusters of three training events that were delivered in two days at five locations throughout Georgia. The framework of the training was a systems approach to suicide prevention for providers and provider organizations. The presenting organization, QPR Institute has developed trainings for professionals and a credentialing system for organizations that has been recognized nationally. The training was adapted for use in a state system, and specifically for Georgia. Training materials, based on the latest evidence of effective prevention and risk management, were developed for each event and passed out to all participants for use in their own practice settings.

The first day consisted of an introductory seminar, Key Concepts, Attitudes, and Behaviors, that provided participants with current evidence-based information relating to the training objectives detailed above. The seminar was conducted by both presenters and a pre and post knowledge test on suicide prevention and risk management was given to participants.

The second day consisted of two specialized technical assistance events conducted concurrently in the same location. Participation in the Key Concepts, Attitudes, and Behaviors Seminar was a prerequisite for participation in the technical assistance events. The Administrative Track Technical Assistance was designed for administrators and managers and focused on issues around a

management system to address suicide prevention and to reduce risk of suicide malpractice. The Clinical Track Technical Assistance was designed primarily for supervisors and clinicians and focused on clinical techniques to assess suicide risk and to manage suicide risk. Attention was paid to how to support clinicians within an organization as they assess and manage risk.

Together, the two technical assistance tracks are designed to present the key concepts, attitudes, and behaviors to all the members of the provider systems and then introduce and practice skills needed to have a competent system that addresses suicide prevention and risk management.

Training Locations and Dates

DATE	LOCATION	TRAINING	PRESENTER(S)
January 6, 2005	Kennesaw Kennesaw State University Center	Key Concepts, Attitudes, and Behaviors Seminar	Paul Quinnett Ben Camp
January 7, 2005	Kennesaw (KSU Center)	Administrative TA	Paul Quinnett
January 7, 2005	Kennesaw (KSU Center)	Clinical TA	Ben Camp
February 7, 2005	Gainesville Georgia Mountain Center	Key Concepts, Attitudes, and Behaviors Seminar	Paul Quinnett Ben Camp
February 8, 2005	Gainesville (GMC)	Administrative TA	Paul Quinnett
February 8, 2005	Gainesville (GMC)	Clinical TA	Ben Camp
February 10, 2005	Savannah, Georgia Coastal Center	Key Concepts, Attitudes, and Behaviors Seminar	Paul Quinnett Ben Camp
February 11, 2005	Savannah, Georgia Coastal Center	Administrative TA	Paul Quinnett
February 11, 2005	Savannah, Georgia Coastal Center	Clinical TA	Ben Camp
March 1, 2005	Tifton, UGA Tifton Campus Conference Center	Key Concepts, Attitudes, and Behaviors Seminar	Paul Quinnett Ben Camp
March 2, 2005	Tifton, UGA TCCC	Administrative TA	Paul Quinnett
March 2, 2005	Tifton, UGA TCCC	Clinical TA	Ben Camp
March 3, 2005	Macon River Edge Behavioral Health Center	Key Concepts, Attitudes, and Behaviors Seminar	Paul Quinnett Ben Camp
March 4, 2005	Macon (REBHC Training Room)	Administrative TA	Paul Quinnett
March 4, 2005	Macon (REBHC Training Room)	Clinical TA	Ben Camp

Presenters and Qualifications

The QPR Institute was chosen as the provider for this series of suicide prevention training and technical assistance events. For the general public, the QPR Institute and its over 1,200 certified trainers offer suicide prevention training throughout the United States. Schools, service clubs, fire departments, churches, youth groups, and hundreds of other organizations have received the QPR gatekeeper training program. In just over five years, more than 250,000 Americans in 40 states have received this life-saving training.

For professionals treating suicidal people the QPR Institute offers a variety of training opportunities and materials (including online and self-study courses) to improve suicide risk detection, assessment and management skills. The QPR Institute offers suicide risk management inventories and protocols available for those working with adults of all ages, those working with children and adolescents and those treating suicidal people in inpatient and residential settings. The QPR Institute also offers training programs for those who work with survivors of suicide and other

trauma. Complete installation packages for agencies and institutions wishing to improve or enhance their standards of care through adoption of best practices while simultaneously reducing liability exposure are also available through the QPR Institute. QPR Institute offers a certification program for agencies wishing to develop an agency-wide approach to suicide prevention.

The QPR Institute has a website at <http://www.qprinstitute.com> and can be reached at: The QPR Institute, P.O. Box 2867, Spokane, WA 99220. Email: qinstitute@qwest.net Phone: 888-726-7926 Katherine White acted as the contact person for logistical support at the QPR Institute.

Paul Quinnett and Ben Camp from the QPR Institute were the presenters for the training sessions. Paul Quinnett, Ph.D. is the President and CEO of the QPR Institute. He has worked in the suicide prevention field for over 30 years and has published seven books and many professional articles. He currently serves as Clinical Assistant Professor in the Department of Psychiatry and Behavioral Science at the University of Washington School of Medicine and is the Editor-in-Chief of *Preventing Suicide: The National Journal*. Ben Camp, MS has worked over 22 years in the fields of mental health and substance abuse in direct counseling, program development and management, grant development and evaluation, curriculum development, teaching and training. He is currently an Adjunct Faculty at Whitworth College, The Washington Institute of Mental Health Research and Training, and Eastern Washington University School of Social Work and Addictions Studies where he has developed a course on suicide risk assessment and management.

Support Staff from Carl Vinson Institute of Government

The Carl Vinson Institute of Government (CVIOG) was contracted to provide technical assistance and support for this training series. Following is a table of faculty, staff and students and their roles in this training series:

	Presenter Coordination/ Contracting	Logistics Coordination	Registration	CEUs	Field Event Coordination Attendance/ Evaluation	Data Entry/ Data Set Development	Report Preparation
Sally vander Straeten	X			X	X	X	X
Jerri Cloud		X		X			
Sharon Verbeek			X				
Yuaha Ye					X	X	
Jessica Holmes					X	X	X
Sandy Christopher				X		X	X

Attendance

Registration

In order to recruit the target audience for this training, MHDDAD developed a Training Announcement that was emailed to Regional Offices for email distribution to providers and simultaneously mailed in hard copy by the CVIOG support staff to targeted providers. Registration was available through a web based registration system maintained by CVIOG, through FAX to CVIOG support staff, and through email with attachment. Registrations came primarily through the web and FAX, in about equal numbers, with only a limited number of email registrations. Automatic confirmations were generated when participants registered on the web, but no

confirmations were sent to FAXed or emailed applications. Several participants registered simultaneously through the web and by FAX, creating duplicate registrations for many participants.

Attendance limits were set for each program. A limit of 70 participants was set for the introductory seminar and limits of 30 participants were set for Administrative and Clinical TA sessions based on the interactive nature of these programs. For the Kennesaw sessions, attendance at the Key Concepts Seminar was requested but not required. For the last four clusters attendance at the Key Concepts session was required for attendance at a TA session. When there were more registrations than places available, MHDDAD training staff made acceptance/rejection decisions and communicated these decisions to those who had registered. Acceptance was based on a number of factors, such as number of attendees by provider, and was not done on a first-come/first served basis.

Attendees signed a sign-in sheet at the beginning of each training and TA event. Attendees often changed their minds about which TA session was most appropriate for them and switched registrations the morning of the TA event. This was allowed as long as they had participated in the Key Concepts Seminar and the attendance limit had not been reached. The number of attendees is based on the sign in sheets collected at the beginning of the training sessions, the most accurate record available.

An Excel data set of registrants and attendees, including all information collected for registration, is included with this report.

Registration, Approval, and Attendance of Participants by Program

	Attendance Limits	Number Registrations	Number Approved	Number Attended
Key Concepts	350	460	269	259
Administrative Track TA	150	79	79	80
Clinical Track TA	150	204	121	127
Total	650	743	459	466

The total attendance at all fifteen events was 466. A total of 277 individuals attended the series; a total of 186 individuals attended both the introductory seminar and a technical assistance track event. Program registrations (743) exceeded attendance limits (650). However, attendance (466) was below attendance limits (650) by 184 attendees. This discrepancy is a result of: (1) the Kennesaw, Savannah and Tifton registrations not reaching attendance capacity and the Gainesville and Macon registrations being well over double the attendance limits, and (2) registered attendees at each event not attending the event. This discrepancy also resulted in a high number of registrants (well over 100) who couldn't attend because Gainesville and Savannah were overenrolled.

The Key Concepts Seminar and the Clinical Track TA were the most requested (both overenrolled) and the most attended events. However, the number of attendees at the Administrative Track TA exceeded the number of registrations. After attending the Key Concepts Seminar a number of attendees decided that they should attend the Administrative Track TA because they needed a more in-depth understanding of this content. The "number registrations" figure was determined through the registration database. The "number approved" and "number attended" were calculated from the sign-in sheets from each session.

Attendance by Training Site

	Kennesaw	Gainesville	Savannah	Tifton	Macon	Total
Key Concepts	44	57	49	44	65	259
Administrative	20	21	15	7	17	80
Clinical	28	31	19	25	24	127
Total Attending	92	109	83	76	106	466

Gainesville (109) had the largest attendance, followed by Macon (106), Kennesaw (92), Savannah (83) and Tifton (76). The number wishing to attend but not accepted was actually well over 100 because registration was overbooked at both Gainesville and Macon. Attendance at the sites that were accessible to the Atlanta/Metro area were over registered, leaving many Metro providers wanting this training and technical assistance but unable to attend.

Attendance by Participating Organization

	Georgia State Departments (MHDDAD and DJJ)	Community Service Boards	Other MH/DD/AD Providers	Hospital Services	Advocacy Org.	Total
Total Organizations	2	25	21	9	1	58
Total Participants	24	156	58	40	2	277

A total of 58 organizations sent 277 participants to the *Suicide Prevention* training and technical assistance. Community Service Boards had the largest number of participants (156), followed by other community provider organizations (58). Together these community providers made up 76% of the participants. Participants from hospital services made up another 14% of those served, and these hospital providers were in attendance at each of the sites. The ability to interact with other providers along the continuum of care enriched this particular set of trainings because the need to interact concerning patient risk and protection is so great. State and regional MHDDAD staff and 2 representatives of advocacy organizations made up the other 10% of the participants. Although there were only several participants from organizations outside MHDDAD (DJJ and advocacy organizations), these organizations felt it was critical that they receive this information as well.

Knowledge Gain

The Key Concepts, Attitudes and Behaviors seminar contained an opportunity to assess the knowledge gained of suicide prevention. A nationally normed 25-question test developed by QPR using the latest evidence of incidence and best practice was given by the presenters at the beginning and end of the seminar. Participants at these seminars in Georgia performed similarly to other groups of professionals that have taken this quiz in seminars.

The percentage of participants who passed the suicide prevention knowledge test rose from 9% to 83%. There was a ten-fold rise in participants who could pass the test going from 20 participants passing on the pre-test to 200 passing on the post-test. Participants who are able to pass this test are

eligible for a knowledge certificate from QPR. They also have passed the first portion of the requirements to become a trainer with QPR. The names and scores on this test are maintained by QPR.

	Pre-Test Participants	Number Passed	Post-Test Participants	Number Passed
Total	231	20	241	200

Evaluation

At the end of each training session participants were given an evaluation form to fill out that included three sections:

- (1) participant satisfaction with the content, presentation style, and facilities,
- (2) rating of the degree to which the objectives of the training were met, and
- (3) an opportunity to comment on the quality of the program and what could be improved.

The total number of evaluations turned in was 392 representing 84% of the attendees. Not all attendees answered every question on the evaluation. Results of these evaluations have been compiled and are reported in aggregate below. All data from completed evaluations were entered into three data sets in Excel format that are being forwarded with this report.

Participant Satisfaction

Program participants were asked to rate their satisfaction with seven dimensions of the program (meeting objectives, teaching new skills, current and useful information, appropriate presentation level, ability to keep interest, ability to help professionally, and comfortable facilities) and then give the program an overall rating on a five point scale (Excellent, Good, Somewhat, Little, Very Little).

The following tables represents the combined percentages of “Excellent” and “Good” ratings for each *Preventing Suicide Among Consumers of Mental Health and Addictive Diseases* training and technical assistance event by training site.

Key Concepts, Attitudes, and Behaviors Satisfaction

	Objectives met?	Teach new skills?	Current and useful?	Presentation level appropriate	Instructor interest?	Program helps professionally	Facilities comfortable	Overall rating
Kennesaw	100%	97%	100%	100%	100%	100%	81%	100%
Gainesville	100%	86%	98%	100%	98%	94%	73%	100%
Savannah	98%	87%	100%	96%	85%	96%	70%	100%
Tifton	100%	95%	98%	100%	95%	100%	65%	95%
Macon	100%	95%	100%	97%	95%	100%	75%	100%
Total	96%	91%	97%	97%	94%	95%	76%	98%

Participants in four of the five training sites (Kennesaw, Gainesville, Savannah, and Macon) all rated the training as excellent or good. Tifton participants gave the seminar a 95% rating of good or

excellent. Overall, 98% of the participants who evaluated the program rated the Key Concepts Seminar as excellent or good.

The ratings on individual dimensions of the program varied from a high of 97% indicating the program was current and useful and the presentation level was appropriate, to a low of 76 % for the comfort of the facilities. The category of “teach new skills” was highest in Kennesaw, which was the only site where QPR rated role play experiences were used in the Key Concepts Seminar. Scores on “teach new skills dipped in Gainesville and Savannah” and recovered in Tifton and Macon as the presenters adapted the program.

Administrative Track Satisfaction

	Objectives met?	Teach new skills?	Current and useful?	Presentation level appropriate	Instructor interest?	Program helps professionally	Facilities comfortable	Overall rating
Kennesaw	83%	100%	83%	75%	83%	83%	92%	83%
Gainesville	95%	83%	100%	100%	89%	89%	74%	94%
Savannah	83%	75%	83%	91%	92%	83%	83%	100%
Tifton	100%	100%	100%	100%	100%	100%	100%	100%
Macon	86%	93%	92%	93%	92%	86%	93%	93%

Sixty-four evaluation surveys were turned in for the administrative track, representing 80% of the participants. The overall ratings ranged from a high of 100% satisfaction at the excellent and good level in Savannah and Tifton to a low of 83% overall satisfaction in Kennesaw. Because Kennesaw administrative track had a mix of participants who had attended and not attended the Key Concepts Seminar, there was a good deal of repetition of material from Key Concepts. Also in Kennesaw, the two technical assistance tracks met together at the beginning and conclusion of the day. Both of these logistical issues changed in the subsequent programs, and the overall ratings changed significantly.

Scores for dimensions of the program ranged from a high of 100% on each dimension at one of the sites to a low of 75% on teaching new skills and appropriate presentation level at two of the sites. The lowest score was 74% for comfortable facilities at Gainesville.

Clinical Track Satisfaction

	Objectives met?	Teach new skills?	Current and useful?	Presentation level appropriate	Instructor interest?	Program helps professionally	Facilities comfortable	Overall rating
Kennesaw	94%	85%	94%	95%	89%	95%	84%	94%
Gainesville	90%	87%	90%	94%	94%	87%	58%	93%
Savannah	89%	89%	100%	100%	100%	100%	58%	100%
Tifton	100%	100%	100%	100%	100%	100%	90%	100%
Macon	100%	95%	100%	100%	100%	100%	91%	100%

Overall satisfaction with the clinical track technical assistance was very high. In Savannah, Tifton, and Macon 100% of the participants gave this clinical technical assistance on suicide prevention a

rating of good or excellent. Kennesaw and Gainesville gave this clinical TA an overall rating of 93% and 94% respectively.

As with the administrative TA, the clinical TA received 100% ratings in six of the seven program dimensions in at least one of the sites. The lowest ratings were on facilities comfort with Gainesville and Savannah giving ratings of only 58% good or excellent.

Meeting Objectives

Participants were also given the chance to express how well they felt the training objectives were met. Participants rated the objectives as fully met, partially met, or not met at all. Four of the eight program objectives were rated in the evaluations. Of the 422 participants, 366 (87%) rated this section.

The following tables show the percentages of responding participants who rated each listed objective as “fully met”.

Key Concepts, Attitudes and Behaviors Objectives Met

	Recognize the high-risk groups and the risk factors for suicide	Understand the relationship between untreated mental illness/substance abuse and suicide attempts	Be able to identify those persons in a clinical population most at risk for suicide	Learn how to minimize the risk of litigation for suicide malpractice
Kennesaw	96%	96%	96%	96%
Gainesville	98%	91%	93%	78%
Savannah	100%	90%	93%	86%
Tifton	100%	100%	95%	79%
Macon	95%	95%	95%	95%
Total	98%	94%	94%	86%

This objectives rating section of the evaluation was completed by 185 (71%) of the participants in the Key Concepts seminar. Across the different training sites the general perception was that the four rated objectives had been met. Objective with the highest number of ratings of “fully met” was “recognizing high risk groups and risk factors for suicide” with 98% of participants rating this objective fully met. The objective with the lowest percentage of ratings of “fully met” was “learn how to minimize the risk of litigation for suicide malpractice” with 86% of ratings fully met.

Administrative Track Objectives Met

	Identify social policy implications and emergent trends for future clinical policy and practice.	Describe leadership in suicide prevention efforts: expectations, policy and procedures.	Understand a systems approach to patient safety and reduction of medical errors.
Kennesaw	90%	90%	90%
Gainesville	89%	100%	88%
Savannah	85%	85%	85%
Tifton	100%	100%	100%
Macon	86%	86%	71%
Total	89%	92%	85%

Two-thirds (67%) of the participants in this administrative technical assistance (54) filled out the objectives evaluation form. Of the three objectives the highest percentage of participants felt that “describe leadership in suicide prevention efforts, expectations, policy and procedures” had been fully met. “Understand a systems approach to patient safety and reduction of medical errors” was rated fully met by 85% of participants. Participants in the Tifton administrative TA rated all of the objectives fully met, suggesting that these complex objectives can best be addressed in a very small group that allows for much interaction and attention to individual context.

Clinical Track Objectives Met

	Learn a competency-based performance evaluation approach to suicide risk assessment.	Apply assessment skills through evaluated role-plays	Understand a systems approach to patient safety and reduction of medical errors.
Kennesaw	89%	79%	68%
Gainesville	87%	94%	52%
Savannah	95%	95%	68%
Tifton	100%	100%	72%
Macon	100%	100%	100%
Total	93%	93%	70%

The objectives portion of the evaluation was filled out by 78% of the participants (99) in the clinical technical assistance. The objectives “learn a competency-based performance evaluation approach to suicide risk assessment” and “apply assessment skills through evaluated role-plays” were both rated as fully met by 93% of these participants. The objective “understand a systems approach to patient safety and reduction of medical errors” was rated as fully met by 70% of the participants.

The percentage of “fully met” responses grew in each of the categories from the first program given to the last program. Macon participants in the clinical technical assistance rated each of the three objectives as fully met.

Participants’ Comments on Evaluation Surveys

In addition to the two objective sections of questions on the evaluation, the participants were given the chance to leave written comments about how they felt about the training. Participants’ responses were then grouped into categories according to similar themes. Themes that emerged were:

- General support
- Helpful content
- Issues to cover in future training
- Suggestions for improved method of training
- Presentation Style
- Logistics/facilities
- Materials/handouts

The following tables, grouped by program, present the frequency of comments made by participants in each of the above categories. There are examples of each category of comment presented. Additionally, participants commented about the importance of the entire set of training and technical assistance. These comments are discussed separately following the seminar and technical assistance track comments.

Key Concepts, Attitudes and Behaviors Participant Comments

There were a total of 201 comments made on the *Key Concepts, Attitudes and Behaviors* evaluation surveys. The comments were overwhelmingly positive and supportive on the content, presentation style and materials.

Participants commented most about the helpful content and particularly appreciated the information on risk and protective factors, the information on assessment and rating, and the opportunity to engage with the material through case examples and scenarios. The presentation style, using a variety of techniques including pre and post testing, role playing, opportunities to ask questions and clarify information, and the use of humor were particularly appreciated by the participants. Many participants commented on the expertise of the presenters and the helpful way they were able to share this information. The systems approach seemed to be appreciated by the participants as they mentioned that they appreciated the integration of content related to the people they serve, their families, and themselves as helping professionals.

The participants felt that the information was practical and useful. Suggestions for improvement for further training include making the training longer and in smaller groups. There is a sense that the participants wanted to engage even further in the material so that they could use it in their practice. Specific areas to address to expand the program include inclusion of more material on youth, ethnicity, PPOs and HMOs, and for the medical community.

Below is a chart summarizing the evaluation comments for the *Key Concepts* seminar.

Category	Rank	Number of Comments	Examples of Comments
Content Helpful	1	71	<ul style="list-style-type: none"> • The statistics were a real wake-up call • Perspective given from malpractice lawyer’s point of view; steps to take to decrease liability • Interviewing skills, questions and protocol • Specific questions about assessment and how to ask them; examples of risk and protective factors • Lots of information, lots of ideas, a framework for action • The environmental factors, suicide crisis episode information and the suicide attempt information • Understanding risk groups/risk factors, litigation issues, scenarios. Humor! • Enlightenment both factually on the topic of suicide and professionally concerning how my own current practice is failing in addressing suicide; change nothing. I love the humor mixed with straight forward matter of fact presentation! • Stressing the need to be thorough, to get the information and act on it; I am hoping the next session is going to “close the loop” with more information. This was truly excellent – speakers and material.
Presentation Style	2	33	<ul style="list-style-type: none"> • Compassion, knowledgeable, entertaining presentation style, good role play intro, very good format • Practice/role play was helpful; it was great • The expertise/knowledge of instructors – they are very comfortable with the content they are teaching • Interesting material presented in dynamic manner with

			<ul style="list-style-type: none"> allowance for questions • Tools and resources provided helpful • Pre and post tests • Hearing from guys who have both book-learning and have been in the trenches
Suggestion for improved method of training	3	27	<ul style="list-style-type: none"> • Smaller groups • Screen participants – there were some people not taking the training very seriously • Add additional small group activity • Don't rush through the malpractice stuff • Review the questions on the test after it has been taken a second time • Make it mandatory for those attending day one to attend day two • All the information was useful but I feel that we did not have enough time to cover it all
Issues to Cover in Future Training	4	17	<ul style="list-style-type: none"> • Non-English speaker minorities; ethnicity • More specifics regarding HMOs PPOs regarding this area. There is always pressure to get people in and out very quickly • Speak more about youth • Give specific example questions for QPRT • Educate MDs • How to teach staff to follow through • Training for emergency staff and telephone triage and litigation risks and how to minimize them
Materials/ Handouts	4	17	<ul style="list-style-type: none"> • Handouts, personal/clinical examples helpful • I liked the family brochure • QPRT starter kit very helpful • Have all the slides in the handout
Logistics/ Facilities	6	16	<ul style="list-style-type: none"> • Comfortable seats/ or Get softer chairs • Room to warm/ room too cold • Need to provide coffee – seriously • Breaks more often
General Support	7	6	<ul style="list-style-type: none"> • Expanded my understanding of a huge issue • The fact that the state of Georgia considers suicide a public health problem and is investing time and money in working to prevent suicide is helpful

Administrative Track Technical Assistance Evaluation Comments

There were 64 comments made on the Administrative Track technical assistance. This was the track that addressed the particular issues faced by administrators and managers and, not surprisingly, this was the program where the systems perspective was the most appreciated. Participants commented that the administrative case studies were particularly helpful. Aspects of the systems perspective that were particularly appreciated were assessment and ideas to implement change in the way suicidal clients are cared for. Administrators and managers also appreciated the insight into the cultural aspects of the issues and the broad perspective that addressed suicide prevention as a societal concern.

Participants in the administrative technical assistance urged the presenters and the support personnel to convey to the Division of MHDDAD that the presenters should be asked to present a “blueprint for change in services/policies/infrastructure” along with training individuals. In the spirit of joining in the development of this blueprint, the administrators and managers in these programs wanted the opportunity to attend all three sessions and urged that the training be a three-day training so that they could attend all sessions so that they could bring the information back to their agencies and be able to use it.

Suggestions for change related to conveying more specific information so that the general principles stated in the training could be translated into the local workplace. Also, participants voiced that they wanted the training to be continued and the next steps in a system change be put into place through more training and technical assistance.

The table below gives the categories, rank and examples of comments from administrative technical assistance participants.

Category	Rank	Number of Comments	Examples of Comments
Content Helpful	1	23	<ul style="list-style-type: none"> • Caused me to review current policies/protocol we have in place; case studies were helpful • Confirm how important it is to do complete and detailed assessments so adequate treatment can be provided. Case studies allowed us to see how important it is to ask missing questions in order to fill in the blanks to process an account of the situation. • Case presentation, overview of suicide and program development helpful • Case study, explanation of contributory negligence; sharing of resources and web sites helpful
Suggestion for improved method of training	2	21	<ul style="list-style-type: none"> • Information presented excellent; Make this a three day training and have clinical go to administrative and administrative go to clinical training • What will happen next; continue this process from the top down; don't stop. It is valuable, helpful and will save lives. Will take funding. • Offer the next step in this training – this was an excellent beginning. Will need continued opportunity for more training and consultation
Presentation Style	3	12	<ul style="list-style-type: none"> • Open discussion with questions and answers helpful • Paul asked challenging questions to be addressed at state as well as agency levels • Make it more interactive
General Support	4	5	<ul style="list-style-type: none"> • Potential for training and becoming certified in this field; all the great knowledge given to me is helpful • Everything – especially the depth of knowledge and experience that was evident
Materials/ Handouts	5	1	<ul style="list-style-type: none"> • Handouts are helpful
Logistics/ Facilities	6	2	<ul style="list-style-type: none"> • Temperature of room, drinks/snacks

Clinical Technical Assistance Track Evaluation Comments

There were a total of 101 comments made on the Clinical Track technical assistance and, again, the comments were very positive regarding the presentation style, content, and materials. This clinical technical assistance was designed to provide a more in-depth experience for the participants that will engage them in the material in order to give them sufficient experience with the material to be able to share it with others in their clinical setting.

The presentation style used to engage the participants was guided role play, discussion and analysis. While all comments were extremely positive, participants made the most comments about the presentation style, noting that it was extremely helpful. They particularly appreciated the openness of the presenter, the demonstration before role playing, and the opportunity to practice skills.

The chart below gives an expanded view of the categories, their ranking and examples of comments.

Category	Rank	Number of Comments	Examples of Comments
Presentation Style	1	36	<ul style="list-style-type: none"> • In depth discussion of contract agreement – specific interventions. Role-playing exercises very helpful; No improvement needed – excellent as is! • Demonstration of role playing very helpful • Information and opportunity to process, practice and discuss was helpful; can't think of anything to improve -- really, really good stuff! Thanks DHR, Ben and Paul! • The role playing exercises, hands on advice, pointers and information. The informative, but approachable manner in which this course was taught. The input from fellow class members or participants. • The role playing helped to put these techniques to use. Also, having the instructor to admit his own mistakes provides us with the confidence that this is a continuous learning opportunity; great seminar! • Facilitator allowed time for questions throughout and gave helpful/appropriate responses; touched areas that others don't dare discuss (smile)
Content Helpful	2	28	<ul style="list-style-type: none"> • Risk vs protective factors • "Real work examples" mixed with "book learning" theory • Information I can use in my packets and share with staff. Helpful tips and documentation. • Case studies for staff; booklet for family (yesterday), supervisor information; you have a good model!
Suggestion for improved method of training	3	21	<ul style="list-style-type: none"> • Would have liked to spend more time on QPR assessment form itself • Request all attend both days; both days required • Let folks process answers to the test given the day before
Logistics/ Facilities	4	9	<ul style="list-style-type: none"> • Room was too hot, made me sleepy and inattentive • Too hot! Coffee/drinks/snacks would be nice
Materials/ Handouts	5	4	<ul style="list-style-type: none"> • Materials helpful • Have handouts that match what Ben put up on the screen
General Support	6	3	<ul style="list-style-type: none"> • Very good training • Gave capacity to our lives

Discussion of a Systems Approach to Suicide Prevention and Risk Management

The systems approach to suicide prevention and risk management, both in organizations and in communities, seemed to be appreciated by all participants. However, meeting the objectives of understanding a systems approach in both the administrative and the clinical technical assistance sessions were the lowest objectives rated as fully met. It may be, as participants suggested, that more time must be spent in order to fully understand the system in order to know how to work within it. For instance, participants felt strongly that they had acquired skills in assessing for suicide risk. It may be that they must use this skill in their organizations before they can fully appreciate the implications on the system of this new additional way of assessing clients.

Administrators and managers particularly asked for more opportunity to understand the clinical aspects of the system so that they could understand all aspects of the system so they can administer it competently. Many participants asked for the training to be longer and more comprehensive. All participants were interested in what the next steps were in preparing for a systems approach to suicide prevention and risk management.

Credit Awarded for Continuing Education (CEUs)

Continuing education credit (CEUs) was arranged for social workers, professional counselors, and marriage and family therapists through the University of Georgia School of Social Work continuing education. Professionals who are licensed need certificates showing their attendance and the number of hours attended to keep their professional licensure. Six hours of credit for each training and technical assistance event was approved by the UGA School of Social Work. Professionals from other professions, such as nursing and psychology, could receive a CEU certificate from the UGA School of Social Work and submit it to their own professional licensing body. Application for continuing education credit, sign up and processing of the request, and distribution of the certificates was handled through the staff support of CVIOG.

Numbers of Continuing Education Certificates Awarded

Participants signed up for CEUs in a separate attendance process. At the end of each training sign in sheets for CEUs were available so that only those participants that were present for the entire training were eligible to receive CEUs.

Following is a table indicating the number of CEU certificates processed for each training and technical assistance event.

	Kennesaw	Gainesville	Savannah	Tifton	Macon	Total	% of Attendees
Key Concepts	26	48	31	31	50	186	72%
Administrative	11	13	8	6	14	52	65%
Clinical	22	29	17	19	19	106	83%
Total	59	90	56	56	83	344	74%

A total of 344 certificates were distributed for the Preventing Suicide series representing 74% of the participants. The highest percentage of participants requesting CEU was at the Clinical Track technical assistance with 83 % of the participants requesting a certificate.

Number of CEUs Awarded by Profession

	MSW	LPC	MFT	RN	SA	Psych	Others
Key Concepts	58	52	8	20	17	7	26
Administrative	17	13	4	6	6	2	8
Clinical	27	43	1	11	11	3	11
Total	102	108	13	37	34	12	45

A cross section of professions applied for continuing education credit. Licensed social workers (102), professional counselors (108) and marriage and family therapists (13), the joint professional licensure supported by the UGA School of Social work accounted for 65% of the certificates processed. Some participants carried dual licensure. The other 35% is made up of health professionals, substance abuse professionals, psychologists, and others, some of whom simply failed to record their profession.

Recommendations

1. The critical nature of the information and work around suicide prevention was underscored by both participants and presenters in these trainings and technical assistance events. The need for a systems approach to suicide prevention was widely accepted and a “blueprint for change” was requested. In response to this request, develop an interdisciplinary committee made up of state personnel, personnel from contracting agencies and consultants in suicide prevention and system development to guide the training and technical assistance of the Division. Meetings can be facilitated through the use of technology, such as a dedicated discussion group, to save travel time for committee members.
2. Consider developing Division policy that will support the development of competence throughout the service delivery system in suicide prevention and risk management. Participants themselves suggested policy changes that would hold themselves accountable for demonstrating competency in suicide prevention and risk management in the contracting process. These policies regarding competency in these areas could be phased in through several years with the outcome universal accountability for professional competency in suicide prevention, assessment, and risk management. Commit to ongoing training and technical assistance to support the development of universal competency.
3. Continue successful programming pattern. Since well over 100 professionals who registered were not able to attend, and since the rush of applications precluded outreach to any professional populations, offer a second round of training to include:
 - At least 3 clusters of Key Concepts, Administrative Track TA, and Clinical TA in locations close to the training participants.
 - At least 1 cluster of the above training and TA geared specifically for substance abuse professionals
 - At least 1 cluster of the above training and TA geared specifically for forensic mental health professionals and corrections professionals
4. Target and focus at least 3 training clusters for those who did not have the opportunity to attend. Analyze the attendance lists and invite participants who were not approved for the

- last training. Outreach to organizations who did not apply to attend and pay particular attention to agencies that serve rural, minority, and substance abusing populations.
5. Continue granting CEUs and expand opportunities for other professions to receive CEUs from their professional organizations.
 6. Expand to a train the trainer model for clinicians. Deliver at least 3 train-the-trainer workshops of 20-30 participants to train clinicians and supervisors to deliver the QPR model of professional assessment, risk management, and documentation to helping professionals within their own organizations. Have participants commit to give at least one program in their organization after the training and get feedback on the results of the training. Provide leadership for these groups from Ben Camp of the QPR Institute
 7. Establish regional technical assistance groups for administrators and managers to support the establishment of suicide risk management systems in their organizations. Provide technical assistance to these groups from Paul Quinnett of the QPR Institute.
 8. Clarify the relationship between the Division, QPR Institute, and mental health and substance abuse professionals. Some participants were concerned that there was an atmosphere of selling a product when the next steps were discussed. Clarity about how professionals who have taken the training can continue gaining competency and further training – and who is responsible for funding further opportunities – would provide guidelines and support action.
 9. Consider providing specialized training in suicide prevention, management, and aftercare. Opportunities for rich training experiences include:
 - Working with The Link Counseling Center to deliver programming on their Survivors of Suicide model that uses teams of professionals and survivors to support newly bereaved families of suicide;
 - Working with the Link Counseling Center to deliver programming on their model of working with children and youth who are survivors of suicide, a high risk group for suicide themselves;
 - Working with Marsha Linehan to deliver programming on the relationship of suicide to dual diagnosis and dialectical behavior therapy (DBT), and
 - Partnering with the Suicide Prevention Coalition of Georgia to deliver *A Public Health Approach to Suicide Prevention on College Campuses* at the Carter Center on October 31st.
 10. Develop an evaluation of the impact of the training on the persons and organizations trained, as well as an evaluation of the impact of the suicide prevention training and technical assistance on the adult consumers of mental health and developmental disabilities.
 11. Focus on youth from ages 10 – 24. The Garrett Lee Smith Act provides for states to develop prevention programs for professionals to address suicide prevention in this age group. Georgia Division of MHDDAD submitted an application for funding that includes training for professionals through a contract with the QPR Institute. Coordinate training and technical assistance between the two grants when Garrett Lee Smith is awarded.

12. Collaborate with other agencies and organizations who are interested in suicide prevention and risk management. Both DJJ and the advocacy organizations who participated in the training saw great need for similar training sponsored by their organizations. Collaborate with such agencies to support the growth of training opportunities for suicide prevention and risk management across organizations.

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Appendix A:
Provider Organizations

Organization	Number Participants	Region
Advantage Behavioral Health Systems	14	East Central, North
Albany Area Community Service Board	4	Southwest
Alliance Recovery Center	1	Metro
Behavioral Solutions Inc.	2	Metro
Bridges of Paulding - Partial Hospitalization Program	1	North
Central Georgia MHDDAD Regional Office	1	Central
Central State Hospital	5	Central
Chris Kids	5	Metro
Clinic for Education, Treatment and Prevention of Addiction, Inc	3	Metro
CMHC Day Services	2	
Cobb and Douglas Counties Community Service Boards	6	North, Metro
Community Concerns, Inc. - Odyssey III - Safe Haven	1	Metro
Community Mental Health of East Central Georgia	2	East Central
Community Mental Health of Middle Georgia	2	Central
Community Service Board of Middle Georgia	5	Central
Day Services	1	
DeKalb Community Service Board	5	Metro
Department of Juvenile Justice	1	Southeast
DMHDDAD Southwest Regional Office	1	Central
East Central Regional Hospital	3	East Central
East Central Regional Hospital Outpatient Svcs.	1	East Central
East Central Regional Office	3	East Central
Enhanced Life Services	1	North
Fulton County Department of MHDDAD	4	Metro
Fulton-DeKalb Hospital Authority- Grady Healthcare Systems	1	Metro
GA Reg Hospital at Atlanta - Fulton Collaborative Crisis Service	1	Metro
George West Mental Health Foundation, Inc.	1	Metro
Georgia Mountains Community Service Board	10	North
Georgia Options	1	East Central
Georgia Pines Community Service Board	3	Southwest
Georgia Regional Hospital at Atlanta	1	Metro
Georgia Regional Hospital at Savannah	5	Southeast
Grady Health System - Dept of Psychiatry	4	Metro, Central
GRN Community Service Board	4	Metro
Haralson Behavioral Health Services	2	North
Heritage Foundation, Inc	5	Southwest
Highland Rivers Behavioral Services	1	West Central

Highland Rivers Community Service Board	12	North, West Central
Highland Rivers Treatment Services	1	North
Imani Associates	1	Metro
Integrated Health Resources, L.L.C.	18	East Central, Metro
Lookout Mountain Community Services	9	North
McIntosh Trail Community Service Board	8	West Central
Middle Flint Behavioral Healthcare CSB	6	West Central, Southwest
NAMI Georgia	1	Southeast
Nelson Price Treatment Center	1	North
New Horizons Community Service Board	1	West Central
New Learning Center, Inc.	2	East Central
North Regional MHDDAD Office	3	North
Northside Hospital, Inc.	6	Metro
Northwest Georgia Regional Hospital	3	North
Oconee Center - Beginning Point	1	
Oconee Community Service Board	1	Central
Ogeegee Behavioral Health Services	2	East Central
Pathways Ctr. for Behavioral/Developmental Growth	1	West Central
Phoenix Behavioral Health Center	3	
Phoenix Center Behavioral Health Services	4	Central
Pineland MH/MRISA Community Service Board	4	Southeast
Recovery Place, Inc.	2	Southeast
River Edge Behavioral Health Center	10	Central
Satilla Community Service Board for MHMRSA	15	Southeast
Savannah Area Behavioral Health Collaborative, Inc	3	Southeast
South Georgia Community Service Board	14	Southwest
South Western State Hospital	1	
Southeast Regional Office	1	Southeast
Southwestern State Hospital	4	Southwest
St. Joseph's Mercy Care Services	1	Metro
State Office	12	State
Underdue Social Services, Inc.	1	Metro
Union Mission	2	Southeast
United Cerebral Palsy of Georgia, Inc.	4	Metro, Southeast, East Central
Volunteer of America - Georgia	1	Southeast
West Central Georgia Regional Hospital	5	West Central
Total	277	