Learning Module 5: Planning Your Evaluation

Creating Logic Models, Monitoring Progress, and Evaluating Your Efforts

Strategic Planning for Suicide Prevention

Learning Collaborative
Welcome!

If you called in on the phone, find and enter your audio PIN.

If you have a question, technical problem or comment, please type it into the "chat" box or use the icon to raise your hand.

If you called in on the phone, find and enter your audio PIN.
Anara Guard has worked in suicide prevention since 1993. For the past eight years, she has been a subject matter expert advising Know the Signs, a suicide prevention educational campaign. Previously, she was deputy director at the national Suicide Prevention Resource Center where, among other duties, she led the national Suicide Prevention Resource Center's efforts to develop and implement the California Strategic Plan on Suicide Prevention. The California Strategic Plan on Suicide Prevention, which includes the completion and implementation of the California Office of Suicide Prevention’s Urgent Care for Youth, has been a critical component of suicide prevention in California since 2007. Until 2011, she managed the development and implementation of the National Suicide Prevention Lifeline. In her current role, she oversees the development and implementation of the National Suicide Prevention Lifeline, which provides crisis intervention and suicide prevention resources to individuals and families across the United States. She is passionate about public health decision-making and ensuring that individuals have access to the resources they need to make informed decisions about their health and well-being. She is also committed to advancing the field of suicide prevention and reducing the stigma associated with mental illness.
Strategic Planning Learning Collaborative Overview

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

• Webinar 4: Putting Planning into Action

March 12th, 10:30am-12pm

• Webinar 3: Building and Sustaining a Coalition

January 15th, 10:30am-12pm

• Webinar 2: Describe the Problem and Its Context

December 4th, 10:30am-12pm

• Webinar 1: Strategic Planning Framework

November 6th, 10:30am-12pm

• Webinar 5: Planning Your Evaluation. Creating Logic Models, Monitoring Progress, and Evaluating Your Efforts
Steps of Strategic Planning

Based on the Steps of Strategic Planning Framework from the Suicide Prevention Resource Center (SPRC).
Creating A Logic Model and Action Plan
Why Use a Logic Model?

- Keeps partners in the effort moving in the same direction.
- Helps you see how the path we want to use will lead to the desired outcomes.
- Makes explicit the theory of how the program works and explains why your strategy is a good solution to the problem at hand.
- Links what you are doing (inputs/resources) and the change it will produce (expected outcomes).
- Presents a picture of how your effort or initiative is supposed to work.
Centers for Disease Control and Prevention, Evaluation Guide

Your Intended Results

Impact
Outcome
Output

Your Planned Work

Activities
Inputs
Resources

If these benefits are achieved, then certain activities will accomplish your planned accomplishments. If you accomplish your planned accomplishments, then you can use them to access to hopefully deliver the amount of service that your intended participants will benefit in certain ways. Changes in the extent of your intended, then your planned activities to accomplish your planned accomplishments are needed to operate your program.
Example 2: Logic Model for a Youth Mental Health Camp
Example: Comprehensive Cancer Control

If

Then

[Diagram showing various subtopics related to cancer control, such as quality of life, mortality, incidence, prevention, and rehabilitation.]
[Image of a flowchart and diagram]
Know the Signs is a statewide suicide prevention social marketing campaign with the overarching goal to increase Californians’ capacity to prevent suicide by encouraging individuals to know the signs, find the words to talk to someone they are concerned about, and to reach out to resources.

The results were informed by an expert panel of experienced professionals in the suicide prevention field. The campaign was designed to increase awareness and provide immediate information to help宿舍 members and communities take action.

Know the Signs is a statewide suicide prevention social marketing campaign with the goal of increasing awareness and providing resources to help prevent suicide.

50% of individuals who reach out to someone for help with suicide-related issues report feeling better immediately after the conversation.

The campaign focuses on the signs of suicide and provides information on how to help someone who may be struggling.

Long-term outcomes include increased statewide campaigns that raise awareness and provide resources to help prevent suicide.

The campaign aims to increase awareness and provide immediate information to help prevent suicide.

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How each task will be monitored

Who will be informed

What resources are needed

Who has primary responsibility for overseeing each task

Objectives and time lines for each task

Tasks and subtasks in the order they must be completed

Action Plan
Step 5: Plan the Evaluation
Evaluation Can Be: Useful
Participatory
Helpful
Practical
Engaging
Accurate
Integrated
Strategically timed
Cost-effective

Evolution is Thought To Be: Useless
Political
Punitive
Academic
Not inclusive
Technical
Negligent
Time-consuming
Expensive
CDC Evaluation Framework

While what you DID is important...

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

while what you DID is important...

what happened when you do it is even more important.

What has changed as a result of what we have been doing?
<table>
<thead>
<tr>
<th>Community</th>
<th>Family</th>
<th>Individual</th>
<th>Client/Patient</th>
<th>Participant</th>
<th>Population Group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Skills</strong></td>
<td><strong>Organization</strong></td>
<td>Behaviors</td>
<td>Perceptions</td>
<td>Knowledge</td>
<td>Attitudes</td>
</tr>
<tr>
<td>Expand</td>
<td>Reduce</td>
<td>Improve</td>
<td>Maintain</td>
<td>Increase/Decrease</td>
<td></td>
</tr>
<tr>
<td>For Whom</td>
<td>In What</td>
<td>Change</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Measurable
Specific
Achievable
Relevant
Timed
Challenging
Process Objectives

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

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

Behavioral Objectives

Screening for depression.

Attend medical society meetings to begin to survey and engage.

Community Level Objectives

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

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

Process Objectives

ability to discuss suicide with someone I care about.

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Community Level Objectives

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

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EMM Webinar

uc San Diego Health Services Research Center
Edith Wilson, Ph.D.

Suicide Prevention Action Plan Update 2018
Evolution of the San Diego County County Spotlight:
Edith Wilson, PhD

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

Edith Wilson, PhD
I. Background on San Diego Suicide Prevention Council (SPC)

II. SPC Consultants

III. Suicide Prevention Plan Update 2018 Strategy Framework

IV. Development of Evaluation Plan

V. Logic Models and Evaluation Plan Grids

VI. SPC Partner Organization Survey

VII. SPC Member Survey

VIII. Dissemination

IX. Time for Questions

X.总结
The San Diego County Suicide Prevention Council (SPC) is a collaborative of mental and behavioral health stakeholders with a collective vision of zero suicides. The San Diego County Suicide Prevention Council (SPC) is funded via the Prevention and Early Intervention (PEI) component of the Mental Health Services Act (MHSA).

SPC’s mission is to prevent suicide and its devastating consequences in San Diego County.

SPC provides oversight, guidance, and collective support to implement the recommendations of the Suicide Prevention Action Plan. Community Health Improvement Partners (CHIP) was contracted to form the SPC and introduce a Suicide Prevention Action Plan for San Diego County in 2011 and an updated Action Plan in 2018.

The San Diego County Suicide Prevention Council (SPC) is a collaborative of mental and behavioral health stakeholders with a collective vision of zero suicides.
The San Diego County Suicide Prevention Action Plan Update 2018 (SPAP Update 2018) identifies nine suicide prevention strategies that were developed as part of a stakeholder-driven process.
The UC San Diego Health Services Research Center (HSRC) has been contracted as the SPC Evaluation Consultant to develop an SPC evaluation plan for the SPAP Update 2018.

The purpose of the SPC Evaluation Plan is to provide a framework for the evaluation of the implementation of the SPAP Update 2018. HSRC works very closely with the SPC Strategic Planning Consultant (Nash and Associates) who is responsible for the SPAP Update 2018.

Implementation of the SPAP Update 2018.

The UC San Diego Health Services Research Center (HSRC) has been contracted as the SPC Evaluation Consultant to develop an SPC evaluation plan for the SPAP Update 2018.
Stakeholder Involvement: Health care providers, educators, faith leaders, community members affected by suicide, and other

Development of Evaluation Plan

Strong Stakeholder Involvement:

- Health care providers, educators, faith leaders, community members affected by suicide, and other SPC partners provided feedback through:
  - Expert Interviews, e.g., with representatives of the San Diego Access & Crisis Line and the It’s Up to Us Campaign

  Expert Interviews, e.g., with representatives of the San Diego Access & Crisis Line and the It’s Up to Us Campaign

  Expert Interviews, e.g., with representatives of the San Diego Access & Crisis Line and the It’s Up to Us Campaign

- Evaluation Planning Meetings specific for each strategy (held six meetings in 2018)

- SPC Assessment & Evaluation Subcommittee
Key Evaluation Elements

• Logic models visually represent the intended impact of SPC activities and long-term outcomes.

• Logic models and evaluation plan grids are living documents that align SPC’s implementation activities with key performance indicators, measures, and responsibilities.

• Evaluation implementation meetings were held with SPC partners to identify feasible evaluation efforts and available data.

• Evaluation plan grids are living documents that align SPC’s implementation activities with key performance indicators, measures, and responsibilities.

• Strategy-specific evaluation elements were identified and summarized in evaluation plan grids to foster shared understanding.
Partly based on Barber, C.W., & Miller, M.J. (2014).
<table>
<thead>
<tr>
<th>Specific Activities</th>
<th>Indicators</th>
<th>Measures/Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthen SPC's partnership with media:</td>
<td>% of participants correctly identifying positive messaging items</td>
<td>Data collection</td>
</tr>
<tr>
<td>Outreach to media and communications faculty at local colleges and universities to identify journalism and communications programs and provide presentations to students.</td>
<td># of presentations to students</td>
<td>Tracking # of attendees by college/university</td>
</tr>
<tr>
<td>Post-training survey (including demographics and satisfaction)</td>
<td># of students trained by college/university</td>
<td>Post-training survey</td>
</tr>
<tr>
<td>Data collection items</td>
<td>#</td>
<td></td>
</tr>
</tbody>
</table>
Surveys measuring mental health outcomes, consumer perceptions, health risk behaviors, and overall program satisfaction, including new SPC Member and Partner Organization Surveys.

Training Evaluation Forms measuring e.g., training satisfaction, knowledge gained, and confidence to intervene.

Behavioral Health Measures assessing e.g., overall well-being, knowledge gained, and confidence to intervene.

Data Tracking e.g., to record data pertinent to SPC activities such as number of outreach presentations and Web analytics.

Other Innovative Techniques, such as Geographic Information System Mapping (GIS) and other innovative techniques and Web analytics.

Identification of Key Data Sources

Surveys measuring mental health outcomes, consumer perceptions, health risk behaviors, and overall program satisfaction, including new SPC Member and Partner Organization Surveys.
The SPC Partner Organization Survey is a new survey implemented in 2019.

The purpose of the survey is to gather feedback on the collaborative efforts of the SPC, in particular, the implementation of the SPAP Update 2018 across partner organizations. The SPC Partner Organization Survey is a new survey implemented in 2019.
The SPC Member Survey is a new survey implemented in 2019 to gather feedback from individuals participating in the SPC. The survey covers a variety of topics including member diversity, knowledge and use of SPC resources, and satisfaction with the work of the SPC.
Evaluation findings will be disseminated on a regular basis to monitor the progress of the implementation of strategies and to support program improvement efforts via:

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

**DISSEMINATION**
ANY QUESTIONS?
REFERENCES AND RESOURCES


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

San Diego: Community Health Improvement Partners and San Diego County Health and Human Services Agency.


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

References and Resources
Edith Wilson, Ph.D.
UC San Diego Health Services Research Center (HSRC)
Email: eewilson@ucsd.edu
For more information on the UC San Diego Health Services Research Center, visit: https://medschool.ucsd.edu/som/fmph/research/hsrc/pages/default.aspx
Review of the RAND Toolkit
Role of Program Evaluation

Toolkit Components

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

https://www.rand.org/pubs/tools/TL111.html
Suicide Prevention Program Logic Model

<table>
<thead>
<tr>
<th>Well-Specified Example</th>
<th>Poorly Specified Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicides will decrease by 20 percent in the program for high school students.</td>
<td>Increase knowledge about suicide prevention.</td>
</tr>
</tbody>
</table>

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

- Identify a clear, high-risk department to coordinate program efforts with the school.
- Program needs to be planned and well-designed.
- Evaluation of the program's success and impact will be measured.
- Funding and support are available for the program.

Worksheet 2.1

Identifying Core Components

Worksheet 2.1
Suicide Prevention Program Logic Model
<table>
<thead>
<tr>
<th>Evaluation Planer Template 3.1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Evaluation Plan</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intended audience</td>
<td>Person Responsible</td>
</tr>
<tr>
<td>Resources Needed</td>
<td>Frequency</td>
</tr>
<tr>
<td>Plan for Data Analysis</td>
<td>Size</td>
</tr>
<tr>
<td>Measures</td>
<td>Timing</td>
</tr>
<tr>
<td>Data Collection</td>
<td>Target Population</td>
</tr>
<tr>
<td>Sample</td>
<td></td>
</tr>
<tr>
<td>Checklist 4.1</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>1. Fidelity data are linked directly to specific program activities. Refer to the program logic model.</td>
<td></td>
</tr>
<tr>
<td>2. Outcome data are linked directly to a specified program outcome. Refer to the logic model for implementing the SP.</td>
<td></td>
</tr>
<tr>
<td>3. Demographic or attendance data collected are from the target population in your logic model. Refer to the target participants. Refer to the target participants.</td>
<td></td>
</tr>
<tr>
<td>4. Satisfaction data collected from either the program participants or staff responsible for implementing the SP.</td>
<td></td>
</tr>
<tr>
<td>5. Outcome data are linked directly to a specified program outcome. Refer to the logic model for program outcomes.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sample Outcome Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean score on self-report measures of suicide signs and symptoms (Sel-Care, Suicide-)</td>
</tr>
<tr>
<td>Mean score on self-care tools (Sel-Care, Suicide-)</td>
</tr>
</tbody>
</table>
### Gathering and Using Data

#### Example: Program Outcomes

<table>
<thead>
<tr>
<th>Information</th>
<th>Act</th>
<th>Met</th>
<th>Over</th>
<th>Same</th>
<th>Under</th>
<th>Over</th>
<th>Under</th>
<th>Same</th>
<th>Under</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difference from baseline to...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Program Outcomes

<table>
<thead>
<tr>
<th>Program Outcomes</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 20% participation in...</td>
<td></td>
</tr>
<tr>
<td>Less than 50% of the students...</td>
<td></td>
</tr>
<tr>
<td>More than 90% of the students...</td>
<td></td>
</tr>
<tr>
<td>State and national standards...</td>
<td></td>
</tr>
<tr>
<td>15% decrease in the number of...</td>
<td></td>
</tr>
</tbody>
</table>

#### Worksheets

**Worksheet 6.1**

*Adapted from unpublished research by Hunter et al.*

**Worksheet 6.2**

*Adapted from unpublished research by Hunter et al.*

---

**Evaluation**

- % of participating in the evaluation was > 75%
- % of participating in the evaluation was < 50%
- % of participating in the evaluation was < 25%

---

**Assessing Participation in Your Program’s Evaluation**

- % of participating in the evaluation was > 75%
- % of participating in the evaluation was < 50%
- % of participating in the evaluation was < 25%

---

**A Word to the Wise**

*Worksheet 6.1*
Based on the Steps of Strategic Planning Framework from the Suicide Prevention Resource Center (SPRC).
**Goals**

Reduce and prevent suicide deaths in Santa Clara County

**Outcome Objectives**

1. Increase early identification and intervention for people at risk
2. Strengthen community suicide prevention and response systems
3. Strengthen mental health services
4. Reduce access to lethal means
5. Improve access to mental health services and support for people at risk
6. Increase early identification and intervention for people at risk

**Activities**

1. Gatekeeper training
2. Public education
3. Community outreach
4. Gun shop outreach
5. Media response

**Supports**

- Community Health Improvement Partnership
- School-based gun safety policies
- City-wide policies
- Mental Health Alliance
- Gun Safety Improvement Project
- Gatekeeper training
- Media response

**Cross-cutting**

- Cultural competency
- Public Health Policy
- Data & evaluation
- Media response
Q&A
Additional Resources

Centers for Disease Control and Prevention, Evaluation Guide

RAND Suicide Prevention Program Evaluation Toolkit
https://www.rand.org/pubs/tools/TLT17.html

PH Learn Link Program Planning and Evaluation On Line Course, Northwest Center for Public Health Practice, University of Washington School of Public Health
Funded by counties through the voter-approved Mental Health Services Act (Prop. 63).