**Indiana Suicide Prevention Network (ISPN)**

**Education and Training Subcommittee**

**Suicide Prevention Training Program**

**Application Packet**

**Created: June 2018**

**Last updated: March 2020**

In order to process your request: **Email your application and other relevant documents to** [info.ispnac@gmail.com](mailto:info.ispnac@gmail.com)

**Questions should be directed to the current ISPN Education and Training Subcommittee Chair**, Aashia Bade, Psy. D., HSPP, at [aashia.bade@wexfordhealth.com](mailto:aashia.bade@wexfordhealth.com)

**NOTE**: The ISPN Education and Training Subcommittee was given the authority by SEA 230 (IC 20-28-3-6) to approve or deny school suicide prevention training programs to meet the HEA1430 training requirement. If a program is deemed insufficient, applicants may be given an opportunity to rectify current deficiencies within a specified time frame. Those applicants who disagree with the decision of ISPN are welcome to submit an appeal to this subcommittee. This process can take up to 6 weeks.

**Application Review Process:**

1. The ISPN Education and Training Subcommittee is contacted by school professionals with request for review of a school suicide prevention training program to determine it if meets HEA1430 requirements.

2. The school professionals contacting the Education and Training Subcommittee have the option of completing the application individually or contacting the author/developer of the training and collaboratively completing an application. School professionals can also collaboratively complete an application with a local nonprofit if they wish. An application must be completed and reviewed by the Education and Training Subcommittee in order for a school suicide prevention training program to be approved as meeting HEA 1430 requirements.

3. At least three members of the subcommittee will review submitted application materials and determine approval or denial of inclusion based on ratings from the three members. Remaining Education and Training Subcommittee members are then welcome to review the report from the three subcommittee members and share their recommendations during a meeting held in-person or via conference call software.

3a. Programs that are denied will be given a reason for their denial as well as mandatory alterations (if any) to be addressed by the developer should they wish to resubmit an application in the future.

3b. Applicants who disagree with the decision of the ISPN Education and Training Subcommittee are welcome to submit a letter to the Subcommittee Chair outlining their disagreements and should provide evidence (when available) to support the arguments made in their letter. The Executive Team of ISPN and the Education and Training Subcommittee will review the applicant letter and will contact the applicant in writing with their final decision following deliberation.

3c. The ISPN Education and Training Subcommittee reserves the right to rescind the application or inclusion of any training program at any time. Unethical behavior by the applicant/developer (e.g., falsifying data), or evidence of ineffectiveness, all warrant removal of a program from our list of approved trainings. Applicants/developers are welcome to challenge the decision of this subcommittee via the appeal process outlined in 3b.

4. Applications will be reviewed on a rolling basis by the ISPN Education and Training Subcommittee.

5. The ISPN Education and Training Subcommittee will contact applicants and developers every 3 years for updated information/evidence of effectiveness.

**Application Instructions Checklist**

All information should be typed or printed clearly in black ink (or font). It is your responsibility to submit the correct required forms. You will be notified in writing of any outstanding documentation needed to complete the process.

Use the following checklist to help guide you through the application.

**NOTE**: The labels LOCATION IN CURRICULUM (see section 4) and LOCATION OF SUPPORTING EVIDENCE IN MATERIALS (see section 5) have been added to this version of the application so applicants can note where reviewers can find the respective information being endorsed as present. For example, if an applicant marks that research-based warning signs are included in their training, they should note explicitly where these can be located in the curriculum by reviewers.

1. **Applicant Information**

Complete the form by providing the following information:

1. Check the box to indicate your organizational type.
2. Federal ID Number (FEIN #):Enter your Federal ID Number, if the business has been issued one.
3. Applicant Name:Enter your name and title.
4. Mailing and Physical Address:Enter your complete mailing and physical addresses.
5. Phone Numbers:Enter the owner’s phone numbers.
6. Email and Web Address:Enter the owner’s email and facility web addresses, if applicable.
7. **Program Information:**

Complete the form by providing the following Program Information:

1. List the program title
2. List the program developer
3. Provide Program Contact’s name and contact’s title
4. Provide Program Contact’s email address and phone number
5. Program Format: check box(es) to indicate if program is delivered in person and/or online
6. Course Cost: provide the full cost for a participant to take the course
7. Program Duration: please describe how long the training is.
8. Training Location: list the location(s) the training has been offered (if not online)
9. Training Frequency: list how often the training is offered
10. Development Year: identify the year the program was developed
11. **Evidence of Effectiveness:**

Complete the form by providing the following information about the program’s evidence of effectiveness:

1. Check the box(es) to indicate if the program is offered by a national organization related to school health professionals (if applicable).
2. Check box(es) to indicate the rigor of evaluation the program has undergone.
3. List the year(s) program research was conducted.
4. Note if evidence of effectiveness is attached to your application.
5. **Program Content Criteria:**

Complete the form by providing the following information about the program’s content:

1. Check box(es) to indicate the program’s content relating to teaching recognition of risk for suicidal behavior.
2. Check box(es) to indicate the program’s content relating to determining if a student is at risk for suicidal behavior.
3. Check box(es) to indicate the program’s content relating to responding to students at risk for suicide, including referral to a mental health/healthcare provider.
4. **Program Design:**

Complete the form by providing the following information about the program’s design:

1. Check box(es) to indicate the program design for application is in a school setting.
2. Check box(es) to indicate that the program training uses examples that are tailored for those working in a school setting.
3. Check box(es) to indicate how the training meets the needs of various adult learning styles.
4. Check box(es) to indicate measures in place by the developer to ensure training maintains fidelity:
5. ONLINE ONLY: Check box(es) to indicate measures in place by the developer to ensure ease of access.
6. Optional: please include any other comments or identify program features that meet specific requirements.
7. **Required Application Attachments:**

All programs must provide the following documents in the application:

1. A list of objectives for your training program.
2. A description of the evaluation methods for the course and the instructors.
3. An outline of the curriculum plan showing all covered subjects and the length of time each subject is taught during the training.
4. The developer’s full curriculum, including videos, PowerPoint slides, and any other supplemental information (e.g. handouts).

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| **Suicide Prevention Training Program Application** | | | | | | | | | | | | | |
| 1. **Applicant Information** | | | | | | | | | | | | | |
| Select your organizational type: | | | | | | | | | | | | | |
| Association  Corporation  Federal Government Agency  Limited Liability Company  Limited Liability Partnership | | | Limited Partnership  Municipality (City/County)  Non-Profit Corporation  Partnership | | | | | | | School  Sole Proprietor  State Government Agency  Trust | | | |
| Federal Tax ID (FEIN)# (if applicable) | | | | | | | | | | | | | |
| Name: | | | | **Title:** | | | | | | | | | |
| Mailing Address  Street | | | | | | | | | | | | | |
| City | | State | | | | | Zip Code | | | | | County | |
| Physical Address  Street | | | | | | | | | | | | | |
| City | | State | | | | | Zip Code | | | | | County | |
|  | | | | | | | | | | | | | |
| Phone Number (###) ###-#### | | | | | Contact email | | | | | | | | |
| Web Address |  | | | | | | | | | | | | |
| 1. **Program Information** | | | | | | | | | | | | | |
| Title of Program: | |  | | | | Program Developer: | | | | | |  | |
| Contact Name: | |  | | | | Contact Title | | | | | |  | |
| Email address: | |  | | | | Phone Number | | | | | | (###) ###-#### | |
| Program Format: (check all that apply) | | In-person  Online | | | | | | | Cost of Course | | | |  |
| Program duration: | | Please describe: | | | | | | | | | | | |
| Location(s) of Training: | |  | | | | | | Training Frequency: | | |  | | |
| Year program was developed: | |  | | | | | | | | | | | |

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| **Standards for Minimum Content**  (standards established by IC 20-26-5-34.4; IC 20-28-3-6 and the ISPN Education and Training Subcommittee)**:** | | | | | | | | | | | | |
| 1. **Evidence of Effectiveness** (Desired) | | | | | | | | | | | | |
| The program is offered by a national organization related to school health, mental health or suicide prevention professionals: (check all that apply) | | | | | | Yes (please specify) | | | | | No | |
| Program has undergone systematic evaluation and has demonstrated effectiveness in improving participant’s knowledge and/or skills by: (check all that apply) | | | | | | | | | | | | |
| Evaluation conducted by program developer | | | Evaluation conducted by outside reviewer | | | | | Randomized Control Trial | | | | other (please define) |
| **COMMENTS**: | | | | | | | | | | | | |
| Year(s) program research was conducted: | | | | |  | | | | | | | |
| Evidence of Effectiveness is attached to this application?  Yes  No | | | | | | | | | | | | |
| 1. **Content Criteria** (Required) | | | | | | | | | | | | |
| Content on recognizing and identifying students with emotional and behavioral distress who may be at risk for suicidal behavior includes: (check all that apply) | | | | | | | | | | | | |
| Accurate & reliable prevalence data on youth suicide  Research-based warning signs  High risk groups of youth | | | | | Risk factors  Protective factors  Relationship of mental illness to suicide risk  Relationship of substance use to suicide risk | | | | | | | |
| **LOCATION IN CURRICULUM**: | | | | | | | | | | | | |
| Content for knowledge and skills in determining if a student is at risk for suicidal behavior includes: (check all that apply) | | | | | | | | | | | | |
| How to approach students at risk  How to express care & concern  Active listening skills | | | | Direct asking about suicide thoughts  Avoiding stigmatizing or judgmental language  In-person practice of asking about suicide | | | | | | | | |
| **LOCATION IN CURRICULUM**: | | | | | | | | | | | | |
| Content for knowledge and skills responding to students who demonstrate a risk for suicide; including referral to a mental health/healthcare provider: (check all that apply) | | | | | | | | | | | | |
| Presents available resources & how to access them  How to make a referral  Provides in-person explanation of suicide prevention policies and procedures for staff from their school | | | | How to get others involved (caregivers)  In-person referral practice  Information on means safety  List of local, state, and national suicide prevention resources | | | | | | | | |
| **LOCATION IN CURRICULUM**: | | | | | | | | | | | | |
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| Program supports (or does not refute) all elements of [Indiana Department of Education model policy & procedures](https://www.doe.in.gov/sites/default/files/student-services/sample-suicide-policy-indiana-schools.pdf):  Yes  No. Explain deviation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
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| 1. **Program Design** (Desired) | | | | | | | | | | | | |
| Content is intended to be used by school professionals working in the following school contexts: (check all that apply) | | | | | | | | | | | | |
| Elementary School | Middle School | | | | | | | | | High School | | |
| **LOCATION OF SUPPORTING EVIDENCE IN MATERIALS:** | | | | | | | | | | | | |
| Which of the following school professionals does your training content target? | | | | | | | | | | | | |
| Teachers | Superintendents/Principals | | | | | | | | | School Librarians | | |
| School Counselors | School Psychologists | | | | | | | | | School Nurses | | |
| School Social Workers | Other (please specify): | | | | | | | | | | | |
| **LOCATION OF SUPPORTING EVIDENCE IN MATERIALS:** | | | | | | | | | | | | |
| Content includes materials and examples that are developmentally tailored to school age youth in the following school contexts: (check all that apply) | | | | | | | | | | | | |
| Elementary School | Middle School | | | | | | | | | High School | | |
| **LOCATION OF SUPPORTING EVIDENCE IN MATERIALS:** | | | | | | | | | | | | |
| Program is designed to meet the needs of adult learners using the following formats: (check all that apply) | | | | | | | | | | | | |
| Varied course material (text, visual aid, presentation)  Offers Q & A (in person, email, live chat)  Behavioral rehearsal (e.g., role playing) | | | | | | | Offers take-away materials  Interactive/engaging | | | | | |
| **LOCATION OF SUPPORTING EVIDENCE IN MATERIALS:** | | | | | | | | | | | | |
| Processes are in place to ensure trainers are skilled to deliver program with integrity through the following measures: (check all that apply) | | | | | | | | | | | | |
| Clear qualifications required for trainers  Practice delivering course or parts of the course | | Training process is specified | | | | | | | Program conducts ongoing review of trainers | | | |
| **LOCATION OF SUPPORTING EVIDENCE IN MATERIALS:** | | | | | | | | | | | | |
| **ONLINE PROGRAM ONLY**: Developers ensure quality of instruction and ease of access through (check all that apply): (check all that apply) | | | | | | | | | | | | |
| User friendly and simple to use website | | Appearance is readable (text and graphics) | | | | | | | Provides responsive tech support | | | |
| **COMMENTS**: | | | | | | | | | | | | |
| **OPTIONAL**: Please include any other relevant program features or comments. | | | | | | | | | | | | |
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| 1. **Required Application Attachments** | | | | | | | | | | | | |
| Please confirm the following attachments are included in the program application packet:  A list of objectives for your training program.  A description of the evaluation methods for the course and the instructors.  An outline of the curriculum plan showing all subjects and the length in hours each subject is taught during the training.  The developer’s full curriculum, including videos, PowerPoint slides, and any other supplemental information (e.g. handouts). | | | | | | | | | | | | |