Best Practices Registry (BPR) Application Guide

This application guide is designed to be used while you are logged into the BPR Submission Portal. It will help you prepare and submit your program or intervention to be considered for listing on the BPR. This guide provides detailed information to help you answer each question in all three sections (A, B, and C) of the application.

*Please note that you are required to respond to all questions on the application; you will not be able to submit your application until every question has been answered.

If you have any questions about the application or you'd like to receive no-cost technical assistance, including pre-application support, please email us at sprcbpr@ou.edu.

Section A: Demographic Information

Section A asks for demographic information about your program or intervention, the developers, and the submitter.

Question A1: Program or intervention name. Please make sure to spell out all acronyms. Do not shorten the name or use abbreviations.

Question A2: Developer(s) name, organization, email, and phone. You can list several names if there is a development team. In some instances, the submitter is also a developer of the program or intervention. In this case, their name and information should appear in both A2 and A3.

Question A3: Submitter name, email, organization, and location of organization.

- The submitter is the person who submits the suicide prevention program or intervention to be reviewed for inclusion on the BPR.
- You must complete this section even if the submitter is also a developer.
- The submitter's organization is typically the same as the developer's organization, but in some cases it may be different.
- Location means the primary location of the organization associated with the program or intervention; if there are multiple locations, please choose the main location you would like to feature if the program or intervention is listed on the BPR.

Question A4: Someone who is authorized to submit an application, has been designated by the program or intervention developer(s) to do so, and will serve as the primary contact for BPR staff.

Section B: Program or Intervention Information and Evaluation

Section B asks for information about your program or intervention, including a summary and details about the program or intervention's goals, activities, outputs and outcomes, and evidence of effectiveness. BPR application reviewers will refer to this section throughout the review process to verify the content of the application.

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Your responses in this section must be detailed and comprehensive; provide easily accessible links/materials; and include clear evidence of effectiveness. Incomplete or inaccessible responses and materials may result in your application being denied or returned for required revision.

Question B1: Program or intervention summary. Please provide a concise summary of the program or intervention that includes goals, outcomes measured, population(s) served, and implementation activities. The answer box has limited space, so please be succinct. **This information will be used to showcase your program or intervention on the Best Practices Registry if your application is approved.**

Question B2-a: This section asks for detailed information (more than is provided in the summary above) about the program or intervention's goals, activities, outputs, outcomes, and evidence of effectiveness. This will help BPR application reviewers understand how the program or intervention is effective in preventing suicide, how it affects behavior, and how it achieves intended goals.

1. Goals - What does the program or intervention aim to do, change, or create? (Please create a bulleted list.)
2. Basic components include:
    - Inputs - e.g., staff, materials, equipment, funding
    - Activities - e.g., instruction or training, coalition building, delivery of services or interventions
    - Outputs - e.g., measures that result directly from the program or intervention's activities, such as the number of program participants
    - Outcomes - e.g., increased skill level with coping strategies, decreased suicidal ideation or suicide attempts
3. Evaluation - Describe how the intended impact and success of the program or intervention was evaluated, including but not limited to quantitative, qualitative, or mixed methods studies. Evaluation may also include various data collection methods, e.g., interviews, focus groups, experiments, or surveys.
    - Describe the instruments used to measure effectiveness
    - Provide details about outcomes and quantify the impact measured

Question B2-b: In this question, submitters will be asked to provide three supporting documents that show evidence of program or intervention effectiveness. The evidence you supply here must support and align with the other information you provide throughout the application. Documentation should clearly demonstrate the program or intervention's effectiveness with the groups and settings indicated in your application. Please provide evidence of program or intervention outcomes as opposed to formative or pilot project research. Common examples of evidentiary documents include but are not limited to:

- Peer-reviewed articles
- Publications
- Reports to funders
- Governmental reports
- Program or practice evaluations

NOTE: Please do not include program manuals, presentation slide sets, pamphlets or other marketing materials, and the like.

NOTE: Please use a cloud drive (e.g., Dropbox, Google Drive, Basecamp, or Box) to create links to the supporting documents you provide. Share each document by pasting its link in the appropriate

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text box. Please be sure the links you provide can be opened without special permissions or passwords. Use permanent links whenever possible.

Question B3: Indicate what year your program or intervention was most recently updated. If it has been longer than five years, the application will be disqualified. Examples of updates include: a full review and revision to reduce stigmatizing language or imagery; changes to align with current subject matter standards; revision to include updated literature and frameworks.

NOTE: If the program or intervention has not been updated within the last 5 years, the application will be disqualified.

Question B4: This question asks you to provide information about the program or intervention's online presence. Enter all that apply. Direct links to online platforms must be provided (i.e., please do not provide only social media handles or hashtags). The Best Practices Registry exists exclusively in a virtual space, so programs or interventions must provide at least one direct link to their online presence.

This information will be used to showcase your program or intervention on the Best Practices Registry website if your application is approved.

NOTE: Please review each URL after you enter it to make sure the full link appears in the text box. It is also a good idea to check to make sure each link works.

Question B5: This question asks you to indicate the population(s) with which your program or intervention has been proven effective, as you detailed in question B2. We encourage programs and interventions to measure their impact on a variety of populations and settings. When appropriate, please include community-defined evidence, as well as empirical evidence. Select all that apply.

NOTE: The most common reason submitters are asked to rework their application is because they check too many boxes in this section.

- Example: If you created a universal education program intended for high school youth, you might only end up marking "Adolescents (12 to 17 years)" because your evidence of effectiveness is in the aggregate (i.e. all the students at the school) and your program was *intended* to be inclusive of all the students in the school. The program was not specifically designed and evaluated for a smaller population of students (such as young men, young women, or LGBTQIA2S+ students), so those selections should not be marked even if male, female, and LGBTQIA2S+ students happen to be included in the student population that receives the training.
- Please focus on **aligning your answers with your evidence** rather than marking as many categories as possible. Most universal programs and interventions will only mark broad age categories such as "Young adults" or "Adults." BPR application reviewers understand that those categories are not exclusive of other characteristics such as gender, sexuality, race, ethnicity, etc. The more your approach is tailored to specific population(s), the more categories you will check in this section.

Question B6: This question asks how your program or intervention should be categorized. Select all that apply. The categories and their definitions are as follows:

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- An **Education or Training Program or Intervention** is intended to increase knowledge, awareness, attitudes, or skills to reduce suicide (e.g., developing skills to identify warning signs of suicide).
- A **Screening Program or Intervention** uses a standardized tool(s) to identify individuals at risk for suicide and may include other intervention activities (e.g., screening older adults for suicide risk).
- An **Information or Outreach and Education or Training Program or Intervention** must provide evidence that the design is able to change specific behavior (e.g., using social media to promote suicide prevention).
- A **Treatment or Direct Services Program or Intervention** includes services for people who experience suicidal ideation, suicidal thoughts or behaviors; people with suicide-centered lived experience; or people in suicide-related bereavement (e.g., providing cognitive behavioral therapy). This category includes postvention programs and interventions.
- An **Environment or Systems Program or Intervention** focuses on affecting systems and environments rather than changing individual behavior (e.g., cigarette tax, policies protecting physicians seeking mental health care).

Question B7: This question asks about the minimum education level required for individuals to **implement** (not receive) your program or intervention. Please select only the minimum requirement.

> **NOTE**: For some selections, a textbox will appear asking you to specify the type of education. For example, if you select "License," you might enter "LPCC," "LMFT," etc.

Question B8: Please indicate (yes or no) if individuals are required to receive training before they can implement your program or intervention. Training is defined as an opportunity for an individual to learn how to implement the program or intervention.

Question B9: This question asks about ways your program or intervention can be delivered (e.g., in person, virtually, a hybrid of the two, or in another format). Select all that apply.

> **NOTE**: If you select "Other," a textbox will appear asking you to specify.

Question B10: Please indicate the minimum number of training hours required for an individual to deliver/implement your program or intervention.

> **NOTE**: This question will only appear if you selected "Yes" for question B8, indicating that training is required to implement the program or intervention. If training is NOT required to implement your program or intervention, you will not see this question in the application.

Question B11: Please indicate if there is a train-the-trainer option for the program or intervention. A train-the-trainer model aims to prepare instructors to present information effectively, respond to participant questions, and lead activities that reinforce learning.[1]

> **NOTE**: You can submit your program or intervention as a direct services/education program OR as a train-the-trainer program, but not as both. Any program or intervention that submits evidence of effectiveness (Question B2) that mixes and matches direct services/education *and* train-the-trainer evidence will be asked to rework their application before the review process continues.

[1] Centers for Disease Control and Prevention Healthy Schools. (2019, March 13). *Understanding the training of trainers model.* Centers for Disease Control and Prevention. https://www.cdc.gov/healthyschools/tths/train_trainers_model.htm

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Question B12: The BPR guidelines align with the Centers for Disease Control and Prevention (CDC)'s *Preventing Suicide: A Technical Package of Policy, Programs, and Practices*, which details strategies to reduce suicide with the best available evidence. Programs or interventions must identify one or more of these strategies that their approach engages. You will be asked to show evidence of alignment with the selected strategy or strategies in the documentation you provide in Question B2. Select all that apply.

The strategies in the CDC's *Preventing Suicide: A Technical Package of Policy, Programs, and Practices* strategies are:

- Promote Connectedness (e.g., peer norm programs, community engagement activities)
- Teach Coping and Problem-Solving Skills (e.g., social-emotional learning programs, parenting skill and family relationship programs)
- Identify and Support People at Risk (e.g., gatekeeper training, crisis intervention, treatment for people at risk of suicide, treatment to prevent re-attempts)
- Strengthen Access and Delivery of Suicide Care (e.g., coverage of mental health conditions in health insurance policies, reducing provider shortages in underserved areas, safer suicide care through system changes)
- Lessen Harms and Prevent Future Risk (e.g., postvention, safe reporting and messaging about suicide)
- Create Protective Environments (e.g., reducing access to lethal means among persons at risk of suicide, improving organizational policies and culture, creating community-based policies to reduce excessive alcohol use)
- Strengthen Economic Supports (e.g., household financial security, housing stabilization policies)

Question B13: The BPR guidelines align with SPRC's Comprehensive Approach to Suicide Prevention, which comprises nine strategies for suicide prevention and mental health promotion that can be advanced through an array of possible activities (i.e., programs, policies, practices, and services). Programs or interventions must identify and show evidence of alignment with one or more strategies from this approach. You will be asked to include evidence of this alignment in the documentation you provide in Question B2. Select all that apply.

The strategies in SPRC's Comprehensive Approach to Suicide Prevention are:

- Identify and Assist
- Increase Help-Seeking
- Effective Care/Treatment
- Care Transitions/Linkages
- Respond to Crisis
- Postvention
- Reduce Access to Means
- Life Skills and Resilience
- Connectedness

Question B14: The BPR guidelines align with many of the levels of care in the IOM Spectrum of Mental, Emotional, and Behavioral Intervention (aka the IOM Continuum of Care). Programs or interventions submitted to the BPR must show evidence of the relevant prevention level(s). Select all that apply.

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Levels of care listed in the IOM Spectrum of Mental, Emotional, and Behavioral Intervention are:

- Promotion: Strategies used to develop skills-based positive attributes– such as self-regulation, self-efficacy, goal setting, and positive relationships–to promote mental, emotional, and behavioral (MEB) development. Consists of approaches that focus on the societal, community, and individual and family levels.
- Prevention: Strategies offered prior to the onset of a disorder that are intended to prevent or reduce the risk for its development. Consists of approaches at the universal, selective, and indicated levels.
- Treatment: Given to an individual who is demonstrating MEB health challenges or has been diagnosed with an MEB disorder. Consists of case identification and treatment of disorders.
- Maintenance: Care given to prevent relapse, recurrence, or further deterioration of MEB health status. Consists of long-term treatment and aftercare.

Question B15: The BPR guidelines were developed with consideration of evidence-based frameworks such as the Surgeon General's Call to Action to Implement the National Strategy for Suicide Prevention; CDC's *Preventing Suicide: A Technical Package of Policy, Programs, and Practices*; SPRC's Comprehensive Approach to Suicide Prevention; the IOM Spectrum of Mental, Emotional, and Behavioral Intervention (aka IOM Continuum of Care); and the Mental Health Media Guide. Programs or interventions must indicate which focus areas from these frameworks (summarized below) their program or intervention addresses.

Select all the following focus areas that apply to your program or intervention.

- **Reduce risk factors (including upstream factors)**: The program or intervention addresses risk factors for suicide such as thoughts of suicide, prior suicide attempts, knowing someone who died by suicide, chronic diseases, mental disorders, disability, access to lethal means, alcohol use, illicit drug use, poverty, social isolation, stress resulting from prejudice/discrimination, stress resulting from attitudes around gender/sexual identity, trauma or historical trauma, loss of identity, adverse childhood experiences (ACEs), neighborhood violence, disruption in medical care/coverage
- **Promote protective factors (including upstream factors)**: The program or intervention addresses protective factors for suicide such as coping and problem-solving skills; health education; screening and support for those at risk for suicide; cultural identity, connections, and community; family engagement; economic stability; stable housing policies; physical education and opportunities for physical activity; wellness (nutritional, environmental, workplace, social and emotional climate); safe and secure physical environments
- **Improve community factors**: The program or intervention works to improve community factors through stigma reduction, connectedness, protective environments, positive expectations, policies and practices to reduce bullying, support for learning, positive social norms, supportive relationships, opportunities for skill building
- **Improve suicide care (including postvention)**: The program or intervention works to improve suicide care through providing care and support to individuals affected by suicide deaths and attempts; promoting healing and implementing community strategies to help prevent further suicides; conducting interventions after a suicide, often consisting of support for survivors of suicide loss who may also be at risk, with the intention of preventing contagion (suicide risk associated with the knowledge of another person's suicidal behavior, either firsthand or through the media); materials that provide guidance on how institutions should respond in the immediate aftermath of suicide; materials about addressing the long-term needs of those bereaved by suicide

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- **Improve health care system quality**: The program or intervention promotes suicide prevention as a core component of health care services, therapeutic or psychological counseling, faith-based care, and other needed psychological and social services; provides access to effective mental health treatments or interventions intended to address an individual or population's suicide risk, risk factors for suicide, or suicide attempts; provides access to and delivery of quality suicide care; facilitates provider response to crisis and improved patient care transition; ensures effective transitions in care to help reduce suicide risk among individuals receiving health or behavioral health services.
- **Improve communication about suicide**: The program or intervention promotes research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors; responsible media reporting of suicide, accurate portrayals of suicide and mental illnesses in the entertainment industry, and safe online content related to suicide; and other communication about suicide strategy.
- **Improve provider (e.g., physicians, mental health professionals) attitudes, knowledge, and skills about suicide**: The program or intervention supports community and clinical service provider trainings on the prevention of suicide and related behaviors, stigma reduction strategies, and effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.

NOTE: Please only check the focus areas that are supported by the evidence of effectiveness you provided in Question B2. One of the most common reasons we ask submitters to rework their applications is that they have checked too many boxes in this section. This section is not asking you to indicate all elements of your approach, **only the areas supported by the evidence of effectiveness** you collected and included in your application.

Question B16: This question asks about implementation. Has your program or intervention been implemented in the intended setting with the intended population(s) within the last five years?

Question B17: This question asks you to provide materials associated with your program or intervention, such as program manuals, trainer's manuals, fidelity monitoring forms, presentations/slide sets, brochures, etc. Mark all materials that you would like the BPR application reviewers to consider during their review.

Please provide direct links (see instructions below) so reviewers can adequately review materials to ensure they align with guidance in the Mental Health Media Guide and other safe language guidelines.

For some submitters, a safety protocol or plan for safety will be the only material you include in your response this question. All suicide prevention programs and interventions listed on the BPR, including upstream suicide prevention programs, must include a safety protocol or safety plan that addresses how program staff or facilitators will respond if a participant is identified as experiencing a mental health crisis. At minimum, your safety plan or protocol should include a list of operational actions, a description of responsibilities, and a crisis line or hotline phone number.

BPR application reviewers will base their scores for this section only on the materials you provide.

NOTE: Please use a cloud drive (e.g., Dropbox, Google Drive, Basecamp, or Box) to create links to the supporting documents you'll need to provide. Share each document by pasting its link into the appropriate text box. Please be sure the links you provide can be opened without special

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permission or a password. Use permanent links whenever possible. Links to learning management systems and online training platform login sites will not be accepted.

Question B18: In this question, you will be asked to list the resources needed to implement your program or intervention, such as laptops, overhead projectors, videos, classrooms, trainers, etc.

Question B19: In this question, you will be asked about the language(s) in which your program or intervention has shown to be effective. Please select only the languages in which the program or intervention was tested for efficacy. Select all that apply. You must provide evidence of this efficacy in Question B2.

Question B20: The Surgeon General's Call to Action to Implement the National Strategy for Suicide Prevention encourages suicide prevention efforts to engage individuals with lived experience in all aspects of suicide prevention. In this question, you will be asked to describe the ways in which individuals with lived experience were engaged in your program or intervention (e.g., planning, design, implementation and evaluation).

Question B21: In this question, you will be asked to indicate what type of evidence was collected to demonstrate your program or intervention's effectiveness.

- Community-defined evidence. Community-defined evidence is a set of practices that yield positive results and have reached a level of acceptance by the community. A community could be a workplace, neighborhood, school, or could be geographically or culturally defined.
- Empirically defined evidence. Empirically defined evidence is generated from observation, experience, or the scientific method. A researcher develops a hypothesis and conducts an experiment to test it. The findings may or may not support the hypothesis.

Question B22: This question asks you to indicate the type of study design(s) that were used to gather evidence of your program or intervention's impact. Select all that apply for all three documents you submitted in section B2.b. Study designs can include quantitative, qualitative, or mixed methods designs.

- Outcomes are the short to midterm results that (hypothetically) occur as a result of the program or intervention. An outcome could be a reduction in suicidal ideation in a community or population.
- Impacts are long-term results that (hypothetically) occur as a result of the program or intervention. An impact could be a reduction in the number of suicides in a community.

Question B23: This question asks you to describe how the study design was developed.

- Does the study design involve key partners, including the focus population? Who was involved? How were cultural considerations (e.g. translations of materials and consent forms, use of methods sensitive to the learning styles of the population, facilitation by a facilitator experienced with the population, strong community involvement) incorporated into the study? How were measurements decided? Why was this type of study design selected? Describe who was involved (key partners), the decision-making process or justification for study design selection, and information on how the measures (outcome variables) were selected.

Question B24: This question asks if your program or intervention was designed to be **delivered by** people from a specific group. You will be asked to choose from a list of groups of people such as mental health providers, teens, experts with lived experiences, community lay people, or Tribal providers. Select all that apply.

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SECTION C. Other Information About the Program

Section C asks for additional information about your program or intervention that might be helpful for BPR users. This information will be included in the program or intervention's public BPR listing if the application is approved.

Question C1: List the year the program or intervention was originally created or copyrighted.

Question C2: Indicate if there is a cost to purchase, license, or implement the program or intervention.

Question C3: This question asks about the setting in which the program or intervention is intended to be implemented (e.g., online, in a school, in a hospital, via public health efforts). Select all that apply.

Question C4: This question asks if there is a minimum age requirement for individuals **implementing** the program or intervention.

Question C5: This question asks if there is a minimum number of hours required to implement the program or intervention (e.g., two 8-hour days, one 4-hour window, etc.).

Question C6: This question asks about the time participants must commit to complete the program or intervention. For example, how many times do participants meet over the course of their involvement with the program or intervention? What is the total number of hours participants spend on the program or intervention?

Question C7: This question asks if the program or intervention is currently listed on any other registry(s). If it is, please provide the name(s) of the registry(s).

Question C8: This question asks you how you heard about the BPR and the online application.

Question C9: This question is in a text box format to allow you to provide any additional information you would like the BPR application reviewers to have about the program or intervention.

NOTE: If there is no additional information you would like to add, please enter "N/A."

Helpful Tips

- We highly recommend reviewing this entire application guide before starting your application.
- The BPR team strives to make the BPR application process as user friendly as possible. If you have any questions, please do not hesitate to request assistance by emailing sprcbpr@ou.edu.
- We are available to assist you at any point in the application process. For example, someone from the BPR technical assistance team can review your application and provide feedback before you submit it. Technical and application assistance is free, unlimited, and tailored specifically to your needs.
- The BPR application review process can take up to 15 weeks, but it usually takes much less time. You will receive an email (to the email address you provided on the application) letting you know about your program or intervention's acceptance status once the application reviews are complete.
- If your application requires reworking, you will receive a notification from our system. The BPR technical assistance team will then reach out to set up an appointment to review feedback and suggestions with you. This meeting is **not required**, but it is ***highly*** **recommended** and will greatly increase your chances of having your program or intervention listed on the BPR. We

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want effective programs to be approved, and our team will do everything we can to set your application up for success.

- If you are asked to “Rework” your application, you will have 30 days to revise and resubmit the application. There is only one “Rework” cycle allowed per application. After this cycle, your application could potentially be denied, and the application process would need to be started again if you choose to resubmit.
- BPR listings will consist of information pulled directly from your application, including contact information, websites, and social media pages. The program or intervention contact information you provide in your application will be included in the listing to allow BPR users to connect with your program or intervention directly if they would like more information.
- Please be sure the Program or Intervention Information and Evaluation section of your application contains evidence and supporting documentation for your program or intervention’s efficacy with each population/audience you list as a population/audience of focus (e.g., if a clinical intervention BPR application indicates it was designed for veterans, the Program or Intervention Information and Evaluation section needs to include evidence of intended outcomes with veterans).
- If a program or intervention indicates that it was designed for multiple populations/audiences and has evidence to support that efficacy, **and** the content of the program or intervention is the same for all audiences, one BPR application can be submitted.
- If the content of a program or intervention has been altered specifically for use with a particular population, and efficacy with that population has been proven after that change, a separate application would be required for the changed version of the program or intervention, which would have its own listing on the BPR.
- If an additional program or intervention (such as a train-the-trainer program) related to the original program or intervention has been developed, used, and evaluated, it should be submitted to the BPR through a separate application.

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