INNOVATIONS IN NUTRITION PROGRAMS AND SERVICES (INNU) REPLICATION TOOLKIT

Replication Model C: Georgia State University: Senior Nutrition Program Evidence-Based Suicide Intervention Training

Also referred to as "Suicide Intervention Training Program Toolkit"

How to Use This Toolkit

Please begin by reviewing the https://www.grants.gov/ posting for HHS-2022-ACL-AOA-INNU-0040, which outlines requirements for ALL Replication projects. The information contained in this replication toolkit provides specific information and requirements regarding Replication Model C.

This Replication Model Toolkit outlines the required elements within a Replication Project C application for HHS-2022-ACL-AOA-INNU-0040 Replication Grants.

The toolkit specifies proposed application:

- Required elements.
- Components which may or should be customized.
- Areas where flexible approaches are permitted.

Successful applications will outline a proposed project that includes all required elements while also demonstrating that customized and flexible items are planned.

If funded, your project team will receive regular technical assistance from the National Resource Center on Nutrition and Aging as well as consultation with members of the original grant's project team, as feasible.

All surveys/forms and other materials are intended to be customized by the grantee and the grantee should review the materials thoroughly to assure the use of customized information including dates, contact names, etc.

If your grant proposal involves any programmatic, policy, organizational, or financial system changes, it is your responsibility to make sure the changes are acceptable and compatible with your state/local polices and requirements.

Summary of the Project

To replicate this project, applications must propose to implement a standardized and manualized suicide intervention program (specifically the ASIST training) to home-delivered meal (HDM) participants via nutrition services volunteers, in alignment with the materials developed by the Georgia State University 2018 Innovations in Nutrition Services and Programs grant.

This unique and successful project created materials designed specifically for Area Agencies on Aging (AAA) and local nutrition programs to help them identify how their SNP volunteers can play an important role in identifying and supporting community-based older adults who have, or are at risk for, suicide or mental health distress.

The Suicide Intervention Training Program Toolkit includes:

- ASIST (Applied Suicide Intervention Skills Training) Suicide Prevention Training Centre | LivingWorks/ASIST
- More than a Meal: Facts, Stress, & Coping Information for HDM Volunteers during COVID-19 (guidance on how to identify signs of stress and mental health trouble or suicide risk in seniors receiving HDMs)
- Caring for Wellbeing of Older Adults during COVID-19 (tips for ways to connect with seniors while social distancing)
- Enhancing Socialization through Making Meaningful Volunteer Connections during COVID-19 (tips on building and strengthening connections with seniors)
- Suicide Intervention Response Inventory (SIRI 2) with scoring

Outcomes from the original project include:

- Nutrition services volunteers and providers developed suicide intervention skills.
- When suicide intervention skills are employed, those skills remain part of their job role and provide life assisting suicide interventions to the older adults they serve.
- The intervention process was conceptualized as:
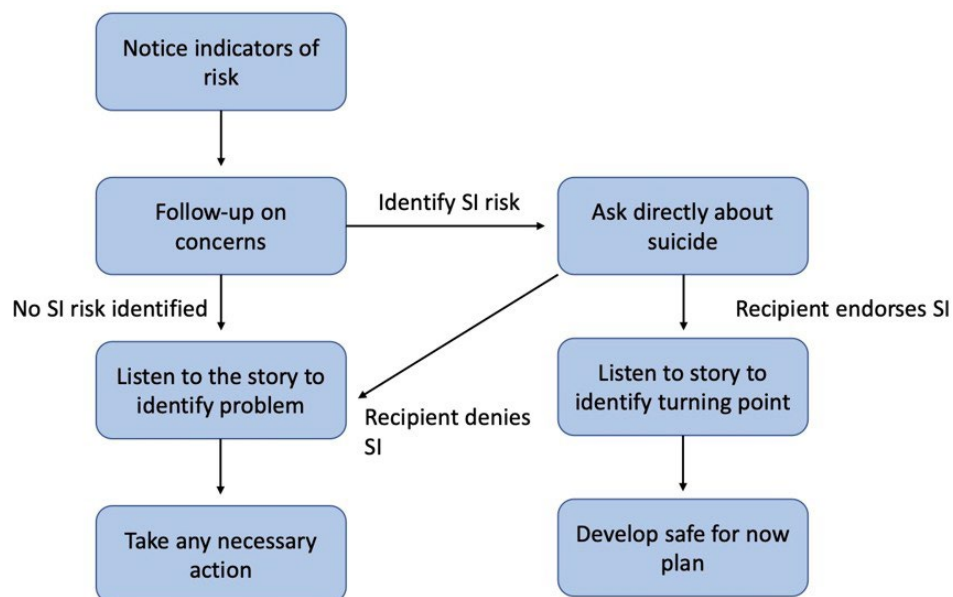
Replication Requirements, Anticipated Customization and Flexibilities

Table: Replication Model C Requirements, Customization and Flexibilities*

Category	Grant Requirements (Elements that must be included)	Required Customization (Elements that must be included and adjusted to project)	Project Flexibilities (Optional elements; not exclusive)	Application Section (**Bolded** sections are required; others are recommended)
Population Served	• 60 and over • Targeted Populations	Specific targeted population	• Risk of hospital readmission • Food insecurity • Chronic disease	• **Abstract** • **Problem statement** • **Approach**
Service Delivery	Older Americans Act Nutrition Program home-delivered meals via volunteers	• Policy and procedure on volunteer training and roles • Agency-wide approach to screening and referrals	• Congregate • Virtual • In-person • Staff training (recommended)	Approach

Partnerships	LivingWorks.net and a LivingWorks trainer	Specific organizations that provide services and/or are referral entities	• Implementation partners:
			  o Faith-based organizations
			  o Senior Centers
			  o Housing authorities
				• **Abstract**
				• **Approach**

Activities and Services	ASIST trainings: LivingWorks.net/ASIST	• Establish policies and procedures for volunteer participant interaction • Referral process that addresses individuals needing additional support	• Surveys • Site visits • Presentations • Referral method	**Approach**
Evaluation	Volunteer Suicide Intervention Response Inventory	• Planned evaluation process	• Frequency and method of data collection	• **Outcomes and evaluation**

Category	Grant Requirements (Elements that must be included)	Required Customization (Elements that must be included and adjusted to project)	Project Flexibilities (Optional elements; not exclusive)	Application Section (**Bolded** sections are required; others are recommended)
		• Quality assurance • Demographics	• Number and types of referrals to address identified risks	
Outcomes	• Number and percent of total participants who are identified at elevated suicide risk or in mental health distress (ESR/MHD) • Change in volunteer attitudes and response to someone in crisis	Dissemination (webinars, conference sessions, etc.)	• Policy/procedure impacts on staff or systems efficiencies • Costs and benefits	• **Abstract** • **Outcomes and evaluation**
Products	Capstone project		• Surveys • Presentations • Evaluation reports	• Abstract • Approach
Sustainability		Continue effective policies and procedures developed during the project	• Funding to support screening or services • Embed training and referral processes into staff/volunteer job descriptions	**Sustainability**

*Please refer to HHS-2022-ACL-AOA-INNU-0040 Replication Grants for requirements which apply to all Replication Projects.

Grant-related Resources

Suicide Intervention Skills Training for Volunteers:

- [ASIST (Applied Suicide Intervention Skills Training)](#)
- [Suicide Intervention Response Inventory (SIRI-2) with scoring](#)

Other Resources (in addition to those provided in FAQ #7):

- [Caring for Wellbeing of Older Adults during COVID-19](#) (tips for ways to connect with seniors while social distancing)
- [Enhancing Socialization through Making Meaningful Volunteer Connections during COVID-19](#) (tips on building and strengthening connections with seniors)
- [More than a Meal: Facts, Stress, & Coping Information for HDM Volunteers during COVID-19](#) (guidance on how to identify signs of stress and mental health trouble or suicide risk in seniors receiving HDMs)
- The Suicidal Behaviors Questionnaire-Revised (SBQ-R) and many other measures are available in the book - Gutierrez, P. M., & Osman, A. (2008). *Adolescent Suicide: An Integrated Approach to Assessment of Risk and Protective Factors*. It is available from the Cornell University Press. The ISBN is 10:0-87580-616-3, list price is $46 (US). By purchasing the book, you are granted the right to reproduce any of the measures in it at no extra charge and to administer them as paper-and-pencil measures.

<u>**FAQ for Replication Model C**</u>

1. **Do the volunteers have to be currently involved in the home-delivered meals program?**

   Projects may recruit new volunteers and should follow all existing policies for vetting and onboarding volunteers. Organizations without a current volunteer base may want to consider partnering with a volunteer services agency, faith-based organization, or other partner.

2. **This Toolkit indicates the ASIST program is "evidence-based." Does that mean the program is eligible for OAA III-D funding?**

   The ASIST program is not currently on the [list of approved programs](#) for OAA Title III-D funding.

3. **Can any program that enhances suicide intervention and mental health awareness skills of nutrition service volunteers be used?**

   No. To be awarded this replication grant, applicants must implement the program listed in the replication toolkit.

4. **Is there a limitation on the number of ASIST trainings which can be held?**

   The number of trainings a project proposes will be determined by the applicant. Things to consider include:

   - Number of home-delivered meal participants the project intends to serve.
   - Number of volunteers that will be trained.
   - Attrition rate of volunteers.
   - Whether project staff will also be trained (recommended).

5. **How do we estimate training costs and schedule trainings in order to submit an accurate budget and workplan?**

   Projects should contact LivingWorks, the developer of the ASIST program, prior to submitting a grant application in order to obtain accurate cost estimates. In addition, the developer can assist projects with identifying existing ASIST trainers. Projects can then determine if any ASIST trainers are available (including cost) or if they will choose to have project staff trained to provide the ASIST trainings. Combining this information should allow applicants to project cost and timeframes for ASIST trainings.

6. How often should the SIRI-2 be given to the trained volunteers?

The SIRI-2 is a useful tool for monitoring how closely the volunteers are following prescribed approaches outlined in the ASIST program (i.e., fidelity). Applicants should determine how often they wish to do the inventory with their volunteers. Implementing a pre-training program SIRI-2 and an end of program SIRI-2 is recommended at minimum. Additional SIRI-2 measurements may be given as the applicant deems appropriate and necessary to monitor fidelity and to perform quality assurance.

7. Are there other resources that might be helpful in customizing this toolkit?

Yes. The chart below has information about performance measures that may be useful to you as you design your replication.

Outcome	Performance measure	Notes
Volunteer attitudes and skills	*Attitudes to Suicide Prevention Scale,* ASP, Herron et al., 2001	Self-report measure of volunteer's perspectives towards intervention developed specifically for health care members.
	Suicide Identification Reporting Tool, SIRT	Survey with quantitative and free responses to assess the manner particular skills were employed in an at-risk identification.
At-risk identification	Number of identified "at risk" or "in distress" older persons	Frequency counts collected by provider and site coordinators.
	Suicide Behavior Questionnaire, SBQ-R	Clinical assessment used to determine level of risk for suicidal behavior. The SBQ-R and many other measures are available in Gutierrez, P. M., & Osman, A. (2008). *Adolescent Suicide: An Integrated Approach to Assessment of Risk and Protective Factors*.
	Interpersonal Needs Questionnaire, INQ, Van Orden et al., 2012	Developed specifically for use with Joiner's Interpersonal theory of suicide, the INQ assesses perceived burdensomeness and thwarted belongingness, which in combination lead to active suicidal desire.
	Acquired Capability for Suicide Scale—Fearlessness About Death, ACSS-FAD, Ribeiro et al., 2014	Captures one's psychological defense against ending one's life, and in conjunction with the INQ, can be used as a predictor of suicidal intent or behavior.
	Personal Health Questionnaire, PHQ-2, Kroenke et al., 2001; 2003	This will be used as a sequence for older adults as noted in Richardson et al., 2011, with the PHQ-9 only administered to those that score above 3 on the PHQ-2.
	Generalized Anxiety Disorder Scale, GAD-7/GAD-2, Spitzer et al., 2006, Kroenke et al., 2007	This will also be administered as a sequence, using cut offs from Wild et al., (2013), where the GAD-7 is only given to those older persons that score 2 or higher on the GAD-2.
	Kessler Psychological Distress Scale, K6, Kessler et al., 2002	Self-report of how depressive and anxiety symptoms have changed. Can be used to distinguish dysthymia from emergent distress.
	Profile of Chronic Pain: Screen, PCP:S, Ruchlman et al., 2005	Self-report of older person's pain and emotional state. Includes demographic items. Questions on pain tolerance (suicide correlate) will also be included.
Wellness	*Five Factor Wellness Inventory,* 5F-Wel, Myers & Sweeney, 2005	Measures general wellness, five second-order factors (Creative, Coping, Social, Essential, and Physical) and 17 discrete wellness scales.