

NAASP ASSESSMENT AND CAPACITY STARTER KIT

for Community Suicide Prevention Coalitions

Disclaimer: This document provides general information for community suicide prevention coalitions to assess their work. It is not a validated scientific tool and should be used for informational purposes. This document is informed by multiple publications relevant to suicide prevention in community settings.

Welcome to the Coalition Starter Kit!

This assessment and capacity starter kit is designed for broad use by suicide prevention coalitions with limited time, staff, or evaluation expertise. This evidence-informed tool is positioned to assist community-level suicide prevention coalitions in tracking activities, measure progress, and develop a custom 'data story' for multiple stakeholders.

How you can use this starter kit:

- 1 Choose **one logic model** that aligns with a coalition priority.
- 2 Pick **3–5 core indicators** from the list that you can realistically track.
- 3 Use the **survey templates** to gather quick data from partners and training participants.
- 4 Follow the **2-page storytelling guide** to turn your data into a compelling narrative.

START SMALL

Track one activity extensively rather than everything inconsistently. Update data quarterly and use your results to refine, report progress, and even fundraise.



READY-TO-ADAPT LOGIC MODELS

Each model shows inputs → activities → short-term, medium-term, and long-term outcomes for a common coalition strategy. Adapt to your local needs and context. See this example below for guidance.

Inputs	Activities	Short-term outcomes	Medium-term outcomes	Long-term outcomes
Ex. Trainers, clinicians, coalition members	Ex. Awareness campaign, workshops	Ex. Community engagement	Ex. Increased referrals, awareness	Ex. reduced suicide attempts, communities resilient to loss

LOGIC MODEL EXAMPLE #1

Training and Awareness Goals

Inputs (what you have): Coalition members, trainers, funding for trainings, training materials.

Activities (what you do): Deliver gatekeeper trainings (e.g., QPR, ASIST), public awareness events, media campaigns.

Short-term outcomes (3–6 months): Increased knowledge of warning signs; higher confidence in recognizing and responding to suicide risk.[1][2]

Medium-term outcomes (6–18 months): More people seeking help; increased referrals to crisis services.[3][1]

Long-term outcomes (2+ years): Reduced suicide attempts and deaths in the community.[4][3]

LOGIC MODEL EXAMPLE #2

Care Transitions Goals

Inputs: Partnerships with hospitals, community mental health clinics, primary care, crisis lines.

Activities: Develop and implement referral pathways; train staff on warm handoffs and safety planning; conduct joint tabletop exercises.

Short-term outcomes: More providers know the referral process; improved post-ED follow-up rates.[2][1]

Medium-term outcomes: Fewer return ED visits for suicide risk; higher engagement in outpatient care.[3][4]

Long-term outcomes: Improved continuity of care and reduced suicide risk.[4][3]

LOGIC MODEL EXAMPLE 3

Suicide Postvention Goals

Inputs: Trained postvention team, school/organization partners, mental health providers.

Activities: Provide postvention support to schools/workplaces after a suicide; train staff on response protocols; develop community postvention guidelines.

Short-term outcomes: Affected communities receive timely support; fewer contagion risks.[1][2]

Medium-term outcomes: Schools/organizations have postvention plans in place; increased awareness of grief and contagion risks.[1][3]

Long-term outcomes: Reduced suicide contagion; communities more resilient to loss.[3][4]

Core Indicators for Coalitions

Pick 3–5 indicators you can track with minimal effort. Use simple tools like Google Forms, spreadsheets, or your coalition’s meeting notes.

Indicator	What to measure	How to track	Target
Partner diversity	Number and sectors of active partners (health, education, justice, faith, lived experience)	Meeting sign-in sheets or roster	≥8 sectors represented
Trainings delivered	Number of trainings and participants reached	Training sign-in sheets	≥200 people/year
Safety-planning practices	% of providers trained who report using safety plans	1-month follow-up survey	≥70% using
Referral pathway use	Number of referrals through coalition pathways	Partner reports or shared log	≥50 referrals/quarter
Lived experience engagement	Number of meetings attended by lived experience members	Attendance records	≥25% of meetings
Coalition satisfaction	% of members who feel coalition is effective	Annual partner survey	≥80% satisfied

Source: Adapted from coalition assessment and evaluation studies emphasizing feasible process and outcome measures.[5][2][1]

Short Survey Templates

Copy and paste these into Google Forms or SurveyMonkey. Send after meetings or trainings.

A. PARTNER ENGAGEMENT AND SATISFACTION SURVEY (5 QUESTIONS, 2 MINUTES)

1. On a scale of 1–5, how useful was today’s meeting?
2. What was the most valuable part of today’s work? (open)
3. What could be improved? (open)
4. Are you likely to take action based on today’s discussion? (Yes/No/Maybe)
5. Any other feedback? (open)

B. BRIEF PARTICIPANT TRAINING FOLLOW-UP SURVEY (SENT 30-DAYS POST-TRAINING)

1. On a scale of 1–5, (1=not at all, 5=most confident) how confident are you now in recognizing suicide warning signs?
2. Have you used the skills from the training? (Yes/No) If yes, describe briefly.
3. What barriers, if any, prevent you from using these skills? (open)
4. Would you recommend this training to others? (Yes/No)

2-Page Guide: Turn Data into a Story

PAGE 1: WHAT WE DID (PROCESS)

Example Headline: “NAASP Coalition Progress Report – [Quarter/Year]”

What we did...

- Held [X] meetings with [Y] partners from [Z] sectors.
- Delivered [X] trainings to [Y] people.
- Developed/implemented [X] new pathways or protocols.

References

Jenkins, G. J., Cooper, B. R., Funaiolo, A., & Hill, L. G. (2022). Which aspects of coalition functioning are key at different stages of coalition development? A qualitative comparative analysis. *Implementation Research and Practice*, 3, 26334895221112694. [2]

Mishara, B. L., & Tran, A. T. (2023). Protocol for an implementation science evaluation of Roots of Hope: a community suicide prevention project. *JMIR research protocols*. [4][3]

NORC at University of Chicago. Coalition Needs for Community Based Suicide Prevention (2022).[1]

Ohio Suicide Prevention Foundation. (n.d.). Coalition assessment tool. Ohio Suicide Prevention Foundation. <https://www.ohiospf.org/wp-content/uploads/Assessment-Tool.pdf> [5]

Our Reach...

- Engaged [X] lived experience members/youth.
- Reached [X] community members through events/media.

Evidence: Coalition process data is a leading predictor of sustained impact; active, diverse membership correlates with model fidelity and long-term outcomes.[2][1]

PAGE 2: WHAT CHANGED + WHAT WE NEED NEXT (OUTCOMES + ASK)

What changed

Short-term: [X]% of partners report increased satisfaction; [X]% of trainees report higher confidence. Medium-term: [X] referrals through pathways; [X]% of trainees using safety plans.

Next steps

To sustain and scale:

1. [Specific next priority from your plan].
2. [Evaluation or expansion goal].

Our ask

- Flexible backbone funding: \$[X] for coordinator time and TA.
- Partner commitment: [Specific ask, e.g., monthly data sharing].

Why it matters: Coalitions with basic evaluation capacity are more likely to secure funding and demonstrate community impact.[5][1][3]

Thank you for the work you do in your community. This kit is yours to adapt and share. Drop us a line and let us know how you’re applying it to your community coalition work.

Need help customizing this tool? Contact us for technical assistance at info@naasp.org

Perplexity AI assisted with query formulation and source discovery during the review process (January 2026); all claims were cross-checked with original publications.