

Appendix A: List of Acronyms

Acronym	Definition
ANOVA	Analysis of variance
CAMS	The Collaborative Assessment and Management of Suicidality
CARE	Care, Assess, Respond, Empower
CAST	Coping and Support Training
CATCH-IT	Competent Adulthood Transition With Cognitive Behavioral And Interpersonal Training
C-CARE	Counselors: Care, Assess, Respond, Empower
CINAHL	Cumulative Index to Nursing and Allied Health Literature
DSTF	Data and Surveillance Task Force
EMR	healthcare provider records (electronic medical records)
ER	Emergency room
ERIC	Education Resources Information Center
GLS	The Garrett Lee Smith Memorial Suicide Prevention Program
KQ	Key Question
LGBTQ	Lesbian, gay, bi-sexual, transgender, queer
NASY+	National Annenberg Survey of Youth
NR	not reported
PGC	Personal Growth Class
PICOTS	Populations, Interventions, Comparators, Outcomes, Timing, Setting
RCT	Randomized controlled trial
SAMHSA	Substance Abuse and Mental Health Services Administration
SOFTADS	Survey of Outcomes Following Treatment for Adolescent Depression
SOS	Signs Of Suicide
TADS	Treatment for Adolescents with Depression Study
TASA	Treatment of Adolescent Suicide Attempters
TORDIA	Treatment of Resistant Depression in Adolescents

Appendix B. Prevention Intervention Programs

Table B1. Simple Search, Intervention search term: “Suicide prevention” (16)

Intervention Title	Description
<u>American Indian Life Skills Development/Zuni Life Skills Development</u>	<i>American Indian Life Skills Development/Zuni Life Skills Development</i> is a school-based curriculum that has demonstrated increased suicide prevention skills and decreased hopelessness, among other positive outcomes, in American Indian youth. (Definition from the Suicide Prevention Resource Center)
<u>CAST (Coping And Support Training)</u>	CAST (Coping And Support Training) is a high school-based suicide prevention program targeting youth 14 to 19 years old. CAST delivers life-skills training and social support in a small-group format (6-8 students per group).
<u>Emergency Department Means Restriction Education</u>	Emergency Department Means Restriction Education is an intervention for the adult caregivers of youth (aged 6 to 19 years) who are seen in an emergency department (ED) and determined through a mental health assessment to be at risk for committing suicide.
<u>Family Intervention for Suicide Prevention (FISP)</u>	The Family Intervention for Suicide Prevention (FISP) is a cognitive behavioral family intervention for youth ages 10-18 who are presenting to an emergency department (ED) with suicidal ideation or after a suicide attempt.
<u>Kognito At-Risk for College Students</u>	Kognito At-Risk for College Students is a 30-minute, online, interactive training simulation that prepares college students and student leaders, including resident assistants, to provide support to peers who are exhibiting signs of psychological distress such as depression, anxiety, substance abuse, and suicidal ideation.
<u>Kognito At-Risk for High School Educators</u>	Kognito At-Risk for High School Educators is a 1-hour, online, interactive gatekeeper training program that prepares high school teachers and other school personnel to identify, approach, and refer students who are exhibiting signs of psychological distress such as depression, anxiety, substance abuse, and suicidal ideation.
<u>Kognito Family of Heroes</u>	Kognito Family of Heroes is a 1-hour, online role-playing training simulation for military families of service members recently returned from deployment (within the past 4 years). The training is designed to: (1) increase awareness of signs of post-deployment stress, including posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), depression, and suicidal ideation, and (2) motivate family members to access mental health services when they show signs of post-deployment stress.
<u>LEADS: For Youth (Linking Education and Awareness of Depression and Suicide)</u>	LEADS: For Youth (Linking Education and Awareness of Depression and Suicide) is a curriculum for high school students in grades 9-12 that is designed to increase knowledge of depression and suicide, modify perceptions of depression and suicide, increase knowledge of suicide prevention resources, and improve intentions to engage in help-seeking behaviors.
<u>Lifelines Curriculum</u>	“Lifelines” is a comprehensive, school-wide suicide prevention program for middle and high school students. The goal of Lifelines is to promote a caring, competent school community in which help seeking is encouraged and modeled and suicidal behavior is recognized as an issue that cannot be kept secret.
<u>Model Adolescent Suicide Prevention Program (MASPP)</u>	The Model Adolescent Suicide Prevention Program (MASPP) is a public health-oriented suicidal-behavior prevention and intervention program originally developed for a small American Indian tribe in rural New Mexico to target high rates of suicide among its adolescents and young adults.
<u>QPR Gatekeeper Training for Suicide Prevention</u>	The QPR (Question, Persuade, and Refer) Gatekeeper Training for Suicide Prevention is a brief educational program designed to teach "gatekeepers"--those who are strategically positioned to recognize and refer someone at risk of suicide (e.g., parents, friends, neighbors, teachers, coaches, caseworkers, police officers)--the warning signs of a suicide crisis and how to respond by following three steps: (1) Question the individual's desire or intent regarding suicide; (2) Persuade the person to seek and accept help; and, (3) Refer the person to appropriate resources

Table B1. Simple Search, Intervention search term: “Suicide prevention” (16) (continued)

Intervention Title	Description
<u>Reconnecting Youth: A Peer Group Approach to Building Life Skills</u>	Reconnecting Youth: A Peer Group Approach to Building Life Skills (RY) is a school-based prevention program for students ages 14-19 years that teaches skills to build resiliency against risk factors and control early signs of substance abuse and emotional distress.
<u>SOS Signs of Suicide</u>	SOS Signs of Suicide is a secondary school-based suicide prevention program that includes screening and education. Students are screened for depression and suicide risk and referred for professional help as indicated.
<u>Sources of Strength</u>	“Sources of Strength”, a universal suicide prevention program, is designed to build socioecological protective influences among youth to reduce the likelihood that vulnerable high school students will become suicidal.
<u>United States Air Force Suicide Prevention Program</u>	The United States Air Force Suicide Prevention Program (AFSPP) is a population-oriented approach to reducing the risk of suicide. The Air Force has implemented 11 initiatives aimed at strengthening social support, promoting development of social skills, and changing policies and norms to encourage effective help-seeking behaviors.
<u>Wellness Recovery Action Plan (WRAP)</u>	Wellness Recovery Action Plan (WRAP) is a manualized group intervention for adults with mental illness. WRAP guides participants through the process of identifying and understanding their personal wellness resources ("wellness tools") and then helps them develop an individualized plan to use these resources on a daily basis to manage their mental illness.

AFSPP= United States Air Force Suicide Prevention Program;CAST=Coping And Support Training);ED=emergency department;FISP=Family Intervention for Suicide Prevention;LEADS=Linking Education and Awareness of Depression and Suicide;MASPP= Model Adolescent Suicide Prevention Program;PTSD=postraumatic stress disorder;QPR= Question, Persuade, and Refer;RY=Reconnecting Youth;SOS=Signs of Suicide;TBI=traumatic brain injury;WRAP= Wellness Recovery Action Plan;

Table B2. Advanced Search, Search criteria: 6-12 (Childhood), 13-17 (Adolescent), 18-25 (Young adult), Mental health promotion, Mental health treatment, Substance abuse prevention, Substance abuse treatment, Co-occurring disorders, Inpatient, Residential, Outpatient, Correctional, Home, School, Workplace, Other community settings, Mental health, Quality of life, Suicide, Trauma/injuries, suicide (9)

Intervention Title	Description
<u>Adolescent Coping With Depression (CWD-A)</u>	The Adolescent Coping With Depression (CWD-A) course is a cognitive behavioral group intervention that targets specific problems typically experienced by depressed adolescents. These problems include discomfort and anxiety, irrational/negative thoughts, poor social skills, and limited experiences of pleasant activities.
<u>Attachment-Based Family Therapy (ABFT)</u>	Attachment-Based Family Therapy (ABFT) is a treatment for adolescents ages 12-18 that is designed to treat clinically diagnosed major depressive disorder, eliminate suicidal ideation, and reduce dispositional anxiety.
<u>Depression Prevention (Managing Your Mood)</u>	The Depression Prevention (Managing Your Mood) program is a computer-tailored intervention for adults who are experiencing at least mild symptoms of depression. The program is based on the Transtheoretical Model of Behavior Change (TTM), which conceptualizes change as a process that occurs over time and in five stages: pre-contemplation, contemplation, preparation, action, and maintenance.
<u>Dialectical Behavior Therapy</u>	Dialectical Behavior Therapy (DBT) is a cognitive-behavioral treatment approach with two key characteristics: a behavioral, problem-solving focus blended with acceptance-based strategies, and an emphasis on dialectical processes
<u>Dynamic Deconstructive Psychotherapy</u>	Dynamic Deconstructive Psychotherapy (DDP) is a 12- to 18-month, manual-driven treatment for adults with borderline personality disorder and other complex behavior problems, such as alcohol or drug dependence, self-harm, eating disorders, and recurrent suicide attempts.
<u>Mental Health First Aid</u>	Mental Health First Aid is an adult public education program designed to improve participants' knowledge and modify their attitudes and perceptions about mental health and related issues, including how to respond to individuals who are experiencing one or more acute mental health crises (i.e., suicidal thoughts and/or behavior, acute stress reaction, panic attacks, and/or acute psychotic behavior) or are in the early stages of one or more chronic mental health problems (i.e., depressive, anxiety, and/or psychotic disorders, which may occur with substance abuse).
<u>Multisystemic Therapy With Psychiatric Supports (MST-Psychiatric)</u>	Multisystemic Therapy With Psychiatric Supports (MST-Psychiatric) is designed to treat youth who are at risk for out-of-home placement (in some cases, psychiatric hospitalization) due to serious behavioral problems and co-occurring mental health symptoms such as thought disorder, bipolar affective disorder, depression, anxiety, and impulsivity.
<u>Seeking Safety</u>	Seeking Safety is a present-focused treatment for clients with a history of trauma and substance abuse. The treatment was designed for flexible use: group or individual format, male and female clients, and a variety of settings (e.g., outpatient, inpatient, residential).
<u>Trauma Focused Coping (Multimodality Trauma Treatment)</u>	Trauma Focused Coping (TFC), sometimes called Multimodality Trauma Treatment, is a school-based group intervention for children and adolescents in grades 4-12 who have been exposed to a traumatic stressor (e.g., disaster, violence, murder, suicide, fire, accident).

ABFT=Attachment-Based Family Therapy;CWD-A=Adolescent Coping With Depression;DBT=Dialectical Behavior Therapy;DDP=Dynamic Deconstructive Psychotherapy;MST=Multisystemic Therapy;TFC=Trauma Focused Coping;TTM=Transtheoretical Model of Behavior Change

Table B3. Additional Search, Intervention search term: “Suicide” (7) – additional studies not identified in the above searches

Intervention Title	Description
<u>Cognitive Behavioral Therapy for Late-Life Depression</u>	Cognitive Behavioral Therapy (CBT) for Late-Life Depression is an active, directive, time-limited, and structured problem-solving approach program that follows the conceptual model and treatment program developed by Aaron Beck and his colleagues.
<u>Community Trials Intervention To Reduce High-Risk Drinking</u>	Community Trials Intervention To Reduce High-Risk Drinking is a multicomponent, community-based program developed to alter the alcohol use patterns and related problems of people of all ages. The program incorporates a set of environmental interventions that assist communities in (1) using zoning and municipal regulations to restrict alcohol access through alcohol outlet density control; (2) enhancing responsible beverage service by training, testing, and assisting beverage servers and retailers in the development of policies and procedures to reduce intoxication and driving after drinking; (3) increasing law enforcement and sobriety checkpoints to raise actual and perceived risk of arrest for driving after drinking; (4) reducing youth access to alcohol by training alcohol retailers to avoid selling to minors and those who provide alcohol to minors; and (5) forming the coalitions needed to implement and support the interventions that address each of these prevention components.
<u>Emergency Room Intervention for Adolescent Females</u>	Emergency Room Intervention for Adolescent Females is a program for teenage girls 12 to 18 years old who are admitted to the emergency room after attempting suicide. The intervention, which involves the girl and one or more family members who accompany her to the emergency room, aims to increase attendance in outpatient treatment following discharge from the emergency room and to reduce future suicide attempts.
<u>Interpersonal Psychotherapy for Depressed Adolescent (IPT-A)</u>	Interpersonal Psychotherapy for Depressed Adolescents (IPT-A) is a short-term, manual-driven outpatient treatment intervention that focuses on the current interpersonal problems of adolescents (aged 12-18 years) with mild to moderate depression severity.
<u>Peer Assistance and Leadership (PAL)</u>	Peer Assistance and Leadership (PAL) is a peer helping program that seeks to build resiliency in youth by pairing youth with peer helpers who receive training and support from teachers participating in the program.
<u>Prevention of Suicide in Primary Care Elderly: Collaborative Trial (PROSPECT)</u>	Prevention of Suicide in Primary Care Elderly: Collaborative Trial (PROSPECT) aims to prevent suicide among older primary care patients by reducing suicidal ideation and depression. It also aims to reduce their risk of death.

CBT=Cognitive Behavioral Therapy;IPT-A=Interpersonal Psychotherapy for Depressed Adolescents;PAL=Peer Assistance and Leadership;PROSPECT=Prevention of Suicide in Primary Care Elderly: Collaborative Trial

Appendix C. Search Strategies

Table C-1. PubMed Search Strategy.

#	Search
1	suicide/prevention[mh]
2	Suicide, Attempted/prevention[mh]
3	suicid*[tiab] AND (prevent[tiab] OR prevention[tiab])
4	1 OR 2 OR 3
5	clinical trial[pt]
6	"Non-randomized"[tiab]
7	Nonrandomized[tiab]
8	cohort[tiab]
9	"next study"[tiab]
10	observational[tiab]
11	"Case-control"[tiab]
12	"cohort studies"[mh]
13	cross-over studies[mh]
14	prospectiv*[tiab]
15	registr*[tiab]
16	restrospectiv*[tiab]
17	"Comparative Study" [pt]
18	"propensity score"[tiab]
19	"propensity Score"[mh]
20	5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OR 19
21	4 AND 20
22	1990:2016[dp]
23	Eng[la]
24	4 AND 20 AND 22 AND 23

Table C-2. Cochrane Collaboration Search Strategy.

#1	MeSH descriptor: [Suicide] explode all trees and with qualifier(s): [Prevention & control - PC]
<input type="checkbox"/> #2	suicid*:ti,ab,kw (Word variations have been searched)
<input type="checkbox"/> #3	prevent:ti,ab,kw (Word variations have been searched)
<input type="checkbox"/> #4	"prevention":ti,ab,kw (Word variations have been searched)
<input type="checkbox"/> #5	#1 or (#2 and (#3 or #4))
Publication Year from 1990 to 2015	

Table C-3. CINAHL, PsycINFO and ERICSearch Strategy.

S26	S7 AND S23	Limiters - Published Date: 19900101-20151231 Narrow by Language: - english Search modes - Boolean/Phrase
S25	S7 AND S23	Narrow by Language: - english Search modes - Boolean/Phrase
S24	S7 AND S23	Search modes - Boolean/Phrase
S23	S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22	Search modes - Boolean/Phrase
S22	TX propensity score	Search modes - Boolean/Phrase
S21	TX comparative study	Search modes - Boolean/Phrase
S20	TX comparative study	Search modes - Boolean/Phrase
S19	TX retrospective study	Search modes - Boolean/Phrase
S18	TX registry	Search modes - Boolean/Phrase
S17	TX prospectiv*	Search modes - Boolean/Phrase
S16	TX "cross over"	Search modes - Boolean/Phrase
S15	TX case control study	Search modes - Boolean/Phrase
S14	TX observational study	Search modes - Boolean/Phrase
S13	TX cohort study	Search modes - Boolean/Phrase
S12	TX "follow up" OR TX "follow-up" OR TX Followup	Search modes - Boolean/Phrase
S11	TX "next study"	Search modes - Boolean/Phrase
S10	TX "non-randomized"	Search modes - Boolean/Phrase
S9	TX nonrandomized	Search modes - Boolean/Phrase
S8	TX "clinical Trials"	Search modes - Boolean/Phrase
S7	S5 AND S6	Search modes - Boolean/Phrase
S6	S3 OR S4	Search modes - Boolean/Phrase
S5	S1 OR S2	Search modes - Boolean/Phrase
S4	TX Prevention	Search modes - Boolean/Phrase
S3	TX Prevent	Search modes - Boolean/Phrase
S2	TX suicid*	Search modes - Boolean/Phrase
S1	SU Suicide	Search modes - Boolean/Phrase

Appendix D. Screening and Data Abstraction Forms

Figure D-1. Abstract Screening Form

76: S. Fanian, S. K. Young, M. Mantla, A. Daniels and S. Chatwood. Evaluation of the Kots'iitla ("We Light the Fire") Project: building resiliency and connections through strengths-based creative arts programming for Indigenous youth. *Int J Circumpolar Health*. 2015. 74:27672

BACKGROUND: The creative arts - music, film, visual arts, dance, theatre, spoken word, literature, among others - are gradually being recognised as effective health promotion tools to empower, engage and improve the health and well-being in Indigenous youth communities. Arts-based programming has also had positive impacts in promoting health, mental wellness and resiliency amongst youth. However, often times the impacts and successes of such programming are not formally reported on, as reflected by the paucity of evaluations and reports in the literature.

OBJECTIVE: The objective of this study was to evaluate a creative arts workshop for Tlicho youth where youth explored critical community issues and found solutions together using the arts. We sought to identify the workshop's areas of success and challenge. Ultimately, our goal is to develop a community-led, youth-driven model to strengthen resiliency through youth engagement in the arts in circumpolar regions.

DESIGN: Using a mixed-methods approach, we conducted observational field notes, focus groups, questionnaires, and reflective practice to evaluate the workshop. Four youth and five facilitators participated in this process overall.

RESULTS: Youth reported gaining confidence and new skills, both artistic and personal. Many youth found the workshop to be engaging, enjoyable and culturally relevant. Youth expressed an interest in continuing their involvement with the arts and spreading their messages through art to other youth and others in their communities.

CONCLUSIONS: Engagement and participation in the arts have the potential to build resiliency, form relationships, and stimulate discussions for community change amongst youth living in the North.

and go to or [Skip to Next](#)

1. Does this title/abstract apply to Key Question 1?
[click to list Key Questions](#)

No (answer reasons for exclusion)
Exclude article from review
[see PICOTS for details](#)

- Not a study of humans only
- Does not include data on individuals between ages 0 and 25 years old.
- Does not include an intervention of interest (Behavioral, community, clinical/medical, policy level including studies promoting wellness targeting suicide ideation, suicide attempt, and suicide completion, or any combination of these interventions)
- Does not include a PRIMARY outcome of interest (suicide ideation-reported within 12 months after intervention, suicide attempt at any time after the intervention, suicide completion at any time after the intervention)
- Study takes place outside of the United States
- Meeting abstract only
- No original data (review, commentary, editorial)
- Other

[Clear Response](#)

Yes/unclear
[Clear Response](#)

3. Comment

and go to or [Skip to Next](#)

Warning: You are editing data on a form originally created by [RashelleMusci](#) [?]



Figure D-2. Article Screening Form

107: L. Alphas, C. Benson, K. Cheshire-Kinney, J. P. Lindenmayer, L. Mao, S. C. Rodriguez and H. L. Starr. Real-world outcomes of paliperidone palmitate compared to daily oral antipsychotic therapy in schizophrenia: a randomized, open-label, review board-blinded 15-month study. *J Clin Psychiatry*. 2015. 76:554-61

Attachments
107 Alphas 2015.pdf (Annotatable Version)

Submit Form and go to This Form - Next Reference or Skip to Next

1. Does this Article apply to Key Question 1?
click to list Key Questions

No (answer reasons for exclusion)
Exclude article from review
see PICOTS for details

- Not a study of humans only
- Does not include data on individuals between ages 0 and 25 years old.
- Does not include an intervention of interest (Behavioral, community, clinical/medical, policy level including studies promoting wellness targeting suicide ideation, suicide attempt, and suicide completion, or any combination of these interventions)
- Does not include a PRIMARY outcome of interest (suicide ideation-reported within 12 months after intervention, suicide attempt at any time after the intervention, suicide completion at any time after the intervention)
- Study takes place outside of the United States
- Meeting abstract/other abstract only
- No original data (review, commentary, editorial)
- Other

Clear Response

Yes
Clear Response

3. Comment

Submit Form and go to This Form - Next Reference or Skip to Next

Warning: You are editing data on a form originally created by RashelleMusci [?]



Table D-1. Data Abstraction Form - Study Characteristics

Reviewer	RefID	Author, Year, RefID	Prevention program name (if applicable)	Database/registry (should match your abstraction for DB_registry)	Study Design-select	Other Study design-Specify	Study location_US only_enter state	Study location_US only_enter COUNTY

Table D-1. Data Abstraction Form - Study Characteristics (continued)

Study location -US AND - OTHER COUNTRIES	Start DATE of study	Start DATE of study	End DATE of study	Follow-up period	Recruitment setting/ Population_1	Recruitment setting/ Population_2	Recruitment setting/ Population_3	Recruitment setting/ Population_4	OTHER setting: specify	Published literature (Y/N)

Table D-2. Data Abstraction Form - Program Characteristics

Reviewer	refID	Author, Year,Refid	Arm (each arm is given a row)	Arm Identification (Arm 1 is ALWAYS the control or usual care condition; if there is no control, start with Arm 2)	Program type/Purpose of program	Program type/Purpose of program: OTHER- SPECIFY	Program setting_	Program setting - OTHER SPECIFY	NOTES

Table D-3. Data Abstraction Form - Participant Characteristics

Reviewer	RefID	Author, Year, Refid	Select Arm (this should be identical to information filled out in "Program Characteristics")	Arm name (as described in the paper)	Number at baseline (provide for full study and each Arm)	Women, n (provide for full study and each Arm)	Women, (%) (provide for full study and each Arm)	Mean Age, years (provide for full study and each Arm)	Median Age, years (provide for full study and each Arm)	Range Age, years (provide for full study and each Arm)	IQR Age, years (provide for full study and each Arm)	SD Age, years (provide for full study and each Arm)

Table D-3. Data Abstraction Form - Participant Characteristics (continued)

White, n (provide for full study and each Arm)	White, (%) (provide for full study and each Arm)	African-American, n (provide for full study and each Arm)	African-American, (%) (provide for full study and each Arm)	Asian, n (provide for full study and each Arm)	Asian, % (provide for full study and each Arm)	Other, n (provide for full study and each Arm)	Other, (%) (provide for full study and each Arm)	Other, n (provide for full study and each Arm)	Other, (%) (provide for full study and each Arm)	Other, n (provide for full study and each Arm)	Other, (%) (provide for full study and each Arm)	Other, n (provide for full study and each Arm)

Table D-3. Data Abstraction Form - Participant Characteristics (continued)

Other, (%) (provide for full study and each Arm)	Education -select (provide for full study and each Arm)	Education-specify YEARS/GRADE (provide for full study and each Arm)	Special population (provide for full study and each Arm)	Special population: Other (provide for full study and each Arm)

Table D-4. Data Abstraction Form - Suicide Outcomes

Reviewer	refID	Author, year, RefID	Select Arm (this should be identical to information filled out in "Program Characteristics)	When was outcome assessed (timing)	How was outcome reported	Other: please specify	Instrument / Metric	Other: Please specify	Form of Aggregation	Describe	Did the intervention have a positive Impact on the outcomes?	Describe

Table D-4. Data Abstraction Form - Suicide Outcomes (continued)

When was outcome assessed (timing)	How was outcome reported	Other: please specify	Instrument/ Metric	Other: Please specify	Form of Aggregation	Describe	Did the intervention have a positive Impact on the outcomes?	Describe	When was outcome assessed (timing)	How was outcome reported

Table D-4. Data Abstraction Form - Suicide Outcomes (continued)

Other: please specify	Instrument/ Metric	Other: Please specify	Form of Aggregation	Describe	Did the intervention have a positive Impact on the outcomes?	Describe

Appendix E: Environmental Scan Coding Scheme

Table E-1. Environmental scan coding schema

ID#	Topics	Level	Type	
1	Data System Specification and Meta Information	1		x
	Review method and information source used to find it	2		x
	<i>Systematic review</i>	3	Y/N/?	x
	IN	4	Y/N/?	x
	OUT	4	Y/N/?	x
	<i>Environmental scan</i>	3	Y/N/?	x
	Google	4	Y/N/?	x
	Yahoo	4	Y/N/?	x
	Bing	4	Y/N/?	x
	Appendix A: NREPP Database of Suicide Prevention Programs	4	Y/N/?	x
	Appendix D: Potential Data Systems	4	Y/N/?	x
	NAASP paper	4	Y/N/?	x
	AFSP/AAS/SPRC	4	Y/N/?	x
	Ad-hoc search	4	Y/N/?	x
	<i>Targeted search</i>	3	Y/N/?	x
	CA	4	Y/N/?	x
	OR	4	Y/N/?	x
	MD	4	Y/N/?	x
	DE	4	Y/N/?	x
	IL	4	Y/N/?	x
	WI	4	Y/N/?	x
	City	4	Y/N/?	x
	City name	4	text-name	x
	Community	4	Y/N/?	x
	Community name	4	text-name	x

Table E-1. Environmental scan coding schema (continued)

ID#	Topics	Level	Type	
	Name of the database / data system (if any)	2	text-name	x
	Data custodian	2		x
	<i>Name</i>	3	text-name	x
	<i>Contact email address</i>	3	email	optional
	<i>Contact phone number</i>	3	phone	optional
	Web Link/URL	2		x
	<i>URL - generic / home page of the study or data custodian</i>	3	URL	x
	<i>URL - data dictionary and/or public use file</i>	3	URL	x
	<i>URL - additional useful links (e.g., reports) #1</i>	3	URL	x
	<i>URL - additional useful links (e.g., reports) #2</i>	3	URL	optional
	<i>URL - additional useful links (e.g., reports) #3</i>	3	URL	optional
	<i>URL - additional useful links (e.g., reports) #4</i>	3	URL	optional
	<i>URL - additional useful links (e.g., reports) #5</i>	3	URL	optional
	Level of information available for this data system	2		x
	<i>Data exists and can be acquired (free or for a fee)</i>	3	Y/N/?	x
	Data is publicly available and can be downloaded (e.g., PUF)	4	Y/N/?	x
	Data can be acquired but requires an automated registration	4	Y/N/?	x
	Data can be acquired if confirmed by a person (e.g., needs email comm)	4	Y/N/?	x
	<i>Data dictionary or code book is accessible</i>	3	Y/N/?	x
	Formal data dictionary (e.g., xml, xls, pdf)	4	Y/N/?	optional
	Informal data dictionary (e.g., data intake survey)	4	Y/N/?	optional
	Proxy data dictionaries (e.g., reports) which may not have all variables	4	Y/N/?	optional
	<i>Web page for this data system includes</i>	3	Y/N/?	optional
	summary of what the data system is about	4	Y/N/?	optional
	some detailed information about the data system	4	Y/N/?	optional
	high level of details about the data system	4	Y/N/?	optional

Table E-1. Environmental scan coding schema (continued)

ID#	Topics	Level	Type	
	Data Use / Functions	2		x
	<i>Primary function of the data system / database</i>	3		x
	Research (e.g., academic, pharma)	4	Y/N/?	x
	Clinical care / operations	4	Y/N/?	x
	Administrative services (e.g., census)	4	Y/N/?	x
	Public health (e.g., surveillance)	4	Y/N/?	x
	Other	4	text	x
	<i>Secondary function of the data system</i>	3	text	optional
2	Geographic Coverage	1		x
	Countries	2		x
	US	3	Y/N/?	x
	<i>Other (non-US)</i>	3	text-list	x
	US coverage	2		x
	<i>US - national</i>	3	Y/N/?	x
	<i>US - regional (e.g., east coast)</i>	3	Y/N/?	x
	<i>US - state level (e.g., Maryland)</i>	3	Y/N/?	x
	<i>US - smaller than state level</i>	3	Y/N/?	x
	County	4	Y/N/?	x
	Zip code	4	Y/N/?	x
	Census block	4	Y/N/?	x
	Tribal	4	Y/N/?	x
	Territory	4	Y/N/?	x
	Islands	4	Y/N/?	x
	Other	4	text	x
	US states	2		x
	<i>Alabama (AL)</i>	3	Y/N/?	x
	<i>Alaska (AK)</i>	3	Y/N/?	x

Table E-1. Environmental scan coding schema (continued)

ID#	Topics	Level	Type	
	<i>Arizona (AZ)</i>	3	Y/N/?	x
	<i>Arkansas (AR)</i>	3	Y/N/?	x
	<i>California (CA)</i>	3	Y/N/?	x
	<i>Colorado (CO)</i>	3	Y/N/?	x
	<i>Connecticut (CT)</i>	3	Y/N/?	x
	<i>Delaware (DE)</i>	3	Y/N/?	x
	<i>Florida (FL)</i>	3	Y/N/?	x
	<i>Georgia (GA)</i>	3	Y/N/?	x
	<i>Hawaii (HI)</i>	3	Y/N/?	x
	<i>Idaho (ID)</i>	3	Y/N/?	x
	<i>Illinois (IL)</i>	3	Y/N/?	x
	<i>Indiana (IN)</i>	3	Y/N/?	x
	<i>Iowa (IA)</i>	3	Y/N/?	x
	<i>Kansas (KS)</i>	3	Y/N/?	x
	<i>Kentucky (KY)</i>	3	Y/N/?	x
	<i>Louisiana (LA)</i>	3	Y/N/?	x
	<i>Maine (ME)</i>	3	Y/N/?	x
	<i>Maryland (MD)</i>	3	Y/N/?	x
	<i>Massachusetts (MA)</i>	3	Y/N/?	x
	<i>Michigan (MI)</i>	3	Y/N/?	x
	<i>Minnesota (MN)</i>	3	Y/N/?	x
	<i>Mississippi (MS)</i>	3	Y/N/?	x
	<i>Missouri (MO)</i>	3	Y/N/?	x
	<i>Montana (MT)</i>	3	Y/N/?	x
	<i>Nebraska (NE)</i>	3	Y/N/?	x
	<i>Nevada (NV)</i>	3	Y/N/?	x

Table E-1. Environmental scan coding schema (continued)

ID#	Topics	Level	Type	
	<i>New Hampshire (NH)</i>	3	Y/N/?	x
	<i>New Jersey (NJ)</i>	3	Y/N/?	x
	<i>New Mexico (NM)</i>	3	Y/N/?	x
	<i>New York (NY)</i>	3	Y/N/?	x
	<i>North Carolina (NC)</i>	3	Y/N/?	x
	<i>North Dakota (ND)</i>	3	Y/N/?	x
	<i>Ohio (OH)</i>	3	Y/N/?	x
	<i>Oklahoma (OK)</i>	3	Y/N/?	x
	<i>Oregon (OR)</i>	3	Y/N/?	x
	<i>Pennsylvania (PA)</i>	3	Y/N/?	x
	<i>Rhode Island (RI)</i>	3	Y/N/?	x
	<i>South Carolina (SC)</i>	3	Y/N/?	x
	<i>South Dakota (SD)</i>	3	Y/N/?	x
	<i>Tennessee (TN)</i>	3	Y/N/?	x
	<i>Texas (TX)</i>	3	Y/N/?	x
	<i>Utah (UT)</i>	3	Y/N/?	x
	<i>Vermont (VT)</i>	3	Y/N/?	x
	<i>Virginia (VA)</i>	3	Y/N/?	x
	<i>Washington (WA)</i>	3	Y/N/?	x
	<i>West Virginia (WV)</i>	3	Y/N/?	x
	<i>Wisconsin (WI)</i>	3	Y/N/?	x
	<i>Wyoming (WY)</i>	3	Y/N/?	x
	<i>Other (e.g., islands, territories...)</i>	3	text-list	x
3	Demographic Coverage	1		x
	Target population	2		x
	<i>American Indian (Tribal)</i>	3	Y/N/?	x

Table E-1. Environmental scan coding schema (continued)

ID#	Topics	Level	Type	
	<i>LGBT</i>	3	Y/N/?	x
	<i>Military</i>	3	Y/N/?	x
	<i>Prison</i>	3	Y/N/?	x
	<i>Students (schools/campuses)</i>	3	Y/N/?	x
	<i>General population</i>	3	Y/N/?	x
	<i>Other</i>	3	text	x
4	Data Granularity	1		x
	Patient-level data exists (patient-level linkage possible)	2	Y/N/?	x
	Aggregated on certain dimensions (ecological linkage possible)	2	Y/N/?	x
	<i>Demographics</i>	3	Y/N/?	x
	<i>Geographic</i>	3	Y/N/?	x
	<i>Clinical specifications</i>	3	Y/N/?	x
	<i>Entity</i>	3	Y/N/?	x
	Data Sampling	2	Y/N/?	x
5	Variables (if data dic is available)	1		x
	Dependent variables	2		x
	<i>Primary</i>	3	Y/N/?	x
	Suicide completion	4	Y/N/?	x
	Suicide attempt	4	Y/N/?	x
	Suicide ideation	4	Y/N/?	x
	<i>Secondary / Intermediate</i>	3	Y/N/?	optional
	Psychiatric and substance abuse disorders	4	Y/N/?	optional
	Service use for psychiatric and substance abuse disorders (e.g. ER visit)	4	Y/N/?	optional
	Graduation rates (e.g., educational, training)	4	Y/N/?	optional
	Incarceration rates	4	Y/N/?	optional
	Violence (both perpetrator and victim)	4	Y/N/?	optional

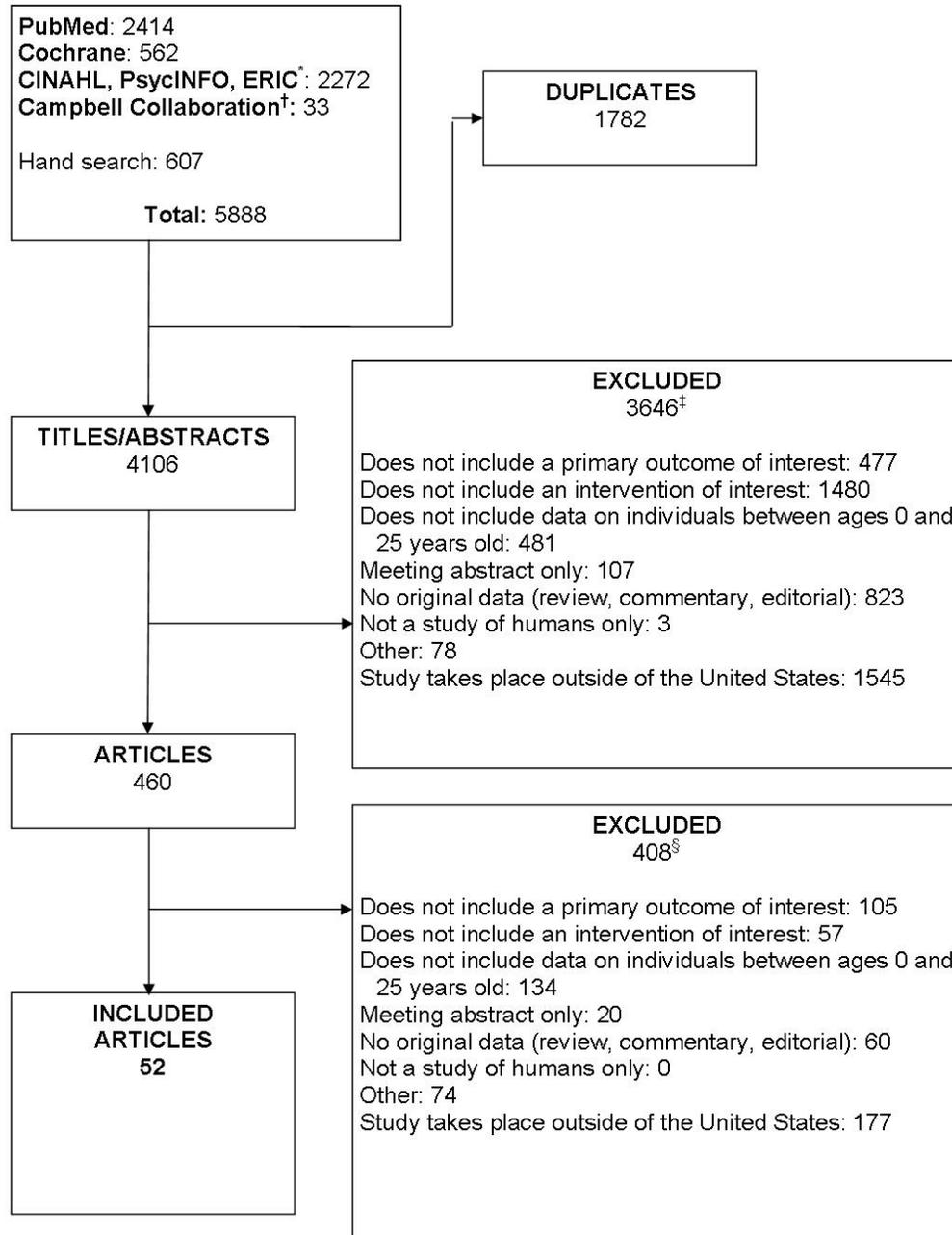
Table E-1. Environmental scan coding schema (continued)

ID#	Topics	Level	Type	
	Social support and connectedness	4	Y/N/?	optional
	Access to lethal means	4	Y/N/?	optional
	Other	4	text-list	optional
6	Data Scalability	1		x
	Data types	2		x
	<i>Suicide specific</i>	3	Y/N/?	x
	<i>Death records</i>	3	Y/N/?	x
	<i>Healthcare provider records (e.g., EHRs)</i>	3	Y/N/?	x
	<i>Population-based surveys</i>	3	Y/N/?	x
	<i>Health insurance claims</i>	3	Y/N/?	x
	<i>Other</i>	3	text	x
	Updates and Data Collection	2		x
	<i>Ongoing</i>	3	Y/N/?	x
	<i>Stopped</i>	3	Y/N/?	x
	<i>Year Data Collection Started</i>	3	date (YYYY)	x
	<i>Year Data Collection Stopped</i>	3	date (YYYY)	x
7	Data Governance	1		x
	Data access	2		x
	<i>Unrestricted</i>	3	Y/N/?	x
	PUF (public use file) URL	4	URL	optional
	requires registration	4	Y/N/?	optional
	<i>Restricted</i>	3	Y/N/?	x
	can be used for research	4	Y/N/?	x
	can be used for clinical care / operations	4	Y/N/?	x
	can be use for commercial purposes	4	Y/N/?	x

Table E-1. Environmental scan coding schema (continued)

ID#	Topics	Level	Type	
	Data commodity	2		x
	<i>free</i>	3	Y/N/?	x
	<i>commercial / has a fee</i>	3	Y/N/?	x
	<i>type of license</i>	3	text	x
8	Excldue PICOTS Reason	1	Y/N/?	x
	Population(s)	2	Y/N/?	x
	<i>Explain</i>	3	text	x
	Intervention(s)	2	Y/N/?	x
	<i>Explain</i>	3	text	x
	Comparison(s)	2	Y/N/?	x
	<i>Explain</i>	3	text	x
	Outcome(s)	2	Y/N/?	x
	<i>Explain</i>	3	text	x
	Timing	2	Y/N/?	x
	<i>Explain</i>	3	text	x
	Setting	2	Y/N/?	x
	<i>Explain</i>	3	text	x
	Other?	2	text	x

Appendix F: Results of the Literature Search



* CINAHL, PsycINFO, and ERIC were searched simultaneously through the EBSCO database

† Campbell Collaboration Library of Systematic Reviews

‡Sum of excluded articles exceeds 3646 because reviewers were not required to agree on reasons for exclusion

§Sum of the excluded articles exceeds 408 because reviewers were not required to agree on the reason for exclusion

Appendix G. Evidence Tables

Evidence Table G-1. Characteristics of studies identified in the literature search.

Author, year	Prevention program	Database/registry (if applicable)	Study design	Study location	Study start and end dates	Follow-up period	Recruitment setting	Peer Reviewed
Asarnow, 2011 ¹			Randomized controlled trial	CA	2003 to 2005	2 months	Emergency department	Yes
Asarnow, 2011 ²	TORDIA Trial		Randomized controlled trial	California, Oregon, Pennsylvania, Rhode Island, Texas	2001 to 2007	24 weeks	Primary care	Yes
Aseltine, 2004 ³	SOS Suicide Prevention Program		Randomized controlled trial	Georgia and Connecticut	2001 to 2002	3 months	School	Yes
Aseltine, 2007 ⁴	SOS Suicide Prevention Program		Randomized controlled trial	Georgia, Massachusetts, and Connecticut	2001 to 2003	3 months	School	Yes
Biddle, 2014 ⁵	Student Assistance Program	Penssylvania Department of Education (SAP Online)	Observational	PA	1997 to 2006	NR	School	Yes
Brent, 2009 ⁶	TASA	Treatment of Adolescent Suicide Attempters Study	Randomized controlled trial NOTE: due to difficulty with recruitment the participants were either randomized or chose their preferred treatment	NR	NR	6, 12, 18, and 24 weeks post intake	Primary care	Yes
Brown, 2001 ⁷	Project Chrysalis	Project Chrysalis	Randomized controlled trial and interviews for the qualitative portion	Oregon	1994? to 1999?	1 and 2 years	Primary care/School/Community-based/Emergency department	Yes
Brown, 2005 ⁸			Randomized controlled trial	Philadelphia	1999 to 2002	18 months	Emergency department	Yes
Collins, 2008 ⁹		Oregon state Medicaid and mental health databases	Case matched-treatment exposure to suicide outcomes	Oregon	1998 to 2003	NA-this is a retrospective case matched study	Emergency department/Primary care	Yes

Evidence Table G-1. Characteristics of studies identified in the literature search (continued).

Author, year	Prevention program	Database/registry (if applicable)	Study design	Study location	Study start and end dates	Follow-up period	Recruitment setting	Peer Reviewed
Cooper, 2006 ¹⁰		Colorado Health and Hospital Association (note no findings via Google for this, did find Colorado Hospital Association CHA) discharge records	Cohort study (retrospective)//	Colorado	1998 to 2002	within 12 months of first attempt	NR*	Yes
Curry, 2011 ¹¹	TADS- SOFTAD	TADS- SOFTAD	Longitudinal study		NR	63 months	Primary care	Yes
Diamond, 2010 ¹²	Attachment-Based Family Therapy		Randomized controlled trial	Pennsylvania	2005 to 2007	24 weeks	Emergency department, Primary care	Yes
Diamond, 2012 ¹³	Attachment-Based Family Therapy	Attachment-Based Family Therapy	Randomized controlled trial	PA: Philadelphia	NR	24 weeks	Emergency department, Primary care	Yes
Eggert, 2002 ¹⁴	C-CARE/CAST (Counselors-CARE and Coping and Support Training)		Randomized controlled trial		NR	9 months	School	Yes
Emslie, 2010 ¹⁵	TORDIA (Treatment of Resistant Depression in Adolescents)		Randomized controlled trial	California, Oregon, Pennsylvania, Rhode Island, Texas	2001 to 2007	24 weeks	Primary care	Yes
Farmer, 1996 ¹⁶			Case report	Texas	1989 to 1994	5 years	Emergency department/Prison	Yes
Fleegler, 2013 ¹⁷		Centers for Disease Control and Prevention Web-based Injury Statistics Query and Reporting System	Quasi-experimental	All states	2007 to 2010	3 years	NR*	Yes
Gardner, 2010 ¹⁸			Non-randomized controlled trial	Ohio	2005 to 2006	6 months	Primary care	Yes
Gutstein, 1990 ¹⁹	Systemic Crisis Intervention Program	Systemic Crisis Intervention Program	Observational	TX: Houston	NR	18 months	Primary care	Yes
Hooven, 2010 ²⁰	CARE Suicide Prevention Program		Randomized controlled trial		NR	9 months	School and Home	Yes
Hooven, 2012 ²¹	Promoting CARE	Promoting CARE	Randomized controlled trial	WA" Seattle	NR	15 months	School and Home	Yes
Huey, 2004 ²²			Randomized controlled trial	South Carolina	NR	1 year	Emergency department	

Evidence Table G-1. Characteristics of studies identified in the literature search (continued).

Author, year	Prevention program	Database/registry (if applicable)	Study design	Study location	Study start and end dates	Follow-up period	Recruitment setting	Peer Reviewed
Ilgen, 2007 ²³	National Treatment Improvement Evaluation Study	National Treatment Improvement Evaluation Study	Observational	NR	NR	NR	Primary care	Yes
Jobes, 2012 ²⁴	The Collaborative Assessment and Management of Suicidality (CAMS)	US Airforce clinical records	Non-randomized controlled trial	NR	NR	NR	Military base/Primary care	Yes
Jobes, 2012 ²⁴	The Collaborative Assessment and Management of Suicidality (CAMS)	NR	Randomized controlled trial	WA: Seattle	NR	NR	Emergency department	Yes
Kaminer, 2006 ²⁵			Randomized controlled trial	Connecticut	NR	3 months	NR*	Yes
Kennard, 2014 ²⁶		NR	Randomized controlled trial	TX	NR	30 weeks	Primary Care	Yes
King, 2006 ²⁷	Youth-Nominated Support Team for Suicidal Adolescents (Version 1)		Randomized controlled trial	Michigan	1998 to 2000	6 months	Primary care/Emergency department	Yes
King, 2009 ²⁸	Youth-Nominated Support Team-version II		Randomized controlled trial	Michigan	2002 to 2008	12 months	Primary care	Yes
King, 2011 ²⁹	Surviving the Teens Suicide Prevention and Depression Program	NR	pre-post	Ohio	NR	3 months	School	Yes
King, 2012 ³⁰	Adolescent Suicide Risk Screening	Adolescent Suicide Risk Screening (ER)	Randomized controlled trial	MI	2009 to 2010	NR	Emergency department	Yes
Knox, 2003 ³¹	US Air Force suicide prevention programme		Quasi-experimental		1990 to 2002	12 years	Military base	Yes
March, 2007 ³²	TADS	Treatment of Adolescents with Depression Study	Randomized controlled trial	NR	NR	6, 12, 18, 24, 30 and 36 weeks	Primary care/School/Community-based/Emergency department	Yes
Olfson, 2003 ³³			Observational		1990 to 2000	10 years	NR*	Yes

Evidence Table G-1. Characteristics of studies identified in the literature search (continued).

Author, year	Prevention program	Database/registry (if applicable)	Study design	Study location	Study start and end dates	Follow-up period	Recruitment setting	Peer Reviewed
Randell, 2001 ³⁴	C-CARE (counselors CARE) and C-CARE plus a 12-session Coping and Support Training (CAST)		Randomized controlled trial		NR	9 months	School	Yes
Rathus, 2002 ³⁵		Adolescent Depression and Suicide Program (ADSP)	Non-randomized controlled trial	NY: New York City	NR	12 weeks	Primary care	Yes
Rotheram-Borus, 2000 ³⁶			Quasi-experimental	New York	1991 to 1994	18 months	Emergency department	Yes
Rudd, 1996 ³⁷		NR	Randomized controlled trial	NR	NR	1, 6, 12, 18, 24 months	Primary care	Yes
Segal, 1995 ³⁸		NR	Cohort study (prospective)	Michigan	NR	6 months after inpatient psych discharge	Emergency department	Yes
Shamseddeen, 2011 ³⁹	TORDIA (Treatment of Resistant Depression in Adolescents)		Randomized controlled trial	California, Oregon, Pennsylvania, Rhode Island, Texas	2001 to 2007	24 weeks	Primary care	Yes
Spirito, 1992 ⁴⁰		NR	Observational	NR	NR	15 weeks	Emergency department/Home	Yes
TADS, 2009 ⁴¹	TADS	Treatment of Adolescents with Depression Study	Randomized controlled trial	NR	NR	3, 6, and 9 months	Primary care/School/Community-based/Emergency department	Yes
Thompson, 2000 ⁴²	PCG	Personal Growth Class	Other - please specify Three group repeated measures design	Urban high schools (no state)	1990 to 1993	5, and 10 months	School/Home/Community-based/Emergency department	Yes
Thompson, 2001 ⁴³	C-CARE/CAST	Counselors-Child and Adolescent Risk Evaluation (C-CARE); Coping and Support Training (CAST)	Randomized controlled trial described as a randomized prevention trial	Pacific Northwest urban school districts	NR	4 weeks, 10weeks, 9 months	School and home	Yes

Evidence Table G-1. Characteristics of studies identified in the literature search (continued).

Author, year	Prevention program	Database/registry (if applicable)	Study design	Study location	Study start and end dates	Follow-up period	Recruitment setting	Peer Reviewed
Vitiello, 2009 ⁴⁴	TADS	Treatment of Adolescents with Depression Study	Randomized controlled trial	NR	NR	12 and 36 weeks	Primary care/School/Community-based/Emergency department	Yes
Vitiello, 2009 ⁴⁵	Treatment of Adolescent Suicide Attempters (TASA) Study prevention (CBT-SP)		Non-randomized controlled trial	Maryland, New York, North Carolina, Pennsylvania, Texas	2004 to 2007	24 weeks	Primary care	Yes
Walrath, 2015 ⁴⁶	The Garrett Lee Smith Memorial Suicide Prevention Program	The Garrett Lee Smith Memorial Suicide Prevention Program	Non-randomized controlled trial	NR	2000 to 2006	3 years	NR*	Yes
Warner, 2011 ⁴⁷		Surveillance of Combat and Operational Stress Reactions	Non-randomized controlled trial	Georgia	2007 to 2008	6months	Primary care/Military base	Yes
Wharff, 2012 ⁴⁸		Boston Children's Hospital ER	Case control study	MA: Boston	2001 to 2002	18 months	Emergency department	Yes
Wilcox, 2008 ⁴⁹	Good Behavior Game		Randomized controlled trial	MD: Baltimore	1985 to 2002	2 years	School	Yes
Wingate, 2005 ⁵⁰			Randomized controlled trial		NR	6 months	Primary care	Yes
Woldu, 2011 ⁵¹	TORDIA Trial		Randomized controlled trial	California, Oregon, Pennsylvania, Rhode Island, Texas	2001 to 2007	24 weeks	Primary care	Yes
Wolk, 2015 ⁵²	The Coping Cat Program: A CBT study drawing its population from 2 RCTs (see external data source info)	NR	Randomized controlled trial Data drawn from 2 RCTs	Pennsylvania	NR	7-19 years	Primary care	Yes

*Study was not specific in regard to program setting, incorporating county, state or regional data.

CAMS=The Collaborative Assessment and Management of Suicidality ; CARE=Care, Assess, Respond, Empower; CAST=Coping and Support Training; CATCH-IT=Competent Adulthood Transition With Cognitive Behavioral And Interpersonal Training; C-CARE=Counselors: Care, Assess, Respond, Empower; GLS=The Garrett Lee Smith Memorial Suicide Prevention Program; NASY+National Annenberg Survey of Youth; NR=not reported; PGC=Personal Growth Class; RCT=randomized controlled trial; SOFTADS=Survey of Outcomes Following Treatment for Adolescent Depression; SOS=Signs Of Suicide; TADS=Treatment for Adolescents with Depression Study; TASA=Treatment of Adolescent Suicide Attempters; TORDIA=Treatment of Resistant Depression in Adolescents; YST-1=Youth-Nominated Support Team for Suicidal Adolescents (Version 1); YST-2=Youth-Nominated Support Team for Suicidal Adolescents (Version 2)

Evidence Table G-2. Characteristics of participants in studies identified in the literature search.

Author, Year, Refid	Arm	Arm name	N at baseline	Women, n (%)	Age, n (SD)	Race	Education	Special population
Asarnow, 2011 ¹	Overall		181	125 (69)	mean: 14.7(2)	white: 60 (33); African-American: 23 (13); Other: 98 (54)		
Asarnow, 2011 ¹	Arm 1	Enhanced Usual Care	92	66 (71)	mean: 14.6(1.9)	white: 29 (32); African-American: 11 (12); Other: 52 (57)		
Asarnow, 2011 ¹	Arm 2	Family Intervention for Suicide Prevention	89	59 (66)	mean: 14.8(2.1)	white: 31 (35); African-American: 12 (14); Other: 46 (52)		
Asarnow, 2011 ²	Overall		327	228 (69.7)	mean: 15.912 to 18(1.6)	white: 272 (83.2)		
Aseltine, 2004 ³	Overall	2 arms: treatment (n=1027) and control (n=1023)	2100	1079 (51.4)		white: 325 (15.5); African-American: 533 (25.4); other: 119 (5.7)	grades 9–12	
Aseltine, 2007 ⁴	Overall		4133	2147 (51.9)		white: 1037 (25.1); African-American: 984 (23.8); Asian; other: 321 (7.7)	grades 9–12	
Biddle, 2014 ⁵	Arm 2	SAP	2112	(66.5)		white: (81.7); African-American: (7.9); Asian (2); other:		
Brent, 2009 ⁶	Overall		124					
Brent, 2009 ⁶	Arm 2	Medication						
Brent, 2009 ⁶	Arm 3	Medication+TASA CBT						
Brent, 2009 ⁶	Arm 4	TASA CBT						
Brown, 2001 ⁷	Overall			(100)	range: 15.13-15.44	Non-white: 26-43.1		
Brown, 2001 ⁷	Arm 1	control						
Brown, 2001 ⁷	Arm 2	Treatment						
Brown, 2005 ⁸	Arm 1	Usual care	60	37 (61.7)	mean: 34.9age 16 years old or older(10.5)	white: 24 (40)		
Brown, 2005 ⁸	Arm 2	Cognitive Therapy	60	36 (60)	mean: 35.1age 16 years old or older(10.1)	white: 16 (30)		

Evidence Table G-2. Characteristics of participants in studies identified in the literature search (continued).

Author, Year, Refid	Arm	Arm name	N at baseline	Women, n (%)	Age, n (SD)	Race	Education	Special population
Collins, 2008 ⁹	Overall		12662	8337 (65.8)	mean: 38.7(14.2)			
Collins, 2008 ⁹	Arm 2	Lithium	3200					
Collins, 2008 ⁹	Arm 3	Divalproex	4142					
Collins, 2008 ⁹	Arm 4	Gabapentin	4025					
Collins, 2008 ⁹	Arm 5	Carbamazepine	420					
Cooper, 2006 ¹⁰	Overall	group	1317:10922 (only presents data of suicide attempters n=1317)	729 (55.4)	mean: 18-24			
Curry, 2011 ¹¹	Overall		196	110 (56.1)	mean: 14.314 to 22(1.5)	white: 154 (78.5)		
Diamond, 2012 ¹³	Overall		66	55 (83)	mean: 15.1(1.5)	African-American: 49 (74); Other:		Experienced sexual trauma
Diamond, 2012 ¹³	Arm 1	Enhanced Usual Care	31					Experienced sexual trauma
Diamond, 2012 ¹³	Arm 1	Enhanced Usual Care (EUC)	31	23 (74.2)	mean: 15.2912 to 17(1.83)	African-American: 24 (77.4); Other:		
Diamond, 2012 ¹³	Arm 2	Attachment-Based Family Therapy	35					Experienced sexual trauma
Diamond, 2012 ¹³	Arm 2	Attachment-Based Family Therapy (ABFT)	35	32 (91.4)	mean: 15.1112 to 17(1.41)	African-American: 25 (71.4); Other:		
Eggert, 2002 ¹⁴	Arm 1	Usual care	121	59 (49.17)	mean: 15.6214 to 19(1.26)	white: 52 (42.99)	grades 9–12	
Eggert, 2002 ¹⁴	Arm 2	Cast	103	61 (59.23)	mean: 16.0214 to 19(1.14)	white: 48 (46.88)	grades 9–12	
Eggert, 2002 ¹⁴	Arm 3	C-care	117	56 (47.86)	mean: 15.7114 to 19(1.21)	white: 49 (42.06)	grades 9–12	
Emslie, 2010 ¹⁵	Overall		334	233 (69.8)	mean: 15.912 to 18(1.6)	white: 277 (82.9)		

Evidence Table G-2. Characteristics of participants in studies identified in the literature search (continued).

Author, Year, Refid	Arm	Arm name	N at baseline	Women, n (%)	Age, n (SD)	Race	Education	Special population
Farmer, 1996 ¹⁶	Overall		13	2 (15.4)		white: 7 (53.8); African-American: 4 (30.7); Asian; other: 2 (15.4)		Prison
Fleegler, 2013 ¹⁷	Overall	Environmental						
Gardner, 2010 ¹⁸	Overall		1503	860 (58)	range: 10 to 21	white: 517 (34); African-American: 855 (57); other: 131 (9)		
Gutstein, 1990 ¹⁹	Overall	Systemic Crisis Intervention Program	47	25	mean: 14.4; range: 7-19	white: 29; African-American: 5; Asian: 1; other: 12		
Hooven, 2010 ²⁰	Overall		615	369 (60)	mean: 15.95(1.08)	white: 412 (67)	grades 9–12	
Hooven, 2012 ²¹	Overall		615	(60)	mean: 16.14-19	white: (66); African-American: (4); Asian (8); other: (17)		
Hooven, 2012 ²¹	Arm 1	Intervention as usual (IAU)	143					
Hooven, 2012 ²¹	Arm 2	C-CARE	153					
Hooven, 2012 ²¹	Arm 3	P-CARE	155					
Hooven, 2012 ²¹	Arm 4	C + P-CARE	164					
Huey, 2004 ²²	Overall	2 arms: MST or hospitalization.	156	55 (35)	mean: 12.910 to 17(2.1)	African-American: 101 (65); Asian; other: 2 (1)		
Ilgen, 2007 ²³	Overall	Substance Use-Disorder Treatment	3733	1352 (36)	mean: 32.7(7.8)		Grade completed; 11.4	
Jobes, 2012 ²⁴	Overall		55	(66)	mean: 29.1			Military
Jobes, 2012 ²⁴	Arm 1	Treatment as usual	30					Military
Jobes, 2012 ²⁴	Arm 2	CAMS	25					Military
Jobes, 2012 ²⁴	Overall		32	(62)		white: (66)		
Jobes, 2012 ²⁴	Arm 2	Enhanced Usual Care	16					
Jobes, 2012 ²⁴	Arm 3	CAMS	16					

Evidence Table G-2. Characteristics of participants in studies identified in the literature search (continued).

Author, Year, Refid	Arm	Arm name	N at baseline	Women, n (%)	Age, n (SD)	Race	Education	Special population
Kaminer, 2006 ²⁵	Overall	3 arms: No-Active (n=43), In Person (n=51), Telephone aftercare (n=50)	144	47 (47)	mean: 15.914 to 18(1.2)			
Kennard, 2014 ²⁶	Overall		144	77 (53.5)	mean: 13.8(2.6)	white: 118 (81.9); African-American: 15 (10.4); Asian2 (1.4); other: 9 (6.3)		Youth with major depressive disorder
Kennard, 2014 ²⁶	Arm 2	Fluoxetine	69	39 (56.5)		white: 54 (78.3); African-American: 7 (10.1); Asian1 (1.5); other: 7 (10.1)		Youth with major depressive disorder
Kennard, 2014 ²⁶	Arm 3	Fluoxetine + cognitive behavioral therapy	75	38 (50.7)		white: 56 (74.7); African-American: 8 (10.7); Asian1 (1.3); other: 2 (2.7)		Youth with major depressive disorder
King, 2006 ²⁷	Arm 1	TAU	138	93 (67.4)	mean: 15.212 to 17(1.4)	white: 109 (79.6); African-American: 18 (13.1); Asian; other: 10 (7.3)		
King, 2006 ²⁷	Arm 2	TAU plus YST-1	151	104 (68.9)	mean: 15.412 to 17(1.5)	white: 128 (85); African-American: 11 (7.5); Asian; other: 11 (7.5)		
King, 2009 ²⁸	Arm 1	TAU only	225	160 (71)	mean: 15.6113 to 17(1.37)	white: 189 (84); African-American: 16 (7); other: 9 (4)		
King, 2009 ²⁸	Arm 2	treatment-as-usual (TAU) plus YST-II	223	158 (71)	mean: 15.5613 to 17(1.27)	white: 185 (83); African-American: 5 (2); other: 11 (5)		
King, 2011 ²⁹	Overall		966	542 (56.1)	range: 9th to 12th grade (14-18?)	white: 822 (85); African-American: 40 (4.1); Asian16 (1.7); other: American indian: 21 (2.2); PI: 4 (0.4); H/L: 23 (2.4); multi:		
King, 2011 ²⁹	Arm 1	pre-intervention						
King, 2011 ²⁹	Arm 2	Post intervention						

Evidence Table G-2. Characteristics of participants in studies identified in the literature search (continued).

Author, Year, Refid	Arm	Arm name	N at baseline	Women, n (%)	Age, n (SD)	Race	Education	Special population
King, 2012 ³⁰	Overall		245	131	mean: 15.32; range:13-17 (1.37)	white: (80); African-American: (21.6); Asian (2.9); other: (13.1)		
King, 2012 ³⁰	Arm 1	No in-person followup						
King, 2012 ³⁰	Arm 2	In-person followup						
Knox, 2003 ³¹	Overall							
March, 2007 ³²	Overall		327	(45)	mean: 14.6(1.5)	white: (74); African-American: (11.3); Asian; other: (9.8)		
March, 2007 ³²	Arm 2	Fluoxetine	109					
March, 2007 ³²	Arm 3	Fluoxetien+CBT	107					
March, 2007 ³²	Arm 4	CBT	111					
Olfson, 2003 ³³	Overall							
Randell, 2001 ³⁴	Overall	Arms: C-CARE plus CAST(N=103), C-CARE only(N=117), or "intervention as usual(N=121)	341	(48-59)	range: 14 to 19	white: (40)	grades 9–12	
Rathus, 2002 ³⁵	Overall							
Rathus, 2002 ³⁵	Arm 1	Treatment as usual	82	(73)	mean: 15(1.7)			
Rathus, 2002 ³⁵	Arm 2	Dialectical Behavior Therapy	29	(93)	mean: 16.1(1.2)			
Rotheram-Borus, 2000 ³⁶	Overall	Standard	75		mean: 14.9; range: 12 to 18(1.5)			
Rotheram-Borus, 2000 ³⁶	Overall	Specialized	65		mean: 14.9; range: 12 to 18(1.4)			
Rudd, 1996 ³⁷	Overall		211					
Rudd, 1996 ³⁷	Arm 1	TAU-regular non-intensive group	91					
Rudd, 1996 ³⁷	Arm 2	Intensive group therapy	120					

Evidence Table G-2. Characteristics of participants in studies identified in the literature search (continued).

Author, Year, Refid	Arm	Arm name	N at baseline	Women, n (%)	Age, n (SD)	Race	Education	Special population
Segal, 1995 ³⁸	Overall		42		mean: 14.5; range: 12-17(1.4)			
Segal, 1995 ³⁸	Arm 1	Group 1 (individuals not able to get psych placements)	10					
Segal, 1995 ³⁸	Arm 2	Group 2 (outpatient treatment)	32					
Shamseddeen, 2011 ³⁹	Overall		334	233 (69.8)	mean: 15.912 to 18(1.6)	white: 277 (82.9)		
Spirito, 1992 ⁴⁰	Overall	Cohort	130	113	median: 15; range: 13-18	white: (73)		
TADS, 2009 ⁴¹	Overall		327	(55)	mean: 14.612- 17(1.5)	white: (74); African- American: (11.3); other: (9.8% Hispanic)		
TADS, 2009 ⁴¹	Arm 2	Combined	107					
TADS, 2009 ⁴¹	Arm 3	Fluoxetine	109					
TADS, 2009 ⁴¹	Arm 4	CBT	111					
Thompson, 2000 ⁴²	Overall							
Thompson, 2000 ⁴²	Arm 1	Group III	35	(54.3)	mean: 15.57(1.01)			
Thompson, 2000 ⁴²	Arm 2	Group I	36	(58.3)	mean: 16.19(0.92)			
Thompson, 2000 ⁴²	Arm 3	Group II	35	(62.9)	mean: 15.82(1.11)			
Thompson, 2001 ⁴³	Overall		460	(52)		white: ; African- American: (18); Asian; other: 49% Euro- American; 4% asian- American; 18% API; 10% latino/hispanic		High-risk youth
Thompson, 2001 ⁴³	Arm 1	Control (usual care)	155					
Thompson, 2001 ⁴³	Arm 2	C-CARE	150					
Thompson, 2001 ⁴³	Arm 3	CAST+C-CARE	155					

Evidence Table G-2. Characteristics of participants in studies identified in the literature search (continued).

Author, Year, Refid	Arm	Arm name	N at baseline	Women, n (%)	Age, n (SD)	Race	Education	Special population
Vitiello, 2009 ⁴⁴	Overall			(54)	mean: 14.612-17(1.5)	white: (74)		
Vitiello, 2009 ⁴⁴	Arm 1	control						
Vitiello, 2009 ⁴⁴	Arm 1	antidepressant medication	14	13 (92.9)	mean: 15.6(1.4)	white: 12 (85.7)		
Vitiello, 2009 ⁴⁴	Arm 2	Combined						
Vitiello, 2009 ⁴⁴	Arm 2	cognitive-behavioral therapy focused on suicide prevention	17	16 (94.1)	mean: 15.7(1.5)	white: 12 (70.6)		
Vitiello, 2009 ⁴⁴	Arm 3	Fluoxetine						
Vitiello, 2009 ⁴⁴	Arm 3	their combination (Comb)	93	67 (72)	mean: 15.7(1.6)	white: 75 (80.7)		
Vitiello, 2009 ⁴⁴	Arm 4	CBT						
Walrath, 2015 ⁴⁶	Arm 1	Control	1616	(50.4)	range: 10-25+	African-American: (10.2); Asian (1.2); other: (1.2)		
Walrath, 2015 ⁴⁶	Arm 2	Intervention	479	(50.8)	range: 10-25+	African-American: (90.3); Asian (1.6); other: (1.6)		
Warner, 2011 ⁴⁷	Arm 1	No predeployment screening	10353	9463 (91.4)				
Warner, 2011 ⁴⁷	Arm 2	predeployment screening	10678	9696 (90.8)				
Wharff, 2012 ⁴⁸	Overall		250	187 (74.8)	mean: 15.6; range:13-18(1.5)	white: (65); African-American: (16); Asian (2); other: (14)		
Wharff, 2012 ⁴⁸	Arm 1	Comparison	150	111 (74)		white: 97 (64.7); African-American: 26 (17.3); Asian4 (2.7); other: (16.3)		
Wharff, 2012 ⁴⁸	Arm 2	Intervention	100	76 (76)		white: 65 (65); African-American: 16 (16); Asian2 (2); other: (20)		

Evidence Table G-2. Characteristics of participants in studies identified in the literature search (continued).

Author, Year, Refid	Arm	Arm name	N at baseline	Women, n (%)	Age, n (SD)	Race	Education	Special population
Wilcox, 2008 ⁴⁹	Overall		1196	609 (51)		white: 405 (34); African-American: 791 (66)		
Wilcox, 2008 ⁴⁹	Arm 1	Standard classroom	684					
Wilcox, 2008 ⁴⁹	Arm 2	Good Behavior Classroom	274					
Wilcox, 2008 ⁴⁹	Arm 3	Mastery Learning	238					
Wingate, 2005 ⁵⁰	Arm 1	control	43	6 (14)	mean: 22.33(2.61)			Military
Wingate, 2005 ⁵⁰	Arm 2	problem-solving	55	12 (22)	mean: 22.24(2.44)			Military
Woldu, 2011 ⁵¹	Arm 1		89		mean: 15.412 to 18(1.4)			
Woldu, 2011 ⁵¹	Arm 2		92		mean: 16.12 to 18(1.6)			
Wolk, 2015 ⁵²	Overall			(51.5)	mean: 27.23 (at time of follow-up)7-14 (at time of intake)(3.54 (at time of follow-up))	white: (84.8)		
Wolk, 2015 ⁵²	Arm 1	Therapist						
Wolk, 2015 ⁵²	Arm 2	Coping Cat Program						

Evidence Table G-3. Characteristics of programs in studies identified in the literature search.

Author, year	Arm	Arm description	Program type/purpose	Program setting
Asarnow, 2011 ¹	Arm 1	Enhanced Usual Care	Usual care + training session for Emergency department staff	Emergency department
Asarnow, 2011 ¹	Arm 2	Family Intervention for Suicide Prevention	Behavioral/skill building	Emergency department
Asarnow, 2011 ²	Overall		Medication/Pharmaceutical	Primary care
Aseltine, 2004 ³	Overall	SOS Suicide Prevention Program	Educational	School
Aseltine, 2007 ⁴	Overall	2 arms: SOS intervention and control	Educational	School
Biddle, 2014 ⁵	Arm 2	SAP	Multiple different strategies	School
Brent, 2009 ⁶	Arm 2	Medication	Medication/Pharmaceutical	Primary care
Brent, 2009 ⁶	Arm 3	Medication+TASA CBT	Medication/PharmaceuticalAnd behavioral/skill building	Primary care
Brent, 2009 ⁶	Arm 4	TASA CBT	Behavioral/skill building	Primary care
Brown, 2001 ⁷	Overall		Behavioral/skill building	Primary care/School/Community-based/Emergency department
Brown, 2001 ⁷	Arm 1	Control	Control	Primary care/School/Community-based/Emergency department
Brown, 2001 ⁷	Arm 2	Treatment	Behavioral/skill building	Primary care/School/Community-based/Emergency department
Brown, 2005 ⁸	Arm 1	Usual care	Psychotherapy	Emergency department
Brown, 2005 ⁸	Arm 2	Cognitive Therapy	Psychotherapy	Emergency department
Collins, 2008 ⁹	Arm 2	Lithium	Medication/Pharmaceutical	Emergency department/Primary care
Collins, 2008 ⁹	Arm 3	Divalproex	Medication/Pharmaceutical	Emergency department/Primary care
Collins, 2008 ⁹	Arm 4	Gabapentin	Medication/Pharmaceutical	Emergency department/Primary care
Collins, 2008 ⁹	Arm 5	Carbamazepine	Medication/Pharmaceutical	Emergency department/Primary care
Cooper, 2006 ¹⁰	Overall		Behavioral/skill building	NR*
Curry, 2011 ¹¹	Overall		Medication/Pharmaceutical	Outpatient
Diamond, 2010 ¹²	Arm 1	Enhanced Usual Care (EUC)	Psychotherapy	Emergency department, Primary care
Diamond, 2010 ¹²	Arm 2	Attachment-Based Family Therapy (ABFT)	Psychotherapy	Emergency department, Primary care
Diamond, 2012 ¹³	Arm 1	Enhanced Usual Care	PsychotherapyUsual care + training session for Emergency department staff	Emergency department, Primary care
Diamond, 2012 ¹³	Arm 2	Attachment-Based Family Therapy	Behavioral/skill building	Emergency department, Primary care
Eggert, 2002 ¹⁴			Behavioral/skill building	School
Emslie, 2010 ¹⁵	Overall		Medication/Pharmaceutical	Primary care
Farmer, 1996 ¹⁶	Overall	(Jail) Suicide Prevention Program	Policy/legislation	Emergency department/Prison
Fleegler, 2013 ¹⁷	Overall		Policy/legislation	NR*

Evidence Table G-3. Characteristics of programs in studies identified in the literature search (continued).

Author, year	Arm	Arm description	Program type/purpose	Program setting
Gardner, 2010 ¹⁸	Overall		Screening	Primary care
Gutstein, 1990 ¹⁹	Arm 2	Systemic Crisis Intervention Program	Behavioral/skill building	Primary care
Hooven, 2010 ²⁰	Overall	4 arms: Parents CARE (PCARE), Counselors CARE (C-CARE), P&C-CARE, and minimal-intervention comparison group (MI)	Behavioral/skill building	School and Home
Hooven, 2012 ²¹	Arm 1	Intervention as usual (IAU)	Screening	School and Home
Hooven, 2012 ²¹	Arm 2	C-CARE	Behavioral/skill building	School and Home
Hooven, 2012 ²¹	Arm 3	P-CARE	Behavioral, skill building, Education	School and Home
Hooven, 2012 ²¹	Arm 4	C + P-CARE	Behavioral, skill building, Education	School and Home
Huey, 2004 ²²	Overall	multisystemic therapy (MST) i	Behavioral/skill building	Emergency department
Ilgen, 2007 ²³	Arm 2	Substance Use-Disorder Treatment	Different methods of substance use-disorder treatments included	Primary care
Jobes, 2012 ²⁴	Arm 1	Treatment as usual	Unknown	Military base/Primary care/Emergency department
Jobes, 2012 ²⁴	Arm 2	CAMS	Psychotherapy	Military base/Primary care/Emergency department
Jobes, 2012 ²⁴	Arm 2	Enhanced Usual Care	Psychotherapy	Military base/Primary care/Emergency department
Jobes, 2012 ²⁴	Arm 3	CAMS	Psychotherapy	Military base/Primary care/Emergency department
Kaminer, 2006 ²⁵	Overall	3 arms: No-Active (n=43), In Person (n=51), Telephone aftercare (n=50)	Aftercare	NR*
Kennard, 2014 ²⁶	Arm 2	Fluoxetine	Medication/Pharmaceutical	Primary Care
Kennard, 2014 ²⁶	Arm 3	Fluoxetine + cognitive behavioral therapy	Medication + psychotherapy	Primary Care
King, 2006 ²⁷	Arm 1	TAU	Behavioral/skill building	Primary care/Emergency department
King, 2006 ²⁷	Arm 2	TAU plus YST-1	Behavioral/skill building	Primary care/Emergency department
King, 2009 ²⁸	Arm 1	TAU only	Behavioral/skill building	Primary care
King, 2009 ²⁸	Arm 2	treatment-as-usual (TAU) plus YST-II	Behavioral/skill building	Primary care
King, 2011 ²⁹	Arm 1	pre-intervention	Behavioral/skill building	School
King, 2011 ²⁹	Arm 2	Post intervention	Behavioral/skill building	School
King, 2012 ³⁰	Arm 1	No in-person followup	No screening	Emergency department
King, 2012 ³⁰	Arm 2	In-person followup	Screening	Emergency department
Knox, 2003 ³¹	Overall	US Air Force suicide prevention programme	Educational	Military base
March, 2007 ³²	Arm 2	Fluoxetine	Medication/Pharmaceutical	Primary care/School/ Community-based/Emergency department
March, 2007 ³²	Arm 3	Fluoxetien+CBT	Medication/PharmaceuticalAnd behavioral/skill building	Primary care/School/ Community-based/Emergency department
March, 2007 ³²	Arm 4	CBT	Behavioral/skill building	Primary care/School/ Community-based/Emergency department

Evidence Table G-3. Characteristics of programs in studies identified in the literature search (continued).

Author, year	Arm	Arm description	Program type/purpose	Program setting
Olfson, 2003 ³³	Overall		Medication/Pharmaceutical	NR*
Randell, 2001 ³⁴	Overall	Counselors CARE (C-CARE) and C-CARE plus a 12-session Coping and Support Training (CAST)	Behavioral/skill building	School
Rathus, 2002 ³⁵	Arm 1	Treatment as usual	Psychotherapy	Primary care
Rathus, 2002 ³⁵	Arm 2	Dialectical Behavior Therapy	Behavioral/skill building	Primary care
Rotheram-Borus, 2000 ³⁶	Arm 1	Standard	specialized emergency room (ER) care intervention	Emergency department
Rotheram-Borus, 2000 ³⁶	Arm 2	Specialized	specialized emergency room (ER) care intervention	Emergency department
Rudd, 1996 ³⁷	Overall		Behavioral/skill building	Primary care
Rudd, 1996 ³⁷	Arm 1	TAU-regular non-intensive group	Behavioral/skill building	Primary care
Rudd, 1996 ³⁷	Arm 2	Intensive group therapy	Behavioral/skill building	Primary care
Segal, 1995 ³⁸	Arm 1	Group 1 (individuals not able to get psych placements)	Absolutely no information on the intervention than what is describe in previous cells--this is an ABSTRACT)	Emergency department
Segal, 1995 ³⁸	Arm 2	Group 2 (outpatient treatment)	Absolutely no information on the intervention than what is describe in previous cells--this is an ABSTRACT)	Emergency department
Shamseddeen, 2011 ³⁹	Overall		Medication/Pharmaceutical	Primary care
Spirito, 1992 ⁴⁰	Arm 2	Cohort	Screening	Emergency department/Home
TADS, 2009 ⁴¹	Overall		NA	Primary care/School/ Community-based/Emergency department
TADS, 2009 ⁴¹	Arm 2	Combined	Medication/Pharmaceuticalincludes CBT	Primary care/School/ Community-based/Emergency department
TADS, 2009 ⁴¹	Arm 3	Fluoxetine	Medication/Pharmaceutical	Primary care/School/ Community-based/Emergency department
TADS, 2009 ⁴¹	Arm 4	CBT	Behavioral/skill building	Primary care/School/ Community-based/Emergency department
Thompson, 2000 ⁴²	Arm 1	Group III	control: assessment-only	
Thompson, 2000 ⁴²	Arm 2	Group I	Behavioral/skill building 5-months PCG	School/Home/Community-based/Emergency department
Thompson, 2000 ⁴²	Arm 3	Group II	Behavioral/skill building 10-months PCG	School/Home/Community-based/Emergency department

Evidence Table G-3. Characteristics of programs in studies identified in the literature search (continued).

Author, year	Arm	Arm description	Program type/purpose	Program setting
Thompson, 2001 ⁴³	Arm 1	Control (usual care)	brief interview with studen; brief intervention with parents and school personnel--simulating typical school protocol	School/Home/Community-based/Emergency department
Thompson, 2001 ⁴³	Arm 2	C-CARE	2 hour assessment; 1.5-2 hours counseling and social "connectedness" intervention with parents and school personel	School and home
Thompson, 2001 ⁴³	Arm 3	CAST+C-CARE	Behavioral/skill building 12 session small-group skill building combined with C-CARE	School and home
Vitiello, 2009 ⁴⁴	Overall		NA	Primary care/School/ Community-based/Emergency department
Vitiello, 2009 ⁴⁴	Arm 1	control	Control	Primary care/School/ Community-based/Emergency department
Vitiello, 2009 ⁴⁴	Arm 2	Combined	Medication/Pharmaceuticalincludes CBT	Primary care/School/ Community-based/Emergency department
Vitiello, 2009 ⁴⁴	Arm 3	Fluoxetine	Medication/Pharmaceutical	Primary care/School/ Community-based/Emergency department
Vitiello, 2009 ⁴⁴	Arm 4	CBT	Behavioral/skill building	Primary care/School/ Community-based/Emergency department
Vitiello, 2009 ⁴⁵	Arm 1	antidepressant medication	Medication/Pharmaceutical	Primary care
Vitiello, 2009 ⁴⁵	Arm 2	cognitive-behavioral therapy focused on suicide prevention	Medication/Pharmaceutical	Primary care
Vitiello, 2009 ⁴⁵	Arm 3	their combination (Comb)	Medication/Pharmaceutical	Primary care
Walrath, 2015 ⁴⁶	Arm 1	Control	No GLS program	NR*
Walrath, 2015 ⁴⁶	Arm 2	GLS Program	Screening, Behavioral, Policy changes, Outreach, means restriction	NR*
Warner, 2011 ⁴⁷	Arm 1	No predeployment screening	Screening	Primary care/Military base
Warner, 2011 ⁴⁷	Arm 2	predeployment screening	Screening	Primary care/Military base
Wharff, 2012 ⁴⁸	Arm 1	Standard treatment	Usual care	Emergency department
Wharff, 2012 ⁴⁸	Arm 2	FBCI	Behavioral/skill building	Emergency department
Wilcox, 2008 ⁴⁹	Arm 1	Standard classroom	Standard Classroom	School
Wilcox, 2008 ⁴⁹	Arm 2	Good Behavior Classroom	Behavioral/skill building	School
Wilcox, 2008 ⁴⁹	Arm 3	Mastery Learning	Educational	School
Wingate, 2005 ⁵⁰	Arm 1	control	Behavioral/skill building	Primary care
Wingate, 2005 ⁵⁰	Arm 2	problem-solving	Behavioral/skill building	Primary care
Woldu, 2011 ⁵¹	Arm 1	Non-adherence	Medication/Pharmaceutical	Primary care
Woldu, 2011 ⁵¹	Arm 2	Adherence	Medication/Pharmaceutical	Primary care
Wolk, 2015 ⁵²	Arm 1	Therapist	Behavioral/skill building	Primary care
Wolk, 2015 ⁵²	Arm 2	Coping Cat Program	Behavioral/skill building	Primary care

*Study was not specific in regard to program setting, incorporating county, state or regional data.

CAMS=The Collaborative Assessment and Management of Suicidality ; CARE=Care, Assess, Respond, Empower; CAST=Coping and Support Training; CATCH-IT=Competent Adulthood Transition With Cognitive Behavioral And Interpersonal Training; C-CARE=Counselors: Care, Assess, Respond, Empower; GLS=The Garrett Lee Smith Memorial Suicide Prevention Program; NASY+National Annenberg Survey of Youth; NR=not reported; PGC=Personal Growth Class; RCT=randomized controlled trial; SOFTADS=Survey of Outcomes Following Treatment for Adolescent Depression; SOS=Signs Of Suicide; TADS=Treatment for Adolescents with Depression Study; TASA=Treatment of Adolescent Suicide Attempters; TORDIA=Treatment of Resistant Depression in Adolescents; YST-1=Youth-Nominated Support Team for Suicidal Adolescents (Version 1); YST-2=Youth-Nominated Support Team for Suicidal Adolescents (Version 2)

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Appendix H. Included Data Systems

Table H-1: Data systems with fairly accessible information and data dictionaries

Organization	Data System Name
AHRQ - Healthcare Cost and Utilization Project (HCUP)	Kids' Inpatient Database (KID)
AHRQ - Healthcare Cost and Utilization Project (HCUP)	Nationwide Inpatient Sample (NIS)
AHRQ - Healthcare Cost and Utilization Project (HCUP)	State Ambulatory Surgery and Services Databases (SASD)
AHRQ - Healthcare Cost and Utilization Project (HCUP)	State Emergency Department Databases (SEDD)
AHRQ - Healthcare Cost and Utilization Project (HCUP)	State Inpatient Databases (SID)
AHRQ - Healthcare Cost and Utilization Project (HCUP)	Nationwide Emergency Department Sample (NEDS)
American Association of Poison Control Centers (AAPCC)	American Association of Poison Control Centers National Poison Data System (NPDS)
American Association of Poison Control Centers (AAPCC)	National Poison Data System (NPDS)
American College of Surgeons	National Trauma Data Bank (NTDB)
Army	Army Study To Assess Risk and Resilience in Servicemembers (STARRS)
California Department of Public Health (CDPH)	EpiCenter
California Department of Public Health (CDPH) California Department of Public Health Vital Statistics Advisory Committee (VSAC) California Health and Human Services Agency's Committee for the Protection of Human Subjects (CPHS)	Death Data Files California Health and Human Services Open Data Portal (CHHS Open Data)
Centers for Disease Control and Prevention (CDC)	National Survey of Prison Health Care (NSPHC)
Centers for Disease Control and Prevention (CDC)	National Syndromic Surveillance Program (NSSP)
Centers for Disease Control and Prevention (CDC)	Web-based Injury Statistics Query and Reporting System (WISQARS)
CDC - National Center for Health Statistics (NCHS)	National Ambulatory Medical Care Survey (NAMCS)
CDC - National Center for Health Statistics (NCHS)	National Hospital Ambulatory Medical Care Survey (NHAMCS)
CDC - National Center for Health Statistics (NCHS)	National Vital Statistics System (NVSS) - Mortality Multiple Cause Files
CDC - National Center for Health Statistics (NCHS)	National Death Index (NDI)
CDC - National Center for Health Statistics (NCHS)	National Health and Nutrition Examination Survey (NHANES)
CDC - National Center for Health Statistics (NCHS)	National Vital Statistics System (NVSS) - National Mortality Followback Survey (NMFS)
CDC WONDER (Wide-ranging Online Data for Epidemiologic Research)	Multiple Cause of Death Data
Census	National Longitudinal Mortality Study (NLMS)
Center for Collegiate Mental Health (CCMH)	CCMH Data Navigator

Table H-1: Data systems with fairly accessible information and data dictionaries (continued)

Organization	Data System Name
Colorado Department of Public Health and Environment	Colorado Health Information Dataset (CoHID) - Death Certificates/Data
Colorado Department of Public Health and Environment	Colorado Health Information Dataset (CoHID) - Injury Hospital Data
Colorado Hospital Association (CHA)	CHA Discharge Data
Connecticut Department of Health	Connecticut School Health Survey
Consumer Product Safety Commission	National Electronic Injury Surveillance System (NEISS)
DoD	Survey of Health Related Behaviors
DoD Armed Forces - Armed Forces Health Surveillance Branch	Defense Medical Surveillance System (DMSS)
Federal Transit Administration	National Transit Database - Safety & Security Time Series Data
Florida Department of Health	Florida Death Rate Query System
Florida Health	Florida Injury Surveillance Data System
Healthy Minds Network - Research on Adolescent and Young Adult Mental Health	Data for Researchers
Illinois Department of Human Services (IDHS)	Illinois Youth Survey (IYS)
Illinois Department of Public Health (IDPH)	Trauma Registry Database
Illinois Department of Public Health (IDPH) - Emergency Medical Services	Prehospital Data Program
Illinois Department of Public Health (IDPH) - EMS Data Reporting System	Hospital Discharge Database
Maine Health Data Organization (MHDO)	The All Payer Claims Database (APCD)
Maine Health Data Organization (MHDO)	Hospital Inpatient and Outpatient Data
Maryland Department of Health and Mental Hygiene (M-DHMH)	Maryland Violent Death Reporting System
Maryland Department of Health and Mental Hygiene (M-DHMH)	Medicaid Claims
Minnesota Department of Health	Minnesota Injury Data Access System (MIDAS)
Missouri Department of Health & Senior Service	Death Records
Missouri Department of Health & Senior Service	Patient Abstract System (Hospital Discharges)
National Center for Health Statistics	Mortality Multiple Cause of Death Data Files
National Center for the Review and Prevention of Child Deaths (NCRPCD)	National Child Death Review Case Reporting System
National Highway Traffic Safety Administration - EMS	National EMS Information System (NEMSIS)
National Institute of Mental Health (NIMH)	Collaborative Psychiatric Epidemiology Surveys (CPES) -- this includes the following as well (most of their variables) National Comorbidity Survey (NCSR) National Survey for American Life (NSAL) National Latino and Asian American Study (NLAAS)
New Mexico Department of Health	New Mexico Violent Death Reporting System

Table H-1: Data systems with fairly accessible information and data dictionaries (continued)

Organization	Data System Name
New York State Department of Health	Statewide Planning and Research Cooperative System (SPARCS)
NIH - NIAAA (National Institute on Alcohol Abuse and Alcoholism)	National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)
NIH + UNC	The National Longitudinal Study of Adolescent to Adult Health (Add Health)
Oregon Health Authority	Adolescent Suicide Attempt Data System (ASADS2)
PA Department of Education's Safe Schools Office	PA Network for Student Assistance Services
Substance Abuse and Mental Health Service Administration (SAMHSA)	Mental Health Facilities Data / National Mental Health Services Survey (N-MHSS)
Substance Abuse and Mental Health Service Administration (SAMHSA)	Emergency Department Data / Drug Abuse Warning Network (DAWN)
Substance Abuse and Mental Health Service Administration (SAMHSA)	Population Data / National Survey on Drug Use and Health (NSDUH)
Suicide Prevention Data Center (SPDC)	The Garrett Lee Smith Memorial Suicide Prevention Program
Veteran Affairs	Behavioral Health Autopsy Program (BHAP)
Virginia Health Information	Virginia Hospital Discharges
Washington State Department of Health	Vital Statistics and Population Data - Death Data
Washington State Department of Health	Comprehensive Hospital Abstract Reporting System (CHARS)
Washington State Department of Health	Washington Healthy Youth Survey
Wisconsin Hospital Association (WHA) - WHA Information Center	WIpop Data - Inpatient and Outpatient Discharge Summaries

CCMH=Center for Collegiate Mental Health;CDC=Centers for Disease Control and Prevention;CHA=Colorado Hospital Association;DoD=Department of Defense;EMS=Emergency Medical Services;NIH=National Institutes of Health;PA=Pennsylvania;UNC=University of North Carolina;WHA=Wisconsin Hospital Association;WIpop=Wisconsin population

Table H-2: Data systems with fairly accessible information but no accessible data dictionary

Organization	Data System Name
Alaska Department of Health and Social Services (ADHSS) - Statewide Suicide Prevention Council	Detailed Causes of Death for Alaska
Arizona Department of Health Services; Office of Injury Prevention	Arizona Child Fatality Review Program
Bureau of Justice Statistics	Suicide and Homicide in State Prisons and Local Jails
California - Los Angeles County Registrar-Recorder/County Clerk (RR/CC)	Database name is unavailable
California - Office of Statewide Health Planning and Development (OSHPD)	California Hospital Discharge Data
California Department of Corrections and Rehabilitation (CDCR)	CDCR COMPSTAT
CDC	School-Associated Violent Death Study (SAVD)
CDC - NCHS	National Hospital Care Survey (NHCS)
CDC - NCHS	National Hospital Discharge Survey (NHDS)
Colorado Department of Public Health and Environment	Colorado Health Information Dataset (CoHID) - Violent Death Reports
Connecticut Department of Public Health - State Vital Records Office	Vital Records
Connecticut Department of Public Health - The Office of Injury Prevention	Connecticut Violent Death Reporting System (CTVDRS)
Connecticut Hospital Association & Connecticut Office of Health Care Access (OHCA)	ChimeData
Delaware Child Death, Near Death and Stillbirth Commission (CDNDSC)	Annual Report
Delaware Health and Social Services - Division of Public Health	Delaware Electronic Reporting and Syndromic Surveillance System (DERSS)
Delaware Health and Social Services - Division of Public Health - Delaware Health Statistics Center	Hospital Discharge Data
Georgia - Fulton County Medical Examiner	HOMER (Holds Our Medical Examiner Records)
Illinois Department of Public Health (IDPH)	Illinois Violent Death Reporting System (IVDRS)
Illinois Department of Public Health (IDPH) - Center for Health Statistics	Vital Statistics
Illinois Department of Public Health (IDPH) - Center for Health Statistics	Illinois Project for Local Assessment of Needs (IPLAN)
Kentucky - Division of Medical Examiner's Services	Database name is unavailable
Los Angeles County Public Health Department	LA County Mortality Dataset
Los Angeles County Public Health Department - The Injury & Violence Prevention Program (IVPP)	Injury Data and Reports
Maine Department of Health and Human Services - Maine Suicide Prevention Program	Maine Center for Disease Control & Prevention - Division Of Public Health Systems - Data, Research and Vital Statistics
Maryland Department of Health and Mental Hygiene (M-DHMH)	Vital Statistics and Reports - Death Certificates
Massachusetts - Executive Office of Health and Human Services (EOHHS)	Massachusetts Violent Death Reporting System (MAVDRS)
National Center on Safe Supportive Learning Environments (NCSSLE)	Multiple Surveys
Nebraska Department of Health and Human Services	Nebraska Child & Maternal Death Review Team
Nebraska Department of Health and Human Services	Death Certificates
New Mexico Department of Health	Vital Records
New Mexico Department of Health	New Mexico Youth Resiliency & Risk Survey (YRRS)
New York State Department of Health	Vital Statistics of New York State
New York State Department of Health	Specific Statistics for Suicide and Self-Inflicted Injuries
New York State Department of Health	New York State Clinical Records Initiative (NYSCRI)
NIDA	Drug Abuse Treatment Outcome Survey (DATOS) - Substance Abuse and Mental Health Data Archive (SAMHDA)

Table H-2: Data systems with fairly accessible information but no accessible data dictionary (continued)

Organization	Data System Name
NIMH	Treatment for Adolescents with Depression Study (TADS)
NIMH & University of Pittsburgh	Treatment of SSRI-Resistant Depression In Adolescents (TORDIA)
Ohio Department of Health	Death - Data and Statistics
Oklahoma Office of the Chief Medical Examiner	Medical Examiner Annual Report
Oklahoma State Department of Health (OSDH)	Oklahoma Violent Death Reporting System
Oregon Health Authority	Injury and Fatality Data
Oregon Health Authority	Death with Dignity Act Database
Oregon Health Authority	Oregon Death Data
Oregon Health Authority - Public Health Division	Oregon Violent Death Reporting System
Oregon State Police - Medical Examiner Division	Oregon Medical Examiners' Reports
Texas Department of State Health Services - Center for Health Statistics	Death of Texas Residents
Truven Health Analytics	Truven MarketScan
UCLA Center for Health Policy Research	California Health Interview Survey (CHIS)
University of Pittsburgh - NIMH	Sequenced Treatment Alternatives to Relieve Depression
Utah Department of Health	Utah's Public Health Data Resource - Public Health Indicator Based Information System (IBIS)
Virginia Department of Health	Virginia Office of the Medical Examiner
Virginia Department of Health	Virginia Violent Death Reporting System
Washington State Department of Health	Death with Dignity Data
Washington State Department of Health	Washington State Injury Data Tables
Wisconsin Department of Health Services	Death Database
Wisconsin Department of Health Services	Wisconsin VDRS (WVDRS)
Wyoming Department of Health	Vital Records - Suicide Data

CDC=Centers for Disease Control and Prevention;CDCR= California Department of Corrections and Rehabilitation;COMPSTAT=Computer Statistics;LA=Los Angeles;NCHS=National Center for Health Statistics;NIDA=National Institute on Drug Abuse;NIMH=National Institute of Mental Health

Table H-3: Data systems with potentially accessible information

Organization	Data System Name
Association for University and College Counseling Center Directors (AUCCCD)	Directors Surveys
Bureau of Justice Statistics	National Corrections Reporting Program (NCRP)
University of Chicago, Harvard, Columbia and NIJ	Project on Human Development in Chicago Neighborhoods (PHDCN)
Virginia Department of Health	Syndromic Surveillance Data
American College Health Association	National College Health Assessment (ACHA-NCHA)
Bureau of Justice Statistics	Arrest-Related Deaths
California Department of Public Health (CDPH)	County Health Status Profiles 2015
CDC - The National Institute for Occupational Safety and Health (NIOSH)	National Traumatic Occupational Fatality (NTOF) Surveillance System
Delaware Health and Social Services - Delaware Health Statistics Center	STIPDA Injury Data
DoD	The Recruit Mortality Registry (RMR)
DoD	Department of Defense Suicide Event Report (DoDSER)
Los Angeles County Child & Adolescent Suicide Review Team Every Child Counts	Database name is unavailable
New Jersey Department of Health	New Jersey Violent Death Reporting System
North Carolina Department of Health and Human Services	North Carolina Surveillance and Vital Statistics Data
San Francisco Department of Public Health	San Francisco Violent Injury Reporting System
Suicide Prevention Action Network (SPAN) of Idaho	Idaho Youth Risk Behavior Survey (YRBS)
Tennessee	Tennessee Medicaid data
Texas Department of State Health Services - Center for Health Statistics	Texas Youth Risk Behavior Survey (YRBS)
Texas Department of State Health Services - Center for Health Statistics	Texas Injury Statistics
Veteran Affairs	Database name is unavailable
WHO	WHO Mortality Database

CDC=Centers for Disease Control and Prevention;NIJ=National Institute of Justice;STIPDA= State and Territorial Injury Prevention Directors Association;DOD=Department of Defense;WHO=World Health Organization

Table H-4: Data systems with no information available on specifications

Organization	Data System Name
Annenberg Public Policy Center	National Annenberg Survey of Youth Datasets – New Datasets Available
Army	Army Behavioral Health Integrated Data Environment (ABHIDE)
CDC - Division of Adolescent and School Health (DASH)	Youth Risk Behavior Surveillance System (YRBSS)
Indian Health Services	Behavioral Health Data Mart and Reporting System
Maryland Department of Health and Mental Hygiene (M-DHMH)	Maryland Assessment Tool for Community Health (MATCH)
National Center for Deaf Health Research (NCDHR)	Deaf Health Survey 2013
National Emergency Number Association (NENA 911)	Database name is unavailable
New York State Department of Health	New York State Incident Management and Reporting System (NIMRS)
Tennessee	Tennessee Medicaid data
University of Pittsburgh	Pittsburgh Girls Study
VA - VISN 2 Center for Suicide Prevention	MIRECC/CoE
Washington State Department of Health	Washington State [Department of Health] Trauma Registry (WTR)

CDC=Centers for Disease Control and Prevention;CoE= centers of excellence;MIRECC=Mental Illness Research, Education and Clinical Centers;VA=Veterans Health Administration;VISN=Veterans Integrated Service Networks