

Document B.2

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Cross-site Evaluation of the Garrett Lee Smith Memorial (GLS) Campus Suicide Prevention Program

Training Exit Survey

Thank you for participating in this survey about the training you just attended as part of the Garrett Lee Smith Campus Suicide Prevention Cross-site Evaluation. This survey asks questions about the training you just completed, what you plan to do with what you learned, and your satisfaction with the training. Findings from this survey will help inform the Substance Abuse and Mental Health Services Administration (SAMHSA) about suicide prevention activities.

Before you complete this survey, please read this consent form. The survey will take approximately 10 minutes. By completing and returning this survey, you are consenting to participate. Your participation in this survey is completely voluntary; there are no right or wrong answers; and you may ask any questions that you have before, during or after you complete the survey.

Privacy: Your answers to the survey questions will be kept private except as otherwise required by law. Your name will not be linked with the information on your survey. The information that we report to SAMSHA will not contain your name. Your name will not be used in any reports about this evaluation.

Procedures: All participants in training activities funded as part of your Campus Suicide Prevention Program are being asked to complete this survey. Therefore, your participation is very important. The survey questions will ask you about your participation in [INSERT TRAINING NAME].

Risks: There are few, if any, risks to you by completing this survey. You may stop the survey at any time or not answer a question. You will not be penalized for stopping. If you stop the survey, at your request, we will destroy your survey. Any questions that you have about this survey will be answered before you start the survey.

TRAINING ID: □□□□□□ PARTICIPANT ID: □□□

Contact information: If you have any concerns about completing this survey or have any questions about the study, please contact Christine Walrath, Principal Investigator, at 212-941-5555 or CWalrath@macrointernational.com.

In order to provide you with a copy of this consent form to take with you, please tear off and keep the [color] copy, which is a copy of this consent form.

Thank you in advance for your willingness to participate.

Thank you for your willingness to complete this survey. Your answers will help us understand how trainings like the one you just completed can contribute to preventing suicide among youth. Your answers are very important to us.

1. **Instructions:** The main categories below represent different campus roles that you may identify with. Within each primary role, is a list of secondary roles. Please **FIRST** select the primary role that best describes you, then **SECOND**, within the primary role, please select the **ONE ROLE** best describes your role or affiliation at the training.

For example, if you are a graduate student attending a training as part of your teaching assistant responsibilities, then select “Student” as your primary role and within that role, you would select “Graduate teaching assistant”. If you graduate student attending a training activity as a residential life advisor then select “Student” as your primary role and within that role, you would select “Residential Life Advisor”.

- | | |
|---|--|
| <p><input type="checkbox"/> <u>Student</u></p> <ul style="list-style-type: none"> <input type="radio"/> Disabled Student <input type="radio"/> Graduate teaching or research assistant <input type="radio"/> Intercollegiate Athlete <input type="radio"/> Mental Health/Psychology/Health Education Concentration/Affiliation <input type="radio"/> Peer Counselor/Student Health worker <input type="radio"/> Researcher or program evaluator <input type="radio"/> Residential life advisor <input type="radio"/> Sorority/Fraternity Member <input type="radio"/> Student government/Organizations/Clubs <input type="radio"/> Teacher <input type="radio"/> Tutor/Learning Specialist <input type="radio"/> Veteran | <p><input type="checkbox"/> <u>Other Community Member</u></p> <ul style="list-style-type: none"> <input type="radio"/> Community Group Member <input type="radio"/> Family Member/Caregiver <input type="radio"/> Relative <input type="radio"/> Volunteer (i.e. Big Brother/Big Sister, CASA, etc.) <input type="radio"/> Other - _____ |
| <p><input type="checkbox"/> <u>Faculty/Instructor/Lecturer</u></p> <ul style="list-style-type: none"> <input type="radio"/> Academic advisor <input type="radio"/> Administrative <input type="radio"/> Researcher or program evaluator <input type="radio"/> Researcher or program evaluator <input type="radio"/> Teaching <input type="radio"/> Tutor/Learning Specialist | |
| <p><input type="checkbox"/> <u>Health Care Provider</u></p> <ul style="list-style-type: none"> <input type="radio"/> Mental health or psychological counseling counselor <input type="radio"/> Other health professional <input type="radio"/> Primary care (e.g. physical/student health) provider | |
| <p><input type="checkbox"/> <u>Staff</u></p> <ul style="list-style-type: none"> <input type="radio"/> Administrative and Faculty Support Staff (e.g., academic affairs, finance, etc.) <input type="radio"/> Administrator (e.g., academic affairs, finance, etc.) <input type="radio"/> Athletic coach or trainer <input type="radio"/> Campus safety or other emergency response staff <input type="radio"/> Clergy/religious educator <input type="radio"/> Clerical/administrative support <input type="radio"/> Dean Provost <input type="radio"/> Facilities maintenance | |

- General Campus Support Staff (e.g., security, nutrition, library)
- Other Student Support Staff (e.g., registrar, admissions, student life, etc.)
- Residential life staff or advisor
- Student Affairs
- Tutor/Learning Specialist?

1. Please select the **one** primary role with which you most closely identify. For example, if you are a faculty member who is also an administrator, choose the position that best matches your primary role on campus. Were you required to participate in this training?

- Yes
- No
- Don't know

2. How do you intend to use what you learned during this training (select all that apply)?

- Screen students for suicide behaviors (i.e., using a screening tool)
- Publicize information about suicide prevention and mental health resources
- Identify students who might be at risk for suicide
- Provide direct services to students at risk for suicide and/or their families
- Train others
- Link students at risk of suicide with appropriate services or supports
- Other (please describe: _____)
- Don't intend to use what I learned

CURRENT CAMPUS...How do you intend to use what you learned during this training (select all that apply)?

- Screen youth for suicide behaviors (i.e., using a screening tool) (FROM S/T)
- Formally publicize information about suicide prevention or mental health resources
- Have informal conversations about suicide and suicide prevention with students and others
- Identify students who might be at risk for suicide
- Provide direct services to youth at risk for suicide and/or their families (FROM S/T)
- Train other staff members
- Make referrals to mental health services for at-risk students
- Work with adult at-risk populations
- Other (please describe: _____)
- Don't intend to use what I learned

Please indicate your agreement with the following statements about the training.

	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly agree	5 N/A
3. The training increased my knowledge about suicide prevention.					
4. The training materials I received (i.e. brochures, wallet cards, etc.) will be very useful for my suicide prevention efforts.					
5. The training met my needs.					
6. The training addressed cultural differences in the students I intend to serve (i.e., provided different cultural examples, identified different cultures, etc.).					
7. The training was practical to my life on campus.					
8. I fully understand why I attended the training.					

9. I am now more ready to help with suicide prevention on my campus.					
10. The things I learned will help prevent suicide or reduce the problems that might lead to suicide (i.e., depression, substance use, etc.).					

On a typical day, about how much time do you spend interacting or talking directly with students?

- 0-15 minutes
- 15-30 minutes
- 30 minutes – 1 hour
- 1-2 hours
- More than 2 hours

11. How would you rate the training? (select one)

- Below my skill level
- At my skill level
- Above my skill level
- Don't know

12. With whom do you expect to directly apply what you have learned during this training? (select all that apply)

- Students
- Co-workers
- Campus community members
- Parents/foster parents/caregivers
- Family/friends
- Other (please describe: _____)

**Participants will be asked to complete one of three training modules based on the type of training they participated in (QPR/other brief gatekeeper training, AMSR/RRSR or Campus Connect).*

1. QPR AND OTHER BRIEF GATEKEEPER TRAININGS MODULE (also default module for locally developed gatekeeper training if no local exit survey)

Now that you have received the QPR Gatekeeper training, please indicate how you would rate your knowledge of suicide in the following areas?

16. Facts concerning Suicide Prevention:

- Very Low
- Low
- Medium
- High
- Very High

17. Warning signs of suicide:

Very Low
Low
Medium
High
Very High

18. How to ask someone about suicide:

Very Low
Low
Medium
High
Very High

19. Persuading someone to get help:

Very Low
Low
Medium
High
Very High

20. How to get help for someone:

Very Low
Low
Medium
High
Very High

21. Information about resources for help with suicide:

Very Low
Low
Medium
High
Very High

22. Please rate what you feel is the appropriateness of asking someone who may be at risk about suicide.

Very Low
Low
Medium
High
Very High

23. What is the likelihood you will ask someone who appears to be at risk if they are thinking of suicide?

Very Low
Low
Medium

High
Very High

24. Please rate your level of understanding about suicide and suicide prevention.

Very Low
Low
Medium
High
Very High

This section contains a list of statements of what you may think or believe about suicide prevention. Please read each statement and use the rating scale to indicate the degree to which you agree or disagree with it. There are no right or wrong answers. It is important that you answer all statements according to your beliefs and not what you think others may want you to believe.

25. If someone I knew was showing signs of suicide, I would directly raise the question of suicide with them.

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

26. If a person's words and/or behavior suggest the possibility of suicide, I would ask the person directly if he/she is thinking about suicide

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

27. If someone told me they were thinking of suicide, I would intervene

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

28. I feel confident in my ability to help a suicidal person

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

29. I don't think I can prevent someone from suicide

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

30. I don't feel competent to help a person at risk of suicide
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

2. **AMSR AND RRSR MODULE (also default module for other clinical training if no locally-developed exit survey)**

Please rate the extent to which the workshop increased your knowledge in the following areas:

1. Managing one's own reactions to suicide.
 - a. Increased knowledge very much
 - b. Increased knowledge somewhat
 - c. Knowledge remained the same
 - d. Not sure

2. Reconciling the difference (and potential conflict) between the clinician's goal to prevent suicide and the client's goal to eliminate psychological pain via suicidal behavior.
 - a. Increased knowledge very much
 - b. Increased knowledge somewhat
 - c. Knowledge remained the same
 - d. Not sure

 - e.

3. Eliciting suicide ideation, behavior, plans and intent.
 - a. Increased knowledge very much
 - b. Increased knowledge somewhat
 - c. Knowledge remained the same
 - d. Not sure

4. Collaboratively developing a crisis response plan.
 - a. Increased knowledge very much
 - b. Increased knowledge somewhat
 - c. Knowledge remained the same
 - d. Not sure

5. Developing a written treatment and services plan that addresses the client's immediate, acute, and continuing suicide ideation and risk for suicide behaviors
 - a. Increased knowledge very much
 - b. Increased knowledge somewhat
 - c. Knowledge remained the same
 - d. Not sure

6. Developing policies and procedures for following clients closely, including taking reasonable steps to be proactive.
 - a. Increased knowledge very much
 - b. Increased knowledge somewhat
 - c. Knowledge remained the same
 - d. Not sure

Section II: Suicide Prevention Self-Efficacy

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1) I am able to maintain a collaborative, non-adversarial stance by creating an atmosphere in which the client feels safe in sharing information about suicidal thoughts, behaviors and plans

Expert 10 9 8 7 6 5 4 3 2 1 Novice

2) I am able to demonstrate an understanding of suicide-related risk and protective factors by asking questions about suicide-related risk and protective factors during assessment.

Expert 10 9 8 7 6 5 4 3 2 1 Novice

3) I am able to collect accurate assessment information about suicide-related risk by eliciting risk and protective factors during the clinical interview and obtaining records and information from collateral sources as appropriate.

Expert 10 9 8 7 6 5 4 3 2 1 Novice

4) I am able to identify warning signs of acute risk of suicide.

Expert 10 9 8 7 6 5 4 3 2 1 Novice

5) I am able to integrate a risk assessment for suicidality into a clinical interview

Expert 10 9 8 7 6 5 4 3 2 1 Novice

6) I am able to document assessment information from a bio-psycho-social and cultural perspective

Expert 10 9 8 7 6 5 4 3 2 1 Novice

7) I am able to demonstrate an understanding of suicide-related risk and protective factors by considering all relevant factors when formulating risk

Expert 10 9 8 7 6 5 4 3 2 1 Novice

8) I am able to collect accurate assessment information about suicide-related risk by eliciting suicide ideation, behavior and plans and warning signs of acute risk

Expert 10 9 8 7 6 5 4 3 2 1 Novice

9) I am able to make a clinical judgment of risk that a client will attempt or complete suicide in the short and long term by working collaboratively with other professionals in an interdisciplinary team approach to integrate and prioritize all the information that has been collected, including a consideration of developmental, cultural and gender-related issues related to suicidality.

Expert 10 9 8 7 6 5 4 3 2 1 Novice

10) I am able to document formulation of risk, including interaction with professional colleagues, and write a sound rationale for clinical judgment.

Expert 10 9 8 7 6 5 4 3 2 1 Novice

3. Campus Connect Module

Section I: Suicide Prevention Knowledge and Self-Efficacy

	Not at all True			Somewhat True				Very True		
	1	2	3	4	5	6	7	8	9	10
1. I understand the meaning of various suicide terms (i.e., threat, attempt, survivor of suicide).	1	2	3	4	5	6	7	8	9	10
2. I am familiar with the prevalence rates of suicidal ideation and suicide attempts among college students.	1	2	3	4	5	6	7	8	9	10
3. I am aware of the various risk factors related to suicide.	1	2	3	4	5	6	7	8	9	10
4. I know how to ask someone if they are thinking about suicide.	1	2	3	4	5	6	7	8	9	10
5. I understand the potential impact of paraphrasing emotions.	1	2	3	4	5	6	7	8	9	10
6. I am familiar with the available referral resources for emotionally distressed students.	1	2	3	4	5	6	7	8	9	10
7. I feel comfortable asking someone if they are thinking about suicide.	1	2	3	4	5	6	7	8	9	10
8. I feel comfortable paraphrasing emotions..	1	2	3	4	5	6	7	8	9	10
9. I believe I am able to emotionally connect with students in crisis.	1	2	3	4	5	6	7	8	9	10
10. I feel comfortable attempting to emotionally connect with students in crisis.	1	2	3	4	5	6	7	8	9	10
11. I feel capable of helping students in	1	2	3	4	5	6	7	8	9	10

crisis feel understood.

12. I feel able to assist emotionally distressed students in accessing available referral resources. 1 2 3 4 5 6 7 8 9 10

13. I believe that distressed students will follow through with referrals I provide to them. 1 2 3 4 5 6 7 8 9 10

Background Information

13. What is your gender?

- Female
- Male
- Transgender
- Other

14. What is your age? □□ years

15. Are you Hispanic or Latino (select one)?

- Yes
- No

17a. If Yes, Which group represents you? Are you... (select one or more)

- Mexican, Mexican-American, or Chicano
- Puerto Rican
- Cuban
- Dominican
- Central American
- South American

16. What is your race (select one or more)?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

This is the end of the survey.

Thank you for taking the time to complete this survey. Your participation is critical to the success of the Garrett Lee Smith Memorial Suicide Prevention Cross-Site Evaluation.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0286. Public reporting burden for this collection of information is estimated to average .25 hours per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

Cross-site Evaluation of the Garrett Lee Smith Memorial (GLS) State/Tribal and Campus Youth Suicide Prevention and Early Intervention Programs

Training Utilization and Preservation - Survey

On [date of training] you participated in a training called [insert training name], as part of the **Garrett Lee Smith Memorial (GLS) State/Tribal and Campus Youth Suicide Prevention Program**. At the end of the program, you consented to be contacted for a follow up survey. We are contacting you now to administer the survey. This survey asks questions about the training, what you plan to do with what you learned during the training, and your satisfaction with the training. Findings from this survey will help inform the Substance Abuse and Mental Health Services Administration (SAMHSA) about suicide prevention activities.

The survey will take approximately 10 minutes. Your participation in this survey is completely voluntary; and you may end the interview at any time. Your answers to the survey questions will never be associated with your name or your organization. You may ask any questions that you have before, during or after you complete the survey. May we begin now?

Privacy: The information that we report to SAMSHA will not contain your name. Your name will not be used in any reports about this evaluation.

Procedures: All participants in training activities funded as part of your State's Youth Suicide Prevention Program are being asked to complete this survey. Therefore, your participation is very important. The survey questions will ask you about your participation in [INSERT TRAINING NAME].

Risks: There are few, if any, risks to you by completing this survey. You may stop the survey at any time or not answer a question. You will not be penalized for stopping. If you stop the survey, at your request, we will destroy your survey. Any questions that you have about this survey will be answered before you start the survey.

TRAINING ID: □□□□□□ PARTICIPANT ID: □□□

Contact information: If you have any concerns about completing this survey or have any questions about the study, please contact Christine Walrath, Principal Investigator, at 212-941-5555 or CWalrath@macrointernational.com.

Thank you in advance for your willingness to participate. This call may be recorded and/or monitored for quality assurance purposes.

Part I- Training Knowledge

1. Great, thanks, you participated in [insert training name] right?

[Insert Modules here*]

Part II- Self-efficacy

2. How well did [insert training name] prepare you to intervene with a youth aged 10 to 24 who may be at risk for suicide in your work, home, or community?

1
2
3
4
5

It did not prepare me at all It prepared me somewhat It prepared me very well Not Applicable or No Opinion

3. Now that it has been about two months since your training, please describe how well you think [insert training name] has helped in your work, home or community? **[Interviewer Instructions: if asked, the setting of interest is the one where they are most likely to use their training]** Please rate the following statements about [insert training name].

1-Strongly Disagree 2-Disagree 3- Agree 4- Strongly Agree 5-N/A

	1	2	3	4	5
a. The training increased my knowledge about suicide prevention.					
b. The training materials I received (i.e. brochures, wallet cards, etc.) have been very useful for my suicide prevention efforts.					
c. The training has met my suicide prevention needs.					
d. The training addressed cultural differences in the youth I serve.					
e. The training has proven practical to my work and/or my daily life.					
f. I have used my training to help with youth suicide prevention in my community.					
g. The things I learned during the training have helped me prevent youth suicide or reduce the problems that might lead to suicide (i.e., depression, substance use, etc.).					

4. Have you used your training to:
- Screen youth for suicide behaviors (i.e., using a screening tool)
 - Formally publicize information about suicide prevention or mental health resources
 - Have informal conversations about suicide and suicide prevention with youth and others
 - Identify youth who might be at risk for suicide
 - Provide direct services to youth at risk for suicide and/or their families
 - Train other staff members
 - Make referrals to mental health services for at risk youth
 - Work with adult at-risk populations
 - Other (please describe: _____)

- Don't intend to use what I learned

[Insert Modules here*]

Part III- Post-Training Behavior

5. Have you used your training to train adults to intervene with a youth at risk for suicide?
[If Yes] About how many? [1-5; 6-10; 11-20; >20]
- a. Have you used your training to train youth to intervene with a peer at risk for suicide suicide?
[If Yes] About how many? [1-5; 6-10; 11-20; >20]
6. Have you used [training name] to identify youth you thought might be at risk for suicide?
[Interviewer Instructions: if asked, this should be based on what they learned during their training; if asked, youth are 10-24 years-old] [If No, skip to question 13]
- a. [If Yes] About how many youth? [1-5; 6-10; 11-20; >20]
- b. In which of the following settings were they identified?
- School
 - Child Welfare Agency
 - Juvenile Justice Agency
 - Law Enforcement Agency
 - Substance Abuse Agency
 - Physical Health Agency (e.g., primary care, pediatrician's office, etc.)
 - Emergency Room
 - Mental Health Agency
 - Other (please describe: _____)
- c. What was the setting where most of these identifications were made?
- School
 - Child Welfare Agency
 - Juvenile Justice Agency
 - Law Enforcement Agency
 - Substance Abuse Agency
 - Physical Health Agency (e.g., primary care, pediatrician's office, etc.)
 - Emergency Room
 - Physical Health Agency
 - Mental Health Agency
 - Other (please describe: _____)
7. Okay, to what services, resources, or individuals did you refer the youth you identified?
- Mental Health Agency
 - Psychiatric Hospital/Unit
 - Emergency Room
 - Substance Abuse Treatment Center
 - School Counselor
-

- Private Mental Health Practice
- Mobile Crisis Unit
- Other (please describe: _____)

8. Do you know whether the youth received the services to which they were referred?

[Interviewer Instructions: If No-skip to item #13]

a. [If Yes] Think about the youth referred. About how many of the youth you referred to services actually received those services?

[All (100%) Almost all (75-99%) Most (50-75%) Some (25-50%) A few (1-25%) None (0)]

9. Now, think back to the most recent youth you identified and who actually received services-- how satisfied are you that your training and the actions you took based on your training were appropriate and effective?

10. Thinking about this same youth, about how many days did it take from the time you made the referral to when they received their first service **[Interviewer Instructions: If asked services could include— Mental health assessment / treatment; Substance use assessment / treatment; Psychiatric hospitalization; Emergency room or mobile crisis; other (please describe: _____)]**?

[Less than 1 day; Less than a week; between 1 and 2 weeks; between 3 and 4 weeks; more than a month]

11. Again, thinking about this same youth, what was the first service he or she received?

[Insert list from EIRF]

- Mental Health assessment
- Substance use assessment
- Mental Health Counseling
- Substance abuse counseling
- Inpatient services
- Other service (please describe: _____)
- Don't know

12. Did he or she receive any additional mental health services since that first appointment?

[If yes] What were they?

- Mental Health assessment
- Substance use assessment
- Mental Health Counseling
- Substance abuse counseling
- Inpatient services
- Family therapy
- Group therapy
- Medication
- Other service (please describe: _____)
- Don't know

13. Okay, now that I have as much information as I need regarding youth, have you used [training name] to identify adults (over 24 years-old) you thought might be at risk for suicide?

[Interviewer Instructions: if asked, this should be based on what they learned during their training]

[If No skip to #15]

a. **[If Yes]** About how many adults? [1-5; 6-10; 11-20; >20]

14. To what services, resources, or individuals did you refer the adults you identified?

- Mental Health Agency
- Psychiatric Hospital/Unit
- Emergency Room
- Substance Abuse Treatment Center
- Private Mental Health Practice
- Mobile Crisis Unit
- Other (please describe: _____)

Part IV. Great, thanks, the last few questions are just about how easy or difficult you found it to implement your training in your community, home, or workplace

15. How supportive has your community or workplace been of implementing what you learned through the [insert name of training]

1-Not supportive at all 2-Somewhat supportive 3-Very supportive 4-No opinion

16. Of the following issues, what is the greatest facilitator of implementing youth suicide prevention in your community or workplace?

- Training/professional development opportunities
- Increased community awareness
- Community resources
- Community collaboration
- State, Tribe or agency prioritization of suicide prevention

17. Of the following issues, what is the greatest barrier to implementing youth suicide prevention in your community or workplace?

- Access to appropriate services
- Lack of awareness about the problem of suicide
- Time constraints
- Workplace characteristics
- Lack of funding

Thank you very much for your time today. Your information will be very valuable to SAMHSA in its efforts to reduce suicide among youth. If you have any questions or concerns about this survey, please contact **[Insert contact information]**

**Participants will be asked to complete knowledge and post training behavior questions from one of three training modules based on the type of training they participated in (QPR/other brief gatekeeper training, AMSR/RRSR or Campus Connect).*

1. QPR AND OTHER BRIEF GATEKEEPER TRAININGS MODULE (also default module for locally developed gatekeeper training if no local exit survey)

Now that you have received the QPR Gatekeeper training, please indicate how you would rate your knowledge of suicide in the following areas?

16. Facts concerning Suicide Prevention:

- Very Low
- Low
- Medium
- High
- Very High

17. Warning signs of suicide:

- Very Low
- Low
- Medium
- High
- Very High

18. How to ask someone about suicide:

- Very Low
- Low
- Medium
- High
- Very High

19. Persuading someone to get help:

- Very Low
- Low
- Medium
- High
- Very High

20. How to get help for someone:

- Very Low
- Low
- Medium
- High
- Very High

21. Information about resources for help with suicide:

- Very Low
-

Low
Medium
High
Very High

22. Please rate what you feel is the appropriateness of asking someone who may be at risk about suicide.

Very Low
Low
Medium
High
Very High

23. What is the likelihood you will ask someone who appears to be at risk if they are thinking of suicide?

Very Low
Low
Medium
High
Very High

24. Please rate your level of understanding about suicide and suicide prevention.

Very Low
Low
Medium
High
Very High

This section contains a list of statements of what you may think or believe about suicide prevention. Please read each statement and use the rating scale to indicate the degree to which you agree or disagree with it. There are no right or wrong answers. It is important that you answer all statements according to your beliefs and not what you think others may want you to believe.

25. If someone I knew was showing signs of suicide, I would directly raise the question of suicide with them.

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

26. If a person's words and/or behavior suggest the possibility of suicide, I would ask the person directly if he/she is thinking about suicide

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

27. If someone told me they were thinking of suicide, I would intervene

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

28. I feel confident in my ability to help a suicidal person
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

29. I don't think I can prevent someone from suicide
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

30. I don't feel competent to help a person at risk of suicide
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

2. AMSR AND RRSR MODULE (also default module for other clinical training if no locally-developed exit survey)

Please rate the extent to which the workshop increased your knowledge in the following areas:

1. Managing one's own reactions to suicide.
 - a. Increased knowledge very much
 - b. Increased knowledge somewhat
 - c. Knowledge remained the same
 - d. Not sure

2. Reconciling the difference (and potential conflict) between the clinician's goal to prevent suicide and the client's goal to eliminate psychological pain via suicidal behavior.
 - a. Increased knowledge very much
 - b. Increased knowledge somewhat
 - c. Knowledge remained the same
 - d. Not sure

 - e.

3. Eliciting suicide ideation, behavior, plans and intent.
 - a. Increased knowledge very much
 - b. Increased knowledge somewhat
 - c. Knowledge remained the same
 - d. Not sure

4. Collaboratively developing a crisis response plan.
 - a. Increased knowledge very much
 - b. Increased knowledge somewhat
 - c. Knowledge remained the same
 - d. Not sure

5. Developing a written treatment and services plan that addresses the client's immediate, acute, and continuing suicide ideation and risk for suicide behaviors
 - a. Increased knowledge very much
 - b. Increased knowledge somewhat
 - c. Knowledge remained the same
 - d. Not sure

6. Developing policies and procedures for following clients closely, including taking reasonable steps to be proactive.
 - a. Increased knowledge very much
 - b. Increased knowledge somewhat
 - c. Knowledge remained the same
 - d. Not sure

Section II: Suicide Prevention Self-Efficacy

1) I am able to maintain a collaborative, non-adversarial stance by creating an atmosphere in which the client feels safe in sharing information about suicidal thoughts, behaviors and plans

Expert 10 9 8 7 6 5 4 3 2 1 Novice

2) I am able to demonstrate an understanding of suicide-related risk and protective factors by asking questions about suicide-related risk and protective factors during assessment.

Expert 10 9 8 7 6 5 4 3 2 1 Novice

3) I am able to collect accurate assessment information about suicide-related risk by eliciting risk and protective factors during the clinical interview and obtaining records and information from collateral sources as appropriate.

Expert 10 9 8 7 6 5 4 3 2 1 Novice

4) I am able to identify warning signs of acute risk of suicide.

Expert 10 9 8 7 6 5 4 3 2 1 Novice

5) I am able to integrate a risk assessment for suicidality into a clinical interview

Expert 10 9 8 7 6 5 4 3 2 1 Novice

6) I am able to document assessment information from a bio-psycho-social and cultural perspective

Expert 10 9 8 7 6 5 4 3 2 1 Novice

7) I am able to demonstrate an understanding of suicide-related risk and protective factors by considering all relevant factors when formulating risk

Expert 10 9 8 7 6 5 4 3 2 1 Novice

8) I am able to collect accurate assessment information about suicide-related risk by eliciting suicide ideation, behavior and plans and warning signs of acute risk

Expert 10 9 8 7 6 5 4 3 2 1 Novice

9) I am able to make a clinical judgment of risk that a client will attempt or complete suicide in the short and long term by working collaboratively with other professionals in an interdisciplinary team approach to integrate and prioritize all the information that has been collected, including a consideration of developmental, cultural and gender-related issues related to suicidality.

Expert 10 9 8 7 6 5 4 3 2 1 Novice

10) I am able to document formulation of risk, including interaction with professional colleagues, and write a sound rationale for clinical judgment.

Expert 10 9 8 7 6 5 4 3 2 1 Novice

3. Campus Connect Module

Section I: Suicide Prevention Knowledge and Self-Efficacy

	Not at all True				Somewhat True				Very True	
	1	2	3	4	5	6	7	8	9	10
1. I understand the meaning of various suicide terms (i.e., threat, attempt, survivor of suicide).										
2. I am familiar with the prevalence rates of suicidal ideation and suicide attempts among college students.	1	2	3	4	5	6	7	8	9	10
3. I am aware of the various factors related to suicide.	1	2	3	4	5	6	7	8	9	10 risk
4. I know how to ask someone if they are thinking about suicide.	1	2	3	4	5	6	7	8	9	10
5. I understand the potential impact of paraphrasing emotions.	1	2	3	4	5	6	7	8	9	10
6. I am familiar with the available referral resources for emotionally distressed students.	1	2	3	4	5	6	7	8	9	10
7. I feel comfortable asking someone if they are thinking about suicide.	1	2	3	4	5	6	7	8	9	10
8. I feel comfortable paraphrasing emotions..	1	2	3	4	5	6	7	8	9	10
9. I believe I am able to emotionally connect with students in crisis.	1	2	3	4	5	6	7	8	9	10
10. I feel comfortable attempting to emotionally connect with students in crisis.	1	2	3	4	5	6	7	8	9	10
11. I feel capable of helping students in crisis feel understood.	1	2	3	4	5	6	7	8	9	10
12. I feel able to assist emotionally	1	2	3	4	5	6	7	8	9	10

distressed students in accessing available
referral resources.

13. I believe that distressed students will follow through with referrals I provide to them. 1 2 3 4 5 6 7 8 9 10

Document D.1

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Expiration Date: 05/31/10

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**Cross-site Evaluation of the Garrett Lee Smith Memorial (GLS) State/Tribal Youth
Suicide Prevention and Early Intervention Program**

**Training Utilization and Preservation Key Informant
INTERVIEW GUIDE**

Date: (Today's Date) / /

Site: (Name of Grantee) _____ [*Select from Pull-down menu*]

Participant ID:

Interviewer: _____ [*Select from Pull-down menu*]

Verbal consent provided: 1=yes
2=no

Instructions to Interviewer: *When to use:* Approximately two months following the administration of the Training Exit Survey following each grant-sponsored training event. The local site evaluator will assist the cross-site evaluation team to select trainees to participate in this interview. The questions on this survey are designed to obtain trainee feedback on: (1) the content, topics and/or concepts of the training, (2) utilization of the training, and (3) penetration of the skills and/or knowledge learned through the training. *Administered by:* Staff from the ICF Macro International cross-site evaluation team. *Completed by:* A sample of trainees who are part of a referral network and who have attended suicide prevention awareness, early identification, or assessment trainings (e.g., awareness, QPR, LivingWorks-ASIST).

Verbal consent:

Hello, my name is [INSERT INTERVIEWER NAME], and I'm calling to talk to you about the training that you attended on [INSERT TRAINING DATE]. Is now a good time for me to give you more information?

IF NO: Is there a better time to call back?

IF YES: Great! As I said, my name is [INSERT INTERVIEWER NAME], and I work for Macro International, a company that has been contracted to conduct a cross-site evaluation of suicide prevention programs funded by SAMHSA (which stands for the Substance Abuse and Mental Health Services Administration). As part of this evaluation, we are interviewing a sample of people who have attended a suicide prevention training. We hope to learn more about the trainings, how you used what you learned, and the impact of the training on the communities you serve. I'm contacting you because you were selected to participate in these interviews. If you decide to participate, the interviews will take no more than 20 or 30 minutes, and you will receive \$20 for your time. If you are interested I will give you some more information and get your verbal consent. Can I continue?

We are conducting up to 10 interviews with a small sample of trainees from the training you participated in, as well as with people who have participated in other suicide prevention trainings as part of these SAMHSA-funded programs across the nation. This is why your input is so important.

Before I ask you whether you agree to be interviewed, there are a few more things that you should know:

- Your answers will in no way be linked to your name and your name will never appear in any report that summarizes the findings of the cross-site evaluation.

- You can choose to stop the interview at any time or not answer a question for whatever reason. If you stop the interview, at your request, we will destroy the survey.

- In addition, to protect the information that you give us, we have obtained a Certificate of Confidentiality from the United States Department of Health and Human Services. The Certificate of Confidentiality will protect the members of the research staff from being forced, even under a subpoena, to release any information in which you are identified. Exceptions to the Certificate of Confidentiality are information on child abuse and neglect, or information regarding imminent danger to yourself or others, which we will report to the appropriate local and state agency. Additionally, DHHS may see your information if we are audited. Finally, the certificate of confidentiality does not imply the endorsement or the disapproval of the Department of Health and Human Services.

You will receive \$20 to compensate you for your time, and we will give you the \$20 whether you finish the interview or decide to withdraw before it ends.

- I am not an expert in the subject matter, and I do not work for the people who provided the training, so you can't hurt my feelings and there aren't any wrong answers. We're just interested in your thoughts and opinions.

- I will be taking notes during the interview, but I would like to get your permission to record this interview in order to make sure we have an accurate transcript of the information you give us. If you agree to be recorded, your recording will be kept in a private file that only Macro staff has access to and will be destroyed upon the completion of the evaluation. If you do not wish to be recorded I will refrain from recording the interview.

- If you have any concerns about your participation in this study or have any questions about the research, please contact Gingi Pica. Do you have a pen to take down her contact information? It is: adrienne.g.pica@macrointernational.com, and her phone number is, toll free: 1-866-762-1988

Do you have any questions?

Do you agree to participate in this interview?

IF YES, continue

Do I have your permission to record this interview?

IF YES, continue to Part I – Background Information

PART I: BACKGROUND INFORMATION

INTERVIEWER: During this interview, I want to discuss your participation in the [NAME OF TRAINING] conducted by [NAME OF FACILITATOR or ORGANIZATION THAT HOSTED THE TRAINING], on [DATE OF TRAINING]. However, before we get started I want to hear a little bit about you, what brought you to the training, and about any other training related to suicide prevention that you might have had in the past.

1. So, in your job or in the community, what are the main ways in which you come into contact with youths?

PROBE: Do you regularly talk with them about matters personal to them such as their health, family, and feelings?

2. Okay, thanks. Can you tell me what brought you to [NAME OF TRAINING]?

3. Have you attended trainings on suicide prevention other than [NAME OF TRAINING]?

IF NO, GO TO QUESTION 6.

IF YES,

4. What are the names of those trainings?

PROBE: Did you attend those trainings before or after the [NAME OF TRAINING]?

INTERVIEWER INSTRUCTIONS: For each training named in Q2 ask whether it was received before (B) or after (A) the [NAME THE TRAINING].

INTERVIEWER INSTRUCTIONS: If the respondent participated in trainings on suicide prevention after the [NAME OF TRAINING], as you conduct the interview, please ensure the respondent is talking about [NAME OF TRAINING].

PART II: TRAINING CONTENT

INTERVIEWER: **Ok, thanks. Now, I am going to ask you a few questions about what you learned in the training.**

5. First, thinking back to the [NAME OF TRAINING] training you attended, what would you say was the main purpose of the training?

PROBE: Can you describe what happened at the training?

PROBE: for specifics. Example: what were some of the warning signs you learned? How were you taught to intervene? What were some of the communication techniques they presented?

PROBE: What skills did you learn? What other concepts did you learn?

PROBE: Can you remember anything else?

6. What information was new to you?

PROBE: Did anything make you see things differently than you had before? What?

7. Did the trainer use any techniques or activities that helped you learn the material? What were they?

PROBE: Anything else?

8. Did you receive any materials that you found useful?

PROBE: Have you used any of these materials since the training?

9. So, thinking of the information and skills that you just described, what has been the most useful to you?

PROBE: How has that been useful?

10. On the opposite side, was there anything about the training that you didn't like or did not find useful?

11. Would you recommend changing or adapting the training in any way?

PART III: TRAINING UTILIZATION AND IMPACT

INTERVIEWER: Great, thanks. We also want to hear about how you may have used what you learned in the [NAME OF TRAINING].

12. First, try to think back to an instance before participating in [NAME OF TRAINING] when you interacted with a youth whom you thought might be at risk for suicide—and tell me about that situation?

Probe: How did you know he or she was at risk?

Probe: What actions did you take to connect he or she with appropriate services?

Probe: Did you feel confident in your ability to meet the needs of him or her?
[Insert scale—very confident to very unsure]

13. Now, since your [NAME OF TRAINING] training, how have you used what you learned in your interactions with youth?

PROBE: Specifically, how have you used what you learned in the [NAME OF TRAINING]?

PROBE: How often have you used what you learned in [NAME OF TRAINING]?

[Insert scale: daily, weekly, monthly]

PROBE: With how many youth have you been able to use what you learned [NAME OF TRAINING]? {add instructions?}

[Insert scale: (<10; 10-20; 20-50; >50)]

PROBE: Have you had the opportunity to and used the training to intervene with a youth you felt was at risk for suicide? [IF YES] how many?

PROBE: Has your communication with youth about their suicide or mental health-related issues changed since your training? If so, how?

14. Okay, now thinking about a specific instance since you were trained, when you interacted with a youth you thought might be at risk for suicide, how did you use [NAME OF TRAINING]?

PROBE: Where did you refer the youth for additional help?

PROBE: How well do you think your training prepared you for that situation? [Insert scale—very well to very poorly]

15. How does the [NAME OF TRAINING] effect your comfort sharing suicide prevention information with others (e.g., parents, family members, co-workers, etc.)?

PART IV: CONCLUSION

I have a few final questions for you about things that help or that may get in the way of your own suicide prevention efforts and the efforts of your community.

17. In your day-to-day contact with youth or other individuals who might be at risk for suicide, what are the barriers to using what you learned in the [NAME OF TRAINING]?

PROBE: How?

18. Thinking about the bigger picture, what are the aspects of your community or workplace that make it difficult to implement the suicide prevention skills you learned?

19. And now on the opposite side, what are some of the aspects of your community or workplace that have helped you use what you learned in the training?

PROBE: For example, supportive co-workers, funding for materials and/or training, access to resources and services, etc.?

PROBE: How have these factors aided your ability to use what you learned in the [NAME OF TRAINING]?

20. One last question for you: Would you like to receive any additional training in suicide prevention?

PROBE: What skills would you be interested in learning or practicing?

INTERVIEWER: That is the last of my questions, is there anything else that you would like to share about the [NAME OF TRAINING] and/or how it meet (or not) your expectations for development of suicide prevention knowledge and skills?

What questions or clarifications do you have about any of the issues that we have discussed?

INTERVIEWER: Thank you for your time and willingness to participate in this interview, your information will be combined with others who participated in the [NAME OF TRAINING] to get a better understanding of how attendees have been able to use the information they were presented and impact the youth and communities in which they work.

Document E

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Cross-site Evaluation of the Garrett Lee Smith Youth Suicide Prevention and Early Intervention Program—State/Tribal Component

Referral Network Survey

/ASK ALL/

INTRO1. Hello, my name is [INSERT NAME] and I work for ICF Macro International Inc. ICF Macro is conducting the cross-site evaluation of the Garrett Lee Smith Memorial (GLS) State/Tribal Youth Suicide Prevention and Early Intervention Program on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA). Because your organization is involved in coordinating community suicide prevention efforts, or is responsible for identifying and/or serving youth at risk for suicide your organization has been selected for this survey.

01 CONTINUE

/if INTRO1=01/

CONFIDENTIALITY STATEMENT: The survey asks about your organization's involvement in your local suicide prevention network. This survey is being conducted to better understand the early identification and referrals of youth at risk for suicide in your community. Participation is completely voluntary and you can end the interview at any time or refuse to answer any question.

All responses will be kept completely confidential. Contact information will be entered into a password-protected database which can only be accessed by a limited number of individuals (selected ICF Macro staff - telephone interviewers and cross-site team members) who require access. These individuals have signed confidentiality, data access and use agreements. Your name will not be used in any reports, but your agency and/or organization and the information you provide about your agency or organization may be identifiable when reporting results.

However, your input will help gain a better understanding of the systems and networks in place to help youth identified at risk for suicide in your community. The survey will take approximately 40 minutes and the findings will assist in informing the Substance Abuse and Mental Health Services Administration (SAMHSA) about suicide prevention activities and network processes. This call may be monitored for quality assurance purposes.

You may contact the cross-site evaluation project director with any questions that you have about the evaluation and/or Referral Network Survey before, during, or after you have completed the survey.

We will provide you contact information for the project director who you may contact with any questions that arise after your participation in this interview. If you have any concerns about your participation in this survey or have any questions about the evaluation, please contact Chad Rodi, Project Director, 917.407.9894.

You will receive a copy of this consent form via email or regular mail.

/ASK ALL/

CONSENT. Do you agree to participate in this interview?

01 YES (Verbal Consent Provided)

02 NO

/IF CONSENT=02/

TERM1. Thank you for your time and consideration of participation in the Referral Network Survey. /TERMINATE/

/IF CONSENT=01/

RECORD. Thank you! We would also like to get you permission to record this interview to ensure that we accurately capture details that you provide. However, if you do not agree to be recorded, we will not record the interview. If you agree to be recorded, only cross-site evaluation staff will be able to access the recording. To protect your privacy, we will keep the notes and recordings in private files and only study staff will be allowed to use them. All tapes will be destroyed at the end of the evaluation, approximately 3 years from now. Your name and other information linking your name to what is said during the groups will not be reported when we present this study or publish its results. Do I have your permission to record the interview?

01 YES

02 NO

/IF CONSENT=01/

SCHEDULE. I'm glad that you consent to be interviewed. Let's set up a date and time most convenient for you to conduct the 40-minute interview.

01 ENTER CALLBACK DATE/TIME
02 START INTERVIEW

/IF SCHEDULE=01/

REMINDER. Also, I would like to send you an electronic reminder before our interview. Can you please confirm your name, address, phone number, and e-mail address?

/PROGRAMMER, INSERT NAME, ADDRESS, WORK PHONE, CELL PHONE,
AND EMAIL ADDRESS FROM SAMPLE, ALLOW INTERVIEWER TO MODIFY/

/IF SCHEDULE=01/

TERM2. Please contact me at [PHONE NUMBER] if your schedule changes so that we can reschedule a time to talk. Otherwise, I look forward to talking with you on [Month/Day/Year] at [Time].

/ASK ALL/

INTRO2. The survey asks questions about the connections between your organization and the other organizations in your local suicide prevention network.

/ASK ALL/

1. First, can you please tell me a little about the type of organization you work for? Is it primarily a...

[read all code only one]

- 01 Mental health/behavioral health agency
- 02 Child welfare services (i.e. social services) agency
- 03 K-12 School
- 04 Juvenile justice agency
- 05 Police/Law enforcement agency
- 06 State health department agency
- 07 Primary care provider
- 08 Local health department
- 09 Crisis center
- 10 Tribal health agency
- 11 Tribal social service agency
- 12 Tribal government
- 13 College or university
- 14 Private, non-profit community service organization
- 95 Other

- 97 DON'T KNOW
- 99 REFUSED

/IF Q1=14/

1OTH_1. Please describe

/IF Q1=95/

1OTH_2. Please describe

/ASK ALL/

2. About how many staff members are employed by your organization?

__ __ NUMBER OF STAFF MEMBERS

97 DON'T KNOW

99 REFUSED

/ASK ALL/

3. Are you the only individual in your organization responsible for directly addressing the needs of youths identified at risk for suicide?

01 YES

02 NO

97 DON'T KNOW

99 REFUSED

/IF Q3=01, INSERT "YOU" IN SUBSEQUENT QUESTIONS, IF Q3=02, INSERT "YOUR ORGANIZATION" IN SUBSEQUENT QUESTIONS/

/ASK ALL/

For the next few questions, I am interested in how [you/your organization] work with youth at-risk for suicide around referrals for mental health services:

/ASK ALL/

4a. [Do you/Does your organization] refer youth at-risk for suicide for mental health services?

01 YES

02 NO

97 DON'T KNOW

99 REFUSED

/ASK ALL/

4b. [Do you/Does your organization] receive youth at-risk for suicide who have been referred by others for mental health services?

01 YES

02 NO

97 DON'T KNOW

99 REFUSED

/ASK ALL/

4c. Neither you or your organization receives or make referrals (provide direct services) but facilitates suicide prevention efforts through administrative assistance (i.e. providing trainings, consulting with communities, etc.).

01 YES

- 02 NO
- 97 DON'T KNOW
- 99 REFUSED

/ASK ALL/

Q5INTRO. During this section of the interview, I am going to ask you about the types of linkages, partnerships, and collaborations your agency/organization has had with other organizations as it relates to youth referrals for suicide ideation during the last 12 months. The following organizations were previously identified as part of your community's suicide prevention referral network by the Garrett Lee Smith grant-funded suicide prevention program staff. As I read the list of the organizations, please keep in mind your interactions with each agency as it relates to suicide prevention and related activities. I will ask you to rate the quality of those relationships.

/ASK ALL/

5. Have you worked with [insert agency/organization name here] around suicide prevention? (**NOTE TO INTERVIEWER:** each question A through G will need to be asked for each agency/organization listed which may total 5 times).

- 01 YES
- 02 NO
- 97 DON'T KNOW
- 99 REFUSED

/ASK ALL/

a. Thinking back to the last 12 months, how would you rate the quality of the relationship between [insert organization or individual name here] and your organization around **administration of suicide prevention efforts and decision-making?**

INTERVIEWER, IF NECESSARY: For example, relationships around making policies, program decisions, budgeting decisions, and staff decisions.

- 01 Extremely low
- 02 Somewhat low
- 03 No opinion
- 04 Somewhat high
- 05 Extremely high

- 97 DON'T KNOW
- 99 REFUSED

/ASK ALL/

- b. Again thinking back to the last 12 months. How would you rate the quality of the relationship between [insert organization or individual name here] and your organization around **sharing information related to suicide prevention efforts such as communicating training opportunities, communicating referral and crisis protocols?**

01 Extremely low
02 Somewhat low
03 No opinion
04 Somewhat high
05 Extremely high

97 DON'T KNOW
99 REFUSED

/ASK ALL/

- c. How would you rate the quality of the relationship between [insert organization or individual name here] and your organization in **sharing resources to support the suicide prevention program?** I'm only interested in the actual use of resources in this question. Examples of the resources I am referring to are the sharing of staff, providing funding, etc.

01 Extremely low
02 Somewhat low
03 No opinion
04 Somewhat high
05 Extremely high

97 DON'T KNOW
99 REFUSED

/ASK ALL/

- d. How would you rate the quality of the relationship between [insert organization or individual name here] and your organization in **providing referrals for youth in need of service as part of a suicide prevention effort with other agencies or organizations?**

INTERVIEWER, IF NECESSARY: This question refers to where your agency or organization provides referrals of at risk youth to other agencies or organizations.

01 Extremely low
02 Somewhat low
03 No opinion
04 Somewhat high
05 Extremely high

97 DON'T KNOW
99 REFUSED

/ASK ALL/

- e. How would you rate the quality of the relationship between [insert organization or individual name here] and your organization **around receiving referrals for youth in need of service as part of suicide prevention efforts.** For example, relationships with other agencies/organizations where YOUR agency/organization receives referrals from other agencies/organizations?

- 01 Extremely low
- 02 Somewhat low
- 03 No opinion
- 04 Somewhat high
- 05 Extremely high

- 97 DON'T KNOW
- 99 REFUSED

/ASK ALL/

- f. How would you rate the quality of the relationship between [[insert organization or individual name here] and your organization around the **coordination of early identification or gatekeeper training activities?** For example, relationships around providing or receiving gatekeeper training related to suicide prevention, etc.

INTERVIEWER, IF NECESSARY: This question refers to coordinating suicide prevention gatekeeper training activities.

- 01 Extremely low
- 02 Somewhat low
- 03 No opinion
- 04 Somewhat high
- 05 Extremely high

- 97 DON'T KNOW
- 99 REFUSED

/ASK ALL/

- g. How would you rate the overall quality of the relationship between [insert organization or individual name here] and your organization around **following-up with youth who have attempted suicide?**

- 01 Extremely low
- 02 Somewhat low
- 03 No opinion
- 04 Somewhat high
- 05 Extremely high

- 97 DON'T KNOW
- 99 REFUSED

/ASK ALL/

6. What recommendations would you have to improve/enhance collaboration among individuals and organizations around referral and follow-up of youths at-risk for suicide?

- 01 GAVE RESPONSE
- 97 DON'T KNOW
- 99 REFUSED

/ASK IF Q6=01/
Q6TEXT.

/ASK ALL/

- Q7INTRO. Thank you. That was the last question in that section. The next section asks about your organization's policies and protocols regarding follow-up for youths who have attempted suicide and who are at risk for suicide.

/ASK ALL/

7. Do you or your organization have a process for addressing the needs of youths who attempt suicide and their families?

- 01 YES
- 02 NO
- 97 DON'T KNOW
- 99 REFUSED

/ASK IF Q7=01/

8. Thinking back to the "process" that you referred to in the previous question, is this process (e.g. policy/protocol) formal in that it is a written policy or an informal procedure?

- 01 YES
- 02 NO
- 97 DON'T KNOW
- 99 REFUSED

/ASK IF Q7=01/

9. In reference to your own organization, is there a designated individual who is responsible for training and supervising crisis service management for youth and their families?

- 01 YES
- 02 NO
- 97 DON'T KNOW
- 99 REFUSED

/ASK IF Q7=01/

10. Does your organization provide regular crisis education or training for personnel?

- 01 YES
- 02 NO
- 97 DON'T KNOW
- 99 REFUSED

/ASK IF Q7=01/

/MUL=8/

11. Which of the following are mandated under your policy or protocol?

INTERVIEWER: SELECT ALL THAT APPLY

- 01 Mental health assessment
- 02 Safety planning [IF SO]
 - 03 Instruction to families for after hours help
 - 04 Safety in the home [IF SO]
 - 05 Removal of firearms
 - 06 Limiting access to medications
- 07 Immediate referrals to emergency or crisis services
- 95 Other service

- 97 DON'T KNOW
- 99 REFUSED

/ASK IF Q11=95/

110TH. ENTER OTHER SERVICE

/ASK IF Q7=01/

12. Does your organization have a system in place that allows you to know if a client or their family followed through with safety recommendations, treatment referrals, etc.?

- 01 YES
- 02 NO
- 97 DON'T KNOW
- 99 REFUSED

/ASK ALL/

13. Do you or your organization have a policy or protocol for making referrals?

- 01 YES
- 02 NO
- 97 DON'T KNOW
- 99 REFUSED

/ASK IF Q13=01/

/MUL=7/

14. Which of the following agency(s) does your organization refer suicidal clients:

INTERVIEWER: SELECT ALL THAT APPLY

- 01 Emergency services
- 02 Mental health counseling
- 03 Substance abuse counseling
- 04 Inpatient or residential services
- 05 Support groups (e.g. bereavement or survivors' organizations)
- 06 Provide referrals to direct service
- 95 Other service

- 97 DON'T KNOW
- 99 REFUSED

/ASK IF Q14=95/

14OTH. ENTER OTHER SERVICE

/ASK ALL/

15. [Do you/Does your organization] provide direct services?

- 01 YES
- 02 NO
- 97 DON'T KNOW
- 99 REFUSED

/ASK IF Q15=01/

/MUL=10/

16. What are the services available from [you/your organization] for youth who have attempted suicide and their families?

INTERVIEWER: SELECT ALL THAT APPLY

- 01 Emergency services
- 02 Safety planning
- 03 Mental health assessment
- 04 Substance use assessment
- 05 Mental health counseling
- 06 Substance abuse counseling
- 07 Inpatient or residential services
- 08 Support groups (e.g. bereavement or survivors' organizations)
- 09 Provide referrals to direct service

95 Other service

97 DON'T KNOW

99 REFUSED

/ASK IF Q16=95/

16OTH. ENTER OTHER SERVICE

/ASK ALL/

17. Does your organization have a policy or protocol for tracking information about youth who have attempted suicide? Information might include their mental health status, service receipt, treatment participation, suicide attempt or re-attempt, etc.

01 YES

02 NO

97 DON'T KNOW

99 REFUSED

/ASK IF Q17=01/

18INTRO. In the next set of questions I'm going to ask you about you or your organizations access to electronic databases.

/ASK IF Q17=01/

18. Is information about at-risk youth maintained in an electronic database?

01 YES

02 NO

97 DON'T KNOW

99 REFUSED

/ASK IF Q18=01/

19. Is the information accessible by individuals in your own organization?

01 YES

02 NO

97 DON'T KNOW

99 REFUSED

/ASK IF Q18=01/

20. To your knowledge, is the information in that database available and accessible to the other individuals or agencies in the referral network and mentioned in the earlier questions about organizational relationships.

01 Yes, one or some of those organizations

02 Yes, all of those organizations

03 No, none of those organizations

- 97 DON'T KNOW
- 99 REFUSED

/ASK ALL/

21INTRO. This last section asks additional questions about electronic databases that have information about mental health service utilization and mental health epidemiology.

/ASK ALL/

21. In addressing youth suicide prevention, do you or your organization access any electronic databases?

- 01 YES
- 02 NO
- 97 DON'T KNOW
- 99 REFUSED

/ASK IF Q21=01/

/MUL=4/

22. Which of the following [do you/does your organization] use?

INTERVIEWER: SELECT ALL THAT APPLY

- 01 Epidemiological data (i.e. prevalence and type of suicide-related risk and protective factors, mortality, morbidity)
- 02 Mental health service utilization data (e.g., use of mental health or other relevant support services by youth and their families)
- 03 Non-mental health service utilization data (e.g., primary health care, substance abuse treatment, juvenile justice, education)
- 95 Other

- 97 DON'T KNOW
- 99 REFUSED

/ASK IF Q22=95/

22OTH. ENTER OTHER

/ASK ALL/

CLOSING: Thank you for your time and willingness to participate in this interview, the information that you have provided will be invaluable. The information collected here today will help the evaluation team understand how agencies/organizations collaborate on suicide prevention efforts.

Document E

OMB No. 0930-0286
Expiration Date: 05/31/10

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0286. Public reporting burden for this collection of information is estimated to average .67 hours per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

Cross-site Evaluation of the Garrett Lee Smith Youth Suicide Prevention and Early Intervention Program—State/Tribal Component

Referral Network Survey

/ASK ALL/

INTRO1. Hello, my name is [INSERT NAME] and I work for ICF Macro International Inc. ICF Macro is conducting the cross-site evaluation of the Garrett Lee Smith Memorial (GLS) State/Tribal Youth Suicide Prevention and Early Intervention Program on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA). Because your organization is involved in coordinating community suicide prevention efforts, or is responsible for identifying and/or serving youth at risk for suicide your organization has been selected for this survey.

01 CONTINUE

/if INTRO1=01/

CONFIDENTIALITY STATEMENT: The survey asks about your organization's involvement in your local suicide prevention network. This survey is being conducted to better understand the early identification and referrals of youth at risk for suicide in your community. Participation is completely voluntary and you can end the interview at any time or refuse to answer any question.

All responses will be kept completely confidential. Contact information will be entered into a password-protected database which can only be accessed by a limited number of individuals (selected ICF Macro staff - telephone interviewers and cross-site team members) who require access. These individuals have signed confidentiality, data access and use agreements. Your name will not be used in any reports, but your agency and/or organization and the information you provide about your agency or organization may be identifiable when reporting results.

However, your input will help gain a better understanding of the systems and networks in place to help youth identified at risk for suicide in your community. The survey will take approximately 40 minutes and the findings will assist in informing the Substance Abuse and Mental Health Services Administration (SAMHSA) about suicide prevention activities and network processes. This call may be monitored for quality assurance purposes.

You may contact the cross-site evaluation project director with any questions that you have about the evaluation and/or Referral Network Survey before, during, or after you have completed the survey.

We will provide you contact information for the project director who you may contact with any questions that arise after your participation in this interview. If you have any concerns about your participation in this survey or have any questions about the evaluation, please contact Chad Rodi, Project Director, 917.407.9894.

You will receive a copy of this consent form via email or regular mail.

/ASK ALL/

CONSENT. Do you agree to participate in this interview?

01 YES (Verbal Consent Provided)

02 NO

/IF CONSENT=02/

TERM1. Thank you for your time and consideration of participation in the Referral Network Survey. /TERMINATE/

/IF CONSENT=01/

RECORD. Thank you! We would also like to get you permission to record this interview to ensure that we accurately capture details that you provide. However, if you do not agree to be recorded, we will not record the interview. If you agree to be recorded, only cross-site evaluation staff will be able to access the recording. To protect your privacy, we will keep the notes and recordings in private files and only study staff will be allowed to use them. All tapes will be destroyed at the end of the evaluation, approximately 3 years from now. Your name and other information linking your name to what is said during the groups will not be reported when we present this study or publish its results. Do I have your permission to record the interview?

01 YES

02 NO

/IF CONSENT=01/

SCHEDULE. I'm glad that you consent to be interviewed. Let's set up a date and time most convenient for you to conduct the 40-minute interview.

01 ENTER CALLBACK DATE/TIME
02 START INTERVIEW

/IF SCHEDULE=01/

REMINDER. Also, I would like to send you an electronic reminder before our interview. Can you please confirm your name, address, phone number, and e-mail address?

/PROGRAMMER, INSERT NAME, ADDRESS, WORK PHONE, CELL PHONE,
AND EMAIL ADDRESS FROM SAMPLE, ALLOW INTERVIEWER TO MODIFY/

/IF SCHEDULE=01/

TERM2. Please contact me at [PHONE NUMBER] if your schedule changes so that we can reschedule a time to talk. Otherwise, I look forward to talking with you on [Month/Day/Year] at [Time].

/ASK ALL/

INTRO2. The survey asks questions about the connections between your organization and the other organizations in your local suicide prevention network.

/ASK ALL/

1. First, can you please tell me a little about the type of organization you work for? Is it primarily a...

[read all code only one]

- 01 Mental health/behavioral health agency
- 02 Child welfare services (i.e. social services) agency
- 03 K-12 School
- 04 Juvenile justice agency
- 05 Police/Law enforcement agency
- 06 State health department agency
- 07 Primary care provider
- 08 Local health department
- 09 Crisis center
- 10 Tribal health agency
- 11 Tribal social service agency
- 12 Tribal government
- 13 College or university
- 14 Private, non-profit community service organization
- 95 Other

- 97 DON'T KNOW
- 99 REFUSED

/IF Q1=14/

1OTH_1. Please describe

/IF Q1=95/

1OTH_2. Please describe

/ASK ALL/

2. About how many staff members are employed by your organization?

__ __ NUMBER OF STAFF MEMBERS

97 DON'T KNOW

99 REFUSED

/ASK ALL/

3. Are you the only individual in your organization responsible for directly addressing the needs of youths identified at risk for suicide?

01 YES

02 NO

97 DON'T KNOW

99 REFUSED

/IF Q3=01, INSERT "YOU" IN SUBSEQUENT QUESTIONS, IF Q3=02, INSERT "YOUR ORGANIZATION" IN SUBSEQUENT QUESTIONS/

/ASK ALL/

For the next few questions, I am interested in how [you/your organization] work with youth at-risk for suicide around referrals for mental health services:

/ASK ALL/

4a. [Do you/Does your organization] refer youth at-risk for suicide for mental health services?

01 YES

02 NO

97 DON'T KNOW

99 REFUSED

/ASK ALL/

4b. [Do you/Does your organization] receive youth at-risk for suicide who have been referred by others for mental health services?

01 YES

02 NO

97 DON'T KNOW

99 REFUSED

/ASK ALL/

4c. Neither you or your organization receives or make referrals (provide direct services) but facilitates suicide prevention efforts through administrative assistance (i.e. providing trainings, consulting with communities, etc.).

01 YES

- 02 NO
- 97 DON'T KNOW
- 99 REFUSED

/ASK ALL/

Q5INTRO. During this section of the interview, I am going to ask you about the types of linkages, partnerships, and collaborations your agency/organization has had with other organizations as it relates to youth referrals for suicide ideation during the last 12 months. The following organizations were previously identified as part of your community's suicide prevention referral network by the Garrett Lee Smith grant-funded suicide prevention program staff. As I read the list of the organizations, please keep in mind your interactions with each agency as it relates to suicide prevention and related activities. I will ask you to rate the quality of those relationships.

/ASK ALL/

5. Have you worked with [insert agency/organization name here] around suicide prevention? (**NOTE TO INTERVIEWER:** each question A through G will need to be asked for each agency/organization listed which may total 5 times).

- 01 YES
- 02 NO
- 97 DON'T KNOW
- 99 REFUSED

/ASK ALL/

a. Thinking back to the last 12 months, how would you rate the quality of the relationship between [insert organization or individual name here] and your organization around **administration of suicide prevention efforts and decision-making?**

INTERVIEWER, IF NECESSARY: For example, relationships around making policies, program decisions, budgeting decisions, and staff decisions.

- 01 Extremely low
- 02 Somewhat low
- 03 No opinion
- 04 Somewhat high
- 05 Extremely high

- 97 DON'T KNOW
- 99 REFUSED

/ASK ALL/

- b. Again thinking back to the last 12 months. How would you rate the quality of the relationship between [insert organization or individual name here] and your organization around **sharing information related to suicide prevention efforts such as communicating training opportunities, communicating referral and crisis protocols?**

01 Extremely low
02 Somewhat low
03 No opinion
04 Somewhat high
05 Extremely high

97 DON'T KNOW
99 REFUSED

/ASK ALL/

- c. How would you rate the quality of the relationship between [insert organization or individual name here] and your organization in **sharing resources to support the suicide prevention program?** I'm only interested in the actual use of resources in this question. Examples of the resources I am referring to are the sharing of staff, providing funding, etc.

01 Extremely low
02 Somewhat low
03 No opinion
04 Somewhat high
05 Extremely high

97 DON'T KNOW
99 REFUSED

/ASK ALL/

- d. How would you rate the quality of the relationship between [insert organization or individual name here] and your organization in **providing referrals for youth in need of service as part of a suicide prevention effort with other agencies or organizations?**

INTERVIEWER, IF NECESSARY: This question refers to where your agency or organization provides referrals of at risk youth to other agencies or organizations.

01 Extremely low
02 Somewhat low
03 No opinion
04 Somewhat high
05 Extremely high

97 DON'T KNOW
99 REFUSED

/ASK ALL/

- e. How would you rate the quality of the relationship between [insert organization or individual name here] and your organization **around receiving referrals for youth in need of service as part of suicide prevention efforts**. For example, relationships with other agencies/organizations where YOUR agency/organization receives referrals from other agencies/organizations?

- 01 Extremely low
- 02 Somewhat low
- 03 No opinion
- 04 Somewhat high
- 05 Extremely high

- 97 DON'T KNOW
- 99 REFUSED

/ASK ALL/

- f. How would you rate the quality of the relationship between [[insert organization or individual name here] and your organization around the **coordination of early identification or gatekeeper training activities**? For example, relationships around providing or receiving gatekeeper training related to suicide prevention, etc.

INTERVIEWER, IF NECESSARY: This question refers to coordinating suicide prevention gatekeeper training activities.

- 01 Extremely low
- 02 Somewhat low
- 03 No opinion
- 04 Somewhat high
- 05 Extremely high

- 97 DON'T KNOW
- 99 REFUSED

/ASK ALL/

- g. How would you rate the overall quality of the relationship between [insert organization or individual name here] and your organization around **following-up with youth who have attempted suicide**?

- 01 Extremely low
- 02 Somewhat low
- 03 No opinion
- 04 Somewhat high
- 05 Extremely high

- 97 DON'T KNOW
- 99 REFUSED

/ASK ALL/

6. What recommendations would you have to improve/enhance collaboration among individuals and organizations around referral and follow-up of youths at-risk for suicide?

- 01 GAVE RESPONSE
- 97 DON'T KNOW
- 99 REFUSED

/ASK IF Q6=01/
Q6TEXT.

/ASK ALL/

- Q7INTRO. Thank you. That was the last question in that section. The next section asks about your organization's policies and protocols regarding follow-up for youths who have attempted suicide and who are at risk for suicide.

/ASK ALL/

7. Do you or your organization have a process for addressing the needs of youths who attempt suicide and their families?

- 01 YES
- 02 NO
- 97 DON'T KNOW
- 99 REFUSED

/ASK IF Q7=01/

8. Thinking back to the "process" that you referred to in the previous question, is this process (e.g. policy/protocol) formal in that it is a written policy or an informal procedure?

- 01 YES
- 02 NO
- 97 DON'T KNOW
- 99 REFUSED

/ASK IF Q7=01/

9. In reference to your own organization, is there a designated individual who is responsible for training and supervising crisis service management for youth and their families?

- 01 YES
- 02 NO
- 97 DON'T KNOW
- 99 REFUSED

/ASK IF Q7=01/

10. Does your organization provide regular crisis education or training for personnel?

- 01 YES
- 02 NO
- 97 DON'T KNOW
- 99 REFUSED

/ASK IF Q7=01/

/MUL=8/

11. Which of the following are mandated under your policy or protocol?

INTERVIEWER: SELECT ALL THAT APPLY

- 01 Mental health assessment
- 02 Safety planning [IF SO]
 - 03 Instruction to families for after hours help
 - 04 Safety in the home [IF SO]
 - 05 Removal of firearms
 - 06 Limiting access to medications
- 07 Immediate referrals to emergency or crisis services
- 95 Other service

- 97 DON'T KNOW
- 99 REFUSED

/ASK IF Q11=95/

110TH. ENTER OTHER SERVICE

/ASK IF Q7=01/

12. Does your organization have a system in place that allows you to know if a client or their family followed through with safety recommendations, treatment referrals, etc.?

- 01 YES
- 02 NO
- 97 DON'T KNOW
- 99 REFUSED

/ASK ALL/

13. Do you or your organization have a policy or protocol for making referrals?

- 01 YES
- 02 NO
- 97 DON'T KNOW
- 99 REFUSED

/ASK IF Q13=01/

/MUL=7/

14. Which of the following agency(s) does your organization refer suicidal clients:

INTERVIEWER: SELECT ALL THAT APPLY

- 01 Emergency services
- 02 Mental health counseling
- 03 Substance abuse counseling
- 04 Inpatient or residential services
- 05 Support groups (e.g. bereavement or survivors' organizations)
- 06 Provide referrals to direct service
- 95 Other service

- 97 DON'T KNOW
- 99 REFUSED

/ASK IF Q14=95/

14OTH. ENTER OTHER SERVICE

/ASK ALL/

15. [Do you/Does your organization] provide direct services?

- 01 YES
- 02 NO
- 97 DON'T KNOW
- 99 REFUSED

/ASK IF Q15=01/

/MUL=10/

16. What are the services available from [you/your organization] for youth who have attempted suicide and their families?

INTERVIEWER: SELECT ALL THAT APPLY

- 01 Emergency services
- 02 Safety planning
- 03 Mental health assessment
- 04 Substance use assessment
- 05 Mental health counseling
- 06 Substance abuse counseling
- 07 Inpatient or residential services
- 08 Support groups (e.g. bereavement or survivors' organizations)
- 09 Provide referrals to direct service

95 Other service

97 DON'T KNOW

99 REFUSED

/ASK IF Q16=95/

16OTH. ENTER OTHER SERVICE

/ASK ALL/

17. Does your organization have a policy or protocol for tracking information about youth who have attempted suicide? Information might include their mental health status, service receipt, treatment participation, suicide attempt or re-attempt, etc.

01 YES

02 NO

97 DON'T KNOW

99 REFUSED

/ASK IF Q17=01/

18INTRO. In the next set of questions I'm going to ask you about you or your organizations access to electronic databases.

/ASK IF Q17=01/

18. Is information about at-risk youth maintained in an electronic database?

01 YES

02 NO

97 DON'T KNOW

99 REFUSED

/ASK IF Q18=01/

19. Is the information accessible by individuals in your own organization?

01 YES

02 NO

97 DON'T KNOW

99 REFUSED

/ASK IF Q18=01/

20. To your knowledge, is the information in that database available and accessible to the other individuals or agencies in the referral network and mentioned in the earlier questions about organizational relationships.

01 Yes, one or some of those organizations

02 Yes, all of those organizations

03 No, none of those organizations

- 97 DON'T KNOW
- 99 REFUSED

/ASK ALL/

21INTRO. This last section asks additional questions about electronic databases that have information about mental health service utilization and mental health epidemiology.

/ASK ALL/

21. In addressing youth suicide prevention, do you or your organization access any electronic databases?

- 01 YES
- 02 NO
- 97 DON'T KNOW
- 99 REFUSED

/ASK IF Q21=01/

/MUL=4/

22. Which of the following [do you/does your organization] use?

INTERVIEWER: SELECT ALL THAT APPLY

- 01 Epidemiological data (i.e. prevalence and type of suicide-related risk and protective factors, mortality, morbidity)
- 02 Mental health service utilization data (e.g., use of mental health or other relevant support services by youth and their families)
- 03 Non-mental health service utilization data (e.g., primary health care, substance abuse treatment, juvenile justice, education)
- 95 Other

- 97 DON'T KNOW
- 99 REFUSED

/ASK IF Q22=95/

22OTH. ENTER OTHER

/ASK ALL/

CLOSING: Thank you for your time and willingness to participate in this interview, the information that you have provided will be invaluable. The information collected here today will help the evaluation team understand how agencies/organizations collaborate on suicide prevention efforts.