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Garrett Lee Smith Memorial (GLS) National Outcomes Evaluation Campus Suicide Prevention Program Training Utilization and Preservation Survey (TUP-S) and Verbal Consent Script

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 ICF, 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 random sample of people who have attended a campus suicide prevention trainings. We hope to learn more about the trainings, how you have used what you learned, and the impact of the training on you and your interactions with your peers.

On [DATE OF TRAINING] you participated in a training called [INSERT TRAINING NAME], as part of the **Garrett Lee Smith Memorial (GLS) Campus Suicide Prevention Program**. At the end of the training, 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 SAMHSA about suicide prevention activities.

All participants in training activities funded as part of your Campus 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].

The survey will take approximately 10 minutes to complete and you will receive \$10 for your participation. If you are interested, I will give you some more information and get your verbal consent.

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

Rights Regarding Participation: Your input is important; however, your participation in this survey is completely voluntary. There are no penalties or consequences for not participating. 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. You may ask any questions that you have before, during, or after you complete the survey. May I continue?

Privacy: Your answers are private and will not be linked to your name. Your name will never appear in any report that summarizes the findings of the cross-site evaluation. All findings will be reported in aggregate; this is, they will be combined with responses from other individuals.

Additional Protection: 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 (DHHS). 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 DHHS.

Risks: Completing this interview poses few, if any, risks to you. Some questions may make you feel uncomfortable. You can choose not to answer any question for any reason. You may choose to stop the survey at any time, or not answer a question, for whatever reason. You will not be penalized for stopping. You can contact the evaluation team lead in charge of this survey at any time. If you stop the interview, at your request, we will destroy your survey.

Benefits: Your participation will not result in any direct benefits to you. However, your input will contribute to a national effort to prevent suicide on college campuses.

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.

Compensation: You will receive \$10 for participating in this survey.

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 christine.walrath@icfi.com.

Do you have any questions?

Do you agree to participate in this interview?

IF YES, continue.

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

Part I. Great, thanks. To begin, I'm going to ask you some questions about the knowledge you gained at the training. (Training Knowledge)

1. About three months ago, you participated in a training regarding suicide prevention, correct?
Three months ago was [today's date - 3 months].
 Yes
 No

2. Now that it has been about 3 months since your training, we want to know how well you think the [insert training name] has helped in your work, home, or campus community.
[Interviewer instructions: If asked, the setting of interest is the one where they are most likely to use their training]

For each of the following statements, please tell me if you Strongly agree, Agree, Disagree, or Strongly disagree.

Please rate the following statements about [insert training name].

	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly agree	5 N/A or No opinion
a. The training increased my knowledge about suicide prevention.					
b. The training materials I received (i.e., brochures, wallet cards) 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 students I interact with.					
e. The training has proven practical to my life on campus.					
f. I have used my training to help with youth suicide prevention on my campus.					
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).					

3. Have you used your training to: Please select all that apply.
 - Screen students for suicide behaviors (i.e., using a screening tool)
 - Publicize information about suicide prevention and 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 students at risk for suicide and/or their families
 - Train others
 - Link students at risk for suicide with appropriate services or supports
 - Other (please describe: _____)

Haven't used what I learned

4. Many suicide prevention trainings also focus on developing life skills and identifying positive aspects of life that reduce the likelihood of suicide. We would like to know how well you think the [insert training name] enhanced your ability to identify strengths for yourself and others in your work, home, or campus community.

[Interviewer instructions: If asked, the setting of interest is the one where they are most likely to use their training]

For each of the following statements, please tell me if you “Strongly agree, Agree, Disagree, or Strongly disagree.”

Please rate the following statements about [insert training name].

	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly agree	5 N/A or No opinion
a. The training has helped me develop stronger social and familial relationships.					
b. The training has helped me connect to members of the community.					
c. As a result of the training, I place greater value on connections to friends and family.					
d. The training showed me the importance of high self-esteem and self-confidence.					
e. As a result of the training, I am more aware of the importance of communication.					
f. As a result of the training, I have a greater sense of competence.					
g. As a result of the training, I have a stronger sense of well-being.					

Please indicate how you would rate your knowledge of suicide in the following areas:

For each of the following statements, please tell me how you would rate your knowledge: very high, high, low, or very low.

	1 Very Low	2 Low	3 High	4 Very high	5 N/A or No opinion
a. Facts concerning suicide prevention.					
b. Warning signs of suicide.					
c. How to ask someone about suicide.					
d. Persuading someone to get help.					
e. How to get help for someone.					
f. Information about resources for help					

	1 Very Low	2 Low	3 High	4 Very high	5 N/A or No opinion
with suicide.					
g. Please rate what you feel is the appropriateness of asking someone who may be at risk about suicide.					
h. What is the likelihood you will ask someone who appears to be at risk if they are thinking of suicide?					
i. Please rate your level of understanding about suicide and suicide prevention.					

Part II. This set of questions asks about your posttraining behaviors.

5. In the 3 months since your training, have you used your training to train faculty or staff to intervene with students at risk for suicide?

Three months ago was [today's date - 3 months].

- Yes
 No

[If No, skip to #5b]

- a. **[If Yes]** About how many?

- 1-5
 6-10
 11-20
 >20

- b. Have you used your training to train students to intervene with a peer at risk for suicide?

- Yes
 No

[If No, skip to #6]

- c. **[If Yes]** About how many?

- 1-5
 6-10
 11-20
 >20

6. In the 3 months since your training, have you used [training name] to identify students or young people ages 10-24 whom you thought might be at risk for suicide?

Three months ago was [today's date - 3 months].

- Yes
 No

[If No, skip to 13]

- a. **[If Yes]** About how many students or young people aged 10-24 have you identified?

- 1-5
 6-10

- 11-20
- >20

b. In which of the following settings were they identified? Please select all that apply.

- College/University Campus
- Emergency Response Unit or Emergency room
- Mental health agency
- Community-based Organization
- Home
- Digital medium (e.g. facebook or text message)
- Other (please describe: _____)

c. What was the setting where most of these identifications were made? Please select all that apply.

- College/University Campus
- Emergency Response Unit or Emergency room
- Mental health agency
- Community-based Organization
- Home
- Digital medium (e.g. facebook or text message)
- Other (please describe: _____)

7. Okay, to what services, resources, or individuals did you refer the students or young people ages 10-24 whom you identified? Please select all that apply.

- Public mental health agency
- Private mental health practice
- Psychiatric hospital/unit
- Emergency room
- Substance abuse treatment center
- Campus counseling center
- Mobile crisis unit
- Other (please describe: _____)

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

- Yes
- No

[Interviewer instructions: If No, skip to item #9]

a. **[If Yes]** Think about the students referred. About how many of the students whom 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)

Now, think back to the most recent student you identified and who actually received services—

	1 Very satisfied	2 Satisfied	3 Neutral	4 Somewhat satisfied	5 Not at All satisfied
9. How satisfied are you that your training and the actions you took on the basis of your training were appropriate and effective?					

10. Thinking about this same student, about how many days did it take from the time you made the referral to when they received their mental health first service?

[Interviewer instructions: If asked, services could include mental health assessment/treatment; substance use assessment/treatment; psychiatric hospitalization; emergency room or mobile crisis]

- Less than 1 day
- Less than 1 week
- Between 1 and 2 weeks
- Between 3 and 4 weeks
- More than 1 month

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

- Mental health assessment
- Substance use assessment
- Mental health counseling
- Substance abuse counseling
- Inpatient or residential psychological services
- Psychiatric services or medication management without therapy
- Other service (Please describe: _____)

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

- Yes
- No
- I don't know
 - a. **[If yes]** What were they?
 - Mental health assessment
 - Substance use assessment
 - Mental health counseling
 - Substance abuse counseling
 - Inpatient or residential psychological services
 - Psychiatric services or medication management without therapy
 - Other service (Please describe: _____)
 - Don't know

Part IV. Great, thanks! The following questions are about how easy or difficult it has been to implement what you learned in your training on your campus.

	1 Not supportive at all	2 Somewhat supportive	3 Very supportive	4 No opinion
13. How supportive has your campus community or workplace been of implementing what you learned through the [insert name of training]?				

14. Of the following issues, what is the greatest facilitator of implementing youth suicide prevention on your campus?

- Training/professional development opportunities
- Increased community awareness
- Community resources
- Community collaboration
- Campus prioritization of suicide prevention

11. Of the following issues, what is the greatest barrier to implementing youth suicide prevention on your campus?

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

Our final set of questions are about you.

12. Please select the **one** primary role on campus 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.

- Undergraduate student
- Graduate student
- Campus administrator
- Campus staff (including mental/primary health care providers)
- Faculty/instructor/lecturer
- Off-campus community member (including family member)
- Other _____

13. With which of the following activities or services are you directly involved on campus? Please select all that apply.

- Emergency/Crisis response
- Mental health care services
- Primary health care services
- Residential life services
- Teaching
- Student advising
- None of the above

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

Select one.

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

We would like to ask a few additional questions about your background:

15. What is your gender?

- Female
- Male
- Transgender
- Other

16. What is your age? _____ years

17. Are you Hispanic or Latino? (Select one.)

- Yes
- No

21a. If yes, which group represents you? Select one or more.

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

18. 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

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 Christine Walrath, ICF, at (212) 941-5555.