



**Attachment E-1: TUP-S Baseline (RCT) State Tribal**

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 XXXX-XXXX. Public reporting burden for this collection of information is estimated to average 20 minutes per respondent, 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 2-1057, Rockville, Maryland, 20857.

## **Garrett Lee Smith (GLS) National Outcomes Evaluation State/Tribal Suicide Prevention Program Training Utilization and Preservation Survey (TUP-S) and Verbal Consent Script Baseline Version (RCT)**

Hello, my name is [INSERT INTERVIEWER NAME], and I'm calling to speak with you about the training that you are planning to attend on [INSERT TRAINING DATE]. Is now a good time for you to talk?

**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 International, a company that has been contracted by SAMHSA (which stands for the Substance Abuse and Mental Health Services Administration) to conduct the National Outcomes Evaluation of GLS suicide prevention programs across the country. As part of this evaluation, we are interviewing a random sample of people who have attended suicide prevention trainings sponsored by GLS State and Tribal grantees. We hope to learn more about any expectations you have for the trainings and how you anticipate using what you will learn.

You have registered to participate in a training called [INSERT TRAINING NAME], as part of the **State/Tribal component of the GLS Youth Suicide Prevention and Early Intervention Program on [DATE OF TRAINING]**. When you registered for the training, you consented to be contacted for four surveys that will be administered to you over the course of 1 year. We are contacting you now to administer the first survey. This survey asks questions about your expectations of the training, what you plan to do with what you learn from the training, and about your background. Findings from this survey will help inform SAMHSA about suicide prevention activities.

**The survey will take approximately 20 minutes to complete and you will receive \$10 for your participation. If you are interested, I will give you some more information and request 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 National Outcomes Evaluation. All findings will be reported in aggregate; that is, they will be combined with responses from other individuals.

Additional Protection: In addition, to protect the information that you give us, we have applied for a Certificate of Confidentiality from the U.S. Department of Health and Human Services (HHS). 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, HHS may see your information if we are audited. Finally, the Certificate of Confidentiality does not imply the endorsement or the disapproval of the HHS.

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 principal investigator of the project 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.

I am not an expert in the subject matter, and I do not work for the people who provided the training, so please feel free to respond honestly. There are no wrong answers. We're just interested in your thoughts and opinions.

**Compensation:** You will receive a \$10 Amazon gift code or money order 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](mailto:christine.walrath@icfi.com).

**Do you have any questions?**

**Do you agree to participate in this interview?**

- Yes
- No

**IF YES, continue.**

**Can you confirm that you are over 18 years of age?**

- Yes
- No

**IF YES, continue.**

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

**To begin, I'm going to ask you some questions about the knowledge you gained at the training.**

**1. You are registered to participate in a training regarding suicide prevention on [INSERT TRAINING DATE], correct?**

- Yes
- No

We want to learn about how you think the [INSERT TRAINING NAME] will help 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.]**

<b>Part 1. I'd like to start by asking some questions about what you are expecting to experience from the training experience and how you think you will use what you learn at the training</b>	
<b>2. Do you expect to use your training to do any of the following? (Select all that apply.)</b> <ul style="list-style-type: none"><li>a. Screen youths for suicidal behaviors (i.e., using a screening tool)</li><li>b. Formally publicize information about suicide prevention or mental health resources</li><li>c. Have informal conversations about suicide and suicide prevention with youths and others</li><li>d. Identify youths who might be at risk for suicide</li><li>e. Provide direct services to youths at risk for suicide and/or their families</li><li>f. Train other staff members to intervene with youths at risk for suicide</li><li>g. Make referrals to mental health services for at-risk youths</li><li>h. Work with adult at-risk populations</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li><li><input type="checkbox"/> I have not used my training</li><li><input type="checkbox"/> NOT APPLICABLE</li><li><input type="checkbox"/> DK</li><li><input type="checkbox"/> REFUSED</li></ul>

<p><b>3. In the last 12 months, how many trainings or presentations about <u>suicide</u> or suicide prevention have you attended? [Please do not include booster or refreshers of the training in which you consented to participate in this survey.]</b></p> <p><b>3.1 [If more than one] Which training(s) about <u>suicide</u> or suicide prevention have you received?</b></p>	<input type="checkbox"/> 1–5 <input type="checkbox"/> 6–10 <input type="checkbox"/> 11–20 <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>4. [If more than one training] Have you received any booster training in suicide prevention in the last 12 months? [We mean booster or refresher sessions directly related to the training in which you consented to participate in this survey.]</b></p> <p><b>4.1 [IF YES] Which booster training(s) have you received?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>5. Have you received any training to support your ability to track or monitor youth you identified at-risk?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>Part 2. The following questions are about your knowledge about suicide prevention</b></p>	
<p><b>6. For each of the following statements, please tell me how you would rate your knowledge:</b></p> <p>a. Facts concerning suicide prevention.</p> <p>b. Warning signs of suicide.</p> <p>c. How to ask someone about suicide.</p> <p>d. Persuading someone to get help.</p> <p>e. How to get help for someone.</p> <p>f. Information about resources for help with suicide.</p>	<input type="checkbox"/> Very high <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>7. How appropriate do you think it is to ask someone who may be at risk for suicide about suicide?</b></p>	<input type="checkbox"/> Very appropriate <input type="checkbox"/> Appropriate <input type="checkbox"/> Somewhat appropriate <input type="checkbox"/> Not at all appropriate <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>8. What is the likelihood you will ask someone who appears to be at risk if they are thinking of suicide?</b></p>	<input type="checkbox"/> Very likely <input type="checkbox"/> Likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Not at all likely <input type="checkbox"/> DK <input type="checkbox"/> REFUSED

<p><b>9. Please read each statement and use the rating scale to indicate the degree to which you agree or disagree with it. It is important that you answer all statements according to your beliefs and not what you think others may want you to believe.</b></p> <p>a. If someone I knew was showing signs of suicide, I would directly raise the question of suicide with them.</p> <p>b. 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.</p> <p>c. If someone told me they were thinking of suicide, I would intervene.</p> <p>d. I feel confident in my ability to help a suicidal person.</p> <p>e. I don't think I can prevent someone from suicide.</p> <p>f. I don't feel competent to help a person at risk of suicide.</p>	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>Part 3. The next set of questions ask about your experiences with youths at risk for suicide.</b></p>	
<p><b>10. In the last 12 months, have you identified youths you thought might be at risk for suicide?</b>  Twelve months ago was [today's date – 12 months].</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>10.1 [IF YES] About how many youths have you identified in the last 12 months?</b></p>	<input type="checkbox"/> Provide number <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>10.2 [IF YES] About how many youths have you identified in the last 6 months?</b></p>	<input type="checkbox"/> Provide number <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>10.3 [IF YES] About how many youths have you identified in the last 3 months?</b></p>	<input type="checkbox"/> Provide number <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>[If identifications are greater than one] The following questions refer to the most recent occasion when you identified a youth at risk for suicide.</b></p>	
<p><b>11. Thinking about the youth you identified most recently, did you ask the youth whether she/he was considering suicide?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>12. Thinking about the youth you identified most recently, in which of the following settings was that youth identified?</b></p> <p><b>12.1 [IF SOME OTHER PLACE] And what was the other place?</b></p>	<input type="checkbox"/> School <input type="checkbox"/> Child welfare agency <input type="checkbox"/> Juvenile justice agency <input type="checkbox"/> Law enforcement agency <input type="checkbox"/> Physical health agency (e.g., primary care, pediatrician's office)

	<input type="checkbox"/> Emergency response unit or emergency room <input type="checkbox"/> Mental health agency <input type="checkbox"/> Community-based organization, recreation, or after school activity <input type="checkbox"/> Home <input type="checkbox"/> Digital medium (e.g., Facebook or text message) <input type="checkbox"/> Some other place (SPECIFY) <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>13. Thinking about the youth you identified most recently, did you refer the youth to get further assistance or support?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>13.1 [IF YES] About how many youths that you have identified did you refer for further assistance or support?</b>	<input type="checkbox"/> Provide number <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>13.2 [IF YES] Thinking about the youth you identified most recently, to what services, resources, or individuals did you refer the youth?</b>  <b>13.3 And what type of place is this?</b>	<input type="checkbox"/> Mental health agency <input type="checkbox"/> Psychiatric hospital/unit <input type="checkbox"/> Emergency room <input type="checkbox"/> Substance abuse treatment center <input type="checkbox"/> School counselor <input type="checkbox"/> Private mental health practice <input type="checkbox"/> Mobile crisis unit <input type="checkbox"/> Did not refer to another place because you provided services directly to youth <input type="checkbox"/> Some other place (SPECIFY) <input type="checkbox"/> DK <input type="checkbox"/> REFUSED

<p><b>14. Thinking about the youth you identified most recently, did you notify that referral resource about the referral?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>15. Thinking about the youth you identified most recently, did you take the youth to the service or resources you were recommending?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>16. Thinking about the youth you identified most recently, did you reach out to the youth, his or her family, or service provider to ensure that the youth had access to mental health services or other support services?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>17. Thinking about the youth you identified most recently, did you receive a formal confirmation that the youth received the service?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>18. Did the youth receive the services to which he/she was referred?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>18.1 [IF DK] Why don't you know if the youth received services?</b></p>	
<p><i>[Skip if DK whether youth received service.]</i></p> <p><b>19. Thinking about this same youth, about how many days did it take from the time you made the referral to when the youth received his or her first service?</b></p>	<input type="checkbox"/> Less than 1 day <input type="checkbox"/> Less than 1 week <input type="checkbox"/> Between 1 and 2 weeks <input type="checkbox"/> More than 2 weeks and up to 4 weeks <input type="checkbox"/> More than 1 month <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><i>[Skip if DK whether youth received service]</i></p> <p><b>20. Again, thinking about this same youth, what was the first service he or she received? Was it one of the following?</b></p> <p><b>20.1 [IF SOME OTHER SERVICE] And could you please describe this other service to me?</b></p>	<input type="checkbox"/> Mental health assessment <input type="checkbox"/> Substance use assessment <input type="checkbox"/> Mental health counseling <input type="checkbox"/> Substance abuse counseling <input type="checkbox"/> Inpatient or residential psychological services

	<input type="checkbox"/> Psychiatric services or medication management without therapy <input type="checkbox"/> Some other service I have not mentioned <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p>[Skip if DK whether youth received service.]</p> <p><b>21. Did he or she receive any additional mental health services since that first appointment?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p>[Skip if DK whether youth received service.]</p> <p><b>22. What additional mental health services did he or she receive?</b></p> <p><b>22.1 [IF SOME OTHER SERVICE] Could you please describe this other service to me?</b></p>	<input type="checkbox"/> Mental health assessment <input type="checkbox"/> Substance use assessment <input type="checkbox"/> Mental health counseling <input type="checkbox"/> Substance abuse counseling <input type="checkbox"/> Inpatient services or residential psychological services <input type="checkbox"/> Psychiatric services or medication management without therapy <input type="checkbox"/> Some other service I have not mentioned <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>Part 4. The next set of questions is about your personal background and experience with individuals in crisis.</b></p>	
<p><b>23. Please indicate the primary setting in which you interact with youth.</b></p>	<input type="checkbox"/> Education (K-12) <input type="checkbox"/> Substance abuse <input type="checkbox"/> Juvenile justice/Probation <input type="checkbox"/> Emergency response <input type="checkbox"/> Higher education (college/university) <input type="checkbox"/> Tribal services/Tribal government <input type="checkbox"/> Child welfare <input type="checkbox"/> Mental health <input type="checkbox"/> Primary health care (other than mental health)



	<input type="checkbox"/> Other community settings <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>24. Within that setting, please select the ONE ROLE that you feel best describes you.</b></p>	<p><b><i>If education (K–12)</i></b></p> <input type="checkbox"/> Teacher <input type="checkbox"/> School administrator <input type="checkbox"/> Mental health clinician/Counselor/ <input type="checkbox"/> Psychologist <input type="checkbox"/> Social worker/Case worker/Care coordinator <input type="checkbox"/> Emergency/Crisis care worker <input type="checkbox"/> Program evaluator <input type="checkbox"/> Administrative assistant/Clerical support personnel <input type="checkbox"/> Academic advisor <input type="checkbox"/> Tutor  <p><b><i>If substance abuse</i></b></p> <input type="checkbox"/> Program/System administrator <input type="checkbox"/> Mental health clinician/Counselor/ <input type="checkbox"/> Psychologist <input type="checkbox"/> Social worker/Case worker/Care coordinator <input type="checkbox"/> Emergency/Crisis care worker <input type="checkbox"/> Program evaluator <input type="checkbox"/> Administrative assistant/Clerical support personnel  <p><b><i>If juvenile justice/probation</i></b></p> <input type="checkbox"/> Program/System administrator <input type="checkbox"/> Probation officer <input type="checkbox"/> Social worker/Case worker/Care coordinator <input type="checkbox"/> Detention facility guard

- Program evaluator
- Administrative assistant/Clerical support personnel

***If emergency response***

- Police officer or other law enforcement staff
- Program/System administrator
- Emergency medical technician
- Fire fighter
- Program evaluator
- Administrative assistant/Clerical support personnel

***If higher education (college/university)***

- Faculty/Professor/Researcher
- Administrator (e.g., dean's office, vice president, provost)
- Residential life staff
- Mental health Clinician/Counselor/Psychologist
- Social worker/Case worker/Care coordinator
- Emergency/Crisis care worker
- Program evaluator
- Administrative assistant/Clerical support personnel
- Student

***If tribal services/tribal government***

- Traditional tribal healer
- Tribal elder
- Elected tribal official
- Program/System administrator

	<input type="checkbox"/> Mental health clinician/Counselor/ Psychologist <input type="checkbox"/> Social worker/Case worker/Care coordinator <input type="checkbox"/> Community outreach worker <input type="checkbox"/> Emergency/Crisis care worker <input type="checkbox"/> Program evaluator <input type="checkbox"/> Administrative assistant/Clerical support personnel  <b><i>If child welfare</i></b> <input type="checkbox"/> Program/System administrator <input type="checkbox"/> Mental health clinician/Counselor/ Psychologist <input type="checkbox"/> Social worker/Case worker/Care coordinator <input type="checkbox"/> Emergency/Crisis care worker <input type="checkbox"/> Program evaluator <input type="checkbox"/> Administrative assistant/Clerical support personnel  <b><i>If mental health</i></b> <input type="checkbox"/> Program/System administrator <input type="checkbox"/> Mental health clinician/Counselor/ Psychologist <input type="checkbox"/> Social worker/Case worker/Care coordinator <input type="checkbox"/> Emergency/Crisis care worker <input type="checkbox"/> Program evaluator <input type="checkbox"/> Administrative assistant/Clerical support personnel
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	<p><b><i>If primary health care (other than mental health)</i></b></p> <p><input type="checkbox"/> Program/system administrator</p> <p><input type="checkbox"/> Physician</p> <p><input type="checkbox"/> Nurse</p> <p><input type="checkbox"/> Nursing assistant/Health technician</p> <p><input type="checkbox"/> Program evaluator</p> <p><input type="checkbox"/> Administrative assistant/Clerical support personnel</p> <p><b><i>If other community settings</i></b></p> <p><input type="checkbox"/> Parent or foster/Resource parent</p> <p><input type="checkbox"/> Other caregiver</p> <p><input type="checkbox"/> Relative</p> <p><input type="checkbox"/> Youth mentor</p> <p><input type="checkbox"/> Volunteer (i.e., big brother/big sister, CASA)</p> <p><input type="checkbox"/> Youth advocate</p> <p><input type="checkbox"/> Clergy/religious educator</p> <p><input type="checkbox"/> OTHER (please specify):</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> REFUSED</p>
<p><b>25. [Recall setting where trainee interacts with youths] Are there clear, widely used steps that should be followed after a youth is identified as at risk for suicide?</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> REFUSED</p>
<p><b>26. [Recall setting where trainee interacts with youths] Are there clear, widely used steps that should be followed after a referral is made to make sure the youth received the services?</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> REFUSED</p>

<p><b>27. Is there an established, shared protocol regarding steps that should be followed after identification?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>28. On a typical day, about how much time do you spend interacting or talking directly with youths?</b></p>	<input type="checkbox"/> 0–15 minutes <input type="checkbox"/> 16–30 minutes <input type="checkbox"/> 31 minutes–1 hour <input type="checkbox"/> 1–2 hours <input type="checkbox"/> Up to 3 hours <input type="checkbox"/> Up to 4 hours <input type="checkbox"/> Up to 5 hours <input type="checkbox"/> More than 5 hours <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>29. What is the nature of your interactions or work with youths?</b></p>	<input type="checkbox"/> Teaching <input type="checkbox"/> Counseling/Advising <input type="checkbox"/> Providing mental health services <input type="checkbox"/> Case management (e.g., child welfare, juvenile justice) <input type="checkbox"/> Volunteer/Mentoring (e.g. big brother/big sister, volunteer) <input type="checkbox"/> No formal work; interactions with youth are intermittent within the community setting <input type="checkbox"/> Church/spiritual advisor <input type="checkbox"/> Neighbor <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>30. Please consider your relationships with youths in responding to the following items:</b></p> <p>a. Youths talk to me about their thoughts and feelings.</p> <p>b. Youths come to me for advice and assistance when they are troubled.</p> <p>c. Youths turn to me when they are concerned about another peer.</p>	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Nearly always <input type="checkbox"/> Always <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>31. Do you know anyone who has died by suicide? [If no baseline, i.e., core]</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED

<p><b>31.1 [IF YES] What was your relationship to this person or these persons? (Select all that apply)</b></p>	<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Coworker <input type="checkbox"/> Patient <input type="checkbox"/> Neighbor <input type="checkbox"/> Acquaintance <input type="checkbox"/> Youth <input type="checkbox"/> Other (please specify) <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>32. What is your gender?</b></p>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transmale <input type="checkbox"/> Transfemale <input type="checkbox"/> Gender nonconforming <input type="checkbox"/> Other <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>33. What is your age?</b></p>	<p>Age: _____</p> <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>34. Are you Hispanic or Latino</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>34.1 [IF YES] Which group represents you? (Select all that apply.)</b></p>	<input type="checkbox"/> Mexican, Mexican American, or Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Central American <input type="checkbox"/> South American <input type="checkbox"/> Other Hispanic or Latino <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>35. What is your race? (Select all that apply.)</b></p>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander

	<input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>Wrap-up: This is the last set of questions.</b>	
<b>36. I would like to offer you one of two ways to receive your \$10 honorarium. I can either give it to you now over the phone as an Amazon.com gift code, or I can confirm your address and send it as a money order. Which would you prefer?</b>  <i>(If money order is selected, interviewer will confirm mailing address with the information we have on file.)</i>	
<b>37. Are you willing to be contacted again in 3 months to answer some additional follow-up questions after your training about how you've used the information and skills you learned?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Thank you very much for your time today. Your information will be very valuable to SAMHSA in its efforts to reduce suicide among youths. If you have any questions or concerns about this survey, please contact Christine Walrath, ICF, at (646) 695-8154.**



**Attachment E-2: TUP-S 3 Month (Core-RCT) State Tribal**



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## **Garrett Lee Smith (GLS) National Outcomes Evaluation State/Tribal Suicide Prevention Program Training Utilization and Preservation Survey (TUP-S) and Verbal Consent Script 3-Month Version (Core and RCT)**

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

**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 International, a company that has been contracted by SAMHSA (which stands for the Substance Abuse and Mental Health Services Administration) to conduct the National Outcomes Evaluation of GLS suicide prevention programs across the country. As part of this evaluation, we are interviewing a random sample of people who have attended suicide prevention trainings sponsored by GLS State and Tribal grantees. 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 **State/Tribal component of the GLS Youth Suicide Prevention and Early Intervention Program**. Before 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 GLS suicide prevention activities.

**The survey will take approximately 30 minutes to complete and you will receive \$10 for your participation. If you are interested, I will give you some more information and request 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 National Outcomes Evaluation. All findings will be reported in aggregate; that is, they will be combined with responses from other individuals.

Additional Protection: In addition, to protect the information that you give us, we have applied for a Certificate of Confidentiality from the U.S. Department of Health and Human Services (HHS). 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, HHS may see your information if we are audited. Finally, the Certificate of Confidentiality does not imply the endorsement or the disapproval of the HHS.

**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 principal investigator of the project 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.

I am not an expert in the subject matter, and I do not work for the people who provided the training, so please feel free to respond honestly. There aren't any wrong answers. We're just interested in your thoughts and opinions.

**Compensation:** You will receive a \$10 Amazon gift code or money order 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](mailto:christine.walrath@icfi.com).

**Do you have any questions?**

**Do you agree to participate in this interview?**

- Yes
- No

**IF YES, continue.**

**Can you confirm that you are over 18 years of age?**

- Yes
- No

**IF YES, continue.**

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

**Great, thanks. To begin, I'm going to ask you some questions about the knowledge you gained at the training.**

**1. About 3 months ago, you participated in a training regarding suicide prevention, correct?**

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

- Yes
- No

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

<b>Part 1. I'd like to start by asking some questions about your training experience and use of what you learned at the training.</b>	
<p><b>2. Have you used your training to do any of the following? (Select all that apply.)</b></p> <p>a. Screen youths for suicidal behaviors (i.e., using a screening tool)</p> <p>b. Formally publicize information about suicide prevention or mental health resources</p> <p>c. Have informal conversations about suicide and suicide prevention with youths and others</p> <p>d. Identify youths who might be at risk for suicide</p> <p>e. Provide direct services to youths at risk for suicide and/or their families</p> <p>f. Train other staff members to intervene with youths at risk for suicide</p> <p>g. Make referrals to mental health services for at-risk youths</p> <p>h. Work with adult at-risk populations</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I have not used my training</p> <p><input type="checkbox"/> Not applicable</p> <p><input type="checkbox"/> Don't know (DK)</p> <p><input type="checkbox"/> Refused</p>
<p><b>2.1 Have you used the suicide prevention training to do anything I did not previously mention?</b></p> <p><b>2.2 [IF YES] Could you please describe what you did?</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Gave response</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> Refused</p>
<p><b>3. Please rate the following statements about the suicide prevention training.</b></p> <p>a. The training increased my knowledge about suicide prevention.</p> <p>b. The training materials I received (i.e., brochures, wallet cards) have been very useful for my suicide prevention efforts.</p> <p>c. The training has met my suicide prevention needs.</p> <p>d. The training addressed cultural differences in the youth I serve.</p> <p>e. The training has proven practical to my work and/or my daily life.</p> <p>f. I have used my training to help with youth suicide prevention in my community.</p> <p>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).</p>	<p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> Not applicable</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> Refused</p>
<p><b>4. Did you receive any materials or resources at the training?</b></p> <p><b>4.1 [IF YES] Could you please describe the materials or resources provided at the training?</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> Refused</p>
<p><b>5. Did the training you attended include a role-play component or behavioral rehearsal based on the skills learned during the training?</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/></p>
<p><b>5.1 [IF YES] Did you participate in a role-play or other type of behavioral rehearsal during the training you attended?</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> Refused</p>

<p><b>6. In the last 3 months, how many trainings or presentations about <u>suicide</u> or suicide prevention have you attended? [Please do not include booster or refreshers of the training in which you consented to participate in this survey.]</b></p> <p><b>6.1 [If more than 1] Which training(s) about <u>suicide</u> or suicide prevention have you received?</b></p>	<input type="checkbox"/> 1–5 <input type="checkbox"/> 6–10 <input type="checkbox"/> 11–20 <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Refused
<p><b>7. [If more than 1] Have you received any booster training in suicide prevention in the last 3 months? [We mean booster or refresher sessions directly related to the training at which you consented to participate in this survey.]</b></p> <p><b>7.1 [IF YES] Which booster training(s) have you received?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
<p><b>8. Since participating in the training, have you used any online tools or applications (apps) to support what you learned from the training?</b></p> <p><b>8.1 If so, could you please describe the online tools or apps?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
<p><b>9. Have you received any training to support your ability to track or monitor youths you identified as at risk for suicide?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
<p><b>10. Please rate the following statements about the suicide prevention training.</b></p> <p>a. The training has helped me develop stronger social and familial relationships.</p> <p>b. The training has helped me connect to members of the community.</p> <p>c. As a result of the training, I place greater value on connections to friends and family.</p> <p>d. The training showed me the importance of high self-esteem and self-confidence.</p> <p>e. As a result of the training, I am more aware of the importance of communication.</p> <p>f. As a result of the training, I have a greater sense of competence.</p> <p>g. As a result of the training, I have a stronger sense of well-being.</p>	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Not applicable <input type="checkbox"/> DK <input type="checkbox"/> Refused <input type="checkbox"/>
<p><b>11. For each of the following statements, please tell me how you would rate your knowledge</b></p> <p>a. Facts concerning suicide prevention.</p> <p>b. Warning signs of suicide.</p> <p>c. How to ask someone about suicide.</p> <p>d. Persuading someone to get help.</p> <p>e. How to get help for someone.</p> <p>f. Information about resources for help with suicide.</p>	<input type="checkbox"/> Very high <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> DK <input type="checkbox"/> Refused
<p><b>12. How appropriate do you think it is to ask someone who may be at risk for suicide about suicide?</b></p>	<input type="checkbox"/> Very appropriate <input type="checkbox"/> Appropriate <input type="checkbox"/> Somewhat appropriate <input type="checkbox"/> Not at all appropriate <input type="checkbox"/> DK <input type="checkbox"/> Refused

<p><b>13. What is the likelihood you will ask someone who appears to be at risk if they are thinking of suicide?</b></p>	<input type="checkbox"/> Very likely <input type="checkbox"/> Likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Not at all likely <input type="checkbox"/> DK <input type="checkbox"/> Refused
<p><b>14. Please read each statement and use the rating scale to indicate the degree to which you agree or disagree with it. It is important that you answer all statements according to your beliefs and not what you think others may want you to believe.</b></p> <p>a. If someone I knew was showing signs of suicide, I would directly raise the question of suicide with them.</p> <p>b. 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.</p> <p>c. If someone told me they were thinking of suicide, I would intervene.</p> <p>d. I feel confident in my ability to help a suicidal person.</p> <p>e. I don't think I can prevent someone from suicide.</p> <p>f. I don't feel competent to help a person at risk of suicide.</p>	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Not applicable <input type="checkbox"/> DK <input type="checkbox"/> Refused
<p><b>15. In the 3 months since your training, have you used the suicide prevention training to identify youths you thought might be at risk for suicide?</b>  Three months ago was [today's date – 3 months].</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused <input type="checkbox"/>
<p><b>15.1 [IF YES] About how many youths have you identified in the last 3 months?</b></p>	<input type="checkbox"/> Provide number <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Refused
<p><i>[If identifications are greater than one] The following questions refer to the most recent occasion when you identified a youth at risk for suicide.</i></p>	
<p><b>16. Thinking about the youth you identified most recently, did you ask the youth whether she/he was considering suicide?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
<p><b>17. Thinking about the youth you identified most recently, in which of the following settings was that youth identified?</b></p> <p><b>17.1 [IF SOME OTHER PLACE] And what was the other place?</b></p>	<input type="checkbox"/> School <input type="checkbox"/> Child welfare agency <input type="checkbox"/> Juvenile justice agency <input type="checkbox"/> Law enforcement agency <input type="checkbox"/> Physical health agency (e.g., primary care, pediatrician's office) <input type="checkbox"/> Emergency response unit or emergency room <input type="checkbox"/> Mental health agency

	<input type="checkbox"/> Community-based organization, recreation, or after school activity <input type="checkbox"/> Home <input type="checkbox"/> Digital medium (e.g., Facebook or text message) <input type="checkbox"/> Some other place (specify) <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>18. Thinking about the youth you identified most recently, did you refer him or her to get further assistance or support?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>18.1 [IF YES] About how many youths did you refer for further assistance or support?</b>	<input type="checkbox"/> Provide number <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>18.2 [IF YES] Thinking about the youth you identified most recently, to what services, resources, or individuals did you refer him or her?</b>  <b>18.3 And what type of place is this?</b>	<input type="checkbox"/> Mental health agency <input type="checkbox"/> Psychiatric hospital/unit <input type="checkbox"/> Emergency room <input type="checkbox"/> Substance abuse treatment center <input type="checkbox"/> School counselor <input type="checkbox"/> Private mental health practice <input type="checkbox"/> Mobile crisis unit <input type="checkbox"/> Did not refer to another place because you provided services directly to youth <input type="checkbox"/> Some other place (specify) <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>19. Thinking about the youth you identified most recently, did you notify that referral resource about the referral?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused

<p><b>20. Thinking about the youth you identified most recently, did you take the youth to the service or resources you were recommending?</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> DK  <input type="checkbox"/> Refused</p>
<p><b>21. Thinking about the youth you identified most recently, did you reach out to the youth, his or her family, or service provider to ensure that the youth had access to mental health services or other support services?</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> DK  <input type="checkbox"/> Refused</p>
<p><b>22. Thinking about the youth you identified most recently, did you receive a formal confirmation that the youth received the service?</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> DK  <input type="checkbox"/> Refused</p>
<p><b>23. Did the youth receive the services to which he/she was referred?</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> DK  <input type="checkbox"/> Refused</p>
<p><b>23.1 [IF DK] Why don't you know if the youth received services?</b></p>	
<p><b>24. Think back to the most recent youth you identified who actually received services, how satisfied are you that your training and the actions you took on the basis of your training were appropriate and effective?</b></p>	<p><input type="checkbox"/> Very satisfied  <input type="checkbox"/> Somewhat satisfied  <input type="checkbox"/> Neither satisfied nor dissatisfied  <input type="checkbox"/> Somewhat dissatisfied  <input type="checkbox"/> Very dissatisfied  <input type="checkbox"/> DK  <input type="checkbox"/> Refused</p>
<p><i>[Skip if DK whether youth received service.]</i>  <b>25. Thinking about this same youth, about how many days did it take from the time you made the referral to when the youth received his or her first service?</b></p>	<p><input type="checkbox"/> Less than 1 day  <input type="checkbox"/> Less than 1 week  <input type="checkbox"/> Between 1 and 2 weeks  <input type="checkbox"/> More than 2 weeks and up to 4 weeks  <input type="checkbox"/> More than 1 month  <input type="checkbox"/> DK  <input type="checkbox"/> Refused</p>
<p><i>[Skip if DK whether youth received service.]</i>  <b>26. Again, thinking about this same youth, what was the first service he or she received? Was it one of the following?</b></p>	<p><input type="checkbox"/> Mental health assessment  <input type="checkbox"/> Substance use assessment</p>

<p><b>26.1 [IF SOME OTHER SERVICE] And could you please describe this other service to me?</b></p>	<input type="checkbox"/> Mental health counseling <input type="checkbox"/> Substance abuse counseling <input type="checkbox"/> Inpatient or residential psychological services <input type="checkbox"/> Psychiatric services or medication management without therapy <input type="checkbox"/> Some other service I have not mentioned <input type="checkbox"/> DK <input type="checkbox"/> Refused
<p><i>[Skip if DK whether youth received service.]</i></p> <p><b>27. Did he or she receive any additional mental health services since that first appointment?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
<p><i>[Skip if DK whether youth received service.]</i></p> <p><b>28. What additional mental health services did he or she receive?</b></p> <p><b>28.1 [IF SOME OTHER SERVICE] Could you please describe this other service to me?</b></p>	<input type="checkbox"/> Mental health assessment <input type="checkbox"/> Substance use assessment <input type="checkbox"/> Mental health counseling <input type="checkbox"/> Substance abuse counseling <input type="checkbox"/> Inpatient services or residential psychological services <input type="checkbox"/> Psychiatric services or medication management without therapy <input type="checkbox"/> Some other service I have not mentioned <input type="checkbox"/> DK <input type="checkbox"/> Refused
<p><b><i>Our final set of questions is about your personal background.</i></b></p>	
<p><b>29. You indicated that XXX was the primary setting in which you interact with youth. Has the primary setting in which you interact with youths change since then?</b></p> <p><b>29.1 [IF YES] Please indicate the primary setting in which you interact with youths.</b></p>	<input type="checkbox"/> Education (K-12) <input type="checkbox"/> Substance abuse <input type="checkbox"/> Juvenile justice/Probation <input type="checkbox"/> Emergency response <input type="checkbox"/> Higher education (college/university)



	<input type="checkbox"/> Tribal services/tribal government <input type="checkbox"/> Child welfare <input type="checkbox"/> Mental health <input type="checkbox"/> Primary health care (other than mental health) <input type="checkbox"/> Other community settings <input type="checkbox"/> DK <input type="checkbox"/> Refused
<p><b>30. Within that setting, please select the ONE ROLE that you feel best describes you.</b></p> <p><b>Enhanced:</b>  <i>You indicated that role that best describes you is XXXX. Has your role changed? [IF YES] Please describe the one role.</i></p>	<p><b><i>If education (K–12)</i></b></p> <input type="checkbox"/> Teacher <input type="checkbox"/> School administrator <input type="checkbox"/> Mental health clinician/Counselor/Psychologist <input type="checkbox"/> Social worker/Case worker/Care coordinator <input type="checkbox"/> Emergency/Crisis care worker <input type="checkbox"/> Program evaluator <input type="checkbox"/> Administrative assistant/Clerical support personnel <input type="checkbox"/> Academic advisor <input type="checkbox"/> Tutor  <p><b><i>If substance abuse</i></b></p> <input type="checkbox"/> Program/System administrator <input type="checkbox"/> Mental health clinician/Counselor/Psychologist <input type="checkbox"/> Social worker/Case worker/Care coordinator <input type="checkbox"/> Emergency/Crisis care worker <input type="checkbox"/> Program evaluator <input type="checkbox"/> Administrative assistant/Clerical support personnel  <p><b><i>If juvenile justice/probation</i></b></p> <input type="checkbox"/> Program/System administrator

- Probation officer
- Social worker/Case worker/Care coordinator
- Detention facility guard
- Program evaluator
- Administrative assistant/Clerical support personnel

***If emergency response***

- Police officer or other law enforcement staff
- Program/System administrator
- Emergency medical technician
- Fire fighter
- Program evaluator
- Administrative assistant/Clerical support personnel

***If higher education (college/university)***

- Faculty/Professor/Researcher
- Administrator (e.g., dean's office, vice president, provost)
- Residential life staff
- Mental health clinician/Counselor/Psychologist
- Social worker/Case worker/Care coordinator
- Emergency/Crisis care worker
- Program evaluator
- Administrative assistant/Clerical support personnel
- Student

***If tribal services/tribal government***

- Traditional tribal healer
- Tribal elder
- Elected tribal official
- Program/System administrator
- Mental health clinician/Counselor/Psychologist
- Social worker/Case worker/Care coordinator
- Community outreach worker
- Emergency/Crisis care worker
- Program evaluator
- Administrative assistant/Clerical support personnel

***If child welfare***

- Program/System administrator
- Mental health clinician/Counselor/Psychologist
- Social worker/Case worker/Care coordinator
- Emergency/Crisis care worker
- Program evaluator
- Administrative assistant/Clerical support personnel

***If mental health***

- Program/System administrator
- Mental health clinician/Counselor/Psychologist
- Social worker/Case worker/Care coordinator

	<input type="checkbox"/> Emergency/Crisis care worker <input type="checkbox"/> Program evaluator <input type="checkbox"/> Administrative assistant/Clerical support personnel  <b><i>If primary health care (other than mental health)</i></b> <input type="checkbox"/> Program/System administrator <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Nursing assistant/Health technician <input type="checkbox"/> Program evaluator <input type="checkbox"/> Administrative assistant/Clerical support personnel  <b><i>If other community settings</i></b> <input type="checkbox"/> Parent or foster/Resource parent <input type="checkbox"/> Other caregiver <input type="checkbox"/> Relative <input type="checkbox"/> Youth mentor <input type="checkbox"/> Volunteer (i.e., Big Brother Big Sister, Court Appointed Special Advocates [CASA]) <input type="checkbox"/> Youth advocate <input type="checkbox"/> Clergy/Religious educator <input type="checkbox"/> Other (please specify): <hr style="width: 100%;"/> <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>31. About how many other peers/colleagues in that setting have received training in suicide prevention?</b>	<input type="checkbox"/> None <input type="checkbox"/> 1–25% <input type="checkbox"/> 26–50% <input type="checkbox"/> 51–75% <input type="checkbox"/> 76–100% <input type="checkbox"/> DK

	<input type="checkbox"/> Refused
<b>32. Please rate the following statement: My peers/colleagues have used the skills learned from the suicide prevention trainings they participated in.</b>	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Not applicable <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>33. [Recall setting where trainee interacts with youths] Are there clear, widely used steps that should be followed after a youth is identified at risk for suicide?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>34. [Recall setting where trainee interacts with youths] Are there clear, widely used steps that should be followed after a referral is made to make sure the youth received the services?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>35. Is there an established, shared protocol regarding steps that should be followed after identification?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>36. In the 3 months since your training, have you shared information from the training with any of the following? (Select all that apply.) Three months ago was [today's date – 3 months].</b>  <b>36.1 [IF YES] How did you share the information?</b>	<input type="checkbox"/> Youth <input type="checkbox"/> Student <input type="checkbox"/> Work colleague <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> DK <input type="checkbox"/> Refused <input type="checkbox"/> Shared printed materials <input type="checkbox"/> Shared information verbally <input type="checkbox"/> Shared information via training or presentation <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>37. What conditions have helped to facilitate the implementation of suicide prevention activities in that setting?</b>	
<b>38. What conditions have hindered the implementation of suicide prevention activities in that setting?</b>	
<b>39. On a typical day, about how much time do you spend interacting or talking directly with youths?</b>	<input type="checkbox"/> 0–15 minutes <input type="checkbox"/> 16–30 minutes <input type="checkbox"/> 31 minutes–1 hour

	<input type="checkbox"/> 1–2 hours <input type="checkbox"/> Up to 3 hours <input type="checkbox"/> Up to 4 hours <input type="checkbox"/> Up to 5 hours <input type="checkbox"/> More than 5 hours <input type="checkbox"/> DK <input type="checkbox"/> Refused
<p><b>40. What is the nature of your interactions or work with youths?</b></p> <p><i>Enhanced: You indicated that you primarily interact with youth in XX context (pull from baseline survey). Has this changed?</i>  <b>[If yes] What is the nature of your interactions or work with youth?</b></p>	<input type="checkbox"/> Teaching <input type="checkbox"/> Counseling/advising <input type="checkbox"/> Providing mental health services <input type="checkbox"/> Case management (e.g., child welfare, juvenile justice) <input type="checkbox"/> Volunteer/Mentoring (e.g., big brother/big sister, volunteer) <input type="checkbox"/> No formal work; interactions with youth are intermittent within the community setting <input type="checkbox"/> Church/spiritual advisor <input type="checkbox"/> Neighbor <input type="checkbox"/> DK <input type="checkbox"/> Refused
<p><b>41. Please consider your relationships with youths in responding to the following items:</b></p> <p>a. Youths talk to me about their thoughts and feelings.  b. Youths come to me for advice and assistance when they are troubled.  c. Youths turn to me when they are concerned about another peer.</p>	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Nearly always <input type="checkbox"/> Always <input type="checkbox"/> DK <input type="checkbox"/> Refused
<p><b>42. Do you know anyone who has died by suicide? [If no baseline, i.e., core]</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
<p><b>42.1 [IF YES] What was your relationship to this person or these persons? (Select all that apply.)</b></p>	<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Coworker <input type="checkbox"/> Patient <input type="checkbox"/> Neighbor <input type="checkbox"/> Acquaintance <input type="checkbox"/> Youth

	<input type="checkbox"/> Other (please specify) <hr/> <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>43. What is your gender?</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transmale <input type="checkbox"/> Transfemale <input type="checkbox"/> Gender nonconforming <input type="checkbox"/> Other <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>44. What is your age?</b>	Age: _____ <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>45. Are you Hispanic or Latino?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>45.1 [IF YES] Which group represents you? (Select all that apply.)</b>	<input type="checkbox"/> Mexican, Mexican American, or Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Central American <input type="checkbox"/> South American <input type="checkbox"/> Other Hispanic or Latino <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>46. What is your race? (Select all that apply.)</b>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> DK <input type="checkbox"/> Refused

<p><b>47. I would like to offer you one of two ways to receive your \$10 honorarium. I can either give it to you now over the phone as an Amazon.com gift code, or I can confirm your address and send it as a money order. Which would you prefer?</b></p> <p><i>(If money order is selected interviewer will confirm mailing address with the information we have on file.)</i></p>	
<p><b>48. Are you willing to be contacted again in 3 months to answer some further follow-up questions about how you've used the information and skills you learned in the training?</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

**Thank you very much for your time today. Your information will be very valuable to SAMHSA in its efforts to reduce suicide among youths. If you have any questions or concerns about this survey, please contact Christine Walrath, ICF International, at (646) 695-8154.**





**Attachment E-3: TUP-S 6 Month (Core-RCT) State Tribal**

**Garrett Lee Smith (GLS) National Outcomes Evaluation  
State/Tribal Suicide Prevention Program  
Training Utilization and Preservation Survey (TUP-S) and Verbal Consent Script  
6–Month Version (Core and RCT)**

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

**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 International, a company that has been contracted by SAMHSA (which stands for the Substance Abuse and Mental Health Services Administration) to conduct the National Outcomes Evaluation of GLS suicide prevention programs across the country. As part of this evaluation, we are interviewing a random sample of people who have attended suicide prevention trainings sponsored by GLS State and Tribal grantees. 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 **State/Tribal component of the GLS Youth Suicide Prevention and Early Intervention Program**. You participated in a follow-up survey about 3 months ago. At the end of the survey, you consented to be contacted again in 3 months for an additional follow-up survey. We are contacting you now to administer the survey. This survey asks questions about the training, how you have used what you learned during the training, and your satisfaction with the training. Findings from this survey will help inform SAMHSA about suicide prevention activities.

**The survey will take approximately 25 minutes to complete and you will receive \$10 for your participation. If you are interested, I will give you some more information and request 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 National Outcomes Evaluation. All findings will be reported in aggregate; that is, they will be combined with responses from other individuals.

Additional Protection: In addition, to protect the information that you give us, we have applied for a Certificate of Confidentiality from the U.S. Department of Health and Human Services (HHS). 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, HHS may see your information if we are audited. Finally, the certificate of confidentiality does not imply the endorsement or the disapproval of the HHS.

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 principal investigator of the project 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.

I am not an expert in the subject matter, and I do not work for the people who provided the training, so please feel free to respond honestly. There are no wrong answers. We're just interested in your thoughts and opinions.

**Compensation:** You will receive a \$10 Amazon gift code or money order 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](mailto:christine.walrath@icfi.com).

**Do you have any questions?**

**Do you agree to participate in this interview?**

- Yes
- No

**IF YES, continue.**

**Can you confirm that you are over 18 years of age?**

- Yes
- No

**IF YES, continue.**

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

**To begin, I'm going to ask you some questions about the knowledge you gained at the training.**

**37. About 6 months ago, you participated in a training regarding suicide prevention, correct?**

Six months ago was [today's date – 6 months].

- Yes
- No

Now that it has been about 6 months since your training, we want to learn about how the [INSERT TRAINING NAME] has impacted 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]**

**Part 1. I'd like to start by asking some questions about your training experience and use of what you learned at the training.**

**38. In the last 3 months, have you used your training to do any of the following?**

Yes

<p><b>(Select all that apply.)</b></p> <ul style="list-style-type: none"> <li>i. Screen youths for suicidal behaviors (i.e., using a screening tool)</li> <li>j. Formally publicize information about suicide prevention or mental health resources</li> <li>k. Have informal conversations about suicide and suicide prevention with youths and others</li> <li>l. Identify youths who might be at risk for suicide</li> <li>m. Provide direct services to youth at risk for suicide and/or their families</li> <li>n. Train other staff members to intervene with youths at risk for suicide</li> <li>o. Make referrals to mental health services for at-risk youths</li> <li>p. Work with adult at-risk populations</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> I have not used my training</li> <li><input type="checkbox"/> NOT APPLICABLE</li> <li><input type="checkbox"/> Don't know (DK)</li> <li><input type="checkbox"/> REFUSED</li> </ul>
<p>38.1 <b>In the last 3 months, have you used the suicide prevention training to do anything I did not previously mention?</b></p> <p>38.2 <b>[IF YES] Could you please describe what you did?</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> DK</li> <li><input type="checkbox"/> REFUSED</li> <li><input type="checkbox"/> Gave response</li> <li><input type="checkbox"/> DK</li> <li><input type="checkbox"/> REFUSED</li> </ul>
<p>39. <b>In the last 3 months, how many trainings or presentations about <u>suicide</u> or suicide prevention have you attended? [Please do not include booster or refreshers of the training in which you consented to participate in this survey.]</b></p> <p>3.1 <b>[If more than one] Which training(s) about <u>suicide</u> or suicide prevention have you received?</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1–5</li> <li><input type="checkbox"/> 6–10</li> <li><input type="checkbox"/> 11–20</li> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> DK</li> <li><input type="checkbox"/> REFUSED</li> </ul>
<p>40. <b>[If more than 1] Have you received any booster training in suicide prevention in the last 3 months? [We mean booster or refresher sessions directly related to the training in which you consented to participate in this survey.]</b></p> <p>4.1 <b>[IF YES] Which booster training(s) have you received?</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> DK</li> <li><input type="checkbox"/> REFUSED</li> </ul>
<p>41. <b>Since participating in the training, have you used any online tools or applications (apps) to support what you learned from the training?</b></p> <p>5.1 <b>[If so] Could you please describe the online tools or apps?</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> DK</li> <li><input type="checkbox"/> REFUSED</li> </ul>
<p>42. <b>Have you received any training to support your ability to track or monitor youths you identified as at risk for suicide?</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> DK</li> <li><input type="checkbox"/> REFUSED</li> </ul>
<p><b>Part 2. The following questions are about the information you learned at the training.</b></p>	
<p>43. <b>For each of the following statements, please tell me how you would rate your knowledge:</b></p> <ul style="list-style-type: none"> <li>g. Facts concerning suicide prevention.</li> <li>h. Warning signs of suicide.</li> <li>i. How to ask someone about suicide.</li> <li>j. Persuading someone to get help.</li> <li>k. How to get help for someone.</li> <li>l. Information about resources for help with suicide.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Very high</li> <li><input type="checkbox"/> High</li> <li><input type="checkbox"/> Low</li> <li><input type="checkbox"/> Very low</li> <li><input type="checkbox"/> DK</li> <li><input type="checkbox"/> REFUSED</li> </ul>
<p>44. <b>How appropriate do you think it is to ask someone who may be at risk for suicide about suicide?</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Very appropriate</li> <li><input type="checkbox"/> Appropriate</li> <li><input type="checkbox"/> Somewhat appropriate</li> </ul>

	<input type="checkbox"/> Not at all appropriate <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>45. What is the likelihood you will ask someone who appears to be at risk if they are thinking of suicide?</b>	<input type="checkbox"/> Very likely <input type="checkbox"/> Likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Not at all likely <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>46. Please read each statement and use the rating scale to indicate the degree to which you agree or disagree with it. It is important that you answer all statements according to your beliefs and not what you think others may want you to believe.</b> g. If someone I knew was showing signs of suicide, I would directly raise the question of suicide with them. h. 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. i. If someone told me they were thinking of suicide, I would intervene. j. I feel confident in my ability to help a suicidal person. k. I don't think I can prevent someone from suicide. l. I don't feel competent to help a person at risk of suicide.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>Part 3. The next set of questions ask about your experiences with youths at risk for suicide.</b>	
<b>47. In the last 3 months, have you used the suicide prevention training to identify youths you thought might be at risk for suicide?</b> Three months ago was [today's date – 3 months].	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>11.1 [IF YES] About how many youths have you identified in the last 3 months?</b>	<input type="checkbox"/> Provide number <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>[IF identifications are greater than one] The following questions refer to the most recent occasion when you identified a youths at risk for suicide.</b>	
<b>48. Thinking about the youth you identified most recently, did you ask the youth whether she/he was considering suicide?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>49. Thinking about the youth you identified most recently, in which of the following settings was that youth identified?</b>  <b>13.1 [IF SOME OTHER PLACE] And what was the other place?</b>	<input type="checkbox"/> School <input type="checkbox"/> Child welfare agency <input type="checkbox"/> Juvenile justice agency <input type="checkbox"/> Law enforcement agency <input type="checkbox"/> Physical health agency (e.g., primary care, pediatrician's office) <input type="checkbox"/> Emergency response unit or emergency room <input type="checkbox"/> Mental health agency <input type="checkbox"/> Community-based organization,

	recreation, or after-school activity <input type="checkbox"/> Home <input type="checkbox"/> Digital medium (e.g., Facebook or text message) <input type="checkbox"/> Some other place (SPECIFY) _____ <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>50. Thinking about the youth you identified most recently, did you refer the youth you identified to get further assistance or support?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>14.1 [IF YES] About how many youths that you have identified did you refer for further assistance or support?</b>	<input type="checkbox"/> Provide number <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>14.2 [IF YES] Thinking about the youth you identified most recently, to what services, resources, or individuals did you refer the youth?</b>  <b>14.3 And what type of place is this?</b>	<input type="checkbox"/> Mental health agency <input type="checkbox"/> Psychiatric hospital/unit <input type="checkbox"/> Emergency room <input type="checkbox"/> Substance abuse treatment center <input type="checkbox"/> School counselor <input type="checkbox"/> Private mental health practice <input type="checkbox"/> Mobile crisis unit <input type="checkbox"/> Did not refer to another place because you provided services directly to youth <input type="checkbox"/> Some other place (SPECIFY) _____ <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>51. Thinking about the youth you identified most recently, did you notify that referral resource about the referral?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>52. Thinking about the youth you identified most recently, did you take the youth to the service or resources you were recommending?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>53. Thinking about the youth you identified most recently, did you reach out to the youth, his or her family, or service provider to ensure that the youth had access to mental health services or other support services?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>54. Thinking about the youth you identified most recently, did you receive a formal</b>	<input type="checkbox"/> Yes

<p><b>confirmation that the youth received the service?</b></p>	<input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>55. Did the youth receive the services to which he/she was referred?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>19.1 [IF DK] Why don't you know if the youth received services?</b></p>	
<p><b>56. Thinking back to the most recent youth you identified who actually received services, how satisfied are you that your training and the actions you took on the basis of your training were appropriate and effective?</b></p>	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied nor dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><i>[Skip if DK whether youth received service.]</i>  <b>57. Thinking about this same youth, about how many days did it take from the time you made the referral to when the youth received his or her first service?</b></p>	<input type="checkbox"/> Less than 1 day <input type="checkbox"/> Less than 1 week <input type="checkbox"/> Between 1 and 2 weeks <input type="checkbox"/> More than 2 weeks and up to 4 weeks <input type="checkbox"/> More than 1 month <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><i>[Skip if DK whether youth received service.]</i>  <b>58. Again, thinking about this same youth, what was the first service he or she received? Was it one of the following?</b></p> <p><b>22.1 [IF SOME OTHER SERVICE] And could you please describe this other service to me?</b></p>	<input type="checkbox"/> Mental health assessment <input type="checkbox"/> Substance use assessment <input type="checkbox"/> Mental health counseling <input type="checkbox"/> Substance abuse counseling <input type="checkbox"/> Inpatient or residential psychological services <input type="checkbox"/> Psychiatric services or medication management without therapy <input type="checkbox"/> Some other service I have not mentioned <input type="checkbox"/> DK <input type="checkbox"/> REFUSED

<p>[Skip if DK whether youth received service.]</p> <p><b>59. Did he or she receive any additional mental health services since that first appointment?</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> REFUSED</p>
<p>[Skip if DK whether youth received service.]</p> <p><b>60. What additional mental health services did he or she receive?</b></p> <p><b>24.1 [IF SOME OTHER SERVICE] Could you please describe this other service to me?</b></p>	<p><input type="checkbox"/> Mental health assessment</p> <p><input type="checkbox"/> Substance use assessment</p> <p><input type="checkbox"/> Mental health counseling</p> <p><input type="checkbox"/> Substance abuse counseling</p> <p><input type="checkbox"/> Inpatient services or residential psychological services</p> <p><input type="checkbox"/> Psychiatric services or medication management without therapy</p> <p><input type="checkbox"/> Some other service I have not mentioned</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> REFUSED</p>
<p><b>Part 4. The next set of questions is about your personal background and experience with individuals in crisis.</b></p>	
<p><b>61. You indicated that XXX was the primary setting in which you interact with youths. Has the primary setting in which you interact with youths change since then?</b></p> <p><b>25.1 [IF YES] Please indicate the primary setting in which you interact with youths.</b></p>	<p><input type="checkbox"/> Education (K-12)</p> <p><input type="checkbox"/> Substance abuse</p> <p><input type="checkbox"/> Juvenile justice/Probation</p> <p><input type="checkbox"/> Emergency response</p> <p><input type="checkbox"/> Higher education (college/university)</p> <p><input type="checkbox"/> Tribal services/Tribal government</p> <p><input type="checkbox"/> Child welfare</p> <p><input type="checkbox"/> Mental health</p> <p><input type="checkbox"/> Primary health care (other than mental health)</p> <p><input type="checkbox"/> Other community settings</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> REFUSED</p>



**62. You indicated that role that best describes you is XXXX. Has your role changed?**

**26.1 [IF YES] Please describe the one role.**

***If education (K–12)***

- Teacher
- School administrator
- Mental health clinician/Counselor/Psychologist
- Social worker/Case worker/Care coordinator
- Emergency/Crisis care worker
- Program evaluator
- Administrative assistant/Clerical support personnel
- Academic advisor
- Tutor

***If substance abuse***

- Program/System administrator
- Mental health clinician/Counselor/Psychologist
- Social worker/Case worker/Care coordinator
- Emergency/Crisis care worker
- Program evaluator
- Administrative assistant/Clerical support personnel

***If juvenile justice/probation***

- Program/System administrator
- Probation officer
- Social worker/Case worker/Care coordinator
- Detention facility guard
- Program evaluator  
Administrative assistant/Clerical support personnel

***If emergency response***

- Police officer or other law enforcement staff
- Program/System administrator

- Emergency medical technician
- Fire fighter
- Program evaluator
- Administrative assistant/Clerical support personnel

***If higher education (college/university)***

- Faculty/Professor/Researcher
- Administrator (e.g., dean's office, vice president, provost)
- Residential life staff
- Mental health clinician/Counselor/Psychologist
- Social worker/Case worker/Care coordinator
- Emergency/Crisis care worker
- Program evaluator
- Administrative assistant/Clerical support personnel
- Student

***If tribal services/tribal government***

- Traditional tribal healer
- Tribal elder
- Elected tribal official
- Program/System administrator
- Mental health clinician/Counselor/Psychologist
- Social worker/Case worker/Care coordinator
- Community outreach worker
- Emergency/Crisis care worker
- Program evaluator
- Administrative assistant/Clerical support personnel

***If child welfare***

- Program/System administrator
- Mental health clinician/Counselor/Psychologist
- Social worker/Case worker/Care coordinator
- Emergency/Crisis care worker
- Program evaluator
- Administrative assistant/Clerical support personnel

***If mental health***

- Program/System administrator
- Mental health clinician/Counselor/Psychologist
- Social worker/Case worker/Care coordinator
- Emergency/Crisis care worker
- Program evaluator
- Administrative assistant/Clerical support personnel

***If primary health care (other than mental health)***

- Program/System administrator
- Physician
- Nurse
- Nursing assistant/Health technician
- Program evaluator
- Administrative assistant/Clerical support personnel

***If other community settings***

- Parent or foster/Resource parent
- Other caregiver
- Relative
- Youth mentor

	<input type="checkbox"/> Volunteer (i.e., Big Brother Big Sister, CASA) <input type="checkbox"/> Youth advocate <input type="checkbox"/> Clergy/Religious educator <input type="checkbox"/> OTHER (please specify): _____ <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>63. About how many other peers/colleagues in that setting have received training in suicide prevention?</b>	<input type="checkbox"/> None <input type="checkbox"/> 1–25% <input type="checkbox"/> 26–50% <input type="checkbox"/> 51–75% <input type="checkbox"/> 76–100% <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>64. Please rate the following statement: My peers/colleagues have used the skills learned from the suicide prevention trainings in which they participated?</b>	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>65. [Recall setting where trainee interacts with youths] Are there clear, widely used steps that should be followed after a youth is identified as at risk for suicide?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>66. [Recall setting where trainee interacts with youth] Are there clear, widely used steps that should be followed after a referral is made to make sure the youth received the services?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>67. Is there an established, shared protocol regarding steps that should be followed after identification?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>68. In the last 3 months, have you shared information from the training with any of the following? (Select all that apply) Three months ago was [today's date–3 months].</b>  <b>32.1 [IF YES] How did you share the information?</b>	<input type="checkbox"/> Youth <input type="checkbox"/> Student <input type="checkbox"/> Work colleague <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> DK <input type="checkbox"/> REFUSED <input type="checkbox"/> Shared printed materials <input type="checkbox"/> Shared information verbally

	<input type="checkbox"/> Shared information via training or presentation <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>33. What conditions have helped to facilitate the implementation of suicide prevention activities in that setting?</b>	
<b>34. What conditions have hindered the implementation of suicide prevention activities in that setting?</b>	
<b>35. On a typical day, about how much time do you spend interacting or talking directly with youths?</b>	<input type="checkbox"/> 0–15 minutes <input type="checkbox"/> 16–30 minutes <input type="checkbox"/> 31 minutes–1 hour <input type="checkbox"/> 1–2 hours <input type="checkbox"/> Up to 3 hours <input type="checkbox"/> Up to 4 hours <input type="checkbox"/> Up to 5 hours <input type="checkbox"/> More than 5 hours <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>36. What is the nature of your interactions or work with youths?</b>  <i>Enhanced: You indicated that you primarily interact with youth in XX context (pull from baseline survey). Has this changed?</i>  <b>[If yes] What is the nature of your interactions or work with youths?</b>	<input type="checkbox"/> Teaching <input type="checkbox"/> Counseling/Advising <input type="checkbox"/> Providing mental health services <input type="checkbox"/> Case management (e.g., child welfare, juvenile justice) <input type="checkbox"/> Volunteer/Mentoring (e.g., big brother/big sister, volunteer) <input type="checkbox"/> No formal work; interactions with youths are intermittent within the community setting <input type="checkbox"/> Church/Spiritual advisor <input type="checkbox"/> Neighbor <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>37. Please consider your relationships with youths in responding to the following items:</b> d. Youths talk to me about their thoughts and feelings. e. Youths come to me for advice and assistance when they are troubled. f. Youths turn to me when they are concerned about another peer.	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Nearly always <input type="checkbox"/> Always <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>38. Do you know anyone who has died by suicide? [If no baseline, i.e., core]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED

<p><b>38.1 [IF YES] What was your relationship to this person or these persons?</b>  <i>(Select all that apply)</i></p>	<p><input type="checkbox"/> Family  <input type="checkbox"/> Friend  <input type="checkbox"/> Coworker  <input type="checkbox"/> Patient  <input type="checkbox"/> Neighbor  <input type="checkbox"/> Acquaintance  <input type="checkbox"/> Youth  <input type="checkbox"/> Other (please specify)  _____</p> <p><input type="checkbox"/> DK  <input type="checkbox"/> REFUSED</p>
<p><b>Wrap-up: This is the last set of questions.</b></p>	
<p><b>39. I would like to offer you one of two ways to receive your \$10 honorarium. I can either give it to you now over the phone as an Amazon.com gift code, or I can confirm your address and send it as a money order. Which would you prefer?</b></p> <p><i>(If money order is selected, interviewer will confirm mailing address with the information we have on file.)</i></p>	
<p><b>40. Are you willing to be contacted again in 3 months to answer some further follow-up questions about how you've used the information and skills you learned in the training?</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>

**Thank you very much for your time today. Your information will be very valuable to SAMHSA in its efforts to reduce suicide among youths. If you have any questions or concerns about this survey, please contact Christine Walrath, ICF International, at (646) 695-8154.**

**Attachment E-4: TUP-S 12 Month (RCT) State Tribal**

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 XXXX-XXXX. Public reporting burden for this collection of information is estimated to average 25 minutes per respondent, 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 2-1057, Rockville, Maryland, 20857.

## **Garrett Lee Smith (GLS) National Outcomes Evaluation State/Tribal Suicide Prevention Program Training Utilization and Preservation Survey (TUP-S) and Verbal Consent Script 12–Month Version (RCT)**

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

**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 International, a company that has been contracted by SAMHSA (which stands for the Substance Abuse and Mental Health Services Administration) to conduct the National Outcomes Evaluation of GLS suicide prevention programs across the country. As part of this evaluation, we are interviewing a random sample of people who have attended suicide prevention trainings sponsored by GLS State and Tribal grantees. 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 **State/Tribal component of the GLS Youth Suicide Prevention and Early Intervention Program**. You participated in a follow-up survey about 6 months ago. At the end of the survey, you consented to be contacted again in 6 months for an additional follow-up survey. We are contacting you now to administer the survey. This survey asks questions about the training, how you have used what you learned during the training, and your satisfaction with the training. Findings from this survey will help inform SAMHSA about suicide prevention activities.

**The survey will take approximately 25 minutes to complete and you will receive \$10 for your participation. If you are interested, I will give you some more information and request 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 National Outcomes Evaluation. All findings will be reported in aggregate; that is, they will be combined with responses from other individuals.

Additional Protection: In addition, to protect the information that you give us, we have applied for a Certificate of Confidentiality from the U.S. Department of Health and Human Services (HHS). 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, HHS may see your information if we are audited. Finally, the certificate of confidentiality does not imply the endorsement or the disapproval of the HHS.

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 principal investigator of the project 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.

I am not an expert in the subject matter, and I do not work for the people who provided the training, so please feel free to respond honestly. There are no wrong answers. We're just interested in your thoughts and opinions.

Compensation: You will receive a \$10 Amazon gift code or money order 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](mailto:christine.walrath@icfi.com).

**Do you have any questions?**

**Do you agree to participate in this interview?**

- Yes
- No

***IF YES, continue.***

**Can you confirm that you are over 18 years of age?**

- Yes
- No

***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. To begin, I'm going to ask you some questions about the knowledge you gained at the training.**

**38. About 6 months ago, you participated in a training regarding suicide prevention, correct?**

Six months ago was [today's date – 6 months].

- Yes
- No

Now that it has been about 6 months since your training, we want to learn about how the [INSERT TRAINING NAME] has impacted 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.]

**Part 1. I'd like to start by asking some questions about your training experience and use of what you learned at the training.**

<p><b>69. In the last 6 months, have you used your training to do any of the following? (Select all that apply.)</b></p> <p>q. Screen youths for suicidal behaviors (i.e., using a screening tool)  r. Formally publicize information about suicide prevention or mental health resources  s. Have informal conversations about suicide and suicide prevention with youths and others  t. Identify youths who might be at risk for suicide  u. Provide direct services to youths at risk for suicide and/or their families  v. Train other staff members to intervene with youths at risk for suicide  w. Make referrals to mental health services for at-risk youths  x. Work with adult at-risk populations</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> I have not used my training  <input type="checkbox"/> NOT APPLICABLE  <input type="checkbox"/> Don't know (DK)  <input type="checkbox"/> REFUSED</p>
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<p><b>69.1 In the last 6 months, have you used the suicide prevention training to do anything I did not previously mention?</b></p> <p><b>69.2 [IF YES] Could you please describe what you did?</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> DK  <input type="checkbox"/> REFUSED  <input type="checkbox"/> Gave response  <input type="checkbox"/> DK  <input type="checkbox"/> REFUSED</p>
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<p><b>70. In the last 6 months, how many trainings or presentations about <u>suicide</u> or <u>suicide prevention</u> have you attended? [Please do not include booster or refreshers of the training in which you consented to participate in this survey.]</b></p> <p><b>70.1 [If more than one] Which training(s) about <u>suicide</u> or <u>suicide prevention</u> have you received?</b></p>	<p><input type="checkbox"/> 1–5  <input type="checkbox"/> 6–10  <input type="checkbox"/> 11–20  <input type="checkbox"/> None  <input type="checkbox"/> DK  <input type="checkbox"/> REFUSED</p>
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<p><b>71. [If more than one] Have you received any booster training in suicide prevention in the last 6 months? [We mean booster or refresher sessions directly related to the training in which you consented to participate in this survey.]</b></p> <p><b>71.1 [IF YES] Which booster training(s) have you received?</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> DK  <input type="checkbox"/> REFUSED</p>
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<p><b>72. Since participating in the training, have you used any online tools or applications (apps) to support what you learned from the training?</b></p> <p><b>72.1 If so, could you please describe the online tools or apps?</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> DK  <input type="checkbox"/> REFUSED</p>
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<p><b>73. Have you received any training to support your ability to track or monitor youths you identified as at risk for suicide?</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> DK  <input type="checkbox"/> REFUSED</p>
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**Part 2. The following questions are about the information you learned at the training.**

<p><b>74. For each of the following statements, please tell me how you would rate your knowledge:</b></p> <p>m. Facts concerning suicide prevention.  n. Warning signs of suicide.  o. How to ask someone about suicide.  p. Persuading someone to get help.  q. How to get help for someone.  r. Information about resources for help with suicide.</p>	<p><input type="checkbox"/> Very high  <input type="checkbox"/> High  <input type="checkbox"/> Low  <input type="checkbox"/> Very low  <input type="checkbox"/> DK  <input type="checkbox"/> REFUSED</p>
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<p><b>75. How appropriate do you think it is to ask someone who may be at risk for suicide about suicide?</b></p>	<input type="checkbox"/> Very appropriate <input type="checkbox"/> Appropriate <input type="checkbox"/> Somewhat appropriate <input type="checkbox"/> Not at all appropriate <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>76. What is the likelihood you will ask someone who appears to be at risk if they are thinking of suicide?</b></p>	<input type="checkbox"/> Very likely <input type="checkbox"/> Likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Not at all likely <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>77. Please read each statement and use the rating scale to indicate the degree to which you agree or disagree with it. It is important that you answer all statements according to your beliefs and not what you think others may want you to believe.</b></p> <p>m. If someone I knew was showing signs of suicide, I would directly raise the question of suicide with them.</p> <p>n. 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.</p> <p>o. If someone told me they were thinking of suicide, I would intervene.</p> <p>p. I feel confident in my ability to help a suicidal person.</p> <p>q. I don't think I can prevent someone from suicide.</p> <p>r. I don't feel competent to help a person at risk of suicide.</p>	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>Part 3. The next set of questions ask about your experiences with youths at risk for suicide.</b></p>	
<p><b>78. In the last 6 months, have you used the suicide prevention training to identify youths you thought might be at risk for suicide?</b> Six months ago was [today's date – 6 months].</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED <input type="checkbox"/>
<p><b>11.1 [IF YES] About how many youths have you identified in the last 6 months?</b></p>	<input type="checkbox"/> Provide number <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>[IF identifications is greater than] The following questions refer to the most recent occasion when you identified a youth at risk for suicide.</b></p>	
<p><b>79. Thinking about the youth you identified most recently, did you ask the youth whether she/he was considering suicide?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>80. Thinking about the youth you identified most recently, in which of the following settings was that youth identified?</b></p> <p><b>13.1 [IF SOME OTHER PLACE] And what was the other place?</b></p>	<input type="checkbox"/> School <input type="checkbox"/> Child welfare agency <input type="checkbox"/> Juvenile justice agency <input type="checkbox"/> Law enforcement agency <input type="checkbox"/> Physical health agency (e.g.,

	<p>primary care, pediatrician's office)</p> <input type="checkbox"/> Emergency response unit or emergency room
<p><b>81. Thinking about the youth you identified most recently, did you refer the youth to get further assistance or support?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>14.1 [IF YES] About how many youths that you identified did you refer for further assistance or support?</b></p>	<input type="checkbox"/> Provide number <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>14.2 [IF YES] Thinking about the youth you identified most recently, to what services, resources, or individuals did you refer the youth?</b></p> <p><b>14.3 And what type of place is this?</b></p>	<input type="checkbox"/> Mental health agency <input type="checkbox"/> Psychiatric hospital/unit <input type="checkbox"/> Emergency room <input type="checkbox"/> Substance abuse treatment center <input type="checkbox"/> School counselor <input type="checkbox"/> Private mental health practice <input type="checkbox"/> Mobile crisis unit <input type="checkbox"/> Did not refer to another place because you provided services directly to youth <input type="checkbox"/> Some other place (SPECIFY) <input type="checkbox"/> DK <input type="checkbox"/> REFUSED

<p><b>82. Thinking about the youth you identified most recently, did you notify that referral resource about the referral?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>83. Thinking about the youth you identified most recently, did you take the youth to the service or resources you were recommending?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>84. Thinking about the youth you identified most recently, did you reach out to the youth, his or her family, or service provider to ensure that the youth had access to mental health services or other support services?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>85. Thinking about the youth you identified most recently, did you receive a formal confirmation that the youth received the service?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>86. Did the youth receive the services to which he/she was referred?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>19.1 [IF DK] Why don't you know if the youth received services?</b></p>	
<p><b>87. Think back to the most recent youth you identified who actually received services, how satisfied are you that your training and the actions you took on the basis of your training were appropriate and effective?</b></p>	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied nor dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><i>[Skip if DK whether youth received service.]</i></p>	
<p><b>88. Thinking about this same youth, about how many days did it take from the time you made the referral to when the youth received his or her first service?</b></p>	<input type="checkbox"/> Less than 1 day <input type="checkbox"/> Less than 1 week <input type="checkbox"/> Between 1 and 2 weeks <input type="checkbox"/> More than 2 weeks and up to 4 weeks <input type="checkbox"/> More than 1 month <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><i>[Skip if DK whether youth received service.]</i></p>	
<p><b>89. Again, thinking about this same youth, what was the first service he or she received? Was it one of the following?</b></p> <p><b>22.1 [IF SOME OTHER SERVICE] And could you please describe this other service to me?</b></p>	<input type="checkbox"/> Mental health assessment <input type="checkbox"/> Substance use assessment <input type="checkbox"/> Mental health counseling <input type="checkbox"/> Substance abuse counseling

	<input type="checkbox"/> Inpatient or residential psychological services <input type="checkbox"/> Psychiatric services or medication management without therapy <input type="checkbox"/> Some other service I have not mentioned <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p>[Skip if DK whether youth received service.]</p> <p><b>90. Did he or she receive any additional mental health services since that first appointment?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p>[Skip if DK whether youth received service.]</p> <p><b>91. What additional mental health services did he or she receive?</b></p> <p><b>24.1 [IF SOME OTHER SERVICE] Could you please describe this other service to me?</b></p>	<input type="checkbox"/> Mental health assessment <input type="checkbox"/> Substance use assessment <input type="checkbox"/> Mental health counseling <input type="checkbox"/> Substance abuse counseling <input type="checkbox"/> Inpatient services or residential psychological services <input type="checkbox"/> Psychiatric services or medication management without therapy <input type="checkbox"/> Some other service I have not mentioned <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>Part 4. The next set of questions is about your personal background and experience with individuals in crisis.</b></p>	
<p><b>92. You indicated that XXX was the primary setting in which you interact with youths. Has the primary setting in which you interact with youths change since then?</b></p> <p><b>25.1 [IF YES] Please indicate the primary setting in which you interact with youths.</b></p>	<input type="checkbox"/> Education (K-12) <input type="checkbox"/> Substance abuse <input type="checkbox"/> Juvenile justice/Probation <input type="checkbox"/> Emergency response <input type="checkbox"/> Higher education (college/university) <input type="checkbox"/> Tribal services/Tribal government <input type="checkbox"/> Child welfare <input type="checkbox"/> Mental health <input type="checkbox"/> Primary health care

	<p>(other than mental health)</p> <p><input type="checkbox"/> Other community settings</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> REFUSED</p>
<p><b>93. You indicated that role that best describes you is XXXX. Has your role changed?</b></p> <p><b>26.1 [IF YES] Please describe the one role.</b></p>	<p><b><i>If education (K–12)</i></b></p> <p><input type="checkbox"/> Teacher</p> <p><input type="checkbox"/> School administrator</p> <p><input type="checkbox"/> Mental health clinician/Counselor/Psychologist</p> <p><input type="checkbox"/> Social worker/Case worker/Care coordinator</p> <p><input type="checkbox"/> Emergency/Crisis care worker</p> <p><input type="checkbox"/> Program evaluator</p> <p><input type="checkbox"/> Administrative assistant/Clerical support personnel</p> <p><input type="checkbox"/> Academic advisor</p> <p><input type="checkbox"/> Tutor</p> <p><b><i>If substance abuse</i></b></p> <p><input type="checkbox"/> Program/System administrator</p> <p><input type="checkbox"/> Mental health clinician/Counselor/Psychologist</p> <p><input type="checkbox"/> Social worker/Case worker/Care coordinator</p> <p><input type="checkbox"/> Emergency/Crisis care worker</p> <p><input type="checkbox"/> Program evaluator</p> <p><input type="checkbox"/> Administrative assistant/Clerical support personnel</p> <p><b><i>If juvenile justice/probation</i></b></p> <p><input type="checkbox"/> Program/System administrator</p> <p><input type="checkbox"/> Probation officer</p> <p><input type="checkbox"/> Social worker/Case worker/Care coordinator</p> <p><input type="checkbox"/> Detention facility guard</p> <p><input type="checkbox"/> Program evaluator</p> <p><input type="checkbox"/> Administrative assistant/Clerical</p>

support personnel

***If emergency response***

- Police officer or other law enforcement staff
- Program/System administrator
- Emergency medical technician
- Fire fighter
- Program evaluator
- Administrative assistant/Clerical support personnel

***If higher education (college/university)***

- Faculty/Professor/Researcher
- Administrator (e.g., dean's office, vice president, provost)
- Residential life staff
- Mental health clinician/Counselor/Psychologist
- Social worker/Case worker/Care coordinator
- Emergency/Crisis care worker
- Program evaluator
- Administrative assistant/Clerical support personnel
- Student

***If tribal services/tribal government***

- Traditional tribal healer
- Tribal elder
- Elected tribal official
- Program/System administrator
- Mental health clinician/Counselor/Psychologist
- Social worker/Case worker/Care coordinator



	<input type="checkbox"/> Community outreach worker  <input type="checkbox"/> Emergency/Crisis care worker <input type="checkbox"/> Program evaluator <input type="checkbox"/> Administrative assistant/Clerical support personnel  <b><i>If child welfare</i></b> <input type="checkbox"/> Program/System administrator <input type="checkbox"/> Mental health clinician/Counselor/Psychologist <input type="checkbox"/> Social worker/Case worker/Care coordinator <input type="checkbox"/> Emergency/Crisis care worker <input type="checkbox"/> Program evaluator <input type="checkbox"/> Administrative assistant/Clerical support personnel  <b><i>If mental health</i></b> <input type="checkbox"/> Program/system administrator <input type="checkbox"/> Mental health clinician/Counselor/Psychologist <input type="checkbox"/> Social worker/Case worker/Care coordinator <input type="checkbox"/> Emergency/Crisis care worker <input type="checkbox"/> Program evaluator <input type="checkbox"/> Administrative assistant/Clerical support personnel  <b><i>If primary health care (other than mental health)</i></b> <input type="checkbox"/> Program/System administrator <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Nursing assistant/Health technician <input type="checkbox"/> Program evaluator <input type="checkbox"/> Administrative
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	<p>assistant/Clerical support personnel</p> <p><b><i>If other community settings</i></b></p> <p><input type="checkbox"/> Parent or foster/Resource parent</p> <p><input type="checkbox"/> Other caregiver</p> <p><input type="checkbox"/> Relative</p> <p><input type="checkbox"/> Youth mentor</p> <p><input type="checkbox"/> Volunteer (i.e., Big Brother Big Sister, Court Appointed Special Advocates [CASA])</p> <p><input type="checkbox"/> Youth advocate</p> <p><input type="checkbox"/> Clergy/Religious educator</p> <p><input type="checkbox"/> OTHER (please specify):</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> REFUSED</p>
<p><b>94. About how many other peers/colleagues in that setting have received training in suicide prevention?</b></p>	<p><input type="checkbox"/> None</p> <p><input type="checkbox"/> 1–25%</p> <p><input type="checkbox"/> 26–50%</p> <p><input type="checkbox"/> 51–75%</p> <p><input type="checkbox"/> 76–100%</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> REFUSED</p>
<p><b>95. Please rate the following statement: My peers/colleagues have used the skills learned from the suicide prevention trainings in which they participated?</b></p>	<p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> NOT APPLICABLE</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> REFUSED</p>
<p><b>96. [Recall setting where trainee interacts with youths] Are there clear, widely used steps that should be followed after a youth is identified as at risk for suicide?</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> REFUSED</p>
<p><b>97. [Recall setting where trainee interacts with youths] Are there clear, widely used steps that should be followed after a referral is made to make sure the youth received the services?</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> REFUSED</p>
<p><b>98. Is there an established, shared protocol regarding steps that should be followed after identification?</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> REFUSED</p>

<p><b>99. In the 6 months since your training, have you shared information from the training with any of the following? (Select all that apply) Six months ago was [today's date – 6 months].</b></p> <p><b>32.1 [IF YES] How did you share the information?</b></p>	<input type="checkbox"/> Youth <input type="checkbox"/> Student <input type="checkbox"/> Work colleague <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> DK <input type="checkbox"/> REFUSED <input type="checkbox"/> Shared printed materials <input type="checkbox"/> Shared information verbally <input type="checkbox"/> Shared information via training or presentation <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>100. What conditions have helped to facilitate the implementation of suicide prevention activities in that setting?</b></p>	
<p><b>101. What conditions have hindered the implementation of suicide prevention activities in that setting?</b></p>	
<p><b>102. On a typical day, about how much time do you spend interacting or talking directly with youths?</b></p>	<input type="checkbox"/> 0–15 minutes <input type="checkbox"/> 16–30 minutes <input type="checkbox"/> 31 minutes–1 hour <input type="checkbox"/> 1–2 hours <input type="checkbox"/> Up to 3 hours <input type="checkbox"/> Up to 4 hours <input type="checkbox"/> Up to 5 hours <input type="checkbox"/> More than 5 hours <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<p><b>103. What is the nature of your interactions or work with youths?</b></p> <p><i>Enhanced: You indicated that you primarily interact with youths in XX context (pull from baseline survey). Has this changed? If yes, what is the nature of your interactions or work with youths?</i></p>	<input type="checkbox"/> Teaching <input type="checkbox"/> Counseling/Advising <input type="checkbox"/> Providing mental health services <input type="checkbox"/> Case management (e.g., child welfare, juvenile justice) <input type="checkbox"/> Volunteer/Mentoring (e.g. big brother/big sister, volunteer) <input type="checkbox"/> No formal work; interactions with youth are intermittent within the community setting <input type="checkbox"/> Church/Spiritual advisor <input type="checkbox"/> Neighbor <input type="checkbox"/> DK

	<input type="checkbox"/> REFUSED
<b>104. Please consider your relationships with youths in responding to the following items:</b> g. Youths talk to me about their thoughts and feelings. h. Youths come to me for advice and assistance when they are troubled. i. Youths turn to me when they are concerned about another peer.	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Nearly always <input type="checkbox"/> Always <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>105. Do you know anyone who has died by suicide? [If no baseline, i.e., core]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>38.1 [IF YES] What was your relationship to this person or these persons? (Select all that apply.)</b>	<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Coworker <input type="checkbox"/> Patient <input type="checkbox"/> Neighbor <input type="checkbox"/> Acquaintance <input type="checkbox"/> Youth <input type="checkbox"/> Other (please specify) <input type="checkbox"/> DK <input type="checkbox"/> REFUSED
<b>Wrap-up: This is the last set of questions.</b>	
<b>106. I would like to offer you one of two ways to receive your \$10 honorarium. I can either give it to you now over the phone as an Amazon.com gift code, or I can confirm your address and send it as a money order. Which would you prefer?</b>  (If money order is selected, interviewer will confirm mailing address with information we have on file.)	

**Thank you very much for your time today. Your information will be very valuable to SAMHSA in its efforts to reduce suicide among youths. If you have any questions or concerns about this survey, please contact Christine Walrath, ICF International, at (646) 695-8154.**



**Attachment E-5: TUP-S Consent to Contact (Core) State Tribal**

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 XXXX-XXXX. Public reporting burden for this collection of information is estimated to average 10 minutes per respondent, 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 2-1057, Rockville, Maryland, 20857.

## Garrett Lee Smith (GLS) National Outcomes Evaluation State/Tribal Suicide Prevention Program Training Utilization and Preservation Survey Consent to Contact Form (Core)

Training ID:

Training Name: \_\_\_\_\_

Date of Training/Today's Date: \_\_\_\_\_

As part of the **National Outcomes Evaluation of Garrett Lee Smith (GLS) Suicide Prevention Programs**, we will be interviewing individuals who participated in suicide prevention training activities like the one for which you have signed up. The Training Utilization and Preservation Survey is a telephone survey that will be administered to participants from a random sample of suicide prevention gatekeeper training programs to collect information about gatekeeper knowledge, attitudes, and behaviors following their trainings. Your participation in this brief survey is completely voluntary. 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. Your name will not be used in any reports about this evaluation. We are interested in contacting you again within the next 3 to 4 months after you participated in the training to ask you some questions about what you learned during this training; how you have used what you learned; and what impact it has had on your identification and referral of youths at risk for suicide in your community. Findings from the survey will assist in informing SAMHSA (which stands for the Substance Abuse and Mental Health Services Administration) about suicide prevention activities and training experiences.

**The survey will take approximately 20 to 30 minutes and will be conducted over the telephone by a member of the National Outcomes Evaluation team. If you are selected to participate in the interview, in appreciation of your time, we will provide you with either a \$10 Amazon gift code or we will mail you a \$10 money order.**

**Are you interested in being contacted about possible participation in the Training Utilization and Preservation Survey?**

- Yes  
 No

If you are interested in participating in this important effort, or in learning more about the Training Utilization and Preservation Survey, please provide your contact information below. If you are selected to participate in the interview, a member of the National Outcomes Evaluation team will contact you. Participants for the survey will be randomly selected from a complete list of interested training participants.

<b>39. Name:</b>			
<b>40. Cell phone:</b>		<b>a. Best contact?</b>	<b>b. Best time to call?</b>

Training ID:

		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> AM	<input type="checkbox"/> PM
41. Work phone:		a. Best contact?		b. Best time to call?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> AM	<input type="checkbox"/> PM
42. Home phone:		a. Best contact?		b. Best time to call?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> AM	<input type="checkbox"/> PM
43. Work e-mail:					
44. Personal e-mail:					
45. Preferred language for survey	<input type="checkbox"/> English	<input type="checkbox"/> Spanish			

*We would also like to ask you a few questions about your experiences identifying and referring with suicidal youths.*

46. Please indicate the primary setting in which you interact with youths:	<input type="checkbox"/> Education (K-12)	<input type="checkbox"/> Child welfare
	<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Mental health care
	<input type="checkbox"/> Juvenile justice/Probation	<input type="checkbox"/> Other community settings
	<input type="checkbox"/> Emergency response	<input type="checkbox"/> Don't know
	<input type="checkbox"/> Higher education (college/university)	<input type="checkbox"/> Refused
	<input type="checkbox"/> Tribal services/Tribal government	
47. In the last 12 months have you identified youths you thought might be at risk for suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't know
	<input type="checkbox"/> No	<input type="checkbox"/> Refused
d. [IF YES] About how many of those were identified in the last 12 months?	<input type="checkbox"/> None <input type="checkbox"/> Number identified_____	<input type="checkbox"/> Don't know <input type="checkbox"/> Refused
e. [IF YES] About how many of those were identified in the last 6 months?	<input type="checkbox"/> None <input type="checkbox"/> Number identified_____	<input type="checkbox"/> Don't know <input type="checkbox"/> Refused
f. [IF YES] About how many of those were identified in the last 3 months?	<input type="checkbox"/> None <input type="checkbox"/> Number identified_____	<input type="checkbox"/> Don't know <input type="checkbox"/> Refused
48. In which ZIP code(s) did you identify at-risk youths? Please include all relevant ZIP codes.	ZIP code 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ZIP code 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	ZIP code 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ZIP code 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Training ID:

<b>IF YES, these questions refer to the most recent occasion when you identified a youth at risk for suicide.</b>	
<b>49. Thinking about the youth you identified most recently, did you ask the youth whether she/he was considering suicide?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>50. Thinking about the youth you identified most recently, did you refer the youth to get further assistance or support?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>g. If YES, about how many youths that did you refer for further assistance or support?</b>	<input type="checkbox"/> None <input type="checkbox"/> Don't know <input type="checkbox"/> Number identified_____ <input type="checkbox"/> Refused

**If you have any concerns or questions about your participation in this study, please contact Christine Walrath, principal investigator, at (212) 941-5555 or christine.walrath@icfi.com. Whether you selected yes or no above, please return this page to the training facilitator. Thank you!**