

## State of the State, Territory, and Tribal (S/T/T) Suicide Prevention Survey

Form Approved  
OMB No. 0920-0879  
Expiration Date 01/31/2021

This survey is meant for state, tribal, or territorial health department and behavioral health staff, grant managers, and coalition or advisory group leaders. It will help the Centers for Disease Control and Prevention's (CDC) Division of Violence Prevention conduct an environmental scan with all 50 states, Washington D.C., US territories and select tribes to understand how suicide prevention is addressed, now, and in the past five years. Your feedback is important to us and will help CDC's Division of Violence Prevention to improve suicide prevention technical assistance to states, territories, and tribes and develop recommendations to improve public health response to prevent suicide.

When you see "S/T/T", this refers to you if you are a representative of a state, Washington, DC, territory, or tribe. Completing the questionnaire is voluntary and takes approximately 30 minutes. CDC will not publish or share any identifying information about individual respondents. Data collected from this survey will be reported only in aggregate form. There are no known risks or direct benefits to you from participating or choosing not to participate, but your answers will help CDC improve state, tribal and territorial suicide prevention. As you complete the survey, you may find that you need to gather some information from your records. Also, you are able to move forward and backwards in the survey. You are able to exit the survey and return to complete it. If you have any questions or concerns about this assessment, please contact [Doryn Chervin](mailto:dchervin@getingears.com) (dchervin@getingears.com) or [Doriane Sewell](mailto:dsewell@getingears.com) (dsewell@getingears.com).

CDC estimates the average public reporting burden for this collection of information as 30 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

cbb7



Please save this pass code in reference to your survey response.

Survey Starting Date: Monday, May 7, 2018 12:00 AM

Survey Closing Date: Thursday, May 31, 2018 11:59 PM

## State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 ▶

Exit Survey

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#### About your State/Territory/Tribe (S/T/T)

1. What is your State or Territory?

Select ▼

2. If you represent a Tribe, which one?

3. Within what S/T/T agency are you based?

Select ▼

If "Other S/T/T agency", specify which one:

4. If you are not based in a S/T/T agency, in what type of organization are you based?

5. Please describe your current responsibilities related to suicide prevention?

6. How long have you been in your current position?

Select ▼

7. How long have you worked in suicide prevention in total?

Select ▼

8. Are you the office suicide prevention coordinator or equivalent in your S/T/T?

Select ▼

**IMPORTANT:** Please click the "Finish Later" button in the bottom center of this page to get your unique response URL and pass code. These will be needed for you to return to the survey without losing your answers in case you drop your connection or experience an inactivity time-out. Thank you.

Finish later

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- Select
- Alaska
- Alabama
- Arkansas
- American Samoa
- Arizona
- California
- Colorado
- Connecticut
- District of Columbia
- Delaware
- Florida
- Federated States of Micronesia
- Georgia
- Guam
- Hawaii
- Iowa
- Idaho
- Illinois
- Indiana
- Kansas
- Kentucky
- Louisiana
- Massachusetts
- Maine
- Maryland
- Marshall Islands
- Michigan
- Minnesota
- Missouri
- Northern Mariana Islands
- Mississippi
- Montana
- North Carolina
- North Dakota
- Nebraska
- New Hampshire
- New Jersey
- New Mexico
- Nevada
- New York
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Palau
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- U.S. Minor Outlying Islands
- Utah
- Virgin Islands
- Vermont
- Virginia
- Washington
- Wisconsin
- West Virginia
- Wyoming

Finish later

Continue >



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Select ▼

2. If you represent a Tribe, which one?

3. Within what S/T/T agency are you based?

Select ▼  
Health department  
Mental/behavioral Health  
Human services  
Not based within an S/T/T agency  
Other S/T/T agency

If "Other S/T/T agency", specify which one:

4. If you are not based in a S/T/T agency, in what type of organization are you based?

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Select ▼

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8. Are you the office suicide prevention coordinator or equivalent in your S/T/T?

- ✓ Select
- Less than a year
- 1 Year
- 2 Years
- 3 Years
- 4 Years
- 5 Years
- 6 Years
- 7 Years
- 8 Years
- 9 Years
- 10 Years
- 11 Years
- 12 Years
- 13 Years
- 14 Years
- 15 Years
- 16 Years
- 17 Years
- 18 Years
- 19 Years
- 20 Years
- 20+ Years

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- ✓ Select
- Less than a year
- 1 Year
- 2 Years
- 3 Years
- 4 Years
- 5 Years
- 6 Years
- 7 Years
- 8 Years
- 9 Years
- 10 Years
- 11 Years
- 12 Years
- 13 Years
- 14 Years
- 15 Years
- 16 Years
- 17 Years
- 18 Years
- 19 Years
- 20 Years
- 20+ Years

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- Select
- Yes
- No

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 Exit Survey

### II. Suicide in Your State/Territory/Tribe (S/T/T)

9. How have the rates of suicide changed in your S/T/T in the last five years?

Select ▼

10. How have the rates of suicide attempts changed in your S/T/T in the past five years?

Select ▼

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[📄 Finish later](#)

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## II. Suicide in Your State/Territory/Tribe (S/T/T)

9. How have the rates of suicide changed in your S/T/T in the last five years?

10. How have the rates of suicide attempts changed in your S/T/T in the past five years?

- ✓ Select
- Not sure/don't know
- Decreased greatly
- Decreased somewhat
- Stayed about the same
- Increased somewhat
- Increased greatly

Previous

Finish later

Continue



## II. Suicide in Your State/Territory/Tribe (S/T/T)

9. How have the rates of suicide changed in your S/T/T in the last five years?

Select

10. How have the rates of suicide attempts changed in your S/T/T in the past five years?

- ✓ Select
- Not sure/don't know
- Decreased greatly
- Decreased somewhat
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11. What data sources does your S/T/T use to routinely track suicide?

Vital statistics or Death certificate data?

Select

National Violent Death Reporting System (NVDRS)?

Select

Fatality Review Team? (may be for children, adults, or both)

Select

S/T/T epidemiology work group (or similar group)

Select

Other, please describe:

12. What data sources does your S/T/T use to routinely track suicide attempts?

Hospital discharge data?

Select

Emergency department data?

Select

Emergency Medical Services (i.e. first responder data)

Select

Syndromic surveillance\* data?

Select

(\*Definition of Syndromic Surveillance: A real-time data system in which chief complaint data from emergency departments flows in every 24-48 hours. Chief complaint, triage note, and discharge diagnosis code data can be queried to monitor suicidal thoughts and suicide attempt-related ED visits).

Other, please describe:

13. What data sources does your S/T/T use to track risk and protective factors?

Youth-risk Behavior Surveillance System (YRBSS)?

Select

Other school surveys

Select

Behavioral Risk Factor Surveillance System (BRFSS)?

Select

National Survey of Drug Use and Health (NSDUH)?

Select

Local surveys administered by local government or partner organizations?

Select

Other, please describe:

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Hospital discharge data?

Emergency department data?

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Syndromic surveillance\* data?

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- Other school surveys
- Behavioral Risk Factor Surveillance System (BRFSS)?
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Vital statistics or Death certificate data?

National Violent Death Reporting System (NVDRS)?

Fatality Review Team? (may be for children, adults, or both)

S/T/T epidemiology work group (or similar group)

Other, please describe:

## 12. What data sources does your S/T/T use to routinely track suicide attempts?

Hospital discharge data?

Emergency department data?

Emergency Medical Services (i.e. first responder data)

Syndromic surveillance\* data?

(\*Definition of Syndromic Surveillance: A real-time data system in which chief complaint data from emergency departments flows in every 24-48 hours. Chief complaint, triage note, and discharge diagnosis code data can be queried to monitor suicidal thoughts and suicide attempt-related ED visits).

Other, please describe:

## 13. What data sources does your S/T/T use to track risk and protective factors?

Youth-risk Behavior Surveillance System (YRBSS)?

Other school surveys

Behavioral Risk Factor Surveillance System (BRFSS)?

National Survey of Drug Use and Health (NSDUH)?

Local surveys administered by local government or partner organizations?

Other, please describe:

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# State of the State Suicide Prevention Survey

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Exit Survey

11. What data sources does your S/T/T use to routinely track suicide?

Vital statistics or Death certificate data?

National Violent Death Reporting System (NVDRS)?

Fatality Review Team? (may be for children, adults, or both)

S/T/T epidemiology work group (or similar group)

Other, please describe:

12. What data sources does your S/T/T use to routinely track suicide attempts?

Hospital discharge data?

Emergency department data?

Emergency Medical Services (i.e. first responder data)

Syndromic surveillance\* data?

(\*Definition of Syndromic Surveillance: A real-time data system in which chief complaint data from emergency departments flows in every 24-48 hours. Chief complaint, triage note, and discharge diagnosis code data can be queried to monitor suicidal thoughts and suicide attempt-related ED visits).

Other, please describe:

13. What data sources does your S/T/T use to track risk and protective factors?

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Other, please describe:

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## State of the State Suicide Prevention Survey

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Exit Survey

### III. State/Territory/Tribe (S/T/T) Infrastructure

14. Does your S/T/T have a specific unit or office dedicated to suicide prevention?

Select ▼

15. How many staff are supported?  If Other, please specify

16. What is your S/T/T suicide prevention budget?

Select ▼

17. What other sources of funding do you currently have?

- None
- Garrett Lee Smith (GLS) Memorial Act Funding (SAMHSA)
- GLS Campus Suicide Prevention funding
- Native Connections (SAMHSA)
- Zero Suicide funding (SAMHSA)
- National Institute of Mental Health Zero Suicide grants
- Indian Health Services Zero Suicide grants
- Methamphetamine and suicide prevention initiative (IHS)
- National strategy grants (SAMHSA)
- Other Federal government (NIH, CDC, IHS, VA) suicide prevention grants, cooperative agreements, block grants, contracts?

If yes, please describe:

Other State/Territorial/Tribal support (e.g. discretionary funds)?

If yes, please describe:

Foundation support? Which one:

Private sector/business support? If yes, please describe:

Other? If yes, please describe:

18. What is the total budget for these other sources of funding? If you don't know, please take your best guess.

Select ▼

19. Based on your responses, your current funding is between  and  Is this correct?

Select ▼

(If the current funding does not appear correct in Question 19, then please check your responses in questions #16 and #18 and revise.)

20. If no funding at all (\$0) dedicated specifically to suicide prevention, please describe how suicide prevention operates in your S/T/T:

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## State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

### III. State/Territory/Tribe (S/T/T) Infrastructure

14. Does your S/T/T have a specific unit or office dedicated to suicide prevention?

Select  
Yes  
No

15. How many staff are supported?  If Other, please specify

16. What is your S/T/T suicide prevention budget?

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## State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

### III. State/Territory/Tribe (S/T/T) Infrastructure

14. Does your S/T/T have a specific unit or office dedicated to suicide prevention?

Yes

15. How many staff are supported?

Select  
<1  
1  
2  
3  
4  
5  
Other

If Other, please specify

16. What is your S/T/T suicide prevention budget?

Select

17. What other sources of funding do you currently have?

- None
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- Other Federal government (NIH, CDC, IHS, VA) suicide prevention grants, cooperative agreements, block grants, contracts?

- ✓ Select
- Zero
- \$1- \$100,000
- 100-249k
- 250-399k
- 400-549k
- 550-699k
- 700-849k
- 850-999k
- 1-1.9m
- 2-2.9m
- 3-3.9m
- 4-4.9m
- 5-5.9m
- 6-6.9m
- 7-7.9m
- 8-8.9m
- 9-9.9m
- 10m+

If yes, please describe:

Other State/Territorial/Tribal support (e.g. discretionary funds)?

If yes, please describe:

Foundation support? Which one:

Private sector/business support? If yes, please describe:

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📄 Exit Survey

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- Select
- Zero
- \$1- \$100,000
- 100-249k
- 250-399k
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- 550-699k
- 700-849k
- 850-999k
- 1-1.9m
- 2-2.9m
- 3-3.9m
- 4-4.9m
- 5-5.9m
- 6-6.9m
- 7-7.9m
- 8-8.9m
- 9-9.9m
- 10m+

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# State of the State Suicide Prevention Survey

## III. State/Territory/Tribe (S/T/T) Infrastructure

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Other State/Territorial/Tribal support (e.g. discretionary funds)?  
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Private sector/business support? If yes, please describe:

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# State of the State Suicide Prevention Survey

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 Exit Survey

21. Which of the following general activities related to suicide prevention does your current budget (indicated in #19) support?

Staffing	Select
Legislation/policy development	Select
Convening of S/T/T suicide prevention coalition/taskforce	Select
Convening of local suicide prevention coalitions/taskforces	Select
Convening of a S/T/T suicide prevention conference, annual meeting, etc.	Select
Grants to local communities	Select
Work with clinical systems to improve suicide risk detection, treatment, and care transitions	Select
Developing suicide prevention materials (e.g. briefs, fact sheets, annual reports)	Select
Implementation of community-based prevention programs	Select
Community-based service delivery	Select
Program evaluation	Select
Surveillance activities	Select
Training	Select
Research	Select
Suicide prevention plan evaluation	Select
Other	Select
If Other, please describe:	<input type="text"/>

22. The nation's goal is to reduce suicide rates 20% by 2015.

How likely is it that your S/T/T can reduce suicide by 20% at current resource/funding levels?

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# State of the State Suicide Prevention Survey

21. Which of the following general activities related to suicide prevention does your current budget (indicated in #19) support?

Staffing	<input type="checkbox"/> Select
Legislation/policy development	<input type="checkbox"/> Yes
Convening of S/T/T suicide prevention coalition/taskforce	<input type="checkbox"/> No
Convening of local suicide prevention coalitions/taskforces	<input type="checkbox"/> Not sure or Don't know
Convening of a S/T/T suicide prevention conference, annual meeting, etc.	<input type="text" value="Select"/>
Grants to local communities	<input type="text" value="Select"/>
Work with clinical systems to improve suicide risk detection, treatment, and care transitions	<input type="text" value="Select"/>
Developing suicide prevention materials (e.g. briefs, fact sheets, annual reports)	<input type="text" value="Select"/>
Implementation of community-based prevention programs	<input type="text" value="Select"/>
Community-based service delivery	<input type="text" value="Select"/>
Program evaluation	<input type="text" value="Select"/>
Surveillance activities	<input type="text" value="Select"/>
Training	<input type="text" value="Select"/>
Research	<input type="text" value="Select"/>
Suicide prevention plan evaluation	<input type="text" value="Select"/>
Other	<input type="text" value="Select"/>
If Other, please describe:	<input type="text"/>

22. The nation's goal is to reduce suicide rates 20% by 2015.

How likely is it that your S/T/T can reduce suicide by 20% at current resource/funding levels?

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Staffing	Select
Legislation/policy development	Select
Convening of S/T/T suicide prevention coalition/taskforce	Select
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Grants to local communities	Select
Work with clinical systems to improve suicide risk detection, treatment, and care transitions	Select
Developing suicide prevention materials (e.g. briefs, fact sheets, annual reports)	Select
Implementation of community-based prevention programs	Select
Community-based service delivery	Select
Program evaluation	Select
Surveillance activities	Select
Training	Select
Research	Select
Suicide prevention plan evaluation	Select
Other	Select
If Other, please describe:	

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Select

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# State of the State Suicide Prevention Survey

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Exit Survey

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Staffing	Select
Legislation/policy development	Select
Convening of S/T/T suicide prevention coalition/taskforce	▼ Select Yes No Not sure or Don't know
Convening of local suicide prevention coalitions/taskforces	Select
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Work with clinical systems to improve suicide risk detection, treatment, and care transitions	Select
Developing suicide prevention materials (e.g. briefs, fact sheets, annual reports)	Select
Implementation of community-based prevention programs	Select
Community-based service delivery	Select
Program evaluation	Select
Surveillance activities	Select
Training	Select
Research	Select
Suicide prevention plan evaluation	Select
Other	Select
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How likely is it that your S/T/T can reduce suicide by 20% at current resource/funding levels? Select

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# State of the State Suicide Prevention Survey

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Developing suicide prevention materials (e.g. briefs, fact sheets, annual reports)	Select
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Program evaluation	Select
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Training	Select
Research	Select
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Other	Select
If Other, please describe:	

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Select

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# State of the State Suicide Prevention Survey

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Research	Select
Suicide prevention plan evaluation	Select
Other	Select
If Other, please describe:	

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How likely is it that your S/T/T can reduce suicide by 20% at current resource/funding levels? Select

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Implementation of community-based prevention programs	Select
Community-based service delivery	Select
Program evaluation	Select
Surveillance activities	Select
Training	Select
Research	Select
Suicide prevention plan evaluation	Select
Other	Select
If Other, please describe:	

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Legislation/policy development	Select
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Convening of local suicide prevention coalitions/taskforces	Select
Convening of a S/T/T suicide prevention conference, annual meeting, etc.	Select
Grants to local communities	Select
Work with clinical systems to improve suicide risk detection, treatment, and care transitions	Select Yes No Not sure or Don't know
Developing suicide prevention materials (e.g. briefs, fact sheets, annual reports)	Select
Implementation of community-based prevention programs	Select
Community-based service delivery	Select
Program evaluation	Select
Surveillance activities	Select
Training	Select
Research	Select
Suicide prevention plan evaluation	Select
Other	Select
If Other, please describe:	

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Implementation of community-based prevention programs	Select
Community-based service delivery	Select
Program evaluation	Select
Surveillance activities	Select
Training	Select
Research	Select
Suicide prevention plan evaluation	Select
Other	Select
If Other, please describe:	

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- No
- Not sure or Don't know

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Grants to local communities	Select
Work with clinical systems to improve suicide risk detection, treatment, and care transitions	Select
Developing suicide prevention materials (e.g. briefs, fact sheets, annual reports)	Select
Implementation of community-based prevention programs	✓ Select
Community-based service delivery	Yes
Program evaluation	No
Surveillance activities	Not sure or Don't know
Training	Select
Research	Select
Suicide prevention plan evaluation	Select
Other	Select
If Other, please describe:	

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21. Which of the following general activities related to suicide prevention does your current budget (indicated in #19) support?

Staffing	Select
Legislation/policy development	Select
Convening of S/T/T suicide prevention coalition/taskforce	Select
Convening of local suicide prevention coalitions/taskforces	Select
Convening of a S/T/T suicide prevention conference, annual meeting, etc.	Select
Grants to local communities	Select
Work with clinical systems to improve suicide risk detection, treatment, and care transitions	Select
Developing suicide prevention materials (e.g. briefs, fact sheets, annual reports)	Select
Implementation of community-based prevention programs	Select
Community-based service delivery	Select
Program evaluation	Select
Surveillance activities	Select
Training	Select
Research	Select
Suicide prevention plan evaluation	Select
Other	Select
If Other, please describe:	

- Select
- Yes
- No
- Not sure or Don't know

22. The nation's goal is to reduce suicide rates 20% by 2015.  
How likely is it that your S/T/T can reduce suicide by 20% at current resource/funding levels?

Select

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# State of the State Suicide Prevention Survey

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Exit Survey

21. Which of the following general activities related to suicide prevention does your current budget (indicated in #19) support?

Staffing	Select
Legislation/policy development	Select
Convening of S/T/T suicide prevention coalition/taskforce	Select
Convening of local suicide prevention coalitions/taskforces	Select
Convening of a S/T/T suicide prevention conference, annual meeting, etc.	Select
Grants to local communities	Select
Work with clinical systems to improve suicide risk detection, treatment, and care transitions	Select
Developing suicide prevention materials (e.g. briefs, fact sheets, annual reports)	Select
Implementation of community-based prevention programs	Select
Community-based service delivery	Select
Program evaluation	Select
Surveillance activities	Select
Training	Select
Research	Select
Suicide prevention plan evaluation	Select
Other	Select
If Other, please describe:	

- ✓ Select
- Yes
- No
- Not sure or Don't know

22. The nation's goal is to reduce suicide rates 20% by 2015.

How likely is it that your S/T/T can reduce suicide by 20% at current resource/funding levels?

Select

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# State of the State Suicide Prevention Survey

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21. Which of the following general activities related to suicide prevention does your current budget (indicated in #19) support?

Staffing	Select
Legislation/policy development	Select
Convening of S/T/T suicide prevention coalition/taskforce	Select
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Work with clinical systems to improve suicide risk detection, treatment, and care transitions	Select
Developing suicide prevention materials (e.g. briefs, fact sheets, annual reports)	Select
Implementation of community-based prevention programs	Select
Community-based service delivery	Select
Program evaluation	Select
Surveillance activities	Select
Training	Select
Research	Select
Suicide prevention plan evaluation	Select
Other	Select
If Other, please describe:	

- ✓ Select
- Yes
- No
- Not sure or Don't know

22. The nation's goal is to reduce suicide rates 20% by 2015.

How likely is it that your S/T/T can reduce suicide by 20% at current resource/funding levels?

Select

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# State of the State Suicide Prevention Survey

21. Which of the following general activities related to suicide prevention does your current budget (indicated in #19) support?

Staffing	Select
Legislation/policy development	Select
Convening of S/T/T suicide prevention coalition/taskforce	Select
Convening of local suicide prevention coalitions/taskforces	Select
Convening of a S/T/T suicide prevention conference, annual meeting, etc.	Select
Grants to local communities	Select
Work with clinical systems to improve suicide risk detection, treatment, and care transitions	Select
Developing suicide prevention materials (e.g. briefs, fact sheets, annual reports)	Select
Implementation of community-based prevention programs	Select
Community-based service delivery	Select
Program evaluation	Select
Surveillance activities	Select
Training	Select
Research	Select
Suicide prevention plan evaluation	Select
Other	Select
If Other, please describe:	

- Select
- Select
- ✓ Yes
- No
- Not sure or Don't know

22. The nation's goal is to reduce suicide rates 20% by 2015.

How likely is it that your S/T/T can reduce suicide by 20% at current resource/funding levels?

Select

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# State of the State Suicide Prevention Survey

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21. Which of the following general activities related to suicide prevention does your current budget (indicated in #19) support?

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Implementation of community-based prevention programs	Select
Community-based service delivery	Select
Program evaluation	Select
Surveillance activities	Select
Training	Select
Research	Select
Suicide prevention plan evaluation	Select
Other	Yes
If Other, please describe:	

22. The nation's goal is to reduce suicide rates 20% by 2015.

How likely is it that your S/T/T can reduce suicide by 20% at current resource/funding levels?

Select

- Very likely
- Somewhat likely
- Not sure or unlikely
- Somewhat unlikely
- Very unlikely

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## State of the State Suicide Prevention Survey

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Exit Survey

23. In the past, has your S/T/T ever received funding from the following sources?

- None
- State, territorial, tribal Garrett Lee Smith (GLS) Memorial Act Funding (SAMHSA)
- National Institute of Mental Health Zero Suicide grants
- Indian Health Services Zero Suicide grants
- Zero Suicide funding (SAMHSA)
- GLS Campus Suicide Prevention funding
- Native Connections (SAMHSA)
- Methamphetamine and Suicide Prevention initiative (IHS)
- National strategy grants (SAMHSA)
- Other Federal government (NIH, CDC, IHS, VA) suicide prevention grants, cooperative agreements, block grants, contracts?

If yes, please describe:

- Other State/Territorial/Tribal support (e.g. discretionary funds)?

If yes, please describe:

- Foundation support?

Which one:

- Private sector/business support? If yes, please describe:

- Other?

If yes, please describe:

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## State of the State Suicide Prevention Survey

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🏠 Exit Survey

### IV. State/Territory/Tribe (S/T/T) Suicide Prevention Plan

24. Does your S/T/T have a suicide prevention strategic plan?

Select ▼

If 'No', please skip to question 29 on the next page.

25. In what year was your first strategic plan developed?

Select ▼

Have you S/T/T strategic plan recently been updated?

Select ▼

If 'Yes', please indicate range

Select ▼

27. Which of the following informed the development of your current strategic plan?

S/T/T suicide mortality data

Select ▼

S/T/T suicide attempt data

Select ▼

Risk factor data

Select ▼

Needs identified by coalition or advisory members

Select ▼

Needs identified by other stakeholders

Select ▼

S/T/T guidance documents (e.g. prior plan)

Select ▼

National Strategy for Suicide Prevention

Select ▼

Action Alliance's "Transforming Communities" document

Select ▼

CDC's "Preventing Suicide: A Technical Package of Policy, Program, and Practices"

Select ▼

SAMHSA's National Registry for Evidence-based Programs and Practices

Select ▼

Other

Select ▼

If Other, please describe

28. Do you evaluate your strategic plan?

Select ▼

If yes, how much of a priority is it?

Select ▼

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## State of the State Suicide Prevention Survey

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Exit Survey

### IV. State/Territory/Tribe (S/T/T) Suicide Prevention Plan

24. Does your S/T/T have a suicide prevention strategic plan?

Select  
Yes  
No  
select

If 'No', please skip to question 29 on the next page.

25. In what year was your first strategic plan developed?

Have you S/T/T strategic plan recently been updated?

Select

If 'Yes', please indicate range

Select

27. Which of the following informed the development of your current strategic plan?

S/T/T suicide mortality data

Select

S/T/T suicide attempt data

Select

Risk factor data

Select

Needs identified by coalition or advisory members

Select

Needs identified by other stakeholders

Select

S/T/T guidance documents (e.g. prior plan)

Select

National Strategy for Suicide Prevention

Select

Action Alliance's "Transforming Communities" document

Select

CDC's "Preventing Suicide: A Technical Package of Policy, Program, and Practices"

Select

SAMHSA's National Registry for Evidence-based Programs and Practices

Select

Other

Select

If Other, please describe

28. Do you evaluate your strategic plan?

Select

If yes, how much of a priority is it?

Select

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# State of the State Suicide Prevention Survey

1 2 3 4 5 6 **7** 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

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Have your S/T/T strategic plan recently been updated?  If "Yes", please indicate range

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Action Alliance's "Transforming Communities" document	<input type="text" value="Select"/>
CDC's "Preventing Suicide: A Technical Package of Policy, Program, and Practices"	<input type="text" value="Select"/>
SAMHSA's National Registry for Evidence-based Programs and Practices	<input type="text" value="Select"/>
Other	<input type="text" value="Select"/>

If Other, please describe

28. Do you evaluate your strategic plan?

If yes, how much of a priority is it?

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Have you S/T/T strategic plan recently been updated?  If 'Yes', please indicate range

- Select
- Yes
- No
- Not sure or Don't know

27. Which of the following informed the development of your current strategic plan?

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Other

If Other, please describe

28. Do you evaluate your strategic plan?

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## IV. State/Territory/Tribe (S/T/T) Suicide Prevention Plan

24. Does your S/T/T have a suicide prevention strategic plan?

25. In what year was your first strategic plan developed?

Have you S/T/T strategic plan recently been updated?  If 'Yes', please indicate range

- Select
- < 1980
- 1980 to 1989
- 1990 to 1999
- 2000 to 2009
- 2010 to 2016

27. Which of the following informed the development of your current strategic plan?

- S/T/T suicide mortality data
- S/T/T suicide attempt data
- Risk factor data
- Needs identified by coalition or advisory members
- Needs identified by other stakeholders
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- Other

If Other, please describe

28. Do you evaluate your strategic plan?

If yes, how much of a priority is it?

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Other

If Other, please describe

✓ Select  
Yes  
No  
Not sure or Don't know

28. Do you evaluate your strategic plan?

If yes, how much of a priority is it?

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## State of the State Suicide Prevention Survey

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Other	<input type="text" value="Select"/>
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If yes, how much of a priority is it?

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Other

If Other, please describe

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If yes, how much of a priority is it?

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# State of the State Suicide Prevention Survey

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Other	<input type="text" value="Select"/>
If Other, please describe <input type="text"/>	

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If yes, how much of a priority is it?

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Other

If Other, please describe

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If yes, how much of a priority is it?

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SAMHSA's National Registry for Evidence-based Programs and Practices	<input type="text" value="Select"/>
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If Other, please describe	<input type="text"/>

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If yes, how much of a priority is it?

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Other	<input type="text" value="Select"/>
If Other, please describe	<input type="text"/>

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If yes, how much of a priority is it?

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Other

If Other, please describe

- Select
- Yes
- No
- Not sure or Don't know

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## State of the State Suicide Prevention Survey

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If yes, how much of a priority is it?

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# State of the State Suicide Prevention Survey

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Other	<input type="text" value="Select"/>
If Other, please describe	<input type="text"/>

28. Do you evaluate your strategic plan?   
If yes, how much of a priority is it?

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# State of the State Suicide Prevention Survey

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National Strategy for Suicide Prevention	<input type="text" value="Select"/>
Action Alliance's "Transforming Communities" document	<input type="text" value="Select"/>
CDC's "Preventing Suicide: A Technical Package of Policy, Program, and Practices"	<input type="text" value="Select"/>
SAMHSA's National Registry for Evidence-based Programs and Practices	<input type="text" value="Select"/>
Other	<input type="text" value="Select"/>
If Other, please describe	<input type="text"/>

28. Do you evaluate your strategic plan?

If yes, how much of a priority is it?

- Select
- Not a priority
- Low priority
- Somewhat a priority
- High priority
- Essential

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## V. Your Suicide Prevention Champions and Sectoral Engagement

29. How active and influential are each of the following community champions in your suicide prevention efforts?

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Community mental/behavioral health organizations	Select	Select
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Local suicide prevention coalitions	Select	Select
Educators/school teachers	Select	Select
Business Leaders	Select	Select
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People with lived experience <small>(i.e. people who struggle with suicidal thoughts or attempts)</small>	Select	Select
Tribes/Tribal leaders/Tribal members	Select	Select
Rural residents or groups	Select	Select
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People with lived experience <small>(i.e. people who struggle with suicidal thoughts or attempts)</small>	Select ▼	Select ▼
Tribes/Tribal leaders/Tribal members	Select ▼	Select ▼
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Rural residents or groups	Select	Select
Military/Veterans groups	Select	Select
LGBTQ groups	Select	Select
Non-profit organizations	Select	Select
Community health organizations	Select	Select
Community mental/behavioral health organizations	Select	Select
S/T/T suicide prevention coalitions	Select	Select
Local suicide prevention coalitions	Select	Select
Educators/school teachers	Select	Select
Business Leaders	Select	Select
Faith-based/Religious groups	Select	Select
Other <input type="text"/>	Select	Select

- Select
- Not at all influential
- Slightly influential
- Somewhat influential
- Very influential
- Extremely influential
- Don't know

Previous

Finish later

Continue

## V. Your Suicide Prevention Champions and Sectoral Engagement

29. How active and influential are each of the following community champions in your suicide prevention efforts?

Champions	How ACTIVE is this group?	How INFLUENTIAL?
Survivors of suicide loss <small>(friend or family member of someone who died by suicide)</small>	Select	Select
People with lived experience <small>(i.e. people who struggle with suicidal thoughts or attempts)</small>	Select	Select
Tribes/Tribal leaders/Tribal members	Select	Select
Rural residents or groups	Select	Select
Military/Veterans groups	Select	Select
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Non-profit organizations	Select	Select
Community health organizations	Select	Select
Community mental/behavioral health organizations	Select	Select
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Local suicide prevention coalitions	Select	Select
Educators/school teachers	Select	Select
Business Leaders	Select	Select
Faith-based/Religious groups	Select	Select
Other <input type="text"/>	Select	Select

- Select
- Not active at all
- Not very active
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- Active
- Very active
- Don't know

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Other <input type="text"/>	Select	Select

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Previous

Finish later

Continue

# State of the State Suicide Prevention Survey

◀ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 ▶

Exit Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts?

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Education	<input type="text" value="Select"/> (dropdown menu open)	<input type="text" value="Select"/>
Healthcare	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Behavioral Health	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Public Health	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Crisis Services (e.g. hotlines, centers)	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Family Services/ Other Social Services	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Faith-based or Religious Organizations	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Tribes/Tribal organizations	<input type="text" value="Select"/>	<input type="text" value="Select"/>
First responders (e.g. Police, EMS, Fire Dept)	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Juvenile Justice System	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Adult Justice System	<input type="text" value="Select"/>	<input type="text" value="Select"/>
Tribal Council	<input type="text" value="Select"/>	<input type="text" value="Select"/>

◀ Previous

Finish later

Continue ▶

# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts?

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Education	Select ▼	<input checked="" type="checkbox"/> Select <input type="checkbox"/> Not at all influential <input type="checkbox"/> Slightly influential <input type="checkbox"/> Somewhat influential <input type="checkbox"/> Very influential <input type="checkbox"/> Extremely influential <input type="checkbox"/> Don't know
Healthcare	Select ▼	Select ▼
Behavioral Health	Select ▼	Select ▼
Public Health	Select ▼	Select ▼
Crisis Services (e.g. hotlines, centers)	Select ▼	Select ▼
Family Services/ Other Social Services	Select ▼	Select ▼
Faith-based or Religious Organizations	Select ▼	Select ▼
Tribes/Tribal organizations	Select ▼	Select ▼
First responders (e.g. Police, EMS, Fire Dept)	Select ▼	Select ▼
Juvenile Justice System	Select ▼	Select ▼
Adult Justice System	Select ▼	Select ▼
Tribal Council	Select ▼	Select ▼

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📄 Finish later

Continue ▶

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First responders (e.g. Police, EMS, Fire Dept)	Select	Select
Juvenile Justice System	Select	Select
Adult Justice System	Select	Select
Tribal Council	Select	Select

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Adult Justice System	Select	Select
Tribal Council	Select	Select

- Select
- Not at all influential
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Previous

Finish later

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# State of the State Suicide Prevention Survey

◀ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 ▶

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Education	Select ▼	Select ▼
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First responders (e.g. Police, EMS, Fire Dept)	Select ▼	Select ▼
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Adult Justice System	Select ▼	Select ▼
Tribal Council	Select ▼	Select ▼

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◀ Previous

🏠 Finish later

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Finish later

Continue

# State of the State Suicide Prevention Survey

◀ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 ▶

Exit Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts?

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Education	Select	Select
Healthcare	Select	Select
Behavioral Health	Select	Select
Public Health	Select	Select
Crisis Services (e.g. hotlines, centers)	Select	Select
Family Services/ Other Social Services	Select	Select
Faith-based or Religious Organizations	Select	Select
Tribes/Tribal organizations	Select	Select
First responders (e.g. Police, EMS, Fire Dept)	Select	Select
Juvenile Justice System	Select	Select
Adult Justice System	Select	Select
Tribal Council	Select	Select

- ✓ Select
- Not active at all
- Not very active
- Moderately active
- Active
- Very active
- Don't know

◀ Previous

Finish later

Continue ▶

# State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts?

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Education	Select	Select
Healthcare	Select	Select
Behavioral Health	Select	Select
Public Health	Select	Select
Crisis Services (e.g. hotlines, centers)	Select	Select
Family Services/ Other Social Services	Select	Select
Faith-based or Religious Organizations	Select	Select
Tribes/Tribal organizations	Select	Select
First responders (e.g. Police, EMS, Fire Dept)	Select	Select
Juvenile Justice System	Select	Select
Adult Justice System	Select	Select
Tribal Council	Select	Select

- Select
- Not at all influential
- Slightly influential
- Somewhat influential
- Very influential
- Extremely influential
- Don't know

Previous

Finish later

Continue



30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts?

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Education	Select	Select
Healthcare	Select	Select
Behavioral Health	Select	Select
Public Health	Select	Select
Crisis Services (e.g. hotlines, centers)	Select	Select
Family Services/ Other Social Services	Select	Select
Faith-based or Religious Organizations	Select	Select
Tribes/Tribal organizations	Select	Select
First responders (e.g. Police, EMS, Fire Dept)	Select	Select
Juvenile Justice System	Select	Select
Adult Justice System	Select	Select
Tribal Council	Select	Select

- ✓ Select
- Not active at all
- Not very active
- Moderately active
- Active
- Very active
- Don't know

Previous

Finish later

Continue

# State of the State Suicide Prevention Survey

◀ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 ▶

📄 Exit Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts?

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Education	Select ▼	Select ▼
Healthcare	Select ▼	Select ▼
Behavioral Health	Select ▼	Select ▼
Public Health	Select ▼	Select ▼
Crisis Services (e.g. hotlines, centers)	Select ▼	Select ▼
Family Services/ Other Social Services	Select ▼	Select ▼
Faith-based or Religious Organizations	Select ▼	Select ▼
Tribes/Tribal organizations	Select ▼	Select ▼
First responders (e.g. Police, EMS, Fire Dept)	Select ▼	Select ▼
Juvenile Justice System	Select ▼	Select ▼
Adult Justice System	Select ▼	Select ▼
Tribal Council	Select ▼	Select ▼

- ✓ Select
- Not at all influential
- Slightly influential
- Somewhat influential
- Very influential
- Extremely influential
- Don't know

◀ Previous

📄 Finish later

Continue ▶

# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

31. Overall, how well coordinated are these sectors in suicide prevention efforts?

32. How has coordination changed across the S/T/T sectors in the past five years?

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Continue

# State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	<input checked="" type="checkbox"/> Select <input type="checkbox"/> Not active at all <input type="checkbox"/> Not very active <input type="checkbox"/> Moderately active <input type="checkbox"/> Active <input type="checkbox"/> Very active <input type="checkbox"/> Don't know	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

31. Overall, how well coordinated are these sectors in suicide prevention efforts?

32. How has coordination changed across the S/T/T sectors in the past five years?

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Continue

# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

- Select
- Not at all influential
- Slightly influential
- Somewhat influential
- Very influential
- Extremely influential
- Don't know

31. Overall, how well coordinated are these sectors in suicide prevention efforts?

32. How has coordination changed across the S/T/T sectors in the past five years?

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Continue



# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

- Select
- Not active at all
- Not very active
- Moderately active
- Active
- Very active
- Don't know

31. Overall, how well coordinated are these sectors in suicide prevention efforts? Select

32. How has coordination changed across the S/T/T sectors in the past five years? Select

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Continue

# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

- Select
- Not at all influential
- Slightly influential
- Somewhat influential
- Very influential
- Extremely influential
- Don't know

31. Overall, how well coordinated are these sectors in suicide prevention efforts? Select

32. How has coordination changed across the S/T/T sectors in the past five years? Select

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Continue

# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

- Select
- Not active at all
- Not very active
- Moderately active
- Active
- Very active
- Don't know

31. Overall, how well coordinated are these sectors in suicide prevention efforts? Select

32. How has coordination changed across the S/T/T sectors in the past five years? Select

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Continue

# State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

- Select
- Not at all influential
- Slightly influential
- Somewhat influential
- Very influential
- Extremely influential
- Don't know

31. Overall, how well coordinated are these sectors in suicide prevention efforts?

32. How has coordination changed across the S/T/T sectors in the past five years?

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Finish later

Continue

# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

- ✓ Select
- Not active at all
- Not very active
- Moderately active
- Active
- Very active
- Don't know

31. Overall, how well coordinated are these sectors in suicide prevention efforts?

32. How has coordination changed across the S/T/T sectors in the past five years?

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# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

- Select
- Not at all influential
- Slightly influential
- Somewhat influential
- Very influential
- Extremely influential
- Don't know

31. Overall, how well coordinated are these sectors in suicide prevention efforts?

32. How has coordination changed across the S/T/T sectors in the past five years?

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Continue

# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

- Select
- Not active at all
- Not very active
- Moderately active
- Active
- Very active
- Don't know

31. Overall, how well coordinated are these sectors in suicide prevention efforts?

32. How has coordination changed across the S/T/T sectors in the past five years?

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Continue

# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

- Select
- Not at all influential
- Slightly influential
- Somewhat influential
- Very influential
- Extremely influential
- Don't know

31. Overall, how well coordinated are these sectors in suicide prevention efforts?

32. How has coordination changed across the S/T/T sectors in the past five years?

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Continue

# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	<ul style="list-style-type: none"> <li>✓ Select</li> <li>Not active at all</li> <li>Not very active</li> <li>Moderately active</li> <li>Active</li> <li>Very active</li> <li>Don't know</li> </ul>	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

31. Overall, how well coordinated are these sectors in suicide prevention efforts? Select

32. How has coordination changed across the S/T/T sectors in the past five years? Select

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Continue

# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

- Select
- Not at all influential
- Slightly influential
- Somewhat influential
- Very influential
- Extremely influential
- Don't know

31. Overall, how well coordinated are these sectors in suicide prevention efforts?

32. How has coordination changed across the S/T/T sectors in the past five years?

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Continue



# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

- Select
- Not active at all
- Not very active
- Moderately active
- Active
- Very active
- Don't know

31. Overall, how well coordinated are these sectors in suicide prevention efforts? Select

32. How has coordination changed across the S/T/T sectors in the past five years? Select

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Continue

# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

- Select
- Not at all influential
- Slightly influential
- Somewhat influential
- Very influential
- Extremely influential
- Don't know

31. Overall, how well coordinated are these sectors in suicide prevention efforts? Select

32. How has coordination changed across the S/T/T sectors in the past five years? Select

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Continue

# State of the State Suicide Prevention Survey

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Exit Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

- Select
- Not active at all
- Not very active
- Moderately active
- Active
- Very active
- Don't know

31. Overall, how well coordinated are these sectors in suicide prevention efforts? Select

32. How has coordination changed across the S/T/T sectors in the past five years? Select

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Continue

# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

- Select
- Not at all influential
- Slightly influential
- Somewhat influential
- Very influential
- Extremely influential
- Don't know

31. Overall, how well coordinated are these sectors in suicide prevention efforts?

32. How has coordination changed across the S/T/T sectors in the past five years?

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Continue

# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

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- Not very active
- Moderately active
- Active
- Very active
- Don't know

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# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

- Select
- Not at all influential
- Slightly influential
- Somewhat influential
- Very influential
- Extremely influential
- Don't know

31. Overall, how well coordinated are these sectors in suicide prevention efforts? Select

32. How has coordination changed across the S/T/T sectors in the past five years? Select

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## State of the State Suicide Prevention Survey

◀ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 ▶

Exit Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

- Select
- Not active at all
- Not very active
- Moderately active
- Active
- Very active
- Don't know

31. Overall, how well coordinated are these sectors in suicide prevention efforts? Select

32. How has coordination changed across the S/T/T sectors in the past five years? Select

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# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

- Select
- Not at all influential
- Slightly influential
- Somewhat influential
- Very influential
- Extremely influential
- Don't know

31. Overall, how well coordinated are these sectors in suicide prevention efforts?

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# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

- Select
- Not active at all
- Not very active
- Moderately active
- Active
- Very active
- Don't know

31. Overall, how well coordinated are these sectors in suicide prevention efforts?

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Continue

# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

- Select
- Not at all influential
- Slightly influential
- Somewhat influential
- Very influential
- Extremely influential
- Don't know

31. Overall, how well coordinated are these sectors in suicide prevention efforts?

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# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	<ul style="list-style-type: none"><li>Select</li><li>Not active at all</li><li>Not very active</li><li>Moderately active</li><li>Active</li><li>Very active</li><li>Don't know</li></ul>	Select

31. Overall, how well coordinated are these sectors in suicide prevention efforts?

32. How has coordination changed across the S/T/T sectors in the past five years?

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Continue

# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

- Select
- Not at all influential
- Slightly influential
- Somewhat influential
- Very influential
- Extremely influential
- Don't know

31. Overall, how well coordinated are these sectors in suicide prevention efforts?

Select

32. How has coordination changed across the S/T/T sectors in the past five years?

Select

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Continue

# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

31. Overall, how well coordinated are these sectors in suicide prevention efforts?

32. How has coordination changed across the S/T/T sectors in the past five years?

Select

- Select
- Not coordinated
- Fairly coordinated
- Very coordinated
- Slightly coordinated
- Coordinated

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Continue

# State of the State Suicide Prevention Survey

30. How active and influential are each of the following S/T/T sectors in your suicide prevention efforts? (Continued)

Sectors	How ACTIVE is this group?	How INFLUENTIAL?
Housing Authority	Select	Select
Labor/Unemployment	Select	Select
Active Duty Military	Select	Select
Veteran's Affairs	Select	Select
News Media	Select	Select
Business/Private Sector	Select	Select
Health Insurers	Select	Select
Governor's Office	Select	Select
Legislative Branch	Select	Select
Tribal Council	Select	Select
Community-based service sector	Select	Select
Other describe: <input type="text"/>	Select	Select

31. Overall, how well coordinated are these sectors in suicide prevention efforts?

32. How has coordination changed across the S/T/T sectors in the past five years?  
  
Coordination much better  
Coordination somewhat better  
Coordination stayed the same  
Coordination somewhat worse  
Coordination much worse

Previous

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Continue

### VI. State/Territory/Tribe (S/T/T) Policies and Legislation Promoting Suicide Prevention

33. How do legislators/tribal council members in your S/T/T typically get information about the problem of suicide?

- Legislators / tribal council members don't get this information
- Community meetings or town hall-style events
- Planned advocacy days at the State Capitol
- Routine reports provided to legislators or tribal leaders
- Attending S/T/T suicide prevention coalition or advisory meetings
- Ad hoc requests
- Legislative Hearing
- Other

Please describe:

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### VI. State/Territory/Tribe (S/T/T) Policies and Legislation Promoting Suicide Prevention

33. How do legislators/tribal council members in your S/T/T typically get information about the problem of suicide?

Legislators / tribal council members don't get this information	<input checked="" type="checkbox"/> Select
Community meetings or town hall-style events	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Not sure or Don't know
Planned advocacy days at the State Capitol	<input type="checkbox"/> Select
Routine reports provided to legislators or tribal leaders	<input type="checkbox"/> Select
Attending S/T/T suicide prevention coalition or advisory meetings	<input type="checkbox"/> Select
Ad hoc requests	<input type="checkbox"/> Select
Legislative Hearing	<input type="checkbox"/> Select
Other	<input type="checkbox"/> Select

Please describe:

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## State of the State Suicide Prevention Survey

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Exit Survey

### VI. State/Territory/Tribe (S/T/T) Policies and Legislation Promoting Suicide Prevention

33. How do legislators/tribal council members in your S/T/T typically get information about the problem of suicide?

Legislators / tribal council members don't get this information	Select
Community meetings or town hall-style events	✓ Select
Planned advocacy days at the State Capitol	Yes
Routine reports provided to legislators or tribal leaders	No
Attending S/T/T suicide prevention coalition or advisory meetings	Not sure or Don't know
Ad hoc requests	Select
Legislative Hearing	Select
Other	Select

Please describe:

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## State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

### VI. State/Territory/Tribe (S/T/T) Policies and Legislation Promoting Suicide Prevention

33. How do legislators/tribal council members in your S/T/T typically get information about the problem of suicide?

Legislators / tribal council members don't get this information	Select
Community meetings or town hall-style events	Select
Planned advocacy days at the State Capitol	Select
Routine reports provided to legislators or tribal leaders	Select
Attending S/T/T suicide prevention coalition or advisory meetings	Select
Ad hoc requests	Select
Legislative Hearing	Select
Other	Select

Please describe:

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Finish later

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## VI. State/Territory/Tribe (S/T/T) Policies and Legislation Promoting Suicide Prevention

33. How do legislators/tribal council members in your S/T/T typically get information about the problem of suicide?

Legislators / tribal council members don't get this information	Select
Community meetings or town hall-style events	Select
Planned advocacy days at the State Capitol	Select
Routine reports provided to legislators or tribal leaders	Select
Attending S/T/T suicide prevention coalition or advisory meetings	Select
Ad hoc requests	Select
Legislative Hearing	Select
Other	Select

- Select
- Yes
- No
- Not sure or Don't know

Please describe:

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### VI. State/Territory/Tribe (S/T/T) Policies and Legislation Promoting Suicide Prevention

33. How do legislators/tribal council members in your S/T/T typically get information about the problem of suicide?

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- Routine reports provided to legislators or tribal leaders
- Attending S/T/T suicide prevention coalition or advisory meetings
- Ad hoc requests
- Legislative Hearing
- Other

Please describe:

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### VI. State/Territory/Tribe (S/T/T) Policies and Legislation Promoting Suicide Prevention

33. How do legislators/tribal council members in your S/T/T typically get information about the problem of suicide?

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- Routine reports provided to legislators or tribal leaders
- Attending S/T/T suicide prevention coalition or advisory meetings
- Ad hoc requests
- Legislative Hearing
- Other

Please describe:

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## State of the State Suicide Prevention Survey

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Exit Survey

### VI. State/Territory/Tribe (S/T/T) Policies and Legislation Promoting Suicide Prevention

33. How do legislators/tribal council members in your S/T/T typically get information about the problem of suicide?

- |   |        |
|---|--------|
| Legislators / tribal council members don't get this information   | Select |
| Community meetings or town hall-style events                      | Select |
| Planned advocacy days at the State Capitol                        | Select |
| Routine reports provided to legislators or tribal leaders         | Select |
| Attending S/T/T suicide prevention coalition or advisory meetings | Select |
| Ad hoc requests   | Select |
| Legislative Hearing   | Select |
| Other   | Select |

- Select
- Yes
- No
- Not sure or Don't know

Please describe:

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## State of the State Suicide Prevention Survey

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Exit Survey

### VI. State/Territory/Tribe (S/T/T) Policies and Legislation Promoting Suicide Prevention

33. How do legislators/tribal council members in your S/T/T typically get information about the problem of suicide?

- Legislators / tribal council members don't get this information
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- Planned advocacy days at the State Capitol
- Routine reports provided to legislators or tribal leaders
- Attending S/T/T suicide prevention coalition or advisory meetings
- Ad hoc requests
- Legislative Hearing
- Other

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# State of the State Suicide Prevention Survey

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Exit Survey

34. In the past 5 years, has your S/T/T passed any suicide prevention legislation related to improvements in the following areas or in the following settings?

- No suicide prevention legislation passed
- K-12 suicide prevention
- College/University suicide prevention
- Workplace policies
- Graduate training requirements in suicide prevention
- Mental health parity/insurance coverage
- Military/Veteran support
- Health/Mental health provider training/continuing education for suicide prevention
- S/T/T suicide prevention capacity or infrastructure (not including funding)
- S/T/T prevention planning/implementation/evaluation
- Public-private partnership development (e.g. commission, task force, coalition)
- Funding/Appropriations for suicide prevention
- Lethal means legislation
- Crisis support services
- Public awareness campaigns/events
- Behavioral health service delivery
- Other

Please describe:

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# State of the State Suicide Prevention Survey

34. In the past 5 years, has your S/T/T passed any suicide prevention legislation related to improvements in the following areas or in the following settings?

No suicide prevention legislation passed	<input checked="" type="checkbox"/> Select
K-12 suicide prevention	<input type="checkbox"/> Yes
College/University suicide prevention	<input type="checkbox"/> No
Workplace policies	<input type="checkbox"/> Not sure or Don't know
Graduate training requirements in suicide prevention	<input type="checkbox"/> Select
Mental health parity/insurance coverage	<input type="checkbox"/> Select
Military/Veteran support	<input type="checkbox"/> Select
Health/Mental health provider training/continuing education for suicide prevention	<input type="checkbox"/> Select
S/T/T suicide prevention capacity or infrastructure (not including funding)	<input type="checkbox"/> Select
S/T/T prevention planning/implementation/evaluation	<input type="checkbox"/> Select
Public-private partnership development (e.g. commission, task force, coalition)	<input type="checkbox"/> Select
Funding/Appropriations for suicide prevention	<input type="checkbox"/> Select
Lethal means legislation	<input type="checkbox"/> Select
Crisis support services	<input type="checkbox"/> Select
Public awareness campaigns/events	<input type="checkbox"/> Select
Behavioral health service delivery	<input type="checkbox"/> Select
Other	<input type="checkbox"/> Select

Please describe:

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Finish later

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# State of the State Suicide Prevention Survey

34. In the past 5 years, has your S/T/T passed any suicide prevention legislation related to improvements in the following areas or in the following settings?

No suicide prevention legislation passed	Select
K-12 suicide prevention	Select
College/University suicide prevention	Select
Workplace policies	Select
Graduate training requirements in suicide prevention	Select
Mental health parity/insurance coverage	Select
Military/Veteran support	Select
Health/Mental health provider training/continuing education for suicide prevention	Select
S/T/T suicide prevention capacity or infrastructure (not including funding)	Select
S/T/T prevention planning/implementation/evaluation	Select
Public-private partnership development (e.g. commission, task force, coalition)	Select
Funding/Appropriations for suicide prevention	Select
Lethal means legislation	Select
Crisis support services	Select
Public awareness campaigns/events	Select
Behavioral health service delivery	Select
Other	Select

Please describe:

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# State of the State Suicide Prevention Survey

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Exit Survey

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K-12 suicide prevention	Select
College/University suicide prevention	Select
Workplace policies	Select
Graduate training requirements in suicide prevention	Select
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Military/Veteran support	Select
Health/Mental health provider training/continuing education for suicide prevention	Select
S/T/T suicide prevention capacity or infrastructure (not including funding)	Select
S/T/T prevention planning/implementation/evaluation	Select
Public-private partnership development (e.g. commission, task force, coalition)	Select
Funding/Appropriations for suicide prevention	Select
Lethal means legislation	Select
Crisis support services	Select
Public awareness campaigns/events	Select
Behavioral health service delivery	Select
Other	Select

- Select
- Yes
- No
- Not sure or Don't know

Please describe: \_\_\_\_\_

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## State of the State Suicide Prevention Survey

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Exit Survey

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No suicide prevention legislation passed	Select
K-12 suicide prevention	Select
College/University suicide prevention	Select
Workplace policies	Select
Graduate training requirements in suicide prevention	Select
Mental health parity/insurance coverage	Select
Military/Veteran support	Select
Health/Mental health provider training/continuing education for suicide prevention	Select
S/T/T suicide prevention capacity or infrastructure (not including funding)	Select
S/T/T prevention planning/implementation/evaluation	Select
Public-private partnership development (e.g. commission, task force, coalition)	Select
Funding/Appropriations for suicide prevention	Select
Lethal means legislation	Select
Crisis support services	Select
Public awareness campaigns/events	Select
Behavioral health service delivery	Select
Other	Select

Please describe:

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# State of the State Suicide Prevention Survey

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Please describe:

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No suicide prevention legislation passed	Select
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S/T/T suicide prevention capacity or infrastructure (not including funding)	Select
S/T/T prevention planning/implementation/evaluation	Select
Public-private partnership development (e.g. commission, task force, coalition)	Select
Funding/Appropriations for suicide prevention	Select
Lethal means legislation	Select
Crisis support services	Select
Public awareness campaigns/events	Select
Behavioral health service delivery	Select
Other	Select

- Select
- Yes
- No
- Not sure or Don't know

Please describe: \_\_\_\_\_

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# State of the State Suicide Prevention Survey

34. In the past 5 years, has your S/T/T passed any suicide prevention legislation related to improvements in the following areas or in the following settings?

No suicide prevention legislation passed	Select
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Health/Mental health provider training/continuing education for suicide prevention	Select
S/T/T suicide prevention capacity or infrastructure (not including funding)	Select
S/T/T prevention planning/implementation/evaluation	Select
Public-private partnership development (e.g. commission, task force, coalition)	Select
Funding/Appropriations for suicide prevention	Select
Lethal means legislation	Select
Crisis support services	Select
Public awareness campaigns/events	Select
Behavioral health service delivery	Select
Other	Select

- Select
- Yes
- No
- Not sure or Don't know

Please describe:

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Continue



# State of the State Suicide Prevention Survey

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Please describe:

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- Crisis support services
- Public awareness campaigns/events
- Behavioral health service delivery
- Other

Please describe:

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Continue

# State of the State Suicide Prevention Survey

34. In the past 5 years, has your S/T/T passed any suicide prevention legislation related to improvements in the following areas or in the following settings?

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Workplace policies	Select
Graduate training requirements in suicide prevention	Select
Mental health parity/insurance coverage	Select
Military/Veteran support	Select
Health/Mental health provider training/continuing education for suicide prevention	Select
S/T/T suicide prevention capacity or infrastructure (not including funding)	Select
S/T/T prevention planning/implementation/evaluation	Select
Public-private partnership development (e.g. commission, task force, coalition)	Select
Funding/Appropriations for suicide prevention	Select
Lethal means legislation	Select
Crisis support services	Select
Public awareness campaigns/events	Select
Behavioral health service delivery	Select
Other	Select

- Select
- Yes
- No
- Not sure or Don't know

Please describe:

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## State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

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Health/Mental health provider training/continuing education for suicide prevention	Select
S/T/T suicide prevention capacity or infrastructure (not including funding)	Select
S/T/T prevention planning/implementation/evaluation	Select
Public-private partnership development (e.g. commission, task force, coalition)	Select
Funding/Appropriations for suicide prevention	Select
Lethal means legislation	Select
Crisis support services	Select
Public awareness campaigns/events	Select
Behavioral health service delivery	Select
Other	Select

Please describe:

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Continue



# State of the State Suicide Prevention Survey

34. In the past 5 years, has your S/T/T passed any suicide prevention legislation related to improvements in the following areas or in the following settings?

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Health/Mental health provider training/continuing education for suicide prevention	Select
S/T/T suicide prevention capacity or infrastructure (not including funding)	Select
S/T/T prevention planning/implementation/evaluation	Select
Public-private partnership development (e.g. commission, task force, coalition)	Select
Funding/Appropriations for suicide prevention	Select
Lethal means legislation	Select
Crisis support services	Select
Public awareness campaigns/events	Select
Behavioral health service delivery	Select
Other	Select

Please describe:

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# State of the State Suicide Prevention Survey

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- Behavioral health service delivery
- Other

Please describe:

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# State of the State Suicide Prevention Survey

◀ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 ▶

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Funding/Appropriations for suicide prevention	Select
Lethal means legislation	Select
Crisis support services	Select
Public awareness campaigns/events	Select
Behavioral health service delivery	Select
Other	Select

- Select
- Yes
- No
- Not sure or Don't know

Please describe: \_\_\_\_\_

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# State of the State Suicide Prevention Survey

◀ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 ▶

🏠 Exit Survey

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- Other

Please describe:

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S/T/T suicide prevention capacity or infrastructure (not including funding)	Select
S/T/T prevention planning/implementation/evaluation	Select
Public-private partnership development (e.g. commission, task force, coalition)	Select
Funding/Appropriations for suicide prevention	Select
Lethal means legislation	Select
Crisis support services	Select
Public awareness campaigns/events	Select
Behavioral health service delivery	Select
Other	Select
Please describe:	

- Select
- Yes
- No
- Not sure or Don't know

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## State of the State Suicide Prevention Survey

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Mental health parity/insurance coverage	Select
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Health/Mental health provider training/continuing education for suicide prevention	Select
S/T/T suicide prevention capacity or infrastructure (not including funding)	Select
S/T/T prevention planning/implementation/evaluation	Select
Public-private partnership development (e.g. commission, task force, coalition)	Select
Funding/Appropriations for suicide prevention	Select
Lethal means legislation	Select
Crisis support services	Select
Public awareness campaigns/events	Select
Behavioral health service delivery	Select
Other	Select
Please describe:	<input type="text"/>

- Select
- Yes
- No
- Not sure or Don't know

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**VII. Your State/Territory/Tribe (S/T/T's) Readiness for Suicide Prevention**

35. Which category best describes your S/T/T's stage of readiness for suicide prevention action? (Select one)

Stage of Readiness	Description
<input type="checkbox"/> No Awareness	Suicide is not generally recognized by communities or leaders as a problem.
<input type="checkbox"/> Denial/resistance	There is little recognition that suicide might be occurring in one's community. The problem is seen as one faced by others, not locally.
<input type="checkbox"/> Vague awareness	Communities have minimal knowledge about their suicide and there is no immediate motivation or willingness to respond.
<input type="checkbox"/> Preplanning	There is recognition of the problem of suicide and the need to act. Some efforts are being considered, however, they are not yet focused or coordinated.
<input type="checkbox"/> Preparation	Leaders have emerged and are gathering information about the problem and having conversations with community members.
<input type="checkbox"/> Initiation	Information has been gathered, partners have convened, and plans are in place to begin prevention efforts.
<input type="checkbox"/> Stabilization	Activities are coordinated. Staff are trained and experienced. Partners meet routinely. Prevention efforts are ongoing and stable. Evaluation is being considered.
<input type="checkbox"/> Confirmation/Expansion	Prevention efforts are coordinated and ongoing with monitoring and evaluation. Community members feel comfortable using services and are supportive of prevention efforts. Efforts are underway to expand collaboration to related issues or risk factors. State/local data are regularly obtained.
<input type="checkbox"/> High level community ownership	Knowledge exists about the suicide problem, causes, and consequences in the community is widespread. Prevention is ongoing and coordinated and evaluation guides new directions.

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## State of the State Suicide Prevention Survey

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📄 Exit Survey

36. How would you describe your S/T/T's overall capacity (staffing, funding, expertise) to implement a public health approach to suicide prevention including:

Routine surveillance and monitoring of the problem?

Select

Data-driven coordinated strategic planning?

Select

Implementation of evidence-based programs and practices?

Select

Evaluation of programs and practices?

Select

Dissemination of what works to stakeholders?

Select

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## State of the State Suicide Prevention Survey

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Exit Survey

36. How would you describe your S/T/T's overall capacity (staffing, funding, expertise) to implement a public health approach to suicide prevention including:

Routine surveillance and monitoring of the problem?

Data-driven coordinated strategic planning?

Implementation of evidence-based programs and practices?

Evaluation of programs and practices?

Dissemination of what works to stakeholders?

Select

- No capacity
- Little capacity
- Modest capacity
- Good capacity
- Strong capacity

Select

Select

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## State of the State Suicide Prevention Survey

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🏠 Exit Survey

36. How would you describe your S/T/T's overall capacity (staffing, funding, expertise) to implement a public health approach to suicide prevention including:

Routine surveillance and monitoring of the problem?

Select ▼

Data-driven coordinated strategic planning?

✓ Select  
No capacity  
Little capacity  
Modest capacity  
Good capacity  
Strong capacity  
Select ▼

Implementation of evidence-based programs and practices?

Evaluation of programs and practices?

Dissemination of what works to stakeholders?

Select ▼

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# State of the State Suicide Prevention Survey

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Exit Survey

36. How would you describe your S/T/T's overall capacity (staffing, funding, expertise) to implement a public health approach to suicide prevention including:

Routine surveillance and monitoring of the problem?

Select

Data-driven coordinated strategic planning?

Select

Implementation of evidence-based programs and practices?

Select  
No capacity  
Little capacity  
Modest capacity  
Good capacity  
Strong capacity

Evaluation of programs and practices?

Dissemination of what works to stakeholders?

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# State of the State Suicide Prevention Survey

36. How would you describe your S/T/T's overall capacity (staffing, funding, expertise) to implement a public health approach to suicide prevention including:

Routine surveillance and monitoring of the problem?	Select
Data-driven coordinated strategic planning?	Select
Implementation of evidence-based programs and practices?	Select
Evaluation of programs and practices?	Select
Dissemination of what works to stakeholders?	Select

- Select
- No capacity
- Little capacity
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# State of the State Suicide Prevention Survey

36. How would you describe your S/T/T's overall capacity (staffing, funding, expertise) to implement a public health approach to suicide prevention including:

Routine surveillance and monitoring of the problem?	Select
Data-driven coordinated strategic planning?	Select
Implementation of evidence-based programs and practices?	Select
Evaluation of programs and practices?	Select
Dissemination of what works to stakeholders?	Select

- Select
- No capacity
- Little capacity
- Modest capacity
- Good capacity
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### VIII. Populations and Their Risk and Protective Factors

37. Which populations are you currently working with to address suicide in your S/T/T?

- Children under 10
- Youth 10-24
- College students
- People 25-34
- Middle aged adults 35-64
- Older adults 65+
- Veterans/Active duty military
- Sexual and/or gender minorities
- American Indian/Alaskan Native
- Other racial/ethnic minorities
- Homeless
- People involved with the criminal justice system
- People with lived experience   
(i.e. people who struggle with suicide thoughts or attempts)
- Survivors of suicide loss   
(friends/family members who died by suicide)
- First responders
- Other

Please describe:

38. Has your S/T/T's attention to particular at-risk populations changed in the past five years?

If yes, how?

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### VIII. Populations and Their Risk and Protective Factors

37. Which populations are you currently working with to address suicide in your S/T/T?

Children under 10	<input type="checkbox"/> Select
Youth 10-24	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Not sure or Don't know
College students	<input type="text" value="Select"/>
People 25-34	<input type="text" value="Select"/>
Middle aged adults 35-64	<input type="text" value="Select"/>
Older adults 65+	<input type="text" value="Select"/>
Veterans/Active duty military	<input type="text" value="Select"/>
Sexual and/or gender minorities	<input type="text" value="Select"/>
American Indian/Alaskan Native	<input type="text" value="Select"/>
Other racial/ethnic minorities	<input type="text" value="Select"/>
Homeless	<input type="text" value="Select"/>
People involved with the criminal justice system	<input type="text" value="Select"/>
People with lived experience <small>(i.e. people who struggle with suicide thoughts or attempts)</small>	<input type="text" value="Select"/>
Survivors of suicide loss <small>(friends/family members who died by suicide)</small>	<input type="text" value="Select"/>
First responders	<input type="text" value="Select"/>
Other	<input type="text" value="Select"/>

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Children under 10	Select
Youth 10-24	Select Yes No Not sure or Don't know
College students	Select
People 25-34	Select
Middle aged adults 35-64	Select
Older adults 65+	Select
Veterans/Active duty military	Select
Sexual and/or gender minorities	Select
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People involved with the criminal justice system	Select
People with lived experience <small>(i.e. people who struggle with suicide thoughts or attempts)</small>	Select
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Homeless	Select
People involved with the criminal justice system	Select
People with lived experience (i.e. people who struggle with suicide thoughts or attempts)	Select
Survivors of suicide loss (friends/family members who died by suicide)	Select
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First responders	Select
Other	Select

- Select
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- No
- Not sure or Don't know

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First responders	Select
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Other racial/ethnic minorities	Select
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People involved with the criminal justice system	Select Yes No Not sure or Don't know
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Survivors of suicide loss (friends/family members who died by suicide)	Select
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Survivors of suicide loss (friends/family members who died by suicide)	Select Yes No Not sure or Don't know
First responders	Select
Other	Select
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People involved with the criminal justice system	Select
People with lived experience (i.e. people who struggle with suicide thoughts or attempts)	Select
Survivors of suicide loss (friends/family members who died by suicide)	Select
First responders	Select
Other	Select
Please describe:	

- Select
- Yes
- No
- Not sure or Don't know

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If yes, how?

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People involved with the criminal justice system	Select
People with lived experience <small>(i.e. people who struggle with suicide thoughts or attempts)</small>	Select
Survivors of suicide loss <small>(friends/family members who died by suicide)</small>	Select
First responders	Select
Other	Select
Please describe:	<input type="text"/>

- Select
- Yes
- No
- Not sure or Don't know

38. Has your S/T/T's attention to particular at-risk populations changed in the past five years?

Select

If yes, how?

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### VIII. Populations and Their Risk and Protective Factors

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- Sexual and/or gender minorities
- American Indian/Alaskan Native
- Other racial/ethnic minorities
- Homeless
- People involved with the criminal justice system
- People with lived experience   
(i.e. people who struggle with suicide thoughts or attempts)
- Survivors of suicide loss   
(friends/family members who died by suicide)
- First responders
- Other

Please describe:

38. Has your S/T/T's attention to particular at-risk populations changed in the past five years?

If yes, how?

- Select
- Yes
- No
- Not sure or Don't know

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# State of the State Suicide Prevention Survey

39. Which risk factors are you specifically addressing in your suicide prevention efforts?

- Prior suicide attempt(s)
- Suicidal thoughts
- History of interpersonal violence (including dating violence, intimate partner violence, sexual violence)
- Relationship problem/loss
- Job/school problems
- Financial problems
- Criminal/legal problems
- Involvement with bullying
- Prejudice/discrimination (e.g., regarding sexual orientation)
- Historical trauma (e.g. violence, resettlement, destruction of culture)
- Stigma of help-seeking
- Adverse childhood experiences
- Substance use/abuse
- Mental illness
- Access to lethal means among people at risk
- Being a suicide loss survivor (of a friend or family member's suicide)
- Social isolation
- Health problems (including pain, chronic illness, terminal illness)
- Lack of access to behavioral/mental health care
- Other

Please Specify:

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Continue

# State of the State Suicide Prevention Survey

39. Which risk factors are you specifically addressing in your suicide prevention efforts?

Prior suicide attempt(s)

Suicidal thoughts

History of interpersonal violence (including dating violence, intimate partner violence, sexual violence)

Relationship problem/loss

Job/school problems

Financial problems

Criminal/legal problems

Involvement with bullying

Prejudice/discrimination (e.g., regarding sexual orientation)

Historical trauma (e.g. violence, resettlement, destruction of culture)

Stigma of help-seeking

Adverse childhood experiences

Substance use/abuse

Mental illness

Access to lethal means among people at risk

Being a suicide loss survivor (of a friend or family member's suicide)

Social isolation

Health problems (including pain, chronic illness, terminal illness)

Lack of access to behavioral/mental health care

Other

Please Specify:

▼ Select  
Yes  
No  
Not sure or Don't know  
Select

Select ▼

Select ▼

Select ▼

Select ▼

Select ▼

Select ▼

Select ▼

Select ▼

Select ▼

Select ▼

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Select ▼

Select ▼

Select ▼

Select ▼

Select ▼

Select ▼

Select ▼

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# State of the State Suicide Prevention Survey

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Exit Survey

39. Which risk factors are you specifically addressing in your suicide prevention efforts?

Prior suicide attempt(s)	Select
Suicidal thoughts	Select
History of interpersonal violence (including dating violence, intimate partner violence, sexual violence)	Yes No Not sure or Don't know
Relationship problem/loss	Select
Job/school problems	Select
Financial problems	Select
Criminal/legal problems	Select
Involvement with bullying	Select
Prejudice/discrimination (e.g., regarding sexual orientation)	Select
Historical trauma (e.g. violence, resettlement, destruction of culture)	Select
Stigma of help-seeking	Select
Adverse childhood experiences	Select
Substance use/abuse	Select
Mental illness	Select
Access to lethal means among people at risk	Select
Being a suicide loss survivor (of a friend or family member's suicide)	Select
Social isolation	Select
Health problems (including pain, chronic illness, terminal illness)	Select
Lack of access to behavioral/mental health care	Select
Other	Select
Please Specify:	

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39. Which risk factors are you specifically addressing in your suicide prevention efforts?

Prior suicide attempt(s)	Select
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Financial problems	Select
Criminal/legal problems	Select
Involvement with bullying	Select
Prejudice/discrimination (e.g., regarding sexual orientation)	Select
Historical trauma (e.g. violence, resettlement, destruction of culture)	Select
Stigma of help-seeking	Select
Adverse childhood experiences	Select
Substance use/abuse	Select
Mental illness	Select
Access to lethal means among people at risk	Select
Being a suicide loss survivor (of a friend or family member's suicide)	Select
Social isolation	Select
Health problems (including pain, chronic illness, terminal illness)	Select
Lack of access to behavioral/mental health care	Select
Other	Select
Please Specify:	

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Access to lethal means among people at risk	Select
Being a suicide loss survivor (of a friend or family member's suicide)	Select
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Health problems (including pain, chronic illness, terminal illness)	Select
Lack of access to behavioral/mental health care	Select
Other	Select
Please Specify:	

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Criminal/legal problems	Select
Involvement with bullying	Select
Prejudice/discrimination (e.g., regarding sexual orientation)	Select
Historical trauma (e.g. violence, resettlement, destruction of culture)	Select
Stigma of help-seeking	Select
Adverse childhood experiences	Select
Substance use/abuse	Select
Mental illness	Select
Access to lethal means among people at risk	Select
Being a suicide loss survivor (of a friend or family member's suicide)	Select
Social isolation	Select
Health problems (including pain, chronic illness, terminal illness)	Select
Lack of access to behavioral/mental health care	Select
Other	Select
Please Specify:	<input type="text"/>

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Substance use/abuse	Select
Mental illness	Select
Access to lethal means among people at risk	Select
Being a suicide loss survivor (of a friend or family member's suicide)	Select
Social isolation	Select
Health problems (including pain, chronic illness, terminal illness)	Select
Lack of access to behavioral/mental health care	Select
Other	Select
Please Specify:	

Previous

Finish later

Continue



# State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

39. Which risk factors are you specifically addressing in your suicide prevention efforts?

Prior suicide attempt(s)	Select
Suicidal thoughts	Select
History of interpersonal violence (including dating violence, intimate partner violence, sexual violence)	Select
Relationship problem/loss	Select
Job/school problems	Select
Financial problems	Select
Criminal/legal problems	Select
Involvement with bullying	Select
Prejudice/discrimination (e.g., regarding sexual orientation)	Select
Historical trauma (e.g. violence, resettlement, destruction of culture)	Select
Stigma of help-seeking	Select
Adverse childhood experiences	Select
Substance use/abuse	Select
Mental illness	Select
Access to lethal means among people at risk	Select
Being a suicide loss survivor (of a friend or family member's suicide)	Select
Social isolation	Select
Health problems (including pain, chronic illness, terminal illness)	Select
Lack of access to behavioral/mental health care	Select
Other	Select
Please Specify:	

- Select
- Yes
- No
- Not sure or Don't know

Previous

Finish later

Continue



# State of the State Suicide Prevention Survey

39. Which risk factors are you specifically addressing in your suicide prevention efforts?

Prior suicide attempt(s)	Select
Suicidal thoughts	Select
History of interpersonal violence (including dating violence, intimate partner violence, sexual violence)	Select
Relationship problem/loss	Select
Job/school problems	Select
Financial problems	Select
Criminal/legal problems	Select
Involvement with bullying	Select
Prejudice/discrimination (e.g., regarding sexual orientation)	Select
Historical trauma (e.g. violence, resettlement, destruction of culture)	Select
Stigma of help-seeking	Select
Adverse childhood experiences	Select
Substance use/abuse	Select
Mental illness	Select
Access to lethal means among people at risk	Select
Being a suicide loss survivor (of a friend or family member's suicide)	Select
Social isolation	Select
Health problems (including pain, chronic illness, terminal illness)	Select
Lack of access to behavioral/mental health care	Select
Other	Select
Please Specify:	

- Select
- Yes
- No
- Not sure or Don't know

Previous

Finish later

Continue

# State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

39. Which risk factors are you specifically addressing in your suicide prevention efforts?

Prior suicide attempt(s)	Select
Suicidal thoughts	Select
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Relationship problem/loss	Select
Job/school problems	Select
Financial problems	Select
Criminal/legal problems	Select
Involvement with bullying	Select
Prejudice/discrimination (e.g., regarding sexual orientation)	Select
Historical trauma (e.g. violence, resettlement, destruction of culture)	Select
Stigma of help-seeking	Select
Adverse childhood experiences	Select
Substance use/abuse	Select
Mental illness	Select
Access to lethal means among people at risk	Select
Being a suicide loss survivor (of a friend or family member's suicide)	Select
Social isolation	Select
Health problems (including pain, chronic illness, terminal illness)	Select
Lack of access to behavioral/mental health care	Select
Other	Select
Please Specify:	

- Select
- Yes
- No
- Not sure or Don't know

Previous

Finish later

Continue

# State of the State Suicide Prevention Survey

39. Which risk factors are you specifically addressing in your suicide prevention efforts?

Prior suicide attempt(s)	Select
Suicidal thoughts	Select
History of interpersonal violence (including dating violence, intimate partner violence, sexual violence)	Select
Relationship problem/loss	Select
Job/school problems	Select
Financial problems	Select
Criminal/legal problems	Select
Involvement with bullying	Select
Prejudice/discrimination (e.g., regarding sexual orientation)	Select
Historical trauma (e.g. violence, resettlement, destruction of culture)	Select
Stigma of help-seeking	Select
Adverse childhood experiences	Select
Substance use/abuse	Select
Mental illness	Select
Access to lethal means among people at risk	Select
Being a suicide loss survivor (of a friend or family member's suicide)	Select
Social isolation	Select
Health problems (including pain, chronic illness, terminal illness)	Select
Lack of access to behavioral/mental health care	Select
Other	Select
Please Specify:	

- Select
- Yes
- No
- Not sure or Don't know

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Continue



# State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

39. Which risk factors are you specifically addressing in your suicide prevention efforts?

Prior suicide attempt(s)	Select
Suicidal thoughts	Select
History of interpersonal violence (including dating violence, intimate partner violence, sexual violence)	Select
Relationship problem/loss	Select
Job/school problems	Select
Financial problems	Select
Criminal/legal problems	Select
Involvement with bullying	Select
Prejudice/discrimination (e.g., regarding sexual orientation)	Select
Historical trauma (e.g. violence, resettlement, destruction of culture)	Select
Stigma of help-seeking	Select
Adverse childhood experiences	Select
Substance use/abuse	Select Yes No Not sure or Don't know
Mental illness	Select
Access to lethal means among people at risk	Select
Being a suicide loss survivor (of a friend or family member's suicide)	Select
Social isolation	Select
Health problems (including pain, chronic illness, terminal illness)	Select
Lack of access to behavioral/mental health care	Select
Other	Select
Please Specify:	

Previous

Finish later

Continue



# State of the State Suicide Prevention Survey

39. Which risk factors are you specifically addressing in your suicide prevention efforts?

Prior suicide attempt(s)	Select
Suicidal thoughts	Select
History of interpersonal violence (including dating violence, intimate partner violence, sexual violence)	Select
Relationship problem/loss	Select
Job/school problems	Select
Financial problems	Select
Criminal/legal problems	Select
Involvement with bullying	Select
Prejudice/discrimination (e.g., regarding sexual orientation)	Select
Historical trauma (e.g. violence, resettlement, destruction of culture)	Select
Stigma of help-seeking	Select
Adverse childhood experiences	Select
Substance use/abuse	Select
Mental illness	Select
Access to lethal means among people at risk	Select
Being a suicide loss survivor (of a friend or family member's suicide)	Select
Social isolation	Select
Health problems (including pain, chronic illness, terminal illness)	Select
Lack of access to behavioral/mental health care	Select
Other	Select
Please Specify:	

- Select
- Yes
- No
- Not sure or Don't know

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Continue

# State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

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Job/school problems	Select
Financial problems	Select
Criminal/legal problems	Select
Involvement with bullying	Select
Prejudice/discrimination (e.g., regarding sexual orientation)	Select
Historical trauma (e.g. violence, resettlement, destruction of culture)	Select
Stigma of help-seeking	Select
Adverse childhood experiences	Select
Substance use/abuse	Select
Mental illness	Select
Access to lethal means among people at risk	Select
Being a suicide loss survivor (of a friend or family member's suicide)	Select
Social isolation	Select
Health problems (including pain, chronic illness, terminal illness)	Select
Lack of access to behavioral/mental health care	Select
Other	Select
Please Specify:	

- Select
- Yes
- No
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Continue

# State of the State Suicide Prevention Survey

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Exit Survey

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Financial problems	Select
Criminal/legal problems	Select
Involvement with bullying	Select
Prejudice/discrimination (e.g., regarding sexual orientation)	Select
Historical trauma (e.g. violence, resettlement, destruction of culture)	Select
Stigma of help-seeking	Select
Adverse childhood experiences	Select
Substance use/abuse	Select
Mental illness	Select
Access to lethal means among people at risk	Select
Being a suicide loss survivor (of a friend or family member's suicide)	Select
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Health problems (including pain, chronic illness, terminal illness)	Select
Lack of access to behavioral/mental health care	Select
Other	Select
Please Specify:	

- Select
- Yes
- No
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Continue

# State of the State Suicide Prevention Survey

39. Which risk factors are you specifically addressing in your suicide prevention efforts?

Prior suicide attempt(s)	Select
Suicidal thoughts	Select
History of interpersonal violence (including dating violence, intimate partner violence, sexual violence)	Select
Relationship problem/loss	Select
Job/school problems	Select
Financial problems	Select
Criminal/legal problems	Select
Involvement with bullying	Select
Prejudice/discrimination (e.g., regarding sexual orientation)	Select
Historical trauma (e.g. violence, resettlement, destruction of culture)	Select
Stigma of help-seeking	Select
Adverse childhood experiences	Select
Substance use/abuse	Select
Mental illness	Select
Access to lethal means among people at risk	Select
Being a suicide loss survivor (of a friend or family member's suicide)	Select
Social isolation	Select
Health problems (including pain, chronic illness, terminal illness)	Select
Lack of access to behavioral/mental health care	Select
Other	Select
Please Specify:	

- Select
- Yes
- No
- Not sure or Don't know

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Continue



# State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

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Prior suicide attempt(s)	Select
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Job/school problems	Select
Financial problems	Select
Criminal/legal problems	Select
Involvement with bullying	Select
Prejudice/discrimination (e.g., regarding sexual orientation)	Select
Historical trauma (e.g. violence, resettlement, destruction of culture)	Select
Stigma of help-seeking	Select
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Being a suicide loss survivor (of a friend or family member's suicide)	Select
Social isolation	Select
Health problems (including pain, chronic illness, terminal illness)	Select
Lack of access to behavioral/mental health care	Select
Other	Select
Please Specify:	

- Select
- Yes
- No
- Not sure or Don't know

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Finish later

Continue



# State of the State Suicide Prevention Survey

39. Which risk factors are you specifically addressing in your suicide prevention efforts?

Prior suicide attempt(s)	Select
Suicidal thoughts	Select
History of interpersonal violence (including dating violence, intimate partner violence, sexual violence)	Select
Relationship problem/loss	Select
Job/school problems	Select
Financial problems	Select
Criminal/legal problems	Select
Involvement with bullying	Select
Prejudice/discrimination (e.g., regarding sexual orientation)	Select
Historical trauma (e.g. violence, resettlement, destruction of culture)	Select
Stigma of help-seeking	Select
Adverse childhood experiences	Select
Substance use/abuse	Select
Mental illness	Select
Access to lethal means among people at risk	Select
Being a suicide loss survivor (of a friend or family member's suicide)	Select
Social isolation	Select
Health problems (including pain, chronic illness, terminal illness)	Select
Lack of access to behavioral/mental health care	Select
Other	Select
Please Specify:	

- Select
- Yes
- No
- Not sure or Don't know

Previous

Finish later

Continue



# State of the State Suicide Prevention Survey

39. Which risk factors are you specifically addressing in your suicide prevention efforts?

- Prior suicide attempt(s)
- Suicidal thoughts
- History of interpersonal violence (including dating violence, intimate partner violence, sexual violence)
- Relationship problem/loss
- Job/school problems
- Financial problems
- Criminal/legal problems
- Involvement with bullying
- Prejudice/discrimination (e.g., regarding sexual orientation)
- Historical trauma (e.g. violence, resettlement, destruction of culture)
- Stigma of help-seeking
- Adverse childhood experiences
- Substance use/abuse
- Mental illness
- Access to lethal means among people at risk
- Being a suicide loss survivor (of a friend or family member's suicide)
- Social isolation
- Health problems (including pain, chronic illness, terminal illness)
- Lack of access to behavioral/mental health care

Other

Please Specify:

Select  
 Yes  
 No  
 Not sure or Don't know

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# State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

40. Which protective factors are you specifically addressing in your suicide prevention efforts?

- Promoting connectedness/social integration
- Building life skills (problem solving, coping, conflict resolution)
- Promoting tolerance of peoples' differences
- Promoting help-seeking
- Promoting cultural values that discourage suicide
- Promoting individuals' self-esteem
- Promoting a sense of purpose in peoples' lives
- Other
- Please Specify

41. Has your S/T/T's attention to particular risk and protective factors changed in the past five years?

If yes, how:



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# State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

40. Which protective factors are you specifically addressing in your suicide prevention efforts?

Promoting connectedness/social integration

Building life skills (problem solving, coping, conflict resolution)

Promoting tolerance of peoples' differences

Promoting help-seeking

Promoting cultural values that discourage suicide

Promoting individuals' self-esteem

Promoting a sense of purpose in peoples' lives

Other

Please Specify

Select  
Yes  
No  
Not sure or Don't know

Select

Select

Select

Select

Select

Select

41. Has your S/T/T's attention to particular risk and protective factors changed in the past five years?

Select

If yes, how:

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## State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

40. Which protective factors are you specifically addressing in your suicide prevention efforts?

Promoting connectedness/social integration

Select

Building life skills (problem solving, coping, conflict resolution)

Select

Promoting tolerance of peoples' differences

Yes

No

Not sure or Don't know

Promoting help-seeking

Select

Promoting cultural values that discourage suicide

Select

Promoting individuals' self-esteem

Select

Promoting a sense of purpose in peoples' lives

Select

Other

Select

Please Specify

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Select

If yes, how:

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# State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

40. Which protective factors are you specifically addressing in your suicide prevention efforts?

Promoting connectedness/social integration	Select
Building life skills (problem solving, coping, conflict resolution)	Select
Promoting tolerance of peoples' differences	Select
Promoting help-seeking	Yes No Not sure or Don't know
Promoting cultural values that discourage suicide	Select
Promoting individuals' self-esteem	Select
Promoting a sense of purpose in peoples' lives	Select
Other	Select
Please Specify	

41. Has your S/T/T's attention to particular risk and protective factors changed in the past five years? Select

If yes, how:

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Continue

## State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

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Promoting connectedness/social integration	Select
Building life skills (problem solving, coping, conflict resolution)	Select
Promoting tolerance of peoples' differences	Select
Promoting help-seeking	Select
Promoting cultural values that discourage suicide	Select
Promoting individuals' self-esteem	Select
Promoting a sense of purpose in peoples' lives	Select
Other	Select
Please Specify	

41. Has your S/T/T's attention to particular risk and protective factors changed in the past five years?

Select

If yes, how:

Previous

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Continue

# State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

40. Which protective factors are you specifically addressing in your suicide prevention efforts?

Promoting connectedness/social integration	Select
Building life skills (problem solving, coping, conflict resolution)	Select
Promoting tolerance of peoples' differences	Select
Promoting help-seeking	Select
Promoting cultural values that discourage suicide	Select
Promoting individuals' self-esteem	Select
Promoting a sense of purpose in peoples' lives	Select
Other	Select
Please Specify	

41. Has your S/T/T's attention to particular risk and protective factors changed in the past five years? Select

If yes, how:

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Continue

## State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

40. Which protective factors are you specifically addressing in your suicide prevention efforts?

Promoting connectedness/social integration	Select
Building life skills (problem solving, coping, conflict resolution)	Select
Promoting tolerance of peoples' differences	Select
Promoting help-seeking	Select
Promoting cultural values that discourage suicide	Select
Promoting individuals' self-esteem	Select
Promoting a sense of purpose in peoples' lives	Select
Other	Select
Please Specify	

41. Has your S/T/T's attention to particular risk and protective factors changed in the past five years? Select

If yes, how: \_\_\_\_\_

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# State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

40. Which protective factors are you specifically addressing in your suicide prevention efforts?

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- Promoting help-seeking
- Promoting cultural values that discourage suicide
- Promoting individuals' self-esteem
- Promoting a sense of purpose in peoples' lives
- Other
- Please Specify

41. Has your S/T/T's attention to particular risk and protective factors changed in the past five years?

If yes, how:

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## State of the State Suicide Prevention Survey

◀ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 ▶

Exit Survey

40. Which protective factors are you specifically addressing in your suicide prevention efforts?

Promoting connectedness/social integration

Select

Building life skills (problem solving, coping, conflict resolution)

Select

Promoting tolerance of peoples' differences

Select

Promoting help-seeking

Select

Promoting cultural values that discourage suicide

Select

Promoting individuals' self-esteem

Select

Promoting a sense of purpose in peoples' lives

Select

Other

Select

Please Specify

Yes  
No  
Not sure or Don't know

41. Has your S/T/T's attention to particular risk and protective factors changed in the past five years?

Select

If yes, how:



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# State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

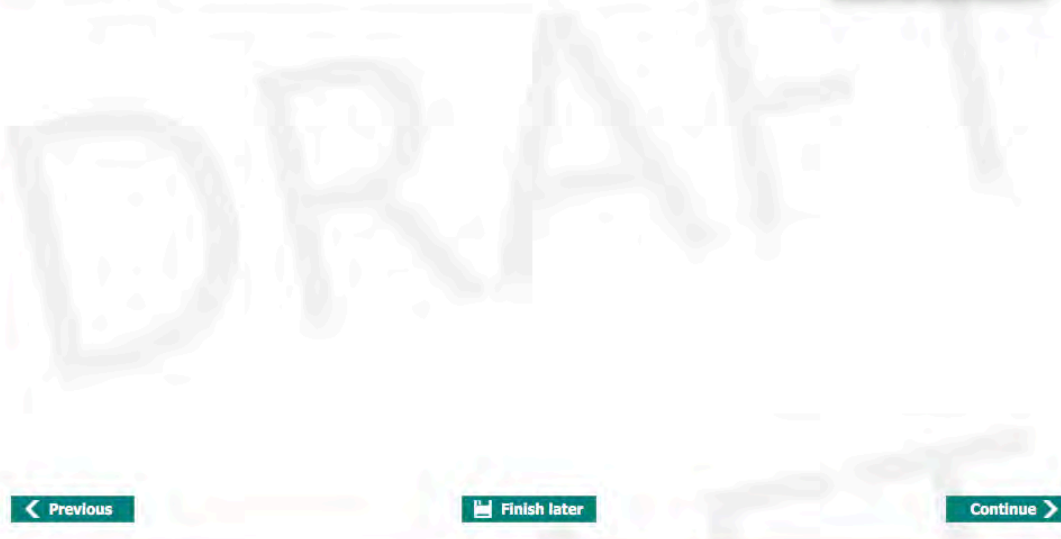
40. Which protective factors are you specifically addressing in your suicide prevention efforts?

- Promoting connectedness/social integration
- Building life skills (problem solving, coping, conflict resolution)
- Promoting tolerance of peoples' differences
- Promoting help-seeking
- Promoting cultural values that discourage suicide
- Promoting individuals' self-esteem
- Promoting a sense of purpose in peoples' lives
- Other
- Please Specify

41. Has your S/T/T's attention to particular risk and protective factors changed in the past five years?

- Select
- Yes
- No
- Not sure or Don't know

If yes, how:



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### IX. Existing Programs and Practices

In 2017, CDC released "Preventing Suicide: A Technical Package of Policy, Programs, and Practices" that describes the best available evidence for suicide prevention for states and communities

42. Are you familiar with this document?

The next few pages cover the seven evidence-based strategies found in the technical package. For each strategy, assess if your STT implements the strategy, and if so, check each of the approaches that are used and specify the program, practice, or policy.

Does your STT implement the strategy to:

**Strengthen economic supports**

(e.g. financial support after job loss, housing stabilization policies)

If Yes, which approaches are used?

Approaches to strengthen economic supports	Specify Program, Practice, or Policy
<input type="checkbox"/> Strengthen household financial security	<input type="text"/>
<input type="checkbox"/> Housing stabilization policies	<input type="text"/>
Other: <input type="text"/>	<input type="text"/>

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### IX. Existing Programs and Practices

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42. Are you familiar with this document?

Select  
 Yes  
 No  
 Not sure or Don't know

The next few pages cover the seven evidence-based strategies in the technical package. For each strategy, assess if your STT implements the strategy, and if so, check each of the approaches that are used and specify the program, practice, or policy.

Does your STT implement the strategy to:

**Strengthen economic supports**

(e.g. financial support after job loss, housing stabilization policies)

If Yes, which approaches are used?

Approaches to strengthen economic supports

Strengthen household financial security

Housing stabilization policies

Other:

Specify Program, Practice, or Policy

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Continue

### IX. Existing Programs and Practices

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Does your STT implement the strategy to:

**Strengthen economic supports**

(e.g. financial support after job loss, housing st

Select  
 Yes  
 No  
 Not sure or Don't know

If Yes, which approaches are used?

Approaches to strengthen economic supports

Strengthen household financial security

Housing stabilization policies

Other:

Specify Program, Practice, or Policy

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## State of the State Suicide Prevention Survey

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Exit Survey

Does your STT implement the strategy to:

**Strengthen access to and delivery of suicide care**

Select

(e.g. coverage for mental health conditions in insurance policies, safer suicide care through systems change [zero suicide], reduce rural provider shortages)

If Yes, which approaches are used?

Approaches to strengthen access to and delivery of suicide care

Coverage for mental health conditions in insurance policies

Safer suicide care through systems change

Reduce provider shortages in underserved areas

Other:

Specify Program, Practice, or Policy


Does your STT implement the strategy to:

**Create protective environments**

Select

(e.g. reduced access to lethal means among people at risk, organizational policies that support a help-seeking culture and mental wellness, community policies to reduce excessive alcohol use)

If Yes, which approaches are used?

Approaches to create protective environments

Reduced access to lethal means among people at risk

Organizational policies that support a help-seeking culture

Community policies to reduce excessive alcohol use

Other:

Specify Program, Practice, or Policy


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# State of the State Suicide Prevention Survey

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Exit Survey

Does your STT implement the strategy to:

### Strengthen access to and delivery of suicide care

Select  
Yes  
No  
Not sure or Don't know

(e.g. coverage for mental health conditions in insurance policies, systems change [zero suicide], reduce rural provider shortages)

If Yes, which approaches are used?

#### Approaches to strengthen access to and delivery of suicide care

- Coverage for mental health conditions in insurance policies
- Safer suicide care through systems change
- Reduce provider shortages in underserved areas

Other:

#### Specify Program, Practice, or Policy

Does your STT implement the strategy to:

### Create protective environments

Select

(e.g. reduced access to lethal means among people at risk, organizational policies that support a help-seeking culture and mental wellness, community policies to reduce excessive alcohol use)

If Yes, which approaches are used?

#### Approaches to create protective environments

- Reduced access to lethal means among people at risk
- Organizational policies that support a help-seeking culture
- Community policies to reduce excessive alcohol use

Other:

#### Specify Program, Practice, or Policy

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# State of the State Suicide Prevention Survey

Does your STT implement the strategy to:

**Strengthen access to and delivery of suicide care**

Select

(e.g. coverage for mental health conditions in insurance policies, safer suicide care through systems change [zero suicide], reduce rural provider shortages)

If Yes, which approaches are used?

Approaches to strengthen access to and delivery of suicide care

Specify Program, Practice, or Policy

Coverage for mental health conditions in insurance policies

Safer suicide care through systems change

Reduce provider shortages in underserved areas

Other:

Does your STT implement the strategy to:

**Create protective environments**

Select  
Yes  
No  
Not sure or Don't know

(e.g. reduced access to lethal means among community policies to reduce excessive alcohol use)

policies that support a help-seeking culture and mental wellness,

If Yes, which approaches are used?

Approaches to create protective environments

Specify Program, Practice, or Policy

Reduced access to lethal means among people at risk

Organizational policies that support a help-seeking culture

Community policies to reduce excessive alcohol use

Other:

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# State of the State Suicide Prevention Survey

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Exit Survey

Does your STT implement the strategy to:

### Promote connectedness

Select

(e.g. peer norm programs, community engagement activities)

If Yes, which approaches are used?

Approaches to promote connectedness	Specify Program, Practice, or Policy
<input type="checkbox"/> Peer norm programs	
<input type="checkbox"/> Community engagement activities	
Other: <input type="text"/>	

Does your STT implement the strategy to:

### Teach coping and problem-solving skills

Select

(e.g. socio-emotional learning programs, parenting)

If Yes, which approaches are used?

Approaches to teach coping and problem-solving skills	Specify Program, Practice, or Policy
<input type="checkbox"/> Social-emotional learning programs	
<input type="checkbox"/> Parenting skill and family relationship programs	
Other: <input type="text"/>	

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# State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

Does your STT implement the strategy to:

### Promote connectedness

(e.g. peer norm programs, community eng

Select  
Yes  
No  
Not sure or Don't know

If Yes, which approaches are used?

#### Approaches to promote connectedness

Peer norm programs

Community engagement activities

Other:

#### Specify Program, Practice, or Policy

Does your STT implement the strategy to:

### Teach coping and problem-solving skills

(e.g. socio-emotional learning programs, parenting)

Select

If Yes, which approaches are used?

#### Approaches to teach coping and problem-solving skills

Social-emotional learning programs

Parenting skill and family relationship programs

Other:

#### Specify Program, Practice, or Policy

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# State of the State Suicide Prevention Survey

Does your STT implement the strategy to:

**Promote connectedness**

(e.g. peer norm programs, community engagement activities)

If Yes, which approaches are used?

Approaches to promote connectedness	Specify Program, Practice, or Policy
<input type="checkbox"/> Peer norm programs	<input type="text"/>
<input type="checkbox"/> Community engagement activities	<input type="text"/>
Other: <input type="text"/>	<input type="text"/>

Does your STT implement the strategy to:

**Teach coping and problem-solving skills**

(e.g. socio-emotional learning programs, parenting programs)

If Yes, which approaches are used?

Approaches to teach coping and problem-solving skills	Specify Program, Practice, or Policy
<input type="checkbox"/> Social-emotional learning programs	<input type="text"/>
<input type="checkbox"/> Parenting skill and family relationship programs	<input type="text"/>
Other: <input type="text"/>	<input type="text"/>

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## State of the State Suicide Prevention Survey

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Exit Survey

Does your STT implement the strategy to:

**Identify and support people at risk of suicide**

Select

(e.g. gatekeeper programs, crisis intervention, evidence-based treatment for people at-risk, treatment to prevent re-attempts)

If Yes, which approaches are used?

Approaches to identify and support people at risk of suicide

- Gatekeeper training
- Crisis intervention
- Treatment for people at risk of suicide
- Treatment to prevent re-attempts

Other:

Specify Program, Practice, or Policy


Does your STT implement the strategy to:

**Lessen harms and prevent future risk**

Select

(e.g. safe reporting and messaging, postvention)

If Yes, which approaches are used?

Approaches to lessen harms and prevent future risk

- Postvention
- Safe messaging and reporting about suicide

Other:

Specify Program, Practice, or Policy


44. How much did the technical package influence your decision to implement the above strategies\*?

\*Rate on a scale from 1 to 5, where 1 = "Not at all"; 2 = "Slightly"; 3 = "Somewhat"; 4 = "Moderately"; 5 = "A lot"

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# State of the State Suicide Prevention Survey

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Exit Survey

Does your STT implement the strategy to:

### Identify and support people at risk of suicide

Select  
Yes  
No  
Not sure or Don't know

(e.g. gatekeeper programs, crisis intervention, evidence-based treatment, treatment to prevent re-attempts)

If Yes, which approaches are used?

Approaches to identify and support people at risk of suicide	Specify Program, Practice, or Policy
<input type="checkbox"/> Gatekeeper training	
<input type="checkbox"/> Crisis intervention	
<input type="checkbox"/> Treatment for people at risk of suicide	
<input type="checkbox"/> Treatment to prevent re-attempts	
Other: <input type="text"/>	

Does your STT implement the strategy to:

### Lessen harms and prevent future risk

Select

(e.g. safe reporting and messaging, postvention)

If Yes, which approaches are used?

Approaches to lessen harms and prevent future risk	Specify Program, Practice, or Policy
<input type="checkbox"/> Postvention	
<input type="checkbox"/> Safe messaging and reporting about suicide	
Other: <input type="text"/>	

44. How much did the technical package influence your decision to implement the above strategies\*?

\*Rate on a scale from 1 to 5, where 1 = "Not at all"; 2 = "Slightly"; 3 = "Somewhat"; 4 = "Moderately"; 5 = "A lot"

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# State of the State Suicide Prevention Survey

Does your STT implement the strategy to:

**Identify and support people at risk of suicide**

(e.g. gatekeeper programs, crisis intervention, evidence-based treatment for people at-risk, treatment to prevent re-attempts)

If Yes, which approaches are used?

Approaches to identify and support people at risk of suicide	Specify Program, Practice, or Policy
<input type="checkbox"/> Gatekeeper training	<input type="text"/>
<input type="checkbox"/> Crisis intervention	<input type="text"/>
<input type="checkbox"/> Treatment for people at risk of suicide	<input type="text"/>
<input type="checkbox"/> Treatment to prevent re-attempts	<input type="text"/>
Other: <input type="text"/>	<input type="text"/>

Does your STT implement the strategy to:

**Lessen harms and prevent future risk**

(e.g. safe reporting and messaging, postvention)

If Yes, which approaches are used?

Approaches to lessen harms and prevent future risk	Specify Program, Practice, or Policy
<input type="checkbox"/> Postvention	<input type="text"/>
<input type="checkbox"/> Safe messaging and reporting about suicide	<input type="text"/>
Other: <input type="text"/>	<input type="text"/>

44. How much did the technical package influence your decision to implement the above strategies\*?

\*Rate on a scale from 1 to 5, where 1 = "Not at all"; 2 = "Slightly"; 3 = "Somewhat"; 4 = "Moderately"; 5 = "A lot"



## State of the State Suicide Prevention Survey

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The section below asks about your efforts to address the goals of the *2012 National Strategy for Suicide Prevention*

### 45. How much progress have you made toward each goal?

Goal 1: Integrate and coordinate suicide prevention activities across multiple sectors and settings	<input checked="" type="checkbox"/>	Rate each from 1 to 5 where: 1 = "No progress" 2 = "Little progress" 3 = "Moderate progress" 4 = "A lot of progress" 5 = "Goal achieved"
Goal 2: Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors	<input type="checkbox"/>	
Goal 3: Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery	<input type="checkbox"/>	
Goal 4: Promote responsible media reporting of suicide, accurate portrayals of suicide and mental illnesses in the entertainment industry, and the safety of online content related to suicide	<input type="checkbox"/>	
Goal 5: Develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors	<input type="checkbox"/>	
Goal 6: Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk	<input type="checkbox"/>	
Goal 7: Provide training to community and clinical service providers on the prevention of suicide and related behaviors	<input type="checkbox"/>	
Goal 8: Promote suicide prevention as a core component of health care services	<input type="checkbox"/>	
Goal 9: Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors	<input type="checkbox"/>	
Goal 10: Provide care and support to individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides	<input type="checkbox"/>	
Goal 11: Increase the timeliness and usefulness of national surveillance systems relevant to suicide prevention and improve the ability to collect, analyze, and use this information for action	<input type="checkbox"/>	
Goal 12: Promote and support research on suicide prevention	<input type="checkbox"/>	
Goal 13: Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings	<input type="checkbox"/>	

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### X. Barriers and Facilitators to Suicide Prevention

46. Please identify the barriers or things that have hindered or stalled your STT suicide prevention efforts:

Lack of Local legislation/policy	Select
Lack of Federal guidance materials	Select
Lack of S/T/T guidance materials	Select
Lack of a suicide prevention strategic plan	Select
Lack of implementation of the strategic plan	Select
Lack of S/T/T legislation or policy	Select
Lack of Local legislation or policy	Select
Lack of S/T/T Legislation or policy	Select
Lack of adequate staff to implement strategic plan	Select
Lack of evaluation of the strategic plan	Select
Insufficient S/T/T funding dedicated to suicide prevention	Select
Lack of S/T/T level suicide prevention leadership	Select
Insufficient Federal funding dedicated to suicide prevention	Select
Lack of surveillance resources (to track and monitor suicide/attempts)	Select
Lack of coalitions or task forces to address suicide prevention priorities	Select
Lack of partnerships or collaborations across key sectors	Select
Lack of coordination/integration of services between S/T/T partners	Select
No clear authority for suicide prevention at the S/T/T level	Select
Lack of awareness efforts about suicide prevention as a public health issue	Select
Other	Select
(Please describe)	

47. Have these barriers changed in the past 5 years? Select

If yes, please describe how:

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### X. Barriers and Facilitators to Suicide Prevention

46. Please identify the barriers or things that have hindered or stalled your STT suicide prevention efforts:

Lack of Local legislation/policy	<input type="text" value="Select"/>
Lack of Federal guidance materials	<input type="text" value="Select"/>
Lack of S/T/T guidance materials	<input type="text" value="Select"/>
Lack of a suicide prevention strategic plan	<input type="text" value="Select"/>
Lack of implementation of the strategic plan	<input type="text" value="Select"/>
Lack of S/T/T legislation or policy	<input type="text" value="Select"/>
Lack of Local legislation or policy	<input type="text" value="Select"/>
Lack of S/T/T Legislation or policy	<input type="text" value="Select"/>
Lack of adequate staff to implement strategic plan	<input type="text" value="Select"/>
Lack of evaluation of the strategic plan	<input type="text" value="Select"/>
Insufficient S/T/T funding dedicated to suicide prevention	<input type="text" value="Select"/>
Lack of S/T/T level suicide prevention leadership	<input type="text" value="Select"/>
Insufficient Federal funding dedicated to suicide prevention	<input type="text" value="Select"/>
Lack of surveillance resources (to track and monitor suicide/attempts)	<input type="text" value="Select"/>
Lack of coalitions or task forces to address suicide prevention priorities	<input type="text" value="Select"/>
Lack of partnerships or collaborations across key sectors	<input type="text" value="Select"/>
Lack of coordination/integration of services between S/T/T partners	<input type="text" value="Select"/>
No clear authority for suicide prevention at the S/T/T level	<input type="text" value="Select"/>
Lack of awareness efforts about suicide prevention as a public health issue	<input type="text" value="Select"/>
Other	<input type="text" value="Select"/>
(Please describe)	<input type="text"/>

47. Have these barriers changed in the past 5 years?

If yes, please describe how:

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### X. Barriers and Facilitators to Suicide Prevention

46. Please identify the barriers or things that have hindered or stalled your STT suicide prevention efforts:

Lack of Local legislation/policy	Select
Lack of Federal guidance materials	Select
Lack of S/T/T guidance materials	Select
Lack of a suicide prevention strategic plan	Select
Lack of implementation of the strategic plan	Select
Lack of S/T/T legislation or policy	Select
Lack of Local legislation or policy	Select
Lack of S/T/T Legislation or policy	Select
Lack of adequate staff to implement strategic plan	Select
Lack of evaluation of the strategic plan	Select
Insufficient S/T/T funding dedicated to suicide prevention	Select
Lack of S/T/T level suicide prevention leadership	Select
Insufficient Federal funding dedicated to suicide prevention	Select
Lack of surveillance resources (to track and monitor suicide/attempts)	Select
Lack of coalitions or task forces to address suicide prevention priorities	Select
Lack of partnerships or collaborations across key sectors	Select
Lack of coordination/integration of services between S/T/T partners	Select
No clear authority for suicide prevention at the S/T/T level	Select
Lack of awareness efforts about suicide prevention as a public health issue	Select
Other	Select
(Please describe)	

47. Have these barriers changed in the past 5 years? Select

If yes, please describe how:

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### X. Barriers and Facilitators to Suicide Prevention

46. Please identify the barriers or things that have hindered or stalled your STT suicide prevention efforts:

Lack of Local legislation/policy	Select
Lack of Federal guidance materials	Select
Lack of S/T/T guidance materials	Select
Lack of a suicide prevention strategic plan	Select
Lack of implementation of the strategic plan	Select
Lack of S/T/T legislation or policy	Select
Lack of Local legislation or policy	Select
Lack of S/T/T Legislation or policy	Select
Lack of adequate staff to implement strategic plan	Select
Lack of evaluation of the strategic plan	Select
Insufficient S/T/T funding dedicated to suicide prevention	Select
Lack of S/T/T level suicide prevention leadership	Select
Insufficient Federal funding dedicated to suicide prevention	Select
Lack of surveillance resources (to track and monitor suicide/attempts)	Select
Lack of coalitions or task forces to address suicide prevention priorities	Select
Lack of partnerships or collaborations across key sectors	Select
Lack of coordination/integration of services between S/T/T partners	Select
No clear authority for suicide prevention at the S/T/T level	Select
Lack of awareness efforts about suicide prevention as a public health issue	Select
Other	Select
(Please describe)	

- Select
- Yes
- No
- Not sure or Don't know

47. Have these barriers changed in the past 5 years? Select

If yes, please describe how:

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### X. Barriers and Facilitators to Suicide Prevention

46. Please identify the barriers or things that have hindered or stalled your STT suicide prevention efforts:

Lack of Local legislation/policy	<input type="text" value="Select"/>
Lack of Federal guidance materials	<input type="text" value="Select"/>
Lack of S/T/T guidance materials	<input type="text" value="Select"/>
Lack of a suicide prevention strategic plan	<input type="text" value="Select"/>
Lack of implementation of the strategic plan	<input type="text" value="Select"/>
Lack of S/T/T legislation or policy	<input type="text" value="Select"/>
Lack of Local legislation or policy	<input type="text" value="Select"/>
Lack of S/T/T Legislation or policy	<input type="text" value="Select"/>
Lack of adequate staff to implement strategic plan	<input type="text" value="Select"/>
Lack of evaluation of the strategic plan	<input type="text" value="Select"/>
Insufficient S/T/T funding dedicated to suicide prevention	<input type="text" value="Select"/>
Lack of S/T/T level suicide prevention leadership	<input type="text" value="Select"/>
Insufficient Federal funding dedicated to suicide prevention	<input type="text" value="Select"/>
Lack of surveillance resources (to track and monitor suicide/attempts)	<input type="text" value="Select"/>
Lack of coalitions or task forces to address suicide prevention priorities	<input type="text" value="Select"/>
Lack of partnerships or collaborations across key sectors	<input type="text" value="Select"/>
Lack of coordination/integration of services between S/T/T partners	<input type="text" value="Select"/>
No clear authority for suicide prevention at the S/T/T level	<input type="text" value="Select"/>
Lack of awareness efforts about suicide prevention as a public health issue	<input type="text" value="Select"/>
Other	<input type="text" value="Select"/>
(Please describe)	<input type="text"/>

47. Have these barriers changed in the past 5 years?

If yes, please describe how:

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### X. Barriers and Facilitators to Suicide Prevention

46. Please identify the barriers or things that have hindered or stalled your STT suicide prevention efforts:

Lack of Local legislation/policy	Select
Lack of Federal guidance materials	Select
Lack of S/T/T guidance materials	Select
Lack of a suicide prevention strategic plan	Select
Lack of implementation of the strategic plan	Select
Lack of S/T/T legislation or policy	Select
Lack of Local legislation or policy	Select
Lack of S/T/T Legislation or policy	Select
Lack of adequate staff to implement strategic plan	Select
Lack of evaluation of the strategic plan	Select
Insufficient S/T/T funding dedicated to suicide prevention	Select
Lack of S/T/T level suicide prevention leadership	Select
Insufficient Federal funding dedicated to suicide prevention	Select
Lack of surveillance resources (to track and monitor suicide/attempts)	Select
Lack of coalitions or task forces to address suicide prevention priorities	Select
Lack of partnerships or collaborations across key sectors	Select
Lack of coordination/integration of services between S/T/T partners	Select
No clear authority for suicide prevention at the S/T/T level	Select
Lack of awareness efforts about suicide prevention as a public health issue	Select
Other	Select
(Please describe)	

47. Have these barriers changed in the past 5 years? Select

If yes, please describe how:

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### X. Barriers and Facilitators to Suicide Prevention

46. Please identify the barriers or things that have hindered or stalled your STT suicide prevention efforts:

Lack of Local legislation/policy	Select
Lack of Federal guidance materials	Select
Lack of S/T/T guidance materials	Select
Lack of a suicide prevention strategic plan	Select
Lack of implementation of the strategic plan	Select
Lack of S/T/T legislation or policy	✓ Select Yes No Not sure or Don't know
Lack of Local legislation or policy	Select
Lack of S/T/T Legislation or policy	Select
Lack of adequate staff to implement strategic plan	Select
Lack of evaluation of the strategic plan	Select
Insufficient S/T/T funding dedicated to suicide prevention	Select
Lack of S/T/T level suicide prevention leadership	Select
Insufficient Federal funding dedicated to suicide prevention	Select
Lack of surveillance resources (to track and monitor suicide/attempts)	Select
Lack of coalitions or task forces to address suicide prevention priorities	Select
Lack of partnerships or collaborations across key sectors	Select
Lack of coordination/integration of services between S/T/T partners	Select
No clear authority for suicide prevention at the S/T/T level	Select
Lack of awareness efforts about suicide prevention as a public health issue	Select
Other	Select
(Please describe)	

47. Have these barriers changed in the past 5 years? Select

If yes, please describe how:

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Exit Survey

## X. Barriers and Facilitators to Suicide Prevention

46. Please identify the barriers or things that have hindered or stalled your S/T/T suicide prevention efforts:

Lack of Local legislation/policy	Select
Lack of Federal guidance materials	Select
Lack of S/T/T guidance materials	Select
Lack of a suicide prevention strategic plan	Select
Lack of implementation of the strategic plan	Select
Lack of S/T/T legislation or policy	Select
Lack of Local legislation or policy	Select
Lack of S/T/T Legislation or policy	Select
Lack of adequate staff to implement strategic plan	Select
Lack of evaluation of the strategic plan	Select
Insufficient S/T/T funding dedicated to suicide prevention	Select
Lack of S/T/T level suicide prevention leadership	Select
Insufficient Federal funding dedicated to suicide prevention	Select
Lack of surveillance resources (to track and monitor suicide/attempts)	Select
Lack of coalitions or task forces to address suicide prevention priorities	Select
Lack of partnerships or collaborations across key sectors	Select
Lack of coordination/integration of services between S/T/T partners	Select
No clear authority for suicide prevention at the S/T/T level	Select
Lack of awareness efforts about suicide prevention as a public health issue	Select
Other	Select
(Please describe)	

- Select
- Yes
- No
- Not sure or Don't know

47. Have these barriers changed in the past 5 years? Select

If yes, please describe how:

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### X. Barriers and Facilitators to Suicide Prevention

46. Please identify the barriers or things that have hindered or stalled your STT suicide prevention efforts:

Lack of Local legislation/policy	Select
Lack of Federal guidance materials	Select
Lack of S/T/T guidance materials	Select
Lack of a suicide prevention strategic plan	Select
Lack of implementation of the strategic plan	Select
Lack of S/T/T legislation or policy	Select
Lack of Local legislation or policy	Select
Lack of S/T/T Legislation or policy	Select
Lack of adequate staff to implement strategic plan	Select
Lack of evaluation of the strategic plan	Select
Insufficient S/T/T funding dedicated to suicide prevention	Select
Lack of S/T/T level suicide prevention leadership	Select
Insufficient Federal funding dedicated to suicide prevention	Select
Lack of surveillance resources (to track and monitor suicide/attempts)	Select
Lack of coalitions or task forces to address suicide prevention priorities	Select
Lack of partnerships or collaborations across key sectors	Select
Lack of coordination/integration of services between S/T/T partners	Select
No clear authority for suicide prevention at the S/T/T level	Select
Lack of awareness efforts about suicide prevention as a public health issue	Select
Other	Select
(Please describe)	

- Select
- Yes
- No
- Not sure or Don't know

47. Have these barriers changed in the past 5 years? Select

If yes, please describe how:

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# State of the State Suicide Prevention Survey

## X. Barriers and Facilitators to Suicide Prevention

46. Please identify the barriers or things that have hindered or stalled your STT suicide prevention efforts:

Lack of Local legislation/policy	Select
Lack of Federal guidance materials	Select
Lack of S/T/T guidance materials	Select
Lack of a suicide prevention strategic plan	Select
Lack of implementation of the strategic plan	Select
Lack of S/T/T legislation or policy	Select
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Lack of adequate staff to implement strategic plan	Select
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Lack of S/T/T level suicide prevention leadership	Select
Insufficient Federal funding dedicated to suicide prevention	Select
Lack of surveillance resources (to track and monitor suicide/attempts)	Select
Lack of coalitions or task forces to address suicide prevention priorities	Select
Lack of partnerships or collaborations across key sectors	Select
Lack of coordination/integration of services between S/T/T partners	Select
No clear authority for suicide prevention at the S/T/T level	Select
Lack of awareness efforts about suicide prevention as a public health issue	Select
Other	Select
(Please describe)	

- Select
- Yes
- No
- Not sure or Don't know

47. Have these barriers changed in the past 5 years? Select

If yes, please describe how:

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### X. Barriers and Facilitators to Suicide Prevention

46. Please identify the barriers or things that have hindered or stalled your S/T/T suicide prevention efforts:

Lack of Local legislation/policy	<input type="text" value="Select"/>
Lack of Federal guidance materials	<input type="text" value="Select"/>
Lack of S/T/T guidance materials	<input type="text" value="Select"/>
Lack of a suicide prevention strategic plan	<input type="text" value="Select"/>
Lack of implementation of the strategic plan	<input type="text" value="Select"/>
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Lack of evaluation of the strategic plan	<input type="text" value="Select"/>
Insufficient S/T/T funding dedicated to suicide prevention	<input type="text" value="Select"/>
Lack of S/T/T level suicide prevention leadership	<input type="text" value="Select"/>
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Lack of surveillance resources (to track and monitor suicide/attempts)	<input type="text" value="Select"/>
Lack of coalitions or task forces to address suicide prevention priorities	<input type="text" value="Select"/>
Lack of partnerships or collaborations across key sectors	<input type="text" value="Select"/>
Lack of coordination/integration of services between S/T/T partners	<input type="text" value="Select"/>
No clear authority for suicide prevention at the S/T/T level	<input type="text" value="Select"/>
Lack of awareness efforts about suicide prevention as a public health issue	<input type="text" value="Select"/>
Other	<input type="text" value="Select"/>
(Please describe)	<input type="text"/>

- Select
- Yes
- No
- Not sure or Don't know

47. Have these barriers changed in the past 5 years?

If yes, please describe how:

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Continue

### X. Barriers and Facilitators to Suicide Prevention

46. Please identify the barriers or things that have hindered or stalled your STT suicide prevention efforts:

Lack of Local legislation/policy	Select
Lack of Federal guidance materials	Select
Lack of S/T/T guidance materials	Select
Lack of a suicide prevention strategic plan	Select
Lack of implementation of the strategic plan	Select
Lack of S/T/T legislation or policy	Select
Lack of Local legislation or policy	Select
Lack of S/T/T Legislation or policy	Select
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No clear authority for suicide prevention at the S/T/T level	Select
Lack of awareness efforts about suicide prevention as a public health issue	Select
Other	Select
(Please describe)	

- Select
- Yes
- No
- Not sure or Don't know

47. Have these barriers changed in the past 5 years? Select

If yes, please describe how:

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# State of the State Suicide Prevention Survey

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Exit Survey

## X. Barriers and Facilitators to Suicide Prevention

46. Please identify the barriers or things that have hindered or stalled your STT suicide prevention efforts:

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Lack of Federal guidance materials	Select
Lack of S/T/T guidance materials	Select
Lack of a suicide prevention strategic plan	Select
Lack of implementation of the strategic plan	Select
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Lack of Local legislation or policy	Select
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Lack of coordination/integration of services between S/T/T partners	Select
No clear authority for suicide prevention at the S/T/T level	Select
Lack of awareness efforts about suicide prevention as a public health issue	Select
Other	Select
(Please describe)	

- Select
- Yes
- No
- Not sure or Don't know

47. Have these barriers changed in the past 5 years? Select

If yes, please describe how:

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# State of the State Suicide Prevention Survey

## X. Barriers and Facilitators to Suicide Prevention

46. Please identify the barriers or things that have hindered or stalled your STT suicide prevention efforts:

Lack of Local legislation/policy	Select
Lack of Federal guidance materials	Select
Lack of S/T/T guidance materials	Select
Lack of a suicide prevention strategic plan	Select
Lack of implementation of the strategic plan	Select
Lack of S/T/T legislation or policy	Select
Lack of Local legislation or policy	Select
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Lack of coordination/integration of services between S/T/T partners	Select
No clear authority for suicide prevention at the S/T/T level	Select
Lack of awareness efforts about suicide prevention as a public health issue	Select
Other	Select
(Please describe)	

- Select
- Yes
- No
- Not sure or Don't know

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If yes, please describe how:

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### X. Barriers and Facilitators to Suicide Prevention

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Lack of coordination/integration of services between S/T/T partners	Select
No clear authority for suicide prevention at the S/T/T level	Select
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Other	Select
(Please describe)	

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If yes, please describe how:

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### X. Barriers and Facilitators to Suicide Prevention

46. Please identify the barriers or things that have hindered or stalled your STT suicide prevention efforts:

Lack of Local legislation/policy	<input type="text" value="Select"/>
Lack of Federal guidance materials	<input type="text" value="Select"/>
Lack of S/T/T guidance materials	<input type="text" value="Select"/>
Lack of a suicide prevention strategic plan	<input type="text" value="Select"/>
Lack of implementation of the strategic plan	<input type="text" value="Select"/>
Lack of S/T/T legislation or policy	<input type="text" value="Select"/>
Lack of Local legislation or policy	<input type="text" value="Select"/>
Lack of S/T/T Legislation or policy	<input type="text" value="Select"/>
Lack of adequate staff to implement strategic plan	<input type="text" value="Select"/>
Lack of evaluation of the strategic plan	<input type="text" value="Select"/>
Insufficient S/T/T funding dedicated to suicide prevention	<input type="text" value="Select"/>
Lack of S/T/T level suicide prevention leadership	<input type="text" value="Select"/>
Insufficient Federal funding dedicated to suicide prevention	<input type="text" value="Select"/>
Lack of surveillance resources (to track and monitor suicide/attempts)	<input type="text" value="Select"/>
Lack of coalitions or task forces to address suicide prevention priorities	<input type="text" value="Select"/>
Lack of partnerships or collaborations across key sectors	<input type="text" value="Select"/>
Lack of coordination/integration of services between S/T/T partners	<input type="text" value="Select"/>
No clear authority for suicide prevention at the S/T/T level	<input type="text" value="Select"/>
Lack of awareness efforts about suicide prevention as a public health issue	<input type="text" value="Select"/>
Other	<input type="text" value="Select"/>
(Please describe)	<input type="text"/>

- Select
- Yes
- No
- Not sure or Don't know

47. Have these barriers changed in the past 5 years?

If yes, please describe how:

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### X. Barriers and Facilitators to Suicide Prevention

46. Please identify the barriers or things that have hindered or stalled your STT suicide prevention efforts:

Lack of Local legislation/policy	<input type="text" value="Select"/>
Lack of Federal guidance materials	<input type="text" value="Select"/>
Lack of S/T/T guidance materials	<input type="text" value="Select"/>
Lack of a suicide prevention strategic plan	<input type="text" value="Select"/>
Lack of implementation of the strategic plan	<input type="text" value="Select"/>
Lack of S/T/T legislation or policy	<input type="text" value="Select"/>
Lack of Local legislation or policy	<input type="text" value="Select"/>
Lack of S/T/T Legislation or policy	<input type="text" value="Select"/>
Lack of adequate staff to implement strategic plan	<input type="text" value="Select"/>
Lack of evaluation of the strategic plan	<input type="text" value="Select"/>
Insufficient S/T/T funding dedicated to suicide prevention	<input type="text" value="Select"/>
Lack of S/T/T level suicide prevention leadership	<input type="text" value="Select"/>
Insufficient Federal funding dedicated to suicide prevention	<input type="text" value="Select"/>
Lack of surveillance resources (to track and monitor suicide/attempts)	<input type="text" value="Select"/>
Lack of coalitions or task forces to address suicide prevention priorities	<input type="text" value="Select"/>
Lack of partnerships or collaborations across key sectors	<input type="text" value="Select"/>
Lack of coordination/integration of services between S/T/T partners	<input type="text" value="Select"/> <input checked="" type="text" value="Select"/> <input type="text" value="Yes"/> <input type="text" value="No"/> <input type="text" value="Not sure or Don't know"/>
No clear authority for suicide prevention at the S/T/T level	<input type="text" value="Select"/>
Lack of awareness efforts about suicide prevention as a public health issue	<input type="text" value="Select"/>
Other	<input type="text" value="Select"/>
(Please describe)	<input type="text"/>

47. Have these barriers changed in the past 5 years?

If yes, please describe how:

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# State of the State Suicide Prevention Survey

## X. Barriers and Facilitators to Suicide Prevention

46. Please identify the barriers or things that have hindered or stalled your STT suicide prevention efforts:

Lack of Local legislation/policy	<input type="text" value="Select"/>
Lack of Federal guidance materials	<input type="text" value="Select"/>
Lack of S/T/T guidance materials	<input type="text" value="Select"/>
Lack of a suicide prevention strategic plan	<input type="text" value="Select"/>
Lack of implementation of the strategic plan	<input type="text" value="Select"/>
Lack of S/T/T legislation or policy	<input type="text" value="Select"/>
Lack of Local legislation or policy	<input type="text" value="Select"/>
Lack of S/T/T Legislation or policy	<input type="text" value="Select"/>
Lack of adequate staff to implement strategic plan	<input type="text" value="Select"/>
Lack of evaluation of the strategic plan	<input type="text" value="Select"/>
Insufficient S/T/T funding dedicated to suicide prevention	<input type="text" value="Select"/>
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No clear authority for suicide prevention at the S/T/T level	<input type="text" value="Select"/>
Lack of awareness efforts about suicide prevention as a public health issue	<input type="text" value="Select"/>
Other	<input type="text" value="Select"/>
(Please describe)	<input type="text"/>

- Select
- Yes
- No
- Not sure or Don't know

47. Have these barriers changed in the past 5 years?

If yes, please describe how:

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### X. Barriers and Facilitators to Suicide Prevention

46. Please identify the barriers or things that have hindered or stalled your STT suicide prevention efforts:

Lack of Local legislation/policy	Select
Lack of Federal guidance materials	Select
Lack of S/T/T guidance materials	Select
Lack of a suicide prevention strategic plan	Select
Lack of implementation of the strategic plan	Select
Lack of S/T/T legislation or policy	Select
Lack of Local legislation or policy	Select
Lack of S/T/T Legislation or policy	Select
Lack of adequate staff to implement strategic plan	Select
Lack of evaluation of the strategic plan	Select
Insufficient S/T/T funding dedicated to suicide prevention	Select
Lack of S/T/T level suicide prevention leadership	Select
Insufficient Federal funding dedicated to suicide prevention	Select
Lack of surveillance resources (to track and monitor suicide/attempts)	Select
Lack of coalitions or task forces to address suicide prevention priorities	Select
Lack of partnerships or collaborations across key sectors	Select
Lack of coordination/integration of services between S/T/T partners	Select
No clear authority for suicide prevention at the S/T/T level	Select
Lack of awareness efforts about suicide prevention as a public health issue	Select
Other	Select
(Please describe)	

- Select
- Yes
- No
- Not sure or Don't know

47. Have these barriers changed in the past 5 years? Select

If yes, please describe how:

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### X. Barriers and Facilitators to Suicide Prevention

46. Please identify the barriers or things that have hindered or stalled your STT suicide prevention efforts:

Lack of Local legislation/policy	Select
Lack of Federal guidance materials	Select
Lack of S/T/T guidance materials	Select
Lack of a suicide prevention strategic plan	Select
Lack of implementation of the strategic plan	Select
Lack of S/T/T legislation or policy	Select
Lack of Local legislation or policy	Select
Lack of S/T/T Legislation or policy	Select
Lack of adequate staff to implement strategic plan	Select
Lack of evaluation of the strategic plan	Select
Insufficient S/T/T funding dedicated to suicide prevention	Select
Lack of S/T/T level suicide prevention leadership	Select
Insufficient Federal funding dedicated to suicide prevention	Select
Lack of surveillance resources (to track and monitor suicide/attempts)	Select
Lack of coalitions or task forces to address suicide prevention priorities	Select
Lack of partnerships or collaborations across key sectors	Select
Lack of coordination/integration of services between S/T/T partners	Select
No clear authority for suicide prevention at the S/T/T level	Select
Lack of awareness efforts about suicide prevention as a public health issue	Select
Other (Please describe)	Select Yes No Not sure or Don't know

47. Have these barriers changed in the past 5 years? Select

If yes, please describe how:

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Exit Survey

### X. Barriers and Facilitators to Suicide Prevention

46. Please identify the barriers or things that have hindered or stalled your S/T/T suicide prevention efforts:

Lack of Local legislation/policy	Select
Lack of Federal guidance materials	Select
Lack of S/T/T guidance materials	Select
Lack of a suicide prevention strategic plan	Select
Lack of implementation of the strategic plan	Select
Lack of S/T/T legislation or policy	Select
Lack of Local legislation or policy	Select
Lack of S/T/T Legislation or policy	Select
Lack of adequate staff to implement strategic plan	Select
Lack of evaluation of the strategic plan	Select
Insufficient S/T/T funding dedicated to suicide prevention	Select
Lack of S/T/T level suicide prevention leadership	Select
Insufficient Federal funding dedicated to suicide prevention	Select
Lack of surveillance resources (to track and monitor suicide/attempts)	Select
Lack of coalitions or task forces to address suicide prevention priorities	Select
Lack of partnerships or collaborations across key sectors	Select
Lack of coordination/integration of services between S/T/T partners	Select
No clear authority for suicide prevention at the S/T/T level	Select
Lack of awareness efforts about suicide prevention as a public health issue	Select
Other	Select
(Please describe)	

47. Have these barriers changed in the past 5 years?

Select  
Yes  
No  
Not sure or Don't know

If yes, please describe how:

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# State of the State Suicide Prevention Survey

48. Has your S/T/T experienced a suicide cluster or possible clusters in the past 5 years? Select

If yes, what impact has this had on suicide prevention efforts in your S/T/T?

<input type="checkbox"/> No impact	<input type="checkbox"/> Focus on new populations	<input type="checkbox"/> Other, please specify
<input type="checkbox"/> Impact	<input type="checkbox"/> Change in approach	<input type="text"/>
<input type="checkbox"/> New Legislation	<input type="checkbox"/> Increased Resources	

49. Has your S/T/T experienced a natural disaster(s) since 2013? Select

If yes, what impact has this had on suicide or suicide prevention?

If yes, what impact has this had on suicide prevention efforts in your S/T/T?

<input type="checkbox"/> No impact	<input type="checkbox"/> Focus on new populations	<input type="checkbox"/> Other, please specify
<input type="checkbox"/> Impact	<input type="checkbox"/> Change in Approach	<input type="text"/>
<input type="checkbox"/> New Legislation	<input type="checkbox"/> Increased resources	

50. Has the opioid epidemic impacted suicide or suicide prevention in your S/T/T? Select

If yes, what impact has this had on suicide prevention efforts in your S/T/T?

<input type="checkbox"/> No impact	<input type="checkbox"/> Focus on new populations	<input type="checkbox"/> Other, please specify
<input type="checkbox"/> Impact	<input type="checkbox"/> Change in Approach	<input type="text"/>
<input type="checkbox"/> New Legislation	<input type="checkbox"/> Increased resources	

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# State of the State Suicide Prevention Survey

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48. Has your S/T/T experienced a suicide cluster or possible clusters in the past 5 years?

Select  
Yes  
No  
Not sure or Don't know

If yes, what impact has this had on suicide prevention efforts in your S/T/T?

- No impact
- Focus on new populations
- Other, please specify
- Impact
- Change in approach
- New Legislation
- Increased Resources

49. Has your S/T/T experienced a natural disaster(s) since 2013?

Select

If yes, what impact has this had on suicide or suicide prevention?

If yes, what impact has this had on suicide prevention efforts in your S/T/T?

- No impact
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- New Legislation
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No  
Not sure or Don't know

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# State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

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# State of the State Suicide Prevention Survey

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Exit Survey

51. Please identify the facilitators or things that have helped your S/T/T suicide prevention efforts in the past 5 years:

Federal funding dedicated to suicide prevention	Select
S/T/T funding dedicated to suicide prevention	Select
Federal legislation or policy	Select
S/T/T legislation or policy	Select
Local legislation or policy	Select
National Strategy for Suicide Prevention	Select
Other Federal/national guidance materials (e.g. Action Alliance materials)	Select
S/T/T level suicide prevention leadership	Select
S/T/T strategic plan for suicide prevention	Select
Implementation of the strategic plan	Select
Adequate staff to implement strategic plan	Select
Evaluation of the strategic plan	Select
Availability of surveillance resources (to track and monitor suicide/attempts)	Select
Coalitions or task forces to address suicide prevention priorities	Select
Partnerships or collaborations across key sectors	Select
Coordination/integration of services between S/T/T partners	Select
Clarified authority for suicide prevention at the S/T/T level	Select
Increased awareness about suicide prevention as a public health issue	Select
Other <input type="text"/> (Please describe)	

52. Have these facilitators changed over the past 5 years?

If yes, please describe how:

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# State of the State Suicide Prevention Survey

51. Please identify the facilitators or things that have helped your S/T/T suicide prevention efforts in the past 5 years:

Federal funding dedicated to suicide prevention	<input checked="" type="checkbox"/> Select
S/T/T funding dedicated to suicide prevention	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Not sure or Don't know
Federal legislation or policy	<input type="checkbox"/> Select
S/T/T legislation or policy	<input type="checkbox"/> Select
Local legislation or policy	<input type="checkbox"/> Select
National Strategy for Suicide Prevention	<input type="checkbox"/> Select
Other Federal/national guidance materials (e.g. Action Alliance materials)	<input type="checkbox"/> Select
S/T/T level suicide prevention leadership	<input type="checkbox"/> Select
S/T/T strategic plan for suicide prevention	<input type="checkbox"/> Select
Implementation of the strategic plan	<input type="checkbox"/> Select
Adequate staff to implement strategic plan	<input type="checkbox"/> Select
Evaluation of the strategic plan	<input type="checkbox"/> Select
Availability of surveillance resources (to track and monitor suicide/attempts)	<input type="checkbox"/> Select
Coalitions or task forces to address suicide prevention priorities	<input type="checkbox"/> Select
Partnerships or collaborations across key sectors	<input type="checkbox"/> Select
Coordination/integration of services between S/T/T partners	<input type="checkbox"/> Select
Clarified authority for suicide prevention at the S/T/T level	<input type="checkbox"/> Select
Increased awareness about suicide prevention as a public health issue	<input type="checkbox"/> Select
Other <input type="checkbox"/> Select (Please describe)	

52. Have these facilitators changed over the past 5 years?  Select

If yes, please describe how: \_\_\_\_\_

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Finish later

Continue

# State of the State Suicide Prevention Survey

51. Please identify the facilitators or things that have helped your S/T/T suicide prevention efforts in the past 5 years:

Federal funding dedicated to suicide prevention	Select
S/T/T funding dedicated to suicide prevention	Select Yes No Not sure or Don't know
Federal legislation or policy	Select
S/T/T legislation or policy	Select
Local legislation or policy	Select
National Strategy for Suicide Prevention	Select
Other Federal/national guidance materials (e.g. Action Alliance materials)	Select
S/T/T level suicide prevention leadership	Select
S/T/T strategic plan for suicide prevention	Select
Implementation of the strategic plan	Select
Adequate staff to implement strategic plan	Select
Evaluation of the strategic plan	Select
Availability of surveillance resources (to track and monitor suicide/attempts)	Select
Coalitions or task forces to address suicide prevention priorities	Select
Partnerships or collaborations across key sectors	Select
Coordination/integration of services between S/T/T partners	Select
Clarified authority for suicide prevention at the S/T/T level	Select
Increased awareness about suicide prevention as a public health issue	Select
Other	Select (Please describe)

52. Have these facilitators changed over the past 5 years? Select

If yes, please describe how:

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Finish later

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# State of the State Suicide Prevention Survey

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Exit Survey

51. Please identify the facilitators or things that have helped your S/T/T suicide prevention efforts in the past 5 years:

Federal funding dedicated to suicide prevention	Select
S/T/T funding dedicated to suicide prevention	Select
Federal legislation or policy	Select
S/T/T legislation or policy	Yes No Not sure or Don't know
Local legislation or policy	Select
National Strategy for Suicide Prevention	Select
Other Federal/national guidance materials (e.g. Action Alliance materials)	Select
S/T/T level suicide prevention leadership	Select
S/T/T strategic plan for suicide prevention	Select
Implementation of the strategic plan	Select
Adequate staff to implement strategic plan	Select
Evaluation of the strategic plan	Select
Availability of surveillance resources (to track and monitor suicide/attempts)	Select
Coalitions or task forces to address suicide prevention priorities	Select
Partnerships or collaborations across key sectors	Select
Coordination/integration of services between S/T/T partners	Select
Clarified authority for suicide prevention at the S/T/T level	Select
Increased awareness about suicide prevention as a public health issue	Select
Other	Select (Please describe)

52. Have these facilitators changed over the past 5 years? Select

If yes, please describe how:

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Finish later

Continue



# State of the State Suicide Prevention Survey

51. Please identify the facilitators or things that have helped your S/T/T suicide prevention efforts in the past 5 years:

Federal funding dedicated to suicide prevention	Select
S/T/T funding dedicated to suicide prevention	Select
Federal legislation or policy	Select
S/T/T legislation or policy	Select
Local legislation or policy	Select
National Strategy for Suicide Prevention	Select
Other Federal/national guidance materials (e.g. Action Alliance materials)	Select
S/T/T level suicide prevention leadership	Select
S/T/T strategic plan for suicide prevention	Select
Implementation of the strategic plan	Select
Adequate staff to implement strategic plan	Select
Evaluation of the strategic plan	Select
Availability of surveillance resources (to track and monitor suicide/attempts)	Select
Coalitions or task forces to address suicide prevention priorities	Select
Partnerships or collaborations across key sectors	Select
Coordination/integration of services between S/T/T partners	Select
Clarified authority for suicide prevention at the S/T/T level	Select
Increased awareness about suicide prevention as a public health issue	Select
Other	Select (Please describe)

52. Have these facilitators changed over the past 5 years? Select

If yes, please describe how:

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# State of the State Suicide Prevention Survey

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Exit Survey

51. Please identify the facilitators or things that have helped your S/T/T suicide prevention efforts in the past 5 years:

Federal funding dedicated to suicide prevention	Select
S/T/T funding dedicated to suicide prevention	Select
Federal legislation or policy	Select
S/T/T legislation or policy	Select
Local legislation or policy	Select
National Strategy for Suicide Prevention	Select
Other Federal/national guidance materials (e.g. Action Alliance materials)	Select
S/T/T level suicide prevention leadership	Select
S/T/T strategic plan for suicide prevention	Select
Implementation of the strategic plan	Select
Adequate staff to implement strategic plan	Select
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Availability of surveillance resources (to track and monitor suicide/attempts)	Select
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Partnerships or collaborations across key sectors	Select
Coordination/integration of services between S/T/T partners	Select
Clarified authority for suicide prevention at the S/T/T level	Select
Increased awareness about suicide prevention as a public health issue	Select
Other	Select (Please describe)

- Select
- Yes
- No
- Not sure or Don't know

52. Have these facilitators changed over the past 5 years? Select

If yes, please describe how:

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# State of the State Suicide Prevention Survey

51. Please identify the facilitators or things that have helped your S/T/T suicide prevention efforts in the past 5 years:

Federal funding dedicated to suicide prevention	Select
S/T/T funding dedicated to suicide prevention	Select
Federal legislation or policy	Select
S/T/T legislation or policy	Select
Local legislation or policy	Select
National Strategy for Suicide Prevention	Select
Other Federal/national guidance materials (e.g. Action Alliance materials)	Select
S/T/T level suicide prevention leadership	Select
S/T/T strategic plan for suicide prevention	Select
Implementation of the strategic plan	Select
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Partnerships or collaborations across key sectors	Select
Coordination/integration of services between S/T/T partners	Select
Clarified authority for suicide prevention at the S/T/T level	Select
Increased awareness about suicide prevention as a public health issue	Select
Other	Select (Please describe)

52. Have these facilitators changed over the past 5 years? Select

If yes, please describe how:

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# State of the State Suicide Prevention Survey

51. Please identify the facilitators or things that have helped your S/T/T suicide prevention efforts in the past 5 years:

Federal funding dedicated to suicide prevention	Select
S/T/T funding dedicated to suicide prevention	Select
Federal legislation or policy	Select
S/T/T legislation or policy	Select
Local legislation or policy	Select
National Strategy for Suicide Prevention	Select
Other Federal/national guidance materials (e.g. Action Alliance materials)	Select
S/T/T level suicide prevention leadership	Select
S/T/T strategic plan for suicide prevention	Select
Implementation of the strategic plan	Select
Adequate staff to implement strategic plan	Select
Evaluation of the strategic plan	Select
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Coordination/integration of services between S/T/T partners	Select
Clarified authority for suicide prevention at the S/T/T level	Select
Increased awareness about suicide prevention as a public health issue	Select
Other	Select (Please describe)

- Select
- Yes
- No
- Not sure or Don't know

52. Have these facilitators changed over the past 5 years? Select

If yes, please describe how:

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# State of the State Suicide Prevention Survey

51. Please identify the facilitators or things that have helped your S/T/T suicide prevention efforts in the past 5 years:

Federal funding dedicated to suicide prevention	Select
S/T/T funding dedicated to suicide prevention	Select
Federal legislation or policy	Select
S/T/T legislation or policy	Select
Local legislation or policy	Select
National Strategy for Suicide Prevention	Select
Other Federal/national guidance materials (e.g. Action Alliance materials)	Select
S/T/T level suicide prevention leadership	Select
S/T/T strategic plan for suicide prevention	Select
Implementation of the strategic plan	Select
Adequate staff to implement strategic plan	Select
Evaluation of the strategic plan	Select
Availability of surveillance resources (to track and monitor suicide/attempts)	Select
Coalitions or task forces to address suicide prevention priorities	Select
Partnerships or collaborations across key sectors	Select
Coordination/integration of services between S/T/T partners	Select
Clarified authority for suicide prevention at the S/T/T level	Select
Increased awareness about suicide prevention as a public health issue	Select
Other	Select (Please describe)

- Select
- Yes
- No
- Not sure or Don't know

52. Have these facilitators changed over the past 5 years? Select

If yes, please describe how:



# State of the State Suicide Prevention Survey

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🏠 Exit Survey

51. Please identify the facilitators or things that have helped your S/T/T suicide prevention efforts in the past 5 years:

Federal funding dedicated to suicide prevention	Select
S/T/T funding dedicated to suicide prevention	Select
Federal legislation or policy	Select
S/T/T legislation or policy	Select
Local legislation or policy	Select
National Strategy for Suicide Prevention	Select
Other Federal/national guidance materials (e.g. Action Alliance materials)	Select
S/T/T level suicide prevention leadership	Select
S/T/T strategic plan for suicide prevention	Select
Implementation of the strategic plan	Select
Adequate staff to implement strategic plan	Select
Evaluation of the strategic plan	Select
Availability of surveillance resources (to track and monitor suicide/attempts)	Select
Coalitions or task forces to address suicide prevention priorities	Select
Partnerships or collaborations across key sectors	Select
Coordination/integration of services between S/T/T partners	Select
Clarified authority for suicide prevention at the S/T/T level	Select
Increased awareness about suicide prevention as a public health issue	Select
Other	Select (Please describe)

- Select
- Yes
- No
- Not sure or Don't know

52. Have these facilitators changed over the past 5 years? Select

If yes, please describe how:

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## State of the State Suicide Prevention Survey

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Exit Survey

51. Please identify the facilitators or things that have helped your S/T/T suicide prevention efforts in the past 5 years:

Federal funding dedicated to suicide prevention	Select
S/T/T funding dedicated to suicide prevention	Select
Federal legislation or policy	Select
S/T/T legislation or policy	Select
Local legislation or policy	Select
National Strategy for Suicide Prevention	Select
Other Federal/national guidance materials (e.g. Action Alliance materials)	Select
S/T/T level suicide prevention leadership	Select
S/T/T strategic plan for suicide prevention	Select
Implementation of the strategic plan	Select
Adequate staff to implement strategic plan	Yes No Not sure or Don't know
Evaluation of the strategic plan	Select
Availability of surveillance resources (to track and monitor suicide/attempts)	Select
Coalitions or task forces to address suicide prevention priorities	Select
Partnerships or collaborations across key sectors	Select
Coordination/integration of services between S/T/T partners	Select
Clarified authority for suicide prevention at the S/T/T level	Select
Increased awareness about suicide prevention as a public health issue	Select
Other	Select (Please describe)

52. Have these facilitators changed over the past 5 years? Select

If yes, please describe how:

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# State of the State Suicide Prevention Survey

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Exit Survey

51. Please identify the facilitators or things that have helped your S/T/T suicide prevention efforts in the past 5 years:

Federal funding dedicated to suicide prevention	Select
S/T/T funding dedicated to suicide prevention	Select
Federal legislation or policy	Select
S/T/T legislation or policy	Select
Local legislation or policy	Select
National Strategy for Suicide Prevention	Select
Other Federal/national guidance materials (e.g. Action Alliance materials)	Select
S/T/T level suicide prevention leadership	Select
S/T/T strategic plan for suicide prevention	Select
Implementation of the strategic plan	Select
Adequate staff to implement strategic plan	Select
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Other	Select (Please describe)

- Select
- Yes
- No
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S/T/T strategic plan for suicide prevention	Select
Implementation of the strategic plan	Select
Adequate staff to implement strategic plan	Select
Evaluation of the strategic plan	<input checked="" type="checkbox"/> Select <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure or Don't know
Availability of surveillance resources (to track and monitor suicide/attempts)	Select
Coalitions or task forces to address suicide prevention priorities	Select
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Clarified authority for suicide prevention at the S/T/T level	Select
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Other <input type="text"/> (Please describe)	<input type="text"/>

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Coordination/integration of services between S/T/T partners	Select
Clarified authority for suicide prevention at the S/T/T level	Select
Increased awareness about suicide prevention as a public health issue	Select
Other <input type="text" value="Select"/> (Please describe) <input type="text"/>	<ul style="list-style-type: none"><li>✓ Select</li><li>Yes</li><li>No</li><li>Not sure or Don't know</li></ul>

52. Have these facilitators changed over the past 5 years?

If yes, please describe how:

# State of the State Suicide Prevention Survey

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Federal funding dedicated to suicide prevention	Select
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Increased awareness about suicide prevention as a public health issue	Select
Other <input type="text" value="Select"/> (Please describe)	Select

- Select
- Yes
- No
- Not sure or Don't know

52. Have these facilitators changed over the past 5 years?

If yes, please describe how:

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# State of the State Suicide Prevention Survey

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- Federal funding dedicated to suicide prevention
- S/T/T funding dedicated to suicide prevention
- Federal legislation or policy
- S/T/T legislation or policy
- Local legislation or policy
- National Strategy for Suicide Prevention
- Other Federal/national guidance materials (e.g. Action Alliance materials)
- S/T/T level suicide prevention leadership
- S/T/T strategic plan for suicide prevention
- Implementation of the strategic plan
- Adequate staff to implement strategic plan
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- Partnerships or collaborations across key sectors
- Coordination/integration of services between S/T/T partners
- Clarified authority for suicide prevention at the S/T/T level
- Increased awareness about suicide prevention as a public health issue
- Other  (Please describe)

- Select
- Yes
- No
- Not sure or Don't know

52. Have these facilitators changed over the past 5 years?

If yes, please describe how:

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# State of the State Suicide Prevention Survey

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Federal legislation or policy	Select
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Clarified authority for suicide prevention at the S/T/T level	Select
Increased awareness about suicide prevention as a public health issue	Select
Other <input type="text" value="Select"/> (Please describe)	<input type="text"/>

52. Have these facilitators changed over the past 5 years?

Select  
 Yes  
 No  
 Not sure or Don't know

If yes, please describe how:

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## State of the State Suicide Prevention Survey

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Exit Survey

53. Has your S/T/T experienced any other significant events in the past 5 years that may have accelerated or stalled your suicide prevention activity?

Select

If yes, please describe the event and its impact:

54. Is there anything else related to your S/T/T suicide prevention efforts that you'd like to comment on that we haven't asked? (e.g. programs you implement, links to reports, websites, other...)

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## State of the State Suicide Prevention Survey

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Exit Survey

53. Has your S/T/T experienced any other significant events in the past 5 years that may have accelerated or stalled your suicide prevention activity?

▼ Select  
Yes  
No

If yes, please describe the event and its impact:

54. Is there anything else related to your S/T/T suicide prevention efforts that you'd like to comment on that we haven't asked? (e.g. programs you implement, links to reports, websites, other...)

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✓ Submit Survey

## State of the State Suicide Prevention Survey



Thank you for taking the survey

54df



Please save this pass code in reference to your survey response.

**Start Survey Again**

Survey Starting Date: Monday, May 7, 2018

Survey Closing Date: Thursday, May 31, 2018

Powered by:  Version: 1.5.0.0

