Hello: This is Doryn Chervin of GEARS. We scheduled this time to complete conduct CDC's survey, *The State of State, Territorial, and Tribal Suicide Prevention: An Environmental Scan* with you by phone. Are you ready to get started?

Great. I'll begin by reading the introduction to the survey and then ask you each of the questions.

[If person cannot participate in the survey interview at this scheduled time, reschedule and offer to resend survey link.]

Thank you for agreeing to respond to the *State of the State, Territory, and Tribal Suicide Prevention* survey. This survey is being administered to state, territorial, and tribal (S/T/T) suicide prevention coordinators (or their equivalents), grant project directors, and suicide prevention coalitions supporting S/T/T suicide prevention efforts, in all 50 states, Washington, D.C., 5 U.S. Territories, and among 15 tribal grantees.

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.

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 assessment 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 and suicide prevention stakeholders and partners improve state, local, tribal and territorial suicide prevention.

If you have any questions or concerns about this assessment, please contact Doryn Chervin (dchervin@getingears.com) or Doriane Sewell (dsewell@getingears.com).

I. About Your State/Territory/Tribe (S/T/T)

1. **What is your State or Territory?**

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

2. **If you represent a Tribe or tribal entity, which one?**

   [   ]

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

   - o Health department
   - o Mental/behavioral health
   - o Human services
   - o Not based within an S/T/T agency
   - o Other S/T/T agency (please specify)

   [   ]

   [If response is "Not based within an S/T/T agency, go to Q4, otherwise, SKIP to Q5]

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?**
   Years

o 0	o 7	o 14
o 1	o 8	o 15
o 2	o 9	o 16
o 3	o 10	o 17
o 4	o 11	o 18
o 5	o 12	o 19
o 6	o 13	o 20+

   Months

o 1	o 5	o 9
o 2	o 6	o 10
o 3	o 7	o 11
o 4	o 8	o 12

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

o 0	o 7	o 14
o 1	o 8	o 15
o 2	o 9	o 16
o 3	o 10	o 17
o 4	o 11	o 18
o 5	o 12	o 19
o 6	o 13	o 20+

   Months

o 1	o 5	o 9
o 2	o 6	o 10
o 3	o 7	o 11
o 4	o 8	o 12

8. **Are you the official suicide prevention coordinator or equivalent in your S/T/T?**
   o Yes
   o No [If "No", SKIP to #24]

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 past 5 years?**

1	2	3	4	5	
Decreased greatly	Decreased somewhat	Stayed about the same	Increased somewhat	Increased greatly	Not sure/ don't know

10. **How have the rates of suicide attempts changed in your S/T/T in the past 5 years?**

1	2	3	4	5	
Decreased greatly	Decreased somewhat	Stayed about the same	Increased somewhat	Increased greatly	Not sure/ don't know

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

Vital statistics/Death certificate data
- o Yes
- o No
- o Unsure/don't know

National Violent Death Reporting System (NVDRS)
- o Yes
- o No
- o Unsure/don't know

Fatality review team (may be for children or adults or both)
- o Yes
- o No
- o Unsure/don't know

S/T/T epidemiology (epi) work group (or similar group)
- o Yes
- o No
- o Unsure/don't know

Other (please specify)

[ ]

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

Hospital discharge data
- o Yes
- o No
- o Unsure/don't know

Emergency department data

- o Yes
- o No
- o Unsure/don't know

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

- o Yes
- o No
- o Unsure/don't know

Syndromic surveillance data (Definition: 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).

- o Yes
- o No
- o Unsure/don't know

Other (please specify)

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

Youth-risk Behavior Surveillance System (YRBSS)

- o Yes
- o No
- o Unsure/don't know

Other school surveys

- o Yes
- o No
- o Unsure/don't know

Behavioral Risk Factor Surveillance System (BRFSS)

- o Yes
- o No
- o Unsure/don't know

National Survey of Drug Use and Health (NSDUH)

- o Yes
- o No
- o Unsure/don't know

Local surveys administered by local government or partner organizations

- o Yes
- o No

o   Unsure/don't know

Other (please specify)

o

[blank box]

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
    ☐ No [If "No", SKIP to #16]

15. **How many staff are supported?**
    o   <1
    o   1
    o   2
    o   3
    o   4
    o   5
    o   Other (please specify)

    [blank box]

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

o 0	o 700-849k	o 5-5.9m
o <$100,000	o 850-999k	o 6-6.9m
o 100-249k	o 1-1.9m	o 7-7.9m
o 250-399k	o 2-2.9m	o 8-8.9m
o 400-549k	o 3-3.9m	o 9-9.9m
o 550--699k	o 4-4.9m	o 10m+

17. **What other sources of funding does your S/T/T currently have? [Check all that apply]**
    ☐ None
    ☐ State, Territorial, Tribal 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
    ☐ National Strategy grants (SAMHSA)
    ☐ Methamphetamine and suicide prevention initiative (IHS)
    ☐ Other Federal government (e.g. NIH, CDC, IHS, VA) suicide prevention grants, cooperative agreements, block grants, contracts (please describe)

☐ Other State/Territorial/Tribal support (e.g. discretionary funds) (please describe)

☐ Foundation support (please describe)

☐ Private sector/business support (please describe)

☐ Other (please describe)

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

o 0	o 700-849k	o 5-5.9m
o <$100,000	o 850-999k	o 6-6.9m
o 100-249k	o 1-1.9m	o 7-7.9m
o 250-399k	o 2-2.9m	o 8-8.9m
o 400-549k	o 3-3.9m	o 9-9.9m
o 550--699k	o 4-4.9m	o 10m+

[If responded "0/None" to #16 and #17, SKIP to #20]

19. **Based on your responses, your current funding is [insert total from #16 and #18]. Is this correct?**
    ☐ Yes
    ☐ No [If "No", please review responses to items #16 and #18 and revise, then SKIP to #21]

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

[SKIP to #22]

21. **Which of the following general activities related to suicide prevention does your current**

budget (indicated in #19) support?

Staffing
- ☐ Yes
- ☐ No

Convening of S/T/T suicide prevention coalition/taskforce
- ☐ Yes
- ☐ No

Convening of a S/T/T suicide prevention conference annual meeting
- ☐ Yes
- ☐ No

Grants to local communities
- ☐ Yes
- ☐ No

Legislation/policy development
- ☐ Yes
- ☐ No

Implementation of community-based prevention programs
- ☐ Yes
- ☐ No

Community-based service delivery/treatment
- ☐ Yes
- ☐ No

Work within healthcare systems to improve suicide risk detection, treatment, and care transitions (e.g. zero suicide)
- ☐ Yes
- ☐ No

Surveillance activities
- ☐ Yes
- ☐ No

S/T/T suicide prevention plan evaluation
- ☐ Yes
- ☐ No

Program evaluation
- ☐ Yes
- ☐ No

Developing suicide prevention materials (e.g. briefs, fact sheets, annual reports)
- ☐ Yes
- ☐ No

Research
- ☐ Yes
- ☐ No

Other (please specify)

[   ]

22. **The nation's goal is to reduce suicide rates <u>20% by 2025</u>. How likely do you think it is that your S/T/T can reduce suicide by 20% at current resource/funding levels [Insert total from #19]?**

1	**2**	**3**	**4**	**5**
very likely	somewhat likely	unsure	somewhat unlikely	not at all likely

23. **In the past has your S/T/T ever received funding from the following sources? [Check all that apply]**

- ☐ None
- ☐ State, territorial, tribal 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
- ☐ National strategy grants (SAMHSA)
- ☐ Methamphetamine and suicide prevention initiative (IHS)
- ☐ Other Federal government (e.g. NIH, CDC, IHS, VA) suicide prevention grants, cooperative agreements, block grants, contracts (please describe)

[   ]

- ☐ Other State/Territorial/Tribal support (e.g. discretionary funds) (please describe)

[   ]

- ☐ Foundation support (please describe)

[   ]

- ☐ Private sector/business support (please describe)

[   ]

- ☐ Other (please describe)

[   ]

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

24. **Does your S/T/T [or organization] have a suicide prevention strategic plan?**
    - ☐ Yes
    - ☐ No [If "No", SKIP to #29]
    - ☐ Unsure/don't know

25. **In what year was your first S/T/T strategic plan developed?**

o <1980	o 1993	o 2006
o 1981	o 1994	o 2007
o 1982	o 1995	o 2008
o 1983	o 1996	o 2009
o 1984	o 1997	o 2010
o 1985	o 1998	o 2011
o 1986	o 1999	o 2012
o 1987	o 2000	o 2013
o 1988	o 2001	o 2014
o 1989	o 2002	o 2015
o 1990	o 2003	o 2016
o 1991	o 2004	o Don't know
o 1992	o 2005	

26. **Has your S/T/T strategic plan been updated?**
    - ☐ Yes [Please check all years that apply]

o <1980	o 1993	o 2006
o 1981	o 1994	o 2007
o 1982	o 1995	o 2008
o 1983	o 1996	o 2009
o 1984	o 1997	o 2010
o 1985	o 1998	o 2011
o 1986	o 1999	o 2012
o 1987	o 2000	o 2013
o 1988	o 2001	o 2014
o 1989	o 2002	o 2015
o 1990	o 2003	o 2016
o 1991	o 2004	o Don't know
o 1992	o 2005	

    - ☐ No

        [If "No", SKIP to #29]

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

    S/T/T suicide mortality data
    - ☐ Yes

- [ ] No

S/T/T suicide attempt data
- [ ] Yes
- [ ] No

Risk factor data
- [ ] Yes
- [ ] No

Needs identified by coalition members
- [ ] Yes
- [ ] No

Needs identified by other stakeholders
- [ ] Yes
- [ ] No

S/T/T guidance documents (e.g. prior plan)
- [ ] Yes
- [ ] No

National Strategy for Suicide Prevention
- [ ] Yes
- [ ] No

Action Alliance's <u>Transforming Communities</u> document
- [ ] Yes
- [ ] No

<u>CDC's Technical Package</u> for preventing suicide
- [ ] Yes
- [ ] No

SAMHSA's National Registry for Evidence-based Programs and Practices
- [ ] Yes
- [ ] No

Other (please specify)

[   ]

28. **Do you evaluate your strategic plan?**
- [ ] Unsure/Don't Know
- [ ] No
- [ ] Yes
   - o If yes, how much a priority is it?

1	2	3	4	5
Not a priority	Low priority	Somewhat a priority	High priority	Essential

V.   About Your Suicide Prevention Champions and Sectoral Engagement

29. **How active and influential are each of the following community <u>champions</u> in your suicide prevention efforts?**

How active response options:

1 =	2 =	3 =	4 =	5 =
Not active at all	Not very active	Moderately active	Active	Very active

How influential response options:

1 = not at all influential	2 = slightly influential	3 = somewhat influential	4 = very influential	5 = extremely influential

	How active is this group?						How influential is this group?					
Champions	**1**	**2**	**3**	**4**	**5**	**Don't Know**	**1**	**2**	**3**	**4**	**5**	**Don't know**
Survivors of suicide loss (friend or family member of someone who died by suicide)												
People with lived experience (i.e. people who struggle with suicidal ideation or attempts)												
Tribes/Tribal members												
Rural residents or groups												
Military/Veteran groups												
LGBT groups												
Community-based prevention /non-profit organizations												
Community health organizations												
Community mental/behavioral health organizations												
S/T/T suicide prevention coalitions												
Local suicide prevention coalitions												
Educators/school teachers												
Business leaders												
Community leaders (e.g. faith-												

based, other)													
Other (please specify): _____													

30. **How active and influential are each of the following S/T/T <u>sectors</u> in your suicide prevention efforts?** Sectors include S/T/T-level departments or community entities.

Sector	How active is this sector?						How influential is this sector?					
	1	2	3	4	5	Don't Know	1	2	3	4	5	Don't know
Education												
Healthcare												
Behavioral Health												
Public Health												
Crisis Services (e.g. hotlines, centers)												
Family Services/ Other Social Services												
Faith-based or Religious Organizations												
Tribes/Tribal organizations												
First responders (e.g. Police, EMS, Fire Department)												
Juvenile Justice System												
Adult Justice System												
Housing Authority												
Labor/Unemployment												
Active Duty Military												
Veteran's Affairs												
News Media												
Business/Private Sector												
Health Insurers												
Governor's Office												
Legislative branch/tribal council												
Community-based service sector												
Other (please specify): _____												

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

1	2	3	4	5
Not coordinated	Slightly coordinated	Fairly coordinated	Coordinated	Very coordinated

32. **Please rate how coordination across the S/T/T sectors has changed in the past 5 years.**

1	2	3	4	5
Much worse	Somewhat worse coordinated	Stayed the same Coordinated	Somewhat better	Much better

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

33. **How does your S/T/T provide information to legislators [or tribal council] about the problem of suicide?**

Routine reports provided to legislators
- ☐ Yes
- ☐ No
- ☐ Don't know

Community meetings/town hall-style events
- ☐ Yes
- ☐ No
- ☐ Don't know

Attending S/T/T suicide prevention coalition meetings
- ☐ Yes
- ☐ No
- ☐ Don't know

Planned advocacy days at the State Capitol
- ☐ Yes
- ☐ No
- ☐ Don't know

Legislative hearings
- ☐ Yes
- ☐ No
- ☐ Don't know

Ad hoc requests for legislators
- ☐ Yes
- ☐ No
- ☐ Don't know

Other (please specify)

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34. **In the past 5 years has your S/T/T passed any suicide prevention legislation or policies related to improvements in the following areas or in the following settings? [Check Yes/No]**

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

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	Selection
No awareness	Suicide is not generally recognized by communities or leaders as a problem.	o

Denial/resistance	There is little recognition that suicide might be occurring in one's own community. The problem is seen as one faced by others, not locally.	o
Vague awareness	Communities have minimal knowledge about their suicide problem and there is no immediate motivation or willingness to respond.	o
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.	o
Preparation	Leaders have emerged and are gathering information about the problem and having conversations with community members.	o
Initiation	Information has been gathered, partners have convened, and plans are in place to begin prevention efforts.	o
Stabilization	Activities are coordinated. Staff are trained and experienced. Partners meet routinely. Prevention efforts are ongoing. Evaluation is being considered.	o
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.	o

High level of community ownership	Knowledge about the suicide problem, causes, and consequences in the community is widespread. Prevention is ongoing and coordinated. Monitoring and evaluation guides new directions.	O

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

    a. Routine surveillance and monitoring of the problem?

1	2	3	4	5
No capacity	Little capacity	Modest capacity	Good capacity	Strong capacity

    b. Data-driven coordinated strategic planning?

1	2	3	4	5
No capacity	Little capacity	Modest capacity	Good capacity	Strong capacity

    c. Implementation of evidence-based programs and practices?

1	2	3	4	5
No capacity	Little capacity	Modest capacity	Good capacity	Strong capacity

    d. Evaluation of programs and practices?

1	2	3	4	5
No capacity	Little capacity	Modest capacity	Good capacity	Strong capacity

    e. Dissemination of what works to stakeholders?

1	2	3	4	5
No capacity	Little capacity	Modest capacity	Good capacity	Strong capacity

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
- ☐ Yes
- ☐ No

Youth 10-24
- ☐ Yes
- ☐ No

People 25-34
- ☐ Yes
- ☐ No

Middle aged adults 35-64
- ☐ Yes
- ☐ No

Older adults 65+
- ☐ Yes
- ☐ No

College students
- ☐ Yes
- ☐ No

Veterans/Active duty military
- ☐ Yes
- ☐ No

Sexual and/or gender minorities
- ☐ Yes
- ☐ No

American Indian/Alaska Natives
- ☐ Yes
- ☐ No

Other racial/ethnic minorities
- ☐ Yes
- ☐ No

Homeless
- ☐ Yes
- ☐ No

People involved with the criminal justice system
- ☐ Yes
- ☐ No

People with lived experience (i.e. people who struggle with suicide thoughts or attempts)
- ☐ Yes
- ☐ No

Survivors of suicide loss (i.e. friends/family members of person who died by suicide)
- ☐ Yes
- ☐ No

First responders

☐ Yes
☐ No
Other (please specify)

38. **Has your S/T/T's attention to particular at-risk populations changed in the past 5 years**?
☐ No
☐ Unsure/don't know
☐ Yes (please explain)

```
[                                                                          ]
[                                                                          ]
[                                                                          ]
```

39. **Which risk factors are you specifically addressing in your suicide prevention efforts**?
Prior suicide attempts
☐ Yes
☐ No
Suicide thoughts
☐ Yes
☐ No
History of interpersonal violence
☐ Yes
☐ No
Relationship problem/loss
☐ Yes
☐ No
Job/school problems
☐ Yes
☐ No
Financial problems
☐ Yes
☐ No
Criminal/legal problems
☐ Yes
☐ No
Involvement with bullying
☐ Yes
☐ No
Prejudice/discrimination (e.g., regarding sexual orientation)
☐ Yes
☐ No
Historical trauma (e.g., violence, resettlement, destruction of culture)
☐ Yes
☐ No
Lack of help-seeking (e.g., stigma)

- ☐ Yes
- ☐ No

Adverse childhood experiences
- ☐ Yes
- ☐ No

Substance use/abuse
- ☐ Yes
- ☐ No

Mental illness
- ☐ Yes
- ☐ No

Access to lethal means among people at risk
- ☐ Yes
- ☐ No

Being a suicide loss survivor (or a friend or family member's suicide)
- ☐ Yes
- ☐ No

Social isolation
- ☐ Yes
- ☐ No

Health problems (including pain, chronic illnesses, terminal illness)
- ☐ Yes
- ☐ No

Lack of access to behavioral/mental health care
- ☐ Yes
- ☐ No

Other (please specify)

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

Promoting connectedness/social integration
- ☐ Yes
- ☐ No

Building life skills (problem solving, coping, conflict resolution)
- ☐ Yes
- ☐ No

Promoting tolerance of peoples' differences
- ☐ Yes
- ☐ No

Promoting help-seeking

☐ Yes
☐ No
Promoting cultural values that *discourage* suicide
☐ Yes
☐ No
Promoting individuals' self-esteem
☐ Yes
☐ No
Promoting sense of purpose in peoples' lives
☐ Yes
☐ No
Other (please specify)

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[                                          ]
```

41. **Has your S/T/T's attention to particular risk and protective factors changed in the past 5 years?**
    ☐ Unsure/don't know
    ☐ No
    ☐ Yes (please explain)

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[                                          ]
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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?**
    ☐ Yes
    ☐ No
    ☐ Unsure/don't know

43. **The following are seven evidence-based strategies found in the technical package. Which, if any, of these strategies and approaches does your S/T/T currently implement? [Please indicate specific programs, practices, or policies being implemented for each approach selected. Indicate don't know (DK) if you do not know the name of the program, practice, or policy.]**

Strategy			Approach			Specify Program, Practice, Policy	
	Yes	No		Yes	No		DK

Strengthen economic supports			Strengthen household financial security				
			Housing stabilization policies				
			Other:				
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:				
Create protective environments			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				
			Other:				
Promote connectedness			Peer norm programs				
			Community engagement activities				
			Other:				
Teach coping and problem-solving skills			Social-emotional learning programs				
			Parenting skill and family relationship programs				
			Other:				
Identify and			Gatekeeper training				

support people at risk			Crisis intervention				
			Treatment for people at risk of suicide				
			Treatment to prevent re-attempts				
			Other:				
Lessen harms and prevent future risk			Postvention				
			Safe messaging and reporting about suicide				
			Other:				

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

1	2	3	4	5
No at all	Slightly	Somewhat	Moderately	A lot

45. **The table below asks about your S/T/T's efforts to address the goals of the *2012 National Strategy for Suicide Prevention*. Please state how much progress you've made towards each goal.**

1	2	3	4	5
No progress	Little progress	Some progress	Moderate progress	A lot of progress

2012 National Strategy for Suicide Prevention Goals	How much progress have you made toward each goal?				
	1	2	3	4	5
Goal 1 Integrate and coordinate suicide prevention activities across multiple sectors and settings					
Goal 2 Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors					
Goal 3 Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery					
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					
Goal 5 Develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors					
Goal 6 Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk					
Goal 7 Provide training to community and clinical service providers on the prevention of suicide and related behaviors					
Goal 8 Promote suicide prevention as a core component of health care services					
Goal 9 Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors					
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					
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					
Goal 12 Promote and support research on suicide prevention					
Goal 13 Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings					

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.**

Insufficient Federal funding dedicated to suicide prevention
☐ Yes
☐ No
☐ Unsure/don't know

Insufficient S/T/T funding dedicated to suicide prevention
☐ Yes
☐ No
☐ Unsure/don't know

Lack of Federal legislation/policy
☐ Yes

- ☐ No
- ☐ Unsure/don't know

Lack of S/T/T legislation/policy
- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

Lack of Local legislation/policy
- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

Lack of Federal guidance materials
- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

Lack of S/T/T guidance materials
- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

Lack of S/T/T level suicide prevention leadership
- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

Lack of a suicide prevention strategic plan
- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

Lack of implementation of the strategic plan
- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

Lack of adequate staff to implement strategic plan
- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

Lack of evaluation of the strategic plan
- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

Lack of surveillance resources (to track and monitor suicide/attempts)
- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

Lack of coalitions or task forces to address suicide prevention priorities
- ☐ Yes

- ☐ No
- ☐ Unsure/don't know

Lack of partnerships or collaborations across key sectors
- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

Lack of coordination/integration of services between S/T/T partners
- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

No clear authority for suicide prevention at the S/T/T level
- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

Lack of awareness efforts about suicide prevention as a public health issue
- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

Other (please specify)
- ☐ No
- ☐ Yes

> [blank box]

47. **Have these barriers changed in the past 5 years?**
- ☐ Unsure/don't know
- ☐ No
- ☐ Yes (please explain)

> [blank box]

48. **Has your S/T/T experienced a suicide cluster or possible cluster in the past 5 years?**
- ☐ Unsure/don't know
- ☐ No
- ☐ Yes

If yes, what impact has the cluster had on suicide prevention efforts in your S/T/T?
- o New legislation
- o Increased resources
- o Focus on new populations
- o Change in approach
- o Other (please specify)

> [blank box]

- o No impact

49. **Has your S/T/T experienced a natural disaster(s) in the past 5 years?**
    - ☐ Unsure/don't know
    - ☐ No
    - ☐ Yes

    If yes, what impact has a natural disaster had on suicide prevention efforts in your S/T/T?
    - o New legislation
    - o Increased resources
    - o Focus on new populations
    - o Change in approach
    - o Other (please specify)

    [   ]

    - o No impact

50. **Has the opioid epidemic impacted suicide rates or suicide prevention in your S/T/T in any way**?
    - ☐ Unsure/don't know
    - ☐ No
    - ☐ Yes

    If yes, what impact has the opioid epidemic had on suicide prevention efforts in your S/T/T?
    - o New legislation
    - o Increased resources
    - o Focus on new populations
    - o Change in approach
    - o Other (please specify)

    [   ]

    - o No impact

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
    - ☐ Yes
    - ☐ No
    - ☐ Unsure/don't know

    S/T/T funding dedicated to suicide prevention
    - ☐ Yes
    - ☐ No
    - ☐ Unsure/don't know

    Federal legislation/policy

- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

S/T/T legislation/policy

- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

Local legislation/policy

- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

National Strategy for Suicide Prevention

- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

Other Federal/national guidance materials (e.g. Action Alliance materials)

- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

S/T/T level suicide prevention leadership

- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

S/T/T strategic plan for suicide prevention

- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

Implementation of the strategic plan

- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

Adequate staff to implement strategic plan

- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

Evaluation of the strategic plan

- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

Availability of surveillance resources (to track and monitor suicide/attempts)

- ☐ Yes
- ☐ No
- ☐ Unsure/don't know

Coalitions or task forces to address suicide prevention priorities

☐ Yes
☐ No
☐ Unsure/don't know

Partnerships or collaborations across key sectors

☐ Yes
☐ No
☐ Unsure/don't know

Coordination/integration of services between S/T/T partners

☐ Yes
☐ No
☐ Unsure/don't know

Clarified authority for suicide prevention at the S/T/T level

☐ Yes
☐ No
☐ Unsure/don't know

Increased awareness about suicide prevention as a public health issue

☐ Yes
☐ No
☐ Unsure/don't know

Other (please specify)

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52. **Have these facilitators changed in the past 5 years?**

☐ No
☐ Unsure/don't know
☐ Yes (please explain)

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

☐ Unsure/don't know
☐ No
☐ Yes (please explain)

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54. **Is there anything else related to your S/T/T suicide prevention efforts that you would like to comment on that we have not asked (e.g. other programs you implement, links to reports or meetings, websites.)?**

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THANK YOU FOR YOUR TIME AND EFFORT IN RESPONDING TO THIS SURVEY!