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## **Zero Suicide Evaluation Training Utilization and Preservation Survey (TUP-S) Baseline**

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### **Description of Participation**

Thank you so much for taking the time to speak with me today. My name is [NAME] and I work for Aptive/ ICF. The Substance Abuse and Mental Health Services Administration (SAMHSA) of the Department of Health and Human Services is evaluating their Zero Suicide in Health Systems program. Aptive Resources along with its partner ICF (together as Team Aptive) are contracted by SAMHSA to conduct this evaluation. We are asking you to complete this that survey that will assess your knowledge, attitudes, and behaviors related to suicide prevention at the initial training. The survey will take approximately 15 minutes to complete.

A sample of participants who complete today's survey will be eligible to participate in two follow-up surveys. If you are selected to participate in these additional follow-up surveys, you will receive \$10 per follow-up survey. There will be more information at the end of the survey about these data collection efforts.

### **Right Regarding Participation**

Your participation in this survey is completely voluntary.  
There are no penalties or consequences to you if you do not participate.  
You may stop the survey or skip a question at any time for any reason.  
You may contact the evaluation principal investigator with any questions you have before, during, or after completion.

### **Privacy**

We will take every precaution to protect your privacy.  
All survey responses will be confidential. Your name will never appear in any report. All findings will be reported in aggregate; that is, they will be combined with responses from other individuals. If you are selected to participate in follow-up surveys your responses across administration will be linked with a unique identifier, but —your name and responses will not be linked. Your individual responses will not be shared with anyone, including your employer or other grantee-funded staff.

Contact information will be entered into a password-protected database which can only be accessed by a limited number of individuals (selected Team Aptive staff) who require access.

### Benefits

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

### Risks

Completing this survey poses few, if any, risks to you. Some questions may make you feel uncomfortable. You can choose not to answer any question for any reason. You may choose to stop the survey at any time, or not answer a question for whatever reason. You will not be penalized for stopping. You can contact the principal investigator of the project at any time. -

**Contact Information:** If you have any concerns about completing this survey or have any questions about the study, please contact Christine Walrath, principal investigator, at (646) 695-8154 or [christine.walrath@icf.com](mailto:christine.walrath@icf.com).

For any questions related to your rights as they related to this research, please contact the ICF IRF at [IRB@icf.com](mailto:IRB@icf.com).

Please click the "**PROCEED**" button below to proceed.

PROCEED

## Section 1. Skills Assessment

These questions ask about your knowledge and skills related to suicide prevention.

**1. Please rate how confident you are about your knowledge on:**

	Very Confident	Confident	Somewhat confident	Not at all confident
a. Suicide prevention and treatment				
b. Accessing useful resources for suicide prevention				
c. Culturally adapted approaches to suicide prevention				
d. Purpose of your role in suicide prevention				
e. Educating your community about suicide prevention				
f. Skills required to prevent suicide or reduce the problems that might lead to suicide (e.g., depression, substance use)				

**2. Please rate your knowledge on:**

	Very High	High	Low	Very Low
a. Policies and procedures that define each employee's role in preventing suicide				
b. Warning signs of suicide				
c. How to ask someone about suicidality				
d. Persuading someone to get help				
e. Risk factors for suicide				

**3. Please rate your ability to:**

	Very Confident	Confident	Somewhat confident	Not at all confident
a. Recognize suicidality (including warning signs)				
b. Conduct a suicide risk assessment				
c. Engage and connect with a person who is suicidal				
d. Identify appropriate response to a person in crisis				
e. Make appropriate referrals and connections				
f. Counsel on access to lethal means				
g. Help someone create a collaborative safety plan				

**Section 2. Plans After Training**

6. How do you intend to use what you learned during this training? *Select all that apply.*

- Screen individuals for suicidal behaviors (i.e., using a screening tool)
- Formally publicize information about suicide prevention and mental health resources
- Have informal conversations about suicide and suicide prevention with other individuals
- Identify individuals who might be at risk for suicide
- Provide direct services to individuals at risk for suicide
- Provide direct services to the families of individual at risk for suicide Train other staff members
- Make referrals to mental health services for individuals at risk
- Work with additional at-risk populations
- Other, please describe: \_\_\_\_\_
- I don't know how I will use this training

7. What areas related to suicide prevention would you like to learn more about, receive additional training on, or access more resources? *Select all that apply.*

- General suicide prevention and awareness
- Identification of risk factors and warning signs
- Screening and Assessment practices

- Treatment practices and approaches
- Safety planning
- Crisis communication
- Transition of care practices
- Staff roles and responsibility within your work environment
- Policies and procedures within your work environment
- Ethical and legal considerations
- Epidemiology and latest research findings

### **Section 3. Work Background**

8. Please choose the one category below that best describes your primary professional role. Please select one.

- |                                                                                                                                                 |                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> Management (Administrators, Supervisors, Managers, Coordinators)                                                          | <input type="radio"/> Physical Health Care/Medication Management (Physician, Nurse Practitioner, Physician's Assistant)             |
| <input type="radio"/> Business, Administrative, and Clerical (Accounting, Reception, Human Resources, Billing, Records, Information Technology) | <input type="radio"/> Nursing (Nurse, Registered Nurse)                                                                             |
| <input type="radio"/> Facility Operations (Dietary, Housekeeping, Maintenance, Security, Transportation)                                        | <input type="radio"/> Psychiatry (Psychiatrist, Psychiatric Nurse Practitioner)                                                     |
| <input type="radio"/> Behavioral Health Clinician (Counselor, Social Worker, Substance Abuse Counselor, Therapist, Psychologist)                | <input type="radio"/> Technician (Mental Health Technician, Behavioral Technician, Patient Care Assistance, Residential Technician) |
| <input type="radio"/> Adjunct Therapist (Activity, Occupational, Physical, Rehabilitation)                                                      | <input type="radio"/> Patient Observer                                                                                              |
| <input type="radio"/> Case Management                                                                                                           | <input type="radio"/> Support and Outreach (Outreach, Faith, Family Support, Peer Support)                                          |
| <input type="radio"/> Crisis Services                                                                                                           | <input type="radio"/> Education (Teacher, Health Educator)                                                                          |
|                                                                                                                                                 | <input type="radio"/> Other, please specify:<br>_____                                                                               |

### **Section 4. About Yourself**

9. How old are you?

\_\_\_\_\_years

- I prefer not to answer

10. What is your race and/or ethnicity? Select all that apply and enter additional details in the spaces below.

- American Indian or Alaska Native** - Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.  
**[PROGRAMMER: This is an open-text response option]**
- Asian** - Provide details below.
  - Chinese
  - Vietnamese
  - Asian Indian
  - Korean
  - Filipino
  - Japanese
  - Enter, for example, Pakistani, Hmong, Afghan, etc.  
**[PROGRAMMER: This is an open-text response option]**
- Black or African American** - Provide details below.
  - African American
  - Nigerian
  - Jamaican
  - Ethiopian
  - Haitian
  - Somali
  - Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.  
**[PROGRAMMER: This is an open-text response option]**
- Hispanic or Latino** - Provide details below.
  - Mexican
  - Cuban
  - Puerto Rican
  - Dominican
  - Salvadoran
  - Guatemalan
  - Enter, for example, Colombian, Honduran, Spaniard, etc.  
**[PROGRAMMER: This is an open-text response option]**
- Middle Eastern or North African** - Provide details below.
  - Lebanese
  - Syrian
  - Iranian
  - Iraqi
  - Egyptian
  - Israeli
  - Enter, for example, Moroccan, Yemeni, Kurdish, etc.  
**[PROGRAMMER: This is an open-text response option]**
- Native Hawaiian or Pacific Islander** - Provide details below.
  - Native Hawaiian
  - Tongan
  - Samoan
  - Fijian
  - Chamorro
  - Marshallese

- Enter, for example Chuukese, Palauan, Tahitian, etc.  
**[PROGRAMMER: This is an open-text response option]**
- White** – Provide details below.
  - English
  - Italian
  - German
  - Polish
  - Irish
  - Scottish
  - Enter, for example, French, Swedish, Norwegian, etc.  
**[PROGRAMMER: This is an open-text response option]**
- I prefer not to answer

11. What do you consider yourself to be? Please select one.

- Male
- Female
- Transgender (Male to Female)
- Transgender (Female to Male)
- Gender non-conforming
- Two Spirit **[RESPONSE ONLY AVAILABLE TO THOSE THAT INDICIATE AI/AN in Q10]**
- I use a different term, please specify: \_\_\_\_\_
- I prefer not to answer

12. Are you a Veteran? Please select one.

- Yes
- No
- I prefer not to answer

13. What is the highest degree or level of school that you completed? Please select one.

- Less than high school
- High School with diploma or GED/Alternative credential
- Trade/technical/vocational training
- Some College
- Associate Degree
- Bachelor's Degree
- Masters degree
- Doctorate degree (PhD)
- Medical Degree (MD)
- Other (please specify):

14. How many years of work experience do you have related to suicide prevention?

[Drop down of numbers]

## **Section 5. Consent to Contact**

Thank you for completing this survey! A sample of participants who completed today's survey will be eligible to participate in up to two additional follow-up surveys to help us better understand how this training has impacted your confidence levels, knowledge, practices, and utilization of Zero Suicide skills over time. If you are selected for participation, a member of the team will invite you to complete the follow-up survey in 6 and 12 months after today's date. You will receive a \$10 electronic gift card per completed survey. If you are interested and selected for participation, we will reach out through the contact information that you provided below to share additional details about participation.

15. Are you interested in participating in the follow-up surveys in 6 and 12 months from today?

- Yes
- No

16. [IF YES], please provide the following information:

Name:

Best contact number to reach you:

Your work email:

Your personal email:

I don't have a personal email (include a checkbox)

Best Email to reach you: