Zero Suicide Evaluation
Prevention Strategies Inventory

The Prevention Strategies Inventory (PSI) catalogues the prevention strategies being developed and implemented as a result of Zero Suicide funding and the percentage of Zero Suicide funds expended to date by prevention strategy category.

In the first section report on all strategies implemented or in development as a result of your Zero Suicide funding. Items are reported under strategy types that align with the elements of the Zero Suicide Framework. Under each strategy are several sub-strategies which are shown below.

- **Lead**: how your Zero Suicide program is led and organized, including oversight steering committees, organizational self-studies, and workforce surveys.
- **Train**: various training programs being implemented, such as gatekeeper training on identifying people at risk for suicide or providing suicide care, training in screening practices, risk assessment and management practices, safety planning and lethal means safety practices, and training for specific settings or populations.
- **Identify**: strategies used to identify individuals at risk through screening programs and risk assessments.
- **Engage**: strategies to engage and support individuals, including collaborative safety planning, lethal means safety counseling, rapid follow-up, and safety protocols.
- **Treat**: services specific to suicidality, such as services specific to suicidality, group treatments for suicidality, and services not specific to suicidality.
- **Transition:** strategies that address care transitions, including follow-up after emergency department discharge, inpatient hospitalization, and services after non-engagement.
- **Improve**: items that make improvements in the system, including health record implementation and/or utilization, coalitions and partnerships, and partnerships with agencies and organizations outside of the health system.

Strategy	Sub Strategies
Lead	Oversight Steering Committee
	Organizational Self Study
	Workforce Survey
Train	Gatekeeper Training On Identifying People At Risk For Suicide Or Providing Suicide Care:
	Training In Screening Practices
	Training In Risk Assessment and Management Practices
	Training In Safety Planning and Lethal Means Safety Practices.
	Training For Specific Settings or Populations
Identify	Screening Program

	Risk Assessment
Engage	Collaborative Safety Planning
	Lethal Means Safety Counseling
	Rapid Follow Up
	Safety Protocols
Treat	Services Specific to Suicidality
	Group Treatments for Suicidality
	Services Not Specific to Suicidality
Transition	Care Transitions
	Follow-Up After Emergency Department Discharge
	Follow-Up After Inpatient Hospitalization
	Follow Up After Mobile Crisis Services.
	Follow-Up Services After Non-Engagement of Services
Improve	Health Record Implementation And/or Utilization
	Coalitions And Partnerships
	Partnerships With Agencies and Organizations Outside of the Health System

In the **Budget** section report the total Zero Suicide budget expended to date and the percentage of funds expended to date by prevention strategy category.

If at any time while you are working to complete this inventory you need to save your entry and come back to it later (before submitting as final), you can do so by clicking the "SAVE STRATEGY" button to save your responses. You can then close the survey webpage.

If you have questions or need help related to entering information, please send an email to [EMAIL] for assistance. If you have any concerns about your participation in this study or have any questions about the evaluation, please contact Christine Walrath, principal investigator, at (646) 695-8154 or christine.walrath@icf.com.

Please click the "PROCEED" box below to proceed to the Prevention Strategies Inventory.

☐   **PROCEED**

Part 1: Strategies

LEAD
Oversight Steering Committee
The Oversight Steering Committee is responsible for guiding and overseeing the Zero Suicide program within your organization. This includes setting goals, monitoring progress, and ensuring the integration of suicide prevention practices across all relevant departments and services.

1. What is the name of your committee?*(please spell out)*
2. Describe your committee and their activities and responsibilities.

3. Indicate the participants in your Zero Suicide Oversight Steering Council that will oversee the development, implementation, and quality improvement of the Zero Suicide program. *Select all that apply.*
    ☐ Senior leadership within your organization
    ☐ Emergency department or crisis systems
    ☐ Primary care providers
    ☐ Behavioral health care providers
    ☐ People with lived experience of suicidal ideation or suicide attempts
    ☐ People with lived experience from diverse racial, ethnic, and sexual gender minority groups
    ☐ Quality Improvement Personnel
    ☐ Other, please specify: _____

4. Frequency of Council Meetings
    o Weekly
    o Monthly
    o Quarterly
    o Annually
    o As needed
    o Other, please specify: _____

5. Main Focus of Council Discussions. *Select all that appl*y.
    ☐ Program Development
    ☐ Implementation Strategies
    ☐ Quality Improvement
    ☐ Crisis Management
    ☐ Community Engagement
    ☐ Resolving differences between diverse perspectives
    ☐ Sustainability of services or funding
    ☐ Other, please specify: _____

Organization Self-Study

An organizational self-study assesses the current state of your organization's suicide prevention efforts, identifies areas for improvement, and helps guide the development of strategies to enhance your Zero Suicide program.

6. Name of self-study *(please spell out)*

7. Type of self-study. *Select all that apply.*
   - ☐ **General Organizational Self-Study.** This version is for systems with multiple departments, outpatient behavioral health settings, integrated treatment for co-occurring disorders, primary care, FQHCs, and other settings that provide care and services to individuals at risk for suicide.
   - ☐ **Inpatient Organizational Self-Study.** This version is for organizations that focus on inpatient health and behavioral health care. These may include more intensive levels of care—such as partial hospitalization—or intensive outpatient programs if managed under the inpatient organizational structure.
   - ☐ **Community-Based Organizational Self-Study *with* Clinical Providers.** This version is for community-based organizations that employ health and behavioral health care providers (e.g., correctional facilities, homeless-serving organizations, elder care organizations, etc.) and are working in partnership with health systems to implement Zero Suicide.
   - ☐ **Community-Based Organizational Self-Study *without* Clinical Providers.** This version is for community-based organizations that do not employ health and behavioral health care providers (e.g., correctional facilities, homeless-serving organizations, elder care organizations, etc.) and are working in partnership with health systems to implement Zero Suicide.
   - ☐ **Organizational Self-Study Addendum for Tribal or IHS-Led Health Systems.** This assesses what components of the comprehensive Zero Suicide approach your organization currently has in place. The following three items, pulled from the existing Organizational Self-Study, represent both the background/rationale and questions that may be amended to be inclusive of Tribal communities in the process of implementing Zero Suicide in a Tribal or IHS-led health system.
   - ☐ Another type of Organizational Self-Study Not Listed here., please specify: _____

8. Primary Areas of Impact from Self-Studies. *Select all that apply.*
   - ☐ Policy Changes
   - ☐ Staff Training Improvements
   - ☐ Service Delivery Models
   - ☐ Community Collaboration
   - ☐ Inpatient Care Strategies
   - ☐ Other, please specify: _____

9. Challenges Identified in Self-Studies. *Select all that apply.*
   - ☐ Staffing and Resources
   - ☐ Data Management and Reporting
   - ☐ Community Engagement
   - ☐ Integration of Diverse Perspectives
   - ☐ Financial Constraints
   - ☐ None Identified
   - ☐ Other, please specify: _____

Workforce Survey

The workforce survey is designed to identify the needs and areas for development among staff members related to suicide prevention, including training, screening, and support practices.

10. Name of your workforce survey *(please spell out)*

11. Describe your workforce survey efforts (which staff did you include, how did you recruit, etc.)

12. Areas of Staff Development Identified as Needed. *Select all that apply.*
    ☐ Screening for Suicide Risk
    ☐ Assessing for Suicide Risk
    ☐ Suicide Prevention Training
    ☐ Treatment and Support during Transitions
    ☐ Enhancing Knowledge on Suicide
    ☐ Improving Confidence in Communicating with at-risk Patients about Suicide
    ☐ None Identified

TRAIN

Gatekeeper Training on Identifying People at Risk for Suicide or Providing Suicide Care:
Gatekeeper training programs are designed to equip individuals with the skills to recognize the warning signs of suicide, provide initial support, and connect individuals at risk with professional help. These programs can be tailored to various settings and populations to enhance the community's overall ability to prevent suicide

13. What is the name of the training? *(please spell out)*

14. Indicate the type of training.

   o   Assessing and Managing Suicide Risk (AMSR)
   o   Applied Suicide Intervention Skills Training (ASIST)
   o   Connect Suicide Prevention/Intervention Training
   o   Connect Postvention Training
   o   Question, Persuade, Refer (QPR): Gatekeeper Training for Suicide Prevention
   o   Suicide Alertness for Everyone: Tell, Ask, Listen, and Keep Safe (safeTALK)
   o   Other, please specify: _____

   14a. [IF OTHER] Is this a locally developed training?
   o   Yes
   o   No

15. Indicate the delivery method for the training.
   o   In person
   o   Virtual (facilitated on a specific date)
   o   Virtual (self-paced; trainee completes training at own time)
   o   Hybrid (virtually and in person
   o   Multiple methods, please explain: _____
   o   Other, please explain: _____

16. Does the training involve the use of technology (e.g., video conferencing online, social media, chat, text messaging)?
   o   Yes
   o   No

17. Indicate the types of trainees. *Select all that apply.*
   ☐   Behavioral Health Professional and Clinicians
   ☐   Health System and Clinic Administrators
   ☐   Physical Health Professionals (physicians, physician's assistants, nurse practitioners, nurses)
   ☐   Peers
   ☐   People with lived experience of attempts
   ☐   Non-clinical staff
   ☐   Other, please specify: _____

18. Does this training place emphasis or focus on any of these current priority populations? *Select all that apply.*
    - ☐ A specific age group
        - ☐ 25–34,
        - ☐ 35–44,
        - ☐ 45–54,
        - ☐ 55–64,
        - ☐ 65-74
        - ☐ 75 and over
    - ☐ A specific racial or ethnic group
        - ☐ American Indian or Alaska Native
        - ☐ Asian
        - ☐ Black or African American
        - ☐ Hispanic or Latino
        - ☐ Middle Eastern or North African
        - ☐ Native Hawaiian or Pacific Islander
        - ☐ White
    - ☐ Survivors of suicide
    - ☐ Suicide attempters
    - ☐ Individuals with substance misuse disorder
    - ☐ Individuals with specific medical conditions. Describe: _____
    - ☐ Individuals in criminal justice settings
    - ☐ Rural populations
    - ☐ Veterans/Active military or military families
    - ☐ Lesbian, gay, bisexual, and transgender (LGBTQI+) populations
    - ☐ None
    - ☐ Other, please specify: _____

19. Reason for selecting this raining. *Select all that apply.*
    - ☐ Specific needs of trainees
    - ☐ Alignment with program goals
    - ☐ Recommendations or guidelines
    - ☐ Other, please specify: _____

20. Adaptations made for trainee needs. *Select all that apply.*
    - ☐ Customized content
    - ☐ Flexible scheduling
    - ☐ Diverse teaching methods
    - ☐ Methods to improve accessibility to those with visual or other impairments.
    - ☐ Language or cultural considerations (CLAS standards)
    - ☐ None

21. Recruitment strategies for participants. *Select all that apply.*
    - ☐ Direct invitations
    - ☐ Internal announcements
    - ☐ Open calls
    - ☐ Collaborations with other organizations
    - ☐ Other, please specify: _____

22. [If Yes in 14a] Briefly describe the content (if locally developed curriculum): Please briefly describe the content of the locally developed curriculum. Include the main goals and strategies used to achieve them. This should provide an overview of what the curriculum aims to accomplish and how it is implemented.

23. What are your plans for sustaining this strategy after the end of your Zero Suicide cooperative agreement?
    o We do not intend to sustain this strategy after the end of our Zero Suicide cooperative agreement.
    o We intend to sustain the strategy but haven't yet begun to discuss specific sustainability plans.
    o We are developing or have developed plans to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you have begun to identify options for sustaining the strategy, or have a sustainability plan, but formal sustainability mechanisms are not yet in place).
    o We already have mechanisms in place to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you are ready to sustain the strategy after your funding period. This would be relevant if you've already identified a funding source for the strategy, have modified policies or practices to sustain the strategy, or if you have identified ways to integrate the strategy into existing processes and do not need any additional funding sources or policy changes).
    o Don't know

Training in Screening Practices
Training in screening practices focuses on equipping professionals with the knowledge and skills to effectively identify individuals at risk for suicide using standardized screening tools. These trainings ensure that staff can reliably assess risk factors and take appropriate actions based on the screening results.

24. What is the name of training? *(please spell it out)*

25. Indicate the screening tool of focus for the training
    o Ask Suicide Screening Questions (asQ)
    o Beck Depression Inventory (BDI)
    o Behavioral Health Measure-10 (BHM-10)
    o Behavioral Health Screen (BHS)
    o Brief Symptom Inventory 18 (BSI 18)
    o Columbia Suicide Severity Rating Scale (CSSR-S)
    o Center for Epidemiological Studies Depression Scale (CES-D)
    o Outcome Questionnaire 45.2 (OQ 45.2)
    o Patient Health Questionnaire 9 (PHQ-9)
    o Patient Health Questionnaire 3 (PHQ-3)
    o Suicide Behaviors Questionnaire (SBQ-R)
    o Other, please specify: _____

    25a. [IF OTHER] Is this a locally developed training?
        o Yes

o No

26. Indicate the delivery method for the training.
   ☐ In person
   ☐ Virtual (facilitated on a specific date)
   ☐ Virtual (self-paced; trainee completes training at own time)
   ☐ Multiple methods, please explain: _____
   ☐ Other, please explain: _____

27. Does the training involve the use of technology (e.g., video conferencing online, social media, chat, text messaging)?
   o Yes
   o No

28. Indicate the types of trainees. Select all that apply.
   ☐ Behavioral Health Professional and Clinicians
   ☐ Health System and Clinic Administrators
   ☐ Physical Health Professionals (physicians, physician's assistants, nurse practitioners, nurses)
   ☐ Peers
   ☐ People with lived experience of attempts
   ☐ Non-clinical staff
   ☐ Other, please specify: _____

29. Does this training place emphasis or focus on any of these current priority populations? Select all that apply.
   ☐ A specific age group
      ☐ 25–34,
      ☐ 35–44,
      ☐ 45–54,
      ☐ 55–64,
      ☐ 65-74
      ☐ 75 and over
   ☐ A specific racial or ethnic group
      ☐ American Indian or Alaska Native
      ☐ Asian
      ☐ Black or African American
      ☐ Hispanic or Latino
      ☐ Middle Eastern or North African
      ☐ Native Hawaiian or Pacific Islander
      ☐ White
   ☐ Survivors of suicide
   ☐ Suicide attempters
   ☐ Individuals with substance misuse disorder
   ☐ Individuals with specific medical conditions. Describe: _____
   ☐ Individuals in criminal justice settings
   ☐ Rural populations
   ☐ Veterans/Active military or military families

☐ Lesbian, gay, bisexual, and transgender (LGBTQI+) populations
☐ None
☐ Other, please specify: _____

30. Reason for selecting this training. *Select all that apply.*
    ☐ Specific needs of trainees
    ☐ Alignment with program goals
    ☐ Recommendations or guidelines
    ☐ Other, please specify: _____

31. Adaptations made for trainee needs. *Select all that apply.*
    ☐ Customized content
    ☐ Flexible scheduling
    ☐ Diverse teaching methods
    ☐ Methods to improve accessibility to those with visual or other impairments.
    ☐ Language or cultural considerations (CLAS standards)
    ☐ None

32. Recruitment strategies for participants. *Select all that apply.*
    ☐ Direct invitations
    ☐ Internal announcements
    ☐ Open calls
    ☐ Collaborations with other organizations
    ☐ Other, please specify: _____

33. [If Yes in 25a]. Briefly describe the content (if locally developed curriculum): Please briefly describe the content of the locally developed curriculum. Include the main goals and strategies used to achieve them. This should provide an overview of what the curriculum aims to accomplish and how it is implemented.

34. What are your plans for sustaining this strategy after the end of your Zero Suicide cooperative agreement?
    o We do not intend to sustain this strategy after the end of our Zero Suicide cooperative agreement.
    o We intend to sustain the strategy but haven't yet begun to discuss specific sustainability plans.
    o We are developing or have developed plans to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you have begun to identify options for sustaining the strategy, or have a sustainability plan, but formal sustainability mechanisms are not yet in place).
    o We already have mechanisms in place to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you are ready to sustain the strategy after your funding period. This would be relevant if you've already identified a funding source for the strategy, have modified policies or practices to sustain the strategy, or if you have identified ways to integrate the strategy into existing processes and do not need any additional funding sources or policy changes).
    o Don't know

Training in Risk Assessment and Management Practices

Training in Risk Assessment and Management Practices: *Training in risk assessment and management practices equips professionals with the skills to identify, assess, and manage individuals at risk of suicide. These trainings focus on using specific tools and methods to ensure accurate risk evaluation and appropriate intervention.*

35. What is the name of training? *(please spell it out)*

36. Indicate the risk assessment tool of focus for the training.
     o   Assessing and Managing Suicide Risk (AMSR)
     o   Chronological Assessment of Suicide Events (CASE)
     o   Collaborative Assessment and Management of Suicidality (CAMS)
     o   Recognizing and Responding to Suicide Risk (RRSR)
     o   QPR-T (suicide risk assessment and training course)
     o   Other, please specify: _____

     36a. [IF OTHER] Is this a locally developed training?
          o   Yes
          o   No

37. Indicate the delivery method for the training.
     ☐   In person
     ☐   Virtual (facilitated on a specific date)
     ☐   Virtual (self-paced; trainee completes training at own time)
     ☐   Multiple methods, please explain: _____
     ☐   Other, please explain: _____

38. Does the training involve the use of technology (e.g., video conferencing online, social media, chat, text messaging)?
     o   Yes
     o   No

39. Indicate the types of trainees. *Select all that apply.*
     ☐   Behavioral Health Professional and Clinicians
     ☐   Health System and Clinic Administrators
     ☐   Physical Health Professionals (physicians, physician's assistants, nurse practitioners, nurses)
     ☐   Peers
     ☐   People with lived experience of attempts
     ☐   Non-clinical staff
     ☐   Other, please specify: _____

40. Does this training place emphasis or focus on any of these current priority populations? *Select all that apply.*

- ☐ A specific age group
  - ☐ 25–34,
  - ☐ 35–44,
  - ☐ 45–54,
  - ☐ 55–64,
  - ☐ 65-74
  - ☐ 75 and over
- ☐ A specific racial or ethnic group
  - ☐ American Indian or Alaska Native
  - ☐ Asian
  - ☐ Black or African American
  - ☐ Hispanic or Latino
  - ☐ Middle Eastern or North African
  - ☐ Native Hawaiian or Pacific Islander
  - ☐ White
- ☐ Survivors of suicide
- ☐ Suicide attempters
- ☐ Individuals with substance misuse disorder
- ☐ Individuals with specific medical conditions. Describe: _____
- ☐ Individuals in criminal justice settings
- ☐ Rural populations
- ☐ Veterans/Active military or military families
- ☐ Lesbian, gay, bisexual, and transgender (LGBTQI+) populations
- ☐ None
- ☐ Other, please specify: _____

41. Reason for selecting this training. *Select all that apply.*
    - ☐ Specific needs of trainees
    - ☐ Alignment with program goals
    - ☐ Recommendations or guidelines
    - ☐ Other, please specify: _____

42. Adaptations made for trainee needs. *Select all that apply.*
    - ☐ Customized content
    - ☐ Flexible scheduling
    - ☐ Diverse teaching methods
    - ☐ Methods to improve accessibility to those with visual or other impairments.
    - ☐ Language or cultural considerations (CLAS standards)
    - ☐ None

43. Recruitment strategies for participants. *Select all that apply.*
    - ☐ Direct invitations
    - ☐ Internal announcements
    - ☐ Open calls
    - ☐ Collaborations with other organizations
    - ☐ Other, please specify: _____

44. [If yes in 36a], briefly describe the content (if locally developed curriculum): Please briefly describe the content of the locally developed curriculum. Include the main goals and strategies used to achieve them. This should provide an overview of what the curriculum aims to accomplish and how it is implemented.

45. What are your plans for sustaining this strategy after the end of your Zero Suicide cooperative agreement?
   o   We do not intend to sustain this strategy after the end of our Zero Suicide cooperative agreement.
   o   We intend to sustain the strategy but haven't yet begun to discuss specific sustainability plans.
   o   We are developing or have developed plans to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you have begun to identify options for sustaining the strategy, or have a sustainability plan, but formal sustainability mechanisms are not yet in place).
   o   We already have mechanisms in place to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you are ready to sustain the strategy after your funding period. This would be relevant if you've already identified a funding source for the strategy, have modified policies or practices to sustain the strategy, or if you have identified ways to integrate the strategy into existing processes and do not need any additional funding sources or policy changes).
   o   Don't know

Training in Safety Planning and Lethal Means Safety Practices
Training in safety planning and lethal means safety practices equips professionals with the skills to develop effective safety plans and strategies to limit access to lethal means for individuals at risk of suicide. These trainings aim to enhance the ability of staff to create and implement safety plans that reduce the risk of self-harm.

46. What is the name of the training? *(please spell it out)*

47. Indicate the type of training.
   ☐ CALM (Counseling on Access to Lethal Means)
   ☐ Safety Planning for Youth Suicide Prevention
   ☐ Other, please specify: _____

   47a. [IF OTHER] Is this a locally developed training?
      o   Yes
      o   No

48. Indicate the delivery method for the training.
   o   In person
   o   Virtual (facilitated on a specific date)
   o   Virtual (self-paced; trainee completes training at own time)
   o   Multiple methods, please explain: _____

o   Other, please explain: _____

49. Does the training involve the use of technology (e.g., video conferencing online, social media, chat, text messaging)?
- o   Yes
- o   No

50. Indicate the types of trainees. *Select all that apply.*
- ☐   Behavioral Health Professional and Clinicians
- ☐   Health System and Clinic Administrators
- ☐   Physical Health Professionals (physicians, physician's assistants, nurse practitioners, nurses)
- ☐   Peers
- ☐   People with lived experience of attempts
- ☐   Non-clinical staff
- ☐   Other, please specify: _____

51. Does this training place emphasis or focus on any of these current priority populations? *Select all that apply.*
- ☐   A specific age group
  - ☐   25–34,
  - ☐   35–44,
  - ☐   45–54,
  - ☐   55–64,
  - ☐   65-74
  - ☐   75 and over
- ☐   A specific racial or ethnic group
  - ☐   American Indian or Alaska Native
  - ☐   Asian
  - ☐   Black or African American
  - ☐   Hispanic or Latino
  - ☐   Middle Eastern or North African
  - ☐   Native Hawaiian or Pacific Islander
  - ☐   White
- ☐   Survivors of suicide
- ☐   Suicide attempters
- ☐   Individuals with substance misuse disorder
- ☐   Individuals with specific medical conditions. Describe: _____
- ☐   Individuals in criminal justice settings
- ☐   Rural populations
- ☐   Veterans/Active military or military families
- ☐   Lesbian, gay, bisexual, and transgender (LGBTQI+) populations
- ☐   None
- ☐   Other, please specify: _____

52. Reason for selecting this training. *Select all that apply.*
- ☐   Specific needs of trainees
- ☐   Alignment with program goals
- ☐   Recommendations or guidelines

☐ Other, please specify: _____

53. Adaptations made for trainee needs. *Select all that apply.*
   ☐ Customized content
   ☐ Flexible scheduling
   ☐ Diverse teaching methods
   ☐ Methods to improve accessibility to those with visual or other impairments.
   ☐ Language or cultural considerations (CLAS standards)
   ☐ None

54. Recruitment strategies for participants. *Select all that apply.*
   ☐ Direct invitations
   ☐ Internal announcements
   ☐ Open calls
   ☐ Collaborations with other organizations
   ☐ Other, please specify: _____

55. [If Yes in 47a], Briefly describe the content (if locally developed curriculum): Please briefly describe the content of the locally developed curriculum. Include the main goals and strategies used to achieve them. This should provide an overview of what the curriculum aims to accomplish and how it is implemented.

56. What are your plans for sustaining this strategy after the end of your Zero Suicide cooperative agreement?
   o We do not intend to sustain this strategy after the end of our Zero Suicide cooperative agreement.
   o We intend to sustain the strategy but haven't yet begun to discuss specific sustainability plans
   o We are developing or have developed plans to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you have begun to identify options for sustaining the strategy, or have a sustainability plan, but formal sustainability mechanisms are not yet in place).
   o We already have mechanisms in place to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you are ready to sustain the strategy after your funding period. This would be relevant if you've already identified a funding source for the strategy, have modified policies or practices to sustain the strategy, or if you have identified ways to integrate the strategy into existing processes and do not need any additional funding sources or policy changes).
   o Don't know

Training for Specific Settings or Populations
Training for specific settings or populations tailors suicide prevention education to the unique needs and circumstances of various groups. These trainings address the specific risk factors and intervention strategies relevant to different environments and demographics, such as military personnel, youth services, and primary care settings.

57. What is the name of the training? *(please spell out)*

58. Indicate the type of training.
   o   Suicide in the Military (Psych/Armor)
   o   SafeSide Behavioral Health
   o   SafeSide Youth Services
   o   Preventing Suicide in Emergency Department Patients
   o   Recognizing and Responding to Suicide Risk in Primary Care
   o   SafeSide Primary Care
   o   Other, please specify: _____

   58a. [IF OTHER] Is this a locally developed training?
      o   Yes
      o   No

59. Indicate the delivery method for the training.
   o   In person
   o   Virtual (facilitated on a specific date)
   o   Virtual (self-paced; trainee completes training at own time)
   o   Multiple methods, please explain: _____
   o   Other, please explain: _____

60. Does the training involve the use of technology (e.g., video conferencing online, social media, chat, text messaging)?
   o   Yes
   o   No

61. Indicate the types of trainees. *Select all that apply.*
   ☐   Behavioral Health Professional and Clinicians
   ☐   Health System and Clinic Administrators
   ☐   Physical Health Professionals (physicians, physician's assistants, nurse practitioners, nurses)
   ☐   Peers
   ☐   People with lived experience of attempts
   ☐   Non-clinical staff
   ☐   Other, please specify: _____

62. Does this training place emphasis or focus on any of these current priority populations? *Select all that apply.*
   ☐   A specific age group
      ☐   25–34,
      ☐   35–44,
      ☐   45–54,
      ☐   55–64,
      ☐   65-74
      ☐   75 and over
   ☐   A specific racial or ethnic group
      ☐   American Indian or Alaska Native
      ☐   Asian
      ☐   Black or African American

        ☐ Hispanic or Latino
        ☐ Middle Eastern or North African
        ☐ Native Hawaiian or Pacific Islander
        ☐ White
- ☐ Survivors of suicide
- ☐ Suicide attempters
- ☐ Individuals with substance misuse disorder
- ☐ Individuals with specific medical conditions. Describe: _____
- ☐ Individuals in criminal justice settings
- ☐ Rural populations
- ☐ Veterans/Active military or military families
- ☐ Lesbian, gay, bisexual, and transgender (LGBTQI+) populations
- ☐ None
- ☐ Other, please specify: _____

63. Reason for selecting this training. *Select all that apply.*
- ☐ Specific needs of trainees
- ☐ Alignment with program goals
- ☐ Recommendations or guidelines
- ☐ Other, please specify: _____

64. Adaptations made for trainee needs. *Select all that apply.*
- ☐ Customized content
- ☐ Flexible scheduling
- ☐ Diverse teaching methods
- ☐ Methods to improve accessibility to those with visual or other impairments.
- ☐ Language or cultural considerations (CLAS standards)
- ☐ None

65. Recruitment strategies for participants. *Select all that apply.*
- ☐ Direct invitations
- ☐ Internal announcements
- ☐ Open calls
- ☐ Collaborations with other organizations
- ☐ Other, please specify: _____

66. [If yes to 58a], Briefly describe the content (if locally developed curriculum): Please briefly describe the content of the locally developed curriculum. Include the main goals and strategies used to achieve them. This should provide an overview of what the curriculum aims to accomplish and how it is implemented.

67. What are your plans for sustaining this strategy after the end of your Zero Suicide cooperative agreement?
- o We do not intend to sustain this strategy after the end of our Zero Suicide cooperative agreement.
- o We intend to sustain the strategy but haven't yet begun to discuss specific sustainability plans.
- o We are developing or have developed plans to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you have begun to identify options for

sustaining the strategy, or have a sustainability plan, but formal sustainability mechanisms are not yet in place).

o   We already have mechanisms in place to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you are ready to sustain the strategy after your funding period. This would be relevant if you've already identified a funding source for the strategy, have modified policies or practices to sustain the strategy, or if you have identified ways to integrate the strategy into existing processes and do not need any additional funding sources or policy changes).

o   Don't know

o

IDENTIFY
Screening Programs
Screening programs are designed to identify individuals at risk of suicide by using specific tools and questionnaires. These programs help in early detection and intervention, ensuring that individuals receive timely and appropriate support.

68. What is the name of the screening program? *(please spell out)*

69. Indicate the type of screening tool:
    o   Ask Suicide Screening Questions (asQ)
    o   Behavioral Health Measure-10 (BHM-10)
    o   Behavioral Health Screen (BHS)
    o   Brief Symptom Inventory 18 (BSI 18)
    o   Columbia Suicide Severity Rating Scale (C-SSRS) – Screening version
    o   Outcome Questionnaire 45.2 (OQ 45.2)
    o   Patient Health Questionnaire 9 (PHQ-9)
    o   Suicide Behaviors Questionnaire (SBQ-R)
    o   The Patient Safety Screener (PSS-3)
    o   Other, please specify: _____

    69a. [IF OTHER] Is this a locally developed screening program?
        o   Yes
        o   No

70. Does the screening program involve the use of technology? (e.g., social media, chat, text messaging)
    o   Yes
    o   No

71. Frequency of Screening:
    o   One-time
    o   Periodic (e.g., annually, bi-annually)
    o   Continuous/as needed

72. Staff Involved in the Screening Process. *Select all that apply.*
    ☐   Physicians
    ☐   Nurses
    ☐   Mental Health Professionals
    ☐   Non-clinical Staff
    ☐   Peer Support Specialists
    ☐   Other (please specify): _____

73. Data Collection and Analysis Methods. *Select all that apply.*
    ☐   Electronic Health Records
    ☐   Manual recording and tracking
    ☐   Data analytics tools
    ☐   Surveys/Questionnaires

☐ Other (please specify): _____

74. What are your plans for sustaining this strategy after the end of your Zero Suicide cooperative agreement?
   o We do not intend to sustain this strategy after the end of our Zero Suicide cooperative agreement.
   o We intend to sustain the strategy but haven't yet begun to discuss specific sustainability plans
   o We are developing or have developed plans to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you have begun to identify options for sustaining the strategy, or have a sustainability plan, but formal sustainability mechanisms are not yet in place).
   o We already have mechanisms in place to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you are ready to sustain the strategy after your funding period. This would be relevant if you've already identified a funding source for the strategy, have modified policies or practices to sustain the strategy, or if you have identified ways to integrate the strategy into existing processes and do not need any additional funding sources or policy changes).
   o Don't know

Risk Assessment
Risk assessment programs use specific tools to evaluate the level of suicide risk in individuals. These assessments help identify those at high risk and guide appropriate interventions to prevent suicide.

75. What is the name of the risk assessment? *(please spell out)*

76. Indicate the assessment tool being used?
   o Beck Scale for Suicide Ideation (BSS)
   o Columbia-Suicide Severity Rating Scale (C-SSRS) Risk Assessment Version
   o Scale for Suicide Ideation-Worst (SSI-W)
   o Suicide Behaviors Questionnaire – Revised (SBQ-R)
   o Other, please specify: _____

   76a. [IF OTHER] Is this a locally developed assessment program?
      o Yes
      o No

77. Does the risk assessment program involve the use of technology? (e.g., social media, chat, text messaging)
   o Yes
   o No

78. Frequency of Screening:
   o One-time
   o Periodic (e.g., annually, bi-annually)
   o Continuous/as needed

79. Staff Involved in the Screening Process. *Select all that apply.*

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- ☐ Physicians
- ☐ Nurses
- ☐ Mental Health Professionals
- ☐ Non-clinical Staff
- ☐ Peer Support Specialists
- ☐ Other, please specify: _____

80. Data Collection and Analysis Methods. *Select all that apply.*
- ☐ Electronic Health Records
- ☐ Manual recording and tracking
- ☐ Data analytics tools
- ☐ Surveys/Questionnaires
- ☐ Other, please specify:_____

81. What are your plans for sustaining this strategy after the end of your Zero Suicide cooperative agreement?
- o We do not intend to sustain this strategy after the end of our Zero Suicide cooperative agreement.
- o We intend to sustain the strategy but haven't yet begun to discuss specific sustainability plans.
- o We are developing or have developed plans to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you have begun to identify options for sustaining the strategy, or have a sustainability plan, but formal sustainability mechanisms are not yet in place).
- o We already have mechanisms in place to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you are ready to sustain the strategy after your funding period. This would be relevant if you've already identified a funding source for the strategy, have modified policies or practices to sustain the strategy, or if you have identified ways to integrate the strategy into existing processes and do not need any additional funding sources or policy changes).
- o Don't know

ENGAGE
Collaborative safety planning involves creating structured plans to help individuals identified as at risk of suicide or self-harm. These plans are developed with the input of the individual and often include steps to reduce risk, coping strategies, and resources for support.

82. What is the name of the service? *(please spell out)*

83. Please provide a brief description of the service.

84. Does this plan utilize any of the following? *Select all that apply*
- ☐ Rudd/Bryan/Joiner Crisis Response Plan
- ☐ Stanley/Brown Safety Plan
- ☐ Other, please specify:_____

85. Does the safety plan involve the use of technology? (e.g., social media, chat, text messaging)
- o Yes

o   No

86. How does your organization share safety plans/protocols with your clients? *Select all that apply*.
- ☐ Paper
- ☐ Electronic
- ☐ Application-based
- ☐ Other, please specify: _____

87. What are your plans for sustaining this strategy after the end of your Zero Suicide cooperative agreement?
- o   We do not intend to sustain this strategy after the end of our Zero Suicide cooperative agreement.
- o   We intend to sustain the strategy but haven't yet begun to discuss specific sustainability plans
- o   We are developing or have developed plans to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you have begun to identify options for sustaining the strategy, or have a sustainability plan, but formal sustainability mechanisms are not yet in place.)
- o   We already have mechanisms in place to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you are ready to sustain the strategy after your funding period. This would be relevant if you've already identified a funding source for the strategy, have modified policies or practices to sustain the strategy, or if you have identified ways to integrate the strategy into existing processes and do not need any additional funding sources or policy changes.)
- o   Don't know

Lethal Means Safety Counseling
Lethal means safety counseling involves strategies to reduce access to means of self-harm for individuals at risk of suicide. These services include counseling on safe storage practices, distribution of safety devices, and other methods to limit access to lethal means.

88. What is the name of the service? *(please spell out)*

89. Please provide a description of the service.

90. Does lethal means counseling involve the use of technology (e.g., social media, chat, text message)?
- o   Yes
- o   No

91. What are your plans for sustaining this strategy after the end of your Zero Suicide cooperative agreement?
- o   We do not intend to sustain this strategy after the end of our Zero Suicide cooperative agreement.
- o   We intend to sustain the strategy but haven't yet begun to discuss specific sustainability plans.
- o   We are developing or have developed plans to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you have begun to identify options for

sustaining the strategy, or have a sustainability plan, but formal sustainability mechanisms are not yet in place).

o   We already have mechanisms in place to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you are ready to sustain the strategy after your funding period. This would be relevant if you've already identified a funding source for the strategy, have modified policies or practices to sustain the strategy, or if you have identified ways to integrate the strategy into existing processes and do not need any additional funding sources or policy changes).

o   Don't know

Rapid Follow Up
Rapid follow-up is a critical component in suicide prevention, involving timely engagement and support for individuals who have recently been discharged from care after a suicide attempt or crisis. This process ensures continuity of care and supports recovery and ongoing well-being.

92. What is the name of your rapid follow up process? *(please spell out)*

93. Please describe the approach and criteria you use for following up after a post-discharge attempt or suicidal crisis.

94. . Does rapid follow up involve the use of technology (e.g., social media, chat, text message)?
    o   Yes
    o   No

95. What is the typical length of time between suicide attempt or suicidal crisis and initiation of rapid follow-up?
    o   Within 24 hours of discharge
    o   Within 48 hours of discharge
    o   Within 1 week of discharge
    o   Within 2 weeks of discharge
    o   Within 1 month of discharge
    o   No typical length
    o   Other, please specify: _____

96. What are your plans for sustaining this strategy after the end of your Zero Suicide cooperative agreement?
    o   We do not intend to sustain this strategy after the end of our Zero Suicide cooperative agreement.
    o   We intend to sustain the strategy but haven't yet begun to discuss specific sustainability plans.
    o   We are developing or have developed plans to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you have begun to identify options for sustaining the strategy, or have a sustainability plan, but formal sustainability mechanisms are not yet in place).
    o   We already have mechanisms in place to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you are ready to sustain the strategy after your funding period. This would be relevant if you've already identified a funding source for the strategy, have modified policies or practices to sustain the strategy, or if you have identified

ways to integrate the strategy into existing processes and do not need any additional funding sources or policy changes).
- o Don't know

Safety Protocols

Safety protocols encompass structured procedures and guidelines designed to ensure ongoing client safety, particularly after a suicide attempt or during periods of high risk. These protocols include a range of preventive measures and strategies aimed at maintaining and enhancing safety over time.

977. What is the name of your safety protocol? *(please spell out)*

98. Please describe the approach used to provide follow up to ensure client safety after a suicide attempt or suicidal crisis?

99. Which modes of communication are part of this protocol? *Select all that apply.*
- ☐ Letter
- ☐ Email
- ☐ Postcard
- ☐ Home visit
- ☐ Phone call
- ☐ Text message
- ☐ Social media
- ☐ Other mode or technology, please describe:

100. What is the typical length of time between suicide attempt or suicidal crisis and initiation of follow-up?
- o Within 24 hours of discharge
- o Within 48 hours of discharge
- o Within 1 week of discharge
- o Within 2 weeks of discharge
- o Within 1 month of discharge
- o No typical length
- o Other, please specify: _____

101. Who is responsible for monitoring or tracking an individual after a suicide attempt or suicidal crisis? *Select all that apply.*
- ☐ Emergency department staff responsible for tracking and monitoring follow-up
- ☐ Grant staff responsible for tracking and monitoring follow-up
- ☐ Mental health agency staff responsible for tracking and monitoring follow-up
- ☐ Other staff, please specify: _____

102. What are your plans for sustaining this strategy after the end of your Zero Suicide cooperative agreement?

o   We do not intend to sustain this strategy after the end of our Zero Suicide cooperative agreement.

o   We intend to sustain the strategy but haven't yet begun to discuss specific sustainability plans.

o   We are developing or have developed plans to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you have begun to identify options for sustaining the strategy, or have a sustainability plan, but formal sustainability mechanisms are not yet in place).

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o   Don't know

TREAT
Services Specific to Suicidality
Services specific to suicidality are targeted interventions designed to support individuals at risk of suicide or who have attempted suicide. These services include various therapeutic approaches, support groups, and preventive programs tailored to address suicidal ideation and behaviors.

103. What is the name of the service? *(please spell out)*

104. Type of service
    o   Attempted Suicide Short Intervention Program (ASSIP)
    o   Brief Cognitive Behavioral Therapy (BCBT)
    o   Brief Mindfulness-Based Intervention for Suicidal Ideation (MB-SI)
    o   Cognitive Behavioral Prevention for Suicide in Psychosis (CBSPp)
    o   Cognitive Behavioral Therapy for Suicide (CBT-SP)
    o   Collaborative Assessment and Management of Suicidality (CAMS)
    o   JASPR Health
    o   Post Admission Cognitive Therapy (PACT)
    o   Suicide Prevention Program
    o   Survivors of Suicide Attempts (SOSA) Support Groups
    o   Teachable Moment Brief Intervention (TMBI)
    o   Other, please specify: _____

105. Please provide a brief description of the service.

106. Does this direct service involve the use of technology (e.g., social media, chat, text message)?
    o   Yes
    o   No

107. What are your plans for sustaining this strategy after the end of your Zero Suicide cooperative agreement?
    o   We do not intend to sustain this strategy after the end of our Zero Suicide cooperative agreement.
    o   We intend to sustain the strategy but haven't yet begun to discuss specific sustainability plans.
    o   We are developing or have developed plans to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you have begun to identify options for sustaining the strategy, or have a sustainability plan, but formal sustainability mechanisms are not yet in place).
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    o   Don't know

Group Treatments for Suicidality

Group treatments for suicidality involve therapeutic group sessions aimed at providing support, coping strategies, and preventive measures for individuals at risk of suicide. These group treatments are designed to foster a sense of community, shared understanding, and collective resilience among participants.

108. What is the name of the service? *(please spell out)*

109. Type of service
    o   Coping, Understanding, Support and Prevention (CUSP) Group
    o   Grady Nia Project (Nia)
    o   Interdisciplinary, Recovery-Oriented Intensive Outpatient Program (IR-IOP)
    o   Spiritual and Religious Group Psychotherapy
    o   Other, please specify: _____

110. Please provide a brief description of the service:

111. Does this direct service involve the use of technology (e.g., social media, chat, text message)?
    o   Yes
    o   No

112. What are your plans for sustaining this strategy after the end of your Zero Suicide cooperative agreement?
    o   We do not intend to sustain this strategy after the end of our Zero Suicide cooperative agreement.
    o   We intend to sustain the strategy but haven't yet begun to discuss specific sustainability plans.
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    o   Don't know

Services NOT specific to Suicidality

This includes services that are NOT specific to suicidality yet are funded by Zero Suicide grant dollars. If there are services not funded by Zero Suicide, they DO NOT have to be included in this section.

113. What is the name of the service? *(Please spell out)*

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114. Type of service
    o   Attachment-Based Family Therapy (ABFT)
    o   Acceptance and Commitment Therapy (ACT)
    o   Dialectical Behavioral Therapy (DBT)
    o   Digital Cognitive Behavioral Therapy for Insomnia (CBTI) via Sleepio
    o   Interpersonal Therapy (IPT)
    o   Mentalization Based Treatment (MBT)
    o   Problem Solving Therapy (PST)
        Other, please specify: _____

115. Please provide a brief description of the service:

116. Does this direct service involve the use of technology (e.g., social media, chat, text message)?
    o   Yes
    o   No

117. What are your plans for sustaining this strategy after the end of your Zero Suicide cooperative agreement?
    o   We do not intend to sustain this strategy after the end of our Zero Suicide cooperative agreement.
    o   We intend to sustain the strategy but haven't yet begun to discuss specific sustainability plans.
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    o   Don't know

TRANSITION
Care Transitions
Care transitions involve the pathways and management plans designed to ensure safe and continuous support for individuals at risk of suicide during critical periods, such as after discharge from a hospital or crisis intervention. These plans aim to maintain seamless care and prevent gaps in support.

118. What is the name of the pathway to care or suicide care management plan? *(Please spell out)*

119. Does the care transition pathway or plan utilize any of the following? *Select all that apply.*
    o   Crisis Response Planning (CRP)
    o   Safety Planning Intervention (SPI)

o   Other, please specify: _____

120. Please describe the pathway to care or suicide care management plan. Include information such as target populations, implementing agencies or providers, etc.

121. Indicate the types of elements included in the pathway to care or suicide care management plan. *Select all that apply.*
- ☐ Specific protocols for client engagement and frequency of appointments
- ☐ Psychoeducation groups specific to suicide
- ☐ Attempt survivor support groups
- ☐ Drop-in visits without appointments
- ☐ Outreach/contact/protocol for missed appointments or transitions of care
- ☐ Coordination of care within the organization for high-risk clients
- ☐ Chart reviews to monitor risk assessments
- ☐ Other, please describe: _____

122. What are your plans for sustaining this strategy after the end of your Zero Suicide cooperative agreement?
- o   We do not intend to sustain this strategy after the end of our Zero Suicide cooperative agreement.
- o   We intend to sustain the strategy but haven't yet begun to discuss specific sustainability plans.
- o   We are developing or have developed plans to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you have begun to identify options for sustaining the strategy, or have a sustainability plan, but formal sustainability mechanisms are not yet in place).
- o   We already have mechanisms in place to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you are ready to sustain the strategy after your funding period. This would be relevant if you've already identified a funding source for the strategy, have modified policies or practices to sustain the strategy, or if you have identified ways to integrate the strategy into existing processes and do not need any additional funding sources or policy changes).
- o   Don't know

Follow-up after Emergency Department Discharge
This section focuses on the procedures and strategies used to provide follow-up care for individuals identified as at risk for suicide after being discharged from the Emergency Department. It ensures continuous support and intervention during the vulnerable transition period from emergency care to ongoing mental health services.

123. What is the name of this service?

124. Please provide a brief description of the procedures used for following up with individuals identified at risk for suicide after being discharged from the Emergency Department.

125. Which modes of communication do you use to follow up with individuals after Emergency Department discharge? *Please select all that apply*

☐ Phone call
☐ Text message reminders of appointments
☐ Text message of support or encouragement
☐ Use of apps
☐ Letter
☐ Email
☐ Postcard
☐ Home Visit
☐ Other, please specify: _____

126. What is the length of time between individuals being discharged from the Emergency Department and initiation of follow-up?

o Within 24 hours of discharge
o Within 48 hours of discharge
o Within 1 week of discharge
o Within 2 weeks of discharge
o Within 1 month of discharge
o No typical length
o Other, please specify:

127. Who is responsible for monitoring or tracking individuals after discharge from an Emergency Department to ensure that follow-up services (mental health or other support services) are received? *Select all that apply.*

☐ Emergency department staff responsible for tracking and monitoring follow-up
☐ Grant staff responsible for tracking and monitoring follow-up
☐ Mental health agency staff responsible for tracking and monitoring follow-up
☐ Other staff, please specify:_____

128. What are your plans for sustaining this strategy after the end of your Zero Suicide cooperative agreement?

o We do not intend to sustain this strategy after the end of our Zero Suicide cooperative agreement.
o We intend to sustain this strategy but haven't yet begun to discuss specific sustainability plans.
o We are developing or have developed plans to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you have begun to identify options for sustaining the strategy, or have a sustainability plan, but formal sustainability mechanisms are not yet in place).
o We already have mechanisms in place to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you are ready to sustain the strategy after your funding period. This would be relevant if you've already identified a funding source for the strategy, have modified policies or practices to sustain the strategy, or if you have identified ways to integrate the strategy into existing processes and do not need any additional funding sources or policy changes).
o Don't know

Follow-up after Inpatient Hospitalization

This section explores the follow-up procedures for individuals at risk of suicide after being discharged from inpatient hospitalization. It includes details about communication methods, responsible parties, and the timeline for initiating follow-up care to ensure continuous support and prevent relapse.

129. What is the name of this service? *(please spell out)*

130. Please provide a brief description of the procedures used for following up with individuals identified at risk for suicide after being discharged from an Inpatient Hospitalization.

131. Which modes of communication do you use to follow up with individuals after discharge from inpatient hospitalization? *Please select all that apply.*
- ☐ Phone call
- ☐ Text message reminders of appointments
- ☐ Text message of support or encouragement
- ☐ Use of apps
- ☐ Letter
- ☐ Email
- ☐ Postcard
- ☐ Home Visit
- ☐ Other, please specify: _____

132. What is the length of time between individuals being discharged from an Inpatient Hospitalization and initiation of follow-up?
- o Within 24 hours of discharge
- o Within 48 hours of discharge
- o Within 1 week of discharge
- o Within 2 weeks of discharge
- o Within 1 month of discharge
- o No typical length
- o Other, please specify: _____

133. Who is responsible for monitoring or tracking individuals after discharge from inpatient hospitalization to ensure follow-up services (mental health or other support services) are received? *Select all that apply.*
- ☐ Inpatient hospital staff responsible for tracking and monitoring follow-up
- ☐ Grant staff responsible for tracking and monitoring follow-up
- ☐ Mental health agency staff responsible for tracking and monitoring follow-up
- ☐ Private alert system, such as ADT
- ☐ Other staff, please specify:_____

134. What are your plans for sustaining this strategy after the end of your Zero Suicide cooperative agreement?
- o We do not intend to sustain this strategy after the end of our Zero Suicide cooperative agreement.
- o We intend to sustain this strategy but haven't yet begun to discuss specific sustainability plans.
- o We are developing or have developed plans to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you have begun to identify options for sustaining the strategy, or have a sustainability plan, but formal sustainability mechanisms are not yet in place).
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- o Don't Know

Follow up after mobile crisis services.
This section explores the procedures and strategies for following up with individuals who have received mobile crisis services. It aims to understand the methods used to provide ongoing support and ensure continuity of care after the initial mobile crisis intervention.

135. What is the name of this service? *(please spell out)*

136. Please provide a brief description of the procedures used for following up with individuals identified at risk for suicide after being discharged from a mobile crisis services.

137. Which modes of communication do you use to follow up with individuals after discharge from inpatient hospitalization? *Please select all that apply.*
- ☐ Phone call
- ☐ Text message reminders of appointments
- ☐ Text message of support or encouragement
- ☐ Use of apps
- ☐ Letter
- ☐ Email
- ☐ Postcard
- ☐ Home Visit
- ☐ Other, please specify: _____

138. What is the length of time between individuals being discharged from an Inpatient Hospitalization and initiation of follow-up?
- o Within 24 hours of discharge
- o Within 48 hours of discharge
- o Within 1 week of discharge

o   Within 2 weeks of discharge
o   Within 1 month of discharge
o   No typical length
o   Other, please specify: _____

139. Who is responsible for monitoring or tracking individuals after discharge from mobile crisis services to ensure follow-up services (mental health or other support services) are received? *Select all that apply.*
☐ Inpatient hospital staff responsible for tracking and monitoring follow-up
☐ Grant staff responsible for tracking and monitoring follow-up
☐ Mental health agency staff responsible for tracking and monitoring follow-up
☐ Private alert system, such as ADT
☐ Other staff, please specify:_____

140. What are your plans for sustaining this strategy after the end of your Zero Suicide cooperative agreement?
o   We do not intend to sustain this strategy after the end of our Zero Suicide cooperative agreement.
o   We intend to sustain this strategy but haven't yet begun to discuss specific sustainability plans.
o   We are developing or have developed plans to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you have begun to identify options for sustaining the strategy, or have a sustainability plan, but formal sustainability mechanisms are not yet in place).
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o   Don't Know

Follow-Up Services after Non-Engagement of Services
This section addresses the strategies and methods used to follow up with individuals who have missed appointments or disengaged from services. It aims to understand the approaches for re-engaging these individuals and ensuring they receive the necessary support.

141. What is the name of the service? *(please spell out)*

142. Please provide a brief description of the service.

143. Which modes of communication do you use to follow up with individuals after non-engagement of services? *Select all that apply.*
☐ Phone call
☐ Text message with reminders of appointments
☐ Text message of support or encouragement
☐ Use of apps
☐ Letter

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- ☐ Email
- ☐ Postcard
- ☐ Home Visit
- ☐ Other, please specify: _____

144. What is the length of time between individuals missing services and initiation of follow-up?
- o Within 4 hours of missed appointment
- o Within 8 hours of missed appointment
- o Within 24 hours of missed appointment
- o Within 48 hours of missed appointment
- o Within 1 week of missed appointment
- o Within 2 weeks of missed appointment
- o Within 1 month of missed appointment
- o No typical length
- o Other, please specify: _____

145. What are your plans for sustaining this strategy after the end of your Zero Suicide cooperative agreement?
- o We do not intend to sustain this strategy after the end of our Zero Suicide cooperative agreement.
- o We intend to sustain the strategy but haven't yet begun to discuss specific sustainability plans.
- o We are developing or have developed plans to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you have begun to identify options for sustaining the strategy, or have a sustainability plan, but formal sustainability mechanisms are not yet in place).
- o We already have mechanisms in place to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you are ready to sustain the strategy after your funding period. This would be relevant if you've already identified a funding source for the strategy, have modified policies or practices to sustain the strategy, or if you have identified ways to integrate the strategy into existing processes and do not need any additional funding sources or policy changes).
- o Don't know

IMPROVE

Health Record Implementation and/or Utilization
This section focuses on the implementation and use of health records within organizations. It aims to gather information about how health records are integrated into suicide prevention strategies, the technologies used, and how they enhance care coordination and support for individuals at risk.

146. What is the name of your Electronic Health Record? (*please spell out*)

147. Please describe how electronic health records are used to support suicide prevention efforts. Who is included/involved in implementation? In what setting is the electronic health record utilized?

148. In which of the following ways is the electronic health record used to enhance grant activities?
Select all that apply.
- ☐ Suicide screening and risk assessment
- ☐ Monitoring progress and follow-up of individuals after identification
- ☐ Communication between multiple providers
- ☐ Creating and sharing safety plans with individuals and/or families
- ☐ Tracking scheduled appointments
- ☐ Tracking suicide attempts or deaths
- ☐ Other, please specify: _____

Coalitions And Partnerships

This section focuses on health system coalitions made up of multiple independent organizations working together as a network, coalition, or collaborative. It aims to gather information about the coalition's structure, goals, achievements, and strategies for sustaining the collaborative efforts.

[Note: use this section if your Zero Suicide health system is made up of multiple independent organizations working together as a network/coalition/collaborative.]

149. What is the name of the coalition? *(please spell out)*

150. Please provide a brief description of the coalition. Include information such as: what types of agencies participate in the coalition; what are the goals of the coalition; what are its major achievements; how frequently do the members meet; strategies for sustaining the coalition, etc.

151. What are your plans for sustaining this strategy after the end of your Zero Suicide cooperative agreement?
- o We do not intend to sustain this strategy after the end of our Zero Suicide cooperative agreement.
- o We intend to sustain the strategy but haven't yet begun to discuss specific sustainability plans.
- o We are developing or have developed plans to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you have begun to identify options for sustaining the strategy, or have a sustainability plan, but formal sustainability mechanisms are not yet in place).
- o We already have mechanisms in place to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you are ready to sustain the strategy after your funding period. This would be relevant if you've already identified a funding source for the strategy, have modified policies or practices to sustain the strategy, or if you have identified ways to integrate the strategy into existing processes and do not need any additional funding sources or policy changes).
- o Don't know

Partnerships with Agencies and Organizations Outside of the Health System

This section examines the collaborations and partnerships between health organizations and external agencies. It seeks to understand how these partnerships contribute to suicide prevention efforts, the nature of these collaborations, and their impact on supporting individuals at risk.

152. What is the name of the partnership strategy? *(please spell out)*

153. Please provide a brief description of your efforts to build partnerships with agencies and organizations.

154. What are your plans for sustaining this strategy after the end of your Zero Suicide cooperative agreement?
   o   We do not intend to sustain this strategy after the end of our Zero Suicide cooperative agreement.
   o   We intend to sustain the strategy but haven't yet begun to discuss specific sustainability plans.
   o   We are developing or have developed plans to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you have begun to identify options for sustaining the strategy, or have a sustainability plan, but formal sustainability mechanisms are not yet in place).
   o   We already have mechanisms in place to sustain this strategy after the end of our Zero Suicide cooperative agreement (Note: Select this option if you are ready to sustain the strategy after your funding period. This would be relevant if you've already identified a funding source for the strategy, have modified policies or practices to sustain the strategy, or if you have identified ways to integrate the strategy into existing processes and do not need any additional funding sources or policy changes).
   o   Don't know

Part 2: Budget

This section collects information on the expenditures from your Zero Suicide budget, including any matching funds, over the past year. It also asks for an estimate of the percentage of your total budget spent on various prevention strategies to date.

155. How much of your Zero Suicide budget, including any matching funds, have you spent in the past to date? Specify dollar amount: _____

156. Please estimate the percentage of your total budget expended to date on the following prevention strategies.

Lead (This includes organizational self study and the workforce survey)	___%
Train (This includes the gatekeeper training, training in screening practices, risk assessment and management practices, safety planning and lethal means safety practices, and training for specific settings or populations)	___%
Identify (This includes screening programs and risk assessment)	___%
Engage (This includes collaborative safety planning, lethal means safety counseling, rapid follow-up, safety protocols, text lines, and chatlines)	___%
Treat (This includes services specific and NOT specific to suicidality and group treatments for suicidality)	___%
Transition (This includes care transitions, follow up after emergency department discharge and after inpatient hospitalization, and follow up services after non-engagement of services)	___%
Improve (This includes health record implementation and/or utilization, coalitions and partnerships, and partnerships with agencies and organizations outside of the health system.	___%