

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-XXXX. Public reporting burden for this collection of information is estimated to average 60 minutes per respondent per year, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E45, Rockville, Maryland, 20857.

---

## Zero Suicide Evaluation Key Informant Interview Guide

---

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. As part of this evaluation, we are conducting qualitative telephone interviews with administrators at provider organizations and other key staff involved in the Zero Suicide program.

These interviews gather context information around the suicide prevention care practices and the extent of implementation of the Zero Suicide Framework within your organization. Specifically, this interview will assess -- (1) the extent to which your agency has started to implement the program; (2) facilitators and barriers to program implementation; and (3) collaboration and partnerships with other entities. We are asking you to provide information on [AGENCY NAME] program because of your involvement in the Zero Suicide program to date.

If you agree to be interviewed, here are some things you should know:

- You may ask questions about this evaluation at any time before, during or after the interview.
- Your participation in this survey is voluntary. There are no penalties or consequences for not participating. You may stop answering questions at any time, for any reason, and you may choose not to respond to any questions that you do not want to respond to without any impact on your job.
- The information that we report to SAMHSA will not contain any identifying information and your name will not be used in any reports about this evaluation.
- We want your permission to record this interview to ensure we accurately capture the details you provide.
- The interview should last approximately 1 hour.
- You will receive a copy of this consent form via email.
- 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](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).

Do you agree to participate in this interview? Yes \_\_\_ No \_\_\_

Do we have your permission to record this interview? Yes \_\_\_ No \_\_\_

Do you have any questions before we begin?

**To start off, I would like to ask a few questions about your role within [AGENCY NAME] and your responsibilities for the Zero Suicide Program.**

1. How would you describe your role within [AGENCY NAME]?
  - a. What is your title/position?
  - b. How long have you worked in this role (title/position)?
  - c. What are your key responsibilities overall?
  - d. What is your role/responsibilities for the Zero Suicide program?

**Now that we've discussed your role a, let's talk through the implementation of Zero Suicide .**

2. Can you briefly provide an overview of the implementation of the Zero Suicide Framework at your organization? What are the goals of your program?
  - a. How would you describe your agency's approach to the implementation of the Zero Suicide Framework? What key activities are you implementing as part of the program?
  - b. What was your organization's suicide prevention approach prior to beginning the Zero Suicide implementation? (i.e., *Was there a suicide risk assessment or screening tool used? Was there a treatment or referral protocol in place? If so, what was the protocol?*)

**Let's shift our focus to the clients you serve.**

3. Tell me about the clients your organization serves. Who is your intended population?
  - a. What are some of SAMHSA's priority populations that you service?

**Understanding your client base leads us to the next area of interest: your organization's treatment strategies for individuals at risk of suicide.**

4. How does your organization approach the treatment of individuals identified as at risk for suicide? For instance, do your providers use specific techniques or interventions, or follow certain protocols or policies?
  - a. What is the range of range of treatment services your organization offers?
  - b. How do you manage referrals to external providers or partners for comprehensive care if services are not provided within your organization?

**Now, let's explore how your agency measures the use of evidence-based practices.**

5. In your organization, how do you evaluate the utilization of evidence-based practices in mental health and suicide prevention by your providers? (*Probe/Prompt*) *This could involve tracking metrics such as the frequency and volume of specific services provided, and the number of providers employing these practices.*
  - a. Are these practices guided by agency-specific policies, or do you follow general guidance from the Zero Suicide Institute?
  - b. Considering the type of organization you represent, what are the primary challenges in measuring the implementation and effectiveness of these practices?

- c. Do you observe a general agreement among your service providers regarding the adoption of these evidence-based practices specifically for mental health and suicide prevention?
- d. Lastly, how does your organization intend to use the data gathered on the adoption and effectiveness of these practices? How might this information influence future decisions or policymaking within your organization?

**With your insights into treatment services, we'd like to know more about the specific policies and protocols in place.**

- 6. Please describe formal policies, protocols, or guidelines (written or communicated otherwise) that you are aware of at your agency regarding the following?
  - a) Assessment of at-risk adults
  - b) Developing safety plans
  - c) Postvention services for individuals or families following a suicide attempt or death
  - d) Following up with or tracking individuals identified as seriously at risk or who have attempted suicide
- 7. Is there a care management plan for individuals identified at-risk? If so, please describe this plan.
  - a) What are the role and responsibilities of the care transition manager?

**You've given us valuable information about your care plans. Now, let's discuss the broader picture of program implementation.**

- 8. Reflecting on the seven elements of the Zero Suicide Framework (Lead, Train, Identify, Engage, Treat, Transition, Improve), could you discuss the policies in your organization that either facilitate or challenge the implementation of each element? Specifically, how do these policies impact your efforts in areas like leadership commitment (LEAD), staff training (TRAIN), identification of individuals at risk (IDENTIFY), engagement in suicide care management plans (ENGAGE), direct treatment of suicidal thoughts and behaviors (TREAT), transitioning individuals through care (TRANSITION), and continuous quality improvement (IMPROVE)?
  - a) Within the context of these seven elements, what have been the main facilitators in your organization for adapting or creating policies that enhance the treatment and care of individuals at risk for suicide? How have these facilitators impacted each specific element of the Zero Suicide Framework?
  - b) Conversely, can you describe any barriers or challenges you have encountered in changing or implementing policies that align with the Zero Suicide Framework's elements? How have these barriers specifically affected the application of each specific element within your organization?

**Considering these implementation aspects, training plays a crucial role.**

- 9. What suicide prevention training is offered as part of your program?
  - a) Trainings for staff
  - b) Trainings and outreach to the community

10. What kind of ongoing/on-the-job support is provided to clinicians to support Zero Suicide implementation?
- a) How does clinical supervision work at your agency?
  - b) What about on the job support provided between colleagues and peers??
  - c) What are the postvention protocols and support provided for staff after a client death from suicide?
11. Discuss other efforts to increase staff capacity to implement Zero Suicide program elements?

**Given the importance of ongoing support and training, let's shift to the organizational structure supporting Zero Suicide.**

12. Are you a member of your agency's Zero Suicide steering committee? If so, what are the duties of the steering committee?
- a) How often do you meet?
  - b) Who are the representatives on the steering committee? What are the roles of the other individuals on the steering committee?

**Collaborations are key to the success of initiatives like Zero Suicide.**

13. What partner agencies are involved in your Zero Suicide program and what is their role in the program?
- a) Providing/receiving referrals
  - b) Sharing resources
  - c) Creating policies and protocols
  - d) Training and information sharing
14. What barriers have you encountered when collaborating with these partner agencies? *(Probe: Lack of knowledge about suicide prevention resources, staff turnover, competing demands for staff time)*

**Partnerships and community involvement bring us to the topic of public perception and communication.**

15. Please describe how the local media has covered suicide in your community.
16. How does your organization share information about suicide prevention? *Potential probe: Does your organization use social media? If so, how?*
- a. *Potential Probe:* How has the COVID-19 pandemic affected the implementation of Zero Suicide ?
  - b. If COVID did affect your implementation, have you maintained changes, gone back to the way you used to do things, or something else?

**In our current digital age, technology plays a pivotal role.**

17. How has your organization utilized technology in the implementation of Zero Suicide ? This may include electronic health records, telehealth services, data management systems, or other digital

tools. How do these technologies support your suicide prevention efforts, and what challenges, if any, have you encountered in integrating technology into your program?

Thank you very much for participating in this interview. Again, your participation is critical in helping us better understand your program activities and what has been helpful and not so helpful related to implementing the Zero Suicide Framework. Please be assured that all responses you have provided will be kept strictly confidential and will be reported in aggregate form without any identifying information.