



# GARRETT LEE SMITH (GLS) NEW DATA COLLECTION PROTOCOLS FOR THE NATIONAL OUTCOMES EVALUATION STATE/TRIBAL GRANTEEES

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# WEBINAR VIDEO AND HANDOUTS

- Today's Webinar is being recorded
- The slides were e-mailed to you prior to the webinar
  - If you did not receive the message, check your spam e-mail folder
- The video will be made available on the Suicide Prevention Resource Center website and the Suicide Prevention Data Center (SPDC)

# NEED ASSISTANCE?

- For technical support
  - Contact us via the Q & A or chat pod
  - E-mail [Betty.Treschitta@icfi.com](mailto:Betty.Treschitta@icfi.com)



# ON TODAY'S AGENDA

- Purpose of New GLS National Outcomes Evaluation Data Collection Protocols
- Review New and Updated Protocols and Implications for Grantees
  - *Prevention Strategies Inventory (PSI)*
  - *Training Activity Summary Page (TASP)*
  - *Training Utilization Preservation Survey (TUP-S)*
  - *Early Identification Referral and Follow Up (EIRF)*
  - *Behavioral Health Provider Survey (BHPS)*
- Discuss Impact on IRB and Resources for Grantees
- Review Implementation Timeline

# WHY ARE NEW PROTOCOLS BEING INTRODUCED AT THIS TIME

- The National Outcomes Evaluation data collection instruments are reviewed by the Office of Management and Budget (OMB) every 3 years
  - The renewal process is an opportunity to reflect on what is working well, and make improvements to the evaluation
  - The changes do not mean everything that is familiar will be thrown out
  - Fundamental design of the evaluation will remain unchanged

# HOW WERE THE NEW PROTOCOLS DEVELOPED

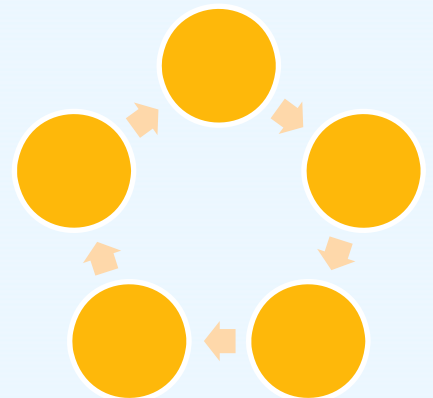
## **The protocol changes were informed by:**

- Feedback from grantees, SAMHSA Government Project Officers, evaluation advisory panel, other project stakeholders
- Lessons learned from the evaluation

## **The new protocols are intended to:**

- Enhance the utility of what is learned for a broad base of stakeholders
- Advance/expand the suicide prevention knowledge base
- Increase efficiency
- Improve the rigor of the evaluation overall

# GLS SUICIDE PREVENTION NATIONAL OUTCOMES EVALUATION



## CORE AND ENHANCED STUDIES

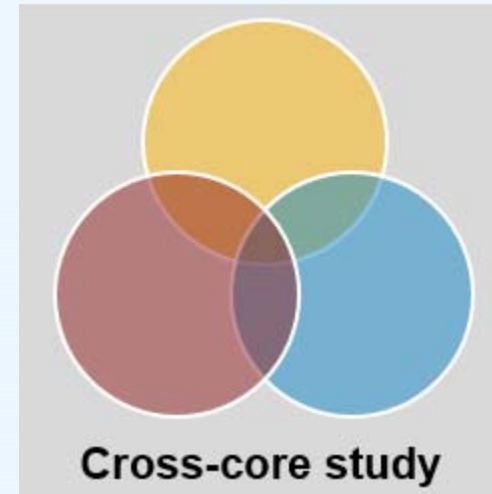
GLS National Outcomes Evaluation



## IMPACT, OUTCOME, & IMPLEMENTATION ANALYSIS

- Study core analysis
  - Enhanced study analysis
  - Program level analysis
- 
- Expert Panel
  - Subcontractors





# PREVENTION STRATEGIES INVENTORY (PSI)

# WHAT IS CHANGING ON THE PREVENTION STRATEGIES INVENTORY (PSI)

- A new question has been added after each strategy question, dealing with the topic of sustainability. The intent of the question is to find out the grantees' plan for sustaining the activity, event, product, etc. that was indicated in the previous strategy.
- *Hotlines and Helplines* category has been changed to *Hotlines, Helplines, Textlines and Chatlines*. This includes a new substrategy, *Textlines and Chatlines*. Several follow-up questions have been added to the new substrategy.

# WHAT IS CHANGING ON THE PSI (CONT.)

The screenshot shows a Microsoft Word document titled "StateTribalPSI\_Markup\_022216.docx - Word". The document content is as follows:

**HOTLINES, HELPLINES, TEXTLINES, AND CHATLINES [NEW NAME]**

**Hotlines and Helplines**  
Developing, maintaining or supporting hotline or helpline services for the community.

For example, a grantee may use GLS funds to develop and maintain a hotline service for LGBT youth or a grantee can use funds to develop a local call center for the National Suicide Prevention Lifeline.

\*Please note: training for hotline staff should be indicated under "Assessment and Referral Training for Hotline Staff." Also, materials promoting the National Suicide Prevention Lifeline should be reported under "Outreach and Awareness Products."

**Textlines and Chatlines [NEW SUB-STRATEGY]**  
Developing, maintaining, or supporting text or web-based chat support services for the community.

\*Please note: training for text and chat staff should be indicated under "Assessment and Referral Training for Hotline Staff" and materials promoting the textline, chatline, or National Suicide Prevention Lifeline should be reported under "Outreach and Awareness Products."

**MEANS RESTRICTION**

Means Restriction are efforts that aim to educate about the issue of lethal means restriction. Examples of efforts that would be reported under this category include: a campaign dedicated to reducing access to lethal means, and outreach and awareness events, activities and materials focused on issues related to access to lethal means.

**Means Restriction Public Awareness Campaigns**  
A Means Public Awareness Campaign is an organized systematic effort through various communications media focused on creating awareness about access to lethal means among the general public or particular target populations. For example: the "Lock 'Em Up" Prescription Drug Campaign.

**Distribution of Gun Locks and Lock Boxes**

At the bottom of the document, the status bar indicates "PAGE 4 OF 47 15178 WORDS".

# WHAT IS CHANGING ON THE PSI (CONT.)

- Under the *Means Restriction category*, two substrategies have been added, *Means Restriction Training and Lethal Means Counseling*.
- Several follow-up questions have been added to these substrategies.

# WHAT IS CHANGING ON THE PSI (CONT.)

StateTribalPSI\_Markup\_022216.docx - Word

FILE HOME INSERT DESIGN PAGE LAYOUT REFERENCES MAILINGS REVIEW VIEW ACROBAT

Fambr, Tiffany

**Means Restriction Training [NEW SUB STRATEGY AND FOLLOW UP QUESTIONS]**

1. What is the name of the training?

2. Please indicate the type of training:

- CALM (Counseling on Access to Lethal Means)
- Other, please specify: \_\_\_\_\_
- 2a. [IF OTHER] Is this a locally developed training?
  - Yes
  - No

3. Please describe the training. If you are using a standard curriculum, you need not describe the content of the curriculum. If you are using a locally developed curriculum, please also describe the content of the curriculum. Provide description such as: why this particular training type has been selected for these particular groups of trainees; how the training has been adapted to meet the needs of this group of trainees; strategies for recruiting participants, etc.

4. Please indicate the types of trainees:

- Mental Health clinician/counselor/psychologist
- Social Worker/Caseworker/Care coordinator
- Other, please specify: \_\_\_\_\_

5. What are your plans for sustaining this product after the end of your GLS cooperative agreement? [New Question]

- We do not intend to sustain this product after the end of our GLS cooperative agreement

Prevention Strategies Inventory-Survey: State/Tribal Version  
May 2015 35

We intend to sustain the product but haven't yet begun to discuss specific sustainability strategies.

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

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

Don't know

**Lethal Means Counseling [NEW SUB STRATEGY AND FOLLOW UP QUESTIONS]**

1. Name of service: \_\_\_\_\_

2. Please provide a brief description of the service: \_\_\_\_\_

6. What are your plans for sustaining this product after the end of your GLS cooperative agreement? [New Question]

- We do not intend to sustain this product after the end of our GLS cooperative agreement

Maher, Erin  
"Please complete" soft error that is used for other questions can also be used for these 4 follow ups

Maher, Erin  
"Please complete" soft error that is used for other questions can also be used for these 2 follow ups

PAGE 35 OF 47 15178 WORDS

# WHAT IS CHANGING ON THE PSI (CONT.)

- *Policies and Protocols for Intervention and Postvention* category has been changed to *Policies, Protocols, and Infrastructure*. This includes a new substrategy, *Electronic Health Record Implementation* with several follow-up questions.
- New response options have been added to several of the questions dealing with products and/or campaign strategies: *Social Media (Facebook, Twitter, Instagram, etc.) and Mobile applications*.

# WHAT IS CHANGING ON THE PSI (CONT.)

- Under *the Direct Services and Traditional Healing Practices* Category, the substrategy *Follow Up Services* has been added
- A new main strategy type, *Care Transitions*, was added to the PSI with two substrategies: *Follow Up After Emergency Department Discharge* and *Follow Up After Inpatient Hospitalization*

## WHAT IS CHANGING ON THE PSI (CONT.)

- *Campus Connect and Suicide 101* was removed as a response options under School-Based Adult Gatekeeper Training and under School-Based Peer Gatekeeper Training.
- *Connect/Frameworks and Suicide 101* was removed as a response option under Community-Based Adult Gatekeeper Training.



## WHAT IS CHANGING ON THE PSI (CONT.)

- *QPR and Suicide 101* was removed as a response option under Community-Based Peer Gatekeeper Training.

# WHAT IS CHANGING ON THE PSI (CONT.)

- New follow-up questions were added under several strategy categories:
  - ✓ *How do you monitor or track youth after referral to ensure follow-up services (mental health or other support services) are received? (Select all that apply)*
  - ✓ *What procedures or processes are in place to ensure that youth, identified as at-risk through this screening tool receive follow-up services within three months of referral? (Select all that apply)*
  - ✓ *What practices or protocols are in place to follow-up with youth who do not receive a mental health service (or other support service) within three months of referral? (Select all that apply)*
  - ✓ *What are your plans for sustaining this product after the end of your GLS cooperative agreement?*

# WHAT IS CHANGING ON THE PSI (CONT.)

- Extra response options were added under Assessment, Clinical, and Referral Training For Mental Health Professionals and Hotline Staff, Mental Health Professionals:
  - ✓ *Cognitive Behavioral Therapy (CBT)*
  - ✓ *Chronological Assessment of Suicide Events (CASE)*
  - ✓ *Dialectical Behavior Therapy (DBT)*
  - ✓ *Mental Health First Aid*
  - ✓ *QPR for Nurses*
  - ✓ *QPR for Physicians, Physician Assistants, Nurse Practitioners, and Others*

# WHAT IS CHANGING ON THE PSI (CONT.)

- Youth Depression and Suicide: Let's Talk and Suicide 101 was removed as a response option; Signs of Suicide was added under Assessment, Clinical, and Referral Training For Mental Health Professionals and Hotline Staff, Hotline Staff

# WHAT IS CHANGING ON THE PSI (CONT.)

- Old response options were removed and new response options were added under *Life Skills and Wellness Development, Screening Programs*:
  - ✓ *Patient Health Questionnaire (PHQ-9)*
  - ✓ *Columbia Suicide Severity Rating Scale (CSSR-S)*
  - ✓ *Behavioral Health Screen (BHS)*
  - ✓ *Ask Suicide Screening Questions (asQ)*
  - ✓ *Beck Depression Inventory (BDI)*
  - ✓ *Suicide Behaviors Questionnaire (SBQ-R)*
  - ✓ *Other, please specify:*
  - ✓ *2a. [IF OTHER] Is this a locally developed training? (yes, no)*

## WHAT IS CHANGING ON THE PSI (CONT.)

- Postvention training was added as an option under the Other Suicide Prevention Strategies category for type of suicide prevention strategy.

# WHAT DO WE NEED TO DO NEXT

## Grantee Impact

- Local systems developed to track prevention strategies from sub grantees or contractors will be need to be updated with new strategies, substrategies and response options
- Data entry in SPDC will be the same
- Data still collected quarterly

# QUESTIONS?







# **TRAINING ACTIVITY SUMMARY PAGE (TASP) TRAINING UTILIZATION PRESERVATION SURVEY (TUP-S)**

# WHAT IS CHANGING ON THE TASP

- **Items have been reordered**
- **More training curricula types listed**
- **Two new questions**
  - Does training include role-play or behavioral rehearsal
  - What resources or materials were provided to trainees

Public Burden Statement: An agency may not send or receive, and a person is not required to respond to, a collection of information unless it displays a currently valid OIG control number. The OIG control number for this project is 0930-0285. Public reporting burden for this collection of information is estimated to average 10 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 the burden, to SAMHSA Report Clearance Office, 1 Choke Cherry Road, Room 2-1027, Rockville, Maryland, 20857.

### Garrett Lee Smith Memorial (GLS) National Outcomes Evaluation Training Activity Summary Page (TASP)-State/Tribal

Training Information	
1. Training date (MM/DD/YY)	/ /
2. Training identification (ID; six digits, starting with your site ID)	
3. Name of training	
4. Type of training Curricula Implemented (select one below)	
<input type="checkbox"/> American Indian Life Skills Development <input type="checkbox"/> Assessing and Managing Suicide Risk (AMSR) <input type="checkbox"/> Applied Suicide Intervention Skills Training (ASIST) <input checked="" type="checkbox"/> Assessment of Suicidal Risk Using the Columbia Suicide Severity Rating Scale (C-SSRS) <input type="checkbox"/> Counseling on Access to Lethal Means (CALM) <input type="checkbox"/> Connect Suicide Postvention Training <input checked="" type="checkbox"/> Campus Connect Suicide Prevention Training for Gatekeepers (Faculty and Staff) <input checked="" type="checkbox"/> Campus Connect Suicide Prevention Training for Gatekeepers (Students) <input checked="" type="checkbox"/> Cognitive Behavioral Therapy (CBT) <input checked="" type="checkbox"/> Chronological Assessment of Suicide Events (CASE) <input type="checkbox"/> Commitment to Living <input type="checkbox"/> Dialectical Behavior Therapy (DBT) <input type="checkbox"/> Jason Foundation Training Modules <input type="checkbox"/> Kognito At-Risk <input checked="" type="checkbox"/> Kognito At-Risk in Primary Care <input type="checkbox"/> Kognito At-Risk in the ED <input type="checkbox"/> Lifelines <input checked="" type="checkbox"/> Managing Suicide Risk Collaboratively: The CAMS Framework <input checked="" type="checkbox"/> Mental Health First Aid	<input type="checkbox"/> Question, Persuade, and Refer (QPR) <input checked="" type="checkbox"/> QPR for Nurses <input checked="" type="checkbox"/> QPR for Physicians, Physician Assistants, Nurse Practitioners and Others <input checked="" type="checkbox"/> QPR-T (suicide risk assessment and training course) <input checked="" type="checkbox"/> Response (a comprehensive high school-based suicide awareness program) <input type="checkbox"/> Recognizing and Responding to Suicide Risk (RRSR) or safeTALK <input checked="" type="checkbox"/> Safety Planning Intervention for Suicide Prevention <input checked="" type="checkbox"/> Seeking Safety <input type="checkbox"/> Signs of Suicide (SOS) <input type="checkbox"/> Sources of Strength <input checked="" type="checkbox"/> Suicide Prevention 101 <input checked="" type="checkbox"/> Suicide to Hope: A Recovery and Growth Workshop <input checked="" type="checkbox"/> suicideCare <input checked="" type="checkbox"/> Suicide-Informed Cognitive Behavioral Therapy (CBT) <input checked="" type="checkbox"/> Trevor CARE <input type="checkbox"/> Unlocking Suicidal Secrets: New Thoughts on Old Problems in Suicide Prevention <input type="checkbox"/> Yellow Ribbon <input type="checkbox"/> Youth Depression & Suicide: Let's Talk <input type="checkbox"/> Other [complete 4a and 4b]
4a. If you have selected other, please	

implemented (not name of training)			
4b. If you have selected other as type of training, please select one of the following:		<input type="checkbox"/> Gatekeeper training <input type="checkbox"/> Screener training <input type="checkbox"/> Clinical intervention/Treatment training <input type="checkbox"/> Postvention training <input type="checkbox"/> General awareness training	
5. What is the primary intended outcome for participants in this training? (Select one.)		<input type="checkbox"/> Screen youths for suicide behaviors (using a screening tool) <input type="checkbox"/> Have conversations about suicide and suicide prevention with youths and others <input type="checkbox"/> Identify youths who might be at risk for suicide <input type="checkbox"/> Provide direct services to youths at risk for suicide and/or their families <input type="checkbox"/> Train other staff or community members <input type="checkbox"/> Make referrals to mental health services for at-risk youths <input type="checkbox"/> Work with adult at-risk populations <input type="checkbox"/> Enhance life skills and coping mechanisms	
6. Name of facility where training was held			
7. ZIP code of facility where training was held			
8. Duration of the training		Hours	Minutes
9. Is this a train-the-trainer event?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Is this an online training?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Is this a booster or follow-up training?		<input type="checkbox"/> Yes [Go to 12] <input type="checkbox"/> No [Complete 11a]	
11a. If no, are there any plans to conduct follow-up or booster trainings in the future?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Was behavioral rehearsal or role-play included as a part of the training?		<input type="checkbox"/> Yes [Go to 12a] <input type="checkbox"/> No [Complete 12]	
12a. If yes, did the training participants engage in the behavioral rehearsal or role-play during the training event?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. What resources or materials were provided to trainees? (Select all that apply.)		<input type="checkbox"/> Local crisis center information <input checked="" type="checkbox"/> Mobile or online tools or applications for suicide prevention [complete 13a] <input type="checkbox"/> Fact/Resource sheets <input type="checkbox"/> Wallet card information <input checked="" type="checkbox"/> No resources or materials were provided to trainees at the training event	
13a and b. If mobile or online tools or applications for suicide prevention were provided, please provide the name and description of the tool(s).		Name:	Description:
Government Performance and Results Act (GPRA) Information			

# WHAT IS CHANGING ON THE TUP-S

- **TUP-S sign in sheet discontinued**
- **Consent-to-Contact form has additional questions**
  - Primary setting in which trainee interacts with youth
  - Experiences identifying and referring youth in last 12 months
- **TUP-S has additional questions**
  - Receipt and utilization of materials and tools
  - Previous suicide prevention trainings
  - Experience with youth and nature of relationship

Training ID:

1. Name:				
2. Cell phone:	a. Bcat contact?		b. Bcat time to call?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> AM	<input type="checkbox"/> PM
3. Work phone:	a. Bcat contact?		b. Bcat time to call?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> AM	<input type="checkbox"/> PM
4. Home phone:	a. Bcat contact?		b. Bcat time to call?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> AM	<input type="checkbox"/> PM
5. Work e-mail:				
6. Personal e-mail:				
7. Preferred language for survey	<input type="checkbox"/> English	<input type="checkbox"/> Spanish		

We would also like to ask you a few questions about your experience identifying and referring with suicidal youths.

8. Please indicate the primary setting in which you interact with youths:	<input type="checkbox"/> Education (K-12)	<input type="checkbox"/> Child welfare
	<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Mental health care
	<input type="checkbox"/> Juvenile justice/Probation	<input type="checkbox"/> Other community settings
	<input type="checkbox"/> Emergency response	<input type="checkbox"/> Don't know
	<input type="checkbox"/> Higher education (college/university)	<input type="checkbox"/> Refused
	<input type="checkbox"/> Tribal services/Tribal government	
9. In the last 12 months have you identified youths you thought might be at risk for suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't know
	<input type="checkbox"/> No	<input type="checkbox"/> Refused
a. [IF YES] About how many of those were identified in the last 12 months?	<input type="checkbox"/> None	<input type="checkbox"/> Don't know
	<input type="checkbox"/> Number identified _____	<input type="checkbox"/> Refused

Training ID:

b. [IF YES] About how many of those were identified in the last 6 months?	<input type="checkbox"/> None	<input type="checkbox"/> Don't know
	<input type="checkbox"/> Number identified _____	<input type="checkbox"/> Refused
c. [IF YES] About how many of those were identified in the last 3 months?	<input type="checkbox"/> None	<input type="checkbox"/> Don't know
	<input type="checkbox"/> Number identified _____	<input type="checkbox"/> Refused
10. In which ZIP code(s) did you identify at-risk youths? Please include all relevant ZIP codes.	ZIP code 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ZIP code 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>IF YES, these questions refer to the most recent occasion when you identified a youth at risk for suicide.</b>		
11. Thinking about the youth you identified most recently, did you ask the youth whether she/he was considering suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't know
	<input type="checkbox"/> No	<input type="checkbox"/> Refused
12. Thinking about the youth you identified most recently, did you refer the youth to get further assistance or support?	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't know
	<input type="checkbox"/> No	<input type="checkbox"/> Refused
a. If YES, about how many youths that did you refer for further assistance or support?	<input type="checkbox"/> None	<input type="checkbox"/> Don't know
	<input type="checkbox"/> Number identified _____	<input type="checkbox"/> Refused

If you have any concerns or questions about your participation in this study, please contact Christine Walrath, principal investigator, at (848) 895-8154 or christina.walrath@icfi.com. Whether you selected yes or no above, please return this page to the training facilitator.

Thank you!

# WHAT DO WE NEED TO DO NEXT

- Grantees should download the updated copies of the TASP and TASP data collection manual
- Update internal processes and inform program staff and trainers about TASP updates
- Start using the updated TUP-S consent to contact forms

# QUESTIONS?





# EARLY IDENTIFICATION, REFERRAL & FOLLOW-UP (EIRF)





# WHAT IS CHANGING ON THE EIRF-S

- Items have been reordered
- Updated response options
- Two new questions
- More instruction

# WHAT IS CHANGING ON THE EIRF-SCREENING (EIRF-S) FORM

OMB No. XXXXX-XXXX  
Expiration Date: Month, XX, XXXX

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 0930-0286. Public reporting burden for this collection of information is estimated to average 20 hours 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, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

**Garrett Lee Smith (GLS) National Outcomes Evaluation  
State/Tribal Suicide Prevention Programs**

**EARLY IDENTIFICATION, REFERRAL AND FOLLOW-UP (EIRF)  
SCREENING FORM**

**Directions:** The following information should be completed by a professional to document aggregate information about youths—aged 10–24—who were screened for suicide risk as part of your GLS Suicide Prevention Program. The grantee should complete this form for both group screening events and individual screenings. In the case of individual screenings, the grantee should sum the individual screening information and provide aggregate numbers in the form below on a monthly basis.

As you complete the form, please note that all entries and descriptions of other should not use acronyms or any local terms; please be sure that you only select other when none of the available response options apply and that your descriptions of other be sufficient for someone who is not familiar with your program or community to interpret.

**SECTION I. SCREENING INFORMATION**

1. **Screening Identification (ID) Number:** \_\_\_\_\_  
*Please enter the screening ID. The screening ID can be any 6 digit number of your choosing, but the first digit cannot be zero.*

2. **Name of Grantee:** \_\_\_\_\_

3. **Date of screening**  
*If individual screenings, enter the date of the last screening*

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM      DD      YYYY

4. **Zip Code where screening took place** \_\_\_\_\_

**Carmona, Jane**  
Key:  
**Highlighted text** is new text to the form  
Comment bubbles call out changes to formatting (e.g. order of questions, deleted questions)

**Carmona, Jane**  
Section titles are new.  
All questions are now numbered.

**Carmona, Jane**  
ID can be any 6 digits but the first digit cannot be zero

**Carmona, Jane**  
Order of questions are slightly different.  
Version used and sensitivity level are deleted

# WHAT IS CHANGING ON THE EIRF-I

- Items have been reordered
- Updated response options
- Five new questions
- More instruction
- Format of form

# WHAT IS CHANGING ON THE EIRF INDIVIDUAL FORM (EIRF-I)

OMB No. XXXX-XXXX  
 Expiration Date: Month XX, XXXX

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 0930-0286. Public reporting burden for this collection of information is estimated to average 20 hours 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, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

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## Garrett Lee Smith (GLS) National Outcomes Evaluation State/Tribal Suicide Prevention Programs

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### EARLY IDENTIFICATION, REFERRAL AND FOLLOW-UP (EIRF) INDIVIDUAL FORMN

**Directions:** The following information should be completed by a professional for youth—ages 10-24—who are identified as at risk by a trained gatekeeper or screening tool as part of your GLS program. This form should be completed for every new identification of suicide risk that is made by a trained gatekeeper or screening tool.

As you complete the form, please note that all entries and descriptions of other should not use acronyms or any local terms; please be sure that you only select other when none of the available response options apply and that your descriptions of other be sufficient for someone who is not familiar with your program or community to interpret.

#### SECTION 1. YOUTH DEMOGRAPHICS

- Participant ID** (Site-assigned) \_\_\_\_\_
- Age** \_\_\_\_\_ in years
- Gender** *Select one*
  - Male
  - Female
  - Transgender, female-to-male
  - Transgender, male-to-female
  - Transgender, gender non-conforming
  - Information missing
  - Other, \_\_\_\_\_ please specify: \_\_\_\_\_
- Sexual Orientation** *Select one*
  - Heterosexual (that is straight)
  - Gay/Lesbian

-  **Carmona, Jane**  
 Key:  
 Highlighted text is new text to the form.  
 Comment bubbles call out changes to formatting (e.g. order of questions, format of response options)
-  **Carmona, Jane**  
 Youth demographics and early identification information are now two separate sections. The order of the questions is different.
-  **Carmona, Jane**  
 All items are now numbered.  
 "Sources of information used to complete this form" has been deleted.
-  **Carmona, Jane**  
 Used to be question 1
-  **Carmona, Jane**  
 Used to be question 2
-  **Carmona, Jane**  
 Used to be question 3

# WHAT DO WE NEED TO DO NEXT

- Cohort 8 grantees
- Make sure partners are aware, and have copies of, the new forms
- Re-train your data collectors, if necessary
- Update any tools you are using to collect EIRF data

# QUESTIONS?





# **BEHAVIORAL HEALTH PROVIDER SURVEY (BHPS)**



# PURPOSE

The BHPS will gather a central set of **provider characteristics of behavioral health providers partnering with GLS State/Tribal grantees**



# PURPOSE

BHPS collects information about referrals for at-risk youths and the extent of implementation of Goals 8 and 9 of the NSSP

Goal 8. Promote suicide prevention as a core component of health care services

Goal 9. promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors

# ADMINISTRATION

The baseline BHPS will be completed by 1 to 10 administrators from the behavioral health provider organization partnering with the funded State/Tribal grantee in Spring 2016

Follow-up BHPSs will be administered to the behavioral health provider annually for the remainder of the grant period

## GRANTEE

Identifies the mental health *Partner Organization and the region of focus*

## PARTNER ORGANIZATION

Identifies a *Primary Respondent*

## PRIMARY RESPONDENT

Identifies up to 9 *additional respondents* from the organization

## Up to TEN RESPONDENTS

Receive an email with an invitation to complete the survey

# IMPLEMENTATION AND LOGISTICS

- Up to 10 respondents per organization will receive an email invitation to complete the survey
- The survey takes approximately 40 minutes to complete
- Respondents will receive 2 email reminders to complete the survey
- All respondents who complete the survey will receive a \$10 gift card
- All respondents will be contacted annually to complete the survey

# SURVEY ADMINISTRATION

ALL RESPONDENTS, including the Primary Respondent, will respond to questions regarding:

- Awareness of zero suicide work at the agency
- Access to gatekeeper trainings
- Provision of EB treatments
- Assessment of staff self-efficacy and training adherence
- Screening and assessment practices
- Follow-up care and referral practices

# SURVEY ADMINISTRATION

The PRIMARY RESPONDENT will complete additional questions regarding:

- Services offered at the organization (e.g. behavioral health treatment services, 24-hour hospital services)
- Organization demographics
- Number of clients receiving inpatient and outpatient services on a given day
- Direct contact with the GLS grantee
- Annual data on screenings, assessments, care provision and monitoring
- Annual data of suicide deaths/attempts
  
- Confirm or provide the NPI that will help us link survey data to claims data in the future

# TIMELINE

Cohort 9 and 10 grantees have been contacted to provide contact information for the partner organization

Primary respondents will be contacted by ICF to provide contact information for up to 9 additional respondents from the organization

All respondents will receive an email to complete the web-based survey

Respondents who complete the survey will receive a \$10 gift card

Respondents will be recontacted next year for a follow-up survey

*Today*

December  
2015-March  
2016

Spring  
2017

# QUESTIONS?





# IMPACT OF NEW PROTOCOLS FOR IRB

- We recommend that grantees contact their local IRB to inform them about the new protocols and ask for guidance on how to proceed – an amendment to your current approval is most likely what will be needed
- Grantees received the ICF IRB approval documents to support development of their local IRB
- The instruments have been updated with OMB numbers

# SUPPORT & RESOURCES

- Copy of ICF IRB application and approval memo
- Updated instruments
- Instrument specific manuals and planning documents
- Annotated instruments

# NEW PROTOCOL IMPLEMENTATION TIMELINE

May 2: TASP, TUP-S, EIRF

April: BHPS

July 15: PSI



# DATA COLLECTION LIAISON CONTACTS

NOE Instrument	Data Collection Liaisons (DCLs)
<b>Prevention Strategies Inventory (PSI)</b>	<b>Tiffany Fambro</b> <u><a href="mailto:Gls-psi@icfi.com">Gls-psi@icfi.com</a></u> 404-592-2242 ( <i>Eastern Time Zone</i> )
<b>Training Activity Summary Page (TASP) &amp; Training Utilization Preservation Survey (TUP-S)</b>	<b>Brandee Hicks</b> <u><a href="mailto:Gls-tasp@icfi.com">Gls-tasp@icfi.com</a></u> & <u><a href="mailto:Gls-tups@icfi.com">Gls-tups@icfi.com</a></u> 404-592-2198 ( <i>Eastern Time Zone</i> )
<b>Behavioral Health Provider Survey (BHPS)</b>	<b>Jessie Rouder</b> <u><a href="mailto:Gls-bhps@icfi.com">Gls-bhps@icfi.com</a></u> 646-695-8138 ( <i>Eastern Time Zone</i> )
<b>Early Identification, Referral, and Follow-up (EIRF)</b>	<b>Jane Carmona</b> <u><a href="mailto:Gls-eirf@icfi.com">Gls-eirf@icfi.com</a></u> 646-695-8146 ( <i>Eastern Time Zone</i> )

# TECHNICAL ASSISTANCE LIAISON CONTACTS

*We're here to help!*

State TAL	Tribal TALs
<p><b>Tiffany Fambro</b></p> <p>404-592-2242 (<i>Eastern Time Zone</i>)</p> <p><a href="mailto:Tiffany.Fambro@icfi.com">Tiffany.Fambro@icfi.com</a></p>	<p><b>Gretchen Clarke</b></p> <p>907-747-7124 (<i>Alaska Time Zone</i>)</p> <p><a href="mailto:Gretchen.Clarke@icfi.com">Gretchen.Clarke@icfi.com</a></p>
	<p><b>Candace Fleming</b></p> <p>303-724-1471 (<i>Mtn Time Zone</i>)</p> <p><a href="mailto:Candace.Fleming@ucdenver.edu">Candace.Fleming@ucdenver.edu</a></p>

# QUESTIONS?



