



GARRETT LEE SMITH (GLS) STATE AND TRIBAL GRANTEES NATIONAL OUTCOMES EVALUATION OVERVIEW AND DATA COLLECTION PROCESSES WEBINAR PART 2

February 9, 2017

Jessica Wolff, MPH
Brandee Hicks, MPH
Jane Carmona, MPH



WEBINAR VIDEO AND HANDOUTS

- Today's Webinar is being recorded
- The slides were e-mailed 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 Questions pane or use the *raise your hand* icon
 - E-mail William.Moore@icf.com





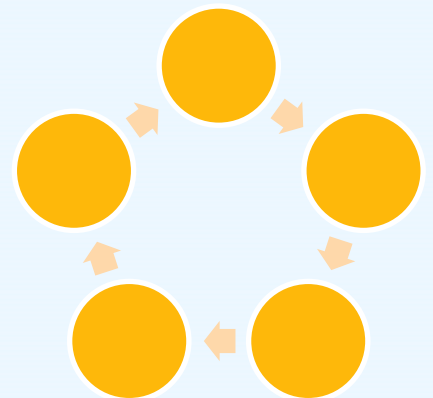
Jessica Wolff
Grantee Support Team Lead

Jessica.Wolff@icf.com

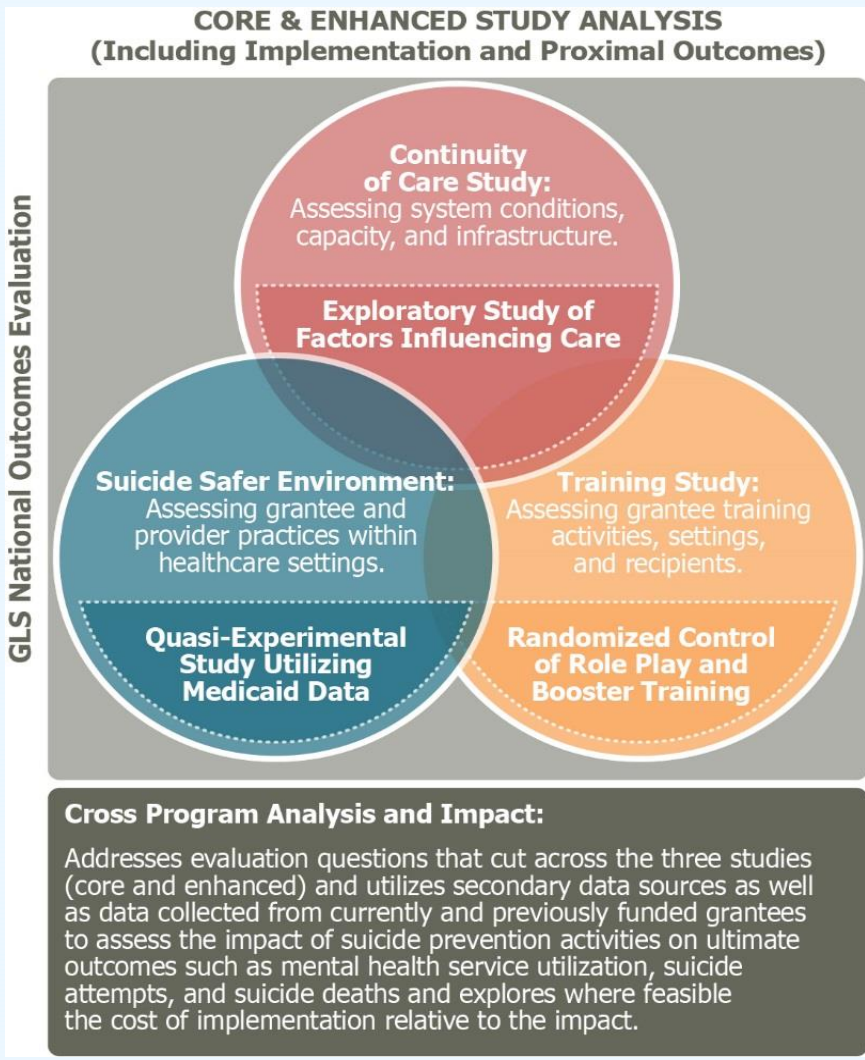
ON TODAY'S AGENDA

- ✓ GLS National Outcomes Evaluation Design
- ✓ Training Activity Summary Page (TASP)
- ✓ Training Utilization Preservation Survey (TUP-S)
- ✓ Early Identification Referral Follow-Up Form (EIRF)

GLS SUICIDE PREVENTION NATIONAL OUTCOMES EVALUATION



NOE DESIGN OVERVIEW





Brandee Hicks
Data Collection Liaison
Gls-tasp@icf.com
Gls-tups@icf.com

TRAINING INSTRUMENTS

TRAINING ACTIVITY SUMMARY PAGE (TASP) TOPICS TO BE COVERED

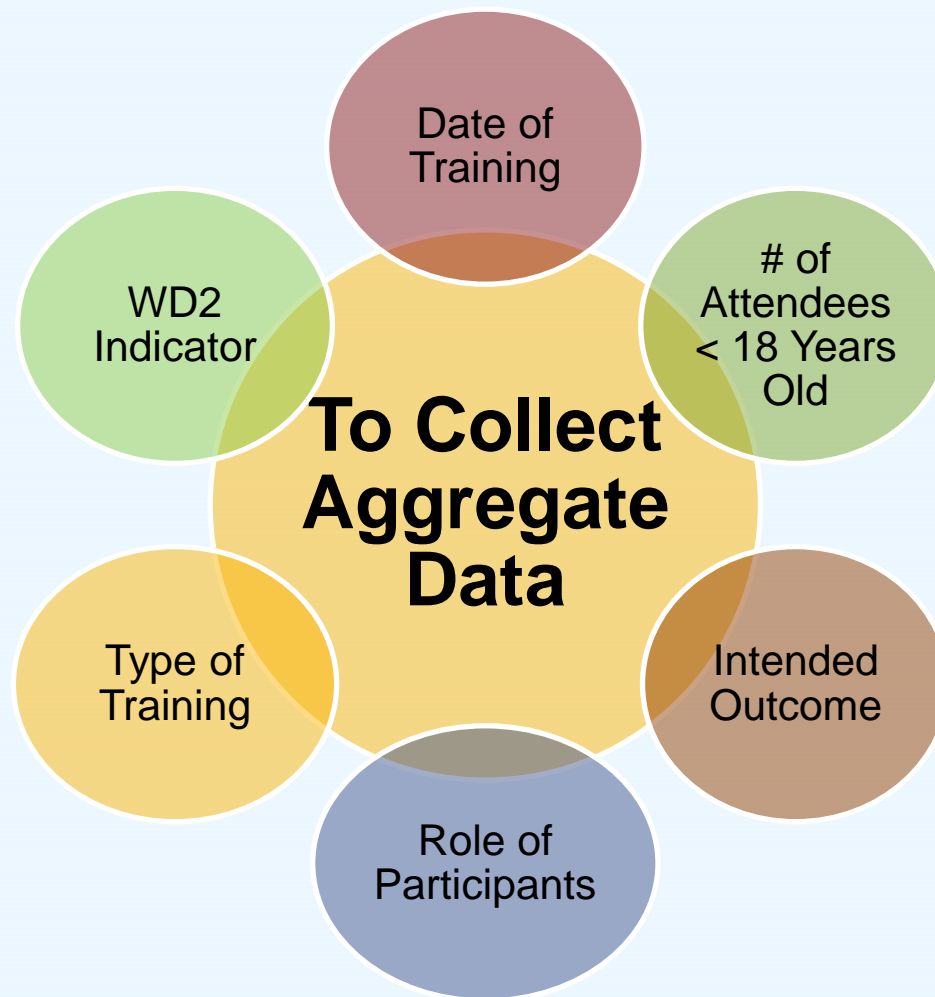
- ✓ TASP Purpose & Overview
- ✓ Logistics
- ✓ TASP Demonstration on the SPDC
- ✓ Tools to support TASP Data Collection and Reporting
- ✓ Next Steps



TASP OVERVIEW

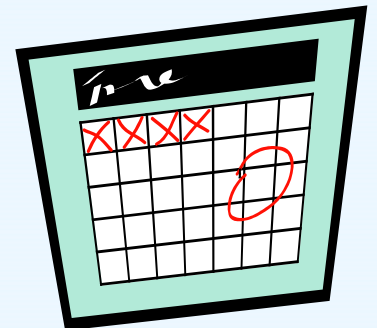
What is the TASP?	Collects summary information about training events sponsored by GLS state and tribal grantees
Who is responsible for TASP data collection/entry?	Grantee program staff or training facilitator
How is the TASP administered/entered?	Information submitted via the SPDC using web-based form or excel spreadsheet upload
When is the TASP administered?	Ongoing throughout the grant period
When will the TASP begin?	As soon as training activities begin

TASP CONTENT AREAS



TASP TIMELINE

- TASP should be completed for every suicide prevention training conducted as part of your GLS Suicide Prevention Program
 - Submit within 2 weeks of in person trainings
 - Quarterly for online trainings activities



Public Burden Statement: An agency may not send out or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OIGS control number. The OIGS control number for this project is 0920-0285. Public reporting burden for this collection of information is estimated to average 1 hour 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 Reports Clearance Officer, 1 Choke Cherry Road, Room 3-1057, Rockville, Maryland, 20857.

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

TRAINING ACTIVITY SUMMARY PAGE (TASP)

Training Information	
1. Training date (MM/DD/YY)	/ /
2. Training identification (ID; your site ID + 3 digits)	
3. Name of training	
4. Type of training curricula implemented: <i>Select one below.</i>	
<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 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 type="checkbox"/> Campus Connect Suicide Prevention Training for Gatekeepers (Faculty and Staff) <input type="checkbox"/> Campus Connect Suicide Prevention Training for Gatekeepers (Students) <input type="checkbox"/> Cognitive Behavioral Therapy (CBT) <input 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 type="checkbox"/> Kognito At-Risk in Primary Care <input type="checkbox"/> Kognito At-Risk in the ED <input type="checkbox"/> Lifelines	<input type="checkbox"/> Question, Persuade, and Refer (QPR) <input type="checkbox"/> QPR for Nurses <input type="checkbox"/> QPR for Physicians, Physician Assistants, Nurse Practitioners, and Others <input type="checkbox"/> QPR-T (suicide risk assessment and training course) <input type="checkbox"/> Response (a comprehensive high school-based suicide awareness program) <input type="checkbox"/> Recognizing and Responding to Suicide Risk (RRSR) <input type="checkbox"/> safeTALK <input type="checkbox"/> Safety Planning Intervention for Suicide Prevention <input type="checkbox"/> Seeking Safety <input type="checkbox"/> Signs of Suicide (SOS) <input type="checkbox"/> Sources of Strength <input type="checkbox"/> Suicide Prevention 101 <input type="checkbox"/> Suicide to Hope: A Recovery and Growth Workshop <input type="checkbox"/> suicideCare <input type="checkbox"/> Suicide-Informed Cognitive Behavioral Therapy (SICBT)

<input type="checkbox"/> Managing Suicide Risk Collaboratively: The CAMS Framework <input type="checkbox"/> Managing Suicide Risk Collaboratively: The CAMS Framework <input type="checkbox"/> Mental Health First Aid	<input 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 specify type of training curricula 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? <i>Select one.</i>	<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 [Completes 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 [Completes 13]
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

FILLING OUT THE TASP

- Print off the TASP form from the SPDC
- Write in the training date, training ID
- Answer all the questions based on the training class

TRAINING ID

- Training ID is a unique 7 digit ID number
- First 4 digits are your site ID numbers, which are provided by your TAL
- Final three digits are assigned by you, the grantee.
- Last 3 numbers should be numbers that help you remember the order of your trainings

TRAINING ID EXAMPLE

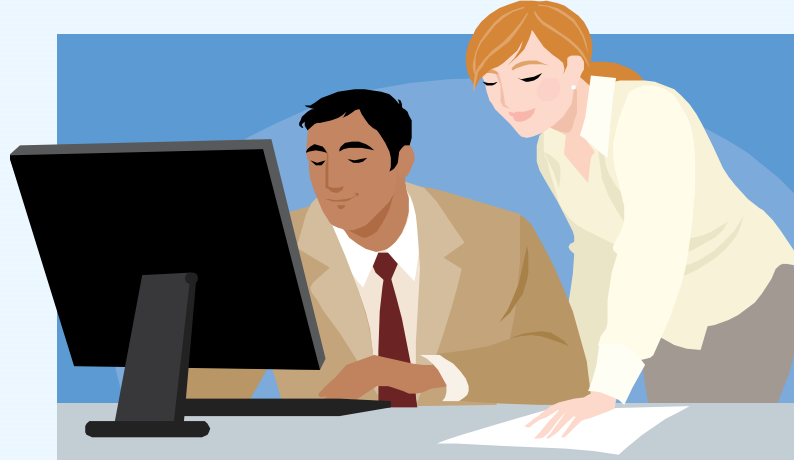
- Grantee X Site ID: 1234
- Training ID: 1234???

 - Last 3 digits can be training type and/or chronological order of trainings

- Training types:
 - ASIST = 1
 - QPR = 2
 - SOS = 3
- 1234201 = Grantee X had a QPR training and it was their first training

ENTERING TASP INTO THE SPDC

1. Manually enter TASP for one training at a time.



ENTERING TASP INTO THE SPDC

2. Upload excel spreadsheet for the TASP data for several trainings at once.

- Template available on SPDC

txsdate	txsid	txsname	txsnewtype	txsprimout	txsfac	txsnum_us	txsnum_gs
Month/Day/Year	Training ID. A 6 or 7 digit number with the first 3 or 4 digits representing Site ID).	Name of Training	Type of Training (select one)	What is the primary intended outcome for participants in the training (select one)	Name of facility where training was held	Number of undergraduate students attending training	Number of graduate students attending training
mm/dd/yyyy	Numeric	Text	Numeric	Numeric	Text	Numeric	Numeric
mm/dd/yyyy	Numeric	Text	Numeric	Numeric	Text	Numeric	Numeric
mm/dd/yyyy	Numeric	Text	Numeric	Numeric	Text	Numeric	Numeric



TASP DEMONSTRATION IN SPDC

ONLINE TRAININGS DATA COLLECTION

Option 1

- Online training program is at a specific location and time

Data Collection Method

- Grantee can fill out the TASP in-person while participants are completing the training; then grantee can enter TASP into SPDC



ONLINE TRAININGS DATA COLLECTION

Option 2

- Online training program completed by user at anytime on any computer




Data collection method

- The company that hosts online program supplies grantee data summary report of all users; monthly or quarterly
- Grantee fills out TASP quarterly and enters it into the SPDC manually or upload via the spreadsheet

TASP REPORTS AND RESOURCES

- Training Planning Tool
- Annotated TASP & TASP Manual
- Training Tracking Spreadsheet
- Grantee Summary Reports
- Response Monitoring Table
- Data Collection Liaison & TAL





What should we do if there is more than one intended outcome for the training?

Commonly Asked Questions

Should booster trainings be considered “other” under “the type of training” section?

What if I have more than 100 trainings?

TASP NEXT STEPS



QUESTIONS?



TRAINING UTILIZATION & PRESERVATION – SURVEY (TUP-S) TOPICS TO BE COVERED

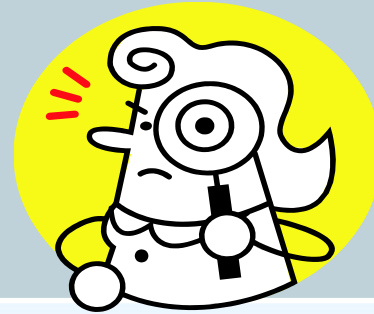
- ✓ TUP-S 3 & 6 Month Purpose & Overview
- ✓ Logistics
- ✓ Tools to support TUP-S Data Collection and Reporting



TUP-S PURPOSE



Quantitative survey administered



Examines the use and retention



Measures

TUP-S OVERVIEW

Who is responsible for collecting the TUP-S consent to contact forms?

- 3-month: Grantee Program Staff and/training facilitators – distribute consent-to-contact forms to trainees via an online link or hard copy
- 6-month: ICF Interviewers obtain consent to contact at the conclusion of 3-month survey via phone

Who are the TUP-S respondents?

- Random sample of trainees who consent to be contacted at 3- and 6- months

How is the TUP-S administered?

- Computer-Assisted Telephone Interview (CATI) implemented by ICF with trainees

When will TUP-S be administered?

- At 3- and 6- months following a training event; throughout the grant period

Do trainees receive an incentive?

- Yes, a \$10 money order or Amazon gift code

When will the TUP-S begin?

- As soon as training activities begin

TUP-S CONSENT TO CONTACT OPTIONS

- Provide participants with link to complete form online
 - Forms are sent directly to ICF through SPDC
- Distribute hardcopies of form during training
 - Email forms to ICF
 - Mail forms to ICF

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 OIG control number. The OIG control number for this project is 0930-0286. 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 this burden, to SAMHSA Report Clearance Office, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

**Garrett Lee Smith (GLS) National Outcomes Evaluation
State/Tribal Suicide Prevention Program
Training Utilization and Preservation Survey
Consent to Contact Form (Core)**

Training ID:

Training Name: _____

Date of Training/Today's Date: _____

As part of the National Outcomes Evaluation of Garrett Lee Smith (GLS) Suicide Prevention Programs, we will be interviewing individuals who participated in suicide prevention training activities like the one for which you have signed up. The Training Utilization and Preservation Survey is a telephone survey that will be administered to participants from a random sample of suicide prevention gatekeeper training programs to collect information about gatekeeper knowledge, attitudes, and behaviors following their trainings. Your participation in this brief survey is completely voluntary. Your answers to the survey questions will be kept private, except as otherwise required by law. Your name will not be linked with the information on your survey. Your name will not be used in any reports about this evaluation. We are interested in contacting you again within the next 3 to 4 months after you participated in the training to ask you some questions about what you learned during this training; how you have used what you learned; and what impact it has had on your identification and referral of youths at risk for suicide in your community. Findings from the survey will assist in informing SAMHSA (which stands for the Substance Abuse and Mental Health Services Administration) about suicide prevention activities and training experiences.

The survey will take approximately 20 to 30 minutes and will be conducted over the telephone by a member of the National Outcomes Evaluation team. If you are selected to participate in the interview, in appreciation of your time, we will provide you with either a \$10 Amazon gift code or we will mail you a \$10 money order.

Are you interested in being contacted about possible participation in the Training Utilization and Preservation Survey?

Yes
 No

If you are interested in participating in this important effort, or in learning more about the Training Utilization and Preservation Survey, please provide your contact information below. If you are selected to participate in the interview, a member of the National Outcomes Evaluation team will contact you. Participants for the survey will be randomly selected from a complete list of interested training participants.

Training ID:

1. Name:				
2. Cell phone:			a. Best contact?	b. Best time to call?
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> AM	<input type="checkbox"/> PM
3. Work phone:			a. Best contact?	b. Best time to call?
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> AM	<input type="checkbox"/> PM
4. Home phone:			a. Best contact?	b. Best 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:				

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

7. Please indicate the <u>primary</u> 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"/> Primary health care
	<input type="checkbox"/> Emergency response	<input type="checkbox"/> Other community settings
	<input type="checkbox"/> Higher education (college/university)	<input type="checkbox"/> Don't know
	<input type="checkbox"/> Tribal services/Tribal government	<input type="checkbox"/> Refused
8. 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
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
9. 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"/>	ZIP code 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	ZIP code 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ZIP code 4 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ONLINE TUP-S CONSENT TO CONTACT

- Generate a CTC link SPDC
- Distribute link during training or via e-mail
- Link remains active for 30 days after training

Training Instruments (State/Tribal)

PURPOSE OF Training Instruments (State/Tribal): *The Training Activity Summary Page (TASP) collects aggregate Lee Smith Youth Suicide Prevention and Early Intervention (GLS Suicide Prevention Program) grantees. The TUP-S is c examine knowledge, skills, and techniques retained.*

Upload TASP Data

Enter New TASP
Survey

View/Edit TASP Data

Download TASP Data

Download TUP-S 3-
Month Data

Download TUP-S 6-
Month Data

TASP Data Issues

Generate CTC Link



TUP-S DEMONSTRATION ON THE SPDC

HARDCOPY TUP-S CONSENT TO CONTACT OPTION

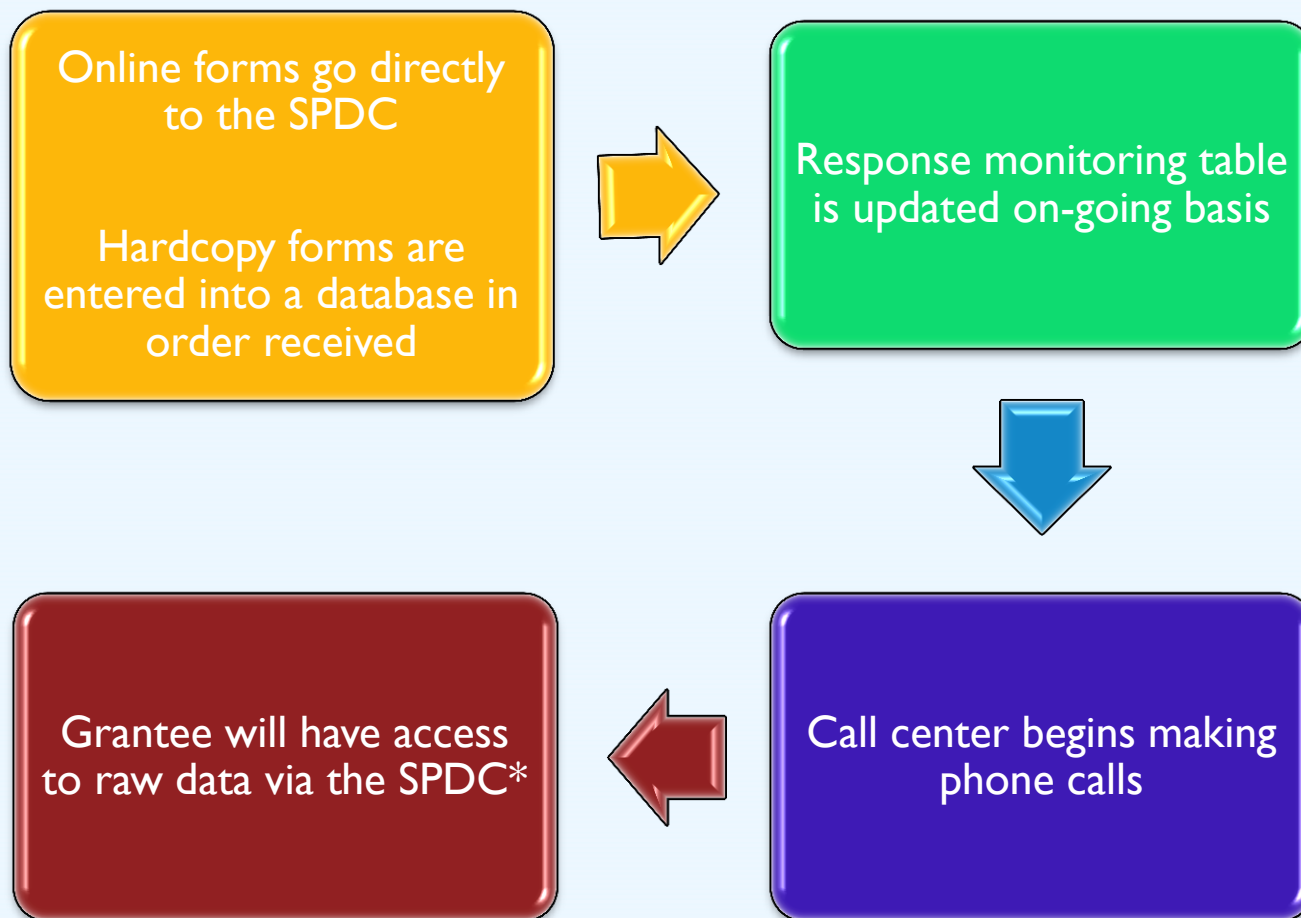
- Make sure the training ID is on every page
- Only send forms in which trainees have agreed to participate
- Include a copy of the TASP
- Submit forms within 2 weeks of training



SEND FORMS...

- **SCANNED COPIES** should be sent to:
Gls-tups@icf.com
- **HARD COPIES** should be sent to:
ICF Attn: Leza Young
3 Corporate Square
STE 370
Atlanta GA 30329

ONCE FORMS ARE RECEIVED



TUP-S TOOLS

- TUP-S Manual
- Check SPDC for Summary Points for Facilitators to introduce the instrument
- Grantee Summary Report

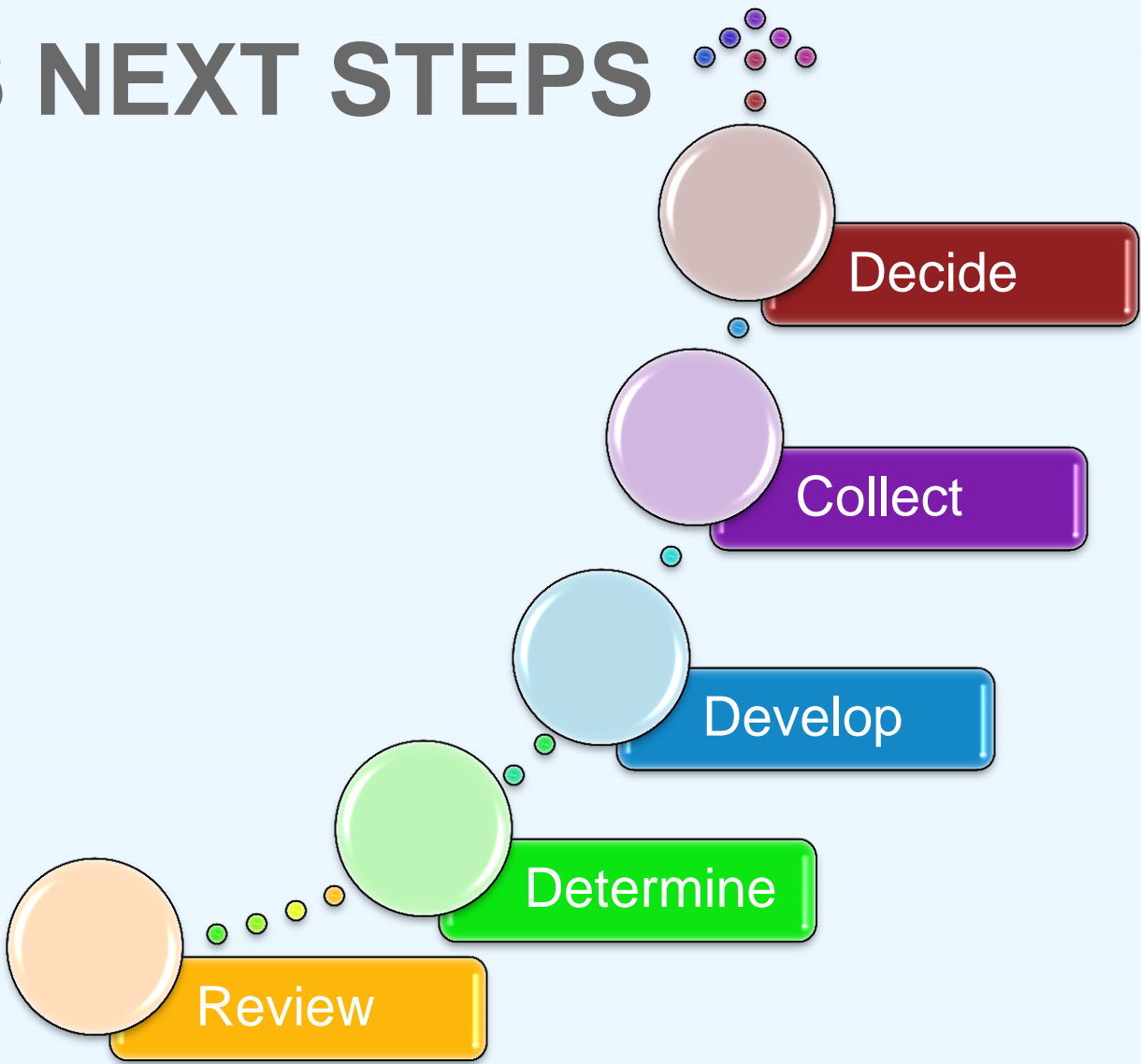


USING TRAINING DATA

- **Grantees will be able to use data for**
 - community presentations
 - local evaluation efforts
 - possible program modifications
 - and more!



TUP-S NEXT STEPS



TRAINING INSTRUMENTS CONTACT INFORMATION

For help with the TASP or TUP-S you may contact the data collection liaison, Brandee Hicks at glS-tasp@icf.com or glS-tups@icf.com



QUESTIONS?





Jane Carmona
Data Collection Liaison
Gls-eirf@icf.com

EARLY IDENTIFICATION, REFERRAL & FOLLOW-UP (EIRF)

TOPICS TO BE COVERED

- ✓ EIRF Review
- ✓ EIRF Data Collection
- ✓ EIRF Forms and Data Entry
- ✓ EIRF Resources



EIRF REVIEW

- **Context**

- Systems-wide approach to improve outcomes and close gaps
- Ensuring that suicidal individuals “don’t fall through the cracks”
- Ensuring that there is a pathway to care

- **Purpose**

- Capture program activities related to the identification of youth at risk for suicide, referral for services and linkages to those services
- Aligns with programmatic activities

- **Forms**

- EIRF-Screening Form (EIRF-S)
- EIRF-Individual Form (EIRF-I)

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

Purpose

- Monitor rates of identification from suicide prevention screenings
- Aggregate-level information
 - All youth screened
 - Youth with positive result
- For grantees who implement screening (only)
 - One EIRF Screening form should be completed for each screening activity OR monthly for individual screenings

OMB No. 0930-0286
Expiration Date: March 31, 2019

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 the collection of information is estimated to average 3 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 the collection of information, including suggestions for reducing the burden, to SAMHSA Report Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

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

**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 1. 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** _____
5. **Was this a group screening event or individual screenings (i.e., were multiple youths screened at one time as part of a screening event, or was the screening administered to one individual at a time)?**
Select one
 Group
 Individual

State/Tribal EIRF Screening Form V5
04/2016

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EARLY IDENTIFICATION, REFERRAL, AND FOLLOW-UP INDIVIDUAL (EIRF-I) FORM

Purpose

- Grantees track and monitor at risk youth
- Completed for every youth who is identified as at risk for suicide as part of the GLS Suicide Prevention Program
- De-identified individual-level information about youth identified
 - by a gatekeeper
 - through a screening tool

OMB No. 0930-0284
Expiration Date: March 31, 2019

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 0930-0284. Public reporting burden for this collection of information is estimated to average 3 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 the burden, to SAMHSA Report Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

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

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

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

1. **Participant ID (Site-assigned)** _____

2. **Age** _____ *in years*

3. **Gender** *Select one*

<input type="checkbox"/> Male	<input type="checkbox"/> Transgender, gender non-conforming
<input type="checkbox"/> Female	<input type="checkbox"/> Information missing
<input type="checkbox"/> Transgender, female-to-male	<input type="checkbox"/> Other, please specify: _____
<input type="checkbox"/> Transgender, male-to-female	

4. **Sexual Orientation** *Select one*

<input type="checkbox"/> Heterosexual (that is straight)
<input type="checkbox"/> Gay/Lesbian
<input type="checkbox"/> Bisexual
<input type="checkbox"/> Information Missing

5. **Ethnicity** *Select one*

<input type="checkbox"/> Hispanic/Latino (complete 5a)
<input type="checkbox"/> Non-Hispanic/Latino
<input type="checkbox"/> Information Missing

State/Tribal EIRF-Individual Form V5
04/2016

Page 1

HOW CAN THE EIRF SERVE YOU?

- Gatekeeper trainings results
- Screening activity results
- Number of identifications and who/where identifications are made
- Where at-risk youth are referred, by whom and for what
- Types of services at-risk youth are receiving
- Identifying gaps in the referral network and service receipt
- Demonstrating impact of activities for sustainability
- Ensure needs of youth at risk are met!



HOW HAVE YOU USED EIRF DATA?



HOW DO I KNOW WHEN TO COMPLETE THE FORMS?

STEPS TO COMPLETING THE EIRF

1. Identify appropriate program activities
2. Identify opportunities for data collection
3. Establish process for data collection
4. Complete the forms
5. Submit and review data

STEP 1: IDENTIFY APPROPRIATE PROGRAM ACTIVITIES

Types of Identifications

- Screening Identifications
- Gatekeeper Identifications



PATHWAYS TO CARE

EIRF types of Identifications

- Trained gatekeepers
- Screenings (group or individual)

Ensuring referral and follow-up

- Create referral protocols
- Protocol trainings
- Establish MOUs
- EIRF Liaisons



POLL QUESTION



STEP 2: IDENTIFY OPPORTUNITIES FOR DATA COLLECTION

- In what settings will you be identifying youth?
- Who is making identifications?
- Where are at youth risk referred? Are there formal referral protocols in place?
- Where are youth getting mental health services?
- How can we follow up on service receipt?
- How will screening tools be implemented?

EIRF PLANNING TOOL

EARLY IDENTIFICATION, REFERRAL, AND FOLLOW UP (EIRF) PLANNING TOOL AND STRATEGY TABLE

EIRF PLANNING TOOL

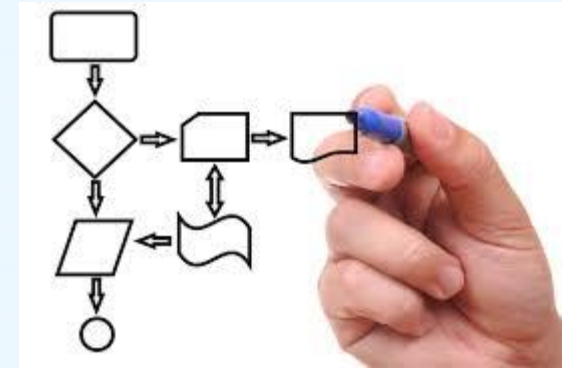
The below table is a framework for you to have a discussion with your grantee about EIRF data collection. Following your discussion, please complete the EIRF strategy table above.

EIRF TRAINING Framework <i>Please use the below questions as a guide for discussing the EIRF with your grantee(s).</i>	TAL Notes
<p>Understanding the program</p> <ul style="list-style-type: none"> ✓ What type of trainings will the grantee be conducting (QPR, <u>Kognito</u>, etc.)? ✓ In what settings (e.g. schools, community-based, providers)? ✓ Who is being trained (e.g. adults, peers, school staff, ER staff, etc.)? ✓ Who are the subcontractors or partners you will work with? ✓ Are there MOUs or other agreements in place with those receiving trainings regarding the collection and sharing of data? ✓ Where are youth referred if they are identified by a trained gatekeeper? ✓ Is there a formal referral protocol in place? ✓ If there are no formalized referral protocols, are there plans to create them? If so, what are those plans? ✓ Where do youth typically go for treatment or services? ✓ Are there any barriers or challenges for youth to receive services (e.g. long wait times)? 	
<p>Incorporating data collection</p> <ul style="list-style-type: none"> ✓ What processes are in place to track youth who are identified as at risk for suicide? 	

POLL QUESTION



STEP 3: ESTABLISH DATA COLLECTION PROCESSES



- Work with partners to create data collection protocols and timelines
- Adapt format (not content!) of the forms for partners if necessary (survey monkey, etc.)

EIRF STRATEGY TABLE

EIRF Strategy Table

<i>Please select the strategy (s) your grantee is implementing. If both screenings and trainings are part of their GLS program activities, you should select both, and complete the strategy table for both.</i>		WHERE will data be collected?	HOW will data be collected?	WHO will collect data?	WHEN will data be collected?	Successes & Challenges
		<p><i>In which settings will the grantee be collecting EIRF data?</i></p> <p><i>Will they collect data from all screenings/training activities or only specific ones (e.g. only school based screenings)?</i></p>	<p><i>How will the grantee collect EIRF information (i.e. how will they track and follow up with youth identified as at risk for suicide, what systems will they use to extract data)?</i></p>	<p><i>Who is responsible for collecting EIRF Data? The grantee or their partners? (If grantee program staff are not directly responsible for collecting EIRF data, please describe how information will be collected and shared between partners and the grant program).</i></p> <p><i>Who is responsible for overseeing data collection?</i></p>	<p><i>When will the grantee collect EIRF data? When and how will it be uploaded onto the SPDC?</i></p>	<p><i>What successes has the grantee had collecting EIRF data?</i></p> <p><i>What challenges?</i></p>
Screenings	<input type="checkbox"/> Yes <input type="checkbox"/> No					



QUESTIONS?

STEP 4: COMPLETING THE FORMS

Type of Identification	What to complete
Screening	EIRF-S: Complete an EIRF-S form with aggregate information about the population you are screening. EIRF-I: Complete an EIRF-I form for every youth who screens as being at risk.
Gatekeeper Identification	EIRF-I only: Complete an EIRF-I form for every youth who is identified as being at risk for suicide by a gatekeeper

COMPLETING THE EIRF-S

OMB No. 0930-0286
Expiration Date: March 31, 2019

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 3 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 Program

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 1. SCREENING INFORMATION

- 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.
- Name of Grantee:** _____
- Date of screening**
If individual screenings, enter the date of the last screening
_____/_____/_____
MM DD YYYY
- ZIP Code where screening took place** _____
- Was this a group screening event or individual screenings (i.e., were multiple youths screened at one time as part of a screening event, or was the screening administered to one individual at a time)?**
Select one
 Group
 Individual

6. What screening tool was used? *Select one*

- 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)
- Screening Tool in Signs of Suicide (SOS)
- Locally developed screening tool
- Other, please specify: _____

7. Where did the screening take place (i.e., in what location or setting was the screening administered)?

Select one

- School or school-based health clinic
- College or university
- Mental health (MH) agency (e.g., private MH provider, psychiatric hospital, outpatient clinic)
- Social Service agency (e.g., child welfare, supportive housing)
- Juvenile justice/criminal justice agency (e.g., pretrial services, mental health court)
- Physical health agency (e.g., primary care, pediatrician, emergency department, hospital)
- Community-based organization, recreation or afterschool activity (e.g., Boys & Girls club, faith-based organization)
- Law Enforcement Agency
- Other, please specify: _____

8. Who was screened? *Select one*

- All youth in attendance (e.g., all youth coming to a primary care provider's office)
- Youth meeting particular criteria [COMPLETE 7A]

8a. Please describe the criteria used (e.g., youth with suicide attempt history, youth in high-risk demographic categories): _____

9. Please indicate the unduplicated count of number screened: _____

Pertains to the number of youth who took the screening questionnaire.

10. Please indicate the unduplicated count of number screened positive: _____

Pertains to youth who:

- 1) Screen positive on the screening questionnaire,
- 2) Self-identify at any point during the screening process

Note: you should complete an *EIRF Individual Form (EIRF-I)* for all youths who screen positive. Therefore, the unduplicated count of number screened positive should equal the number of *EIRF-I* forms you complete.

COMPLETING THE EIRF-I

OMB No. 0930-0286
Expiration Date: March 31, 2019

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 3 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 Program

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

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

1. Participant ID (Site-assigned) _____

2. Age _____ in years

3. Gender *Select one*

- | | |
|--|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender, gender non-conforming |
| <input type="checkbox"/> Female | <input type="checkbox"/> Information missing |
| <input type="checkbox"/> Transgender, female-to-male | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Transgender, male-to-female | |

4. Sexual Orientation *Select one*

- Heterosexual (that is straight)
 Gay/Lesbian
 Bisexual
 Information Missing

5. Ethnicity *Select one*

- Hispanic/Latino (complete 5a)
 Non-Hispanic/Latino
 Information Missing

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5a. If Hispanic/Latino, please specify background *Select all that apply*

- | | |
|---|---|
| <input type="checkbox"/> Mexican, Mexican-American or Chicano | <input type="checkbox"/> Central American |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> South American |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Information Missing |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Other, please specify: _____ |

6. Race *Select all that apply*

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Information missing |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | |

SECTION 2. IDENTIFICATION INFORMATION

7. Date of identification: _____ / _____ / _____
MM DD YYYY

8. ZIP code where the youth was identified _____

9. Where was the youth first identified? (e.g., In what location, or setting, was the youth identified?)
Select one

- School or School Based Health Center
 Social Service Agency (e.g., child welfare, supportive housing)
 Juvenile Justice Agency (e.g., pre-trial services, mental health court)
 Law Enforcement Agency (e.g., police, jail or detention center)
 Community based organization, recreation or after school activity (e.g., Boys & Girls club, faith-based organization, AA, job training programs)
 Physical Health Agency (e.g., pediatrician, primary care, hospital)
 Mental Health Setting (e.g., private MH provider, psychiatric hospital, outpatient clinic)
 Home
 Emergency Response Unit or Emergency Department
 College or University (e.g., campus health center, classroom)
 Digital Medium (e.g., Facebook, text message to a friend)
 Don't Know
 Other, please specify: _____

9a. How was the youth first identified? (e.g., Was the youth identified by a trained gatekeeper or by a screening tool?) *Select one*

- Trained gatekeeper
 Screening tool

9b. Was this a tribal setting? *Select one*

- Yes
 No

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ANNOTATED GUIDES

OMB No. 0930-0286
Expiration Date: March 31, 2019

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) INDIVIDUAL FORM

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 a result of GLS activities.

This annotated EIRF Individual Form provides key instructions and guidelines for grantees completing the EIRF Individual Form. 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

1. **Participant ID (Site-assigned)**

2. **Age** in years

3. **Gender** Select one

- Male
 Female
 Transgender, female-to-male
 Transgender, male-to-female
- Transgender, gender non-conforming
 Information missing
 Other, please specify: _____

4. **Sexual Orientation** Select one

- Heterosexual (that is straight)
 Gay/Lesbian
 Bisexual

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Additional Guidance and Key Terms

1. The EIRF participant ID is a unique 8 digit number assigned to the youth by the grantee. The ID should be unique to the identification, and should only be used once. If the same youth is identified multiple times, each new identification should get a new participant ID. This number does not need to start with your site ID.

2. The youth's age must be between 10 and 24 years.

Questions 3-6. Please note that if you do not have information regarding the youth's gender, sexual orientation, ethnicity and/or race, you should select "information missing" and continue to Section 2.

For questions about how to complete this form, please contact als-eirf@icf.com

Information Missing

5. **Ethnicity** Select one

- Hispanic/Latino (complete 5a)
 Non-Hispanic/Latino
 Information Missing

5a. If Hispanic/Latino, please specify background. Select all that apply

- Mexican, Mexican-American or Chicano
 Puerto Rican
 Cuban
 Dominican
- Central American
 South American
 Information Missing
 Other, please specify: _____

6. **Race** Select all that apply

- American Indian/Alaskan Native
 Asian
 Black or African American
 Native Hawaiian/Pacific Islander
- White
 Information missing
 Other, please specify: _____

SECTION 2: IDENTIFICATION INFORMATION

7. **Date of identification**

Month Day Year

8. **Zipcode where the youth was identified**

9. **Where was the youth first identified?** (e.g. In what location, or setting, was the youth identified?)
Select one

- School or School Based Health Center
 Social Service Agency (e.g. child welfare, supportive housing)
 Juvenile Justice Agency (e.g. pre-trial services, mental health court)
 Law Enforcement Agency (e.g. police, jail or detention center)
 Community based organization, recreation or after school activity (e.g. Boys & Girls club, faith-based organization, AA, job training programs)

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5. If you select Hispanic/Latino, please complete 5a.

7. Enter the date when the youth was identified at-risk for suicide, not the date the form is completed.

At-risk youths are youths who exhibit risk factors or warning signs of suicide and/or receive a positive result from a mental health screening or mental health assessment for suicide risk (Gould, Greenberg, Velting, & Shaffer, 2003).

9. Social service agency refers to any organization oriented towards employment, homelessness, and/or domestic and sexual violence, including food banks and shelters.

Community based organization, recreation or afterschool activity includes any organization offering extracurricular supports and activities, including religious groups, job training programs, camps, AA, tribal groups.

For questions about how to categorize a response, please contact als-eirf@icf.com



QUESTIONS?



STEP 5: DATA SUBMISSION AND REVIEW

EIRF REVIEW

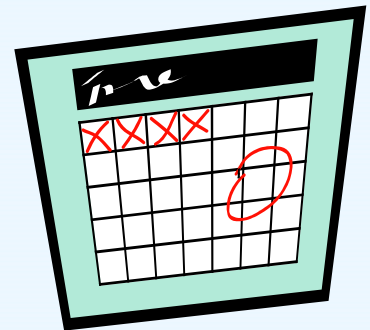
When should an EIRF form be completed?	<ul style="list-style-type: none">• EIRF-I: Any youth that has been identified as being at risk for suicide as a result of your GLS program.• EIRF-S: Any time a screening tool is being implemented as part of your GLS program.
Who is responsible for the EIRF data collection?	<ul style="list-style-type: none">• Grantee program and/or agency staff, providers, evaluator, individuals who administer screenings, trained gatekeepers, school staff, care coordinators, or other program staff
Who are the EIRF respondents?	<ul style="list-style-type: none">• Data abstraction• No primary data collection
How is the EIRF administered?	<ul style="list-style-type: none">• Information submitted via the SPDC using web-based form or excel spreadsheet upload.• Data collection plan developed on site-by-site basis—tracking forms or existing data sources will most likely be used
When will EIRF be administered?	<ul style="list-style-type: none">• Entered at least quarterly• Ongoing throughout the grant period
When will the EIRF begin?	<ul style="list-style-type: none">• When program begins and tracking mechanisms are in place



ACCESSING EIRF REPORTS

EIRF NEXT STEPS

- Review EIRF Resources, including the annotated guides and the manual
- Discuss EIRF data collection strategies with the EIRF data collection lead
- Set a timeline for EIRF data collection and submission specific to your program



EIRF CONTACT INFORMATION

For help with the EIRF you may:
Contact the EIRF Data Collection Liaison,
Jane Carmona at:
Gls-eirf@icf.com



QUESTIONS?



TECHNICAL ASSISTANCE LIAISON CONTACTS

We're here to help!

State TAL	Tribal TAL
<p>Tiffany Fambro</p> <p>404-592-2242 (<i>Eastern Time Zone</i>) Tiffany.Fambro@icf.com</p>	<p>Candace Fleming</p> <p>303-724-1471 (<i>Mtn Time Zone</i>) Candace.Fleming@ucdenver.edu</p>

DATA COLLECTION LIAISON CONTACTS

NOE Instrument	Data Collection Liaisons (DCLs)
Prevention Strategies Inventory (PSI)	Nora Kuiper gls-psi@icf.com 404-592-2139 (<i>Eastern Time Zone</i>)
Early Identification, Referral, and Follow-up (EIRF)	Jane Carmona gls-eirf@icf.com 646-695-8146 (<i>Eastern Time Zone</i>)
Training Activity Summary Page (TASP) and Training Utilization and Preservation Survey (TUP-s)	Brandee Hicks gls-tasp@icf.com, gls-tups@icf.com 404-884-7074 (<i>Eastern Time Zone</i>)
Behavioral Health Provider Survey (BHPS)	Jessie Rouder Jessie.Rouder@icf.com 516-887-3201 (<i>Eastern Time Zone</i>)

QUESTIONS?



