



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

January 9, 2018

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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 chat pod or use the *raise your hand* icon
 - E-mail Betty.Treschitta@icf.com





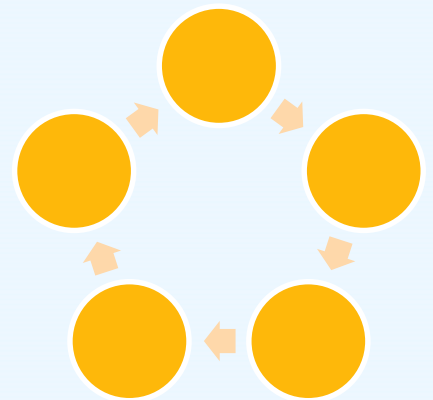
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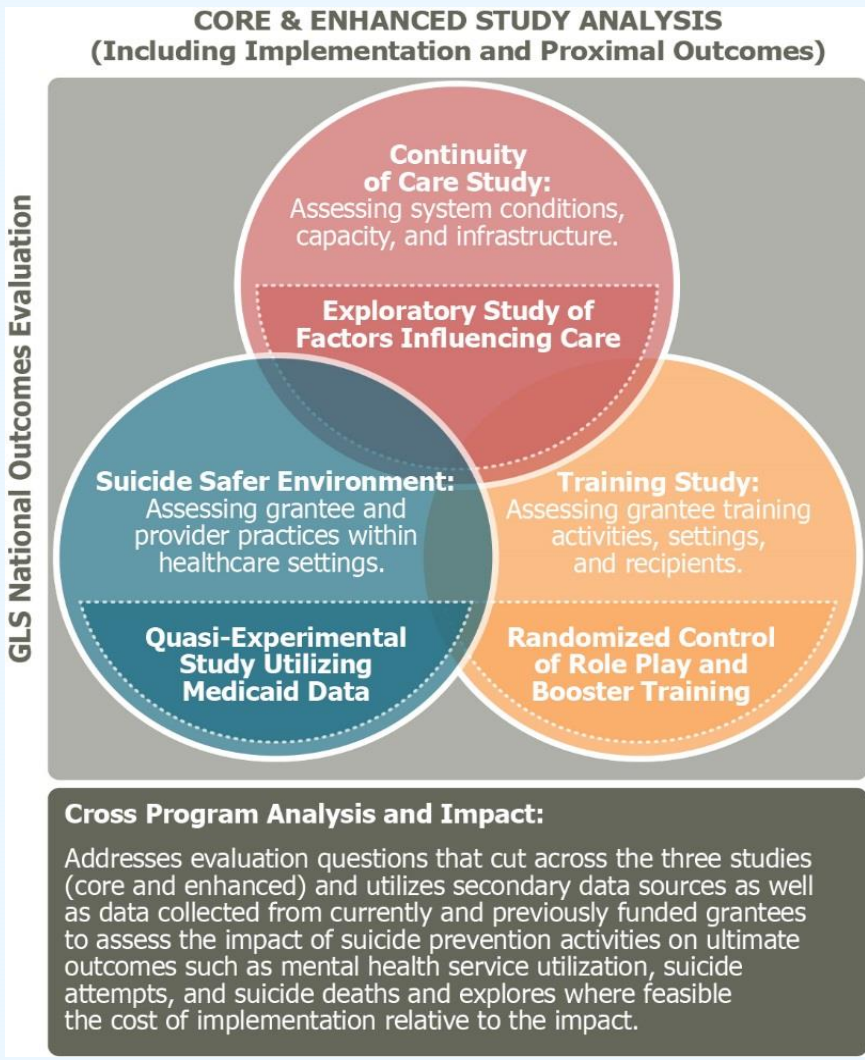
ON TODAY'S AGENDA

- GLS National Outcomes Evaluation Design
- Early Identification Referral Follow-Up Form (EIRF)
- Behavioral Health Provider Survey (BHPS)

GLS SUICIDE PREVENTION NATIONAL OUTCOMES EVALUATION



NOE DESIGN OVERVIEW





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EARLY IDENTIFICATION, REFERRAL & FOLLOW-UP (EIRF)

EARLY IDENTIFICATION, REFERRAL & FOLLOW-UP (EIRF) TOPICS TO BE COVERED

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



EIRF OVERVIEW

- **Context – Zero Suicide Approach**
 - 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)

EIRF OVERVIEW

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">• Web-based form or Excel upload into SPDC
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

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 this 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 Screening or GLS Trained Gatekeeper
- De-identified individual-level information about youth identified
 - by a gatekeeper
 - through a screening tool

OMB No. 0930-0284
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**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

State/Tribal EIRF-Individual Form V5
04/2016

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HOW CAN THE EIRF SERVE YOU?

- Gatekeeper training 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!

STEPS TO COMPLETING THE EIRF

Identify appropriate program activities



Identify opportunities for data collection



Establish processes for data collection



Complete the forms



Submit and review data at least quarterly

STEP 1: IDENTIFY APPROPRIATE PROGRAM ACTIVITIES

Types of Identifications

- Gatekeeper Identifications
- Screening 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

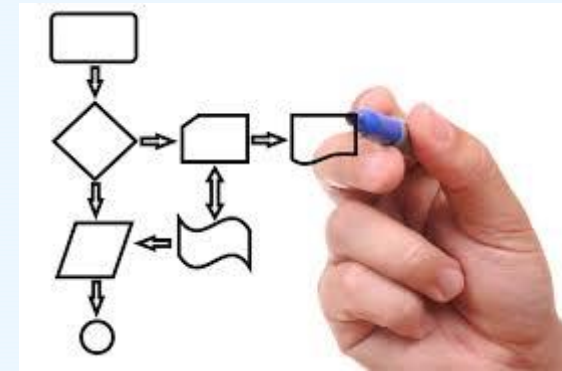
The below tables are a framework for you to have a discussion among your team, and with your program partners, about EIRF data collection. Following your planning discussion, please complete the EIRF strategy table, on page 4.

EIRF TRAINING Framework <i>Please use the below questions as a guide for discussing how to collect EIRF data from training activities.</i>	Notes
<p><i>Understanding the program</i></p> <ul style="list-style-type: none">✓ <i>What type of trainings will you be conducting (QPR, <u>Kognito</u>, etc.)?</i>✓ <i>In what settings (e.g. schools, community-based, providers)?</i>✓ <i>Who is being trained (e.g. adults, peers, school staff, ER staff, etc.)?</i>✓ <i>Who are the subcontractors or partners you will work with?</i>✓ <i>Are MOUs or other agreements required with those receiving trainings regarding the collection and sharing of data? Do you need TA around instituting this?</i>✓ <i>Where are youth referred if they are identified by a trained gatekeeper?</i>✓ <i>Is there a formal referral protocol in place and is it shared during the gatekeeper training?</i>✓ <i>If there are no formalized referral protocols, are there plans to create them? If so, what are those plans?</i>✓ <i>Where do youth typically go for treatment or services? Do you have or need formalized relationships with any of these provider organizations?</i>✓ <i>Are there any barriers or challenges for youth to receive services (e.g. long wait times or long travel distances)?</i>	

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 (e.g. survey monkey)

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>
<p>Screenings</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>				

STEP 4: COMPLETING THE FORMS

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

COMPLETING THE EIRF-S

CMB I fo. 0930-0286
Expiration Date: March 31, 2019

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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

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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

- 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
 - Bisexual
 - Information Missing
- Ethnicity *Select one*
 - Hispanic/Latino (complete 5a)
 - Non-Hispanic/Latino
 - Information Missing

State/Tribal EIRF-Individual Form VS
04/2016

Page 1

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

- Date of identification: _____ / _____ / _____
MM DD YYYY
- ZIP code where the youth was identified _____
- 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

State/Tribal EIRF-Individual Form VS
04/2016

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ANNOTATED GUIDES

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

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

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

GLS National Outcomes Evaluation
EIRF Individual Form V5: Annotated - Updated 7/2016 * Page 1

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

6. **Race** *Select all that apply*

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

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)

GLS National Outcomes Evaluation
EIRF Individual Form V5: Annotated - Updated 7/2016 * Page 2

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 gl-eirf@icf.com



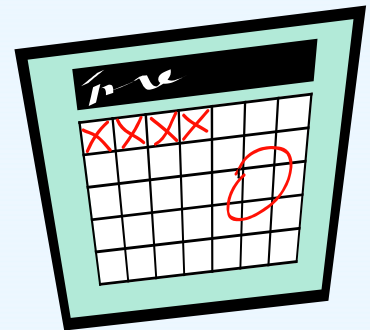
STEP 5: DATA SUBMISSION AND REVIEW

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

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 Lead,
Nora Kuiper
Gls-eirf@icf.com



QUESTIONS?





Jessie Rouder
BHPS Data Collection Liaison
Jessie.Rouder@icf.com

Behavioral Health Provider Survey

BEHAVIORAL HEALTH PROVIDER SURVEY (BHPS) TOPICS TO BE COVERED

- Purpose
- Administration
- Implementation and logistics
- Timeline



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

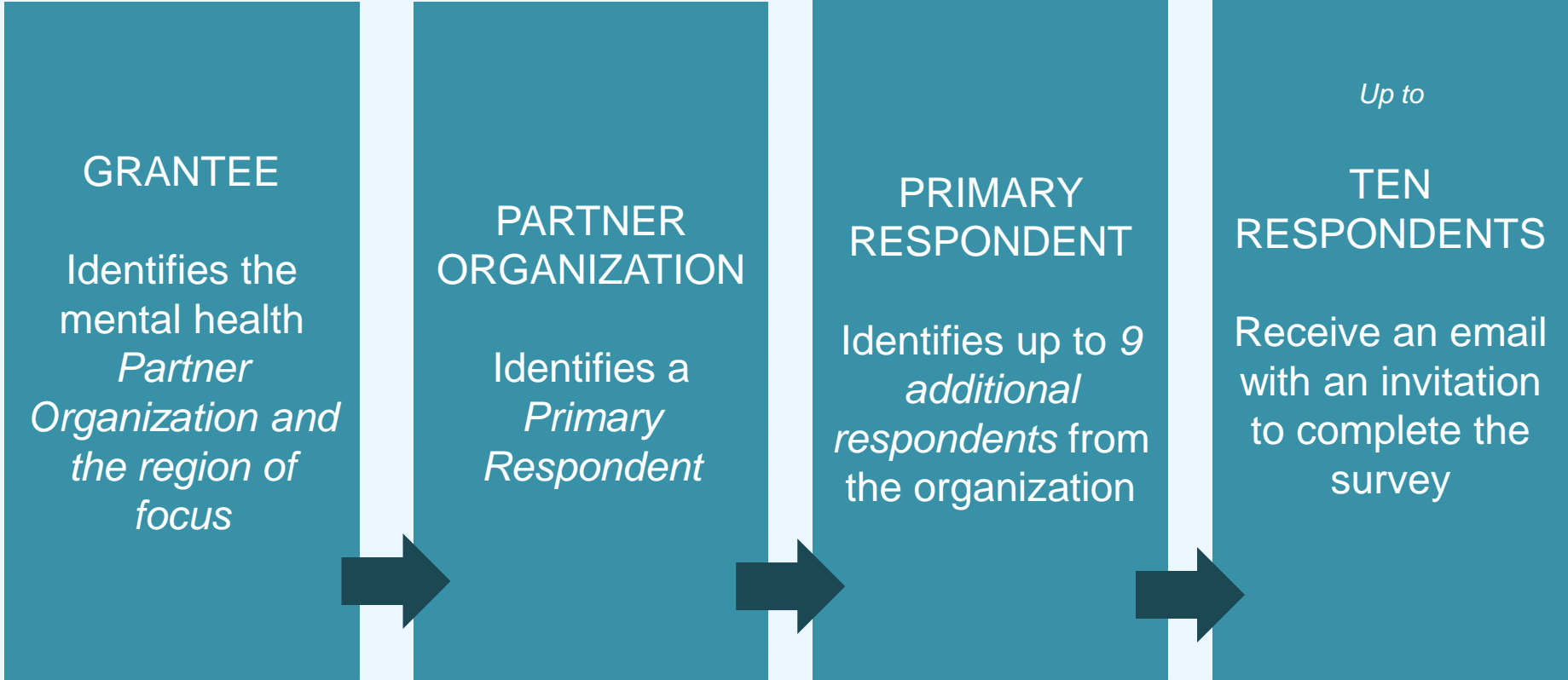
Goal 8. Promote suicide prevention as a core component of health care services

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 2018

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



POLL QUESTION



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

WHAT MAKES A GOOD PRIMARY RESPONDENT?

The primary respondent should be able to gather information regarding:

- Annual numbers for screenings, risk assessments, number of individuals contacted for missed appointments, number of safety plans, etc.
- Organization's approach to measuring and reporting suicide deaths and attempts
- Contact with the GLS grantee

WHAT MAKES A GOOD PRIMARY RESPONDENT?

The Primary Respondent will receive a copy of the survey ahead of time so they can compile this information for data entry

WHAT MAKES A GOOD ADDITIONAL RESPONDENT?

Additional respondents should be “on the ground” staff

Ideally, they are supervisory-level clinicians who can provide a broader view of care practices within the organization

TIMELINE

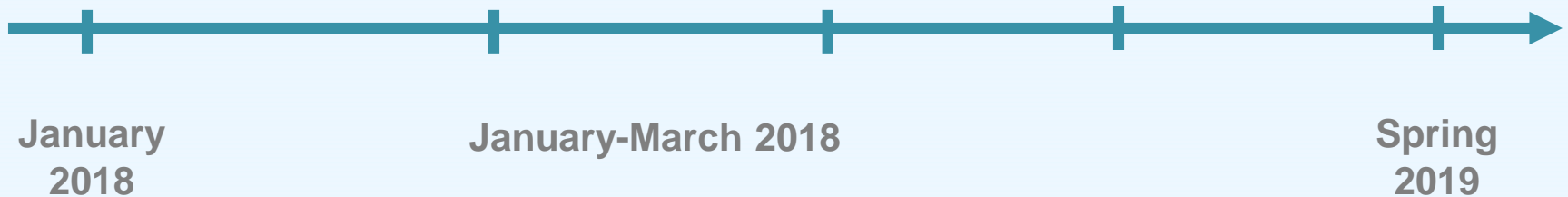
Grantees will be contacted to provide contact information for the partner organization

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

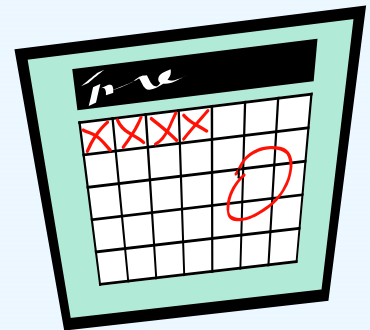
Respondents who complete the survey will receive a \$10 gift card

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



BHPS NEXT STEPS

- Determine partner organization and primary respondent
- Share contact information with BHPS lead
- Notify your partner organization and encourage participation



QUESTIONS?



TECHNICAL ASSISTANCE LIAISON (TAL) CONTACT

State TAL:

Tasneem Tripathi

Tasneem.Tripathi@icf.com

203-482-6327 (*PST*)



DATA COLLECTION LIAISON CONTACTS

NOE Instrument	Data Collection Liaisons (DCLs)
Prevention Strategies Inventory (PSI) and Early Identification, Referral, and Follow-up (EIRF)	Nora Kuiper Gls-psi@icf.com and Gls-eirf@icf.com 404-592-2139 (EST)
Training Activity Summary Page (TASP) and Training Utilization and Preservation Survey (TUP-S)	Brandee Hicks Gls-tasp@icf.com and Gls-tups@icf.com 404-592-2198 (EST)
Behavioral Health Provider Survey (BHPS)	Jessie Rouder Gls-bhps@icf.com 516-887-3201 (EST)

