GLS State/Tribal National OMB and IRB Approved National Outcome Evaluation Instruments (as of November 2014)

Instrument	Participation			Description	Respondent	Administration Method	Administration Period
	C7	C8	C9				
Prevention Strategies Inventory (PSI)	✓	✓	✓	The **PSI** is completed *quarterly* by grantees to include suicide prevention program strategies and products as follows: (1) different types of strategies implemented and products distributed, (2) populations of focus per strategy, (3) total amount of GLS funds (including in-kind) expended to date, and (4) percent of funds expended to date by activity type.	Grantee program staff	Information about strategies are gathered by grantee and entered into the Suicide Prevention Data Center (SPDC)	Quarterly, throughout the grant period beginning in January following grant award
Training Activity Summary Page (TASP)	✓	✓	✓	The **TASP** collects aggregate-level information about trainings implemented by S/T grantees including training zip codes. The TASP is required to accurately reflect the number of training activities and participants trained at the S/T and GLS Program levels. Each TASP must have a training ID assigned by the grantee.	Grantee program staff	TASP information gathered by grantee and entered into the SPDC via web-based survey or upload spreadsheet.	Each TASP must have a training ID assigned by the grantee and be entered into the SPDC *within 2 weeks* of the training activity. TASP forms should be submitted on an ongoing basis (as trainings are provided), throughout the grant period.

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	C7	C8	C9				
Training Utilization & Preservation Survey (TUP-S)	✓	✓	✓	The **TUP–S** is a quantitative survey conducted with a random sample of training participants to examine participant knowledge, skills, and techniques retained *3 months* after the training. The TUP-S includes measures of participant self-efficacy, awareness, education efforts, and gatekeeping behaviors (identification/referral), as well as demographic information. Grantees will obtain consent-to-contact for the TUP-S at training events and the ICF team will administer the survey using Computer Assisted Telephone Interviewing (CATI) technology 3 months later.	All training participants complete consent-to-contact forms. Random sample of training participant complete the CATI TUP-S survey via phone.	Grantee program staff/training facilitators distribute and gather consent-to-contact forms and send to ICF. ICF interviewers contact random sample of trainees via phone to administer TUP-S (CATI survey).	TUP-S consent-to-contact forms must have a training ID assigned by the grantee and submitted to ICF *within 2 weeks* of the training activity. TUP-S consent-to-contact forms should be gathered/ submitted to ICF on an ongoing basis (as trainings are provided), throughout the grant period. TUP-S surveys are administered on an ongoing basis (as trainings are provided), throughout the grant period.
TUP-S 6-Month Follow-up (TUP-S-6 Month)	✓	✓	✓	The **TUP-S-6 Month** is a follow-up to be conducted with a random sample of training participants that participated in the TUP-S. The TUP-S-6 Month is identical to the TUP-S without the demographic questions. The survey examines participant knowledge, skills, and techniques retained *6 months* after the original training. Respondents must have participated in the TUP-S and agreed to be re-contacted in 3 months for the follow-up survey.	All training participants complete consent-to-contact forms. Random sample of trainees who completed the TUP-S will be selected to complete the CATI TUP-S 6-month survey via phone	ICF Interviewers who administer the TUP-S will gather consent-to-contact from training participants at the end of their surveys. ICF interviewers contact random sample of trainees via phone to administer TUP-S 6-month (CATI survey). Grantee program staff are not involved in data collection or administration.	Consent-to-contact for the TUP-S 6-month is gathered on an ongoing basis throughout the grant period. TUP-S 6-month surveys are administered on an ongoing basis (as trainings are provided), throughout the grant period.

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	C7	C8	C9				
Early Identification, Referral, and Follow-up Individual Form (EIRF)	✓	✓	✓	The **EIRF** collects individual-level information about youth identified at-risk by gatekeepers and/or via screening tools as part of the S/T suicide prevention programs. Grantee staff will collect and submit EIRF data for each youth identified *ongoing*: ▪ Youth EIRF participant ID and demographics ▪ Identification details (setting, source, location, and date) ▪ Referral details (date, mental or non-mental health referral, and strategy [active, passive]) ▪ Initial follow-up to the referral (if service was received; date, location, type of services received at initial appointment; and whether a mental health referral was made at the time) ▪ Second follow-up to the referral (if service was received; date, location, type of services received at one follow-up appointment; and if a mental health referral was made) Initial referral follow-up information should be obtained within 3 months and details from the second follow-up should be gathered within 6 months.	• Data abstraction • No primary data collection	EIRF information compiled by grantee and entered into the SPDC via web-based form or upload spreadsheet.	EIRF information is gathered and entered at least quarterly on an ongoing basis, throughout the grant period.

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	C7	C8	C9				
Early Identification, Referral, and Follow-up Screening Form **(EIRF-S)**	✓	✓	✓	The **EIRF-S** collects aggregate-level information on youth identified as at-risk via screening tools used by GLS grantee. Grantees using screening tools to identify at-risk youth are required to complete the EIRF-S <u>and</u> the EIRF *ongoing* across the grant period. Specifically, the EIRF-S is to be completed as follows: (1) once per each implementation of a screening tool in a group setting, (2) once per month for clinical screenings, and (3) once per month for one-on-one screenings. Grant staff must obtain adult consent for youth to participate in advance of screening, and complete the EIRF for youth identified as at risk. The EIRF-S requests the following: screening tool details; numbers of consents distributed, returned, and permitting screening; unduplicated count of youth screened; unduplicated count of youth initially scored positive but determined to be non-positive in one-on-one post-screening debrief; and final unduplicated count of positive youth (still positive after debrief); and demographic information. **Grantee: data collection, data entry into SPDC**	Data abstraction No primary data collection	EIRF information compiled by grantee and entered into the SPDC via web-based form or upload spreadsheet.	EIRF information is gathered and entered at least quarterly on an ongoing basis, throughout the grant period.

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Referral Network Survey **(RNS)**	✓	✓	✓	The **RNS** will be conducted ***twice during the grant period*** with grantee program stakeholder agencies and organizations that are responsible for identifying, referring, and treating at-risk youth. The RNS examines (1) how agencies and organizations use collaboration/integration to share and transfer knowledge, resources, and technology; (2) how networks influence referral mechanisms, service availability, and service use; and (3) how networks address the needs of youth who attempt suicide and their families. ICF staff will use training event zip codes from the TASP to determine the county or region where the grantee has the greatest impact and grantees will provide contact information for up to three organizations in the area. Then staff will contact organizations to request network information and identify the entire referral network for the area using snowball sampling. ICF staff will then contact each organization to conduct the RNS.	Representatives of youth-serving organizations and/or agencies that form referral networks supporting youth identified at risk	Grantee provides evaluation team with three organization contacts. ICF evaluation team administers web-based survey to representatives of youth-serving organizations	RNS will be conducted twice during the grant period in years 2 and 3.