



GARRETT LEE SMITH (GLS) DATA COLLECTION INSTRUMENTS & SUBMISSION PROCESSES PART 2 FOR STATE/TRIBAL GRANTEEES

January 19, 2016

Jane Carmona, MPH



WEBINAR VIDEO AND HANDOUTS

- Today's Webinar is being recorded.
- The video will be made available on the Suicide Prevention Resource Center website and the Suicide Prevention Data Center (SPDC).
- These slides are available for downloading in the Files pod.

NEED ASSISTANCE?

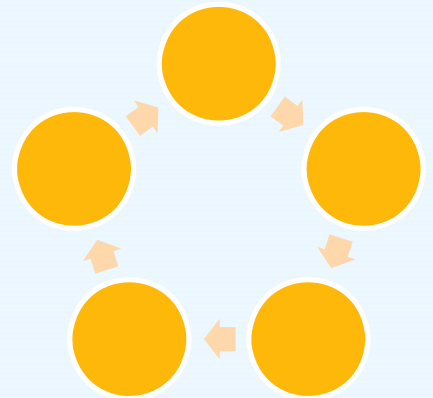
- Questions?
 - Submit questions in the Q&A pod.
 - I will read the questions to our presenter during Q&A intervals.
- For technical support
 - Contact me via the Q&A pod.
 - E-mail me at Betty.Treschitta@icfi.com.



ON TODAY'S AGENDA

- GLS National Outcomes Evaluation Design
- Early Identification, Referral & Follow-up Form (EIRF)
- Next Steps

GLS SUICIDE PREVENTION NATIONAL OUTCOMES EVALUATION



CORE AND ENHANCED STUDIES

GLS National Outcomes Evaluation

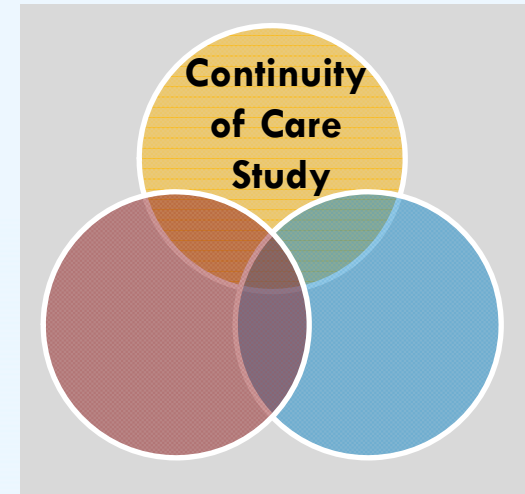


**Cross-core, technical assistance,
evaluation needs assessment**

IMPACT, OUTCOME, & IMPLEMENTATION ANALYSIS

- Study core analysis
- Enhanced study analysis
- Program level analysis

- Expert Panel
- Subcontractors



EARLY IDENTIFICATION, REFERRAL & FOLLOW-UP (EIRF)

TOPICS TO BE COVERED

- ✓ EIRF Context
- ✓ Purpose of the EIRF
- ✓ EIRF Data Collection
- ✓ EIRF Forms and Data Entry
- ✓ EIRF Resources



CONTEXT- ZERO SUICIDE

- 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



WHAT IS THE PURPOSE OF THE EIRF?

- 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



WHAT IS THE EIRF?

- Two 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: January 31, 2017

Cross-site Evaluation of the Garrett Lee Smith (GLS) State/Tribal Youth Suicide Prevention and Early Intervention Program

EIRF Screening Form

Name of Grantee: _____

Date of Screening (mm/dd/yyyy): _____

Name of screening tool:

- TeenScreen
- Screening tool in SOS
- Other _____

Version used: _____

Sensitivity level used (if applicable): _____

Where did the screening take place?

- High School
- College or University
- Mental Health Agency
- Child Welfare Agency
- Juvenile Justice Agency
- Physical Health Agency (e.g., primary care, pediatrician's office, etc.)
- Community-based organization, recreation or after school activity
- Law Enforcement Agency
- Other (Please describe: _____)

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

Expiration Date: January 31, 2017

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.

Cross-site Evaluation of the Garrett Lee Smith Memorial (GLS) State/Tribal Youth Suicide Prevention and Early Intervention Program

Early Identification, Referral and Follow-up (EIRF) Individual Form

Date: (Date of identification):
Month Day Year

Participant ID (Site-assigned):

Sources of information used to complete this form. (Select all that apply.)

- Case record review or existing data system
- Directly from a provider (i.e., case manager, clinician, mental health professional)
- Directly from a gatekeeper (i.e., not a mental health professional)
- Other (Please describe – e.g. "self": _____)

Early Identification Activity Setting (Select one.)

- High school
- College or University
- Child Welfare Agency

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 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



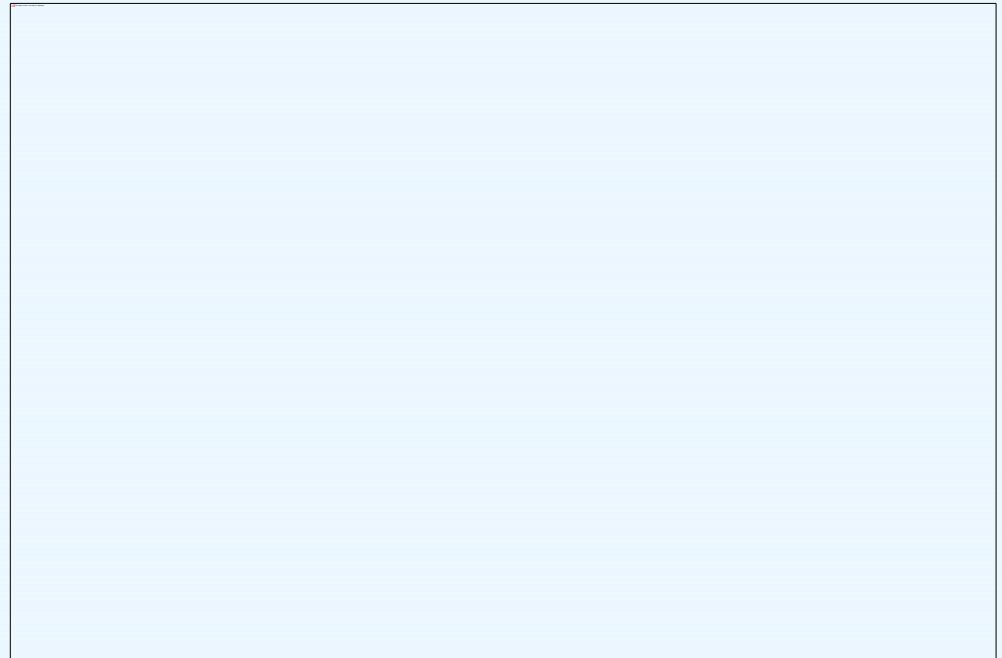
PATHWAYS TO CARE

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



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					

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 gatekeeper</p>

COMPLETING THE EIRF-S

Cross-site Evaluation of the Garrett Lee Smith (GLS) State/Tribal Youth Suicide Prevention and Early Intervention Program

EIRF Screening Form

Name of Grantee: _____
Date of Screening (mm/dd/yyyy): _____

Name of screening tool:

- TeenScreen
- Screening tool in SOS
- Other _____

Version used: _____

Sensitivity level used (if applicable): _____

Where did the screening take place?

- High School
- College or University
- Mental Health Agency
- Child Welfare Agency
- Juvenile Justice Agency
- Physical Health Agency (e.g., primary care, pediatrician's office, etc.)
- Community-based organization, recreation or after school activity
- Law Enforcement Agency
- Other (Please describe: _____)

Zip code where the screening took place: _____

Who was screened?

- All youth in attendance
- Youth meeting particular criteria (eligibility criteria used _____)

Number of consent forms distributed: _____

Number of consent forms returned: _____

Number of consent forms permitting screening: _____

Unduplicated count of number screened: _____

(Pertains to the number of youth who took the screening questionnaire)

Unduplicated count of youth who scored positive on the screening questionnaire only:

(Pertains to the number of youth who screened positive on the initial questionnaire [e.g., Columbia Health Screen, Diagnostic Predictive Scales or Brief Screen for Adolescent Depression] but were determined to be negative by the mental health or school professional during the one-on-one interview/debriefing following the administration of the questionnaire.)

Unduplicated count of number screened positive: _____

Pertains to youth who:

- 1) Screen positive on the screening questionnaire and are deemed to be at risk during the one-on-one interview/debriefing following the administration of the questionnaire;
- 2) Do not screen positive for suicide risk on the screening questionnaire but are deemed to be at risk during the one-on-one interview/debriefing following the administration of the questionnaire; OR
- 3) Self-identify at any point during the screening process.)

Gender

Please indicate the number of youth screened in the following gender categories. Numbers should sum to the total number of youth screened, since each individual screened should fall under a single gender category.

- ____ Male
- ____ Female
- ____ Transgender
- ____ Other (Please specify: _____)
- ____ Information on gender is missing

Age

Please indicate the number of youth screened of the following ages. Numbers should sum to the total number of youth screened, since each individual screened should fall under a single age category.

- ____ 10-15
- ____ 16-20
- ____ 21-24
- ____ Information on age is missing

Please note that Hispanic ethnicity and race are asked separately because in the Federal statistical system Hispanic ethnic origin is considered to be a separate construct from race.

Race

Please indicate the number of youth screened in the following race categories. Numbers should sum to the total number of youth screened, since each individual screened should fall under one of the below single race or multiple race categories.

Individuals of a single race

- ____ American Indian or Alaska Native
- ____ Asian
- ____ Black
- ____ Native Hawaiian or Other Pacific Islander
- ____ White

Individuals of more than one race [if youth is of more than two races please include the youth in the category that most closely describes the youth]

COMPLETING THE EIRF-I

OMB No. 0930-0286

Expiration Date: January 31, 2017

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Cross-site Evaluation of the Garrett Lee Smith Memorial (GLS) State/Tribal Youth Suicide Prevention and Early Intervention Program

Early Identification, Referral and Follow-up (EIRF) Individual Form

Date: (Date of identification):
Month Day Year

Participant ID (Site-assigned):

Sources of information used to complete this form. (Select all that apply.)

- Case record review or existing data system
- Directly from a provider (i.e., case manager, clinician, mental health professional)
- Directly from a gatekeeper (i.e., not a mental health professional)
- Other (Please describe – e.g., “self”: _____)

Early Identification Activity Setting (Select one.)

- High school
- College or University
- Child Welfare Agency
- Juvenile Justice Agency
- Law Enforcement Agency
- Physical Health Agency (e.g., primary care, pediatrician’s office, etc.)
- Mental Health Agency
- Community-based organization, recreation or after school activity
- Home
- Emergency Response Unit or Emergency Room
- Digital medium (e.g. Facebook or text message)
- Other (Please describe: _____)

Zipcode where the youth was identified

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Source of Early Identification of Youth (Select one)

- Screening (Select this option for all youth identified at-risk through a group screening activity corresponding to an EIRF Screening Form no matter who conducted the screening. This response option should be selected for each youth determined to be at risk at the conclusion of the entire screening process—for example, following the post-screening interview or debriefing process.)
- Family member/ Foster family member / Caregiver
- Mental health service provider (e.g., clinician, school counselor, etc.)
- Teacher or other school staff except school counselor (including college or university staff)
- Community based organization, recreation, religious, or after school program staff
- Child welfare staff
- Probation officer or other juvenile justice staff
- Primary care provider (i.e., pediatrician)
- Emergency responder or emergency room staff
- Police officer, security guard, or other law enforcement staff
- Peer
- Other (Please describe – e.g., “self”: _____)

Section I. Early Identification

1. Youth Age: (years)

2. Youth Gender:

- Male
- Female
- Trans male/Trans man
- Trans female/Trans woman
- Gender non-conforming
- Other (Please specify) _____

3. Youth Sexual Orientation

- Heterosexual (that is straight)
- Gay or Lesbian
- Bisexual
- Not sure

4. Is the youth of Hispanic or Latino cultural/ethnic background?

- Yes
- No [Skip to item 5]
- Don't know [Skip to item 5]

STEP 5: DATA SUBMISSION AND REVIEW

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Early Identification, Referral, and Follow-Up Individual and Screening Forms

PURPOSE OF Early Identification, Referral, and Follow-Up Individual and Screening Forms: *The EIRF collects information on youths GLS programs through a GLS sponsored screening or by a GLS trained gatekeeper. It gathers information about the referrals for services, and the linkages to those services through trained gatekeepers or screenings.*

Upload EIRF Individual
Data

Enter New EIRF
Individual Form

View/Edit EIRF
Individual Data

Download EIRF
Individual Data

Upload EIRF Screening
Data

Enter New EIRF
Screening Form

View/Edit EIRF
Screening Data

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Screening Data

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DATA REVIEW

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ICF Demo Grantee - State/Tribal Cohort 9 Site ID: 9982

Early Identification, Referral, and Follow Up (EIRF)	Date of Last EIRF-I Submission: 12/28/2015 Date of Last EIRF-S Submission: 08/11/2015	Total Number of Individual Forms submitted: 30 Total Number of Screening Forms submitted: 1 Number of Data Issues to Resolve: 6
Training Activities (TASP and TUPS)	Date of Last TASP submission: 08/12/2015	Total Number submitted: 2 Total Number of TUPS Consents received: Number of Data Issues to Resolve: 0
Prevention Strategies Inventory (PSI)	Current PSI Status:	Total Number of strategies:

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DATA REVIEW

EIRF-I Manual Review

Use this screen to review manual errors for the EIRF-I.

Instrument	U_ID	Efpid	Sub-Date	Issue	Explanation	Not Resolvable	Comments from Grantee
EIRF-I	929	70600463	10/22/2015	Other source of identification: CT himself, CT's ID	test test	<input checked="" type="checkbox"/>	<input type="text" value="explain here...."/>
EIRF-I	929	70600463	10/22/2015	Other service 1 received: case management	please change	<input type="checkbox"/>	<input type="text"/>
EIRF-I	932	70601271	10/22/2015	Other service 1 received: Case Management	test fix	<input type="checkbox"/>	<input type="text"/>
EIRF-I	932	70601271	10/22/2015	Other reason for no service 2: CI	test leave	<input type="checkbox"/>	<input type="text"/>
EIRF-I	934	61203117	12/28/2015	Other source of identification: USED TO BE SELF	Change response from SELF	<input type="checkbox"/>	<input type="text"/>
EIRF-I	934	61203117	12/28/2015	Other reason for no service 1: Youth was incarcerated	Do nothing	<input type="checkbox"/>	<input type="text"/>

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EDITING YOUR EIRF DATA

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Early Identification, Referral, and Follow-Up Individual Forms

Show entries

Search:

Submitted to the SPDC	Participant ID	Identification Date	Status	
			Not Completed	Delete Edit View
2015-10-22	12345678	2015-02-02	Completed	Delete Edit View
2015-10-22	21000065	2015-01-13	Completed	Delete Edit View
2015-10-22	21000070	2015-01-30	Completed	Delete Edit View
2015-10-22	21000129	2015-01-28	Completed	Delete Edit View
2015-10-22	70600464	2014-09-16	Completed	Delete Edit View
2015-10-22	70600359	2014-07-28	Completed	Delete Edit View
2015-10-22	70600402	2014-08-27	Completed	Delete Edit View
2015-10-22	70600427	2014-08-22	Completed	Delete Edit View
2015-10-22	70600463	2014-09-22	Completed	Delete Edit View

Showing 1 to 10 of 31 entries ◀ Previous Next ▶

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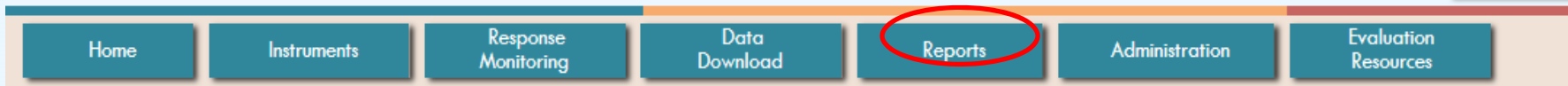
EIRF REVIEW

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 REPORTS

- Access under “Reports” on the SPDC

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Reports - State/Tribal

To view Excel files, download the [Excel Viewer](#)

To view PDF files, download the [Adobe® Acrobat® Reader](#)

GUIDE TO REPORTS AVAILABLE ON THE SPDC

[Guide to Reports Available on the SPDC](#)

[Go to Archived Reports](#)

<https://www.suicideprevention-datacenter.com>

GRANTEE SUMMARY REPORT

A	B	C	D	E	F
	Access to Services				
		Identified by Screening	Identified by Gatekeeper	Total*	
	Number of youth identified at risk	(n=806)	(n=1,304)	(n=2,111)	
	Percent of youth referred for either mental health or non-mental health service, out of those identified	88.0% (n=736)	68.3% (n=925)	77.1% (n=1,662)	
	Percent of youth referred for non-mental health service, out of those identified	58.4% (n=736)	34.1% (n=925)	44.8% (n=1,662)	
	Percent of youth referred for mental health service, out of those identified	64.0% (n=736)	52.0% (n=925)	57.3% (n=1,662)	
	Percent of youth received first mental health service 3 months following referral, out of those referred to mental health service	70.4% (n=291)	73.6% (n=383)	72.3% (n=675)	
	Percent of youth received second mental health service, out of those who received first mental health service	46.7% (n=15)	87.0% (n=54)	78.6% (n=70)	
	*Total column reflects the overall number of youth identified at risk, regardless whether they miss information on source of identification.				

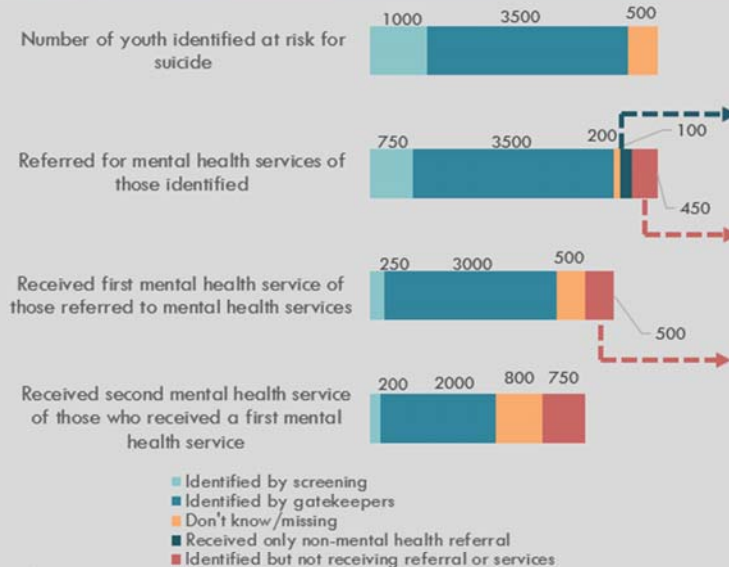
INFOGRAPHIC

Garrett Lee Smith Youth Suicide Prevention National Outcomes Evaluation: XXX 2015

ACCESS TO SERVICES FOR YOUTH IDENTIFIED AND REFERRED TO MENTAL HEALTH SERVICES

GRANTEE NAME

"The programmatic approach of Zero Suicide is based on the realization that suicidal individuals often fall through multiple cracks in a fragmented and sometimes distracted health care system, and on the premise that a systematic approach to quality improvement is necessary"



After identification, some youth may be referred to only non-mental health providers. Access to non-mental health services are not tracked by the EIRF.



Top Three Reasons a Youth was Not Referred to Mental Health Services (N=450)

- 33% Had no transportation available
- 33% did not show up
- 33% did not have insurance

Top Three Reasons a Youth Did Not Receive a Mental Health Service (N= 500)

- 33% Had no transportation available
- 33% did not show up
- 33% did not have insurance



- Early Identification, Referral, and Follow-up Individual Forms (EIRF) have been collected for XXX total youth in Cohort XX
- For all identifications made by Cohort XX grantees, ___ are referred for MH services; of those referred, ___ % receive a first mental health service within three months of the date of identification

COHORT
XX

Data from ___ through ___; Data Source: Early Identification, Referral and Follow-up – Individual Form(EIRF)

The Garrett Lee Smith (GLS) Suicide Prevention National Outcomes Evaluation is supported through contract no. HHSS283201200007/HHSS28342002T (reference no. 283-12-0702) awarded to ICF International by the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). Questions about the information presented can be directed to your ICF Technical Assistance Liaison (TAL). For more information about the GLS National Outcomes Evaluation, contact Nahama Broner, Ph.D. - Project Director (Nahama.broner@icfi.com) or Christine Walrath, Ph.D. - Principal Investigator.

DATA DOWNLOAD

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Data Download - State/Tribal

Files downloaded will contain the most recent version of data submitted to the GLS-SPDC. To download a file, select the instrument and the grantee from the list below, then click the "Download Data" button below the dropdown lists.

[Go to Archival Data Download](#)

STATE/TRIBAL INSTRUMENTS

Please select an instrument

STATE/TRIBAL GRANTEES

Please select a grantee

SELECT FORMAT

Tab-Delimited Text File

Excel

Download State/Tribal Data

ADDITIONAL EIRF RESOURCES

The EIRF

resource guide

Take advantage of all the EIRF resources available to you!

Purpose and Overview of the EIRF

AIM

The purpose of the EIRF is to collect information on youths GLS programs have identified as being at risk for suicide either through a GLS sponsored screening or by a GLS trained gatekeeper. It gathers information about the referrals for services, and the linkages to those services, for the youth identified as being at risk for suicide through trained gatekeepers or screenings.

The instrument consists of two forms: the EIRF Individual Form and the EIRF Screening form.

The EIRF is meant to align with best practice in the identification of youth, aligning with systems that should be in place to track youth who are identified as at risk for suicide in order to ensure that they are linked to appropriate care.

11 ways to learn more about the EIRF:

Whether you have been around the EIRF for ages or are brand new, these resources were designed to keep you informed on all things EIRF.

1. Manual

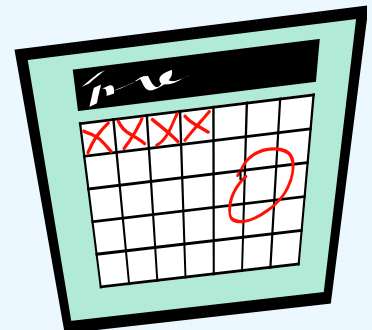
The EIRF Manual provides a comprehensive introduction to the EIRF. It provides an overview of the instruments- covering the who, what, where, why, when, and how of the EIRF, guidance on how to submit and access data, and definitions of key terms.

2. Annotated Guides

There are two "beefed up" guides- one for the individual form, and one for the screening form. Both annotated guides provide item specific instructions and guidelines on how to complete the EIRF forms.

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

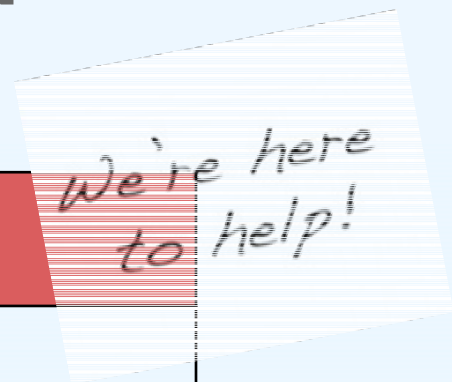


EIRF CONTACT INFORMATION

For help with the EIRF you may:
Contact the EIRF Instrument Lead,
Jane Carmona at:
Gls-eirf@icfi.com



TECHNICAL ASSISTANCE LIAISON CONTACTS



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

DATA COLLECTION LIAISON CONTACTS

NOE Instrument	Data Collection Liaisons (DCLs)
Prevention Strategies Inventory (PSI)	Erin Maher Gls-psi@icfi.com 617-250-4289 (<i>Eastern Time Zone</i>)
Training Activity Summary Page (TASP) and Training Utilization and Preservation Survey (TUP-S)	Brandee Hicks Gls-tasp@icfi.com and Gls-tups@icfi.com 404-592-2198 (<i>Eastern Time Zone</i>)
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QUESTIONS?

