The Garrett Lee Smith (GLS) Suicide Prevention National Outcomes Evaluation is supported through contract no. HHSS2832012000071/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).

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

CORE & ENHANCED STUDY ANALYSIS
(Including Implementation and Proximal Outcomes)

- **Continuity of Care Study:** Assessing system conditions, capacity, and infrastructure.
- **Exploratory Study of Factors Influencing Care**
- **Suicide Safer Environment:** Assessing grantee and provider practices within healthcare settings.
- **Training Study:** Assessing grantee training activities, settings, and recipients.
- **Randomized Control of Role Play and Booster Training**
- **Quasi-Experimental Study Utilizing Medicaid Data**

**Cross Program Analysis and Impact:**
Addresses evaluation questions that cut across the three studies (core and enhanced) and utilizes secondary data sources as well as data collected from currently and previously funded grantees to assess the impact of suicide prevention activities on ultimate outcomes such as mental health service utilization, suicide attempts, and suicide deaths and explores where feasible the cost of implementation relative to the impact.
TRAINING INSTRUMENTS

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

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

To Collect Aggregate Data

- Date of Training
- # of Attendees < 18 Years Old
- WD2 Indicator
- Type of Training
- Intended Outcome
- Role of Participants
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
### 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**: Select one below.
   - American Indian Life Skills Development
   - Assessing and Managing Suicide Risk (AMSR)
   - Applied Suicide Intervention Skills Training (ASIST)
   - Assessment of Suicidal Risk Using the Columbia Suicide Severity Rating Scale (C-SSRS)
   - Counseling on Access to Lethal Means (CALM)
   - Connect Suicide Postvention Training
   - Campus Connect Suicide Prevention Training for Gatekeepers (Faculty and Staff)
   - Campus Connect Suicide Prevention Training for Gatekeepers (Students)
   - Cognitive Behavioral Therapy (CBT)
   - Chronological Assessment of Suicide Events (CASE)
   - Commitment to Living
   - Dialectical Behavior Therapy (DBT)
   - Jason Foundation Training Modules
   - Kognito At-Risk
   - Kognito At-Risk in Primary Care
   - Kognito At-Risk in the ED
   - Lifelines
   - Question, Persuade, and Refer (QPR)
   - QPR for Nurses
   - QPR for Physicians, Physician Assistants, Nurse Practitioners, and Others
   - QPR-T (suicide risk assessment and training course)
   - Response (a comprehensive high school-based suicide awareness program)
   - Recognizing and Responding to Suicide Risk (RRSR)
   - safeTALK
   - Safety Planning Intervention for Suicide Prevention
   - Seeking Safety
   - Signs of Suicide (SOS)
   - Sources of Strength
   - Suicide Prevention 101
   - Suicide Prevention 102
   - Suicide Prevention 103
   - Suicide Prevention 104
   - Suicide Prevention 105
   - Suicide Prevention 106
   - Suicide Prevention 107
   - Suicide to Hope: A Recovery and Growth Workshop
   - suicideCare
   - Suicide-Informed Cognitive Behavioral Therapy (CBT)
   - Trevor CARE
   - Unlocking Suicidal Secrets: New Thoughts on Old Problems in Suicide Prevention
   - Yellow Ribbon
   - Youth Depression & Suicide: Let’s Talk
   - Other [Complete 4a and 4b]
5. **Primary intended outcome for participants in this training? Select one.**
   - Screen youths for suicide behaviors (using a screening tool)
   - Have conversations about suicide and suicide prevention with youths and others
   - Identify youths who might be at risk for suicide
   - Provide direct services to youths at risk for suicide and/or their families
   - Train other staff or community members
   - Make referrals to mental health services for at-risk youths
   - Work with adult at-risk populations
   - 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?**
   - Yes
   - No
10. **Is this an online training?**
    - Yes
    - No
11. **Is this a booster or follow-up training?**
    - Yes [Go to 12]
    - No [Complete 13]
12. **Was behavioral rehearsal or role-play included as a part of the training?**
    - Yes
    - No
13. **If yes, did the training participants engage in the behavioral rehearsal or role-play during the training event?**
    - Yes
    - 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

<table>
<thead>
<tr>
<th>txsdate</th>
<th>txsid</th>
<th>txsname</th>
<th>txsnewtyp</th>
<th>txsprimout</th>
<th>txsfac</th>
<th>txsnum_us</th>
<th>txsnum_gs</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm/dd/yyyy</td>
<td>Numeric</td>
<td>Text</td>
<td>Numeric</td>
<td>Numeric</td>
<td>Text</td>
<td>Numeric</td>
<td>Numeric</td>
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<td>mm/dd/yyyy</td>
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<tr>
<td>mm/dd/yyyy</td>
<td>Numeric</td>
<td>Text</td>
<td>Numeric</td>
<td>Numeric</td>
<td>Text</td>
<td>Numeric</td>
<td>Numeric</td>
</tr>
</tbody>
</table>
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
Commonly Asked Questions

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

What if I have more than 100 trainings?

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

- Decide
- Organize
- Create
- Review
- Write
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 |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who are the TUP-S respondents?</strong></td>
<td>• Random sample of trainees who consent to be contacted at 3- and 6- months</td>
</tr>
<tr>
<td><strong>How is the TUP-S administered?</strong></td>
<td>• Computer-Assisted Telephone Interview (CATI) implemented by ICF with trainees</td>
</tr>
<tr>
<td><strong>When will TUP-S be administered?</strong></td>
<td>• At 3- and 6- months following a training event; throughout the grant period</td>
</tr>
<tr>
<td><strong>Do trainees receive an incentive?</strong></td>
<td>• Yes, a $10 money order or Amazon gift code</td>
</tr>
<tr>
<td><strong>When will the TUP-S begin?</strong></td>
<td>• As soon as training activities begin</td>
</tr>
</tbody>
</table>
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
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 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 card 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.
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
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

Online forms go directly to the SPDC

Hardcopy forms are entered into a database in order received

Response monitoring table is updated on-going basis

Grantee will have access to raw data via the SPDC*

Call center begins making phone calls
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

- Review
- Determine
- Develop
- Collect
- Decide
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?
EARLY IDENTIFICATION, REFERRAL & FOLLOW-UP (EIRF)

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

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.

<table>
<thead>
<tr>
<th>EIRF TRAINING Framework</th>
<th>TAL Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Understanding the program</strong></td>
<td></td>
</tr>
<tr>
<td>✓ What type of trainings will the grantee be conducting (GPR, Kognito, etc.)?</td>
<td></td>
</tr>
<tr>
<td>✓ In what settings (e.g. schools, community-based, providers)?</td>
<td></td>
</tr>
<tr>
<td>✓ Who is being trained (e.g. adults, peers, school staff, ER staff, etc.)?</td>
<td></td>
</tr>
<tr>
<td>✓ Who are the subcontractors or partners you will work with?</td>
<td></td>
</tr>
<tr>
<td>✓ Are there MOUs or other agreements in place with those receiving trainings regarding the collection and sharing of data?</td>
<td></td>
</tr>
<tr>
<td>✓ Where are youth referred if they are identified by a trained gatekeeper?</td>
<td></td>
</tr>
<tr>
<td>✓ Is there a formal referral protocol in place?</td>
<td></td>
</tr>
<tr>
<td>✓ If there are no formalized referral protocols, are there plans to create them? If so, what are those plans?</td>
<td></td>
</tr>
<tr>
<td>✓ Where do youth typically go for treatment or services?</td>
<td></td>
</tr>
<tr>
<td>✓ Are there any barriers or challenges for youth to receive services (e.g. long wait times)?</td>
<td></td>
</tr>
<tr>
<td><strong>Incorporating data collection</strong></td>
<td></td>
</tr>
<tr>
<td>✓ What processes are in place to track youth who are identified as at risk for suicide?</td>
<td></td>
</tr>
</tbody>
</table>
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**

<table>
<thead>
<tr>
<th>Screenings</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**EIRF Strategy Table**

<table>
<thead>
<tr>
<th>WHERE will data be collected?</th>
<th>HOW will data be collected?</th>
<th>WHO will collect data?</th>
<th>WHEN will data be collected?</th>
<th>Successes &amp; Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>In which settings will the grantee be collecting EIRF data?</td>
<td>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)?</td>
<td>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). Who is responsible for overseeing data collection?</td>
<td>When will the grantee collect EIRF data? When and how will it be uploaded onto the SPDC?</td>
<td>What successes has the grantee had collecting EIRF data? What challenges?</td>
</tr>
</tbody>
</table>
QUESTIONS?
## STEP 4: COMPLETING THE FORMS

<table>
<thead>
<tr>
<th>Type of Identification</th>
<th>What to complete</th>
</tr>
</thead>
</table>
| **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

6. What screening tool was used? Select one
   □ Patient Health Questionnaire (PHQ-9)
   □ Columbia Suicide Severity Rating Scale (C-SSRS)
   □ Behavioral Health Screen (BHS)
   □ Ask Suicide Screening Questions (aSSQ)
   □ 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)?
   □ 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, pediatrics, 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

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

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

Section 1: Youth Demographics

1. Participant ID (Site-assigned)

2. Age ______ 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
   - Information Missing

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

6. If Hispanic/Latino, please specify background
   - Mexican, Mexican-American or Chicano
   - Puerto Rican
   - Cuban
   - Dominican
   - Central American
   - South American
   - Other, please specify:

7. 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

8. Date of identification: ______/_____/______

9. ZIP code where the youth was identified

9a. How 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., pediatrics, primary care, hospitals)
   - 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: ______

9b. Was this a tribal setting? Select one
   - Yes
   - No
ANNOTATED GUIDES

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

EARLY IDENTIFICATION, REFERRAL AND FOLLOW-UP (ERF) 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 ERF program. This form should be completed for every new identification of suicide risk that is made by a trained gatekeeper or screening tool, on a result of GLS activities.

This annotated ERF Individual Form provides key instructions and guidelines for completing the ERF Individual Form. As you complete the form, please note that all entries and descriptions of other information should not be seen by any local entity. Be sure that you only select a position when none of the available response options apply and that your responses are sufficient for someone who is not familiar with this program or community to interpret.

SECTION 1: YOUTH DEMOGRAPHICS

1. Participant ID (date-assigned) □ □ □ □ □ □ □ □ □ □ □ □

2. Age [ ] in years

3. Gender [ ] Select one
   □ Male
   □ Female
   □ Transgender, gender non-conforming
   □ Transgender, male-to-female
   □ Transgender, female-to-male
   □ Other, please specify:

4. Sexual Orientation [ ] Select one
   □ Heterosexual (that is straight)
   □ Gay/Bisexual
   □ Lesbian

Additional Guidance and Say Terms

2. The ERF Individual Form is only to be used once by the youth for the program. 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 any specific number.

3. The youth's age must be between 20 and 24 years.

4. The youth's sex must be between 20 and 24 years.

5. Where was the youth first identified? [ ] Select one
   □ School or school-based health center
   □ Social Services Agency (e.g., child welfare, supportive housing)
   □ Juvenile justice Agency (e.g., detention centers, treatment centers)
   □ Community-based organization (e.g., after-school programs, support groups)

6. Race [ ] Select one
   □ American Indian/Alaskan Native
   □ Asian
   □ Black or African American
   □ Hispanic or Latino
   □ Other, please specify:

7. Date of identification [ ]
   □ Month
   □ Day
   □ Year

8. Source where the youth was identified [ ]

9. Where is the youth first identified? [ ]
   □ School or school-based health center
   □ Social Service Agency (e.g., child welfare, supportive housing)
   □ Juvenile justice Agency (e.g., detention centers, treatment centers)
   □ Community-based organization (e.g., after-school programs, support groups)

For questions about how to complete this form, please contact ERF-INFO@H.org

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

Information Missing

5. [ ] Information Missing
   □ Hispanic or Latino (complete 5a)
   □ Non-Hispanic or Latino
   □ Information Missing

6. Race [ ] Select one
   □ American Indian or Alaskan Native
   □ Asian
   □ Black or African American
   □ Hispanic or Latino
   □ Other, please specify:

7. Date of identification [ ]
   □ Month
   □ Day
   □ Year

8. Source where the youth was identified [ ]

9. Where is the youth first identified? [ ]
   □ School or school-based health center
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QUESTIONS?
STEP 5: DATA SUBMISSION AND REVIEW
# EIRF REVIEW

| When should an EIRF form be completed? | • 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. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is responsible for the EIRF data collection?</td>
<td>• Grantee program and/or agency staff, providers, evaluator, individuals who administer screenings, trained gatekeepers, school staff, care coordinators, or other program staff</td>
</tr>
</tbody>
</table>
| Who are the EIRF respondents? | • Data abstraction  
• No primary data collection |
| How is the EIRF administered? | • 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? | • Entered at least quarterly  
• Ongoing throughout the grant period |
| When will the EIRF begin? | • 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

<table>
<thead>
<tr>
<th>State TAL</th>
<th>Tribal TAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tiffiny Fambro</td>
<td>Candace Fleming</td>
</tr>
<tr>
<td>404-592-2242 <em>(Eastern Time Zone)</em>&lt;br&gt;<a href="mailto:Tiffiny.Fambro@icf.com">Tiffiny.Fambro@icf.com</a></td>
<td>303-724-1471 <em>(Mtn Time Zone)</em>&lt;br&gt;<a href="mailto:Candace.Fleming@ucdenver.edu">Candace.Fleming@ucdenver.edu</a></td>
</tr>
</tbody>
</table>

*We're here to help!*
<table>
<thead>
<tr>
<th>NOE Instrument</th>
<th>Data Collection Liaisons (DCLs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention Strategies Inventory (PSI)</td>
<td><strong>Nora Kuiper</strong>&lt;br&gt;<a href="mailto:gls-psi@icf.com">gls-psi@icf.com</a>&lt;br&gt;404-592-2139 <em>(Eastern Time Zone)</em></td>
</tr>
<tr>
<td>Early Identification, Referral, and Follow-up (EIRF)</td>
<td><strong>Jane Carmona</strong>&lt;br&gt;<a href="mailto:gls-eirf@icf.com">gls-eirf@icf.com</a>&lt;br&gt;646-695-8146 <em>(Eastern Time Zone)</em></td>
</tr>
<tr>
<td>Training Activity Summary Page (TASP) and Training Utilization and Preservation Survey (TUP-s)</td>
<td><strong>Brandee Hicks</strong>&lt;br&gt;<a href="mailto:gls-tasp@icf.com">gls-tasp@icf.com</a>, <a href="mailto:gls-tups@icf.com">gls-tups@icf.com</a>&lt;br&gt;404-884-7074 <em>(Eastern Time Zone)</em></td>
</tr>
<tr>
<td>Behavioral Health Provider Survey (BHPS)</td>
<td><strong>Jessie Rouder</strong>&lt;br&gt;<a href="mailto:Jessie.Rouder@icf.com">Jessie.Rouder@icf.com</a>&lt;br&gt;516-887-3201 <em>(Eastern Time Zone)</em></td>
</tr>
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QUESTIONS?