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

January 9, 2018

Tasneem Tripathi, DrPH
Nora Kuiper, MPH
Jessie Rouder, MA
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
Tasneem Tripathi, MPH, DrPH
State and Tribal Technical Assistance Liaison (TAL)

Tasneem.Tripathi@icf.com
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

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.
- Quasi-Experimental Study Utilizing Medicaid Data
- Training Study:
  Assessing grantee training activities, settings, and recipients.
- Randomized Control of Role Play and Booster Training

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.
EARLY IDENTIFICATION, REFERRAL & FOLLOW-UP (EIRF)

Nora Kuiper
Data Collection Lead
Gls-eirf@icf.com
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?
- **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?
- 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?
- Data abstraction
- No primary data collection

#### How is the EIRF administered?
- Web-based form or Excel upload into SPDC

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

1. Identify appropriate program activities
2. Identify opportunities for data collection
3. Establish processes for data collection
4. Complete the forms
5. 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?
### 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

*Please use the below questions as a guide for discussing how to collect EIRF data from training activities.*

<table>
<thead>
<tr>
<th>Understanding the program</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ What type of trainings will you be conducting (QPR, R:5, 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 MOUs or other agreements required with those receiving trainings regarding the collection and sharing of data? Do you need TA around instituting this?</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 and is it shared during the gatekeeper training?</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? Do you have or need formalized relationships with any of these provider organizations?</td>
<td></td>
</tr>
<tr>
<td>✓ Are there any barriers or challenges for youth to receive services (e.g. long wait times or long travel distances)?</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 (e.g. survey monkey)
**EIRF STRATEGY TABLE**

<table>
<thead>
<tr>
<th><strong>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.</strong></th>
<th><strong>WHERE will data be collected?</strong></th>
<th><strong>HOW will data be collected?</strong></th>
<th><strong>WHO will collect data?</strong></th>
<th><strong>WHEN will data be collected?</strong></th>
<th><strong>Successes &amp; Challenges</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>In which settings will the grantee be collecting EIRF data? Will they collect data from all screenings/training activities or only specific ones (e.g., only school based screenings)?</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></td>
<td></td>
</tr>
</tbody>
</table>

| Screenings | ☐ Yes | ☐ No |
### STEP 4: COMPLETING THE FORMS

<table>
<thead>
<tr>
<th>Type of Identification</th>
<th>What to complete</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Screening</strong></td>
<td><strong>EIRF-S</strong>: Complete an EIRF-S form with aggregate information about the population you are screening.</td>
</tr>
<tr>
<td></td>
<td><strong>EIRF-I</strong>: Complete an EIRF-I form for every youth who screens as being at risk.</td>
</tr>
<tr>
<td><strong>Gatekeeper Identification</strong></td>
<td><strong>EIRF-I only</strong>: Complete an EIRF-I form for every youth who is identified as being at risk for suicide by a GLS trained gatekeeper</td>
</tr>
</tbody>
</table>
COMPLETING THE EIRF-S
COMPLETING THE EIRF-I
ANNOTATED GUIDES
STEP 5: DATA SUBMISSION AND REVIEW
## EIRF REVIEW

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>When should an EIRF form be completed?</strong></td>
<td><strong>EIRF-I</strong>: Any youth that has been identified as being at risk for suicide as a result of your GLS program.</td>
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<tr>
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<td><strong>EIRF-S</strong>: Any time a screening tool is being implemented as part of your GLS program.</td>
</tr>
<tr>
<td><strong>Who is responsible for the EIRF data collection?</strong></td>
<td><strong>Grantee program and/or agency staff, providers, evaluator, individuals who administer screenings, trained gatekeepers, school staff, care coordinators, or other program staff</strong></td>
</tr>
<tr>
<td><strong>Who are the EIRF respondents?</strong></td>
<td><strong>Data abstraction</strong></td>
</tr>
<tr>
<td></td>
<td><strong>No primary data collection</strong></td>
</tr>
<tr>
<td><strong>How is the EIRF administered?</strong></td>
<td><strong>Information submitted via the SPDC using web-based form or excel spreadsheet upload.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Data collection plan developed on site-by-site basis—tracking forms or existing data sources will most likely be used</strong></td>
</tr>
<tr>
<td><strong>When will EIRF be administered?</strong></td>
<td><strong>Entered at least quarterly</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Ongoing throughout the grant period</strong></td>
</tr>
<tr>
<td><strong>When will the EIRF begin?</strong></td>
<td><strong>When program begins and tracking mechanisms are in place</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Note</strong>: EIRF administration may be extended beyond the grant period for ongoing monitoring.</td>
</tr>
</tbody>
</table>
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?
Behavioral Health Provider Survey

Jessie Rouder
BHPS Data Collection Liaison
Jessie.Rouder@icf.com
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.
GRANTEE
Identifies the mental health Partner Organization and the region of focus

PARTNER ORGANIZATION
Identifies a Primary Respondent

PRIMARY RESPONDENT
Identifies up to 9 additional respondents from the organization

Up to TEN RESPONDENTS
Receive an email with an invitation to complete the survey
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
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.

January 2018

January-March 2018

Spring 2019
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)

We’re here to help!
# DATA COLLECTION LIAISON CONTACTS

<table>
<thead>
<tr>
<th>NOE Instrument</th>
<th>Data Collection Liaisons (DCLs)</th>
</tr>
</thead>
</table>
| **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)                                                    |