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

Continuity of Care Study

Suicide Safer Environment Study

Training Study

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
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 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

**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.**

<table>
<thead>
<tr>
<th>Screenings</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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 collect 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>
## 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

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

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 (e.g., 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

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

GARRETT LEE SMITH
MEMORIAL SUICIDE PREVENTION EVALUATION

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 have 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
- Download EIRF Screening Data

https://www.suicideprevention-datacenter.com
# DATA REVIEW

GARRETT LEE SMITH  
MEMORIAL SUICIDE PREVENTION EVALUATION

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

| Early Identification, Referral, and Follow-up (ERF) | Date of Last ERF-I Submission: 12/28/2015  
Date of Last ERF-I Submission: 08/11/2015 | Total Number of Individual Forms submitted: 30  
Total Number of Screening Forms submitted: 7  
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: 0  
Number of Data Issues to Resolve: 0 |
| Prevention Strategies Inventory (PSI)             | Current PSI Status.                           | Total Number of Strategies:                  |

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[https://www.suicideprevention-datacenter.com](https://www.suicideprevention-datacenter.com)
## DATA REVIEW

**EIRF-1 Manual Review**

Use this screen to review manual errors for the EIRF-1.

<table>
<thead>
<tr>
<th>Instrument</th>
<th>U_ID</th>
<th>Efpid</th>
<th>Sub-Date</th>
<th>Issue</th>
<th>Explanation</th>
<th>Not Resolveable</th>
<th>Comments from Grantee</th>
</tr>
</thead>
<tbody>
<tr>
<td>EIRF-1</td>
<td>929</td>
<td>70600463</td>
<td>10/22/2015</td>
<td>Other source of identification: CT himself, CT's ID</td>
<td>test test</td>
<td>✔️</td>
<td>explain here....</td>
</tr>
<tr>
<td>EIRF-1</td>
<td>929</td>
<td>70600463</td>
<td>10/22/2015</td>
<td>Other service 1 received: case management</td>
<td>please change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EIRF-1</td>
<td>932</td>
<td>70601271</td>
<td>10/22/2015</td>
<td>Other service 1 received: Case Management</td>
<td>test fix</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EIRF-1</td>
<td>932</td>
<td>70601271</td>
<td>10/22/2015</td>
<td>Other reason for no service 2: CI</td>
<td>test leave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EIRF-1</td>
<td>934</td>
<td>61203117</td>
<td>12/23/2015</td>
<td>Other source of identification: USED TO BE SELF</td>
<td>Change response from SELF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EIRF-1</td>
<td>934</td>
<td>61203117</td>
<td>12/23/2015</td>
<td>Other reason for no service 1: Youth was incarcerated</td>
<td>Do nothing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

https://www.suicideprevention-datacenter.com
EDITING YOUR EIRF DATA

Early Identification, Referral, and Follow-Up Individual Forms

<table>
<thead>
<tr>
<th>Submitted to the SPDC</th>
<th>Participant ID</th>
<th>Identification Date</th>
<th>Status</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-10-22</td>
<td>12345678</td>
<td>2015-02-02</td>
<td>Not Completed</td>
<td>Delete Edit View</td>
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<tr>
<td>2015-10-22</td>
<td>21000065</td>
<td>2015-01-13</td>
<td>Completed</td>
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</tr>
<tr>
<td>2015-10-22</td>
<td>21000070</td>
<td>2015-01-30</td>
<td>Completed</td>
<td>Delete Edit View</td>
</tr>
<tr>
<td>2015-10-22</td>
<td>21000120</td>
<td>2015-01-28</td>
<td>Completed</td>
<td>Delete Edit View</td>
</tr>
<tr>
<td>2015-10-22</td>
<td>70600464</td>
<td>2014-09-16</td>
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</tr>
<tr>
<td>2015-10-22</td>
<td>70600389</td>
<td>2014-07-28</td>
<td>Completed</td>
<td>Delete Edit View</td>
</tr>
<tr>
<td>2015-10-22</td>
<td>70600402</td>
<td>2014-08-27</td>
<td>Completed</td>
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</tr>
<tr>
<td>2016-10-22</td>
<td>70600427</td>
<td>2014-09-22</td>
<td>Completed</td>
<td>Delete Edit View</td>
</tr>
<tr>
<td>2015-10-22</td>
<td>70600463</td>
<td>2014-09-22</td>
<td>Completed</td>
<td>Delete Edit View</td>
</tr>
</tbody>
</table>

Showing 1 to 10 of 31 entries

https://www-suicideprevention-datacenter.com
## 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 |
EIRF REPORTS

• Access under “Reports” on the SPDC

GARRETT LEE SMITH
MEMORIAL SUICIDE PREVENTION EVALUATION

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

### Access to Services

<table>
<thead>
<tr>
<th></th>
<th>Identified by Screening</th>
<th>Identified by Gatekeeper</th>
<th>Total*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of youth identified at-risk</strong></td>
<td>(n=806)</td>
<td>(n=1,304)</td>
<td>(n=2,111)</td>
</tr>
<tr>
<td><strong>Percent of youth referred for either mental health or non-mental health service, out of those identified</strong></td>
<td>88.0% (n=736)</td>
<td>68.3% (n=925)</td>
<td>77.1% (n=1,662)</td>
</tr>
<tr>
<td><strong>Percent of youth referred for non-mental health service, out of those identified</strong></td>
<td>58.4% (n=736)</td>
<td>34.1% (n=925)</td>
<td>44.8% (n=1,662)</td>
</tr>
<tr>
<td><strong>Percent of youth referred for mental health service, out of those identified</strong></td>
<td>64.0% (n=736)</td>
<td>52.0% (n=925)</td>
<td>57.3% (n=1,662)</td>
</tr>
<tr>
<td><strong>Percent of youth received first mental health service 3 months following referral, out of those referred to mental health service</strong></td>
<td>70.4% (n=291)</td>
<td>73.6% (n=383)</td>
<td>72.3% (n=675)</td>
</tr>
<tr>
<td><strong>Percent of youth received second mental health service, out of those who received first mental health service</strong></td>
<td>46.7% (n=15)</td>
<td>87.0% (n=54)</td>
<td>78.6% (n=70)</td>
</tr>
</tbody>
</table>

*Total column reflects the overall number of youth identified at risk, regardless whether they miss information on source of identification.
INFOGRAPHIC
DATA DOWNLOAD

GARRETT LEE SMITH
MEMORIAL SUICIDE
PREVENTION EVALUATION

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
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:
Glsl-eirf@icfi.com
## TECHNICAL ASSISTANCE LIAISON CONTACTS

<table>
<thead>
<tr>
<th>State TAL</th>
<th>Tribal TALs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tiffiny Fambro</strong></td>
<td><strong>Gretchen Clarke</strong></td>
</tr>
<tr>
<td>404-592-2242 (Eastern Time Zone)</td>
<td>907-747-7124 (Alaska Time Zone)</td>
</tr>
<tr>
<td><a href="mailto:Tiffiny.Fambro@icfi.com">Tiffiny.Fambro@icfi.com</a></td>
<td><a href="mailto:Gretchen.Clarke@icfi.com">Gretchen.Clarke@icfi.com</a></td>
</tr>
<tr>
<td></td>
<td><strong>Candace Fleming</strong></td>
</tr>
<tr>
<td></td>
<td>303-724-1471 (Mtn Time Zone)</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Candace.Fleming@ucdenver.edu">Candace.Fleming@ucdenver.edu</a></td>
</tr>
</tbody>
</table>
# DATA COLLECTION LIAISON CONTACTS

<table>
<thead>
<tr>
<th>NOE Instrument</th>
<th>Data Collection Liaisons (DCLs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention Strategies Inventory (PSI)</td>
<td>Erin Maher&lt;br&gt;<a href="mailto:Gls-psi@icfi.com">Gls-psi@icfi.com</a>&lt;br&gt;617-250-4289 <em>(Eastern Time Zone)</em></td>
</tr>
<tr>
<td>Training Activity Summary Page (TASP) and Training Utilization and Preservation Survey (TUP-S)</td>
<td>Brandee Hicks&lt;br&gt;<a href="mailto:Gls-tasp@icfi.com">Gls-tasp@icfi.com</a> and <a href="mailto:Gls-tups@icfi.com">Gls-tups@icfi.com</a>&lt;br&gt;404-592-2198 <em>(Eastern Time Zone)</em></td>
</tr>
<tr>
<td>Early Identification, Referral, and Follow-up (EIRF)</td>
<td>Jane Carmona&lt;br&gt;<a href="mailto:Gls-eirf@icfi.com">Gls-eirf@icfi.com</a>&lt;br&gt;646-695-8146 <em>(Eastern Time Zone)</em></td>
</tr>
</tbody>
</table>
QUESTIONS?