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

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

As you complete the form, please note that all entries and descriptions of other should not use acronyms or any local terms; please be sure that you only select other when none of the available response options apply and that your descriptions of other be sufficient for someone who is not familiar with your program or community to interpret.

## SECTION 1. YOUTH DEMOGRAPHICS

**1. Participant ID (Site-assigned)** _____ _____ _____ _____ _____ _____ _____ _____

**2. Age** _____ _____ *in 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

**5a. If Hispanic/Latino, please specify background** *Select all that apply*

- ☐ Mexican, Mexican-American or Chicano
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Dominican
- ☐ Central American
- ☐ South American
- ☐ Information Missing
- ☐ Other, please specify: _____

**6. 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

**7. Date of identification: _____/_____/_____**
MM DD YYYY

**8. ZIP code where the youth was identified _____ _____ _____ _____ _____**

**9. Where 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., pediatrician, primary care, hospital)
- ☐ 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: _____

**9a. How was the youth first identified?** (e.g., Was the youth identified by a trained gatekeeper or by a screening tool?) *Select one*

- ☐ Trained gatekeeper
- ☐ Screening tool

**9b. Was this a tribal setting?** *Select one*

- ☐ Yes
- ☐ No

**10. Who first identified the youth as being at risk for suicide? (e.g.,, Who first noticed that the youth was in need of assessment, or who conducted the screening that identified the youth?)** *Select one*

- ☐ School-based mental health service provider (including college or university providers) (e.g., school counselor, social worker, guidance counselor, nurse)
- ☐ Family member/foster family member/caregiver
- ☐ Mental health service provider except school-based providers (e.g., clinician, private counselor)
- ☐ Teacher or other non-mental health school staff (including college or university staff) (e.g., principal, sports coach, resident staff)
- ☐ Community based organization, recreation, religious or after school program staff
- ☐ Child welfare or social service staff
- ☐ Probation officer or other juvenile justice staff
- ☐ Pediatrician or primary care provider
- ☐ Emergency Responder or other emergency room staff
- ☐ Police officer, security guard, or other law enforcement staff
- ☐ Peer
- ☐ Self (i.e., the youth themselves)
- ☐ Don't Know
- ☐ Other, please specify:_____

**10a. Was this individual trained as a gatekeeper?** *Select one*

- ☐ Yes [CONTINUE TO 10B]
- ☐ No [CONTINUE TO 11]
- ☐ Don't Know [CONTINUE TO 11]

**10b. (If yes to 10a), Please select the type of training the gatekeeper received** *Select all that apply*

- ☐ American Indian Life Skills Development
- ☐ Applied Suicide Prevention Intervention Skills Training (ASIST)
- ☐ Assessing and Managing Suicide Risk (AMSR)
- ☐ Campus Connect Suicide Prevention Training for Gatekeepers
- ☐ Connect Suicide Postvention Training
- ☐ Counseling on Access to Lethal Means (CALM)
- ☐ Kognito At-Risk
- ☐ Lifelines
- ☐ QPR (Question, Persuade, Refer)
- ☐ Recognizing and Responding to Suicide Risk (RRSR)
- ☐ Response (A Comprehensive High School-based Suicide Awareness Program)
- ☐ SafeTALK
- ☐ Signs of Suicide (SOS)
- ☐ Sources of Strength
- ☐ Yellow Ribbon
- ☐ Youth Depression Suicide: Let's Talk
- ☐ Locally Developed, please specify: _____
- ☐ Other, please specify: _____
- ☐ Don't Know [CONTINUE TO 10C]

**10c. Please enter the approximate month and year the gatekeeper was most recently trained**

*If the gatekeeper received more than one training, please indicate the date of their most recent training. If you don't know the date of training, please leave blank and continue to question 11*

_____ _____

MM YYYY

**11. At the time of identification, was the youth screened for suicide risk (i.e., a screening tool was administered to determine whether the youth is at risk for suicide)?** *Select Yes, No, or Don't Know and proceed to the follow-up questions.*

| ☐ **Yes,** the youth was screened for suicide risk | ☐ **No,** the youth was **NOT** screened for suicide risk<br>**OR**<br>☐ I **Don't Know** if the youth was screened for suicide risk |
|---|---|
| **11a. What screening tool was used?** *Select all that apply*<br><br>☐ Patient Health Questionnaire (PHQ-9)<br>☐ Columbia Suicide Severity Rating Scale (CSSR-S)<br>☐ Behavioral Health Screen (BHS)<br>☐ Ask Suicide Screening Questions (asQ)<br>☐ Beck Depression Inventory (BDI)<br>☐ Suicide Behaviors Questionnaire (SBQ-R)<br>☐ Screening Tool in Signs of Suicide (SOS)<br>☐ Locally developed screening tool<br>☐ Don't Know<br>☐ Other, please specify:<br>_____ | **11b. Was the youth determined to be in need of a referral?** *Select one*<br><br>☐ Yes [GO TO SECTION 3]<br>☐ No [COMPLETE 11C]<br><br>**11c. Please indicate why the youth was determined not to be in need of a referral:**<br><br>**IF THE YOUTH WAS DETERMINED NOT TO BE IN NEED OF A REFERRAL (I.E., YOU ANSWERED NO TO QUESTION 11B), PLEASE END THE FORM.** |

## SECTION 3. REFERRAL INFORMATION

**12. Was the youth referred to mental health services and/or other supports as a result of having been identified as being at risk for suicide?** *Select Yes, No, or Don't Know and proceed to the follow-up questions*

| ☐ Yes | ☐ No | ☐ I Don't Know |
|---|---|---|
| **12a. Please indicate the date of referral**<br><br>_____ /_____ / _____<br><br>MM DD YYYY | **12d. Why not?** *Select one primary reason*<br><br>☐ Youth was already receiving services or supports<br>☐ No capacity at provider agencies to receive a referral<br>☐ Youth or Parent refused services<br>☐ Unable to contact youth (e.g., youth moved out of state) | **12e. Why don't you know?** *Select one primary reason*<br><br>☐ Parent permission for tracking required but not granted<br>☐ No tracking system in place<br>☐ Tracking system requires an agreement to share data but the data agreement is not in place |
| **12b. To which of the following <u>mental health services</u> was the youth referred?** *Select all that apply. If the youth was not referred for MH Services, please select "youth was not referred to mental health services" and continue to question 12c:* | | |

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| | | |
|---|---|---|
| ☐ Public Mental Health Agency or Provider (e.g., tribal or state sponsored mental health agency)<br>☐ Private Mental Health Agency or Provider<br>☐ Psychiatric Hospital/ Unit<br>☐ Emergency department<br>☐ Substance abuse treatment center<br>☐ School counselor (e.g., K-12 or college or university staff)<br>☐ Mobile crisis unit<br>☐ School Based Health Clinic<br>☐ Tribal or cultural services (e.g., traditional healing practices, talking circles, sweat lodge)<br>☐ Youth was not referred to mental health services<br>☐ Don't Know<br>☐ Other, please specify:<br>_____<br>**12c. To which of the following <u>other supports</u> was the youth referred?** *Select all that apply. If the youth was not referred to other supports, please select "youth was not referred to other supports" and continue to question 13:*<br><br>☐ School or academic organization (e.g., school club, academic counseling, tutoring)<br>☐ Family or extended family (e.g., parent, foster parent, grandparent, aunt, uncle)<br>☐ Community based organization, recreation religious, afterschool program (e.g., Boys & Girls club, faith-based organization, AA, job training programs)<br>☐ Physical health provider (e.g., pediatrician, primary care provider)<br>☐ Law enforcement/ Juvenile justice agency (e.g., pre-trial services, mental health court, police)<br>☐ Social service agency (e.g., child welfare, supportive housing)<br>☐ Crisis hotline (i.e., NSPL, local crisis hotline, text msg hotline)<br>☐ Youth was not referred to other supports<br>☐ Don't Know<br>☐ Other, please specify:<br>_____ | ☐ Don't Know<br>☐ Other, please specify:<br>_____<br><br><u>IF THE YOUTH WAS NOT REFERRED TO ANY TYPE OF SERVICES, **PLEASE END THE FORM**</u> | ☐ Tracking system prohibits data sharing<br>☐ Parent or youth could not be contacted (e.g., parent or youth moved)<br>☐ Don't Know<br>☐ Other, please specify:<br>_____<br><br><u>IF YOU DON'T KNOW IF THE YOUTH WAS REFERRED TO ANY TYPE OF SERVICES, **PLEASE END THE FORM**</u> |

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|---|---|---|
| IF YOU SELECTED A *MENTAL HEALTH SERVICE* IN SECTION 12B CONTINUE TO QUESTION 13. IF THE YOUTH WAS ONLY REFERRED TO OTHER SUPPORTS (I.E.,YOU DID NOT SELECT ANY MENTAL HEALTH SERVICES IN SECTION 12B), **PLEASE END THE FORM** | | |

## SECTION 4. FOLLOW-UP TO MENTAL HEALTH REFERRAL

**13. Within the 3 months following the date of referral, did the youth receive a first mental health appointment as a result of the mental health referral?** *Select Yes, No, or Don't Know and proceed to the follow-up questions*

| ☐ Yes | ☐ No | ☐ I Don't Know |
|---|---|---|
| **13a. Please indicate the date of first mental health appointment**<br><br>_____ /_____ / _____<br><br>MM DD YYYY | **13e. Why not?** *Select one primary reason*<br><br>☐ Made an appointment for youth, but youth did not attend<br>☐ Youth was waitlisted for more than 3 months<br>☐ Parent or youth refused service for personal reasons (i.e., not financial reasons)<br>☐ Youth did not have insurance or could not afford services<br>☐ Youth did not have transportation to the appointment<br>☐ Don't Know<br>☐ Other, please specify:<br>_____<br><br>IF THE YOUTH DID NOT RECEIVE A FIRST MENTAL HEALTH APPOINTMENT, **PLEASE END THE FORM** | **13f. Why don't you know?** *Select one primary reason*<br><br>☐ Parent permission for tracking required but not granted<br>☐ No tracking system in place<br>☐ Tracking system requires an agreement to share data but the data agreement is not in place<br>☐ Tracking system prohibits data sharing<br>☐ Parent or youth could not be contacted (e.g., parent or youth moved)<br>☐ Don't Know<br>☐ Other, please specify:<br>_____<br><br>IF THE YOUTH DID NOT RECEIVE A FIRST MENTAL HEALTH APPOINTMENT, **PLEASE END THE FORM** |
| **13b. ZIP code for the first mental health appointment** ____ ____ _____ ____ ____ | | |
| **13c. Which mental health service (s) did the youth receive at the first appointment?** *Select all that apply*<br><br>☐ Mental health assessment (e.g., assessment of psychosocial needs and conditions)<br>☐ Substance use assessment<br>☐ Mental health Counseling (e.g., outpatient group or individual counseling)<br>☐ Substance abuse counseling (e.g., inpatient or outpatient, group or individual)<br>☐ Inpatient or residential psychological services<br>☐ Medication<br>☐ Suicide risk assessment (e.g., initial risk assessment or re-assessment)<br>☐ Tribal or cultural services (e.g., traditional healing practices, talking circles, sweat lodge)<br>☐ Case Management<br>☐ Don't Know<br>☐ Other, please specify:_____ | | |

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| **13d. At the time of the first service, was it determined that the youth was in need of a second mental health appointment?**<br><br>☐ Yes (CONTINUE TO QUESTION 14)<br>☐ No **(PLEASE END THE FORM)**<br>☐ Don't Know (CONTINUE TO QUESTION 14) | | |

**14. Did the youth receive a second mental health appointment within the 3 months following the initial referral?** *Select Yes, No, or Don't Know and proceed to the follow-up questions*

| ☐ Yes | ☐ No | ☐ I Don't Know |
|---|---|---|
| **14a. Date of <u>second</u> mental health appointment**<br><br>_____ /_____ / _____<br><br>MM DD YYYY<br><br>**14b. ZIP Code for <u>Second</u> mental health appointment:**<br><br>_____ _____ _____ _____ _____<br><br>**14c. Which mental health service(s) did the youth receive at the second appointment?**<br>*Select all that apply*<br>☐ Mental health assessment (e.g., assessment of psychosocial needs and conditions)<br>☐ Substance use assessment<br>☐ Mental health Counseling (e.g., outpatient group or individual counseling)<br>☐ Substance abuse counseling (e.g., inpatient or outpatient, group or individual)<br>☐ Inpatient or residential psychological services<br>☐ Medication<br>☐ Suicide risk assessment (e.g., initial risk assessment or re-assessment)<br>☐ Tribal or cultural services (e.g., traditional healing practices, talking circles, sweat lodge)<br>☐ Case Management<br>☐ Don't Know<br>☐ Other, please specify:<br>_____<br><br>**<u>PLEASE END THE FORM</u>** | **14d. Why not?** *Select one primary reason*<br><br>☐ Made an appointment for youth, but youth did not attend<br>☐ Youth was waitlisted for more than three months<br>☐ Parent or youth refused service for personal reasons (i.e., not financial reasons)<br>☐ Youth did not have insurance or could not afford services<br>☐ Youth did not have transportation to the appointment<br>☐ Don't Know<br>☐ Other, please specify:<br>_____<br><br>**<u>PLEASE END THE FORM</u>** | **14e. Why don't you know?** *Select one primary reason*<br><br>☐ Parent permission for tracking required but not granted<br>☐ No tracking system in place<br>☐ Tracking system requires an agreement to share data but the data agreement is not in place<br>☐ Tracking system prohibits data sharing<br>☐ Parent or youth could not be contacted (e.g., parent or youth moved)<br>☐ Don't Know<br>☐ Other, please specify:<br>_____<br><br>**<u>PLEASE END THE FORM</u>** |