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

**Prevention Strategies Inventory
(State/Tribal Version)**

Instructions for the respondent: Thank you for taking the time to complete this inventory. The Prevention Strategies Inventory (PSI) is designed to catalogue: (1) the prevention strategies being developed and implemented and (2) the percent of GLS funds expended to date by prevention strategy category. Some of the activities, products and services that you are implementing locally are pre-established in the field of suicide prevention and others are products and services that you are developing for local use – this inventory will catalogue information about both.   This administration of the inventory will ask you to think back over the first two quarters of your grant funding; subsequent administrations will be quarterly and will ask that you provide information about the preceding quarter.

Before beginning the online inventory, please read carefully the following consent form and click the **"I CONSENT"** button at the end to indicate that you agree to participate in this data collection effort. It is very important that you understand that your participation in this inventory is voluntary and that the information you share is private. This inventory will take approximately 45 minutes.

As part of the cross-site evaluation of the Garrett Lee Smith (GLS) Memorial Suicide Prevention Program through funding from SAMHSA, we are asking that you complete this inventory of prevention strategies. The Prevention Strategies Inventory (PSI) is designed to catalogue on a quarterly basis: (1) the prevention strategies being developed

and implemented and (2) the percent of GLS funds expended to date by prevention strategy category. Your consent requires that you read and agree to the following:

Privacy: The information that you provide via this online inventory will be kept private except as otherwise required by law. No identifying information is requested as part of the inventory. The information that we report to SAMHSA will not contain any identifying information and your name will not be used in any reports about this evaluation.

Risks: Completion of this inventory poses few, if any, risks to you. You may choose to cease input of information at any time or not answer a question, for whatever reason.

Your participation is voluntary. Refusal to participate involves no penalty or adverse consequences. If you consent to complete the inventory here are some additional things you should know:

- You may stop your input of data at any time without penalty or consequence.
- You may chose to not answer a question at any time without penalty or consequence.
- You may contact the cross-site evaluation Project Director or Database Administrator with any questions that you have about the evaluation and/or the Prevention Strategies Inventory before, during or after you have completed the inventory.
- We encourage you to print a copy of this consent for your records.
- Again, your name will not be used in any reports about this inventory.

Contact information: If you have any concerns about your participation in this study or have any questions about the evaluation, please contact Christine Walrath, Principal Investigator at Christine.M.Walrath-Greene@macrointernational.com or at 212-941-5555. Please click the "I CONSENT" box below to proceed to the Prevention Strategies Inventory.

- ❑ "I CONSENT" (Move to next web page to start the inventory)
- ❑ "I DO NOT CONSENT" (Move to the web page which should say "Thank you for considering participation in collection of data through the Prevention Strategies Inventory. Please contact Christine Walrath, Principal Investigator at Christine.M.Walrath-Greene@macrointernational.com or at 212-941-5555 with any questions." and offer them an opportunity to go to the inventory's Homepage.

Thank you!

The Prevention Strategies Inventory is organized as follows.

Part A: Suicide Prevention Program Strategies: This section will ask you to select the prevention strategies that are being developed and implemented in your suicide prevention program.

Part B: Follow Up Questions on Selected Strategies: For each of the prevention strategies you selected in Part 1, you will be asked follow up questions.

Part C: Budget: This section will ask for the amount of the total GLS budget expended to date and the percent of funds expended to date by prevention strategy category.

If at any time while you are working to complete this inventory you need to save your entry and come back to it at a later time (*before* submitting as final), you can do so by clicking the "NEXT PAGE" button in order to save your responses. You can then close the survey webpage.

If you have questions or need help related to entering information, please send an email to **GLS-PSI@macrointernational.com** for assistance. To begin the inventory, enter your login name and password below. If you do not remember your login name and/or password please refer to the email sent to you by ICF Macro about completing the Prevention Strategies Inventory.

Login Name: _____
Password:_____

NOTE: BASELINE AND FOLLOW UP VERSIONS ARE IDENTICAL. FOLLOW UP VERSION WILL BE PRE-POPULATED WITH INFORMATION FROM PREVIOUS ADMINISTRATION.

SECTIONS:

A.   SUICIDE PREVENTION PROGRAM STRATEGIES
B.   FOLLOW UP QUESTIONS ON SELECTED STRATEGIES
  1. OUTREACH AND AWARENESS
     1.1.   Public Awareness Campaigns
     1.2.   Outreach and Awareness Activities and Events
     1.3.   Outreach and Awareness Products
  2. GATEKEEPER TRAINING
     2.1.   School-based Adult Gatekeeper Training
     2.2.   School-based Peer Gatekeeper Training
     2.3.   Community-based Adult Gatekeeper Training
     2.4.   Community-based Peer Gatekeeper Training
  3. ASSESSMENT AND REFERRAL TRAINING FOR MENTAL HEALTH PROFESSIONALS AND HOTLINE STAFF
     3.1.   Assessment and Referral Training for Mental Health Professionals
     3.2.   Assessment and Referral Training for Hotline Staff
  4. LIFESKILLS DEVELOPMENT
     4.1.   Lifeskills development for youth curricula
     4.2.   Cultural activities intended to build lifeskills, cultural identity and community connectedness
  5. SCREENING PROGRAMS
  6. HOTLINES AND HELPLINES
  7. MEANS RESTRICTION
     7.1.   Public Awareness Campaigns
     7.2.   Distribution of gun locks and lock boxes
     7.3.   Outreach & Awareness Events
     7.4.   Outreach & Awareness Products
  8. POLICIES AND PROTOCOLS FOR INTERVENTION AND POSTVENTION
     8.1.   Policies and protocols related to intervention
     8.2.   Policies and protocols related to postvention
  9. COALITIONS AND PARTNERSHIPS
     9.1.   Leading or substantially supporting a Suicide Prevention Coalition
     9.2.   Participating in coalitions related to youth prevention
     9.3.   Partnerships with agencies and organizations
  10. DIRECT SERVICES AND TRADITIONAL HEALING PRACTICES
     10.1.   Mental-health related services
     10.2.   Postvention services
     10.3.   Case Management services

10.4.   Crisis Response services
10.5.   Traditional healing practices
C.   BUDGET

A. SUICIDE PREVENTION PROGRAM STRATEGIES

1. What types of suicide prevention strategies are being implemented under your GLS program? Select all that apply.

OUTREACH AND AWARENESS

☐ **Public Awareness Campaigns**
[A Public Awareness Campaigns is an organized systematic effort through various communications media to make the general public or particular target populations aware of key messages in suicide prevention. Examples of Public Awareness Campaign are: "Suicide Shouldn't Be A Secret", "Ask, Listen and Refer" Campaign, "Don't Erase Your Future" campaign etc.,]

☐ **Outreach and Awareness Activities/Events**
[These are activities and events intended to promote awareness about suicide prevention and are not connected to a particular public awareness campaign. Examples of these types of activities are: a suicide prevention poster contest, out of darkness walk or booth at a health fair and events held during National Red Ribbon Week.]

☐ **Outreach and Awareness Products**
[These are products intended to promote awareness about suicide prevention. Their distribution is not limited to or connected to a particular public awareness campaign or to a particular activity/event. Examples of these types of products are: radio and TV Public Service Announcements, website development or enhancement, newspaper articles, billboards and awareness products such as stress balls, mood pens, T-shirts and bracelets.]

GATEKEEPER TRAINING

☐ **School-based Gatekeeper Training**

o School-based adult gatekeeper training
o School-based peer gatekeeper training

[School-based gatekeeper training programs are trainings designed to help school staff identify students at risk of suicide and to refer them for help. School adult gatekeepers may include any adult in the school (e.g., counselors, teachers, coaches, administrators or cafeteria staff and other

school-based staff and volunteers) in a position to observe and interact with students. Example: ASIST training for teachers.

School-based peer gatekeeper training programs are trainings designed to help students identify peers at risk of suicide and refer them for help. These programs may be targeted to all students in middle school or high school or a particular grade. Some programs may also be targeted towards selected "peer helpers", who are usually selected through a process (by self, peers, teachers, counselors etc,). Examples of programs to be included here are: Signs of Suicide (SOS), Lifelines, natural helpers program etc,]

☐   **Community Gatekeeper Training**
  o   Community Adult Gatekeeper training
  o   Community Peer Gatekeeper training

[Community adult gatekeeper training programs are intended to train adult community members to identify young people at risk of suicidal behaviors and to refer them to appropriate sources of help. This "gatekeeping" function can be undertaken by anyone who has significant contact with youth in the course of professional or volunteer activities. Examples of gatekeepers include coaches, clergy, police officers, health care professionals, emergency medical services personnel, hairdressers and barbers, nurses, primary care physicians and other traditional caregivers. Example: QPR training for police officers.

Peer gatekeeper training programs are intended to train youth to become "helpers" for other youth within their own peer groups. They are trained to identify peers at risk of suicidal behaviors and refer them to appropriate sources of help. Any youth may function as a peer gatekeeper - tribal youth council members, natural helpers or veterans. Please note that if you are training youth in a school setting, select "School-based peer gatekeeper training". If you are training youth in non-school settings, select "Community Peer Gatekeeper training".]

ASSESSMENT AND REFERRAL TRAINING FOR MENTAL HEALTH PROFESSIONALS AND HOTLINE STAFF

☐   **Assessment and referral training for mental health professionals**
[This category refers to training mental health professionals on assessing and managing suicide risk and making appropriate referrals. Example: Assessing and Managing Suicide Risk (AMSR) and training clinicians in suicide risk assessment.]

☐ **Assessment and referral training for hotline staff**
[This category refers to training hotline staff in suicide risk assessment and referral skills.]

LIFESKILLS DEVELOPMENT

☐ **Lifeskills development for youth curricula**
[This category refers to curricula that aim to teach children and adolescents the social competencies and life skills needed to support positive social, emotional, and academic development. These life skills include communication, problem solving, depression and stress management, anger regulation, and goal setting. For example, the American Indian Lifeskills Development Curriculum covers the following topics: building self-esteem; identifying feelings, emotions, and life stressors; developing effective communication and problem-solving skills; recognizing and eliminating self-destructive behavior; exploring reasons why people attempt suicide; identifying ways to help friends who are considering suicide; and planning for the future.]

☐ **Cultural activities intended to build lifeskills, cultural identity and community connectedness**

[This category includes activities that use a "culture as prevention" approach and are intended to strengthen the cultural identity of youth in order to provide them with a feeling of security, a sense of belonging and hope for the future. Examples of activities that would fall under this category are: culture camps where youth learn about their traditions, history and languages; recreational activities such as canoe trips, maze and high rope; activities to teach youth traditional arts and crafts; youth drumming and dancing events; and community events such as ceremonies and feasts.]

SCREENING PROGRAMS

☐ **Early Identification Screening Programs**
[Early identification Screening Programs involve the administration of a screening instrument to identify at risk youth, such as TeenScreen.]

HOTLINES AND HELPLINES

☐ **Developing, maintaining or supporting crisis hotlines and helplines**

[This strategy refers to developing, maintaining or supporting hotline or helpline services for the community. For example, a grantee may use GLS funds to develop and maintain a hotline service for LGBT youth or a grantee uses funds to develop a local call center for the National Suicide Prevention Hotline. Please note that training for hotline staff should be indicated under another category "Assessment and Referral Training for Hotline Staff".]

MEANS RESTRICTION

[This strategy refers to efforts to educate and encourage community members to voluntarily keep firearms, medications and poisons safely away from youth. It involves reducing access to firearms, drugs, pesticides, domestic gas, high places and other methods of completing suicide. Examples of efforts that would be reported under this category would be distribution of gun locks and lock boxes, campaign dedicated to reducing access to lethal means, and outreach and awareness events, activities and materials focused on access to lethal means.]

☐ **Public Awareness Campaigns**
[A Public Awareness Campaigns is an organized systematic effort through various communications media focused on creating awareness about access to lethal means among the general public or particular target populations. For example: "Lock 'Em Up" Prescription Drug Campaign.]

☐ **Distribution of gun locks and lock boxes**
[This refers to distribution of gun locks, locks for gun cabinets and lockboxes which can store items such as medicines, ammunition & knives.]

☐ **Outreach & Awareness Events**
[Outreach and awareness events or activities intended to promote awareness about access to lethal means and not connected to a particular public awareness campaign.]

☐ **Outreach & Awareness Products**
[Outreach and awareness products intended to promote awareness about access to lethal means and not connected to a particular public awareness campaign. Examples of these types of products are: radio and TV Public Service Announcements, website development or enhancement, newspaper articles, brochures, billboards and awareness products such as stress balls, mood pens, T-shirts and bracelets.]

POLICIES AND PROTOCOLS FOR INTERVENTION AND POSTVENTION

[Policies and protocols related to intervention guide the actions of all agencies and staff involved in ensuring that at-risk youth receive coordinated, timely and effective support (assessment, referral, treatment and follow-up). Policies and protocols related to postvention guide the actions of all agencies and staff involved in taking appropriate postvention steps to support family, friends and other community members following a suicide and to prevent cluster suicides. These policies and protocols may involve various agencies and services, including mental health centers, hospitals, mobile crisis teams, police, schools etc., Polices and protocols are formal written statements documenting the procedures to be followed.]

☐   Policies and protocols related to intervention
☐   Policies and protocols related to postvention

COALITIONS AND PARTNERSHIPS

[Please indicate whether you are using GLS funds to: lead or substantially support a suicide prevention coalition; participate in related youth prevention coalitions such as youth substance abuse coalition; and partner with youth-serving agencies and organizations.]

☐   Leading or substantially supporting a Suicide Prevention Coalition
☐   Participating in coalitions related to youth prevention
☐   Partnerships with agencies and organizations

DIRECT SERVICES AND TRADITIONAL HEALING PRACTICES

Mental-health related services
[Mental health–related services that are provided or supported by a grantee's suicide prevention program. Examples of potential mental health related services are: Assessment services (e.g., a clinical assessment resulting from an early identification activity or referral); Counseling services; and Family Support services.]

Postvention services
[Services that are provided or supported by a grantee's suicide prevention program after a suicide attempt or a death by suicide, largely taking the form of support for the bereaved (i.e., family, friends, professionals, and peers). Examples of postvention services include: Family support services; Community support services; Group or individual support services; and Peer support groups.]

Case Management services

[Case management services that are provided or supported by a grantee's suicide prevention program. Services include assessing the needs of the at risk youth and his or her family, and arranging, coordinating, monitoring, evaluating, and advocating for a package of multiple services to meet the youth's specific needs.]

Crisis Response services

[Emergency services such as crisis response services or mobile response services provided or supported by a grantee's suicide prevention program.]

Traditional healing practices

[This category refers to traditional healing practices grounded in Native history and culture which help individuals move towards a state of mental well-being. These may include practices such as sweat lodge ceremonies, talking circles in response to a crisis, spiritual ceremonies and other cultural practices that support healing and recovery.]

OTHER SUICIDE PREVENTION STRATEGIES

[Please report any other suicide prevention strategies that are not listed above.]

☐　　Other
　　　Please specify: _____

☐　　Other
　　　Please specify: _____

☐　　Other
　　　Please specify: _____

☐　　Other
　　　Please specify: _____

Subsequent sections will be restricted to the strategies that the respondent selected in Q1. For each strategy, grantees can report multiple entries. For example, under "Public Awareness Campaigns", they can enter information about each campaign separately. Or under "Policies and protocols related to intervention", they can enter multiple protocols separately.

SECTION B FOLLOW UP QUESTIONS ON SELECTED STRATEGIES

1. OUTREACH AND AWARENESS

1.1. Public Awareness Campaigns

1. What is the name of the public awareness campaign?

   _____

2. Please describe the public awareness campaign – its goals, methods/elements and intended audiences.

   _____
   _____
   _____
   _____
   _____

3. Please indicate the populations targeted by the public awareness campaign.

   ☐   Youth/Students
   ☐   Parents/Guardians
   ☐   Mental Health Professionals
   ☐   Child Welfare Staff
   ☐   Juvenile Justice Staff
   ☐   Primary Care Staff
   ☐   Education Staff
   ☐   Other Please specify: _____
   ☐   Other Please specify: _____
   ☐   Other Please specify: _____

4. Please indicate which of the following elements are used in this public awareness campaign, and for each selected element, please provide a brief description.

   ☐   Print materials such as brochures, posters & flyers

              Please describe:

              _____
              _____

   ☐   Print media such as newspapers/magazines/newsletters

              Please describe:

              _____
              _____

   ☐   Billboards

Please describe:

_____
_____

☐   Awareness products (such as stressballs, keychains, mood pens, T-shirts etc.,)

Please describe:

_____
_____

☐   Website development/enhancement

Please describe:

_____
_____

☐   Radio

Please describe:

_____
_____

☐   TV

Please describe:

_____
_____

☐   DVD

Please describe:

_____
_____

☐   Events/activities

Please describe:

_____

_____

☐ Booth at health fair

Please describe:

_____

_____

☐ Other

Please describe:

_____

_____

5. What methods are you using to evaluate the effectiveness of this public awareness campaign?

Qualitative Methods
☐ Focus Groups
☐ Qualitative questionnaires
☐ Key Informant Interviews
☐ Other Please specify: _____

Quantitative Methods
☐ Surveys
☐ Assessments/Measures
☐ Other Please specify: _____
☐ None, there are no plans to evaluate this product/service.

1.2. Outreach and Awareness Activities and Events

1. What is the name of activity/event?

_____

2. Type of activity/event

☐ Booth at health fair
☐ Out of darkness walk
☐ Poster contest
☐ Other events/activities Please enter type: _____

3. Please describe the activity or event. Explain how the activity or event relates to the goals of your suicide prevention program.

_____
_____
_____
_____

4. Please indicate the populations targeted by the activity or event.

☐ Youth/Students
☐ Parents/Guardians
☐ Mental Health Professionals
☐ Child Welfare Staff
☐ Juvenile Justice Staff
☐ Primary Care Staff
☐ Education Staff
☐ Other Please specify: _____
☐ Other Please specify: _____
☐ Other Please specify: _____

6. What methods are you using to evaluate the effectiveness of this activity or event?

Qualitative Methods
☐ Focus Groups
☐ Qualitative questionnaires
☐ Key Informant Interviews
☐ Other Please specify: _____

Quantitative Methods
☐ Surveys
☐ Assessments/Measures

_____

☐ Other Please specify: _____
☐ None, there are no plans to evaluate this product/service.

1.3. Outreach and Awareness Products

1. What is the name of product?

_____

1. Type of product

☐ Print materials such as brochures, posters & flyers
☐ Print media such as newspapers/magazines/newsletters
☐ Billboards
☐ Awareness products (such as stressballs, keychains, mood pens, T-shirts etc.,)
☐ Website development/enhancement
☐ Radio
☐ TV
☐ DVD
☐ Newspaper/magazine/newsletter
☐ Other product Please describe: _____

2. Please describe the product. Explain how this product relates to the goals of your suicide prevention program.

_____
_____
_____
_____

3. Please indicate the populations targeted by the product.

☐ Youth/Students
☐ Parents/Guardians
☐ Mental Health Professionals
☐ Child Welfare Staff
☐ Juvenile Justice Staff
☐ Primary Care Staff
☐ Education Staff
☐ Other Please specify: _____
☐ Other Please specify: _____
☐ Other Please specify: _____

---

7. What methods are you using to evaluate the effectiveness of this product?

    Qualitative Methods
- ☐   Focus Groups
- ☐   Qualitative questionnaires
- ☐   Key Informant Interviews
- ☐   Other Please specify: _____

    Quantitative Methods
- ☐   Surveys
- ☐   Assessments/Measures
- ☐   Other Please specify: _____
- ☐   None, there are no plans to evaluate this product/service.

2. SCHOOL GATEKEEPER TRAINING

2.1. School-based Adult Gatekeeper Training

1. What is the name of the training?

    _____

2. Please indicate the type of training:

- ☐   QPR (Question, Persuade, Refer)
- ☐   ASIST (Applied Suicide Intervention Skills Training)
- ☐   SafeTALK
- ☐   Frameworks
- ☐   Other Please describe: _____

    Is this a locally developed training?
- ☐   Yes
- ☐   No

3. Please describe the training. If you are using a standard curriculum (one of the types mentioned in Q2), you need not describe the content of the curriculum. If you are using a locally developed curriculum, please describe the content of the curriculum. Provide description such as why this particular training type has been selected for these particular groups of trainees, how the training has been adapted to meet the needs of this group of trainees, strategies for recruiting participants etc,

Document A.1

_____

_____
_____
_____
_____
_____
_____
_____
_____
_____

4. Please indicate the types of trainees.

☐ Teacher
☐ School Administrator
☐ Mental health clinician/counselor/ psychologist
☐ Social Worker/ Caseworker/Care coordinator
☐ Emergency/crisis care worker
☐ Administrative assistant/clerical support personnel
☐ Academic advisor
☐ Coach
☐ Cafeteria staff
☐ Other Please specify: _____
☐ Other Please specify: _____
☐ Other Please specify: _____

8. What methods are you using to evaluate the effectiveness of this product?

Qualitative Methods
☐ Focus Groups
☐ Qualitative questionnaires
☐ Key Informant Interviews
☐ Other Please specify: _____

Quantitative Methods
☐ Surveys
☐ Assessments/Measures
☐ Other Please specify: _____
☐ None, there are no plans to evaluate this product/service.

2.2. School-based Peer Gatekeeper Training

Document A.1

1. What is the name of the training?

   _____

2. Please indicate the type of training:

   □ Yellow Ribbon
   □ Signs of Suicide (SOS)
   □ Youth Depression & Suicide: Let's Talk
   □ Frameworks
   □ Suicide 101
   □ Lifelines
   □ Sources of Strength
   □ Other Please describe: _____

   Is this a locally developed training?
    □ Yes
    □ No

3. Please describe the training. If you are using a standard curriculum (one of the types mentioned in Q2), you need not describe the content of the curriculum. If you are using a locally developed curriculum, please describe the content of the curriculum. Provide description such as why this particular training type has been selected for these particular groups of trainees, how the training has been adapted to meet the needs of this group of trainees, strategies for recruiting participants etc,

   _____
   _____
   _____
   _____

4. Please indicate the types of trainees.

☐   All students
☐   Selected peer "natural helpers"
☐   Other Please specify: _____

5. What methods are you using to evaluate the effectiveness of this training?

Qualitative Methods
☐   Focus Groups
☐   Qualitative questionnaires
☐   Key Informant Interviews
☐   Other Please specify: _____

Quantitative Methods
☐   Surveys
☐   Assessments/Measures
☐   Other Please specify: _____
☐   None, there are no plans to evaluate this product/service.

3. COMMUNITY GATEKEEPER TRAINING

3.1. Community-based Adult Gatekeeper Training

1. What is the name of the training?

_____

2. Please indicate the type of training:

☐   QPR (Question, Persuade, Refer)
☐   ASIST (Applied Suicide Intervention Skills Training)
☐   Youth Depression & Suicide: Let's Talk
☐   SafeTALK
☐   Suicide 101
☐   Other Please describe: _____

Is this a locally developed training?
☐   Yes
☐   No

3. Please describe the training. If you are using a standard curriculum (one of the types mentioned in Q2), you need not describe the content of the curriculum. If you are using a locally developed curriculum, please describe the content of the curriculum. Provide description such as why this particular training type has been selected for these particular groups of trainees, how the training has been adapted to meet the needs of this group of trainees, strategies for recruiting participants etc,

_____
_____
_____
_____

4. Please indicate the types of trainees.

☐ Parents/Guardians
☐ Mental Health Professionals
☐ Child Welfare Staff
☐ Juvenile Justice Staff
☐ Primary Care Staff
☐ Education Staff
☐ Other Please specify: _____
☐ Other Please specify: _____
☐ Other Please specify: _____

5. What methods are you using to evaluate the effectiveness of this training?

Qualitative Methods
☐ Focus Groups
☐ Qualitative questionnaires
☐ Key Informant Interviews
☐ Other Please specify: _____

Quantitative Methods
☐ Surveys
☐ Assessments/Measures
☐ Other Please specify: _____
☐ None, there are no plans to evaluate this product/service.

3.2. Community-based Peer Gatekeeper Training

1. What is the name of the training?

_____

2. Please indicate the type of training:

   ☐ Yellow Ribbon
   ☐ Signs of Suicide (SOS)
   ☐ Youth Depression & Suicide: Let's Talk
   ☐ Frameworks
   ☐ Suicide 101
   ☐ Lifelines
   ☐ Sources of Strength
   ☐ Other Please describe: _____

   Is this a locally developed training?
   ☐ Yes
   ☐ No

3. Please describe the training. If you are using a standard curriculum (one of the types mentioned in Q2), you need not describe the content of the curriculum. If you are using a locally developed curriculum, please describe the content of the curriculum. Provide description such as why this particular training type has been selected for these particular groups of trainees, how the training has been adapted to meet the needs of this group of trainees, strategies for recruiting participants etc,

   _____
   _____
   _____
   _____

4. Please indicate the types of trainees.

   ☐ Parents/Guardians
   ☐ Mental Health Professionals
   ☐ Child Welfare Staff
   ☐ Juvenile Justice Staff
   ☐ Primary Care Staff
   ☐ Education Staff
   ☐ Other Please specify: _____
   ☐ Other Please specify: _____
   ☐ Other Please specify: _____

5. What methods are you using to evaluate the effectiveness of this training?

Qualitative Methods
- ☐ Focus Groups
- ☐ Qualitative questionnaires
- ☐ Key Informant Interviews
- ☐ Other Please specify: _____

Quantitative Methods
- ☐ Surveys
- ☐ Assessments/Measures
- ☐ Other Please specify: _____
- ☐ None, there are no plans to evaluate this product/service.

4. ASSESSMENT AND CLINICAL TRAINING FOR MENTAL HEALTH PROFESSIONALS AND HOTLINE STAFF

4.1. Assessment and Referral Training for Mental Health Professionals

1. What is the name of the training?

   _____

2. Please indicate the type of training:

   - ☐ AMSR (Assessing and Managing Suicide Risk)
   - ☐ RRSR (Recognizing and Responding to Suicide Risk)
   - ☐ Other Please describe: _____

     Is this a locally developed training?
     - ☐ Yes
     - ☐ No

3. Please describe the training. If you are using a standard curriculum (one of the types mentioned in Q2), you need not describe the content of the curriculum. If you are using a locally developed curriculum, please describe the content of the curriculum. Provide description such as why this particular training type has been selected for these particular groups of trainees, how the training has been adapted to meet the needs of this group of trainees, strategies for recruiting participants etc,

_____
_____
_____
_____

4. Please indicate the types of trainees.

☐   Mental health clinician/counselor/ psychologist
☐   Social Worker / Caseworker / Care coordinator
☐   Other Please specify: _____

5. What methods are you using to evaluate the effectiveness of this training?

Qualitative Methods
☐   Focus Groups
☐   Qualitative questionnaires
☐   Key Informant Interviews
☐   Other Please specify: _____

Quantitative Methods
☐   Surveys
☐   Assessments/Measures
☐   Other Please specify: _____
☐   None, there are no plans to evaluate this product/service.

4.2. Assessment and Referral Training for Hotline Staff

1. What is the name of the training?
    _____

2. Please indicate the type of training:

☐   QPR (Question, Persuade, Refer)
☐   ASIST (Applied Suicide Intervention Skills Training)
☐   Youth Depression & Suicide: Let's Talk
☐   SafeTALK
☐   Suicide 101
☐   Other Please describe: _____

Is this a locally developed training?
☐   Yes

☐   No

3. Please describe the training. If you are using a standard curriculum (one of the types mentioned in Q2), you need not describe the content of the curriculum. If you are using a locally developed curriculum, please describe the content of the curriculum. Provide description such as why this particular training type has been selected for these particular groups of trainees, how the training has been adapted to meet the needs of this group of trainees, strategies for recruiting participants etc,

_____
_____
_____
_____

4. Please indicate the types of trainees.

☐   Mental health clinician/counselor/ psychologist
☐   Social Worker / Caseworker / Care coordinator
☐   Volunteers
☐   Other Please specify: _____

5. What methods are you using to evaluate the effectiveness of this training?

Qualitative Methods
☐   Focus Groups
☐   Qualitative questionnaires
☐   Key Informant Interviews
☐   Other Please specify: _____

Quantitative Methods
☐   Surveys
☐   Assessments/Measures
☐   Other Please specify: _____
☐   None, there are no plans to evaluate this product/service.

5. LIFESKILLS DEVELOPMENT

5.1. Lifeskills Development for Youth Curricula

1. What is the name of the curriculum?

   _____

2. Type of curriculum

   ☐   American Indian Life Skills Development Curriculum
   ☐   Other Please describe: _____

      Is this a locally developed curriculum?
         ☐   Yes
         ☐   No

3. Please describe the curriculum. If you are using American Indian Life Skills Development Curriculum (AILSDC), you need not describe the content of the curriculum. For AILSDC, describe any adaptations for your target populations. If you are using another type of curriculum, please describe the content of the curriculum. For all curricula, provide description such as why this particular curriculum has been selected, strategies for implementation and expected outcomes.

   _____
   _____
   _____
   _____

4. Please describe the youth who are being targeted (age group, demographics etc,).

   _____
   _____
   _____
   _____

5. What methods are you using to evaluate the effectiveness of this curriculum?

   Qualitative Methods
   ☐   Focus Groups
   ☐   Qualitative questionnaires
   ☐   Key Informant Interviews
   ☐   Other Please specify: _____

   Quantitative Methods

☐ Surveys
☐ Assessments/Measures
☐ Other Please specify: _____
☐ None, there are no plans to evaluate this product/service.

5.2. Cultural activities intended to build lifeskills, cultural identity and community connectedness

1. What is the name of the activity?
   _____

2. Type of activity
   ☐ Culture camp
   ☐ Canoe trips
   ☐ Maze
   ☐ High Rope
   ☐ Traditional arts and crafts
   ☐ Drumming event
   ☐ Dancing event
   ☐ Ceremonies
   ☐ Other Please describe: _____

3. Please describe the activity.
   _____
   _____
   _____
   _____

4. Please describe the youth who are being targeted (age group, demographics etc,).
   _____
   _____
   _____
   _____

5. What methods are you using to evaluate the effectiveness of this activity?

   Qualitative Methods
   ☐ Focus Groups
   ☐ Qualitative questionnaires
   ☐ Key Informant Interviews
   ☐ Other Please specify: _____

Quantitative Methods
☐ Surveys
☐ Assessments/Measures
☐ Other Please specify: _____
☐ None, there are no plans to evaluate this product/service.

6. SCREENING PROGRAMS

1. What is the name of the screening tool?

   _____

2. Please indicate the type of screening tool:

   ☐ Suicide Risk Screening Tool
      TeenScreen
      SOS (Signs of Suicide)
      Other tool Please specify: _____
   ☐ Other Screening Tool
      Behavioral Health Screen - Primary Care
      Diagnostic Predictive Scales (DPS)
      Children's Depression Inventory (CDI)
      Mood Disorder Questionnaire
      Carroll-Davidson Generalized Anxiety Screening Tool
      Pediatric Symptom Checklist - Youth Report
      Depressive Symptom Inventory - Suicide Subscale Youth Report
      Pediatric Health Questionnaire - 9M Depression Youth Report
      Patient Health Questionnaire – 9 (PHQ)
      Voice Diagnostic Interview Schedule for Children (Voice – DISC)
      Youth Outcome Questionnaire (YOQ)
      Universal Pre-screen (UPS)
      Other tool Please specify: _____

3. Please describe the screening program.

   _____
   _____
   _____
   _____

4. Please indicate the settings targeted by the screening program.

   ☐ School
   ☐ Child Welfare

☐   Juvenile Justice
☐   Physical Health
☐   Mental Health Agency
☐   Emergency Room
☐   Other Please specify: _____

5. What methods are you using to evaluate the effectiveness of this tool?

Qualitative Methods
☐   Focus Groups
☐   Qualitative questionnaires
☐   Key Informant Interviews
☐   Other Please specify: _____

Quantitative Methods
☐   Surveys
☐   Assessments/Measures
☐   Other Please specify: _____
☐   None, there are no plans to evaluate this product/service.

7. HOTLINES AND HELPLINES

1. What is the name of the hotline/helpline?
   _____

2. Please describe the hotline/helpline.

   _____
   _____
   _____
   _____

3. Please indicate the populations targeted by the crisis hotline (geographic scope, demographics etc,).
   _____
   _____
   _____
   _____

4. What methods are you using to evaluate the effectiveness of the crisis hotline?

   Qualitative Methods

    ☐   Focus Groups
    ☐   Qualitative questionnaires
    ☐   Key Informant Interviews
    ☐   Other Please specify: _____

Quantitative Methods
    ☐   Surveys
    ☐   Assessments/Measures
    ☐   Other Please specify: _____
    ☐   None, there are no plans to evaluate this product/service.

8. MEANS RESTRICTION

8.1. Public Awareness Campaign

1. What is the name of the public awareness campaign?

    _____

2. Please describe the public awareness campaign – its goals, methods/elements and intended audiences.

    _____
    _____
    _____
    _____

3. Please indicate the populations targeted by the public awareness campaign.

    ☐   Youth/Students
    ☐   Parents/Guardians
    ☐   Mental Health Professionals
    ☐   Child Welfare Staff
    ☐   Juvenile Justice Staff
    ☐   Primary Care Staff
    ☐   Education Staff
    ☐   Other Please specify: _____
    ☐   Other Please specify: _____
    ☐   Other Please specify: _____

4. Please indicate which of the following elements are used in this public awareness campaign, and for each selected element, please provide a brief description.

☐   Print materials such as brochures, posters & flyers

      Please describe:

      _____
      _____

☐   Print media such as newspapers/magazines/newsletters

      Please describe:

      _____
      _____

☐   Billboards

      Please describe:

      _____
      _____

☐   Awareness products (such as stressballs, keychains, mood pens, T-shirts etc.,)

      Please describe:

      _____
      _____

☐   Website development/enhancement

      Please describe:

      _____
      _____

☐   Radio

      Please describe:

      _____
      _____

☐   TV

      Please describe:

_____

_____

☐   DVD

      Please describe:

_____

_____

☐   Events/activities

      Please describe:

_____

_____

☐   Booth at health fair

      Please describe:

_____

_____

☐   Other

      Please describe:

_____

_____

5. What methods are you using to evaluate the effectiveness of this public awareness campaign?

     Qualitative Methods
       ☐   Focus Groups
       ☐   Qualitative questionnaires
       ☐   Key Informant Interviews
       ☐   Other Please specify: _____

Quantitative Methods
- ☐ Surveys
- ☐ Assessments/Measures
- ☐ Other Please specify: _____
- ☐ None, there are no plans to evaluate this product/service.

8.2. Outreach and Awareness Activities and Events

1. What is the name of activity/event?

    _____

2. Type of activity/event

    - ☐ Booth at health fair
    - ☐ Out of darkness walk
    - ☐ Poster contest
    - ☐ Other events/activities
      Please enter type: _____

3. Please describe the activity or event.

    _____
    _____
    _____
    _____

4. Please indicate the populations targeted by the activity or event.

    - ☐ Youth/Students
    - ☐ Parents/Guardians
    - ☐ Mental Health Professionals
    - ☐ Child Welfare Staff
    - ☐ Juvenile Justice Staff
    - ☐ Primary Care Staff
    - ☐ Education Staff
    - ☐ Other Please specify: _____
    - ☐ Other Please specify: _____
    - ☐ Other Please specify: _____

9. What methods are you using to evaluate the effectiveness of this activity or event?

Qualitative Methods
☐ Focus Groups
☐ Qualitative questionnaires
☐ Key Informant Interviews
☐ Other Please specify: _____

Quantitative Methods
☐ Surveys
☐ Assessments/Measures
☐ Other Please specify: _____
☐ None, there are no plans to evaluate this product/service.

8.3. Outreach and Awareness Products

1. What is the name of product?

   _____

2. Type of product

   ☐ Print materials such as brochures, posters & flyers
   ☐ Print media such as newspapers/magazines/newsletters
   ☐ Billboards
   ☐ Awareness products (such as stressballs, keychains, mood pens, T-shirts etc.,)
   ☐ Website development/enhancement
   ☐ Radio
   ☐ TV
   ☐ DVD
   ☐ Newspaper/magazine/newsletter
   ☐ Other product Please describe: _____

3. Please describe the product.

   _____
   _____
   _____
   _____

4. Please indicate the populations targeted by the product.

☐   Youth/Students
☐   Parents/Guardians
☐   Mental Health Professionals
☐   Child Welfare Staff
☐   Juvenile Justice Staff
☐   Primary Care Staff
☐   Education Staff
☐   Other Please specify: _____
☐   Other Please specify: _____
☐   Other Please specify: _____

5. What methods are you using to evaluate the effectiveness of this product?

Qualitative Methods
☐   Focus Groups
☐   Qualitative questionnaires
☐   Key Informant Interviews
☐   Other Please specify: _____

Quantitative Methods
☐   Surveys
☐   Assessments/Measures
☐   Other Please specify: _____
☐   None, there are no plans to evaluate this product/service.

9. POLICIES AND PROTOCOLS FOR INTERVENTION AND POSTVENTION

9.1. Policies and protocols related to intervention

1. What is the name of the policy/protocol?

   _____

2. Please provide a brief description of the policy or protocol (include elements such as procedures for responding to youth at risk, types of agencies/staff involved in the protocol and their respective roles and responsibilities, description of how the protocol will be communicated, reviewed and evaluated etc.,).

   _____
   _____
   _____
   _____

9.2. Policies and protocols related to postvention

1. What is the name of the policy/protocol?

    _____

2. Please provide a brief description of the policy or protocol (include elements such as postvention procedures for responding to completed suicide, types of agencies/staff involved in the protocol and their respective roles and responsibilities, description of how the protocol will be communicated, reviewed and evaluated etc.,).

    _____
    _____
    _____
    _____

10. COALITIONS AND PARTNERSHIPS

10.1.   Leading or substantially supporting a suicide prevention coalition

1. What is the name of the coalition?

    _____

2. Please provide a brief description of the coalition (include elements such as such as what types of agencies participate in the coalition, what are the goals of the coalition, what are its major achievements and how frequently do the members meet, strategies for sustaining the coalition etc.,).

    _____
    _____
    _____
    _____

10.2.   Participating in coalitions related to youth prevention

1. What is the name of the coalition?

    _____

2. Please provide a brief description of the coalition (include elements such as how does your participation in this coalition advance your suicide prevention efforts, what types of agencies participate in the coalition, what are the goals of the coalition, what are its major achievements and how frequently do the members meet, etc.,).

_____
_____
_____

10.3.   Partnerships with agencies and organizations

1. Please provide a brief description of your efforts to build partnerships with youth-serving agencies and organizations

_____
_____
_____
_____

11. DIRECT SERVICES AND TRADITIONAL HEALING PRACTICES

11.1.   Mental Health Related Services

1. Type of service

☐   Assessment services (e.g., a clinical assessment resulting from an early identification activity or referral)
☐   Counseling services
☐   Family Support services
☐   Other service Please describe: _____

2. Please provide a brief description of the service.

_____
_____
_____
_____

3. What methods are you using to evaluate the effectiveness of this product?

Qualitative Methods
☐   Focus Groups

☐   Qualitative questionnaires
☐   Key Informant Interviews
☐   Other Please specify: _____

Quantitative Methods
☐   Surveys
☐   Assessments/Measures
☐   Other Please specify: _____
☐   None, there are no plans to evaluate this product/service.

11.2.   Postvention Services

1. Type of service:

   _____

2. Please provide a brief description of the service.

   _____
   _____
   _____
   _____

3. What methods are you using to evaluate the effectiveness of this product?

   Qualitative Methods
   ☐   Focus Groups
   ☐   Qualitative questionnaires
   ☐   Key Informant Interviews
   ☐   Other Please specify: _____

   Quantitative Methods
   ☐   Surveys
   ☐   Assessments/Measures
   ☐   Other Please specify: _____
   ☐   None, there are no plans to evaluate this product/service.

11.3.   Case Management Services

1. Please provide a brief description of the service.

   _____
   _____

_____
_____

2. What methods are you using to evaluate the effectiveness of this product?

       Qualitative Methods
- ☐ Focus Groups
- ☐ Qualitative questionnaires
- ☐ Key Informant Interviews
- ☐ Other Please specify: _____

       Quantitative Methods
- ☐ Surveys
- ☐ Assessments/Measures
- ☐ Other Please specify: _____
- ☐ None, there are no plans to evaluate this product/service.

11.4.   Crisis Response Services

1. Please provide a brief description of the service.

_____
_____
_____
_____

2. What methods are you using to evaluate the effectiveness of this product?

       Qualitative Methods
- ☐ Focus Groups
- ☐ Qualitative questionnaires
- ☐ Key Informant Interviews
- ☐ Other Please specify: _____

       Quantitative Methods
- ☐ Surveys

☐   Assessments/Measures
☐   Other Please specify: _____
☐   None, there are no plans to evaluate this product/service.

11.5.   Traditional Healing Practices

1. Please provide a brief description.

   _____
   _____
   _____
   _____

2. What methods are you using to evaluate the effectiveness of this product?

   Qualitative Methods
   ☐   Focus Groups
   ☐   Qualitative questionnaires
   ☐   Key Informant Interviews
   ☐   Other Please specify: _____

   Quantitative Methods
   ☐   Surveys
   ☐   Assessments/Measures
   ☐   Other Please specify: _____
   ☐   None, there are no plans to evaluate this product/service.

OTHER SUICIDE PREVENTION STRATEGIES

1. Please provide a brief description of this suicide prevention strategy (include elements such as type of strategy, target populations etc,).

   _____
   _____
   _____
   _____

2. What methods are you using to evaluate the effectiveness of this product?

   Qualitative Methods
   ☐   Focus Groups
   ☐   Qualitative questionnaires
   ☐   Key Informant Interviews

☐ Other Please specify: _____

Quantitative Methods
☐ Surveys
☐ Assessments/Measures
☐ Other Please specify: _____
☐ None, there are no plans to evaluate this product/service.

SECTION C BUDGET

1. How much of your GLS budget (including any matching funds) have you spent to date? Specify dollar amount: _____

2. Please estimate the percentage of your total budget expended to date on the following product/service categories.

❖ **OUTREACH AND AWARENESS** ___%

➢   Public Awareness Campaigns ___%
➢   Outreach and Awareness Activities and Events ___%
➢   Outreach and Awareness Products ___%

❖ **GATEKEEPER TRAINING** ___%

➢   School-based Adult Gatekeeper Training ___%
➢   School-based Peer Gatekeeper Training ___%
➢   Community-based Adult Gatekeeper Training ___%
➢   Community-based Peer Gatekeeper Training ___%

❖ **ASSESSMENT AND REFERRAL TRAINING FOR MENTAL HEALTH PROFESSIONALS AND HOTLINE STAFF** ___%

➢   Assessment and Referral Training for Mental Health Professionals ___%
➢   Assessment and Referral Training for Hotline Staff ___%

❖ **LIFESKILLS DEVELOPMENT** ___%

➢   Lifeskills development for youth curricula ___%
➢   Cultural activities intended to build lifeskills, cultural identity and community connectedness ___%

❖ **SCREENING PROGRAMS** ___%

❖ **HOTLINES AND HELPLINES** ___%

❖ **MEANS RESTRICTION** ___%

> ➢   Public Awareness Campaigns   ___%
> ➢   Distribution of gun locks and lock boxes   ___%
> ➢   Outreach & Awareness Events   ___%
> ➢   Outreach & Awareness Products   ___%

❖ **POLICIES AND PROTOCOLS FOR INTERVENTION AND POSTVENTION**   **___%**

> ➢   Policies and protocols related to intervention   ___%
> ➢   Policies and protocols related to postvention   ___%

❖ **COALITIONS AND PARTNERSHIPS**   **___%**

> ➢ Leading or substantially supporting a Suicide Prevention Coalition   ___%
> ➢ Participating in coalitions related to youth prevention   ___%
> ➢ Partnerships with agencies and organizations   ___%

❖ **DIRECT SERVICES AND TRADITIONAL HEALING PRACTICES**   **___%**

> ➢ Mental-health related services   ___%
> ➢ Postvention services   ___%
> ➢ Case Management services   ___%
> ➢ Crisis Response services   ___%
> ➢ Traditional healing practices   ___%

❖ **OTHER SUICIDE PREVENTION STRATEGY**   **___%**

Data Elements for the Early Identification and Referral Follow-up Analysis

Variable Name	Question Number	Question	Formats & Codes
Grantee		Grantee	Text
U_ID			Randomly generated unique identifier
SubDate		Survey Submission Date	Text (System-generated date of submission into the SPDC)
eidate	cs1	Date of identification	Text
efpid	cs2	Participant ID	Numeric (8)
efcase	cs3	Sources of information used to complete this form: Case record review or existing data system	0=Not Endorsed 1=Endorsed
efprovid	cs3	Directly from a provider (i.e., case manager, clinician, mental health professional)	0=Not Endorsed 1=Endorsed
efgate	cs3	Directly from a gatekeeper (i.e., not a mental health professional)	0=Not Endorsed 1=Endorsed
efoth	cs3	Other	0=Not Endorsed 1=Endorsed
efothd	cs3o	Other, please describe	Text
efsett	cs4	Early Identification Activity Setting	1= School 2 = Child Welfare 3 = Juvenile Justice 4 = Law Enforcement 5= Community-based Organization 6= Physical Health 7= Mental Health Agency 8 = Home 9=Emergency Room 10 = Other
efsetto	cs4o	Other Early Identification Activity Setting	Text
efsource	cs5	Source of Early Identification of Youth	1=Screening 2= Parent / Foster Parent / Caregiver 3= Mental health service provider (e.g., clinician, school counselor, etc.) 4= Teacher or other school staff (including college or university staff) 5=Child welfare staff 6= Probation officer or other juvenile justice staff 7=Primary care provider (i.e., pediatrician) 8=Emergency room staff 9=Police officer or other law enforcement staff 10=Peer 11=Other
efsour_o	cs6	Other Source of Early Identification of Youth	Text
eirf1	1	Youth Age	Numeric

eirf2	2	Youth Gender	1 = Boy 2 = Girl 3= Transgender 4 = Other
eirf2o	2o	Other gender, specified	Text
eirf3	3	Is the youth of Hispanic or Latino cultural/ethnic background?	1=No 2=Yes
eirf3a_1	3a	Mexican, Mexican-American, or Chicano	0=Not Endorsed 1=Endorsed
eirf3a_2	3a	Puerto Rican	0=Not Endorsed 1=Endorsed
eirf3a_3	3a	Cuban	0=Not Endorsed 1=Endorsed
eirf3a_4	3a	Dominican	0=Not Endorsed 1=Endorsed
eirf3a_5	3a	Central American	0=Not Endorsed 1=Endorsed
eirf3a_6	3a	South American	0=Not Endorsed 1=Endorsed
eirf3a_7	3a	Hispanic origin captured in local MIS but not represented in list above	0=Not Endorsed 1=Endorsed
eirf3ao	3ao	Text explanation for eirf3a_7	Text
eirf4_1	4	American Indian or Alaska Native	0=Not Endorsed 1=Endorsed
eirf4_2	4	Asian	0=Not Endorsed 1=Endorsed
eirf4_3	4	Black or African American	0=Not Endorsed 1=Endorsed
eirf4_4	4	Native Hawaiian or Other Pacific Islander	0=Not Endorsed 1=Endorsed
eirf4_5	4	White	0=Not Endorsed 1=Endorsed
eirf4_6	4	Race captured in local MIS but not represented in list above	0=Not Endorsed 1=Endorsed
eirf4o	4o	Text explanation for eirf4_6	Text
eirf5	5	Was the youth referred for either mental health or non-mental health related services?	1=Yes 2=No
eirf5a1	5a	(if no to 5) why was the youth not referred for any type of services? - youth was already receiving mental health services	0=Not Endorsed 1=Endorsed
eirf5a2	5a	(if no to 5) why was the youth not referred for any type of services? - No capacity at provider agencies to make a mental health referral	0=Not Endorsed 1=Endorsed

eirf5a3	5a	(if no to 5) why was the youth not referred for any type of services? - youth already receiving other supports	0=Not Endorsed 1=Endorsed
eirf5a3o	5a	Description of other supports	Text
eirf5a4	5a	(if no to 5) why was the youth not referred for any type of services? - youth was determined not to be at risk during referral process	0=Not Endorsed 1=Endorsed
eirf5a5	5a	(if no to 5) why was the youth not referred for any type of services? - other	0=Not Endorsed 1=Endorsed
eirf5a5o	5a	Other, please describe	Text
eirf6	6	Was the youth referred for non-mental health related services?	1=Yes 2=No
eirf6a1	6a	Type of non-mental health recommendation: Informed youth of crisis hotline	0=Not Endorsed 1=Endorsed
eirf6a2	6a	Type of non-mental health recommendation: Discussed availability of other supports with youth	0=Not Endorsed 1=Endorsed
eirf6a3	6a	Type of non-mental health recommendation: Tutoring / academic counseling	0=Not Endorsed 1=Endorsed
eirf6a4	6a	Type of non-mental health recommendation: Recreation / afterschool activities	0=Not Endorsed 1=Endorsed
eirf6a5	6a	Type of non-mental health recommendation: Primary Care or Physical Health referral	0=Not Endorsed 1=Endorsed
eirf6a6	6a	Other	0=Not Endorsed 1=Endorsed
eirf6ao	6ao	Other, please describe	Text
eirf7	7	was the youth referred for mental health related services?	1=Yes 2=No
eirf7m	7a	month of referral for mental health related services	Numeric (2)
eirf7y	7a	year of referral for mental health related services	Numeric (4)
eirf7b1	7b	Where was the child referred for mental health related services? - Public Mental Health Agency or Provider	0=Not Endorsed 1=Endorsed
eirf7b2	7b	Where was the child referred for mental health related services? - Private Mental Health Agency or Provider	0=Not Endorsed 1=Endorsed
eirf7b3	7b	Where was the child referred for mental health related services? - Psychiatric Hospital / Unit	0=Not Endorsed 1=Endorsed

eirf7b4	7b	Where was the child referred for mental health related services? - Emergency room	0=Not Endorsed 1=Endorsed
eirf7b5	7b	Where was the child referred for mental health related services? - Substance Abuse Treatment Center	0=Not Endorsed 1=Endorsed
eirf7b6	7b	Where was the child referred for mental health related services? - School Counselor	0=Not Endorsed 1=Endorsed
eirf7b7	7b	Where was the child referred for mental health related services? - Mobile Crisis Unit	0=Not Endorsed 1=Endorsed
eirf7b8	7b	Where was the child referred for mental health related services? - Other	0=Not Endorsed 1=Endorsed
eirf7bo	7b	Other, please describe	Text
eirf8	8	In the 3 months following the date of referral, did the youth receive mental health services as a result of the mental health referral?	1=Yes 2=No
eirf8a	8a	why did the youth not receive the mental health service?	1=No action was taken following the referral 2=Made an appointment but youth did not attend the appointment 3=Attempted to make an appointment but youth was wait-listed for at least 3 months 4=Parent refused or could not be contacted 5=Don't know
eirf8ao	8ao	Other, please describe	Text
eirf9_1	9	What service did the youth receive at the initial appointment? - Mental Health assessment	0=Not Endorsed 1=Endorsed
eirf9_2	9	What service did the youth receive at the initial appointment? - Substance use assessment	0=Not Endorsed 1=Endorsed
eirf9_3	9	What service did the youth receive at the initial appointment? - Mental health counseling	0=Not Endorsed 1=Endorsed
eirf9_4	9	What service did the youth receive at the initial appointment? - Substance abuse counseling	0=Not Endorsed 1=Endorsed
eirf9_5	9	What service did the youth receive at the initial appointment? - Inpatient or residential psychological services	0=Not Endorsed 1=Endorsed
eirf9_6	9	What service did the youth receive at the initial appointment? - Other service	0=Not Endorsed 1=Endorsed
eirf9o	9o	Other, please describe	Text
eirf10m	10	Date of initial service: Month	Numeric (2)

eirf10d	10	Date of initial service: Day	Numeric (2)
eirf10y	10	Date of initial service: Year	Numeric (4)

Data Elements for the Early Identification and
Referral Follow-up Aggregate

Variable Name	Question Number	Question	Formats & Codes
Grantee		Grantee	Text
U_ID			Randomly generated unique identifier
SubDate		Survey Submission Date	Text (System-generated date of submission into the SPDC)
efaname		Name of Grantee	Text
efadate		Date	Text
efatool		Type of screening tool	1 TeenScreen 2 Screening tool in SOS 3 Behavioral Health Screen—Primary Care (BHS-PC) 4 Children's Depression Inventory (CDI) 5 DPS 6 HANDS 7 Mood Disorder Questionnaire 8 Carroll-Davidson Generalized Anxiety Screening Tool 9 Pediatric Symptom Checklist - Youth Report 10 Depressive Symptom Inventory - Suicide Subscale Youth Report 11 Pediatric Health Questionnaire—9M Depression Youth Report 12 Patient Health Questionnaire—9 (PHQ) 13 T-ACE screening tool 14 Voice Diagnostic Interview Schedule for Children (Voice—DISC) 15 Youth Outcome Questionnaire (YOQ) 16 Universal Pre-screen (UPS) 17 Other _____
efatool_oth		Other type of screening tool. Please specify.	Text
efavers		Version Used	Text
efasens		Sensitivity Level Used	Text
efawher		Where did the screening take place?	1 School 2 Mental Health Facility 3 Child Welfare Agency 4 Juvenile Justice 5 Physical Health Agency or Primary Care Practice 6 Community Based Organization 7 Law Enforcement Agency 8 Other (Please explain_____ _____)

efawhero		Other, please explain	Text
efawho		Who was screened	1=all youth in attendance 2=youth meeting a particular criteria
efawhoo		Eligibility criteria used	Text
efadistr		Number of consent forms distributed	Numeric
efasign		Number of consent forms signed	Numeric
efacount		Unduplicated count of number screened	Numeric
efaposc		Unduplicated count of youth who scored positive on the screening questionnaire only	Numeric
efapos		Unduplicated count of number screened positive 1) screen positive and deemed at risk during interview 2) not screen positive but deemed at risk during interview 3) self identify	Numeric
efagen1	1	Gender: Female	Numeric
efagen2	1	Gender: Male	Numeric
efagen3	1	Gender: Transgender	Numeric
efagen4	1	Gender: Other	Numeric
efaoth	1	Gender other (specify)	Text
efagen5	1	Information on gender is missing	Numeric
efarace1	2	Race: American Indian or Alaska Native	Numeric
efarace2	2	Race: Asian	Numeric
efarace3	2	Race: Black or African American	Numeric
efarace4	2	Race: Native Hawaiian or Other Pacific Islander	Numeric
efarace5	2	Race: White	Numeric
efarace6	2	Race: American Indian or Alaska Native and White	Numeric
efarace7	2	Race: Asian and White	Numeric
efarace8	2	Race: Black or African American and White	Numeric
efarace9	2	Race: American Indian or Alaska Native and Black or African American	Numeric
efaace10	2	Race: Native Hawaiian or Other Pacific Islander and White	Numeric
efaace11	2	Race: Individuals reporting multiple races not included above	Numeric
efaace12	2	Race: Information on race is missing	Numeric
efaaceo1	2	Race: Information on race is missing. Please explain.	Text
efaace13	2	Ethnicity: Hispanic/Latino	Numeric
efaace14	2	Ethnicity: Non-Hispanic/Latino	Numeric

| efaace15 | 2 | Ethnicity: Information on Hispanic ethnicity is missing | Numeric | |

Data Elements for the Training Exit Survey Cover Page

Variable Name	Question Number	Question	Formats & Codes
Grantee		Grantee	Text
U_ID			Randomly generated unique identifier
SubDate		Survey Submission Date	Text (System-generated date of submission into the SPDC)
txsdate	1	Month/Day/Year	Text
txsid	2	Training ID. Sites belonging to Cohorts 1, 2 or 3 have 5 digit txsids, of which the first two digits are the site ID. Sites belonging to Cohort 4 have 6 digit txsids, of which the first three digits are the site ID.	Numeric
txsnum	3	Number of Trainees who attended the training	Numeric
txsnum_under18	4	Number of Trainees under 18 years of age who attended the training	
txsname	5	Name of Training	Text
txsfac	6	Name of facility where training was held	Text
txszip	6	Zipcode of facility where training was held	Text
txssch	7	Agency/Organization Affiliation of Trainees: School	0=Not Endorsed 1=Endorsed
txssch1	7	How many schools are represented at the training?	Numeric
txssch2	7	How many of these schools have participated in previous trainings?	Numeric
txsjj	7	Juvenile Justice/Probation Office/Detention Centers	0=Not Endorsed 1=Endorsed

txsjj1	7	How many juvenile justice related agencies/organizations are represented at this training?	Numeric
txsjj2	7	How many of these have participated in previous trainings?	Numeric
txscw	7	Child welfare/foster care	0=Not Endorsed 1=Endorsed
txscw1	7	How many child welfare related agencies/organizations are represented at this training?	Numeric
txscw2	7	How many have participated in previous trainings?	Numeric
txsmh	7	Mental Health Agency	0=Not Endorsed 1=Endorsed
txsmh1	7	How many mental health related agencies/organizations are represented at this training?	Numeric
txsmh2	7	How many have participated in previous trainings?	Numeric
txscbo	7	Community-based organization	0=Not Endorsed 1=Endorsed
txscbo1	7	How many community-based organizations are represented at this training?	Numeric
txscbo2	7	How many have participated in previous trainings?	Numeric
txsoth	7	Other type of organization	0=Not Endorsed 1=Endorsed
txsotho	7	Other, Please Specify	Text

txsoth1	7	How many of these organizations are represented at this training?	Numeric
txsoth2	7	How many have participated in previous trainings?	Numeric
txsnewtype	8	Type of Training (select one)	1=QPR (Question, Persuade, Refer) 2=Yellow Ribbon 3=ASIST (Applied Suicide Intervention Skills Training) 4=Signs of Suicide (SOS) 5=Youth Depression & Suicide: Let's Talk 6=SafeTALK 7=Frameworks 8=Suicide 101 9=Lifelines 10=AMSR (Assessing and Managing Suicide Risk) 11=Teenscreen 12=Campus Connect 13=Other type of training
txsnewtype_oth	8	Other type of training (select one)	1=Gatekeeper training 2=Screener training 3=General awareness training 4=Clinical intervention/treatment training 5=Postvention training
txstot	8	Is this a train-the-trainer event?	1 =Yes 2=No
txshr	9	Duration of Training: Hour	Numeric
txsmn	9	Duration of Training: Minutes	Numeric