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

Referral Network Survey and Verbal Consent Script

Description of Participation

The survey asks about your organization's involvement in your local suicide prevention referral network (we are contacting all organizations in the local referral network). This survey is being conducted to better understand the early identification and referrals of youth at risk for suicide in your community. Participation is completely voluntary and you can exit from the survey at any time or refuse to answer any question.

Rights Regarding Participation: Your input is important; however, your participation in this survey is completely voluntary. There are no penalties or consequences to you or your organization for not participating. You can choose to stop the survey at any time, or not answer a question, for whatever reason. If you stop the survey, at your request, we will destroy the survey. You may ask any questions that you have before, during, or after you complete the survey.

The survey will take approximately 40 minutes

Privacy: All responses will be kept completely confidential. Contact information will be entered into a password-protected database which can only be accessed by a limited number of individuals (selected ICF staff) who require access. These individuals have signed confidentiality, data access, and use agreements. Your name will not be used in any reports, but it is possible that your agency and/or organization and the information you provide about your agency or organization may be identifiable when reporting results.

Benefits: Your participation will not result in any direct benefits to you. However, your input will help to provide a better understanding of the systems and networks in place to help youth identified at risk for suicide in your community. The findings will assist in informing the Substance Abuse and Mental Health Services Administration (SAMHSA) about suicide prevention activities and network processes. However, your findings will assist in informing SAMHSA will contribute suicide prevention activities and network processes.

Risks: This survey poses few, if any, risks to you and/or your organization. However, it is possible that your agency and/or organization and the information you provide about your agency or organization may be identifiable when reporting results.

Contact information: If you have any concerns about completing this survey or have any questions about the study, please contact Christine Walrath, principal investigator, at (212) 941-5555 or christine.walrath@icfi.com.

Please click the "I CONSENT" box below to proceed to the survey.

- ❑ I CONSENT
- ❑ I DO NOT CONSENT

Organization

1. What is the primary classification for your agency or organization? (Select only one.)

01	Mental health/behavioral health agency	10	Tribal health agency
02	Child welfare services (i.e., social services) agency	11	Tribal social service agency
03	K-12 school	12	Tribal government
04	Juvenile justice agency	13	College or university
05	Police/Law enforcement agency	14	Nonprofit community service organization
06	State health department agency	15	Individual therapist
07	Local health department agency	16	Religious or spiritual organization
08	Primary care providers	95	Other
09	Crisis center	97	Don't know
		99	Not applicable

2. About how many staff members (full-time and part-time) are employed by your organization? If you are the only employee, indicate 001.

__ __ __ Number of staff members

97 Don't know

3. What are the services available from your organization for youth who have attempted or are at risk of suicide? (Select all that apply.)

01	Emergency services	09	Family therapy
02	Safety planning	10	Inpatient or residential services
03	Mental health assessment	11	Support groups
04	Substance use assessment	12	Provide referrals to direct services
05	Mental health counseling	95	Other services
06	Substance abuse counseling	97	Don't know

07 Medication management
08 Individual therapy
99 Not applicable

3a. [IF 3 IS 01-11] Within the last year, approximately how many suicidal youth have been evaluated and/or treated at your organization?

1 None
2 One
3 2 to 10
4 11 or more
97 Don’t know
99 Not applicable

4. Does your organization provide training/crisis education opportunities related to suicide prevention for the staff?

01 Yes
02 No
97 Don’t know
99 Not applicable

5. How frequently are training/ crisis education opportunities related to suicide prevention made available to the staff?

01 Never
02 Rarely (less than once a year)
03 Sometimes (1 to 3 times a year)
04 Frequently (more than 4 times a year)
97 Don’t know
99 Not applicable

Respondent

6. What is your primary professional role?

01 Social worker
02 Licensed Marriage and Family Therapist
03 Clinical or Counseling Psychologist
04 Medical Doctor/ Primary Physician
05 Nurse
06 School Psychologist
07 Guidance Counselor/ School Counselor
08 Teacher
09 Principal
10 Other School Staff
11 Volunteer
12 Law Enforcement officer
13 Probation Officer

14 Medical Doctor/ Primary Physician
15 Religious/ Spiritual Leader
16 Management (CEO, CFO, CIO, Project Manager/Director, etc.)
17 Tribal Leader
95 Other, please specify: ___________________________________
99 Not applicable

7. What is your highest level of education?

01 High school
02 Two-year college or technical program
03 Bachelor's level
04 Master's level
05 Doctoral level
99 Not applicable

8. Are you the primary point of contact at your organization that is familiar with the organizational response to youth at risk for suicide?

01 Yes
02 No
97 Don't know

8a. **[IF NO or DON'T KNOW]** Do you feel that you are the appropriate person at your organization to complete this survey?

1 Yes
2 No

8b. **[IF NO]** Please provide the name, telephone number, and email address of a person at your organization who is responsible for addressing the needs of youth identified at risk for suicide.

Name: ________________________
Telephone Number: _____________
Email: _________________________

[IF NO TO 8a, DO NOT PROCEED]

Professional Development

9a. Within the last year, approximately how many training/ crisis education opportunities have you participated in (either at your organization or at an external organization)?

01 0
02 1-2
03 3-5
04 6-10
05 10+
97 Don't know
99 Not applicable

9b. Throughout your training and career, approximately how many suicidal youth have you evaluated and/or treated? Please respond based on your overall career, not just your tenure at the agency where you are currently employed.

01	0
02	1-2
03	3-5
04	6-10
05	10+
97	Don’t know
99	Not applicable

Referral Networks

The following organizations have been identified as part of your county level referral network for youth at risk or identified as at risk. Please check all of the organizations that you consider part of your immediate referral network (these should be organizations that you either make referrals to or receive referrals from).

[THIS WILL BE PREFILLED BASED ON THE AGENCIES THAT ARE IDENTIFIED THROUGH SNOWBALL SAMPLING TO BE PART OF THE NETWORK]

- ❑ Agency A
- ❑ Agency B
- ❑ Agency C

[THE FOLLOWING TABLES WILL BE PREFILLED WITH ONLY THE AGENCIES THAT ARE IDENTIFIED ABOVE AS BEING PART OF THE PRIMARY REFERRAL NETWORK]

10. For those agencies <u>that you identified as part of your immediate referral network</u>, which of the following are the primary aspects of your relationship? (Check all that apply.)	Agency B	Agency D	Agency H	Agency I
a. Providing referrals	❑	❑	❑	❑
b. Receiving referrals	❑	❑	❑	❑
c. Coordination of gatekeeper trainings	❑	❑	❑	❑
d. Sharing resources (funding, staff, materials, space, etc.)	❑	❑	❑	❑
e. Sharing information	❑	❑	❑	❑
f. Creating policies and protocols	❑	❑	❑	❑
g. Other, please specify:	❑	❑	❑	❑

11. For those agencies <u>that you identified as part of your immediate referral network,</u> please rate the overall effectiveness of the collaboration.	Agency B	Agency D	Agency H	Agency I
Very ineffective	o	o	o	o
Ineffective	o	o	o	o
Neutral	o	o	o	o
Effective	o	o	o	o
Very effective	o	o	o	o
Don’t know	o	o	o	o
11b. Approximately how many years have you or your organization maintained a relationship with this agency? (If less than 1, please use 99.)				
11c. Do you have a formal system in place for sharing information?	01 Yes 02 No 97 Don’t know	01 Yes 02 No 97 Don’t know	01 Yes 02 No 97 Don’t know	01 Yes 02 No 97 Don’t know

12. Which of the following do you consider barriers to maximizing the potential efforts of your referral network? (Check all that apply.)	Agency B	Agency D	Agency H	Agency I
a. Lack of protocols and policies	❐	❐	❐	❐
b. Lack of cooperation between organizations	❐	❐	❐	❐
c. Lack of resources (funding, staff, materials, space, etc.)	❐	❐	❐	❐
d. Lack of information about other resources in the community	❐	❐	❐	❐
e. Lack of knowledge about suicide prevention services	❐	❐	❐	❐
f. Competition among service providers to meet internal goals and targets	❐	❐	❐	❐
g. Staff turnover	❐	❐	❐	❐
h. Other, please describe:	❐	❐	❐	❐

13. For those agencies you identified as part of your immediate referral network, please provide us with information about the number of referrals and follow-ups <u>over the last 6-month period</u> (these may be based on tracked numbers or estimates).	Agency B	Agency D	Agency H	Agency I
a. Total number of individuals referred to				
b. Total number of individual referrals received from				
c. Do you follow-up with youth after they have been referred to another agency?	01 Yes 02 No 03 Sometimes 97 Don't know 99 Not applicable	01 Yes 02 No 03 Sometimes 97 Don't know 99 Not applicable	01 Yes 02 No 03 Sometimes 97 Don't know 99 Not applicable	01 Yes 02 No 03 Sometimes 97 Don't know 99 Not applicable
d. If yes, approximately what percent of referrals made have been successfully followed-up?				
e. Are these numbers based on tracked numbers or estimates?	o Tracked o Estimate	o Tracked o Estimate	o Tracked o Estimate	o Tracked o Estimate

14. Are assessments of risk conducted onsite?

1 Yes
2 No
97 Don't know

15. **[IF YES TO 14]** Are you aware of formal policies, protocols or guidelines (written or communicated otherwise) at your agency regarding:

a. Assessment of youth risk	1 Yes 2 No 97 Don't know
b. Addressing the needs of youth who attempt suicide and their families	01 Yes 02 No 97 Don't know
c. Following up with (or tracking) youth who are identified as seriously at risk or who have attempted suicide	01 Yes 02 No 97 Don't know
i. **[IF YES]** How long do you typically try to continue following-up with youths identified as at risk or 03 as having made a suicide attempt?	01 Next day 02 1 week or less 03 Up to 1 month 04 Up to 3 months 05 Up to 9 months 06 1 year or longer 07 No typical length 97 Don't know 99 Not applicable
ii. **[IF YES]** What strategies do you use to follow-up with youth identified as "at-risk" or as having made a suicide attempt?	01 Phone calls 02 Text messages 03 Letter 04 Email 05 Home visit 97 Don't know 99 Not applicable
d. A designated person who makes decisions in a crisis situation	01 Yes 02 No 97 Don't know
e. Provisions of how referrals and follow-ups are documented	01 Yes 02 No 97 Don't know

16. When reflecting on your current protocol for the following, do you think efforts are not enough, just right or too much:

a. Risk assessment	01 Not enough 02 Just right 03 Too much 97 Don't know
b. Follow-up protocol	01 Not enough 02 Just right 03 Too much 97 Don't know
c. Supporting families/youth	01 Not enough 02 Just right 03 Too much 97 Don't know

17. What is your approach or set of procedures for determining whether or not someone poses high or imminent risk of suicide? (Check all that apply.)

1 Assess suicide thoughts or plans
2 Assess suicidal intent and whether the youth believes s/he can refrain from attempting suicide
3 Assess history of suicide attempts
4 Assessment of family history
5 Assessment of non-suicidal self-injury
6 Assess availability of means for attempting suicide
7 Assess presence of depression and/or hopelessness
8 Assess presence of substance abuse
9 Ask youth to articulate or list reasons for living
10 Ascertain if the youth can agree to a safety contract
11 Try to develop safety plan with youth
12 Meet with youth's parents or guardians to address concerns and safety issues
13 Immediately refer the youth to speak to a clinician at a referral agency
95 Other (please specify)
97 Don't know
99 Not applicable

18. For youths identified as high risk, what are your typical procedures for managing these youths? Do you typically engage in any of the following practices? (Check all that apply.)

1 Call or meet with parents or guardians to discuss monitoring
2 Call or meet with parents or guardians to provide education about the need for follow-up treatment
3 Assess safety in the home and discuss safety in the home with parents/guardians (e.g., removing means of suicide such as firearms)
4 Discuss alternative ways of coping with distress, or alternatives to suicide with the youth
5 Discuss reasons for living with the youth
6 Ask youth to agree to a signed no-suicide contract or promise
7 Work with youth to identify individuals the youth can contact if feeling suicidal
8 Refer youth to the emergency department or crisis service

9 Refer youth to a community provider if the youth / family is/are not already in treatment
10 Provide an after-hours emergency contact number to youth
11 Provide an after-hours emergency contact number to parents / guardians
12 If a new referral is given, follow-up with the suicidal youth and family to see if they followed through with treatment recommendation or need assistance with this
13 Follow up with the youth at school to assess ongoing status / risk
14 Provide youth with national suicide hotline or other crisis hotline phone information
15 Follow up to see if they kept appointment
95 Other, please specify:

____

____

97 Don't know
99 Not applicable

19. What happens when your organization identifies someone at elevated risk for suicidal behavior, or someone that has made a suicide attempt through suicide prevention programs? (Check all that apply.)

01 Referral to mental health professional within the school system (e.g., school social worker or guidance counselor) that has responsibility for the school or agency
02 Referral to emergency room (for evaluation of all youths identified)
03 Referral to emergency room for select cases
04 Referral to mental health provider in the community
05 Contact parents/guardians to let them know of the young person's status (and possibly suggest evaluation and/or treatment)
06 Conduct an in-house clinical assessment
95 Other, please describe:

____

____

20. Once a youth is identified as potentially at risk or as having made a suicide attempt, how long is it usually before someone (either within your organization or within your referral network) can meet with him/her to do a clinical assessment? (Please choose the option that best describes what usually happens.)

01 Immediately
02 Less than 2 hours
03 Less than 4 hours
04 Within the school day
05 Within 2 school days
06 Within a week
07 Longer than a week

21. What are the factors that affect the length of time between identification and clinical assessments? (Check all that apply.)

1 Recent suicide attempt
2 Level of risk

3 Demographic characteristics
04 Clinician availability
05 Insurance or other funding consideration
95 Other, please describe:

____
____

97 Don't know
99 Not applicable

22. Have you had any direct contact with **[GRANTEE NAME]**?

1 Yes
2 No
97 Don't Know

22a**. [IF YES]** Have you received any gatekeeper trainings through [Grantee name]?

1 Yes
2 No
97 Don't know

22b. **[IF YES TO 22]** Select all of the activities that are primary to your relationship with **[GRANTEE NAME]**?

01 Providing referrals to the organization
02 Receiving referrals from the organization
03 Coordination of Gatekeeper trainings
04 Sharing resources
05 Sharing information
06 Creating policies and protocols
95 Other, please specify
99 Not applicable

23. Identify any barriers or challenges faced by your referral network.

____
____
____
____

24. Identify any strategies you have utilized to strengthen the network.

____
____
____
____