OMB No. xxxx-xxxx
Expiration Date: Month XX, XXXX



# 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 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

## SECTION 1. YOUTH DEMOGRAPHICS

**1. Participant ID (Site-assigı** | | | | | | | | |

**2. Age** | | | *in years*

**3. Gender** *Select one*

- ☐ Male
- ☐ Female
- ☐ Transgender, female-to-male
- ☐ Other, please specify:

  _____
- ☐ Transgender, male-to-female
- ☐ Transgender, gender non-conforming
- ☐ Information missing

**4. Sexual Orientation** *Select one*

- ☐ Heterosexual (that is straight)
- ☐ Gay/Lesbian
- ☐ Bisexual
- ☐ Information Missing

**5. Ethnicity** *Select one*

- ☐ Hispanic/Latino (complete 4a)
- ☐ 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
☐ Other, please specify: _____
☐ Native Hawaiian/Pacific Islander
☐ White
☐ Information missing

## SECTION 2: IDENTIFICATION INFORMATION

**7. Date of identifica** ☐☐ ☐☐ ☐☐☐☐

Month Day Year

**8. Zip code where the youth was** ☐☐☐☐☐

**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
☐ College or University (e.g. campus health center, classroom)
☐ Social Service Agency (e.g. child welfare, supportive housing)
☐ Juvenile Justice Agency (e.g. pre-trial services, mental health court)
☐ Home
☐ Physical Health Agency (e.g. pediatrician, primary care, hospital)
☐ Mental Health Setting (e.g. private MH provider, psychiatric hospital, outpatient clinic)
☐ Community based organization, recreation or after school activity (e.g. Boys & Girls club, faith-based organization, AA, job training programs)
☐ Emergency Response Unit or Emergency Department
☐ Digital Medium (e.g. Facebook, text message to a friend)
☐ Don't Know
☐ Other, please specify: _____

**8a. 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

**8b. 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)
- ☐ Teacher or other non-mental health school staff (including college or university staff) (e.g. principal, sports coach)
- ☐ Mental health service provider except school-based providers (e.g. clinician, private counselor)
- ☐ 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
- ☐ Police officer, security guard, or other law enforcement staff
- ☐ Emergency Responder or other ER staff
- ☐ Family member/foster family member/caregiver
- ☐ 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 9B]
- ☐ No [CONTINUE TO 10]
- ☐ Don't Know [CONTINUE TO 10]

**10b.** (If yes to 9a), **Please select the type of training the gatekeeper received** *Select all that apply*

- ☐ QPR (Question, Persuade, Refer)
- ☐ ASIST (Applied Suicide Prevention Intervention Skills Training Lifelines
- ☐ SafeTALK
- ☐ Signs of Suicide (SOS)
- ☐ Sources of Strength
- ☐ Kognito
- ☐ AMSR (Assessing and Managing Suicide Risk)
- ☐ RRSR (Recognizing and Responding

- ☐ Connect
- ☐ Yellow Ribbon
- ☐ Youth Depression Suicide: Let's Talk
- ☐ Response (A Comprehensive High School-based Suicide Awareness Program)
- ☐ to Suicide Risk)
- ☐ Campus Connect
- ☐ Locally Developed, please specify: _____
- ☐ Other, please specify: _____
- ☐ Don't Know [CONTINUE TO 9C]

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

☐☐ ☐☐☐☐
Month Year

**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 one. 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>☐ 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>☐ Yes [GO TO SECTION 3]<br>☐ No [COMPLETE 10C]<br>**11c. Please indicate why the youth was determined not to be in need of a referral:** |

## 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 one. Select Yes, No, or Don't Know and proceed to the follow-up questions*

<table>
<tr><th>❑ Yes</th><th>❑ No</th><th>❑ I Don't Know</th></tr>
<tr>
<td>12a. Please indicate the date of referral (mm/dd/yyyy)<br><br>__ __ /__ __ / __ __ __ __<br><br>12b. To which of the following <u>mental health services</u> was the youth referred?<br><br>Select all that apply. If the youth was not referred for MH Services, leave blank and continue to question 11d:<br><br>☐ Private Mental Health Agency or Provider<br>☐ Public Mental Health Agency or Provider (e.g. tribal or state sponsored mental health agency)<br>☐ Psychiatric Hospital/ Unit<br>☐ Substance abuse treatment center<br>☐ Emergency department<br>☐ School counselor<br>☐ School Based Health Clinic<br>☐ Mobile crisis unit<br>☐ Tribal/Cultural Service (e.g. sweat lodge, talking circle)<br>☐ Don't Know<br>☐ Other, please specify:<br>_____<br><br>12c. To which of the following <u>other supports</u> was the youth referred?<br>Select all that apply. If the youth was not referred to other supports, please leave blank and continue to question 12:<br>☐ School or academic organization (e.g. school club, academic counseling, tutoring)<br>☐ Community based organization, recreation religious, afterschool program<br>☐ Family or extended family (e.g. parent, foster</td>
<td>12d. Why not?<br><br>Select one primary reason<br><br>☐ Youth was already receiving services or supports<br>☐ No capacity at provider agencies to receive a referral<br>☐ Unable to contact youth (e.g. youth moved out of state)<br>☐ Youth or Parent refused services<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></td>
<td>12e. Why don't you know?<br><br>Select all that apply<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<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></td>
</tr>
</table>

| | | |
|---|---|---|
| parent, grandparent, aunt, uncle)<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>☐ Don't Know<br>☐ Other, please specify:<br>_____<br><br>IF YOU SELECTED A *MENTAL HEALTH SERVICE* IN SECTION 11B CONTINUE TO QUESTION 12. IF THE YOUTH WAS ONLY REFERRED TO OTHER SUPPORTS (I.E.YOU DID NOT SELECT ANY MENTAL HEALTH SERVICES IN SECTION 11B), **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 one. 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** *(mm/dd/yyyy)*<br><br>__ __ /__ __ / __ __ __ __ | **13d. Why not?**<br>*Select all that apply*<br><br>☐ Made an appointment for youth, but youth did not attend<br>☐ Parent or youth refused service for personal reasons (i.e. not financial reasons)<br>☐ Youth was waitlisted for more than three months<br>☐ Youth did not have insurance or could | **13f. Why don't you know?**<br>*Select all that apply*<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 |
| **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>☐ Suicide risk assessment (e.g. initial risk assessment or re-assessment)<br>☐ Mental health assessment (e.g. assessment | | |

| | | |
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| 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>☐ Medication<br>☐ Inpatient or residential psychological services<br>☐ Tribal or cultural services (e.g. traditional healing practices, talking circles, sweat lodge)<br>☐ Don't Know<br>☐ Other, please specify:_____ | 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** | sharing<br>☐ Parent or youth could not be contact<br><br>☐ Other, please specify:<br>_____<br><br>IF THE YOUTH DID NOT RECEIVE A FIRST MENTAL HEALTH APPOINTMENT, **PLEASE END THE FORM** |
| **13f. At the time of the first service, was it determined that the youth was in need of a second mental health appointment?**<br><br>o Yes (CONTINUE TO QUESTION 13)<br>o No **(PLEASE END THE FORM)**<br>**o** Don't Know (CONTINUE TO QUESTION 13) | | |

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

| ❑ Yes | ❑ No | ❑ I Don't Know |
|---|---|---|
| **14a. Date of Second mental health Appointment** *(mm/dd/yyyy)*<br><br>__ __ /__ __ / __ __ __ __ | **14d. Why not?**<br><br>*Select all that apply*<br><br>☐ Made an appointment for youth, but youth did not attend<br>☐ Parent or youth refused service for personal reasons (i.e. not financial reasons)<br>☐ Youth was waitlisted for more than three | **14e. Why don't you know?**<br><br>*Select all that apply*<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 |
| **14b. Zip Code for Second mental health appointment:** __ __ __ __ __ | | |
| **14c. Which mental health service(s) did the youth receive at the second appointment?**<br>*Select all that apply*<br>☐ Suicide risk assessment (e.g. initial risk | | |

| | | |
|---|---|---|
| assessment or re-assessment)<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>☐ Medication<br>☐ Inpatient or residential psychological services<br>☐ Tribal or cultural services (e.g. traditional healing practices, talking circles, sweat lodge)<br>☐ Don't Know<br>☐ Other, please specify:<br>_____<br>**PLEASE END THE FORM** | months<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>**PLEASE END THE FORM** | place<br>☐ Tracking system prohibits data sharing<br>☐ Parent or youth could not be contacted<br>☐ Other, please specify:<br>_____<br>**PLEASE END THE FORM** |