ZERO SUICIDE MONTANA

Data Collection Guide

Center for Children, Families & Workforce Development
UM HEALTH & MEDICINE / SCHOOL OF SOCIAL WORK

ZEROSuicide
IN HEALTH AND BEHAVIORAL HEALTH CARE

MONTANA
DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

DATA COLLECTION TIMELINE

The Zero Suicide – Montana Data Collection Guide provides grantees with the following information:

- Descriptions and examples of the data to be collected
- Step-by-Step guide to entering quarterly data into the data collection tool

SAMHSA Quarterly Reporting Period	
Quarter 1	October 1st–December 31st
Quarter 2	January 1st–March 31st
Quarter 3	April 1st- June 30th
Quarter 4	July 1st–September 30th

Zero Suicide Grantees Data Reporting Due Dates	
Grantees enter data into ZS-MT Data Collection tool	
Quarter 1	January 24th
Quarter 2	April 23rd
Quarter 3	July 24th
Quarter 4	October 24th

You will enter data on the following information	
Workforce Development	The # of people in the mental health field & related workforce trained in mental health-related practices/ activities that are consistent with the goals of the grant
Accountability	The # and % of work group, advisory group, and council members who are consumers or family members
Screenings	The # of individuals screened for mental health or related services
Referrals	The # of individuals referred to mental health or related services
Access	The # and % of programs/ communities that implemented specific mental-health related practices/activities that are consistent with the goals of the grant
Types/ Targets of Practices	The # of programs/organizations/communities that implemented specific mental-health related practices/ activities that are consistent with the goals of the grant
Sentinel Events	The # of deaths by suicide and attempts to suicide

This guide is adapted from the SPARS Program Guidance on IPPs for Zero Suicide Grantees, May, 2019

TO ENTER DATA:

Log into:

Quarterly Data Collection Tool

DATA ENTRY TIPS & REMINDERS:

- Please submit data only on completed activities and trainings for each quarter.

- Do not enter data on activities that are in progress, in planning phase, or pending

- You can start and stop entering data at any time. As long as you log back into the tool on the same computer, you will be able to start where you left off.

Questions about data entry?

Contact Kate at kate.chapin@umontana.edu

WORKFORCE DEVELOPMENT (WD2)

Workforce Development:

Enter the **number of people** in the mental health and related workforce trained in mental health-related practices and activities that are consistent with the goals of the grant.

Exclude trainings funded by outside grants. Count the number of people, not the number of trainings.

If there were no trainees this quarter, please enter "0."

List and describe each training below.

	Name/Title of Training	Described who received the training (receptionists, nursing staff).	Briefly describe the skills learned as it applies to the goals of the grant.
	Answer 1	Answer 1	Answer 1
Training #1			
Training #2			
Training #3			
Training #4			

Intent of WD2

The intent of WD2 is to capture information on the improvements in the workforce in addressing mental health conditions related to suicide prevention through trainings funded by the grant.

Examples of Trainings/Activities:	
Gatekeeper Training	Postvention Training
Suicide Intervention Training	Suicide screenings/Protocol

Examples of Mental Health & Related Workforce	
Mental Health & Substance Abuse Providers	Health/Primary Care Provider
Tribal Elders & Healers	Community Outreach Worker
Clergy	Crisis line staff

Guidelines for entering Workforce Development results:

- Enter the # of people trained in ZS activities
- List the title of the training, describe who received the training, and briefly describe the skills learned as it applies to the grant.

Qualitative data entry example

ASSIST training/ all front office staff/ Staff received a 2-hr Gatekeeping training by project staff

ACCOUNTABILITY (A4)

Accountability

Enter the number of work group, advisory group, council members who are consumers or family members.

If there were no work groups, advisory groups, or councils this quarter, please enter "0."

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The next question identifies the percentage of work group, advisory group, council members who are consumers or family members.

	Enter the total number of people who are BOTH a member of the group AND a consumer or family member. Answer 1	Enter the total number of people who are in the work group Answer 1
Percentage of group members who are also consumers/family		

List and describe the work group/advisory group/council.

	List the name of the group Answer 1	Enter a brief description of the group, including its general purpose and membership Answer 1
Work group/advisory group/council #1		
Work group/advisory group/council #2		
Work group/advisory group/council #3		
Work group/advisory group/council #4		

Intent of A4

The intent of A4 is to capture the number of consumers or people using services and their family members who participate in work groups, advisory groups or councils because of the grant.

> *Consumers = adults, children or youth who currently receive mental health services, who've received mental health services in the past, or are eligible to receive services but choose not to*
>
> *The consumer can be a paid worker or a an unpaid volunteer.*

Guidelines for entering Accountability results:

- Enter the # of work group, advisory group, council members who are consumers or family members

- If the group is sustaining or ongoing, report the numbers each quarter while the group is in existence. Enter "0" if there is no new activity to report this quarter OR no work groups with representation from consumers or family members.

- Identify the percentage of group members who are also consumers or family members by:

  1. Entering the total number of people who are BOTH a member of the group AND a consumer or family member

  2. Entering the total number of people who are in the workgroup

  **The percentage will be calculated by the system.

- List the name of the work group and briefly describe the group, including general purpose and membership

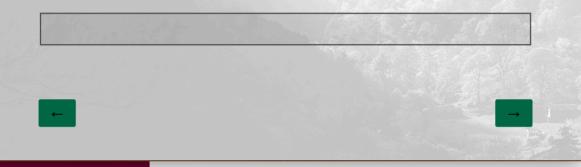## Qualitative data entry example

We have an Evaluation Review Committee to ensure local evaluation activities are culturally competent and family-driven. The committee consists of community members with some being consumers or family members.
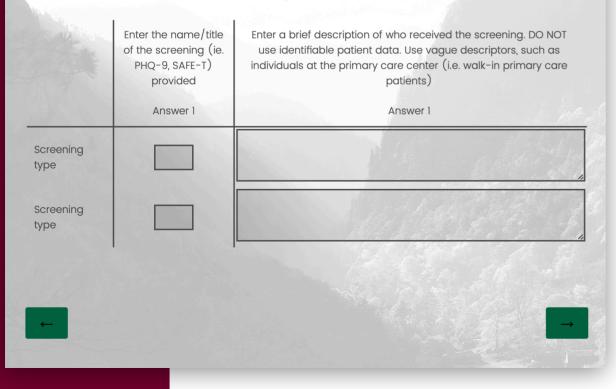
SCREENING (S1)

Intent of S1

The intent of S1 is to capture information on the number of individuals screened for mental health or related interventions because of the grant in the given quarter.

Examples of Screenings	
Patient Health Questionnaire 2,3 or 9	SAFE-T

Guidelines for entering Screening results:

- Only count individuals screened for initial identification of a need for intervention

- Do not count the number of interventions

- Do not count ongoing monitoring of patient status

Qualitative data entry example:

As a result of this grant, we administered the Patient Health Questionnaire-9 to 116 individuals at participating primary care practices this quarter.

Screening:

Enter the **number of individuals** screened for mental health or related interventions.

Only count individuals screened for initial identification. Do not count the number on interventions. Do not count ongoing monitoring of patient status.

If there were no individuals screened for initial identification this quarter, enter "0."

←   →

List and describe the screenings offered this quarter.

	Enter the name/title of the screening (ie. PHQ-9, SAFE-T) provided	Enter a brief description of who received the screening. DO NOT use identifiable patient data. Use vague descriptors, such as individuals at the primary care center (i.e. walk-in primary care patients)
	Answer 1	Answer 1
Screening type		
Screening type		

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Referrals:

Enter the number of individuals referred to mental health or related services.

Count individuals who received the referral versus referrals to individual services.

If there were no individuals who received referrals this quarter, enter "0."

Enter a brief description of who received referral information and the types of mental health or related services referrals provided.

DO NOT use identifiable patient data. Use vague descriptors, such as "individuals who were screened for suicide," or "individuals who were screened for general mental health."

Cultural Support Services
Enter the **number of individuals** referred to cultural support services.
If there were no individuals referred to cultural support services this quarter, enter "0."

List and describe the referrals to cultural support services offered this quarter.

	Enter the name of the cultural activity/program	Add a short description of the support service(s) to which the individual was referred, to the extent that it is culturally appropriate to do so.
	Answer 1	Answer 1
Cultural activity/ program #1		
Cultural activity/ program #2		
Cultural activity/ program #3		
Cultural activity/ program #4		

REFERRALS (R1)

Intent of R1

The intent of R1 is to capture information on referrals to mental health or related services following a positive screen.

Examples of mental health or related services		
Physical health	Mental health inpatient services	Education
Mental health outpatient services	Peer Support	Independent living skills

Guidelines for entering Referral results:

- Only count people that were referred in the Zero Suicide pathway, according to your new protocol

- Count individuals who received referrals versus referrals to individual services

Cultural support referrals: Include referrals to cultural services or activities that are not in the Zero Suicide protocol. Do not count this number for R1, in the following measures.
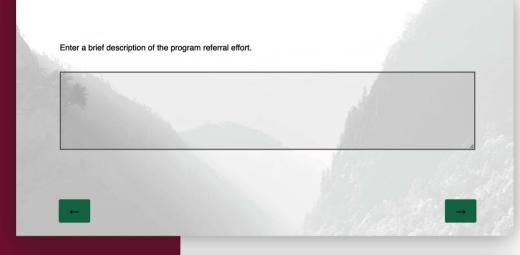
Qualitative data entry example:

As a result of the grant, our Behavioral Health Screen identified individuals for symptoms of suicide. As a result of the screening, we referred 21 individuals for mental health outpatient services this quarter.
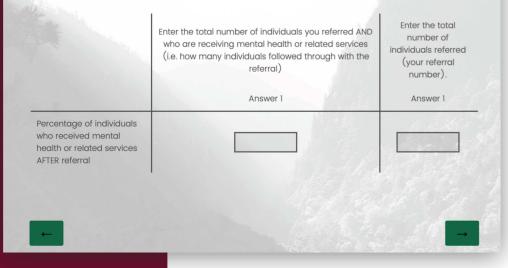
ACCESS (AC 1)

Intent of AC1

The intent of AC1 is to capture the number and percentage of individuals who received mental health or related services AFTER referral.

Examples of mental health or related services		
Physical health	Mental health inpatient services	Education
Mental health outpatient services	Peer Support	Independent living skills

Key point

- Develop a protocol to track all early identification, referral and follow-up information.

Methods for tracking access data	
Data sharing agreement	Multiple information sources
Establish a relationship with a service provider who can supply you the # of individuals who are receiving services	

Guidelines for entering Access results:

- Count the total number of individuals you refereed AND the number of individuals who accessed mental health services.

- The system will calculate the percentage

Qualitative data entry example:

As a result of the grant, out of 21 individuals that were flagged by the PHQ 9 and referred this quarter, 9 of them are receiving services.

TYPES/TARGETS OF PRACTICES (T 1)

Intent of T1

The intent of T1 is to capture the number of programs/organizations/communities that implemented specific mental health-related practices/activities that are consistent with the goals of the grant.

Examples of programs/organizations/ communities	
Tribal agencies	Non-Governmental organizations
Hospitals	Private provider entities
Counties	Health care organizations

Examples of Practices/ Activities	
Treatment	Mental health-related promotion
Rehabilitation	Culturally-specific practices
Prevention	Rural Telehealth programs

Guidelines for entering Types/Targets results:

- Count the number of programs/organizations and NOT the number of activities/practices/interventions or the number of people who attended.

- Are there other organizations that are using ZS practices? Did any community events happen that featured ZS? Was there a training in which you taught Gatekeeper skills?

Qualitative data entry example:

The neighborhood Health Center implemented Quality Improvement workgroup meetings this quarter to review patient health outcomes after patients screened positive on the PHQ.

Types/Targets of Practices (T1)

Enter the number of programs/organizations/communities that implemented specific mental health-related practices and activities that are consistent with the goals of the grant.

Count the number of programs/organizations and not the number of activities/practices/interventions.

If there were no programs/organizations/communities that implemented specific mental health-related practices and activities this quarter, enter "0."

List the name of the program/organization/community that implemented specific activities and describe the practice or activity implemented.

	List the name of the program/organization/community	Describe the practice or activity implemented.
	Answer 1	Answer 1
Program/organization/community #1		
Program/organization/community #2		
Program/organization/community #3		
Program/organization/community #4		

SENTINEL EVENTS

Sentinel Events
Deaths by Suicide

Please report if there were any deaths by suicide within the quarter. Count deaths by suicide as classified by a coroner.

If there were no deaths by suicide this quarter, enter "0."

Sentinel Events
Attempts to Suicide
Please report if there were any attempts to suicide within the quarter.

Do not count "near misses," such as someone who was successfully diverted from an attempt. Please only count actual attempts as classified by a medical professional.

If there were no reported attempts to suicide this quarter, enter "0."

Intent of Sentinel events:

To capture the number of deaths by suicide and attempts to suicide.

Guidelines for entering Access results:

- Count deaths by suicide as classified by a coroner

- Counts attempts to suicide as classified by a medical professional

- Do not count "near misses," such as someone who was successfully diverted from an attempt

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