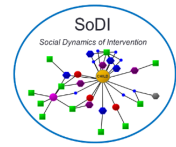


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Youth: A network analysis
COUNTY SODI SURVEY**

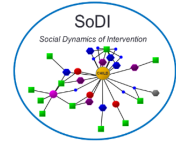


<p>Completed by (please circle one): Org leader Org Staff Other (please specify): _____</p> <p>Date Completed: _____/_____/_____</p>
<p><u>Office use only</u></p> <p>ID: _____ Date dropped off: _____/_____/_____ Date picked up: _____/_____/_____ Initials: _____</p> <p>Collected by: _____ Entered by: _____</p>

In our efforts to improve care for youth at risk for suicide in your county, we are interested in the working relationships “between” organizations that might be involved in suicide prevention, treatment and care coordination. The survey should take about 20 minutes to complete. Participation is voluntary. The information will be used anonymously at further work group meetings aimed at improving services. We appreciate your time in completing this survey. ALL QUESTIONS PERTAIN TO WORKING WITH YOUTH AT RISK FOR SUICIDE.

Overall Network Questions		
1	<p>Please select the organization that you belong to from the list below</p>	<p>County Roster (includes a list of other organizations in your county that might be providing support for youth in suicidal crisis)</p>
2	<p>Please indicate which of the following organizations you work with regarding youth suicide. To “work with” can include:</p> <ul style="list-style-type: none"> I. Care coordination which includes: <ul style="list-style-type: none"> a. Processes associated with identification, referral, admission and treatment b. Processes associated with discharge planning from the emergency room/hospital and reintegration back into the community. II. Data sharing before, during and after a suicidal crisis or treatment episode III. Engaging parents before, during and after a suicidal crisis or treatment episode IV. Exchange of services between agencies regarding things like staff training, provision of services, technical assistance, family or community supports V. Work together on a suicide prevention task force, child death review, or other community suicide prevention efforts like co-sponsoring awareness programs 	<p>County Roster (includes a list of other organizations in your county that might be providing support for youth in suicidal crisis)</p>

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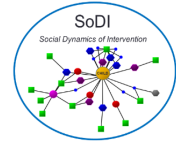


Multiple Task Network Questions		
3a	<p>In the past year, think about the suicide care that your organization provided for youth, including such things as screening, assessment, transporting, receiving referrals, or making admission to the emergency department and or hospital.</p> <p>Did your organization coordinate any of the above activities for youth who required suicidal care with other organizations from the list provided?</p>	(county sub-roster of identified orgs)
3b	<p>For each identified organization, how many youth has your organization assisted with suicide care efforts such as screening, assessment, transporting, receiving referrals or making admission to the emergency department and/or hospital?</p>	0 youth 1-10 youth 11-20 youth 21-29 youth 30-40 youth more than 40 youth Do not wish to answer

Aftercare Network Questions		
4a	<p>In the past year, think about the youth that you supported who required aftercare planning from the Emergency Room/Hospital and reentry back into school and/or the community.</p> <p>Did you coordinate these services with any of the organizations listed below?</p>	(county sub-roster of identified orgs)
4b	<p>For each identified organization, for how many youth has your organization coordinated aftercare and reentry?</p>	0 youth 1-10 youth 11-20 youth 21-29 youth 30-40 youth more than 40 youth Do not wish to answer

Relationship Quality Question

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5	Please identify which organizations that you had positive interactions with while coordinate suicide care for youth. Positive interactions are interactions that helpful/supportive of the goal of preventing youth suicides.	Yes (mostly positive interactions) No (few or no positive interactions) Not Applicable
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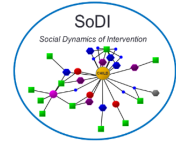
Data Sharing Network Questions		
6	Data sharing is a key aspect of care coordination. Please indicate how easy it is to share (give and receive) information (e.g., data, records, etc.) with other organization when collaborating around a youth at risk for suicide.	No data sharing Extremely difficult Somewhat difficult Somewhat easy Extremely easy

Caregiver engagement Network Questions		
7	When coordinating care between your organization and others regarding a youth at risk for suicide, how often was the parent/caregiver of the youth involved in the process?	(county sub-roster of identified orgs) Never Rarely Sometimes Frequently Always

Service Exchanges Network Questions		
8	In the past 5 years, how often did your organization exchange services with these other organizations? This might include staff training, prevention or intervention programs, technical assistance, family or community supports.	Never Infrequently (1-2 times per year) or only when needed At regularly scheduled intervals only At regularly scheduled intervals and as needed (e.g., such as during crisis) Do not wish to answer

Committee Network Questions		
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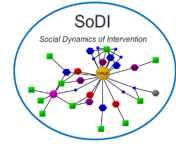


9	<p>How often does your organization work with other organizations on community committees (e.g., suicide prevention task force, child death review), or community awareness or support programs(e.g., Out of the Darkness walks, organizing survivor groups)?</p>	<p> Never Infrequently (1-2 times per year) or only when needed At regularly scheduled intervals only At regularly scheduled intervals and as needed (e.g., such as during crisis) Do not wish to answer </p>
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Youth on the autism spectrum are at greater risk for mental health crises and sometimes require specialized support. The next few questions ask about this particular sub-group of youth.

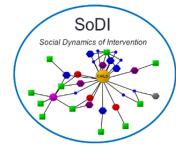
Autism Network Questions

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10	During the past year, has your organization provided suicidal crisis support for youth on the autism spectrum?	Yes No Don't know
11	(if yes) When you are providing care coordination services for youth on the autism spectrum in suicidal crisis, how do you identify if or whether the youth has an autism spectrum diagnosis? Check all that apply.	onsite assessment youth self-report caregiver report clinician report medical records reports from teachers/school counselors school/district records other
12	(if yes) In the past year, please identify from the list provided the organizations that you coordinated with to provide supports for youth on the spectrum in suicidal crisis?	(county sub-roster of identified orgs)
13	(for those identified) How many autistic youth has your organization provided aftercare planning and reentry assistance with for each identified organization?	(county sub-roster of identified orgs for autism) 0 youth 1 youth 2-3 youth 4-6 youth 7-10 youth 11-20 youth more than 20 youth Do not wish to answer
14	When working with youth at risk for suicide who are on the autism spectrum, please rate the overall quality of the interactions between you and other providers during these care coordination episodes.	(county sub-roster of identified orgs for 1 or more autism youth) No interactions mostly negative interactions mixed interactions mostly positive interactions Not Applicable

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15	<p>Have staff in your organization received training for supporting youth on the autism spectrum who are experiencing a mental health crisis? Select all that apply.</p>	<ul style="list-style-type: none"> 0 hours of training 1-3 hours of autism training Full or multi-day autism trainings A few or some staff have autism certifications All staff have autism certifications Autism experts who work at our organization provide training and guidance
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