



GARRETT LEE SMITH (GLS) NEW DATA COLLECTION PROTOCOLS FOR THE NATIONAL OUTCOMES EVALUATION CAMPUS GRANTEES

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Hailey Reid, MPH
Tiffany Fambro, MPH
Brandee Hicks, MPH
Jessie Rouder, MPH



WEBINAR VIDEO AND HANDOUTS

- Today's Webinar is being recorded
- The slides were e-mailed to you prior to the webinar
 - If you did not receive the message, check your spam e-mail folder
- The video will be made available on the Suicide Prevention Resource Center website and the Suicide Prevention Data Center (SPDC)

NEED ASSISTANCE?

- For technical support
 - Contact us via the Q & A or chat pod
 - E-mail Betty.Treschitta@icfi.com



ON TODAY'S AGENDA

- Purpose of New GLS National Outcomes Evaluation Data Collection Protocols
- Review New and Updated Protocols and Implications for Grantees
 - Prevention Strategies Inventory (PSI)
 - Training Activity Summary Page (TASP)
 - Student Behavioral Health Form (SBHF)
- Discuss Impact on IRB and Resources for Grantees
- Review Implementation Timeline

WHY ARE NEW PROTOCOLS BEING INTRODUCED AT THIS TIME

- The National Outcomes Evaluation data collection instruments are reviewed by the Office of Management and Budget (OMB) every 3 years
 - The renewal process is an opportunity to reflect on what is working well, and make improvements to the evaluation
 - The changes do not mean everything that is familiar will be thrown out
 - Fundamental design of the evaluation will remain unchanged

HOW WERE THE NEW PROTOCOLS DEVELOPED

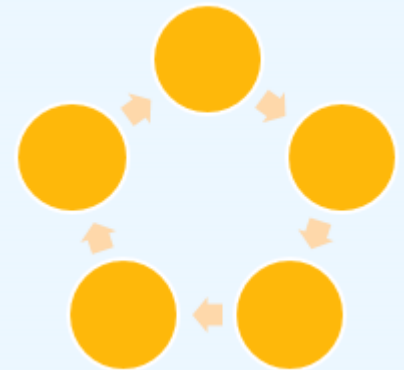
The protocol changes were informed by:

- Feedback from grantees, SAMHSA Government Project Officers, evaluation advisory panel, other project stakeholders
- Lessons learned from the evaluation

The new protocols are intended to:

- Enhance the utility of what is learned for a broad base of stakeholders
- Advance/expand the suicide prevention knowledge base
- Increase efficiency
- Improve the rigor of the evaluation overall

GLS SUICIDE PREVENTION NATIONAL OUTCOMES EVALUATION



CORE AND ENHANCED STUDIES

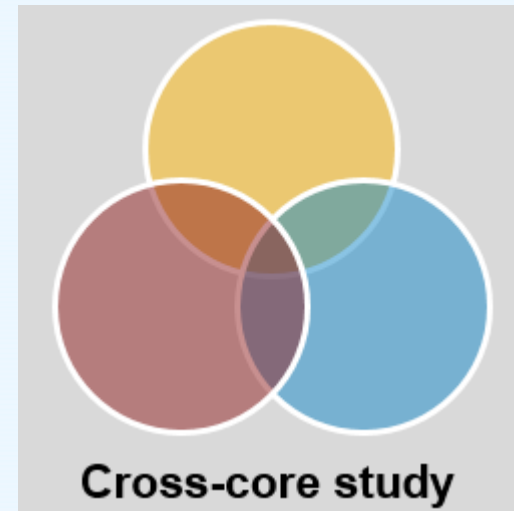
GLS National Outcomes Evaluation



IMPACT, OUTCOME, & IMPLEMENTATION ANALYSIS

- Study core analysis
- Enhanced study analysis
- Program level analysis

- Expert Panel
- Subcontractors



PREVENTION STRATEGIES INVENTORY (PSI)

WHAT IS CHANGING ON THE PREVENTION STRATEGIES INVENTORY (PSI)

- A new question has been added after each strategy question, dealing with the topic of sustainability. The intent of the question is to find out the grantees' plan for sustaining the activity, event, product, etc. that was indicated in the previous strategy.
- *Hotlines and Helplines* category has been changed to *Hotlines, Helplines, Textlines and Chatlines*. This includes a new substrategy, *Textlines and Chatlines*. Several follow-up questions have been added to the new substrategy.

WHAT IS CHANGING ON THE PSI (CONT.)

CampusPSI_Markup_022216.docx - Word

FILE HOME INSERT DESIGN PAGE LAYOUT REFERENCES MAILINGS REVIEW VIEW ACROBAT

Fambro, Tiffany

HOTLINES, HELPLINES, TEXTLINES, AND CHATLINES [NEW STRATEGY NAME]

Hotlines and Helplines

Developing, maintaining or supporting hotline or helpline services for the campus community.

A grantee may use GLS funds to develop and maintain a hotline service for students or a grantee can use funds to develop a local call center for the National Suicide Prevention Hotline.

*Please note: training for hotline staff should be indicated under “Assessment and Referral Training for Hotline Staff.” Also, materials promoting the National Suicide Prevention Lifeline should be reported under “Outreach and Awareness Products.”

Textlines and Chatlines [NEW SUBSTRATEGY]

Developing, maintaining, or supporting text or web-based chat support services for the campus community.

*Please note: training for text and chat staff should be indicated under “Assessment and Referral Training for Hotline Staff” and materials promoting the textline, chatline, or National Suicide Prevention Lifeline should be reported under “Outreach and Awareness Products.”

MEANS RESTRICTION

Means Restriction are efforts that aim to educate about the issue of lethal means restriction. Examples of efforts that would be reported under this category include: a campaign dedicated to reducing access to lethal means, and outreach and awareness events, activities and materials focused on issues related to access to lethal means.

Means Restriction Awareness Campaigns

A Means Public Awareness Campaign 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: the “Lock ‘Em Up” Prescription Drug Campaign.

Means Restriction Activities and Events

Events or activities intended to promote awareness about access to lethal means but not connected to a particular public awareness campaign.

PAGE 3 OF 32 10107 WORDS 150%

WHAT IS CHANGING ON THE PSI (CONT.)

- Under the *Means Restriction category*, a substrategy has been added, *Means Restriction Training*.
- Several follow-up questions have been added to this substrategy.

WHAT IS CHANGING ON THE PSI (CONT.)

The screenshot shows a Microsoft Word document with the following content:

source for the product, have modified policies or practices to sustain the product, or if you have identified ways to integrate the product into existing processes and do not need any additional funding sources or policy changes).

Don't know

Means Restriction Training [NEW SUBSTRATEGY AND FOLLOW UP QUESTIONS]

1. What is the name of the training?

2. Please indicate the type of training:

- CALM (Counseling on Access to Lethal Means)
- Other, please specify: _____

2a. [IF OTHER] Is this a locally developed training?

- Yes
- No

Prevention Strategies Inventory—Campus Version 24
May 2015

3. Please describe the training. If you are using a standard curriculum, you need not describe the content of the curriculum. . If you are using a locally developed curriculum, please also 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.

A comment from Erin Maher is visible on the right side of the document, stating: "Please complete" soft error that is us questions can also be used for these .

The document footer indicates: PAGE 24 OF 32 10107 WORDS 160%

WHAT IS CHANGING ON THE PSI (CONT.)

- *Policies and Protocols for Intervention and Postvention* category has been changed to *Policies, Protocols, and Infrastructure*. This includes a new substrategy, *Electronic Health Record Implementation and Utilization*.
- Several follow-up questions have been added to the new substrategy.

WHAT IS CHANGING ON THE PSI (CONT.)

- A response option was added under Gatekeeper Training:
 - ✓ *Kognito At-Risk*

WHAT IS CHANGING ON THE PSI (CONT.)

- Extra response options were added under Assessment, Clinical, and Referral Training For Mental Health Professionals and Hotline Staff, Mental Health Professionals:
 - ✓ *Cognitive Behavioral Therapy (CBT)*
 - ✓ *Chronological Assessment of Suicide Events (CASE)*
 - ✓ *Dialectical Behavior Therapy (DBT)*
 - ✓ *Mental Health First Aid*
 - ✓ *QPR for Nurses*
 - ✓ *QPR for Physicians, Physician Assistants, Nurse Practitioners, and Others*

WHAT IS CHANGING ON THE PSI (CONT.)

- Extra response options were added under *Assessment, Clinical, and Referral Training For Mental Health Professionals and Hotline Staff, Hotline Staff*
 - ✓ *Lifelines*
 - ✓ *Signs of Suicide*
- *Suicide 101* was also removed

WHAT IS CHANGING ON THE PSI (CONT.)

- Old response options were removed and new response options were added under *Life Skills and Wellness Development, Screening Programs*:
 - ✓ *Suicide Assessment Five Step Evaluation and Triage (SAFE-T)*
 - ✓ *Columbia Suicide Severity Rating Scale (CSSR-S)*
 - ✓ *Behavioral Health Screen (BHS)*
 - ✓ *Ask Suicide Screening Questions (asQ)*
 - ✓ *Beck Depression Inventory (BDI)*
 - ✓ *Suicide Behaviors Questionnaire (SBQ-R)*
 - ✓ *Other, please specify:*
 - ✓ *2a. [IF OTHER] Is this a locally developed training? (yes, no)*

WHAT IS CHANGING ON THE PSI (CONT.)

- Postvention training was added as an option under the Other Suicide Prevention Strategies category for type of suicide prevention strategy.

WHAT DO WE NEED TO DO NEXT

Grantee Impact

- Local systems developed to track prevention strategies from partners or contractors will be need to be updated with new strategies, substrategies and response options
- Data entry in SPDC will be the same
- Data still collected quarterly

QUESTIONS?





**TRAINING ACTIVITY SUMMARY PAGE (TASP)
TRAINING UTILIZATION & PRESERVATION SURVEY (TUP-S)**

WHAT IS CHANGING ON THE TASP

- Items have been reordered
- More training curricula types listed
- Two new questions
 - Does training include role-play or behavioral rehearsal
 - What resources or materials were provided to trainees

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0285. Public reporting burden for this collection of information is estimated to average 10 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1027, Rockville, Maryland, 20857.

Garrett Lee Smith Memorial (GLS) National Outcomes Evaluation Training Activity Summary Page (TASP)—Campus

Training Information	
1. Training date (MM/DD/YY)	/ /
2. Training identification (ID; six digits, starting with your site ID)	
3. Name of training	
4. Type of training Curricula Implemented (select one below)	
<input type="checkbox"/> American Indian Life Skills Development <input type="checkbox"/> Assessing and Managing Suicide Risk (AMSR) <input type="checkbox"/> Applied Suicide Intervention Skills Training (ASIST) <input type="checkbox"/> Assessment of Suicidal Risk Using the Columbia Suicide Severity Rating Scale (C-SSRS) <input type="checkbox"/> Counseling on Access to Lethal Means (CALM) <input type="checkbox"/> Connect Suicide Postvention Training <input type="checkbox"/> Campus Connect Suicide Prevention Training for Gatekeepers (Faculty and Staff) <input type="checkbox"/> Campus Connect Suicide Prevention Training for Gatekeepers (Students) <input type="checkbox"/> Cognitive Behavioral Therapy (CBT) <input type="checkbox"/> Chronological Assessment of Suicide Events (CASE) <input type="checkbox"/> Commitment to Living <input type="checkbox"/> Dialectical Behavior Therapy (DBT) <input type="checkbox"/> Jason Foundation Training Modules <input type="checkbox"/> Kognito At-Risk <input type="checkbox"/> Kognito At-Risk in Primary Care <input type="checkbox"/> Kognito At-Risk in the ED <input type="checkbox"/> Lifelines <input type="checkbox"/> Managing Suicide Risk Collaboratively: The CAMS Framework <input type="checkbox"/> Mental Health First Aid	<input type="checkbox"/> Question, Persuade, and Refer (QPR) <input type="checkbox"/> QPR for Nurses <input type="checkbox"/> QPR for Physicians, Physician Assistants, Nurse Practitioners and Others <input type="checkbox"/> QPR-T (suicide risk assessment and training course) <input type="checkbox"/> Response (a comprehensive high school-based suicide awareness program) <input type="checkbox"/> Recognizing and Responding to Suicide Risk (RRSR) <input type="checkbox"/> safeTALK <input type="checkbox"/> Safety Planning Intervention for Suicide Prevention <input type="checkbox"/> Seeking Safety <input type="checkbox"/> Signs of Suicide (SOS) <input type="checkbox"/> Sources of Strength <input type="checkbox"/> Suicide Prevention 101 <input type="checkbox"/> Suicide to Hope: A Recovery and Growth Workshop <input type="checkbox"/> suicideCare <input type="checkbox"/> Suicide-Informed Cognitive Behavioral Therapy (CBT) <input type="checkbox"/> Trevor CARE <input type="checkbox"/> Unlocking Suicidal Secrets: New Thoughts on Old Problems in Suicide Prevention <input type="checkbox"/> Yellow Ribbon <input type="checkbox"/> Youth Depression & Suicide: Let's Talk <input type="checkbox"/> Other (complete 4a and 4b)

4a. If you have selected other, please specify type of training curricula implemented (not name of training)	
4b. If you have selected other as type of training, please select one of the following:	<input type="checkbox"/> Gatekeeper training <input type="checkbox"/> Screener training <input type="checkbox"/> Clinical intervention/Treatment training <input type="checkbox"/> Postvention training <input type="checkbox"/> General awareness training
5. What is the primary intended outcome for participants in this training? (Select one.)	<input type="checkbox"/> Screen youths for suicide behaviors (using a screening tool) <input type="checkbox"/> Have conversations about suicide and suicide prevention with youths and others <input type="checkbox"/> Identify youths who might be at risk for suicide <input type="checkbox"/> Provide direct services to youths at risk for suicide and/or their families <input type="checkbox"/> Train other staff or community members <input type="checkbox"/> Make referrals to mental health services for at-risk youths <input type="checkbox"/> Work with adult at-risk populations <input type="checkbox"/> Enhance life skills and coping mechanisms
6. Name of facility where training was held	
7. ZIP code of facility where training was held	
8. Duration of the training	Hours: Minutes:
9. Is this a train-the-trainer event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is this an online training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is this a booster or follow-up training?	<input type="checkbox"/> Yes [Go to 12] <input type="checkbox"/> No [Complete 11a]
11a. If no, are there any plans to conduct follow-up or booster trainings in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Was behavioral rehearsal or role-play included as a part of the training?	<input type="checkbox"/> Yes [Go to 12a] <input type="checkbox"/> No [Complete 13]
12a. If yes, did the training participants engage in the behavioral rehearsal or role-play during the training event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. What resources or materials were provided to trainees? (Select all that apply.)	<input type="checkbox"/> Local crisis center information <input type="checkbox"/> Mobile or online tools or applications for suicide prevention [complete 13a] <input type="checkbox"/> Fact/Resource sheets <input type="checkbox"/> Wallet card information <input type="checkbox"/> No resources or materials were provided to trainees at the training event
13a-b. If mobile or online tools or applications for suicide prevention were provided, please provide the name and description of the tool(s).	Name: Description:

WHAT IS CHANGING WITH THE TUP-S

- The TUP-S will be discontinued for cohort 7 and 8 grantees at the end of this fiscal year
 - TUP-S consent to contact forms will no longer be accepted after June 30th

WHAT DO WE NEED TO DO NEXT

- Grantees should download and review the updated copies of the TASP instrument and TASP data collection manual
- Update internal processes and inform program staff and trainers about TASP updates

QUESTIONS?





STUDENT BEHAVIORAL HEALTH FORM (SBHF)

PURPOSE

- Includes collection of information on the implementation of **Suicide Safer Environment care practices** from campus health care providers as well as the annual number of **suicide attempts and deaths** as a source of long-term outcome data

RESEARCH QUESTIONS

Continuity of Care Study:

2.6: What are the patterns of identification, referral, and follow-up for youth identified as at risk for suicide?

2.7: What are the follow-up services received by at-risk youth?

Safer Suicide Environment Study:

3.2: What suicide safer environment care activities are being implemented by campus health services?

3.3: Are access and utilization of campus behavioral health services higher for students on campuses that integrate clinical screenings or suicide assessments into campus primary and behavioral health care?

3.4: Are suicide ideation, attempts, and deaths lower for students on campuses that are more fully implementing the suicide safer environment framework activities?

IMPLEMENTATION AND LOGISTICS

- All campus grantees will participate in the SBHF in early summer
- The SBHF is a web-based survey on the SPDC
- The SBHF administrator will receive a password to access the survey

WHAT MAKES A GOOD SBHF ADMINISTRATOR?

- Available to complete the SBHF in late spring/ early summer
- Has access to behavioral health records for the campus (either tracks them directly or can compile them from various sources)



**POLL: DO YOU ALREADY KNOW WHO
YOUR SBHF ADMINISTRATOR WILL
BE?**

Yes

No

IMPLEMENTATION AND LOGISTICS

- The instrument includes a mix of **quantitative** questions (e.g., how many suicide attempts occurred on campus?) and **policy** related questions (e.g., after a suicide attempt, what happens?).

IMPLEMENTATION AND LOGISTICS

- Data in the SBHF will be reported for the current academic year (approx. September 2015- May 2016) and the FOUR academic years prior to the grant
- At the end of the grant, you will have data for a total of 7 academic years

SEVEN YEARS OF DATA:

FOUR YEARS PRIOR TO THE GRANT

*Fall 2014-Spring 2015
Fall 2013-Spring 2014
Fall 2012- Spring 2013
Fall 2011-Spring 2012*

CURRENT ACADEMIC YEAR

Fall 2015-Spring 2016

ADDITIONAL GRANT YEARS

*Fall 2016-Spring 2017
Fall 2017- Spring 2018*

To be reported in Summer 2016



DATA ELEMENTS

- Student use of behavioral health services (including counts of specific services)
- Campus use of standardized screenings (and screening tool)
- Linkages to community providers
- Follow-up support
- Student suicide attempts
- Student deaths by suicide

KEY CONCEPTS



Behavioral Health Services-
mental health or substance use
services provided on campus



Health Record System- may
include an excel tracking sheet,
electronic health records (e.g.
Titanium), case files

POLL: HOW DO YOU CURRENTLY TRACK INFORMATION RELATED TO BEHAVIORAL HEALTH SERVICES?

**EHR SYSTEM
SPREADSHEET
PAPER FILES
NO TRACKING
DON'T KNOW**



**POLL: ARE YOU CURRENTLY ABLE
TO DETERMINE AN UNDUPLICATED
COUNT OF STUDENTS RECEIVING
BEHAVIORAL HEALTH SERVICES?**

YES

NO

NOT SURE



KEY CONCEPTS

- **Academic Year-** typically, fall and spring semesters
- **Tracked versus Estimate-** are the numbers provided from an accurate database, or are they estimates of the number of students (potentially from multiple on campus sources and it cannot be determined if these counts are duplicated)

KEY CONCEPTS

- **Suicide screening- may include formal, informal, self assessments to determine suicide risk or depression**
 - How many students were screened?
 - Who is screened? (e.g. universal screening)
 - What instruments or tools are used for screenings?
 - How many students were identified as at risk of suicide/scored positive?

KEY CONCEPTS

- **Services for students at risk for suicide-**
 - Of the students identified at risk, how many received BH services?
 - How many students are referred from self referral, peer, health services, faculty, parent?

KEY CONCEPTS

- **Services for students at risk for suicide-**
 - How many students received behavioral health counseling, medication management, crisis services, initiation of an on-campus emergency protocol?
 - How many students were referred to off-campus services?
 - What are the protocols for following up with referrals?

KEY CONCEPTS

- **Services for students at risk for suicide-**
 - What is the approach for determining whether someone poses high risk?
 - What is the process for managing students who are determined to be at high risk?
 - What postvention services are available?

KEY CONCEPTS

- **Suicide attempts**– According to the CDC, a suicide attempt is a non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury. If the intent of the student is unknown, or the student denies that they intended to die, do NOT include this in the count. Should reflect the number of attempts, not the number of students.
 - Gender
 - Age
 - Source of information
 - Campus policies for a student who attempted suicide

KEY CONCEPTS

- **Suicide deaths**
 - Gender
 - Age
 - Source of information



POLL: DO YOU CURRENTLY TRACK SUICIDE ATTEMPTS AND DEATHS?

YES

NO

NOT SURE

STRATEGIES FOR COMPILING DATA

START NOW!



STRATEGIES FOR COMPILING DATA

Gathering data from various on-campus sources: The campus reported establishing a Student of Concern Committee which receives information from a variety of sources, Public Safety, the Dean of Student's Office, Student Health Services; all faculty and staff report using a campus-wide software. The off campus police report to the Dean of Students Office. In addition, they have a community relations person who could be contacted by the surrounding area about students

STRATEGIES FOR COMPILING DATA

Creating a data sharing agreement with the local hospital to gather suicide attempt information for off-campus students

Modifying the on-campus EHR to reflect the services included on the SBHF

Connect with all appropriate parties on campus

TIMELINE

Identify a SBHF Administrator to compile and enter data

Determine sources of information for data elements—this may require coordination with multiple on and off-campus sources

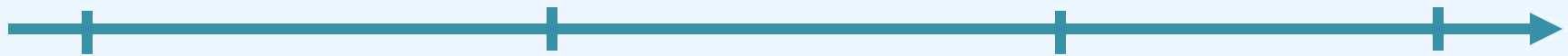
An email will be sent to the project staff to identify the SBHF administrator; please respond by Friday, May 13, 2016

SBHF Administrator will receive an email with a password for the web-based survey

The Administrator will have several weeks to complete the data entry for the current year and the four years prior to the grant

TAL will confirm SBHF Administrator

Administrator will complete data for academic year



Now

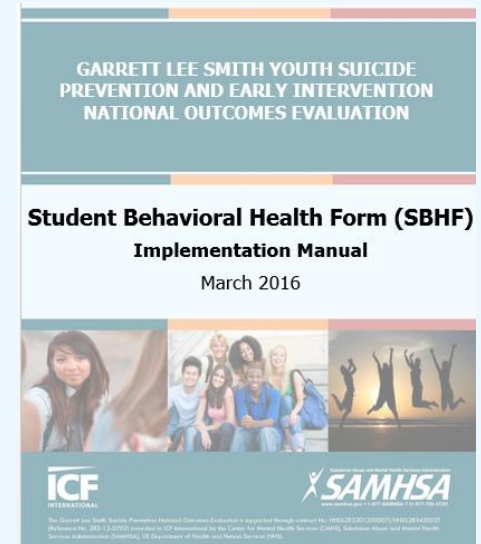
Next week

Approximately June

Spring 2017-
Spring 2018

ADDITIONAL RESOURCES

- Annotated Guide with Key Terms
- “Four Years Prior” planning tool
- SBHF Implementation Manual



QUESTIONS?



IMPACT OF NEW PROTOCOLS FOR IRB

- We recommend that grantees contact their local IRB to inform them about the new protocols and ask for guidance on how to proceed – an amendment to your current approval is most likely what will be needed
- Grantees should received the ICF IRB approval documents
- The instruments have been updated with OMB numbers

SUPPORT & RESOURCES

- Copy of ICF IRB application and approval memo
- Updated instruments
- Instrument specific manuals and planning documents
- Annotated instruments

NEW PROTOCOL IMPLEMENTATION TIMELINE

May 2: TASP

June: SBHF

July 15: PSI



DATA COLLECTION LIAISON CONTACTS

NOE Instrument	Data Collection Liaisons (DCLs)
Prevention Strategies Inventory (PSI)	Tiffany Fambro Gls-psi@icfi.com 404-592-2242 (<i>Eastern Time Zone</i>)
Training Activity Summary Page (TASP)	Brandee Hicks Gls-tasp@icfi.com 404-592-2198 (<i>Eastern Time Zone</i>)
Student Behavioral Health Form (SBHF)	Jessie Rouder Gls-sbhf@icfi.com 646-695-8138 (<i>Eastern Time Zone</i>)


TECHNICAL ASSISTANCE LIAISON CONTACT

Campus TAL:

Jessica Wolff

404-592-2229 (*Eastern Time Zone*)

Jessica.Wolff@icfi.com



We're here
to help!

QUESTIONS?



