



GARRETT LEE SMITH (GLS) DATA COLLECTION INSTRUMENTS & SUBMISSION PROCESSES FOR CAMPUS GRANTEEES

December 8, 2016

Connie Maples, MA
Nora Kuiper, MPH
Brandee Hicks, MPH
Jessie Rouder, MA



WEBINAR VIDEO AND HANDOUTS

- Today's Webinar is being recorded
- The slides were e-mailed to you prior to the webinar and they are also in the Files pod
 - 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?

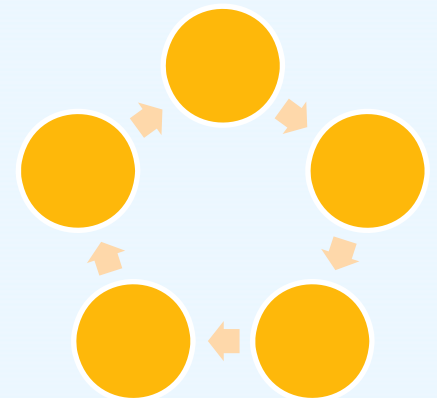
- For technical support
 - Contact us via the Q & A or chat pod
 - E-mail Betty.Treschitta@icf.com



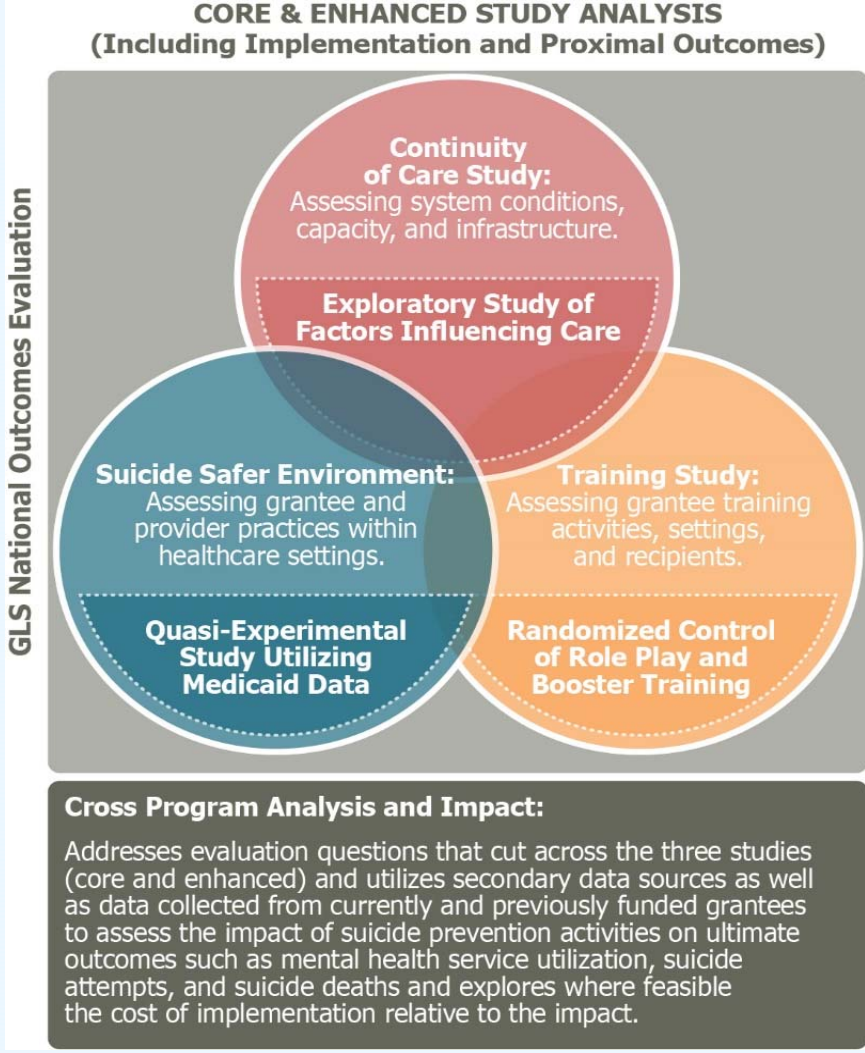
ON TODAY'S AGENDA

- GLS National Outcomes Evaluation Design
- Prevention Strategies Inventory (PSI)
- Training Activity Summary Page (TASP)
- Student Behavioral Health Form (SBHF)

GLS SUICIDE PREVENTION NATIONAL OUTCOMES EVALUATION



NOE DESIGN OVERVIEW





Nora Kuiper
Data Collection Liaison
Gls-psi@icf.com

PREVENTION STRATEGIES INVENTORY

PSI TOPICS TO BE COVERED

- ✓ PSI Overview
 - Instrument Details
 - Timeline
 - Data Entry
 - Data Submission
- ✓ PSI Demonstration on the SPDC
- ✓ Tools to support PSI Data Collection and Reporting
- ✓ Tips and Reminders
- ✓ Next Steps



PSI OVERVIEW

Purpose

Prevention Strategies Description



- An inventory of all prevention strategies and products that are a part of a grantee's GLS funded program

Expenditures



- Total amount of GLS funds (including match and in-kind) expended to date and the percent of funds expended to date for each strategy type

PSI OVERVIEW

Who is responsible for data collection for the PSI?	Grantee Program Staff
How is the PSI administered/entered?	Web-based form entered into SPDC
When will the PSI be administered?	Ongoing throughout the grant period, but the PSI must be reviewed and submitted during quarterly administration periods
When will the PSI begin?	January 2017

INSTRUMENT DETAILS

PSI PART ONE: STRATEGIES DESCRIPTION

Prevention Strategies Inventory - Campus

Suicide Prevention Program Strategies

What types of suicide prevention strategies are being implemented under your GLS program?

Quick Links

1. Outreach and Awareness
2. Gatekeeper Training
3. Assessment, Clinical, and Referral Training
4. Lifeskills and Wellness Activities
5. Screening Programs
6. Hotlines, Helplines, Textlines and Chatlines
7. Means Restriction
8. Policies, Protocols, and Infrastructure
9. Coalitions and Partnerships
10. Other Suicide Prevention Strategies

INSTRUMENT DETAILS



INSTRUMENT DETAILS

STRATEGY FOLLOW-UP QUESTIONS

What is the name of the activity/event?

Type of product: (print materials, billboards, radio, awareness product, etc.)

Please indicate the type of training: (QPR, ASIST, Kognito, etc.)

Does this strategy target the entire campus community or general population?
(Yes/No)

Does this product place emphasis on any of these current priority populations?
(select all that apply)

What are your plans for sustaining this product after the end of your GLS cooperative agreement?

INSTRUMENT DETAILS

PSI PART TWO: BUDGET EXPENDITURE

Prevention Strategies Inventory - Campus

Budget

To save any new information you have entered on this page, please click on the "Save Budget" button at the bottom of the page.

How much of your GLS budget (including any matching funds) have you spent to date? Specify dollar amount:

Please estimate the percentage of your total budget expended to date on the following prevention strategies.

1. Outreach and Awareness %

1.2. Outreach and Awareness Activities/Events %

1.3. Outreach and Awareness Products %

2. Gatekeeper Training %

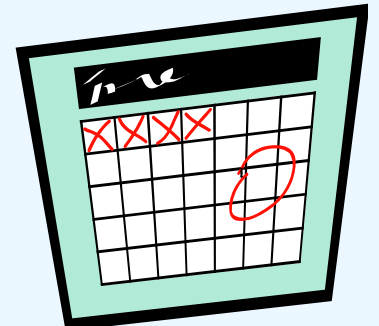
3. Assessment, Clinical, and Referral Training %

3.1. Assessment, Clinical, and Referral Training for mental health professionals %

3.2. Assessment, Clinical, and Referral Training for hotline staff %

PSI TIMELINE

- PSI entries are updated on a **quarterly basis**
- Entries can be added to the PSI at any time, but the PSI must be reviewed and submitted during the administration periods
- The PSI administration periods begin the second Monday following the end of the quarter and remains open for **15 business days**
- Upcoming PSI Administration Dates:
 - **January 9th through January 27th**



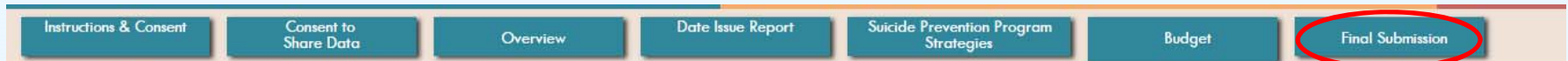
PSI DATA ENTRY

- PSI respondents (one per grantee) are emailed a PSI password in order to access the instrument on the SPDC
- Grantees update and add to currently entered PSI strategy and budget expenditure information to reflect changes that occurred during the previous quarter



PSI DATA SUBMISSION

- Deadline: 8 PM Eastern Time on the final administration day
- Don't forget to final submit!



OMB NO.: 0930-0286

Exp. Date: March 31, 2019

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 0930-0286. Public reporting burden for this collection of information is estimated to average 15 minutes per response, 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 the burden, to Washington Headquarters Office of Management and Budget, Paperwork Project Director (0152-0046), Washington, DC 20503. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Washington Headquarters Office of Management and Budget, Paperwork Project Director (0152-0046), Washington, DC 20503. Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

Prevention Strategies Inventory - Campus

Final Submission

Once your data is ready for final submission, click below to review your entries.

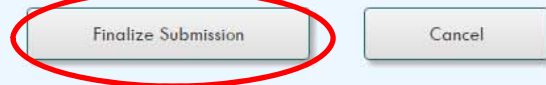


To submit your data, click on the "Finalize Submission" button below.

Please make sure your data is accurate and complete. Once you click on the "Finalize Submission" button, you will not be able to return to the PSI or modify your data.

To continue entering data or to make any changes, click "Cancel" below.

NOTE: Once you click on the "Finalize Submission" button below, you will NOT be able to return to the survey.





PSI DEMONSTRATION ON THE SPDC

TOOLS TO SUPPORT PSI DATA COLLECTION AND REPORTING

- ✓ PSI Tip Sheet and Strategy Definitions
- ✓ PSI Data Sharing Report
- ✓ PSI Summary Report
- ✓ PSI Planning and Strategy Tool



TIPS AND REMINDERS



- Prevention strategies should be included once they are beyond the planning phase
- Examples of information that should not be included: holding or attending meetings, attending a SAMHSA, ICF, or SPRC webinar, monthly team calls, hiring grant staff

TIPS AND REMINDERS



- The PSI is cumulative! You should not delete strategies that have been completed.
- If an activity existed prior to your GLS grant, and GLS funds will continue to support the activity, then it should be reported in the PSI
- Strategies that are implemented using GLS funds, matched funds, in-kind contributions or a combination of GLS, matched funds and in-kind contributions should be reported on the PSI
- If you have implemented a certain strategy type, but have not spent any of the budget in that area, just enter 0%

TIPS AND REMINDERS



- Report both the amount of GLS funds *and* matched funds or in-kind contributions spent from the beginning of the grant through the end of the reporting quarter
- You can still submit your PSI even if 75% of your budget has not been accounted for
- You cannot report a percentage of dollars spent in an area where you have not reported a strategy

PSI NEXT STEPS

- Review the PSI Manual and Tip Sheet
- Log in to the PSI using your password (beginning 1/9)
- Enter strategies and budget information from Q1 (October-December 2016)
- Final submit your PSI by January 27th at 8 PM Eastern
- If you determine, after reviewing the materials, that you do not have any data to enter OR if you cannot complete by January 27th, contact PSI Data Collection Lead or the Campus TAL as soon as possible

PSI CONTACT INFORMATION

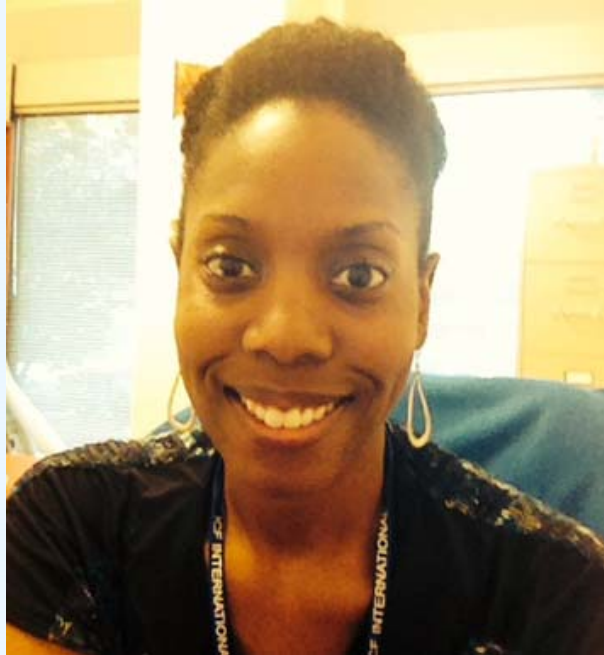
For help with the PSI you may:

- Email your questions to GLS-PSI@icf.com
- Call Nora Kuiper, the PSI Data Collection Lead at (404) 592-2139



QUESTIONS?





Brandee Hicks
Data Collection Liaison
Gls-tasp@icf.com

TRAINING ACTIVITY SUMMARY PAGE

TRAINING ACTIVITY SUMMARY PAGE (TASP) TOPICS TO BE COVERED

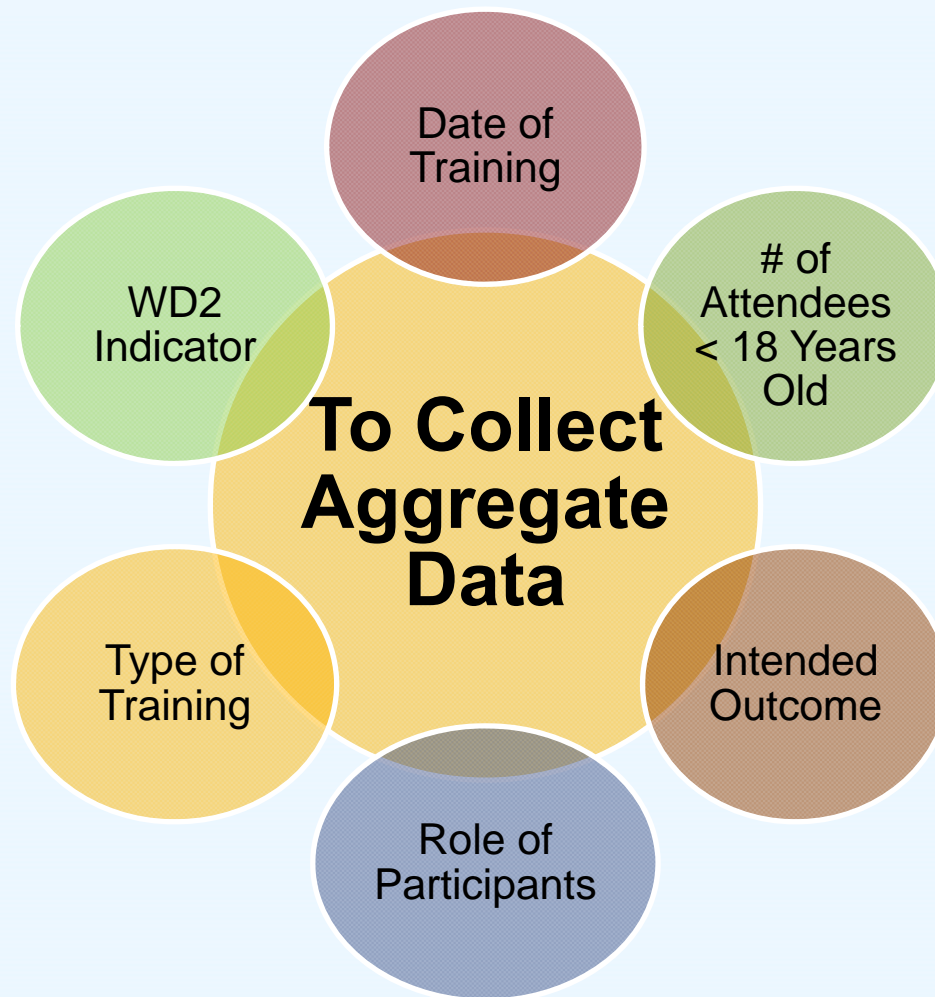
- ✓ TASP Purpose & Overview
- ✓ Logistics
- ✓ TASP Demonstration on the SPDC
- ✓ Tools to support TASP Data Collection and Reporting
- ✓ Next Steps



TRAINING ACTIVITY SUMMARY PAGE (TASP) OVERVIEW

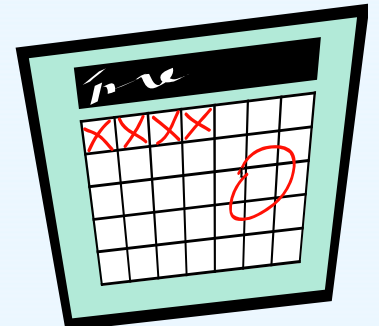
What is the TASP?	Collects summary information about training events sponsored by GLS campus grantees
Who is responsible for TASP data collection/entry?	Grantee Program Staff
How is the TASP administered/entered?	Information submitted via the SPDC using web-based form or excel spreadsheet upload
When is the TASP administered?	Ongoing throughout the grant period
When will the TASP begin?	As soon as training activities begin

TASP CONTENT AREAS



TASP TIMELINE

- TASP should be completed for every suicide prevention training conducted as part of your GLS Suicide Prevention Program
 - Submit within 2 weeks of in person trainings
 - Quarterly for online trainings activities



Public Burden Statement: An agency may not send an agency, and a person is not required to respond to, a collection of information unless it displays a currently valid CMS control number. The CMS control number for this project is 0920-0286. Public reporting burden for this collection of information is estimated to average 1 hour 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 the burden, to SAMHSA Reports Clearance Office, 1 Choke Cherry Road, Room 2-1027, Rockville, Maryland, 20857.

**Garrett Lee Smith (GLS) National Outcomes Evaluation
Campus Suicide Prevention Program**

TRAINING ACTIVITY SUMMARY PAGE (TASP)

Training Information	
1. Training date (MM/DD/YY)	/ /
2. Training identification (ID; your site ID + 3 digits)	
3. Name of training	
4. Type of training curricula implemented: <i>Select one below.</i>	
<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"/> 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 checked="" type="checkbox"/> suicideCare

(Continued on next page)

<input type="checkbox"/> Lifelines <input type="checkbox"/> Managing Suicide Risk Collaboratively: The CAMS Framework <input type="checkbox"/> Mental Health First Aid		<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:	
5. What is the primary intended outcome for participants in this training? <i>Select one.</i>		<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	

(Continued on next page)

FILLING OUT THE TASP

- Print off the TASP form from the SPDC
- Write in the training date, training ID
- Answer all the questions based on the training class

TRAINING ID

- Training ID is a unique 7 digit ID number
- First 4 digits are your site ID numbers, which are provided by your TAL
- Final three digits are assigned by you, the grantee.
- Last 3 numbers should be numbers that help you remember the order of your trainings

TRAINING ID EXAMPLE

- Grantee X Site ID: 1234
- Training ID: 1234???

 - Last 3 digits can be training type and/or chronological order of trainings

- Training types:
 - ASIST = 1
 - QPR = 2
 - SOS = 3
- 1234201 = Grantee X had a QPR training and it was their first training

ENTERING TASP INTO THE SPDC

1. Manually enter TASP for one training at a time.



ENTERING TASP INTO THE SPDC

2. Upload excel spreadsheet for the TASP data for several trainings at once.

- Template available on SPDC

txsdate	txsid	txsname	txsnewtype	txsprimout	txsfac	txsnum_us	txsnum_gs
Month/Day/Year	Training ID. A 6 or 7 digit number with the first 3 or 4 digits representing Site ID).	Name of Training	Type of Training (select one)	What is the primary intended outcome for participants in the training (select one)	Name of facility where training was held	Number of undergraduate students attending training	Number of graduate students attending training
mm/dd/yyyy	Numeric	Text	Numeric	Numeric	Text	Numeric	Numeric
mm/dd/yyyy	Numeric	Text	Numeric	Numeric	Text	Numeric	Numeric
mm/dd/yyyy	Numeric	Text	Numeric	Numeric	Text	Numeric	Numeric



TASP DEMONSTRATION IN SPDC

ONLINE TRAININGS DATA COLLECTION

Option 1

- Online training program is at a specific location and time

Data Collection Method

- Grantee can fill out the TASP in-person while participants are completing the training; then grantee can enter TASP into SPDC



ONLINE TRAININGS DATA COLLECTION

Option 2

- Online training program completed by user at anytime on any computer



Data collection method

- The company that hosts online program supplies grantee data summary report of all users; monthly or quarterly
- Grantee fills out TASP quarterly and enters it into the SPDC manually or upload via the spreadsheet

TASP REPORTS AND RESOURCES

- Grantee Summary Reports
- Response Monitoring Table
- Data Collection Liaison & TAL
- Training Tracking Spreadsheet
- Annotated TASP



TRAINING TRACKING TOOL

Date training scheduled	Number of youth	Date of Training: (Month/Day/Year)	Training ID: (Assigned Site ID+3 digit #)	TASP Info (rec'd/entered) (Yes or No)
SUBGRANTEE 1 (CAN ALSO BE ORGANIZED BY TRAINER, T)				
SUBGRANTEE 1 (CAN ALSO BE ORGANIZED BY TRAINER, T)				
SUBGRANTEE 1 (CAN ALSO BE ORGANIZED BY TRAINER, T)				

USING TASP DATA

- **Grantees will be able to use data for**
 - ✓ community presentations
 - ✓ local evaluation efforts
 - ✓ possible program modifications
 - ✓ and more!



What should we do if there is more than one intended outcome for the training?

Commonly Asked Questions

Should booster trainings be considered “other” under “the type of training” section?

What if I have more than 100 trainings?

TASP NEXT STEPS



TASP CONTACT INFORMATION

For help with the TASP you may:

- Email your questions to Gls-tasp@icf.com
- Call Brandee Hicks, the TASP Data Collection Liaison at 404-592-2198



QUESTIONS?





Jessie Rouder
Data Collection Liaison
Gls-sbhf@icf.com

STUDENT BEHAVIORAL HEALTH FORM

STUDENT BEHAVIORAL HEALTH FORM (SBHF) TOPICS TO BE COVERED

- ✓ Purpose
- ✓ Research questions
- ✓ Implementation and logistics
- ✓ Data elements/Key concepts
- ✓ Strategies for compiling data
- ✓ Timeline
- ✓ Additional resources
- ✓ Next steps

STUDENT BEHAVIORAL HEALTH FORM (SBHF) OVERVIEW

Who is responsible for data collection for the SBHF?

Grantee Program Staff and campus administrators

How is the SBHF administered/entered?

Web-based form entered into SPDC
Reflects data from four years prior to the grant and the three grant years

When will the SBHF be administered?

Annually in early Summer

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

STUDENT BEHAVIORAL HEALTH FORM (SBHF) 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 2016- May 2017) 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 2015-Spring 2016
Fall 2014-Spring 2015
Fall 2013-Spring 2014
Fall 2012- Spring 2013*

CURRENT ACADEMIC YEAR

Fall 2016-Spring 2017

ADDITIONAL GRANT YEARS

*Fall 2017- Spring 2018
Fall 2018-Spring 2019*

To be reported in Summer 2017



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

STUDENT BEHAVIORAL HEALTH FORM (SBHF) 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

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

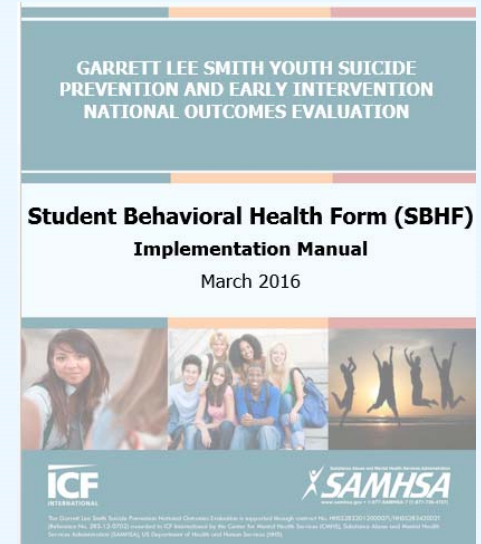
TAL will confirm SBHF Administrator

Administrator will complete data for academic year



STUDENT BEHAVIORAL HEALTH FORM (SBHF) ADDITIONAL RESOURCES

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



STUDENT BEHAVIORAL HEALTH FORM (SBHF) NEXT STEPS

- Determine SBHF administrator
- Determine which data elements are available and what strategies need to be established to collect information moving forward

QUESTIONS?



DATA COLLECTION LIAISON CONTACTS

NOE Instrument	Data Collection Liaisons (DCLs)
Prevention Strategies Inventory (PSI)	Nora Kuiper Gls-psi@icf.com 404-592-2139 (<i>Eastern Time Zone</i>)
Training Activity Summary Page (TASP)	Brandee Hicks Gls-tasp@icf.com 404-592-2198 (<i>Eastern Time Zone</i>)
Student Behavioral Health Form (SBHF)	Jessie Rouder Jessie.Rouder@icf.com or Gls-sbhf@icf.com 516-887-3201 (<i>Eastern Time Zone</i>)

TECHNICAL ASSISTANCE LIAISON CONTACT

Campus TAL:

Connie Maples

956-722-0474 (Central *Time Zone*)

Connie.Maples@icf.com



*We're here
to help!*

WHAT'S NEXT?

- Prepare for IRB
- Review instrument manuals & resources
- Select PSI & SBHF administrators
- Plan for TASP data collection
- Identify resources for SBHF



QUESTIONS?



