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Substance Abuse and Mental Health Services Administration

SAMHSA

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OVERVIEW OF THE GARRETT LEE SMITH (GLS) NATIONAL OUTCOME EVALUATION AND IRB PROCESSES FOR CAMPUS GRANTEES

Taylor Moore, PhD
Sophia Zanakos, PhD
Connie Maples, MA

November 9, 2017

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 Questions pane
    - E-mail Betty.Treschitta@icf.com

Taylor Moore, PhD
Grantee Support Team Leader

Taylor.Moore@icf.com

ON TODAY'S AGENDA

- GLS National Outcomes Evaluation
- Prior Evaluation Findings
- Evaluation Design
- Data Collection for the National Outcomes Evaluation
- Institutional Review Board (IRB) Processes
- Suicide Prevention Data Center (SPDC)
- Evaluation Training and Technical Assistance

ICF AND THE NATIONAL OUTCOMES EVALUATION

- ICF has conducted the National Suicide Prevention Evaluation since 2005

- ICF has worked with over 200 Campus grantees and 199 State/Tribal grantees

- ICF houses the largest repository of youth suicide prevention data in the United States

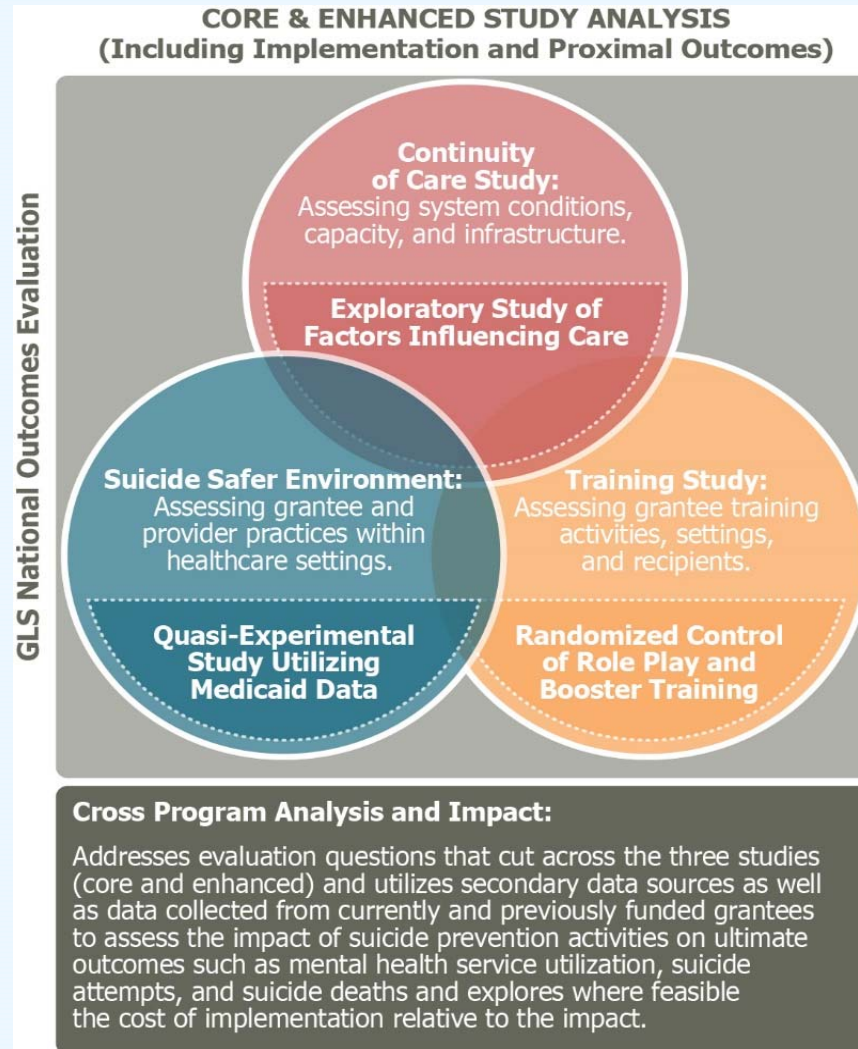# WHY IS THE EVALUATION IMPORTANT ?

The National Outcomes Evaluation can contribute to:
- Program improvement
- Local evaluation
- Sustainability
- The overall evidence base for suicide prevention programming
- Impact assessments of GLS program activities

SAMHSA Evaluation Goal
"The goal of the GLS Youth Suicide Prevention programs and the NSPL is the reduction of suicide and suicide attempts across America. In order to accomplish this critical, lifesaving work, it is essential that the effectiveness of these programs be evaluated on an ongoing basis, with implementation of suicide prevention programs continually informed by evaluation results"

NOE DESIGN OVERVIEW

CORE & ENHANCED STUDY ANALYSIS
(Including Implementation and Proximal Outcomes)

GLS National Outcomes Evaluation

Continuity of Care Study: Assessing system conditions, capacity, and infrastructure.

Exploratory Study of Factors Influencing Care

Suicide Safer Environment: Assessing grantee and provider practices within healthcare settings.

Quasi-Experimental Study Utilizing Medicaid Data

Training Study: Assessing grantee training activities, settings, and recipients.

Randomized Control of Role Play and Booster Training

Cross Program Analysis and Impact:

Addresses evaluation questions that cut across the three studies (core and enhanced) and utilizes secondary data sources as well as data collected from currently and previously funded grantees to assess the impact of suicide prevention activities on ultimate outcomes such as mental health service utilization, suicide attempts, and suicide deaths and explores where feasible the cost of implementation relative to the impact.

EVALUATION QUESTIONS

Evaluation Questions	Study
EQ 1: Are certain training approaches effective in building capacity to increase youth identification (when compared with more basic trainings)?	Training Study
EQ 2: Are GLS prevention activities effective in developing continuity of care from identification, to referral of youth at risk for suicide, to the provision of needed services?	Continuity of Care Study
EQ 3: To what extent are grantees and associated providers implementing suicide safer environment/Zero Suicide frameworks? Does this framework implementation lead to decreases in suicide attempts and completions?	Suicide Safer Environment Study

Sophia Zanakos, PhD
Project Director
National Outcomes Evaluation

Sophia.Zanakos@icf.com

GLS SUICIDE PREVENTION PRIOR EVALUATION FINDINGS

As of June 2017, Campus, State, & Tribal Grantees

Trained **1,304,600** people

Implemented **35,301** training activities

Source: Training Activity Summary Page, October 2006–July 2017; State/Tribal Cohorts 1–11 and Campus Cohorts 1–10.

OVERVIEW OF SUICIDE PREVENTION TRAININGS

307 Trainings

8,316 People Trained
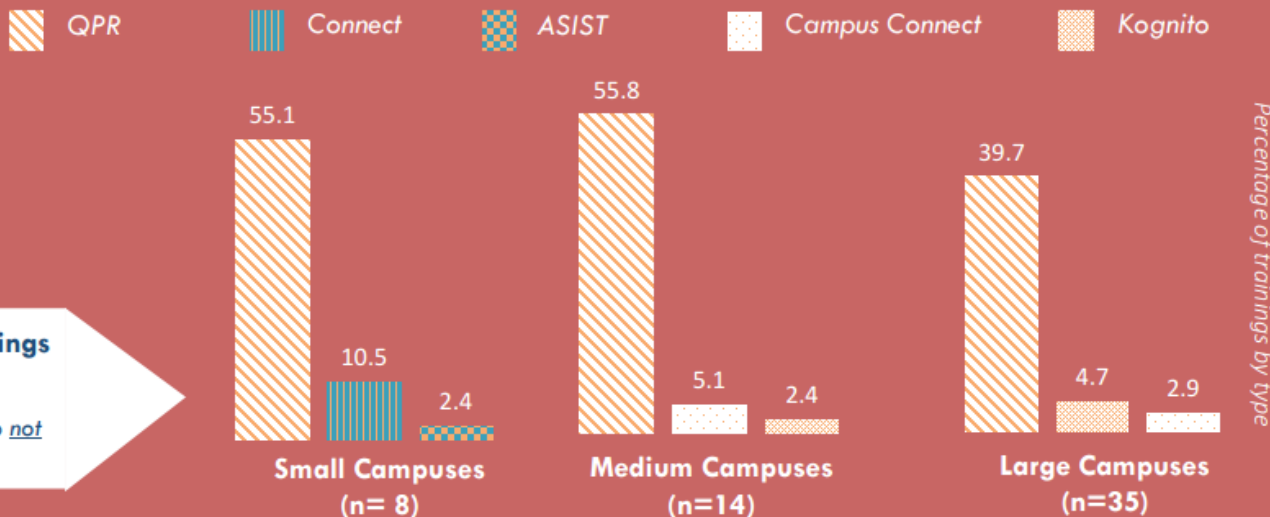
AVERAGE NUMBER OF PEOPLE PER TRAINING

Cohort — 27

All Cohorts — 31

7.8% **Of campus trainings are online**

online trainings participants do *not* participate in the TUP-S

Source: TASP

In the three months following the GLS training, respondents used their GLS training to…

76% Have **informal conversations** about suicide

57% **Identify** students at-risk for suicide

50% Link students at risk with services

29% **Train** others
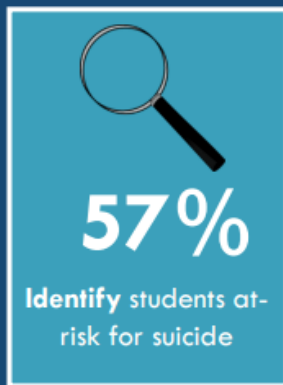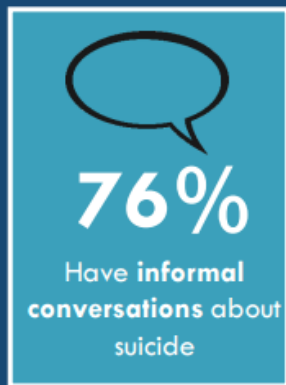
Source: TUP-S, 1,334 respondents from cohorts 4-9

TOP THREE TRAINING CURRICULA BY CAMPUS SIZE

Legend: QPR | Connect | ASIST | Campus Connect | Kognito

Percentage of trainings by type

Small Campuses (n= 8)
- 55.1 (QPR)
- 10.5 (Connect)
- 2.4 (ASIST)

Medium Campuses (n=14)
- 55.8 (QPR)
- 5.1 (Campus Connect)
- 2.4 (Kognito)

Large Campuses (n=35)
- 39.7 (QPR)
- 4.7 (Kognito)
- 2.9 (Campus Connect)

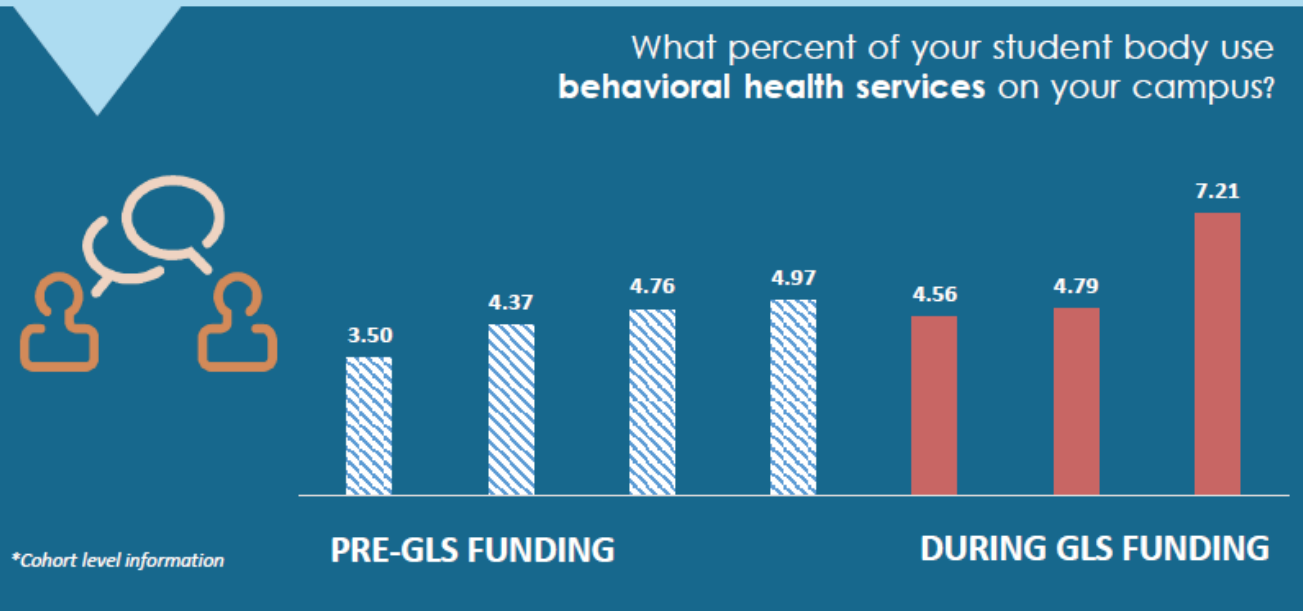## STUDENT BEHAVIORAL HEALTH FORM (SBHF): Cohort 8

54 campuses from cohorts 8, 9 and 10 participated in the SBHF in Spring/Summer 2017

Grantees submitted data from the GLS funded years and the four years prior to the grant

What are the top screening instruments used by GLS campuses of different sizes?

	SMALL CAMPUSES	MEDIUM CAMPUSES	LARGE CAMPUSES
ASK SUICIDE SCREENING QUESTIONS (ASQ)	●		
BEHAVIORAL HEALTH SCREEN (BHS)	●		
COLUMBIA SUICIDE SEVERITY RATING SCALE (CSSR-S)		●	
COUNSELING CENTER ASSESSMENT OF PSYCHOLOGICAL SYMPTOMS (CCAPS)	●	●	●
PATIENT HEALTH QUESTIONNAIRE		●	●
OTHER	●	●	●

What percent of your student body use behavioral health services on your campus?

*Cohort level information

PRE-GLS FUNDING: 3.50 4.37 4.76 4.97

DURING GLS FUNDING: 4.56 4.79 7.21

SERVICES RECEIVED BY STUDENTS IDENTIFIED AS AT RISK ON CAMPUSES

Service	Percent of Students
Behavioral health counseling	82.67%
Medication management	12.75%
Crisis/emergency service	19.96%
Initiation of an on-campus emergency protocol	11.09%

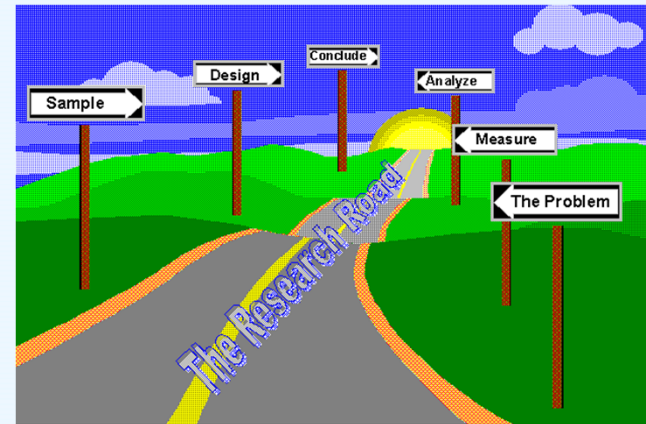Source: Student Behavioral Health Form; Summer 2016-2017; Campus Cohorts 7-10

YOUTH SUICIDE OUTCOMES FOLLOWING GLS IMPLEMENTATION

79,379 Attempts Avoided Between 2007–2010, resulting in $222.1 million in savings from averted hospitalizations and ED visits

Walrath, et al. (2015)

427 Deaths Avoided Between 2007–2010

Godov Garraza, et al. (2015)
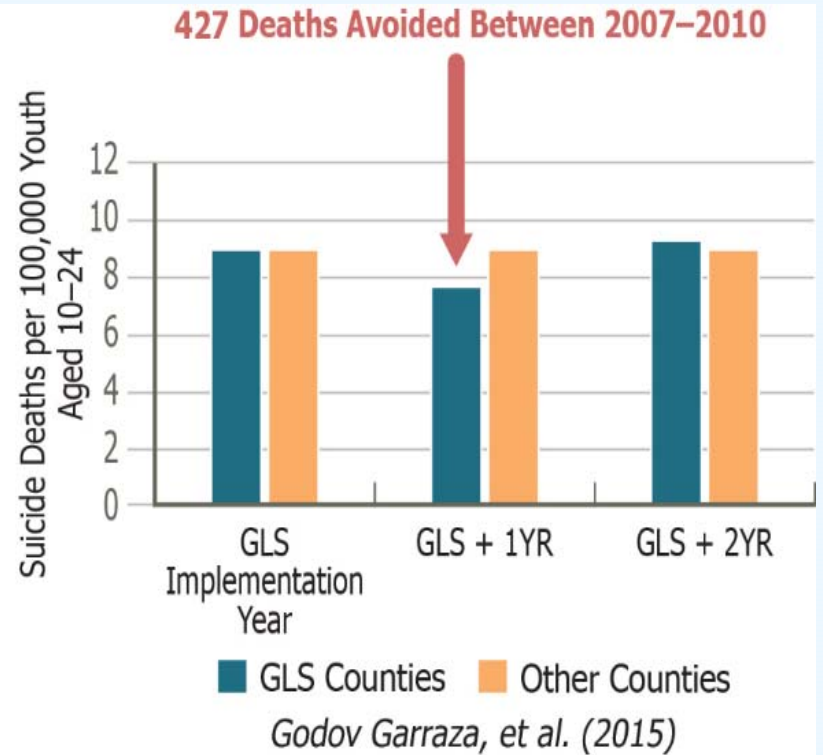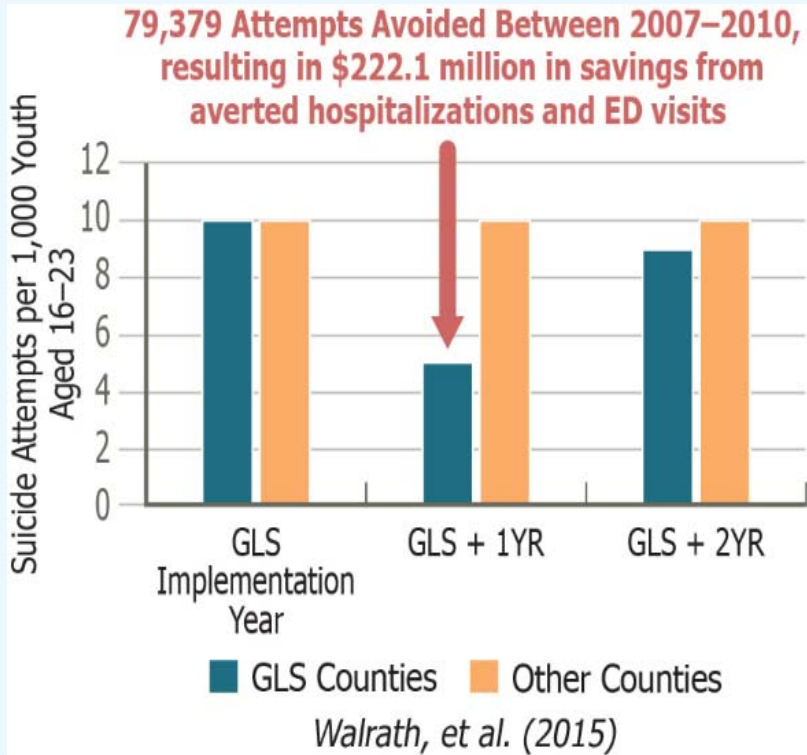
QUESTIONS?

DATA COLLECTION FOR THE NATIONAL OUTCOMES EVALUATION

PREVENTION STRATEGIES INVENTORY

PREVENTION STRATEGIES INVENTORY (PSI)

Purpose

- Strategies: Inventory of all prevention strategies and products that are a part of grantee GLS funded programs

- Expenditures: Total amount of GLS funds (including match and in-kind) expended to date, and the percent of funds expended to date by strategy

SUICIDE PREVENTION STRATEGIES

- OUTREACH & AWARENESS
- GATEKEEPER TRAINING
- ASSESSMENT, CLINICAL & REFERRAL TRAINING
- LIFE SKILLS & WELLNESS
- SCREENING PROGRAMS
- HOTLINES, HELPLINES, TEXTLINES & CHATLINES
- MEANS RESTRICTION
- COALITIONS & PARTNERSHIPS
- POLICIES, PROTOCOLS & INFRASTRUCTURE
- OTHER PREVENTION STRATEGIES
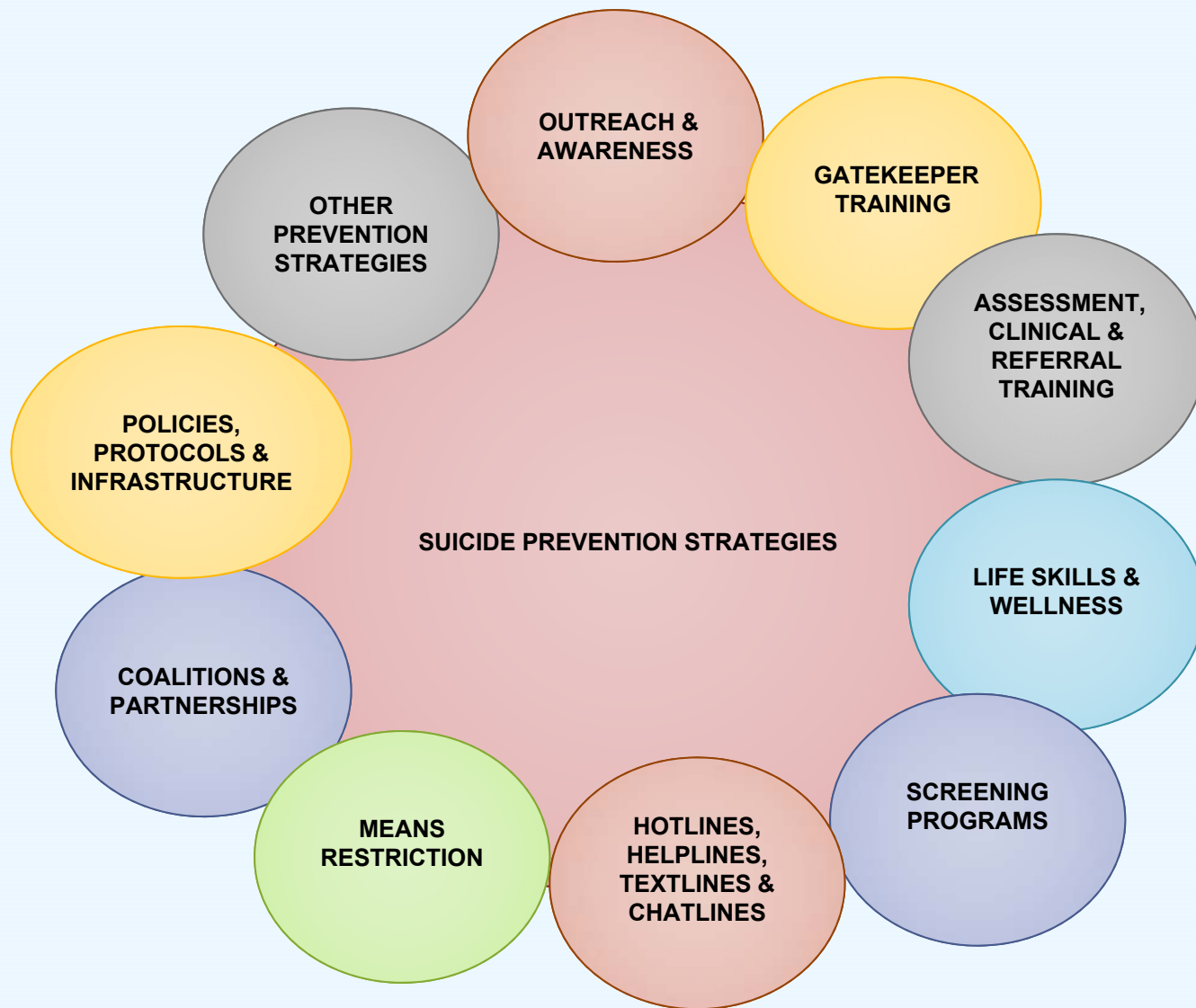
PREVENTION STRATEGIES INVENTORY (PSI)

- **Strategies Budget Expenditure**
  - Direct costs that you can map to each category (including staff time)
  - Aim to account for at least 75% of your expenditures

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	___ %

PREVENTION STRATEGIES INVENTORY (PSI)

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 2018

TRAINING ACTIVITY SUMMARY PAGE

TRAINING ACTIVITY SUMMARY PAGE (TASP)

Purpose

- Gathers aggregate training information for training activities implemented

- Collects trainee role, setting, intended outcome and booster training information

TRAINING ACTIVITY SUMMARY PAGE (TASP)

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?	Within 2 weeks of training activity, ongoing throughout the grant period
When will the TASP begin?	As soon as training activities begin

STUDENT BEHAVIORAL HEALTH FORM

STUDENT BEHAVIORAL HEALTH FORM (SBHF)

…Will be completed a total of **three times** by all campus grantees over the course of their grant period

…Will be completed during late **spring/early summer (**May 7-June 24)

…Will include questions regarding the most recent academic year and the *four prior academic years.*

STUDENT BEHAVIORAL HEALTH FORM (SBHF)

The SBHF gathers information about:

- Behavioral health services on campus

- Screenings and assessments of suicide risk

- Services for students at risk of suicide

- Suicide attempts and completions

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?).
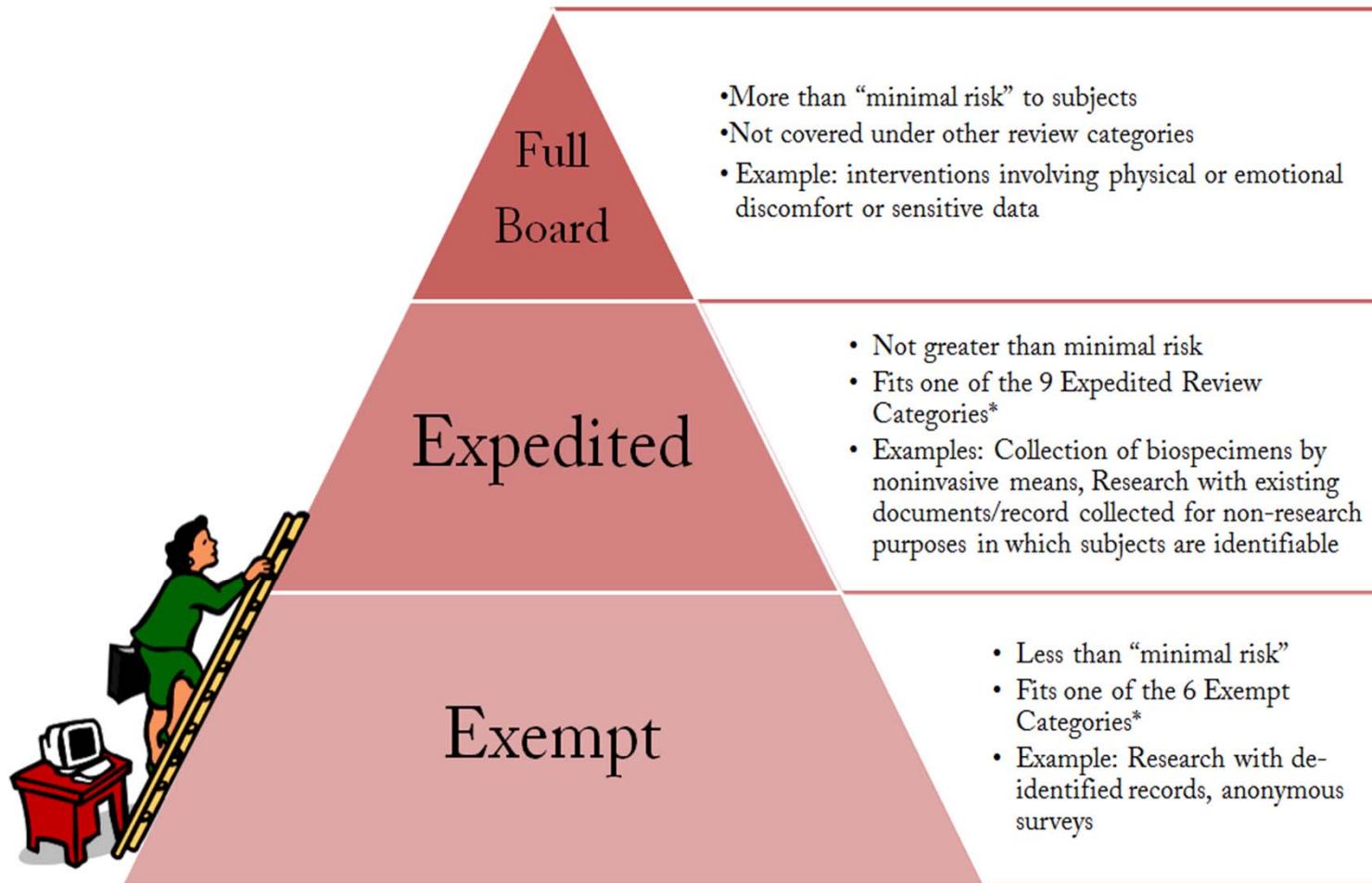
STUDENT BEHAVIORAL HEALTH FORM (SBHF)

Who is responsible for data collection for the SBHF?	Grantee Program Staff
How is the SBHF administered/entered?	Web-based form entered into SPDC
When will the SBHF be administered?	Annually, during the late spring/early summer

# INSTITUTIONAL REVIEW BOARD (IRB) PROCESSES

Levels of IRB Review

Full Board
- More than "minimal risk" to subjects
- Not covered under other review categories
- Example: interventions involving physical or emotional discomfort or sensitive data

Expedited
- Not greater than minimal risk
- Fits one of the 9 Expedited Review Categories*
- Examples: Collection of biospecimens by noninvasive means, Research with existing documents/record collected for non-research purposes in which subjects are identifiable

Exempt
- Less than "minimal risk"
- Fits one of the 6 Exempt Categories*
- Example: Research with de-identified records, anonymous surveys

*Defined by federal regulation (45 CFR 46)

ROLE OF THE IRB

Protect the rights and welfare of individual research subjects and ensure:

- Risk to subjects are minimized and reasonable in relation to anticipated benefits
- Selection of subjects is fair
- Informed consent is appropriately documented
- When appropriate, the research plan makes provisions for monitoring data collection
- Privacy and confidentiality of research subjects is appropriately protected
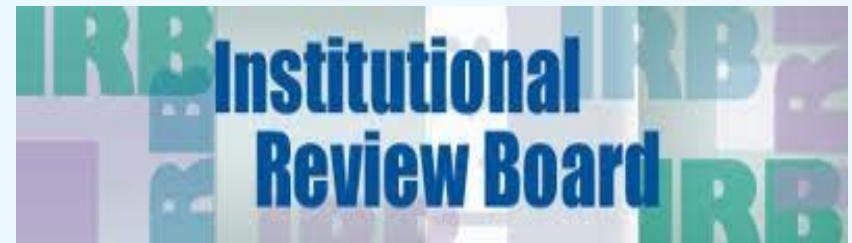
ROLES AND RESPONSIBILITIES

- ICF's IRB reviews the National Outcomes Evaluation protocol and provides approval for ICF to conduct the State/Tribal and Campus evaluations

- Grantee IRB (or appropriate entity) reviews relevant National Outcomes Evaluation data collection activities before grantee can participate/submit data and either

  – Provides IRB <u>approval</u>

  – Determines monitoring is not required by the grantee IRB (i.e., determines data collection is <u>exempt</u> from IRB approval)

IRB PROCESSES

| IRB Preparation	IRB Submission	Update ICF	Keep IRB Status Current
Determine what approval(s) are needed to participate in the NOE: • Campus IRB ***ICF will provide materials and technical assistance to help with your local application***	Submit local IRB application, which may require: • Objective of the study and instruments used • Respondents (how many, who) • Risk to human subjects • Data collection methods	Once the review is complete, grantees **must submit documentation** of the determination (e.g., IRB approval or exempt from IRB approval) to **Connie.Maples@ icf.com**	• Update your local IRB about data collection revisions (via amendments) • Know your local IRB requirements for renewal ***Submit renewals to* Connie.Maples @ icf.com**

NEXT STEP

Prepare your IRB package and submit for approval ASAP!

Grantees are expected to have notification of approval or exemption by mid-January, 2018.

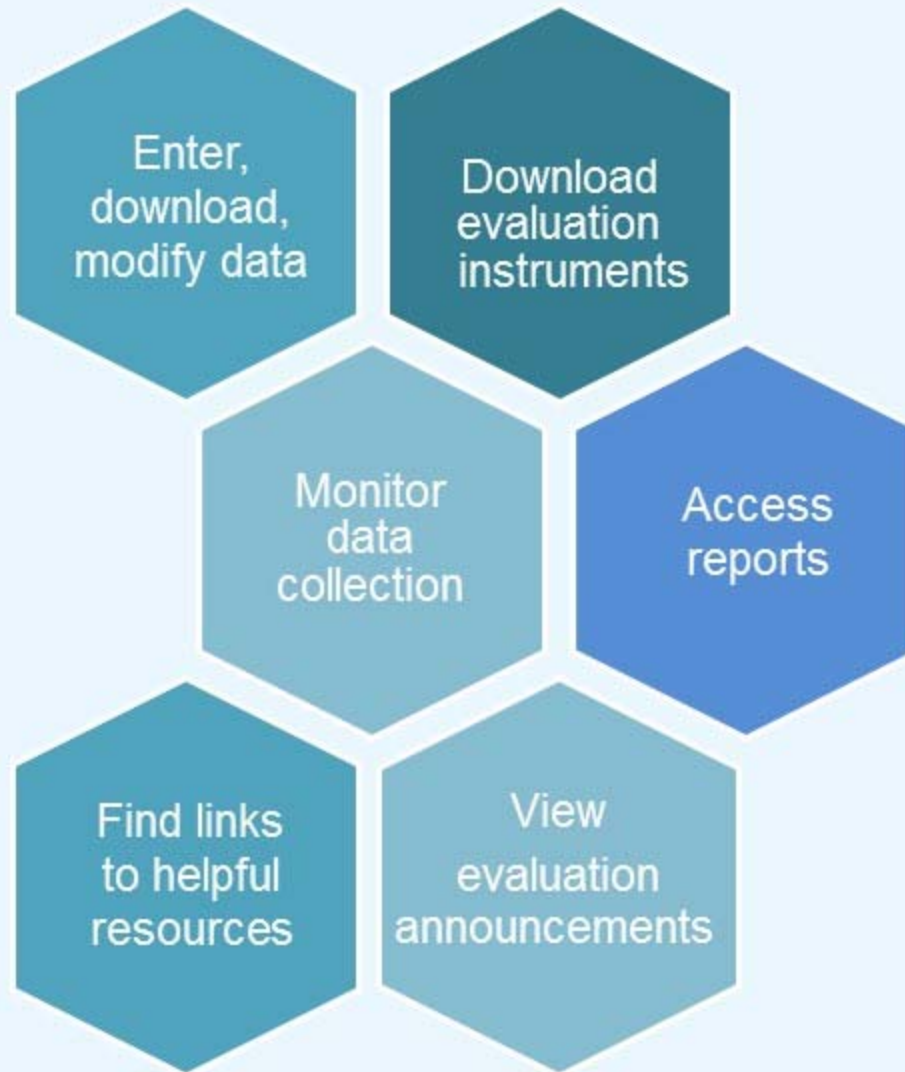# QUESTIONS?
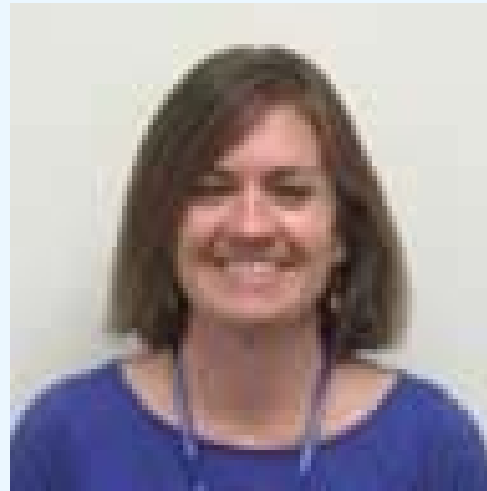
Connie Maples
&
Nora Kuiper

SPDC Help Desk

Spdc-help@icf.com
956-722-0474

SUICIDE PREVENTION DATA CENTER (SPDC)

WHAT CAN GRANTEES DO ON THE SPDC?

Enter, download, modify data

Download evaluation instruments

Monitor data collection

Access reports

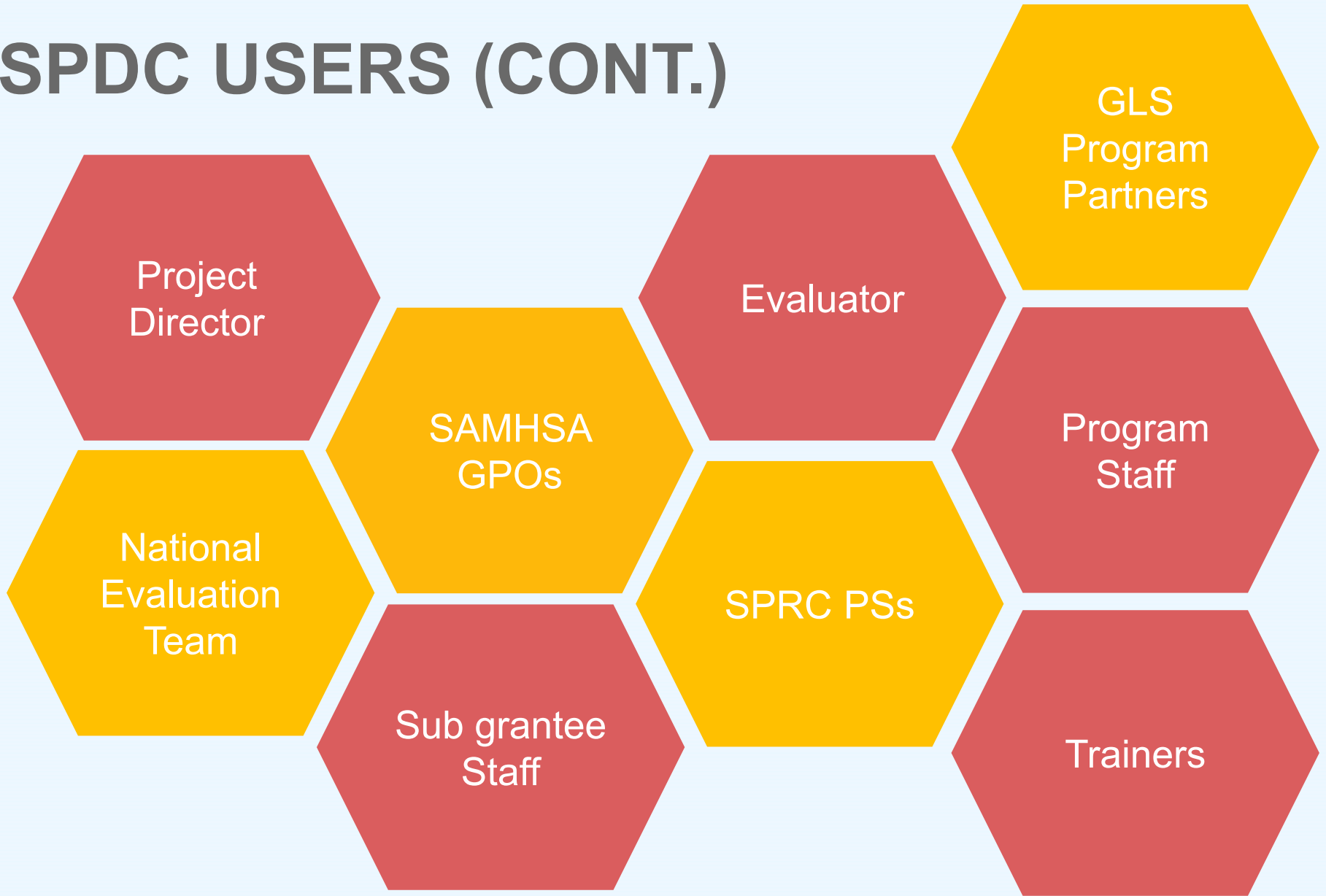Find links to helpful resources

View evaluation announcements

HOW DO I ACCESS THE SPDC?

Grantee SPDC users
provided with username
and password

SPDC USERS

- No public access - Access requires a user name and password

- Who are appropriate users of the SPDC in your community?

- Are there any concerns about who to include/exclude?

- SPDC has various levels of security for users

SPDC USERS (CONT.)

- Project Director
- GLS Program Partners
- Evaluator
- SAMHSA GPOs
- Program Staff
- National Evaluation Team
- SPRC PSs
- Sub grantee Staff
- Trainers

SECURITY AND USER LEVELS

Determined by the primary roles they serve

|	DATA DOWN LOAD, VIEW, EDIT, DELETE	RESPONSE MONITORING TABLES & DATA ISSUE REPORTS	VIEW AGGREGATE-LEVEL REPORTS	VIEW SITE-LEVEL REPORTS	DATA ENTRY VIA UPLOAD	DATA ENTRY VIA ONLINE SURVEY	RECEIVES EMAIL UPDATES
Grantee Site Administrator	X	X	X	X	X	X	**Optional**
Site User			X	X	X	X	**Optional**
Contact User						X	**Optional**
Contact-No SPDC Access							X

- No information reported with <10 cases

ASSIGNING USER LEVELS

- **ICF will create one site administrator account for each grantee**

- **Site administrators register new users**

- **Site administrators can also…**

  - Assign user security level

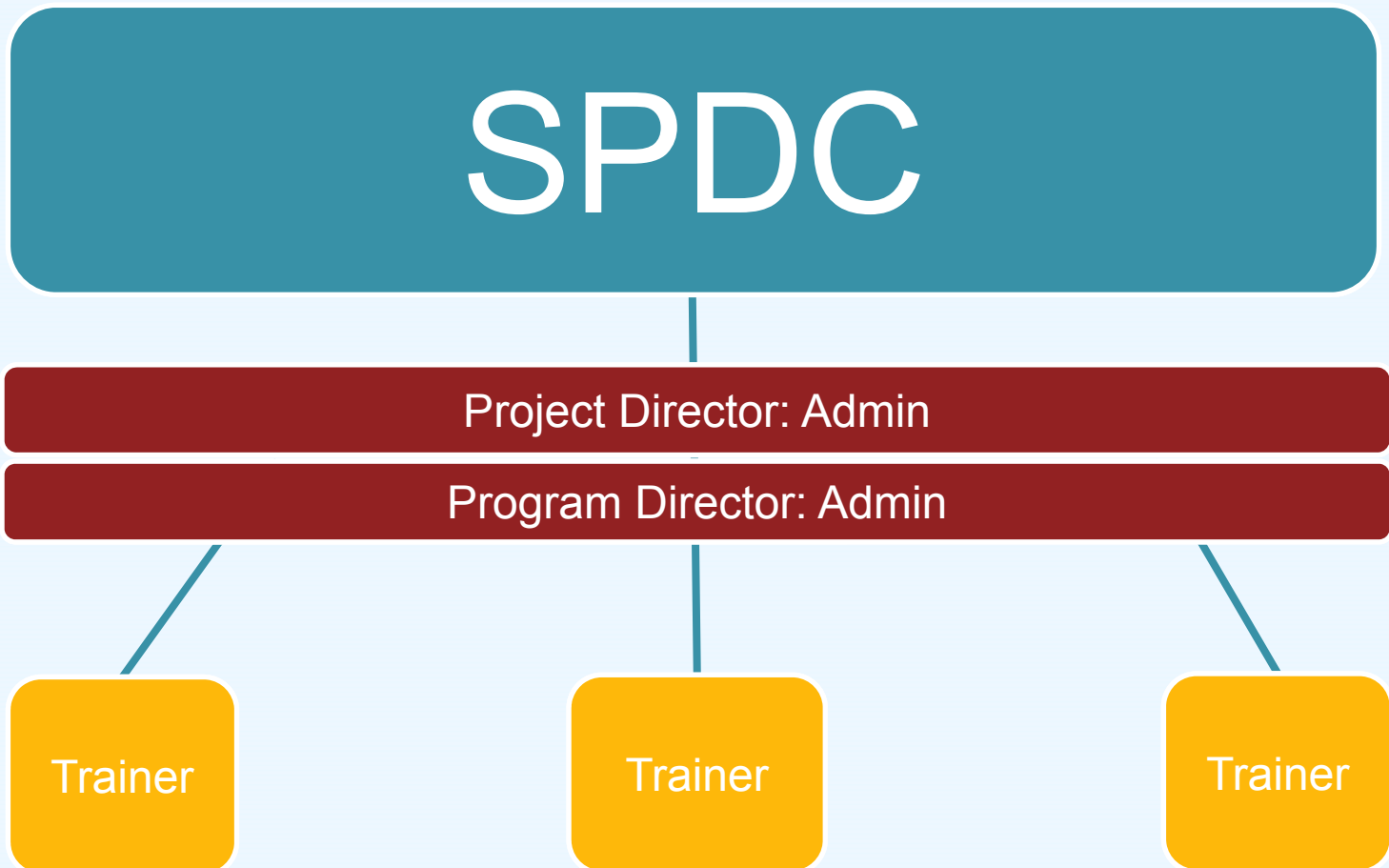 - Provide username and password

  - Edit or delete users

ASSIGNING USER LEVELS

Working with Partners – Direct Entry
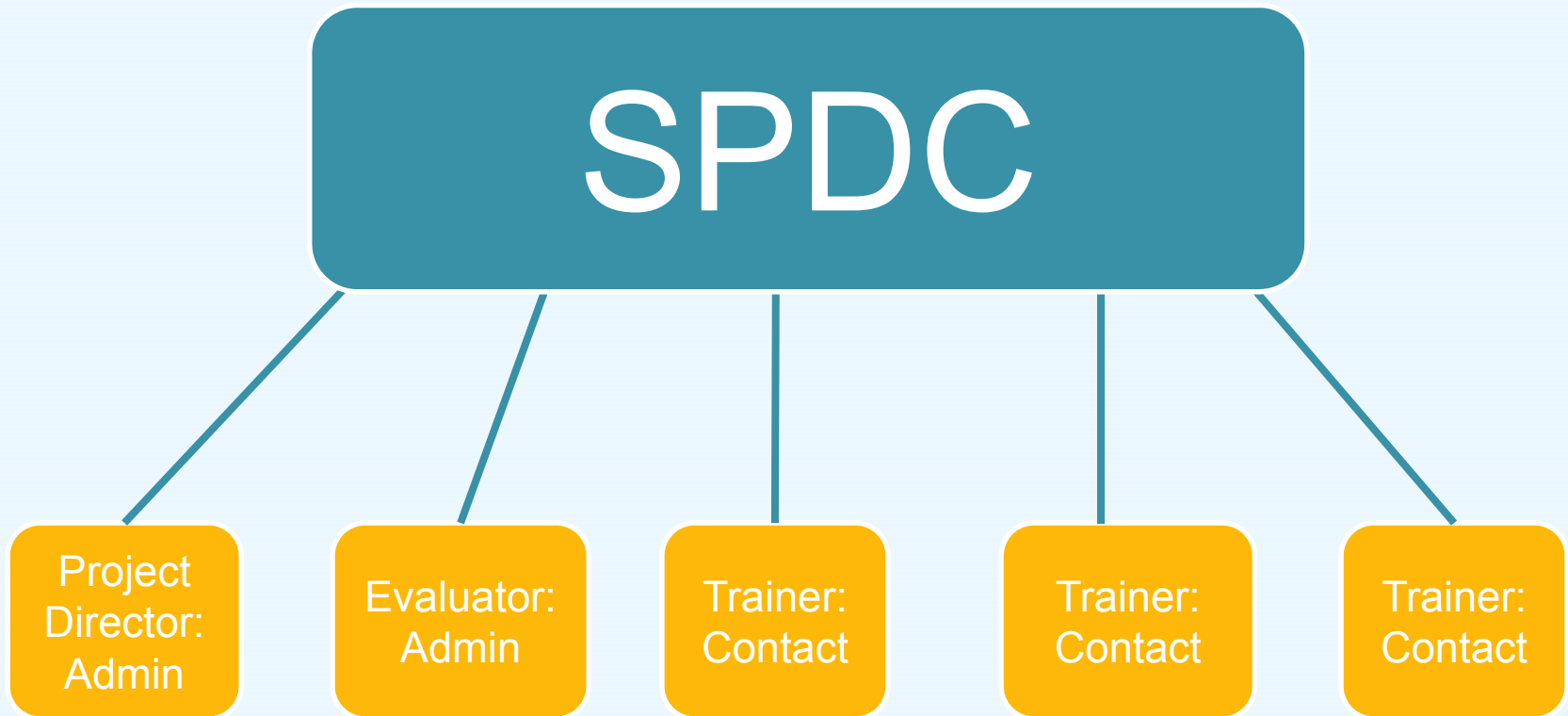
ASSIGNING USER LEVELS
Working with Partners – Admin Entry

SPDC

Project Director: Admin

Program Director: Admin

Trainer

Trainer

Trainer

LOG IN SCREEN

GARRETT LEE SMITH
MEMORIAL SUICIDE
PREVENTION EVALUATION

| Data Reports | Data Descriptions | Request Data |

USERNAME

PASSWORD

LOGIN
FORGOT USERNAME
FORGOT PASSWORD

Welcome to the SPDC

The Suicide Prevention Data Center (SPDC) is an online data collection and management system to support Garrett Lee Smith (GLS) Youth Suicide Prevention and Early Intervention Program grantees in implementing the cross-site evaluation as required by the Garrett Lee Smith Memorial Act (GLSMA). The SPDC is a mechanism for communicating evaluation activities, managing and storing data, and disseminating evaluation findings. The SPDC provides necessary resources to grantees and supports them in implementing the cross-site evaluation. Additionally, the SPDC is a resource for other GLS project stakeholders.

Background about the GLS program

The GLSMA, signed into law in October 2004, was the first legislation to provide funding specifically for youth suicide prevention programs. Under this legislation, funding was set aside for campuses, states, tribes and US territories to develop, evaluate, and improve early intervention and suicide prevention programs. This funding appropriation authorizes the GLS Suicide Prevention Program, which is administered by SAMHSA's Center for Mental Health Services (CMHS). There are currently 104 GLS grantees funded: 59 campus grantees and 45 state and tribal grantees.

On this site you can:

- create customizable data summaries,
- review descriptions of evaluation data available by request,
- and request access to the raw data.

"Because of the tragic prevalence of suicidal ideation in American Indian and Alaska Native (AI/AN) communities, SAMHSA awarded a large proportion of GLS grants to AI/AN communities. Many Tribal communities have a history of distrust resulting from the use of their community data to gain media attention and at times grant funding for programs that do not serve their community members. Often community members become opposed to all data gathering activities based on their experiences with how the data was misused in the past. Even when re-assured that funding is being used in certain ways, people may distrust the intent based on past and current experiences in the community. Please use these data carefully and with respect." ~Adapted from Caroline Cruz, EagleCruz Consulting Â© by Jannae Parrot, author of the Oregon's Tribal Needs Assessment Workbook, prepared for the State of Oregon, 2012, with minor changes by the Life is Sacred Native Youth Suicide Prevention Program Evaluation Team.

WWW.SUICIDEPREVENTION-DATACENTER.COM

HOME SCREEN

GARRETT LEE SMITH
MEMORIAL SUICIDE
PREVENTION EVALUATION

| Home | Instruments | Response Monitoring | Data Download | Reports | Administration | Evaluation Resources | SPDC Help |

LOG OUT
CHANGE PASSWORD

Print

ICF Demo Grantee - Campus Cohort 11   Site ID: 9975

Instrument	Submission Status	Instrument Details	Data Issues
Training Activities (TASP)	Date of last TASP submission: -	Total number of TASP submitted: 0	Number of data issues to resolve: 0
Prevention Strategies Inventory (PSI)	Current PSI status: No data submitted	Total number of strategies: 0	Number of data issues to resolve: 0
Student Behavioral Health Form (SBHF)	Current SBHF status:		

ANNOUNCEMENTS

Nov 06, 2017: PSI Data Issues have been refreshed. Please feel free to address these anytime before the next PSI administration window closes.

Oct 30, 2017: Grantee SPDC Administrators can access a new "SPDC Users" report from the Administration tab, to quickly see who has access to the website and what data reporting tasks they have been assigned.

Oct 30, 2017: A new PSI Data Sharing Report has been posted. This can be found under the Reports tab.

MOST RECENT REPORTS

PSI Data Sharing Report - State and Tribal Sites

PSI Data Sharing Report - Campus Sites

NAVIGATION

GARRETT LEE SMITH
MEMORIAL SUICIDE
PREVENTION EVALUATION

Home	Instruments	Response Monitoring	Data Download	Reports	Administration	Evaluation Resources	SPDC Help	LOG OUT CHANGE PASSWORD

- PSI
- TASP/TUPS
- SBHF

Print

ICF Demo___ous Cohort 11   *Site ID: 9975*

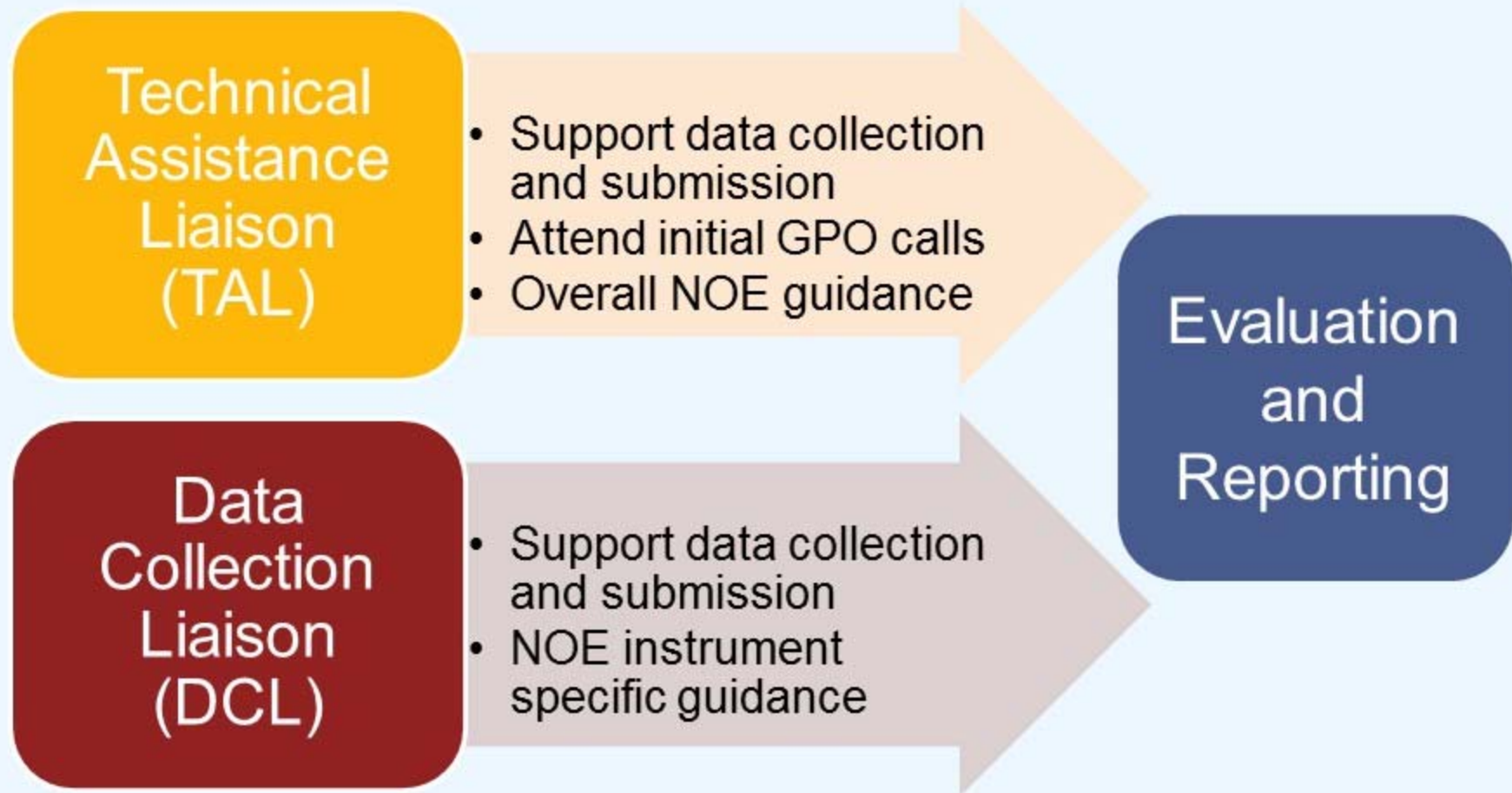| Instrument	Submission Status	Instrument Details	Data Issues
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EVALUATION TRAINING AND TECHNICAL ASSISTANCE

EVALUATION TRAINING AND TECHNICAL ASSISTANCE

Technical Assistance Liaison (TAL)

- Support data collection and submission
- Attend initial GPO calls
- Overall NOE guidance

Data Collection Liaison (DCL)

- Support data collection and submission
- NOE instrument specific guidance

Evaluation and Reporting

TECHNICAL ASSISTANCE LIAISONS

Grantees	Technical Assistance Liaisons (TALs)
• **Johns Hopkins University** • **La Salle University** • **Providence College** • **Wayne State University** • **University of Northern Iowa** • **University of Texas-Rio Grande Valley**	**Connie Maples** Connie.Maples@icf.com 956-722-0474 (*CST*)
• **Clark Atlanta University** • **University of the South California State University Monterey Bay** • **College of Muscogee Nation** • **Humboldt State University** • **Montclair State University** • **North Carolina Central University**	**Taylor Moore** Taylor.Moore@icf.com 404-320-4425 (*EST*)
• **Carleton College** • **East Central University** • **Southeast Community College** • **Western Oregon University**	**Sophia Zanakos** Sophia.Zanakos@icf.com 301-572-0239 (*EST*)

DATA COLLECTION LIAISON CONTACTS

| NOE Instrument	Data Collection Liaisons (DCLs)
Prevention Strategies Inventory (PSI)	**Nora Kuiper** gls-psi@icf.com 646-695-8128 (*EST*)
Student Behavioral Health Form (SBHF)	**Jessie Rouder** Jessie.Rouder@icf.com or gls-sbhf@icf.com 516-887-3201 (*EST*)
Training Activity Summary Page (TASP)	**Brandee Hicks** gls-tasp@icf.com 404-592-2198 (*EST*)

GRANTEE ROLES AND RESPONSIBILITIES

- ✓ Obtain appropriate local approvals including IRB approval
- ✓ Participate in training and technical assistance activities
- ✓ Participate in data collection and submission activities
- ✓ Send monthly call agenda/updates to your TAL

MARK YOUR CALENDAR!

National Outcomes Evaluation Data Collection Instruments and Data Submission Processes
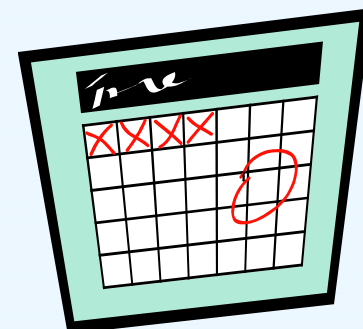
**December 7, 2017
3:00-4:30pm ET**

QUESTIONS?