



GARRETT LEE SMITH (GLS) STATE AND TRIBAL GRANTEES NATIONAL OUTCOMES EVALUATION OVERVIEW AND DATA COLLECTION PROCESSES WEBINAR

December 14, 2016

Jessica Wolff, MPH
Connie Maples, MA
Nora Kuiper, MPH
Jessie Rouder, MA



WEBINAR VIDEO AND HANDOUTS

- Today's Webinar is being recorded
- The slides were e-mailed 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





Jessica Wolff
Grantee Support Team Lead

Jessica.Wolff@icf.com

ON TODAY'S AGENDA

- Overview of GLS National Outcomes Evaluation
 - Evaluation Design and NOE Instruments
- Prevention Strategies Inventory (PSI)
- Behavioral Health Provider Survey (BHPS)
- Suicide Prevention Data Center (SPDC)
- Institutional Review Board (IRB) Processes
- 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 over 190 State/Tribal grantees
- ICF houses the largest repository of youth suicide prevention data in the United States

WHY IS THE EVALUATION IMPORTANT ?

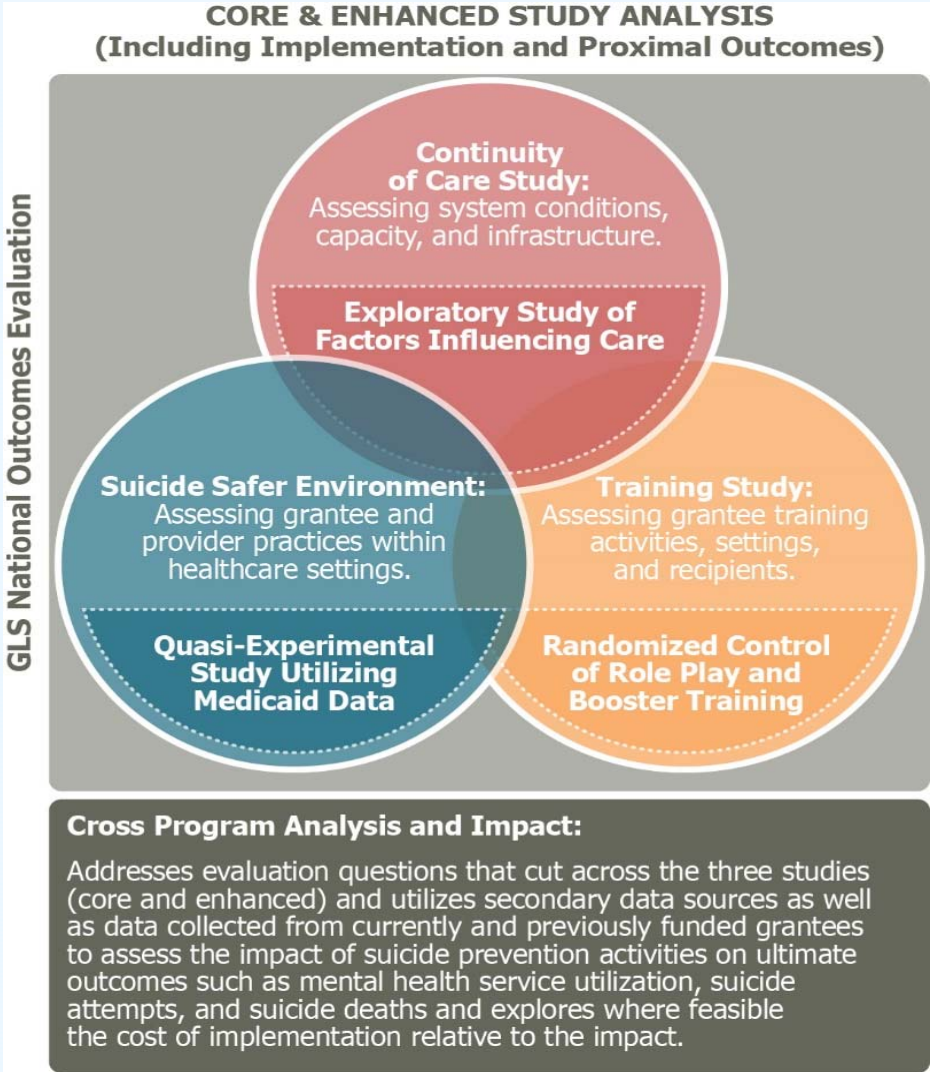
The National Outcomes Evaluation can contribute to:

- 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



NOE Instrument	Description
Prevention Strategies Inventory (PSI)	<ul style="list-style-type: none"> Collects information each quarter on the different types of suicide prevention strategies implemented and products distributed by GLS grantees, and the total amount of funds expended to date on these strategies.
Behavioral Health Provider Survey (BHPS)	<ul style="list-style-type: none"> Annual Web-based survey that gathers characteristics of behavioral health providers partnering with GLS State/Tribal grantees, and information about referrals for at-risk youth
Training Activity Summary Page (TASP) and Training Utilization and Preservation Survey (TUP-S)	<ul style="list-style-type: none"> TASP collects aggregate summary information about gatekeeper trainings TUPS is a quantitative phone survey administered 3 and 6 months following a training to assess participants' knowledge, skills, and/or techniques learned through the training
Early Identification, Referral, and Follow-up (EIRF)	<ul style="list-style-type: none"> EIRF-I collects de-identified individual-level data for each youth identified as at risk for suicide by a trained gatekeeper or program sponsored screening EIRF-S collects aggregate information on youth identified as being at risk for suicide through a GLS suicide prevention program screening



Nora Kuiper
PSI 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 grantees' 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 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 - State/Tribal

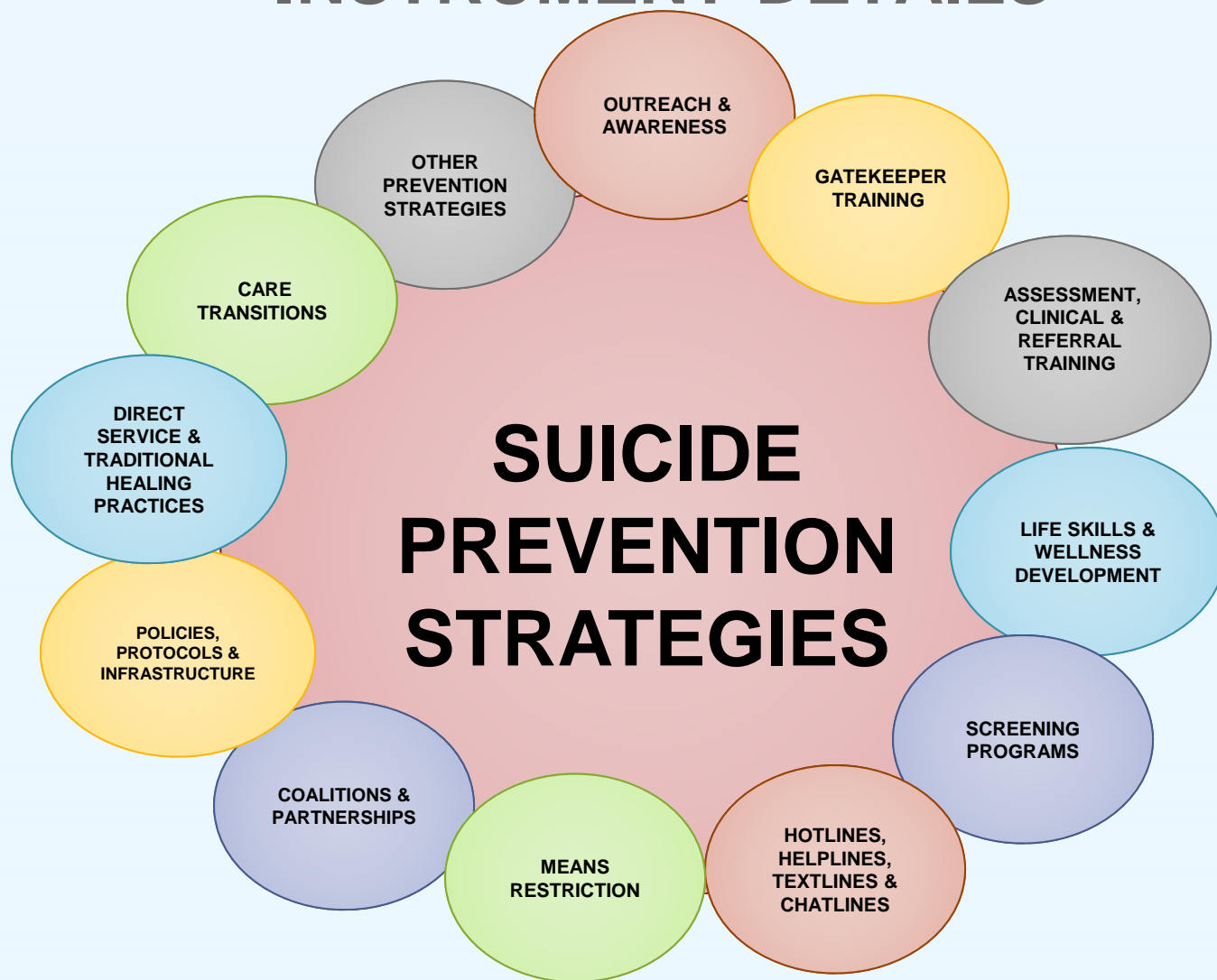
Suicide Prevention Program Strategies

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 Development](#)
5. [Screening Programs](#)
6. [Hotlines, Helplines, Textlines and Chatlines](#)
7. [Means Restriction](#)
8. [Policies, Protocols, and Infrastructure](#)
9. [Coalitions and Partnerships](#)
10. [Direct Services and Traditional Healing Practices](#)
11. [Care Transitions](#)
12. [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 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

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

 %

1.1. Public Awareness Campaigns

 %

1.2. Outreach and Awareness Activities/Events

 %

1.3. Outreach and Awareness Products

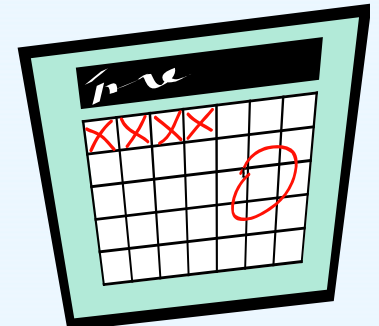
 %

PSI – WHAT'S NEW

- Major Strategies
 - Care Transitions
- Sub-Strategies
 - Textlines and Chatlines
 - Means Restriction Training
 - Lethal Means Counseling
 - Electronic Health Records
 - Follow Up Services
- Follow Up Questions

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 opens 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**



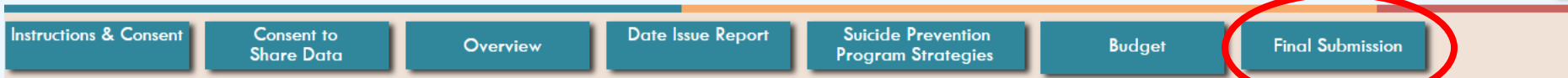
PSI DATA ENTRY

- 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

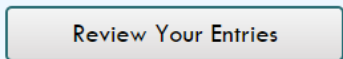
Exp. Date: March 31, 2019

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 collection of information is estimated to average 45 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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 7-1044, Rockville

Prevention Strategies Inventory - State/Tribal

Final Submission

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

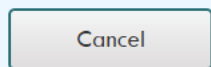
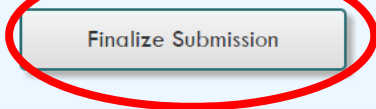


To submit your data, click on the "Finalize Submission" button below.

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 Sub-grantee Tracking Spreadsheet
- ✓ 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 can be reported in the PSI
- Strategies that are implemented using GLS funds, matched funds, or in-kind contributions and a combination of these funds 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 the amount of GLS funds, in-kind contributions *and* matched funds 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 implemented 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
- 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 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 Liaison, at (404) 592-2139



QUESTIONS?





Jessie Rouder
BHPS Data Collection Liaison
Jessie.Rouder@icf.com

Behavioral Health Provider Survey

BEHAVIORAL HEALTH PROVIDER SURVEY (BHPS) TOPICS TO BE COVERED

- ✓ Purpose
- ✓ Administration
- ✓ Implementation and logistics
- ✓ Timeline



PURPOSE

The BHPS will gather a central set of **provider characteristics of behavioral health providers partnering with GLS State/Tribal grantees**

PURPOSE

BHPS collects information about referrals for at-risk youths and the extent of implementation of Goals 8 and 9 of the NSSP

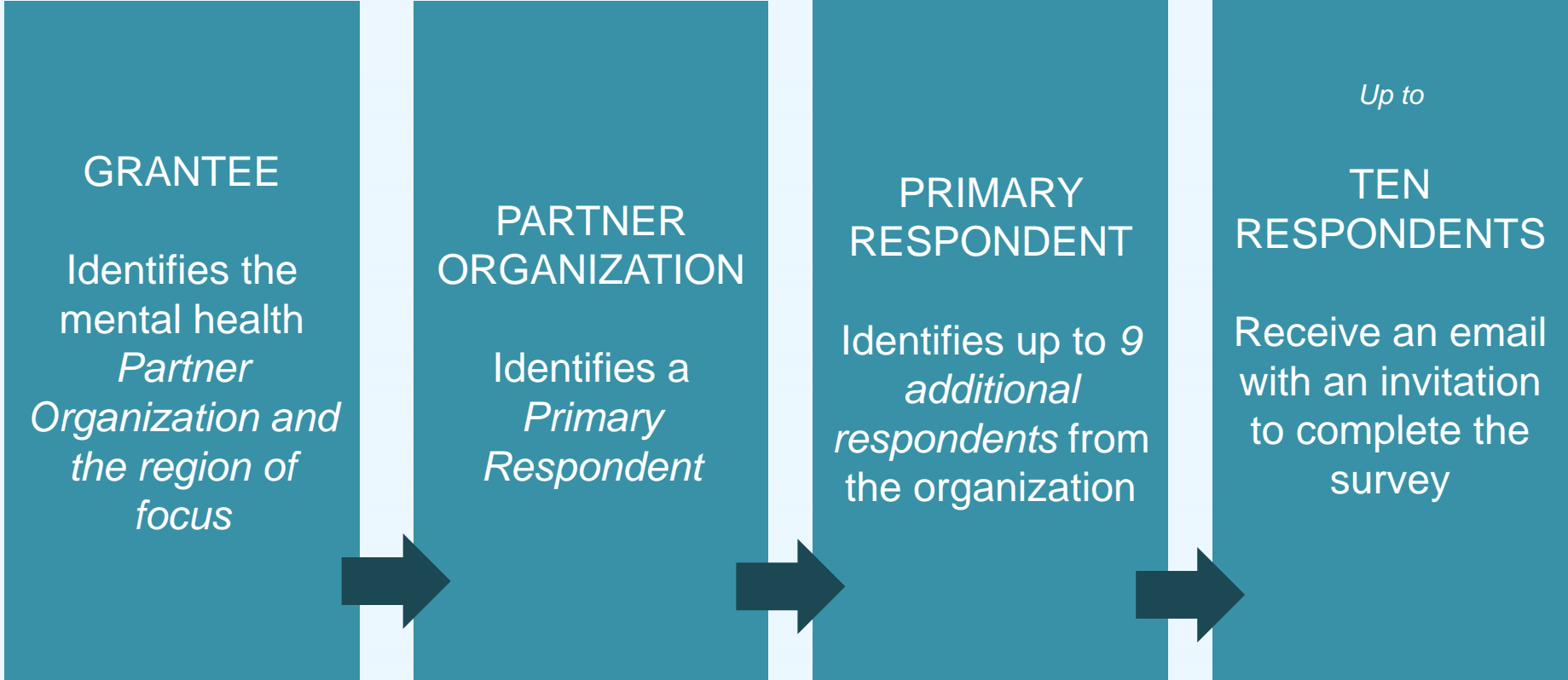
Goal 8. Promote suicide prevention as a core component of health care services

Goal 9. promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors

ADMINISTRATION

The baseline BHPS will be completed by 1 to 10 administrators from the behavioral health provider organization partnering with the funded State/Tribal grantee in Spring 2017

Follow-up BHPSs will be administered to the behavioral health provider annually for the remainder of the grant period



IMPLEMENTATION AND LOGISTICS

- Up to 10 respondents per organization will receive an email invitation to complete the survey
- The survey takes approximately 40 minutes to complete
- Respondents will receive 2 email reminders to complete the survey
- All respondents who complete the survey will receive a \$10 gift card
- All respondents will be contacted annually to complete the survey

SURVEY ADMINISTRATION

ALL RESPONDENTS, including the Primary Respondent, will respond to questions regarding:

- Awareness of zero suicide work at the agency
- Access to gatekeeper trainings
- Provision of EB treatments
- Assessment of staff self-efficacy and training adherence
- Screening and assessment practices
- Follow-up care and referral practices

SURVEY ADMINISTRATION

The PRIMARY RESPONDENT will complete additional questions regarding:

- Services offered at the organization (e.g. behavioral health treatment services, 24-hour hospital services)
- Organization demographics
- Number of clients receiving inpatient and outpatient services on a given day
- Direct contact with the GLS grantee
- Annual data on screenings, assessments, care provision and monitoring
- Annual data of suicide deaths/attempts
- Confirm or provide the NPI that will help us link survey data to claims data in the future

WHAT MAKES A GOOD PRIMARY RESPONDENT?

The primary respondent should be able to gather information regarding:

- Annual numbers for screenings, risk assessments, number of individuals contacted for missed appointments, number of safety plans, etc.
- Organization's approach to measuring and reporting suicide deaths and attempts
- Contact with the GLS grantee

WHAT MAKES A GOOD PRIMARY RESPONDENT?

The Primary Respondent will receive a copy of the survey ahead of time so they can compile this information for data entry



WHAT MAKES A GOOD ADDITIONAL RESPONDENT?

Additional respondents should be “on the ground” staff

Ideally, they are supervisory-level clinicians who can provide a broader view of care practices within the organization

TIMELINE

Grantees will be contacted to provide contact information for the partner organization

Primary respondents will be contacted by ICF to provide contact information for up to 9 additional respondents from the organization

All respondents will receive an email to complete the web-based survey

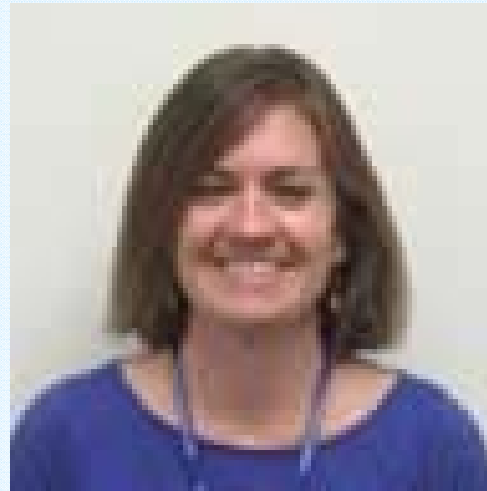
Respondents who complete the survey will receive a \$10 gift card

Respondents will be recontacted next year for a follow-up survey



QUESTIONS?





Connie Maples
&
Nora Kuiper

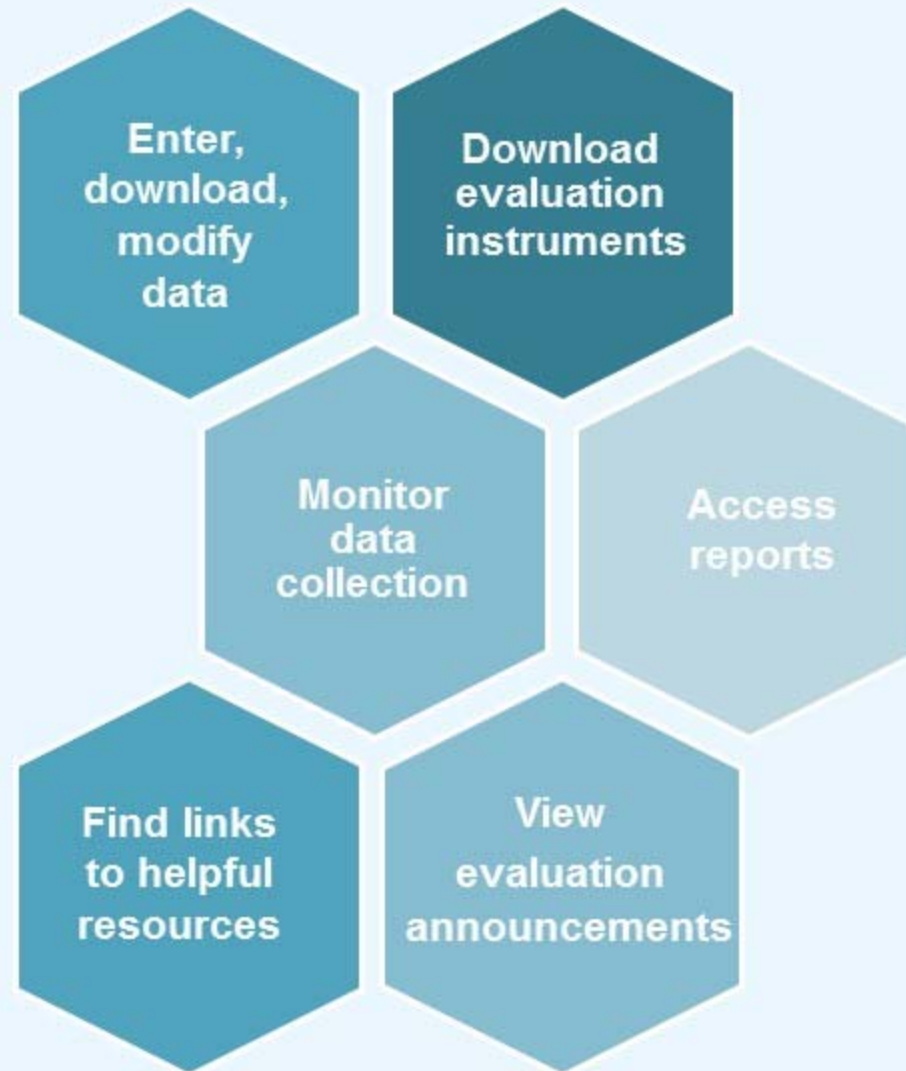
SPDC Help Desk

[Spdc-
help@icf.com](mailto:Spdc-help@icf.com)
956-722-0474

SUICIDE PREVENTION DATA CENTER (SPDC)



WHAT CAN GRANTEES DO ON THE SPDC?



HOW DO I ACCESS THE SPDC?

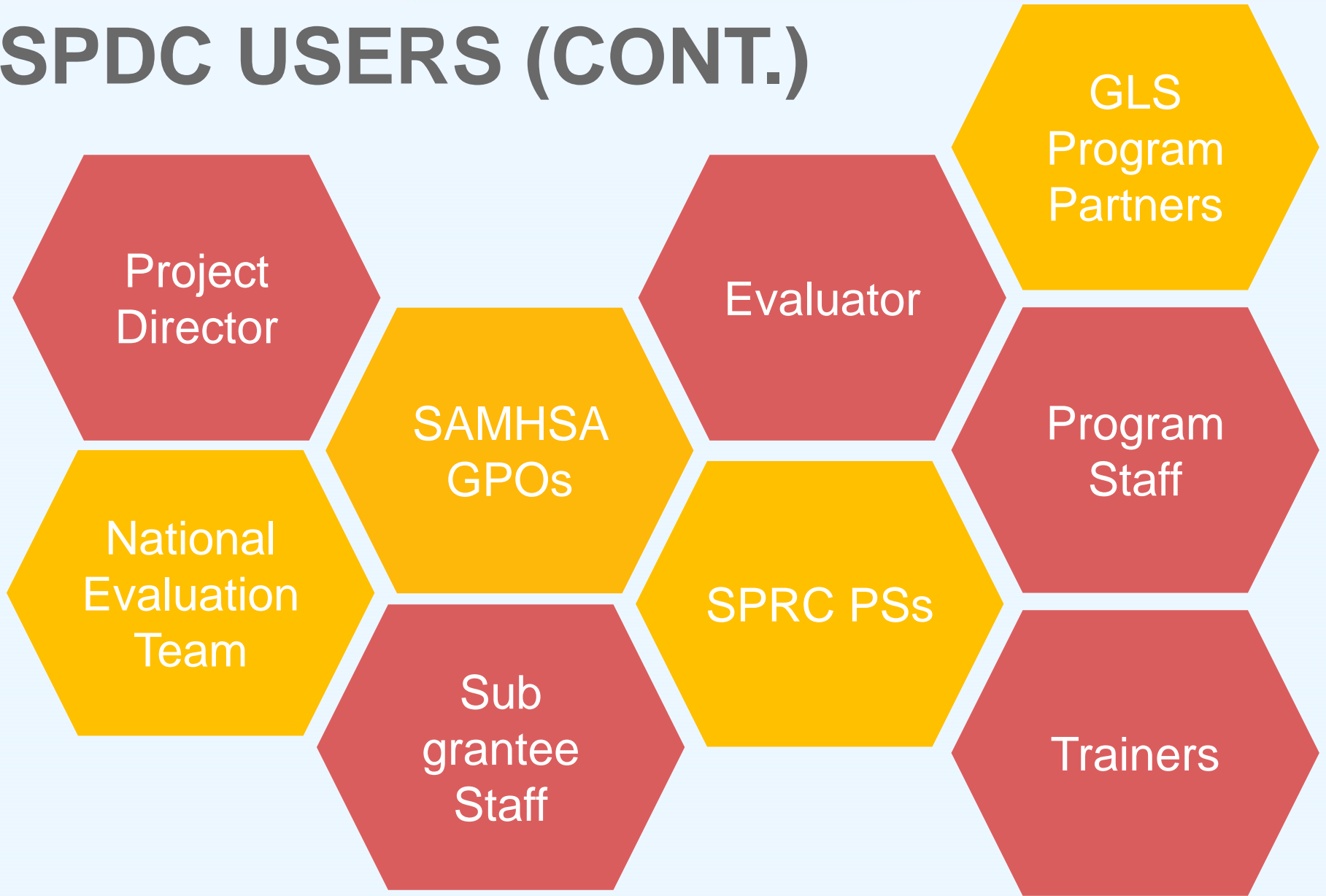
Grantee SPDC users
provided with username
and password



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.)



SECURITY AND USER LEVELS

Security level for each individual should be determined by the primary functions they serve

User Security Levels

- Site Administrator—highest level of access
- Site User—medium level of access
- Contact User—lowest level of access

No identifying information collected

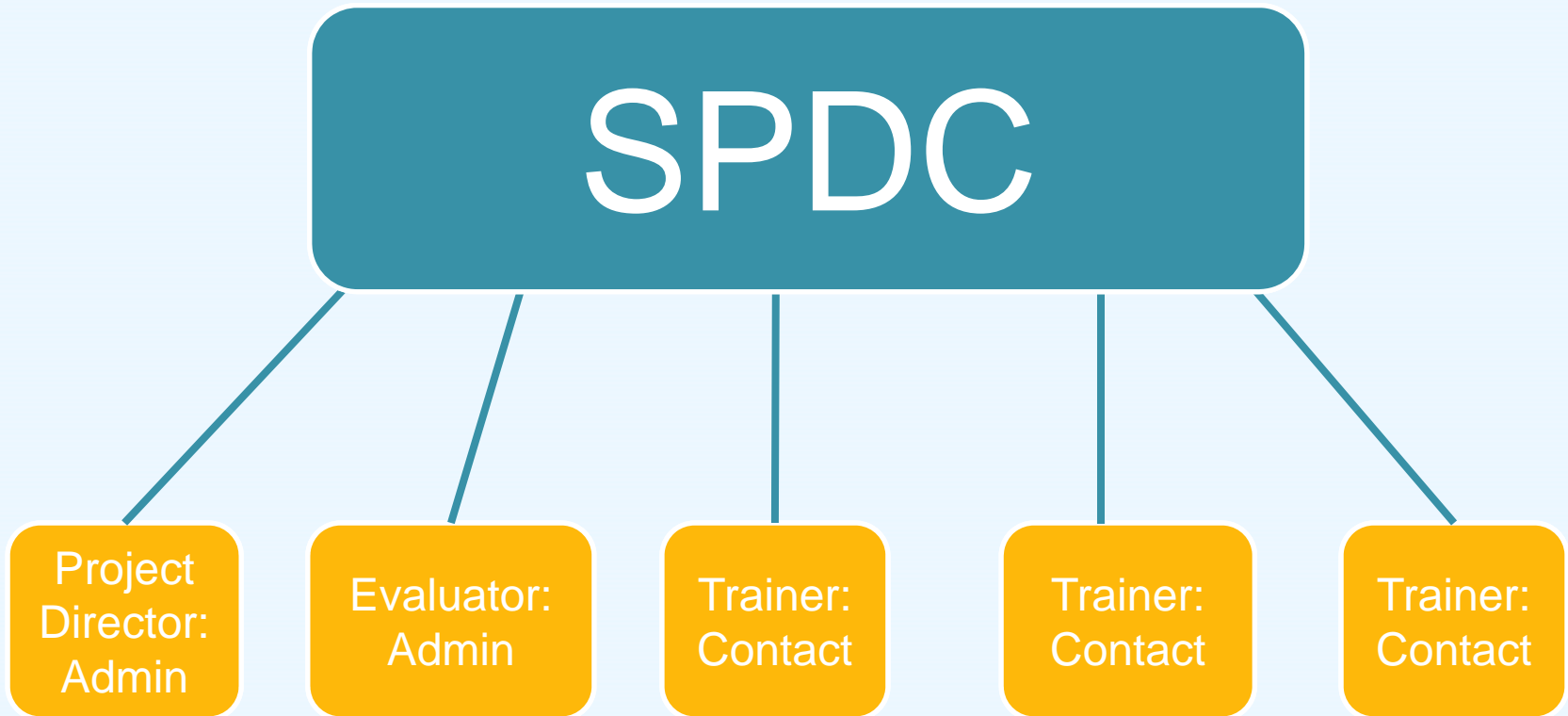
- No information reported with <10 cases

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 (e.g., site user or contact user)
 - Provide username and password
 - Edit or delete users

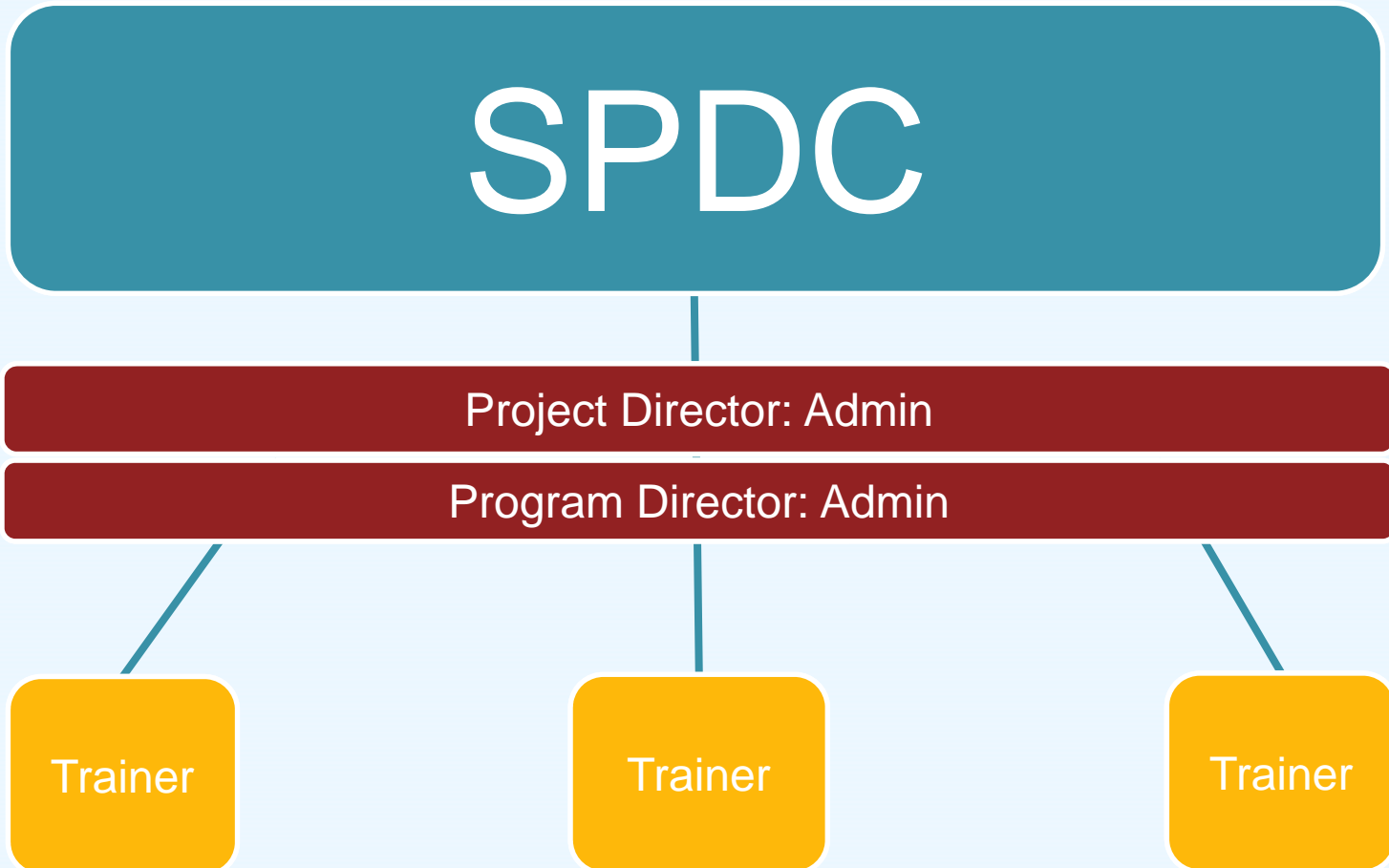
ASSIGNING USER LEVELS

Working with Partners – Direct Entry



ASSIGNING USER LEVELS

Working with Partners – Admin Entry



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 - State/Tribal Cohort 11 Site ID: 9978

Early Identification, Referral, and Follow Up (EIRF)

Date of Last EIRF-I Submission: -
Date of Last EIRF-S Submission: -

Total Number of Individual Forms submitted: 0
Total Number of Screening Forms submitted: 0
Number of Data Issues to Resolve: 0

Training Activities (TASP and TUPS)

Date of Last TASP submission: 09/30/2016

Total Number submitted: 2
Total Number of TUPS Consents received:
Number of Data Issues to Resolve: 0

Prevention Strategies Inventory (PSI)

Current PSI Status: No data submitted

Total Number of strategies: 0

ANNOUNCEMENTS

Nov 29, 2016: PSI Data Issues have been refreshed. Please feel free to address these anytime before the next PSI window closes.

Nov 29, 2016: New Individual and Aggregate Grantee Summary Reports have been posted under the "Reports" tab.

Nov 08, 2016: Check out additions to the Evaluation Resources Tab! See lists of presentations, papers, and peer reviewed articles based on your data plus IRB supporting documents.

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
------	-------------	---------------------	---------------	---------	----------------	----------------------	-----------	----------------------------

Print

EIRF-I/EIRF-S

PSI

TASP/TUPS

BHPS

Follow Up (EIRF)

ICF Demo / Tribal Cohort 11 Site ID: 9978

Early Identification (EIRF)	Date of Last EIRF-I Submission: - Date of Last EIRF-S Submission: -	Total Number of Individual Forms submitted: 0 Total Number of Screening Forms submitted: 0 Number of Data Issues to Resolve: 0
Training Activities (TASP and TUPS)	Date of Last TASP submission: 09/30/2016	Total Number submitted: 2 Total Number of TUPS Consents received: Number of Data Issues to Resolve: 0
Prevention Strategies Inventory (PSI)	Current PSI Status: No data submitted	Total Number of strategies: 0

ANNOUNCEMENTS

- Nov 29, 2016: PSI Data Issues have been refreshed. Please feel free to address these anytime before the next PSI window closes.
- Nov 29, 2016: New Individual and Aggregate Grantee Summary Reports have been posted under the "Reports" tab.
- Nov 08, 2016: Check out additions to the Evaluation Resources Tab! See lists of presentations, papers, and peer reviewed articles based on your data plus IRB supporting documents.

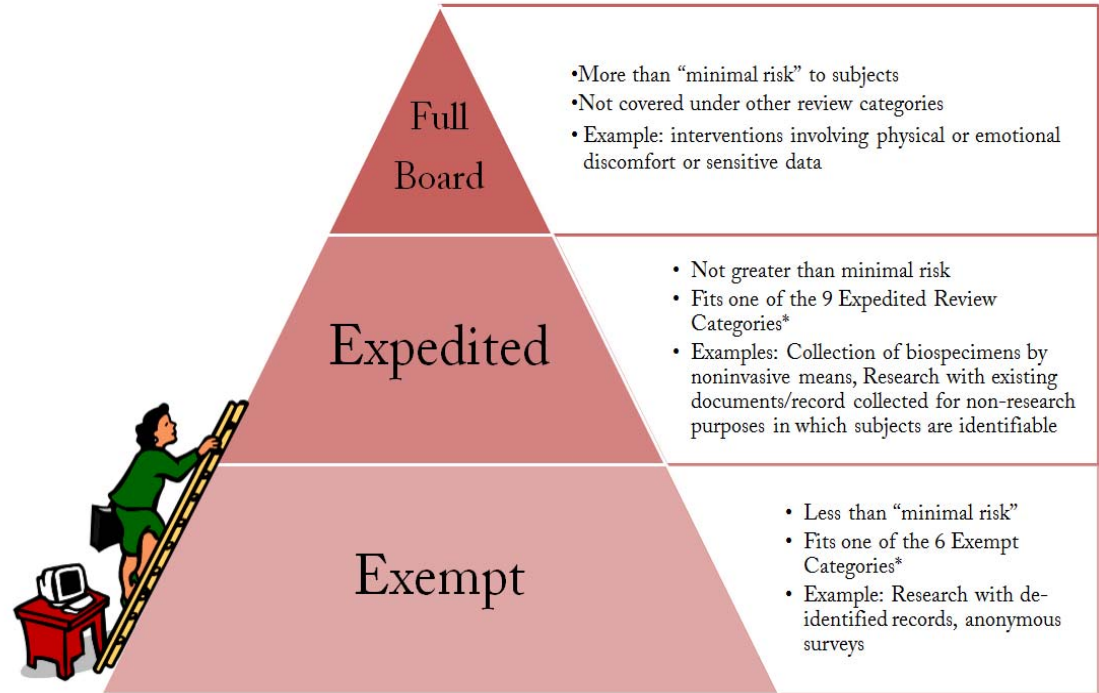
MOST RECENT REPORTS

- [PSI Data Sharing Report - State and Tribal Sites](#)
- [PSI Data Sharing Report - Campus Sites](#)

QUESTIONS?



Levels of IRB Review



*Defined by federal regulation (45 CFR 46)

INSTITUTIONAL REVIEW BOARD (IRB) PROCESSES

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 approval
 - Determines monitoring is not required by the grantee IRB (i.e., determines data collection is exempt from IRB approval)

IRB PROCESSES

IRB Preparation

Determine what approval(s) are needed to participate in the NOE:

ICF will provide materials and technical assistance to help with your local application

IRB Submission

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

Update ICF

Once the review is complete, grantees **must submit documentation** of the determination (e.g., IRB approval or exempt from IRB approval) to their TAL

Keep IRB Status Current

- Update your local IRB about data collection revisions (via amendments)
- Know your local IRB requirements for renewal

Submit renewals to your TAL



NEXT STEP

Prepare your IRB package and submit for approval ASAP!

Grantees are expected to have notification of approval or exemption by mid-January, 2017.

EVALUATION TRAINING AND TECHNICAL ASSISTANCE



EVALUATION TRAINING AND TECHNICAL ASSISTANCE

Technical Assistance Liaison (TAL)

- Support data collection and submission
- Send monthly email to grantees
- Overall NOE guidance

Data Collection Liaison (DCL)

- Support data collection and submission
- NOE instrument specific guidance

Evaluation and Reporting

TECHNICAL ASSISTANCE LIAISON CONTACTS

*We're here
to help!*

State TAL	Tribal TAL
<p>Tiffany Fambro</p> <p>404-592-2242 (<i>Eastern Time Zone</i>) Tiffany.Fambro@icf.com</p>	<p>Candace Fleming</p> <p>303-724-1471 (<i>Mtn Time Zone</i>) Candace.Fleming@ucdenver.edu</p>

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>)
Early Identification, Referral, and Follow-up (EIRF)	Jane Carmona gls-eirf@icf.com 646-695-8146 (<i>Eastern Time Zone</i>)
Training Activity Summary Page (TASP) and Training Utilization and Preservation Survey (TUP-s)	Brandee Hicks gls-tasp@icf.com 404-592-2198 (<i>Eastern Time Zone</i>)
Behavioral Health Provider Survey (BHPS)	Jessie Rouder Jessie.Rouder@icf.com 516-887-3201 (<i>Eastern Time Zone</i>)

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



QUESTIONS?



