



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

December 5, 2017

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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 Chat pod
 - E-mail Betty.Treschitta@icf.com





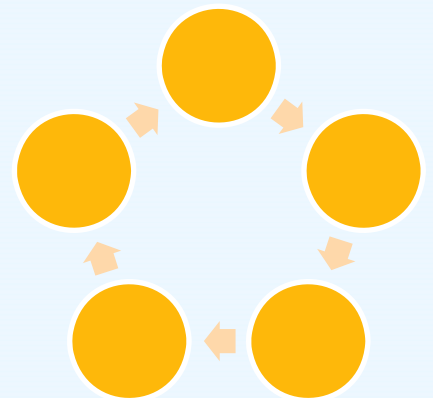
Taylor Moore, PhD
Grantee Support Team Leader

Taylor.Moore@icf.com

ON TODAY'S AGENDA

- GLS National Outcomes Evaluation Design
- Prevention Strategies Inventory (PSI)
- Training Activity Summary Page (TASP)
- Training Utilization Preservation Survey (TUP-S)

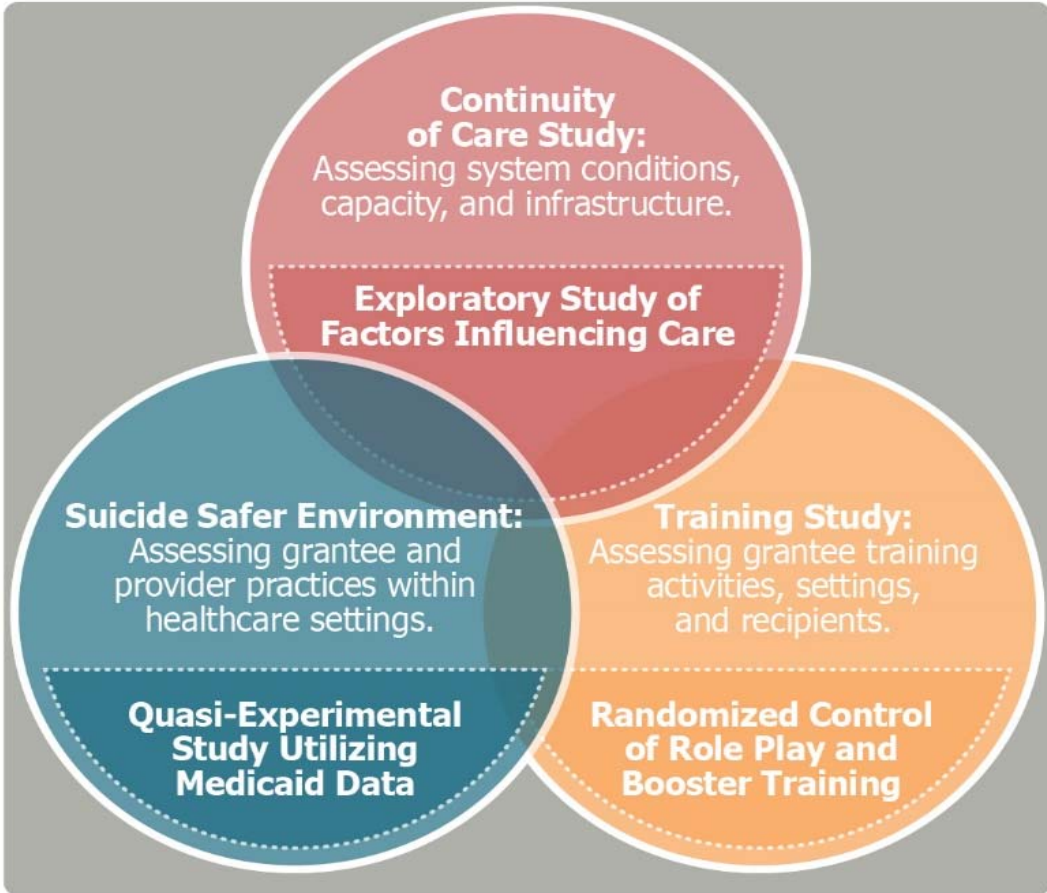
GLS SUICIDE PREVENTION NATIONAL OUTCOMES EVALUATION



NOE DESIGN OVERVIEW

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

GLS National Outcomes Evaluation



Cross Program Analysis and Impact:



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 for each strategy category

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 quarterly

When will the PSI begin?

January 2018

INSTRUMENT DETAILS

PSI PART ONE: STRATEGIES DESCRIPTION

Prevention Strategies Inventory - State/Tribal

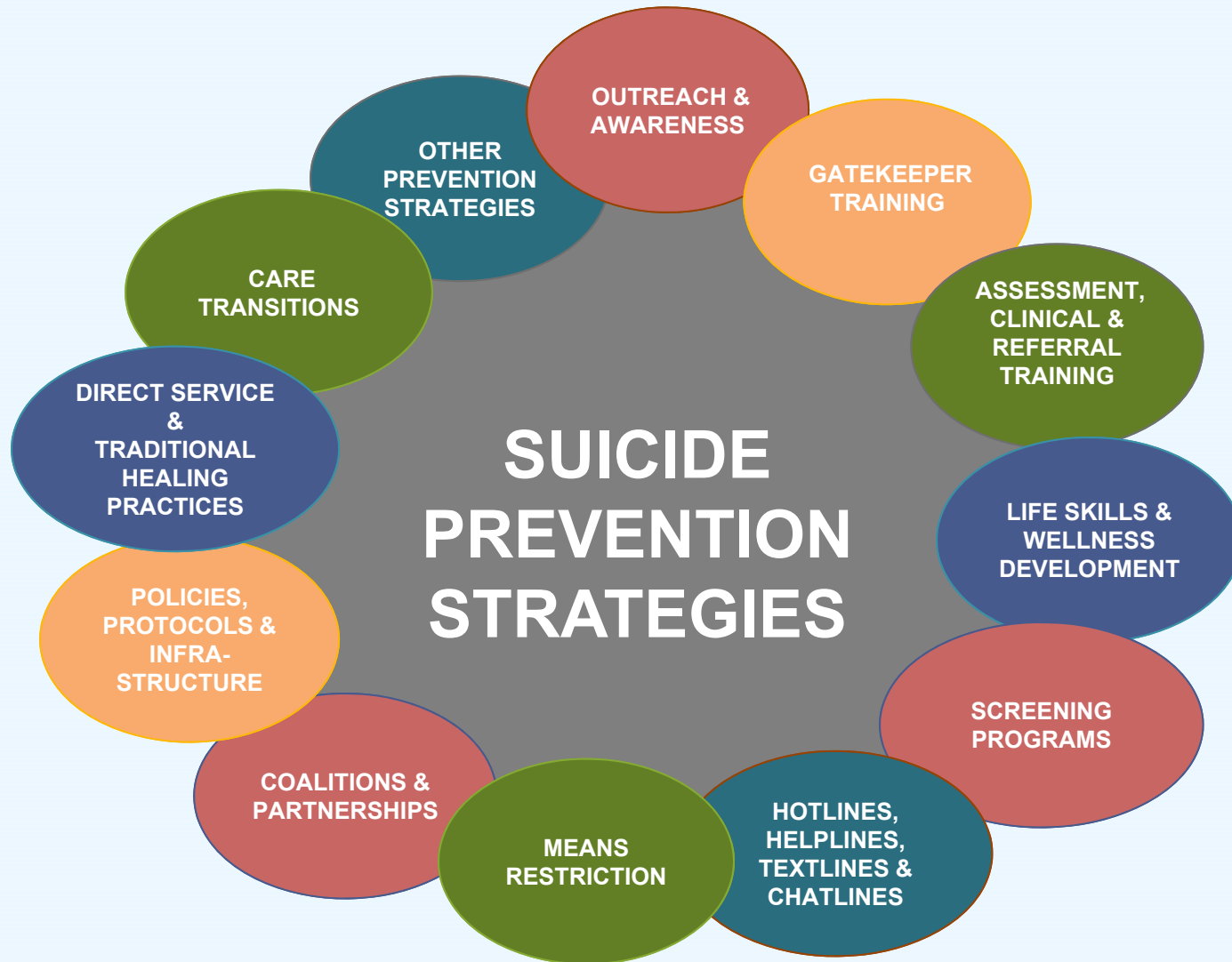
Suicide Prevention Program Strategies

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



POLL QUESTION

What types of strategies do you anticipate implementing throughout your grant?



INSTRUMENT DETAILS

STRATEGY FOLLOW-UP QUESTIONS

What is the name of the strategy?

Type of product or training.

Does this strategy target the entire community or the general population?

Does this strategy place emphasis on any of the current priority populations?

What are your plans for sustaining this strategy?

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

 %

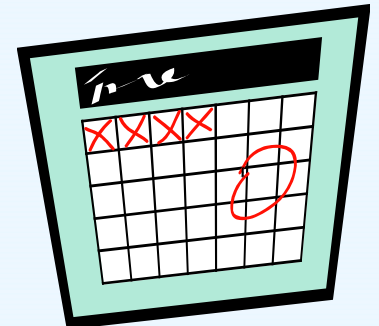
1.3. Outreach and Awareness Products

 %

PSI TIMELINE

- The PSI must be updated on a quarterly basis
- The PSI must be final submitted by 8PM EST on the 4th Friday following the end of the quarter

- 2018 PSI deadlines
 - Q1 reporting – January 26th
 - Q2 Reporting – April 27th
 - Q3 Reporting – July 27th
 - Q4 Reporting – October 26th



PSI DATA ENTRY

Baseline PSI

PSI Respondent emailed PSI password
on January 8th

Complete PSI for Q1 FY2018 activities

Final submit by 8PM on January 26th

Follow-up PSI

PSI Respondent emailed reminders to
update PSI

Address any PSI data issues

Each quarter, enter newly implemented
strategies and update budget data

Final submit by 8PM on the closing date

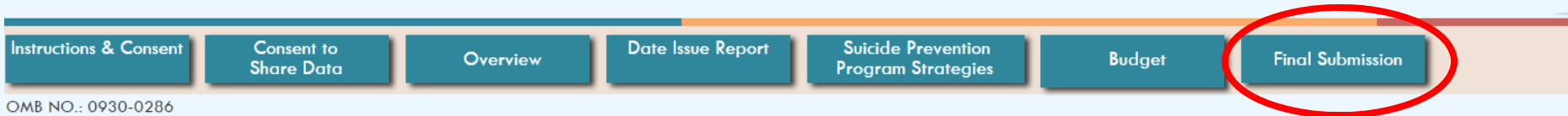
POLL QUESTION

Do you have a PSI respondent in mind?



PSI DATA SUBMISSION

- Deadline: 8 PM Eastern Time on the final reporting 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.

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.

Finalize Submission

Cancel



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
- ✓ PSI Budget Tool
- ✓ PSI Strategies 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 (strategies and budget) is cumulative!
- If GLS funds support the activity, then it can be reported in 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



- 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

- Designate a PSI Respondent
- Review the PSI Manual and Tip Sheet
- Log in to the PSI using your password (beginning 1/8)
- Enter strategies and budget information from Q1 (October-December 2017)
- Final submit your PSI by January 26th at 8 PM EST
- If you do not have any data to enter, after reviewing the materials, OR if you cannot complete by January 26th, 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 Lead, at (404) 592-2139



QUESTIONS?





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

TRAINING INSTRUMENTS

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



TASP OVERVIEW

What is the TASP?	Collects summary information about training events sponsored by GLS state and tribal grantees
Who is responsible for TASP data collection/entry?	Grantee program staff or training facilitator
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

Collect Aggregate
Data

Type of
Training

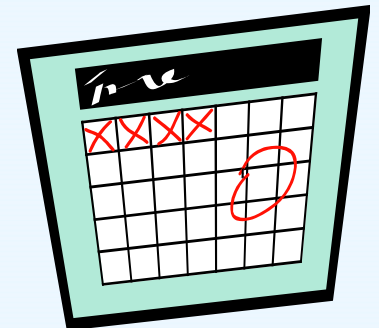
Number of
Trainees

Intended
Outcome

Role of
Participants

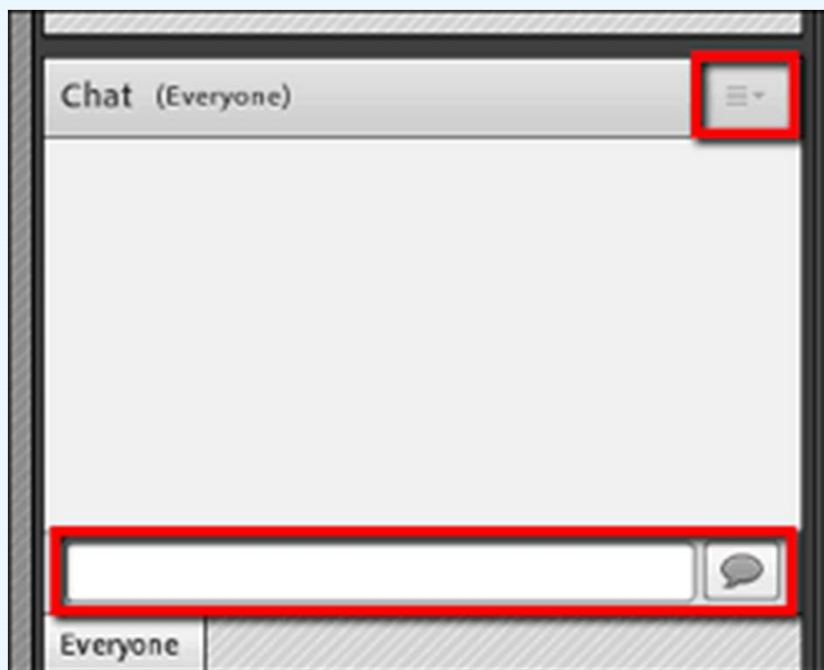
TASP TIMELINE

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



POLL QUESTION

What types of trainings are you planning to implement as part of your GLS Program?



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**Garrett Lee Smith (GLS) National Outcomes Evaluation
State/Tribal 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"/> Lifelines	<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 (SICBT)

<input type="checkbox"/> Managing Suicide Risk Collaboratively: The CAMS Framework <input type="checkbox"/> Managing Suicide Risk Collaboratively: The CAMS Framework <input type="checkbox"/> Mental Health First Aid	<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? <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

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

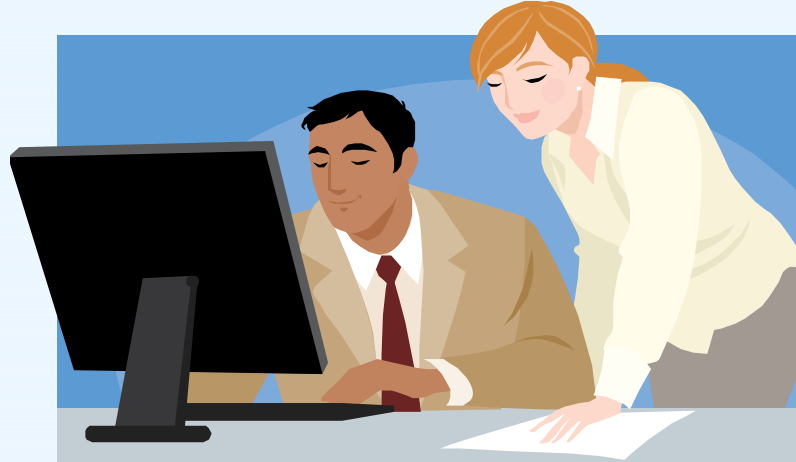
- Training ID is a unique 7 digit ID number
- First 4 digits is your site ID number, which is assigned by ICF
- Final three digits are assigned by you, the grantee
 - Last 3 numbers should be numbers that help you remember the order of your trainings

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

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



COMMONLY ASKED QUESTIONS

- Should booster trainings be considered “other” under “the type of training” section?
- How should we collect participant role information?
- What should we do if there is more than one intended outcome for the training?



TASP NEXT STEPS

- Review the TASP manual and other resources before starting data collection
- Decide TASP entry process
- Determine scheme for assigning training IDs
- Contact DCL or TAL with questions

QUESTIONS?



TRAINING UTILIZATION & PRESERVATION – SURVEY (TUP-S) TOPICS TO BE COVERED

- TUP-S 3 & 6 Month Purpose & Overview
- Logistics
- Tools to support TUP-S Data Collection and Reporting



TUP-S PURPOSE



Quantitative survey administered



Examines the use and retention



Measures self-efficacy

TUP-S OVERVIEW

Who is responsible for collecting the TUP-S consent to contact forms?

- 3-month: Grantee Program Staff and/training facilitators – distribute consent-to-contact forms to trainees via an online link or hard copy
- 6-month: ICF Interviewers obtain consent to contact at the conclusion of 3-month survey via phone

Who are the TUP-S respondents?

- Random sample of trainees who consent to be contacted at 3- and 6- months

How is the TUP-S administered?

- Computer-Assisted Telephone Interview (CATI) implemented by ICF with trainees

When will TUP-S be administered?

- At 3- and 6- months following a training event; throughout the grant period

Do trainees receive an incentive?

- Yes, a \$10 money order or Amazon gift code

When will the TUP-S begin?

- As soon as training activities begin

TUP-S CONSENT TO CONTACT OPTIONS

- Provide participants with link to complete form online
 - Forms are sent directly to ICF through SPDC
- Distribute hardcopies of form during training
 - Email forms to ICF
 - Mail forms to ICF

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**Garrett Lee Smith (GLS) National Outcomes Evaluation
State/Tribal Suicide Prevention Program
Training Utilization and Preservation Survey
Consent to Contact Form (Core)**

Training ID:

Training Name: _____

Date of Training/Today's Date: _____

As part of the National Outcomes Evaluation of Garrett Lee Smith (GLS) Suicide Prevention Programs, we will be interviewing individuals who participated in suicide prevention training activities like the one for which you have signed up. The Training Utilization and Preservation Survey is a telephone survey that will be administered to participants from a random sample of suicide prevention gatekeeper training programs to collect information about gatekeeper knowledge, attitudes, and behaviors following their trainings. Your participation in this brief survey is completely voluntary. Your answers to the survey questions will be kept private, except as otherwise required by law. Your name will not be linked with the information on your survey. Your name will not be used in any reports about this evaluation. We are interested in contacting you again within the next 3 to 4 months after you participated in the training to ask you some questions about what you learned during this training; how you have used what you learned; and what impact it has had on your identification and referral of youths at risk for suicide in your community. Findings from the survey will assist in informing SAMHSA (which stands for the Substance Abuse and Mental Health Services Administration) about suicide prevention activities and training experiences.

The survey will take approximately 20 to 30 minutes and will be conducted over the telephone by a member of the National Outcomes Evaluation team. If you are selected to participate in the interview, in appreciation of your time, we will provide you with either a \$10 Amazon gift code or we will mail you a \$10 money order.

Are you interested in being contacted about possible participation in the Training Utilization and Preservation Survey?

- Yes
 No

If you are interested in participating in this important effort, or in learning more about the Training Utilization and Preservation Survey, please provide your contact information below. If you are selected to participate in the interview, a member of the National Outcomes Evaluation team will contact you. Participants for the survey will be randomly selected from a complete list of interested training participants.

Training ID:

1. Name:		
2. Cell phone:	a. Best contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Best time to call? <input type="checkbox"/> AM <input type="checkbox"/> PM
3. Work phone:	a. Best contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Best time to call? <input type="checkbox"/> AM <input type="checkbox"/> PM
4. Home phone:	a. Best contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Best time to call? <input type="checkbox"/> AM <input type="checkbox"/> PM
5. Work e-mail:		
6. Personal e-mail:		

We would also like to ask you a few questions about your experiences with identifying and referring suicidal youths.

7. Please indicate the <u>primary</u> setting in which you interact with youths:	<input type="checkbox"/> Education (K-12) <input type="checkbox"/> Substance abuse <input type="checkbox"/> Juvenile justice/Probation <input type="checkbox"/> Emergency response <input type="checkbox"/> Higher education (college/university) <input type="checkbox"/> Tribal services/Tribal government	<input type="checkbox"/> Child welfare <input type="checkbox"/> Mental health care <input type="checkbox"/> Primary health care <input type="checkbox"/> Other community settings <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
8. In the last 12 months have you identified youths you thought might be at risk for suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't know <input type="checkbox"/> Refused
a. [IF YES] About how many of those were identified in the last 12 months?	<input type="checkbox"/> None <input type="checkbox"/> Number identified _____	<input type="checkbox"/> Don't know <input type="checkbox"/> Refused
b. [IF YES] About how many of those were identified in the last 6 months?	<input type="checkbox"/> None <input type="checkbox"/> Number identified _____	<input type="checkbox"/> Don't know <input type="checkbox"/> Refused
c. [IF YES] About how many of those were identified in the last 3 months?	<input type="checkbox"/> None <input type="checkbox"/> Number identified _____	<input type="checkbox"/> Don't know <input type="checkbox"/> Refused
9. In which ZIP code(s) did you identify at-risk youths? Please include all relevant ZIP codes.	ZIP code 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ZIP code 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ZIP code 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ZIP code 4 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ONLINE TUP-S CONSENT TO CONTACT

- Generate a CTC link SPDC
- Distribute link during training or via e-mail
- Link remains active for 30 days after training

Training Instruments (State/Tribal)

PURPOSE OF Training Instruments (State/Tribal): *The Training Activity Summary Page (TASP) collects aggregate Lee Smith Youth Suicide Prevention and Early Intervention (GLS Suicide Prevention Program) grantees. The TUP-S is c examine knowledge, skills, and techniques retained.*

Upload TASP Data

Enter New TASP
Survey

View/Edit TASP Data

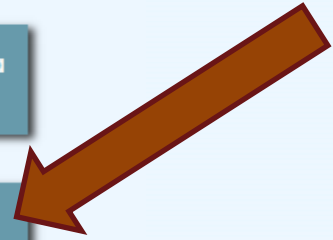
Download TASP Data

Download TUP-S 3-
Month Data

Download TUP-S 6-
Month Data

TASP Data Issues

Generate CTC Link





TUP-S DEMONSTRATION ON THE SPDC

HARDCOPY TUP-S CONSENT TO CONTACT OPTION

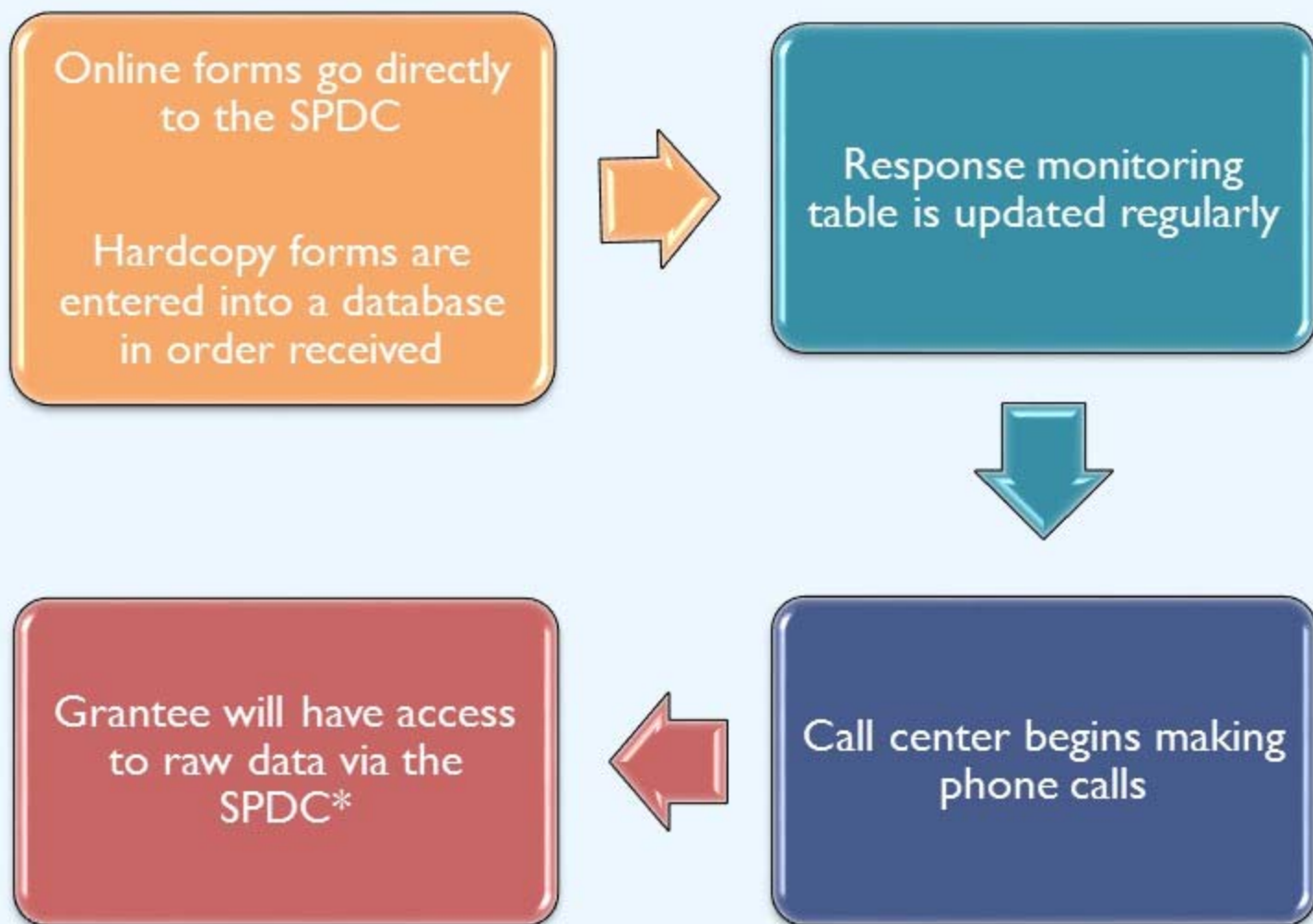
- Make sure the training ID is on every page
- Only send forms in which trainees have agreed to participate
- Include a copy of the TASP
- Submit forms within 2 weeks of training



SEND HARD COPY FORMS...

- **SCANNED COPIES** should be sent to:
Gls-tups@icf.com
- **HARD COPIES** should be sent to:
ICF Attn: Leza Young
3 Corporate Square
STE 370
Atlanta GA 30329

ONCE FORMS ARE RECEIVED



TUP-S TOOLS

- ✓ TUP-S Manual
- ✓ Check SPDC for Summary Points for Facilitators to introduce the instrument
- ✓ Grantee Summary Report



USING TRAINING DATA

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



TUP-S NEXT STEPS

- Review the TUP-S resources
- Decide system for distributing TUP-S consent forms
- Determine process for introducing survey
- Contact DCL or TAL with questions

TRAINING INSTRUMENTS CONTACT INFORMATION

For help with the TASP or TUP-S you may:

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



QUESTIONS?



WHAT'S NEXT?

- Prepare for IRB
- Review instrument manuals & resources
- Select PSI administrators
- Plan for TASP & TUP-S data collection
- Attend January 9, 2018 webinar



