

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

December 4, 2018

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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 Data Center (SPDC)

<https://www.suicideprevention-datacenter.com>

and the Suicide Prevention Resource Center website

Need Assistance?

For technical support:

Contact us via the **Chat Pod**

E-mail Terri.Karney-Brown@icf.com



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Today's Agenda

GLS National Outcomes Evaluation Design

Prevention Strategies Inventory (PSI)

Training Activity Summary Page (TASP)

Student Behavioral Health Form (SBHF)

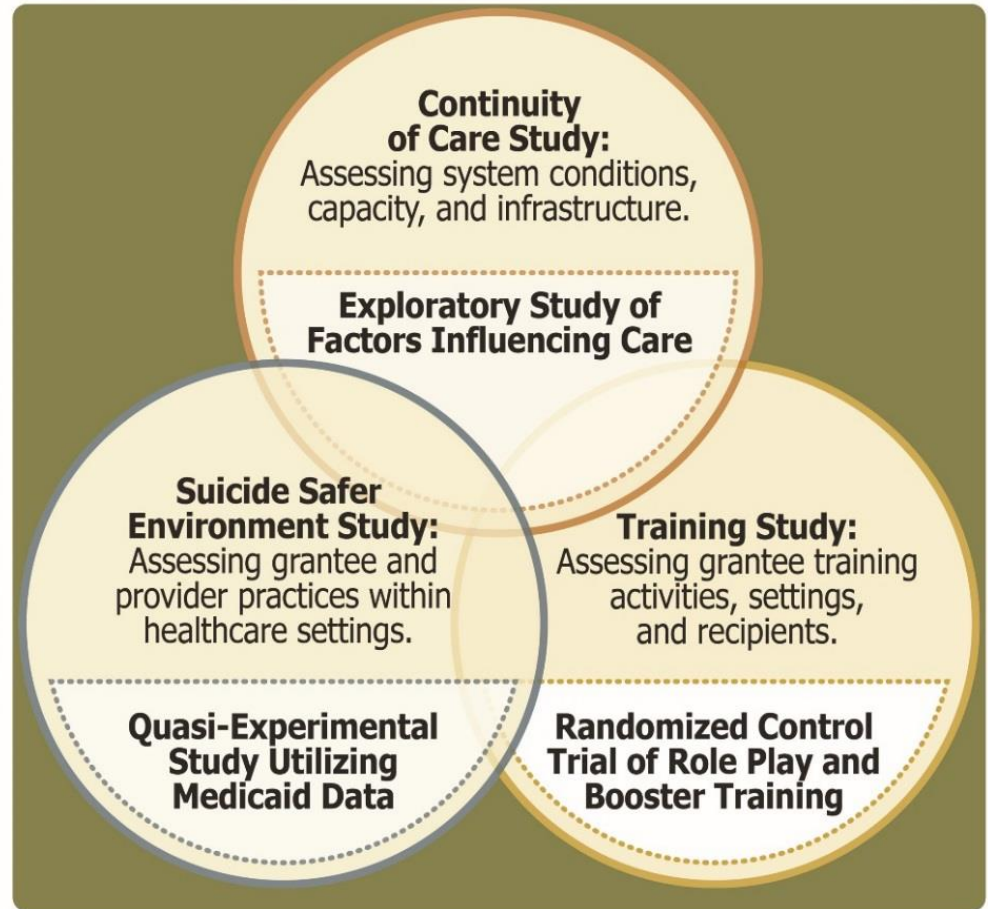
GLS SUICIDE PREVENTION NATIONAL OUTCOMES EVALUATION

Design Overview

Design Overview

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

GLS National Outcomes Evaluation



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.



Nora Kuiper

Data Collection Lead
gls-psi@icf.com

Prevention Strategies Inventory (PSI)

Topics to be covered

PSI Overview

Instrument Details

Timeline

Data Entry

Data Submission



Demonstration on the SPDC

Tools to support PSI Data Collection and Reporting

Tips and Reminders

Next Steps

Purpose

Prevention Strategies Description

An inventory of all prevention interventions that are a part of a grantee's GLS funded program



Expenditures

Total amount of GLS funds (including materials, capital and staff time) expended to date and the proportion of these funds spent on each strategy category



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 prior to the quarterly PSI deadlines |
| When will the PSI begin? | January 2019 |

PSI

Prevention Strategies Description

**OUTREACH &
AWARENESS**

**ASSESSMENT,
CLINICAL &
REFERRAL
TRAINING**

**SCREENING
PROGRAMS**

**GATEKEEPER
TRAINING**

**LIFE SKILLS &
WELLNESS**

**HOTLINES,
HELPLINES,
TEXTLINES &
CHATLINES**

**COALITIONS &
PARTNERSHIPS**

**OTHER
PREVENTION
STRATEGIES**

**MEANS
RESTRICTION**

**POLICIES,
PROTOCOLS &
INFRASTRUCTURE**

POLL QUESTION

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



Strategy Follow-up Questions

What is the **name** of the strategy?

Type of product or training

Does this strategy target the **entire campus community**?

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

What are your plans for **sustaining** this strategy?

Budget 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

 %

Timeline

The PSI must be updated on a quarterly basis

The PSI must be final submitted by 8PM EST on the last day of the month following the end of the quarter



Deadlines

Q1 January 31st

Q2 April 30th

Q3 July 31st

Q4 October 31st

Data Entry

Baseline

PSI Respondent emailed PSI password on January 2nd

Complete PSI for Q1 FY2019 activities

Final submit: 8PM EST on January 31st

Follow-up

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 EST on the deadline

POLL QUESTION

Do you have a PSI respondent in mind?





PSI DEMONSTRATION ON THE SPDC

Tools to Support Data Collection and Reporting

PSI Implementations and Procedures Manual

PSI Tip Sheet and Strategy Definitions

PSI Planning and Strategy Tool

PSI Data Sharing Report

PSI Summary Report

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 should 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%

PSI

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 reported a strategy

Don't forget to Final Submit!

Next Steps

Specify the PSI **Respondent**

Review the PSI **Manual and Tip Sheet**

Log in to the PSI using your password (beginning Jan. 2nd)

Enter strategies and budget from Q1 (Oct.-Dec. 2018)

Final submit your PSI by January 31st at 8 PM Eastern

If you do not have any data to enter, after reviewing the materials,
OR if you cannot complete the PSI by January 31st, contact the PSI
Data Collection Lead as soon as possible

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 Lead
gls-tasp@icf.com

Training Activity Summary Page
(TASP)

Topics to be covered

TASP Purpose & Overview

Logistics

TASP Demonstration on the SPDC

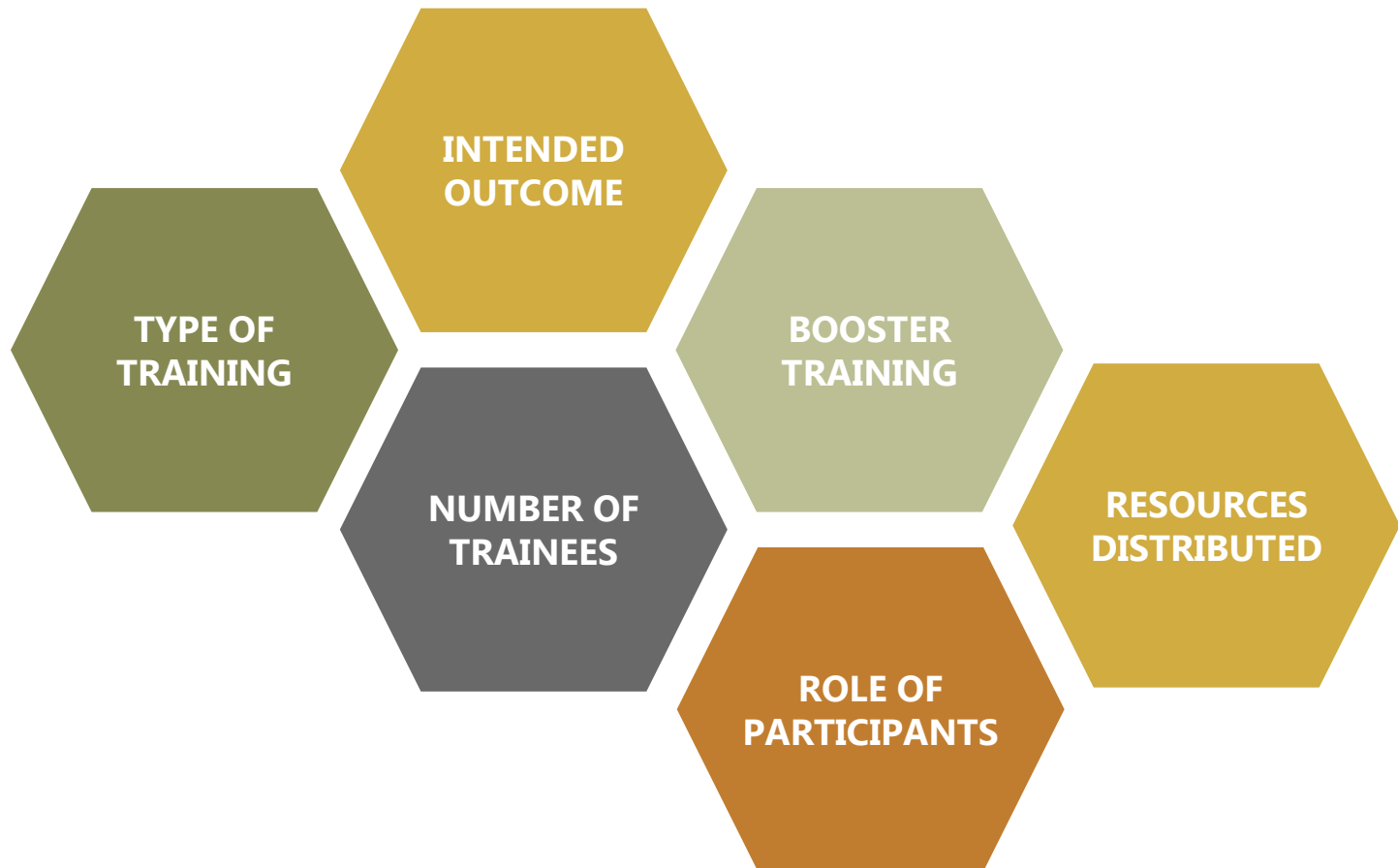
Tools to support TASP Data Collection and Reporting

Next Steps



| | |
|---|---|
| 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 |

Content Areas



Timeline

TASP should be completed for every suicide prevention training conducted as part of your GLS Program



Deadlines

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?



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 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 this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, 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"/> Collaborative Assessment and Management of Suicidality (CAMS) <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"/> 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"/> Kognito At-Risk in the ED <input type="checkbox"/> Lifelines <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: | |
| <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 [Go to 12b and c] <input type="checkbox"/> No [Complete 13] |

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 the grantee

Should be numbers that help you remember the order of your trainings

Training ID

Grantee X Site ID: 1234



QPR training



First training



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

For example:

Training types:

ASIST = 1

QPR = 2

SOS = 3

Entering data into the SPDC

1. **Manually** enter TASP for one training at a time.
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 7 digit number with the first 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 ON THE SPDC

Online Trainings Data Collection

OPTION 1

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

Online Trainings Data Collection

OPTION 2

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

Grantee can enter TASP into SPDC within 2 weeks

Reports and Resources

Grantee Summary Reports

Response Monitoring Table

Data Collection Liaison & TAL

Training Tracking Spreadsheet

Annotated TASP

Using the data

Grantees will be able to use data for

- ✓ community presentations
- ✓ local evaluation efforts
- ✓ possible program modifications
- ✓ and more!



Commonly Asked Questions

1. Is the TASP submitted for outreach events?
2. How should we collect participant role information?
3. What should we do if there is more than one intended outcome for the training?
4. Our campus trained community members as part of our program, should we submit a TASP for this training?

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

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 Lead
gl-sbhf@icf.com

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



Purpose

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

| | |
|--|---|
| <p>Who is responsible for data collection for the SBHF?</p> | <p>Grantee Program Staff</p> |
| <p>How is the SBHF entered?</p> | <p>Web-based form entered into SPDC</p> |
| <p>When is the SBHF administered?</p> | <p>Annually, during the late spring/early summer Respondents will have several weeks to enter the data</p> |

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 QUESTION

Do you already know who your SBHF administrator will be?



Implementation and Logistics

Quantitative
questions

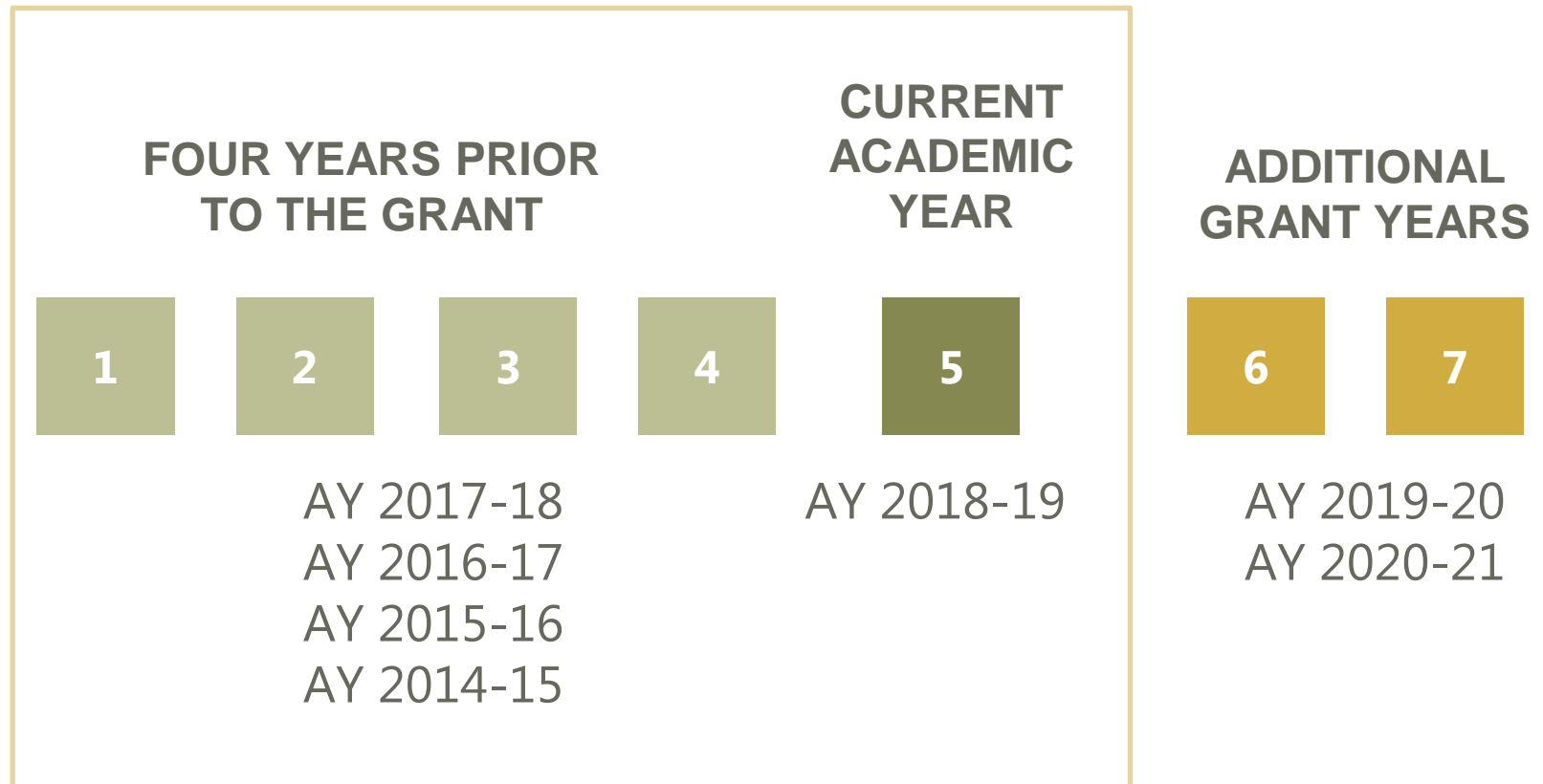
How many suicide attempts occurred on campus?

**Policy-
related**
questions

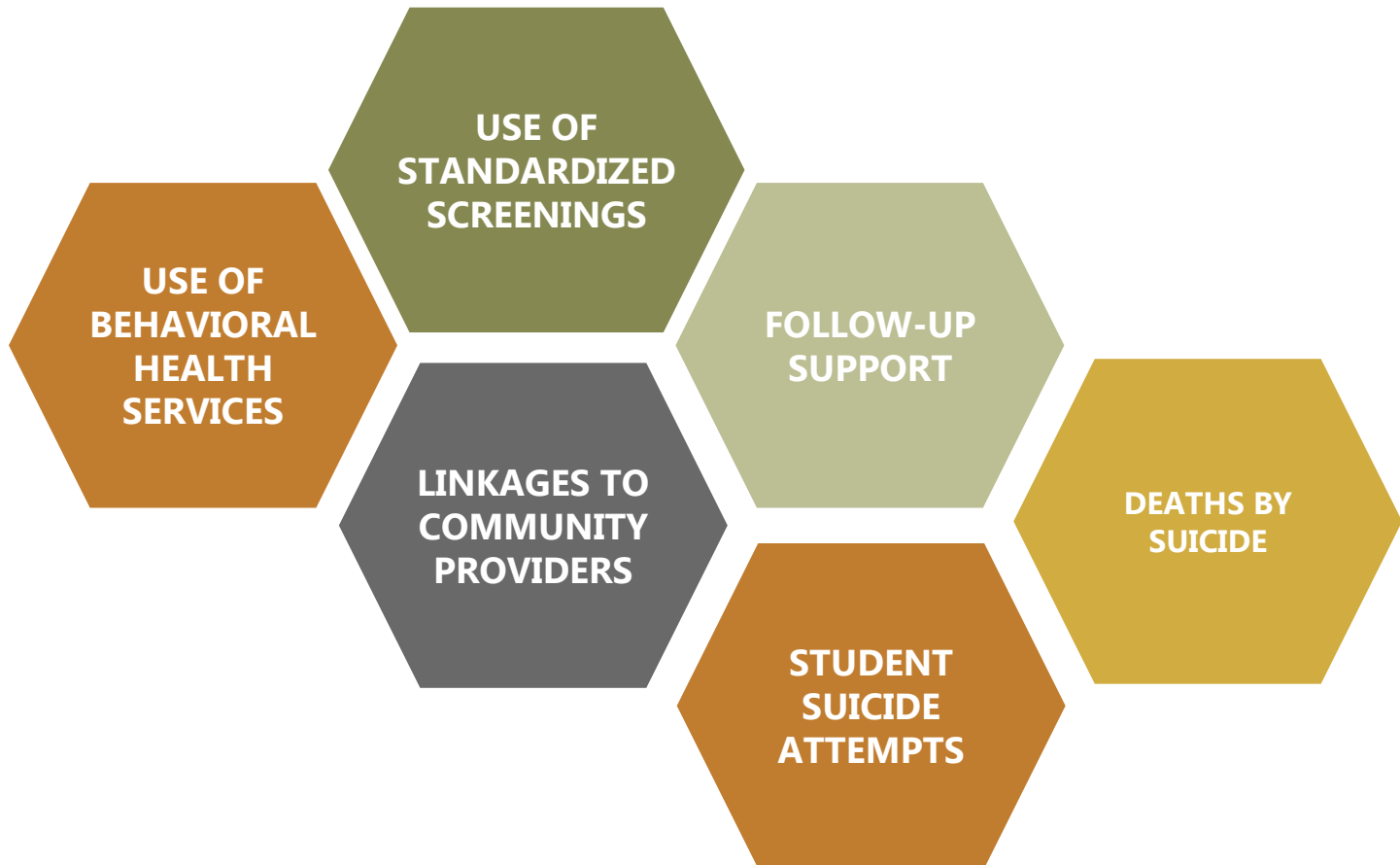
After a suicide attempt, what happens?

Seven Years of Data

To be reported in Summer 2019



Data Elements





SBHF 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 QUESTION

How do you currently track information related to behavioral health services?



POLL QUESTION

Are you currently able to determine an unduplicated count of students receiving behavioral health services?



Academic Year

fall and spring semesters

Tracked versus Estimate

Tracked: numbers provided from an accurate database

Estimate: information may be from multiple sources on campus and it cannot be determined if these counts are duplicated

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?

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?

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?

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?

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.

Additional information

Gender

Age

Source of information

Campus policies for a student who attempted suicide

Suicide deaths

Gender

Age

Source of information

POLL QUESTION

Do you currently track suicide attempts and deaths?



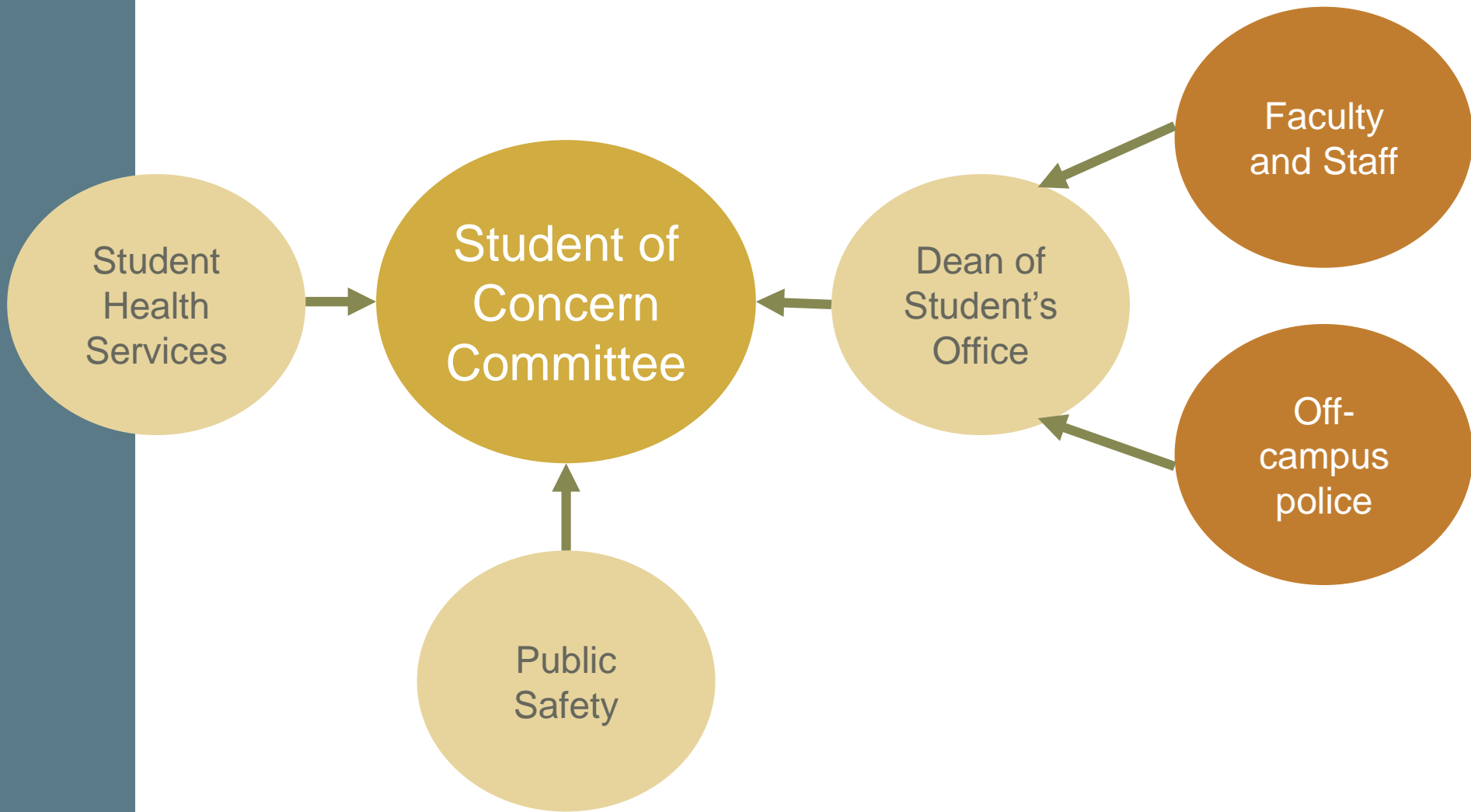
SBHF



STRATEGIES FOR COMPILING DATA

START NOW!

Strategies for Compiling Data



Strategies for Compiling Data

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

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

Connect with all appropriate parties on campus

Timeline

Identify a SBHF
Administrator

Determine
**sources of
information**
may require
coordination with
multiple on and off-
campus sources

Email to project
staff to identify the
SBHF
administrator

SBHF Administrator
will receive an email
with a **password**

Several weeks to
complete the data
entry (current year +
the four years prior
to the grant)

Confirm SBHF
Administrator

Administrator
will complete
data for
academic year

Now

Spring
2019

Approximately
June

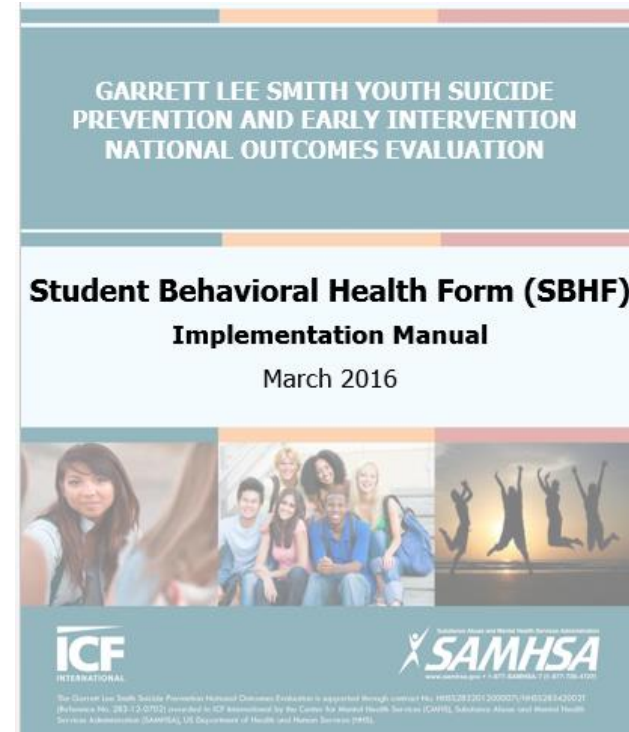
Spring 2020-
Spring 2021

Additional Resources

Annotated Guide with Key Terms

“Four Years Prior” planning tool

SBHF Implementation Manual



Next Steps

Determine SBHF administrator

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



QUESTIONS?

What's Next?

Prepare for IRB

Review instrument manuals & resources

Select PSI & SBHF administrators

Plan for TASP data collection

Identify resources for SBHF



THANK
YOU!



QUESTIONS?

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