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

November 14, 2017

Taylor Moore, PhD
Tasneem Tripathi, DrPh
Connie Maples, 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

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
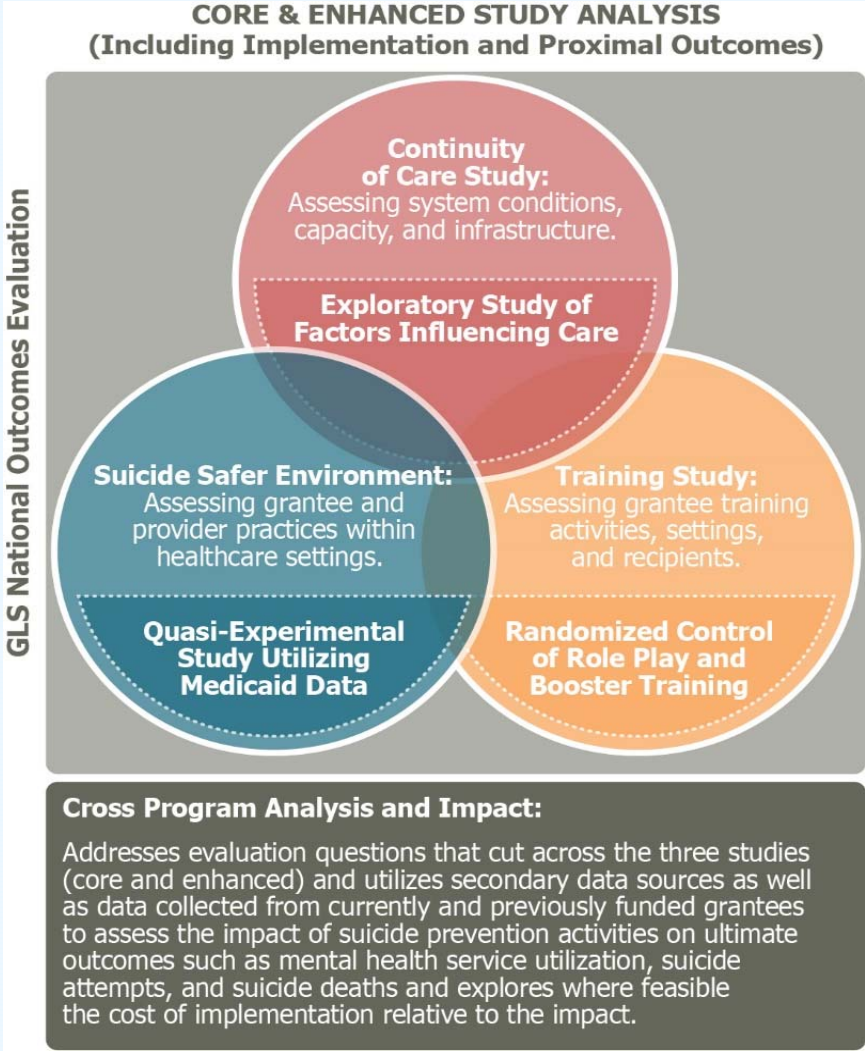
WHY IS THE EVALUATION IMPORTANT ?

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

Tasneem Tripathi, MPH, DrPH
State and Tribal Technical Assistance
Liaison (TAL)

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GLS SUICIDE PREVENTION PRIOR EVALUATION FINDINGS

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 2015; State/Tribal Cohorts 1–9 and Campus Cohorts 1–8.

PRIOR EVALUATION FINDINGS

What types of prevention strategies are grantees reporting?

Count	Strategy
39	Hotlines & Helplines
53	Means Restriction
61	Assessment & Referral Training
75	Screening Programs
77	Life Skills Development
91	Policies & Protocols
104	Direct Services, Traditional Healing Practices
107	Other Suicide Prevention Strategies
118	Coalitions & Partnerships
145	Gatekeeper Training
151	Outreach & Awareness

57 Tribal grantees

97 State grantees

THE ROLE OF COMMUNITY SUPPORT IN HELPING TRAINEES IDENTIFY YOUTH AT RISK FOR SUICIDE

Data for this analysis were collected from GLS state and tribal grantees in Cohorts 4 through 9 between 2011 and 2016. Training Utilization and Preservation Survey (TUP-S) data were collected from 9,241 participants approximately three months after participating in the training.

WITHIN THREE MONTHS OF THE TRAINING, PARTICIPANTS REPORTED...

having informal conversations in their community around the topic of suicide prevention *(n=9,202)* — **83%**

identifying a youth who was at risk of suicide *(n=9,141)* — **66%**

they had screened youth for risk factors *(n=9,116)* — **38%**
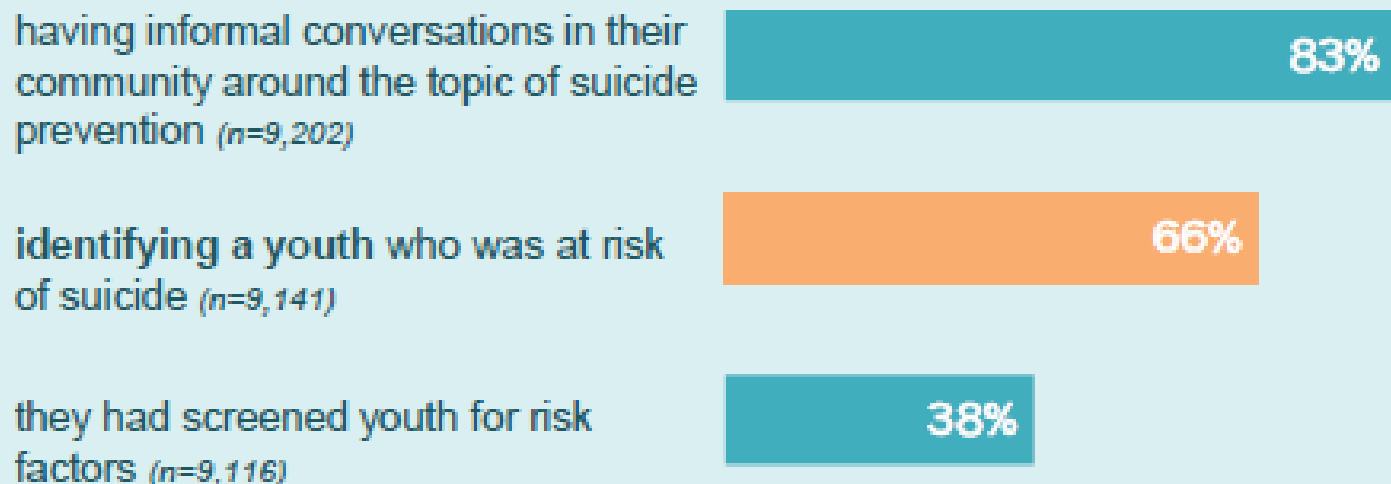
CRISIS REFERRALS BY IDENTIFICATION SOURCE

29,000+ *youth have been identified as at risk for suicide and referred to mental health services by GLS grantees either through screenings (31%) or by gatekeepers (69%) [2006-2015]*

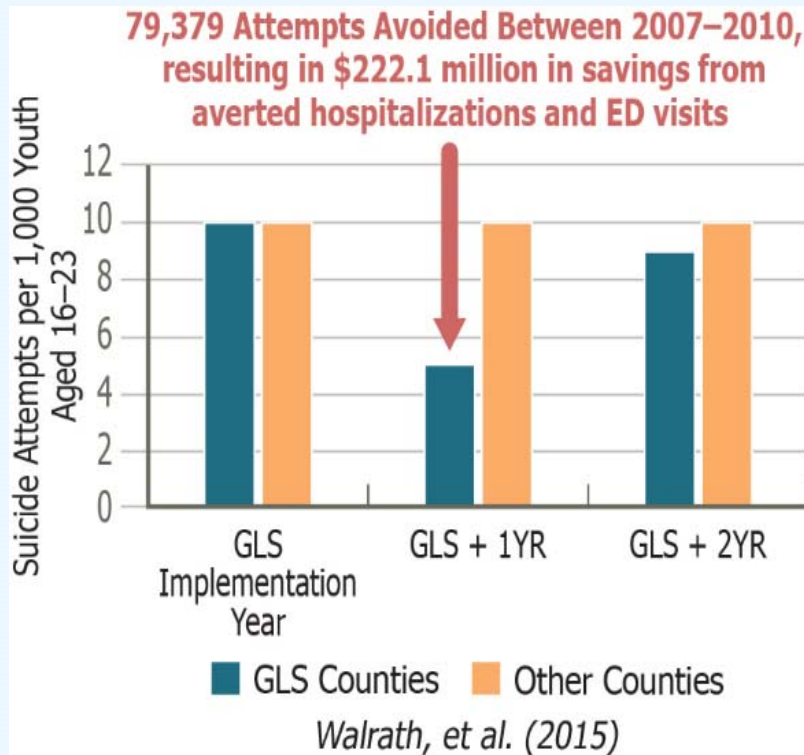## Youth identified by **gatekeepers** are more likely to be referred to crisis services* than those identified through screenings**.

Includes referrals to: Emergency room, psychiatric hospitals or units, and mobile crisis units
** ($\chi2=1408.76$, p<.001)

REFERRALS TO CRISIS AND NON-CRISIS SERVICES BY GATEKEEPER TYPE

19.6%

Teacher or school staff (8.7% of gatekeeper referrals)

24.8%

Emergency Responder or ER Staff (6.9% of gatekeeper referrals)

25.5%

Family Member/ Caregiver (8.0% of gatekeeper referrals)

7.1%

MH providers are the only source of referrals less likely to refer to crisis services than non-crisis services

Mental Health Service Provider (56.9% of gatekeeper referrals)

77.0%

Police or Law Enforcement (5.8% of gatekeeper referrals)

Percent of gatekeeper referrals to crisis services (n=3,395)
Percent of gatekeeper referrals to non-crisis services (n=16,787)

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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)
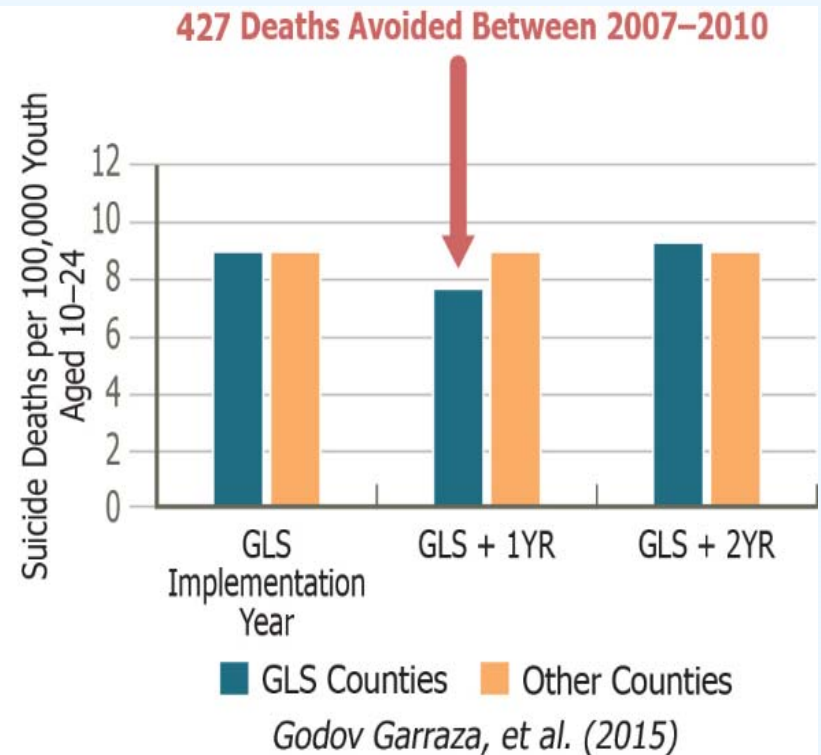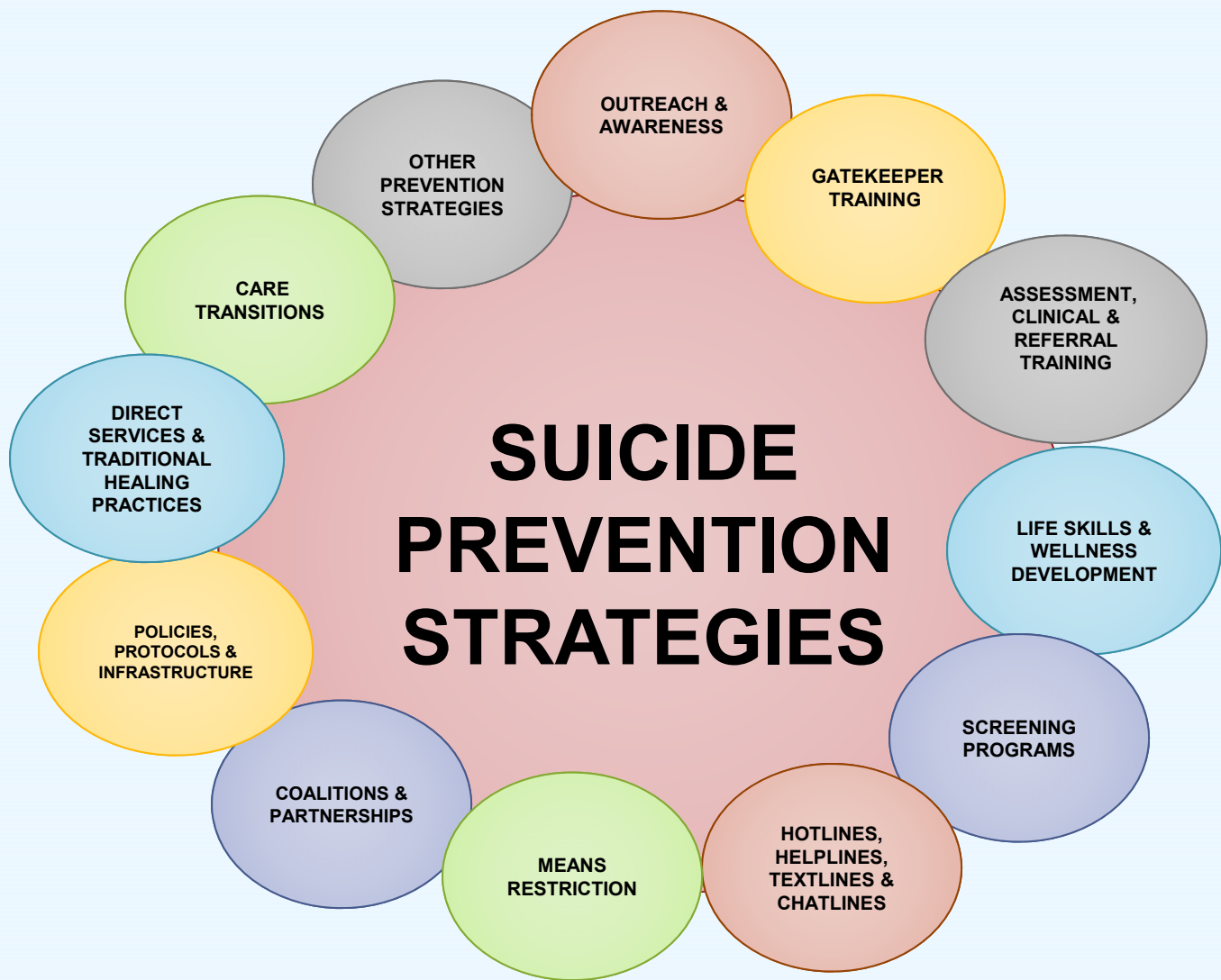
QUESTIONS?

DATA COLLECTION FOR THE NATIONAL OUTCOMES EVALUATION
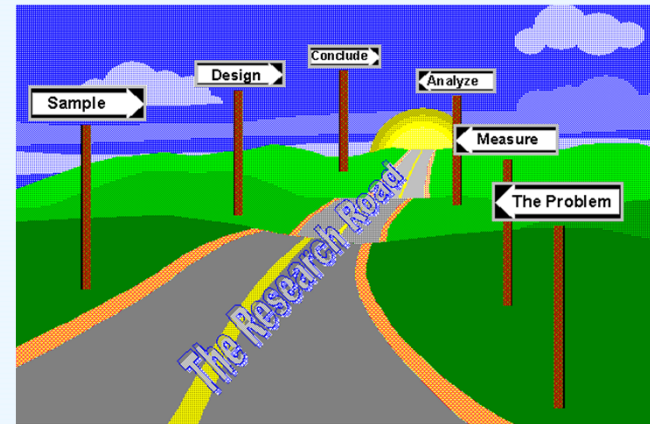
PREVENTION STRATEGIES INVENTORY

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 DEVELOPMENT
- SCREENING PROGRAMS
- HOTLINES, HELPLINES, TEXTLINES & CHATLINES
- MEANS RESTRICTION
- COALITIONS & PARTNERSHIPS
- POLICIES, PROTOCOLS & INFRASTRUCTURE
- DIRECT SERVICES & TRADITIONAL HEALING PRACTICES
- CARE TRANSITIONS
- 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 - State/Tribal

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 [ ] %

1.1. Public Awareness Campaigns [ ] %

1.2. Outreach and Awareness Activities/Events [ ] %

1.3. Outreach and Awareness Products [ ] %

2. Gatekeeper Training [ ] %

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 INSTRUMENTS

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

TRAINING UTILIZATION AND PRESERVATION SURVEY (TUP-S)

Purpose

- Examines use and retention of participants' knowledge, skills, and/or techniques learned

- Measures gatekeeper behaviors, self-efficacy, awareness, education efforts, suicide identification behavior

- Collects information about subsequent referrals and/or supports provided by the trainee, information about services accessed by the at-risk individual

- Gather information about use and retention of participants' knowledge, skills, and/or techniques learned through the training 3- and 6-months after the activity

TRAINING UTILIZATION AND PRESERVATION SURVEY (TUP-S)

Who is responsible for collecting the TUP-S consent to contact forms?	• 3-month: Grantee Program Staff and/training facilitators – distribute forms to trainees via hardcopy forms or web link and submit them to ICF • 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

EARLY IDENTIFICATION, REFERRAL & FOLLOW-UP

EARLY IDENTIFICATION, REFERRAL AND FOLLOW-UP FORM (EIRF)

Purpose

- Guided by best practice
- Record program activities related to the identification of youth at risk for suicide, referral for services and linkages to those services

EARLY IDENTIFICATION, REFERRAL, AND FOLLOW-UP INDIVIDUAL (EIRF-I) FORM

- Grantees track and monitor at-risk youth identified by either GLS trained gatekeepers or GLS-sponsored screenings

- Individual-level de-identified information about:

  - Youth demographics

  - Source and setting of identification

  - Mental health and non-mental health referrals

  - Mental health services received

EARLY IDENTIFICATION, REFERRAL, AND FOLLOW-UP SCREENING (EIRF-S) FORM

- Monitor rates of identification from suicide prevention screenings
- Aggregate-level information
  - All youth screened
  - Youth with positive result
- For grantees who implement screening (only)

EIRF-I and EIRF-S

When should an EIRF form be completed?	• EIRF-I: Any youth that has been identified as being at risk for suicide as a result screenings or by a trained gatekeeper. • EIRF-S: Any time a screening tool is being implemented as part of your GLS program.
Who is responsible for the EIRF data collection?	• Grantee program and/or agency staff, providers, evaluator, individuals who administer screenings, trained gatekeepers, school staff, care coordinators, or other program staff
How is the EIRF administered?	• Information submitted via the SPDC using web-based form or excel spreadsheet upload • Data collection plan developed on site-by-site basis-tracking forms or existing data sources will most likely be used
When will EIRF be administered?	• Entered at least quarterly • Ongoing throughout the grant period
When will the EIRF begin?	• When program begins and tracking mechanisms are in place

Behavioral Health Provider Survey (BHPS) Medicaid/Claims data

SUICIDE SAFER ENVIRONMENT STUDY: DATA SOURCES

- Behavioral Health Provider Survey (BHPS)
- Medicaid/Claims data

BEHAVIORAL HEALTH PROVIDER SURVEY (BHPS)

- Gathers a central set of provider characteristics of behavioral health providers

- Collects information about referrals for at-risk youth and the extent of implementation of Goals 8 and 9 of the NSSP

BEHAVIORAL HEALTH PROVIDER SURVEY (BHPS)

- BASELINE—administered to between 1 and 10 administrators from the behavioral health provider organization

- FOLLOW-UP—administered to the behavioral health provider annually for the remainder of the grant period

BEHAVIORAL HEALTH PROVIDER SURVEY (BHPS)

Who is responsible for data collection for the BHPS?	ICF is responsible for data collection
What are the grantee responsibilities related to the BHPS?	Grantee staff will provide the contact information for the primary partner organization
How is the BHPS administered/entered?	A partner organization partner will be invited to participate in a web-based survey; in addition, the primary respondent will recommend up to 9 potential "on the ground" employees to complete the survey
When will the BHPS be administered?	Annually, during the late spring/early summer
When will the BHPS begin?	Pending OMB approval

MEDICAID/CLAIMS DATA

Review data related to:
- Service utilization
- Diagnosis
- Deaths by suicide
- Cost of services received

QUESTIONS?

SPDC Help Desk

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

Connie Maples

Nora Kuiper

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
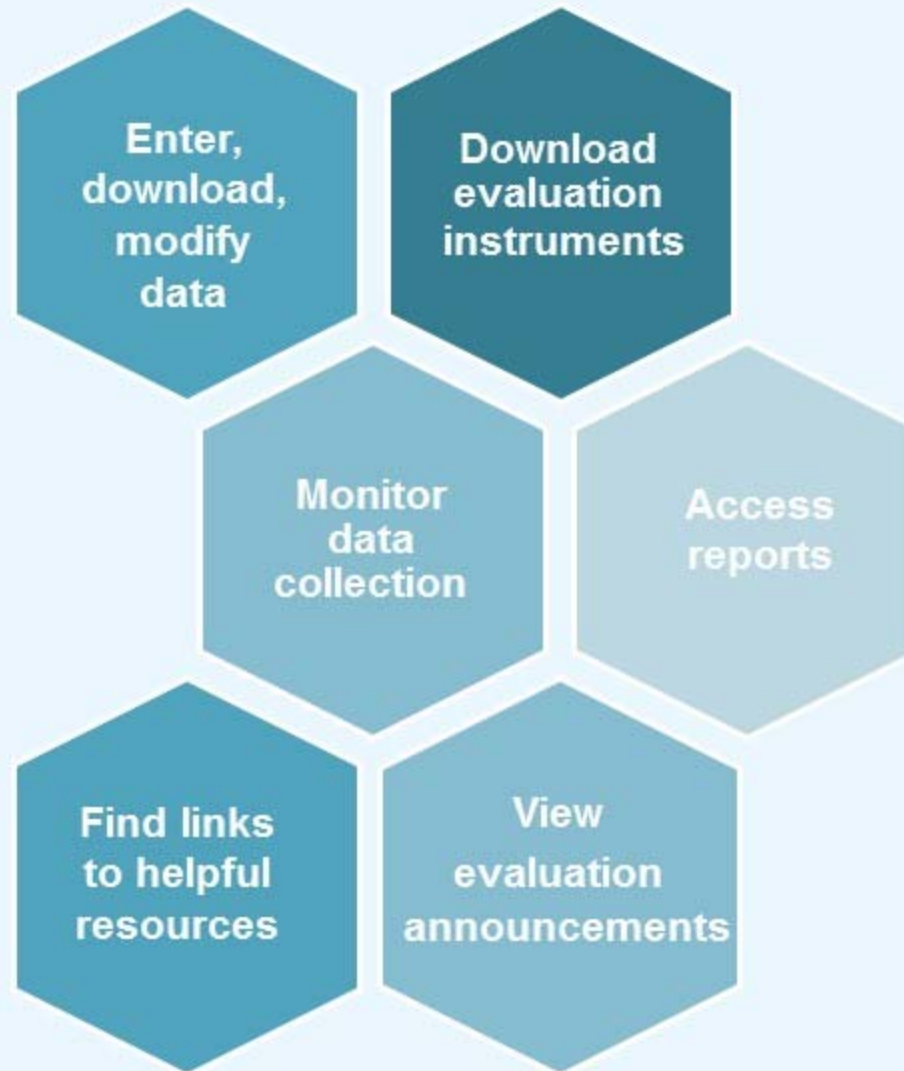
HOW DO I ACCESS THE SPDC?

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.)

GLS Program Partners

Project Director

Evaluator

SAMHSA GPOs

Program Staff

National Evaluation Team

SPRC PSs

Sub grantee Staff

Trainers
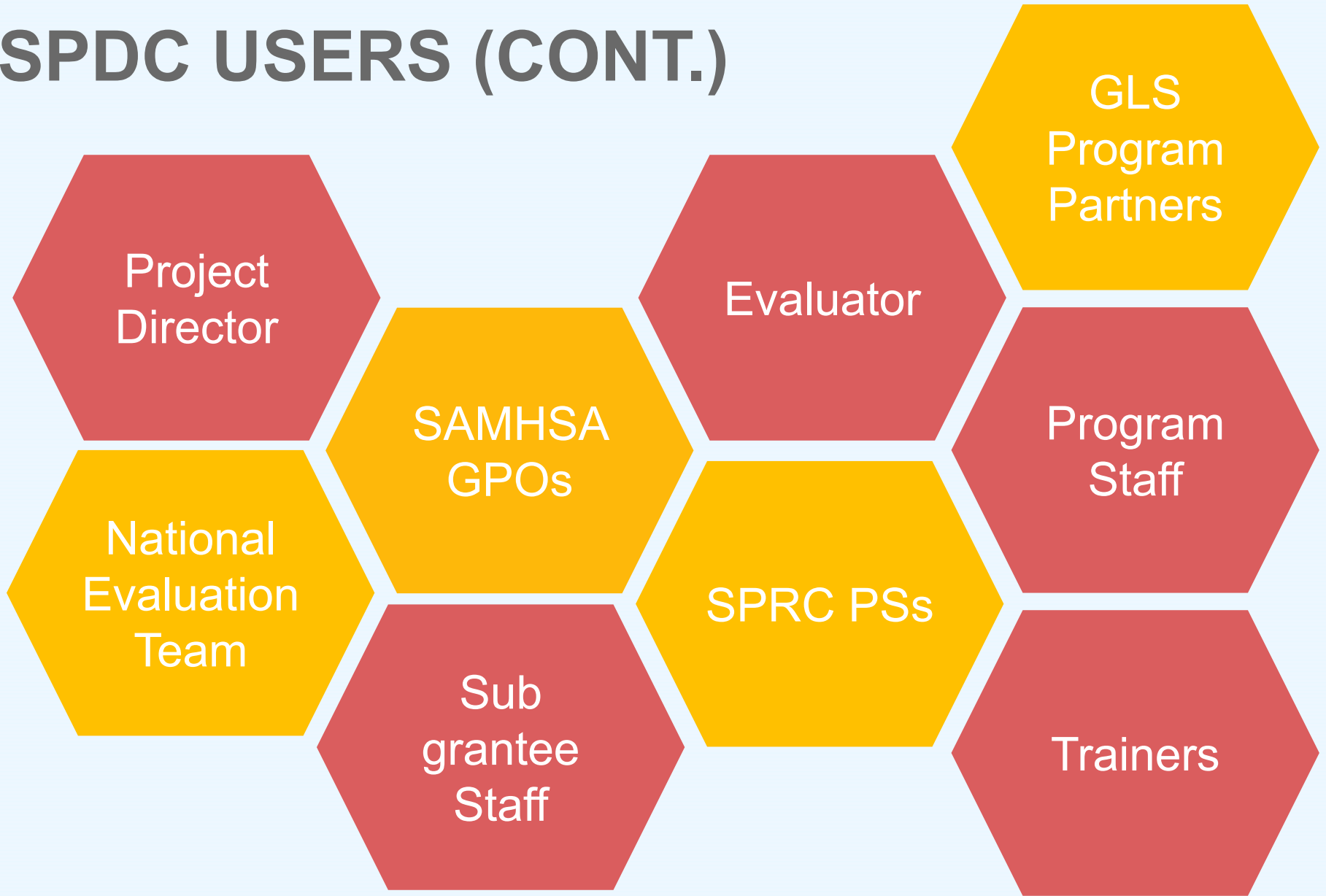
SECURITY AND USER LEVELS

Determined by the primary roles they serve

	DATA DOWNLOAD, 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
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 (e.g., site user or contact user)

  - Provide username and password

  - Edit or delete users

ASSIGNING USER LEVELS

Example: Working with Partners – Direct Entry

SPDC

Site Administrator Level Access:
Project Director & Evaluator

Contact User Level Access:
Trainers
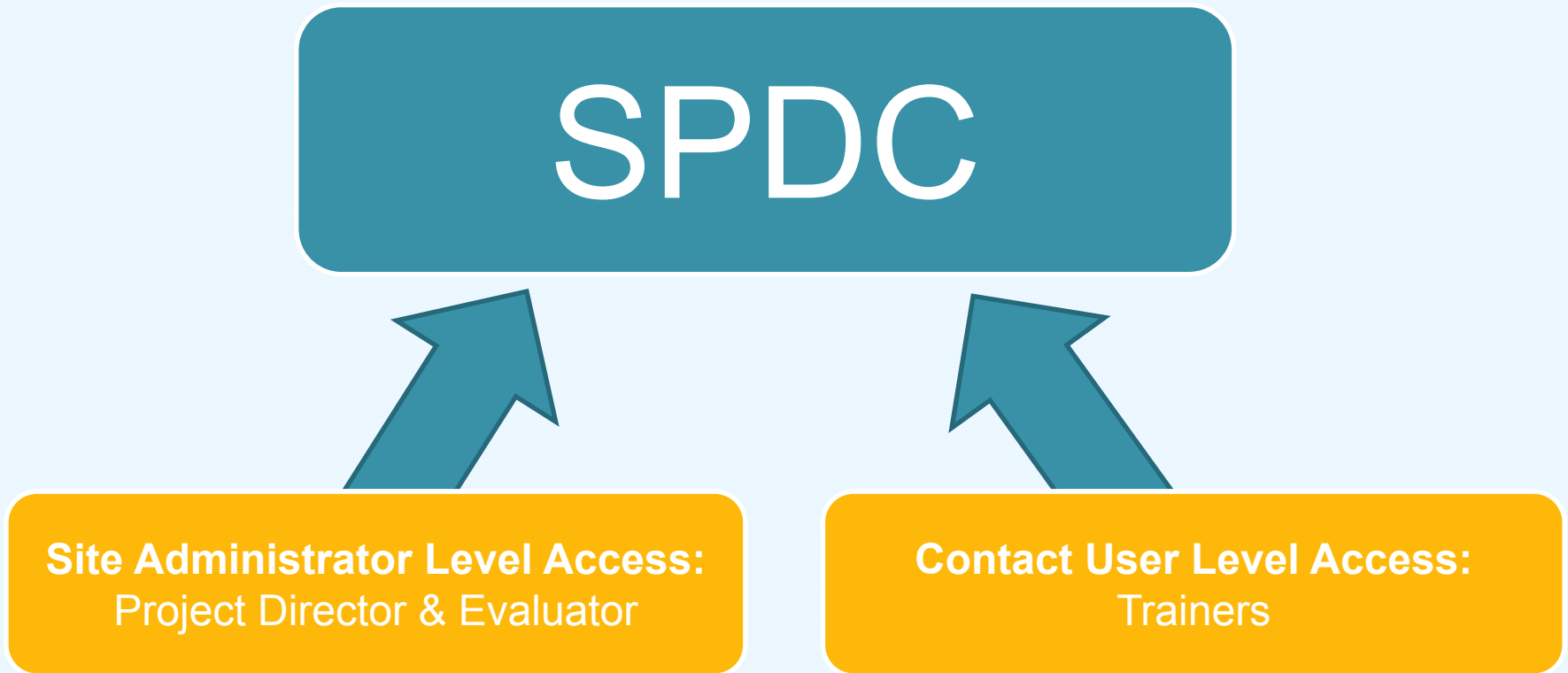
ASSIGNING USER LEVELS

Example: Working with Partners – Admin Entry

SPDC

Project Director: Site Administrator Level Access

Program Director: Site Administrator Level Access

Trainer

Trainer

Trainer
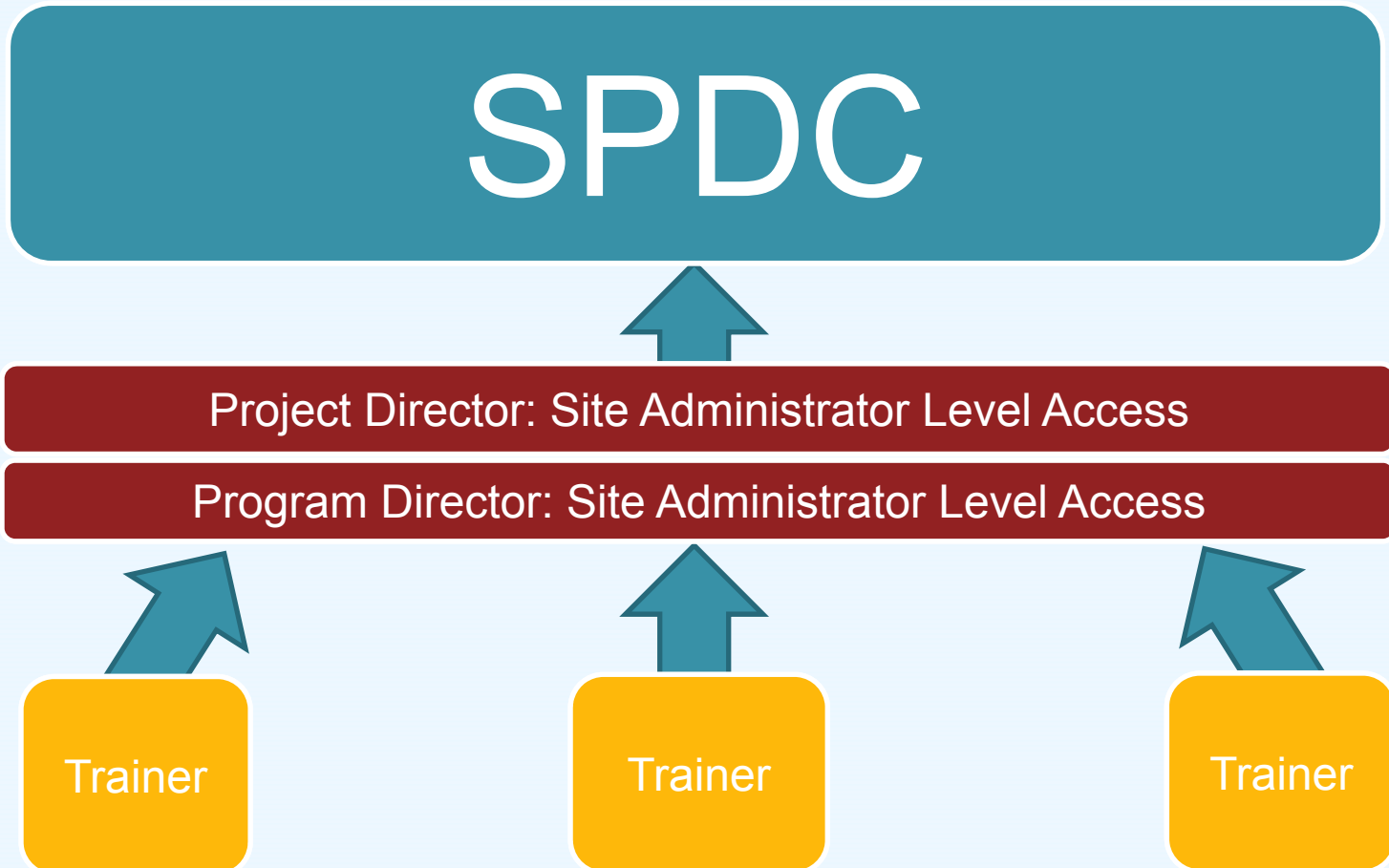
LOG IN SCREEN

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 - State/Tribal Cohort 12   Site ID: 9976

Instrument	Submission Status	Instrument Details	Data Issues
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: -	Total number of TASP submitted: 0 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	Number of data issues to resolve: 0

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.

Oct 12, 2017: We have added a navigation bar to the EIRF survey to allow you to more easily move between sections when entering new data or editing previously saved data.

MOST RECENT REPORTS

PSI Data Sharing Report - State and Tribal Sites

PSI Data Sharing Report - Campus Sites

NAVIGATION
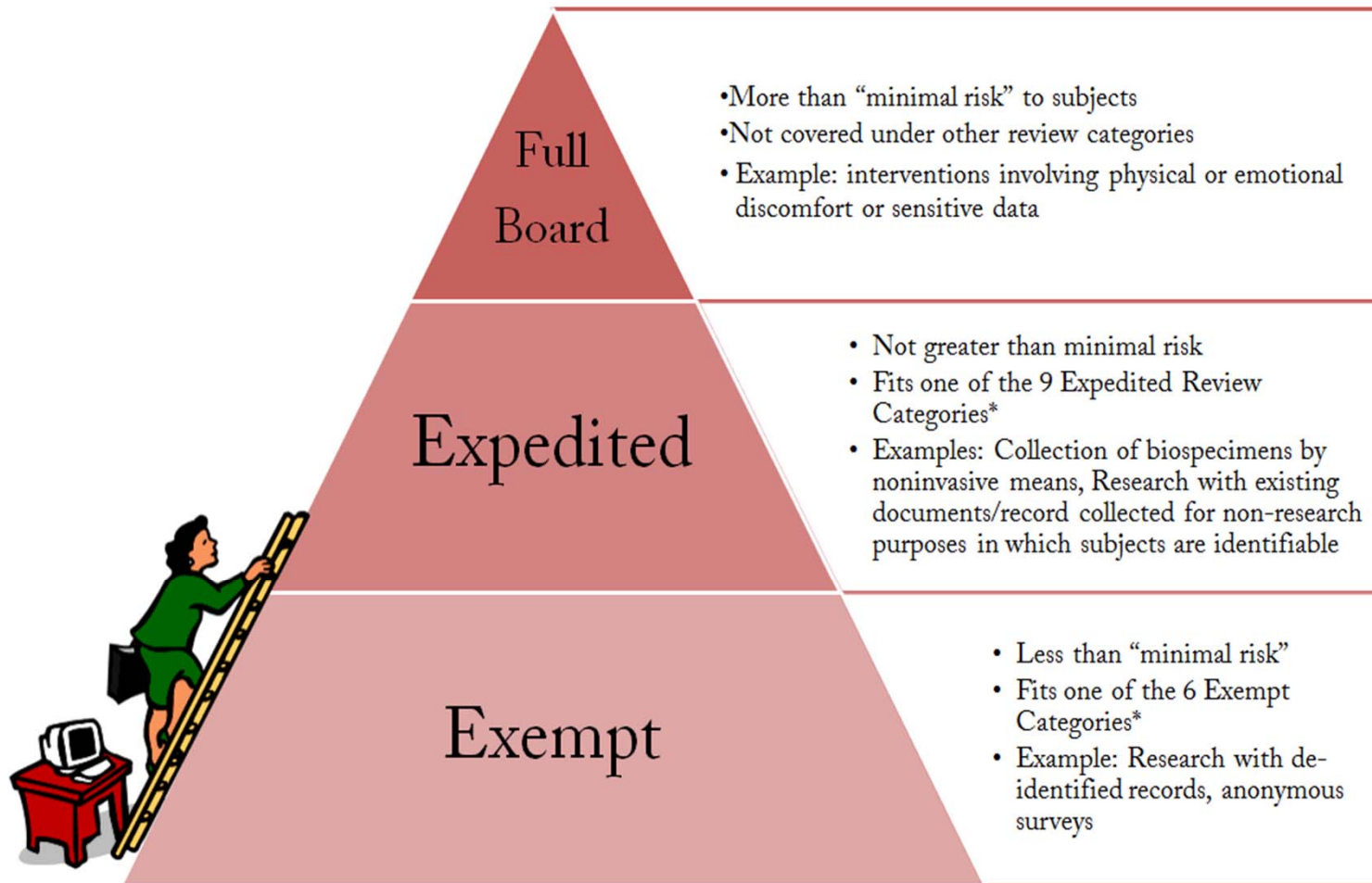
QUESTIONS?

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

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

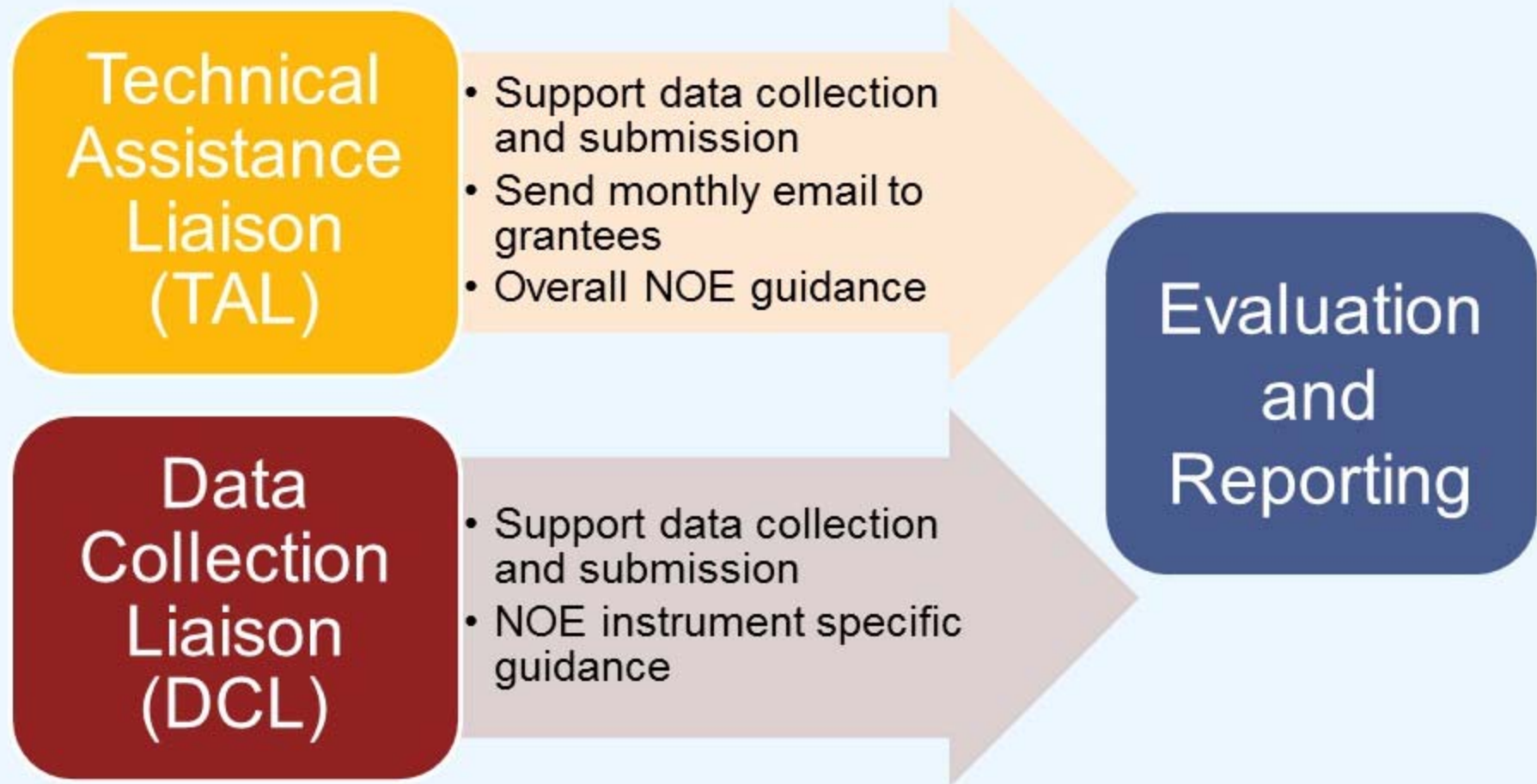*Submit renewals to your TAL*

NEXT STEP

Prepare your IRB package and submit for approval ASAP!

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

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 (TAL) CONTACT

State TAL:

Tasneem Tripathi
Tasneem.Tripathi@icf.com
203-482-6327 (*PST*)

We're here to help!

DATA COLLECTION LIAISON CONTACTS

NOE Instrument	Data Collection Liaisons (DCLs)
Prevention Strategies Inventory (PSI) and Early Identification, Referral, and Follow-up (EIRF)	**Nora Kuiper** Gls-psi@icf.com and Gls-eirf@icf.com 404-592-2139 (*EST*)
Training Activity Summary Page (TASP) and Training Utilization and Preservation Survey (TUP-S)	**Brandee Hicks** Gls-tasp@icf.com and Gls-tups@icf.com 404-592-2198 (*EST*)
Behavioral Health Provider Survey (BHPS)	**Jessie Rouder** Gls-bhps@icf.com 516-887-3201 (*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
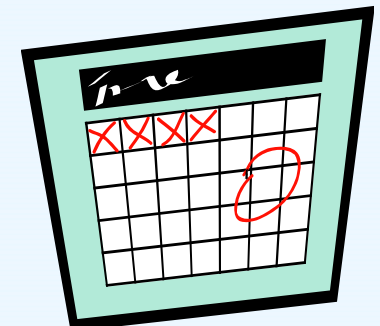
MARK YOUR CALENDAR!

Upcoming
Webinars

GLS National Outcomes Evaluation Data Collection Instruments and Data Submission Processes (Part 1)

December 5, 2017
3:00-4:30pm ET

GLS National Outcomes Evaluation Data Collection Instruments and Data Submission Processes (Part 2)

January 9, 2018
3:00-4:30pm ET

QUESTIONS?