The Garrett Lee Smith (GLS) Suicide Prevention National Outcomes Evaluation is supported through contract no. HHSS283201200007I/HHSS28342002T (reference no. 283-12-0702) awarded to ICF International by the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS).

GARRETT LEE SMITH (GLS) DATA COLLECTION INSTRUMENTS & SUBMISSION PROCESSES FOR CAMPUS GRANTEES

Taylor Moore, PhD
Nora Kuiper, MPH
Brandee Hicks, MPH
Jessie Rouder, MA

December 7, 2017
WEBINAR VIDEO AND HANDOUTS

• Today’s Webinar is being recorded
• The slides were e-mailed to you prior to the webinar and they are also in the Files pod
  • 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)
• Student Behavioral Health Form (SBHF)
GLS SUICIDE PREVENTION NATIONAL OUTCOMES EVALUATION
NOE DESIGN OVERVIEW

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

- 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:
PSI TOPICS TO BE COVERED

• PSI Overview
  o Instrument Details
  o Timeline
  o Data Entry
  o 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 a grantee’s GLS funded program

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is responsible for data collection for the PSI?</td>
<td>Grantee Program Staff</td>
</tr>
<tr>
<td>How is the PSI administered/entered?</td>
<td>Web-based form entered into SPDC</td>
</tr>
<tr>
<td>When will the PSI be administered?</td>
<td>Ongoing throughout the grant period, but the PSI must be reviewed and submitted on a quarterly basis</td>
</tr>
<tr>
<td>When will the PSI begin?</td>
<td>January 2018</td>
</tr>
</tbody>
</table>
Prevention Strategies Inventory - Campus

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 Activities
5. Screening Programs
6. Hotlines, Helplines, Textlines and Chatlines
7. Means Restriction
8. Policies, Protocols, and Infrastructure
9. Coalitions and Partnerships
10. Other Suicide Prevention Strategies
SUICIDE PREVENTION STRATEGIES

INSTRUMENT DETAILS

- Other Prevention Strategies
- Outreach & Awareness
- Gatekeeper Training
- Policies, Protocols & Infrastructure
- Coalitions & Partnerships
- Life Skills & Wellness
- Means Restriction
- Screening Programs
- Assessment, Clinical & Referral Training
- Outreach & Awareness
- Gatekeeper Training
- Policies, Protocols & Infrastructure
- Coalitions & Partnerships
- Life Skills & Wellness
- Means Restriction
- Screening Programs
- Assessment, Clinical & Referral Training
POLL QUESTION 1

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

**STRATEGY FOLLOW-UP QUESTIONS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the name of the strategy?</td>
<td></td>
</tr>
<tr>
<td>Type of product or training.</td>
<td></td>
</tr>
<tr>
<td>Does this strategy target the entire campus community or the general population?</td>
<td></td>
</tr>
<tr>
<td>Does this strategy place emphasis on any of the current priority populations?</td>
<td></td>
</tr>
<tr>
<td>What are your plans for sustaining this strategy?</td>
<td></td>
</tr>
</tbody>
</table>
**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:

<table>
<thead>
<tr>
<th>Budget</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please estimate the percentage of your total budget expended to date on the following prevention strategies.

1. Outreach and Awareness

<table>
<thead>
<tr>
<th>Percentage</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1.2. Outreach and Awareness Activities/Events

<table>
<thead>
<tr>
<th>Percentage</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1.3. Outreach and Awareness Products

<table>
<thead>
<tr>
<th>Percentage</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Gatekeeper Training

<table>
<thead>
<tr>
<th>Percentage</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 2

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!
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 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%
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
PSI NEXT STEPS

• Specify the 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 Eastern
• 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?
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
## TRAINING ACTIVITY SUMMARY PAGE (TASP) OVERVIEW

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the TASP?</td>
<td>Collects summary information about training events sponsored by GLS campus grantees</td>
</tr>
<tr>
<td>Who is responsible for TASP data collection/entry?</td>
<td>Grantee Program Staff</td>
</tr>
<tr>
<td>How is the TASP administered/entered?</td>
<td>Information submitted via the SPDC using web-based form or excel spreadsheet upload</td>
</tr>
<tr>
<td>When is the TASP administered?</td>
<td>Ongoing throughout the grant period</td>
</tr>
<tr>
<td>When will the TASP begin?</td>
<td>As soon as training activities begin</td>
</tr>
</tbody>
</table>
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 Program
  ▪ Quarterly for online trainings activities
  ▪ Submit within 2 weeks of in person trainings
POLL QUESTION 3

What types of trainings are you planning to implement as part of your GLS Program?
## Garrett Lee Smith (GLS) National Outcomes Evaluation
### Campus Suicide Prevention Program

### TRAINING ACTIVITY SUMMARY PAGE (TASP)

<table>
<thead>
<tr>
<th>Training Information</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Training date (MM/DD/YY)</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>2. Training identification (ID; your site ID + 3 digits)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Name of training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Type of training curricula implemented: Select one below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- American Indian Life Skills Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Assessing and Managing Suicide Risk (AMSR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Applied Suicide Intervention Skills Training (ASIST)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Assessment of Suicidal Risk Using the Columbia Suicide Severity Rating Scale (C-SSRS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Counseling on Access to Lethal Means (CALM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Connect Suicide Prevention Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Campus Connect Suicide Prevention Training for Gatekeepers (Faculty and Staff)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Campus Connect Suicide Prevention Training for Gatekeepers (Students)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cognitive Behavioral Therapy (CBT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Chronological Assessment of Suicidal Events (CASE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Commitment to Living</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Dialectical Behavior Therapy (DBT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Jason Foundation Training Modules</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Kognito At-Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Kognito At-Risk in Primary Care</td>
<td></td>
<td></td>
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<tr>
<td>- Kognito At-Risk in the ED</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Continued on next page)

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<table>
<thead>
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</thead>
</table>

| 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. |   |   |
|   |   |
| - Gatekeeper training |   |   |
| - Screener training |   |   |
| - Clinical intervention/Treatment training |   |   |
| - Postvention training |   |   |
| - General awareness training |   |   |

| 5. What is the primary intended outcome for participants in this training? Select one. |   |   |
|   |   |
| - Screen youths for suicide behavior (using a screening tool) |   |   |
| - Have conversations about suicide and suicide prevention with youths and others |   |   |
| - Identify youths who might be at risk for suicide |   |   |
| - Provide direct services to youths at risk for suicide and/or their families |   |   |
| - Train other staff or community members |   |   |
| - Make referrals to mental health services for at-risk youths |   |   |
| - Work with adult at-risk populations |   |   |
| - Enhance life skills and coping mechanisms |   |   |

| 6. Name of facility where training was held |   |   |
|   |   |

| 7. ZIP code of facility where training was held |   |   |
|   |   |

<table>
<thead>
<tr>
<th>8. Duration of the training</th>
<th>Hours</th>
<th>Minutes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>9. Is this a train-the-trainer event?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Is this an online training?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Is this a booster or follow-up training?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes [Go to 12]</td>
<td>No [Complete 11a]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11a. If no, are there any plans to conduct follow-up or booster trainings in the future?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. Was behavioral rehearsal or role-play included as a part of the training?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes [Go to 12a]</td>
<td>No [Complete 11II]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12a. If yes, did the training participants engage in the behavioral rehearsal or role-play during the training event?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>txsdate</th>
<th>txsid</th>
<th>txsname</th>
<th>txsnewtype</th>
<th>txsprimout</th>
<th>txsfac</th>
<th>txsnum_us</th>
<th>txsnum_gs</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm/dd/yyyy</td>
<td>Numeric</td>
<td>Text</td>
<td>Numeric</td>
<td>Numeric</td>
<td>Text</td>
<td>Numeric</td>
<td>Numeric</td>
</tr>
<tr>
<td>mm/dd/yyyy</td>
<td>Numeric</td>
<td>Text</td>
<td>Numeric</td>
<td>Numeric</td>
<td>Text</td>
<td>Numeric</td>
<td>Numeric</td>
</tr>
<tr>
<td>mm/dd/yyyy</td>
<td>Numeric</td>
<td>Text</td>
<td>Numeric</td>
<td>Numeric</td>
<td>Text</td>
<td>Numeric</td>
<td>Numeric</td>
</tr>
</tbody>
</table>
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 grantees can enter TASP into SPDC within 2 weeks
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

- Grantee Summary Reports
- Response Monitoring Table
- Data Collection Liaison & TAL
- Training Tracking Spreadsheet
- Annotated TASP
USING TASP DATA

- Grantees will be able to use data for
  - community presentations
  - local evaluation efforts
  - possible program modifications
  - and more!
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
TASP 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?
STUDENT BEHAVIORAL HEALTH FORM

Jessie Rouder
Data Collection Liaison
Gls-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
STUDENT BEHAVIORAL HEALTH FORM (SBHF) PURPOSE

- Includes 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.
## STUDENT BEHAVIORAL HEALTH FORM (SBHF) OVERVIEW

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is responsible for data collection for the SBHF?</td>
<td>Grantee Program Staff and campus administrators</td>
</tr>
<tr>
<td>How is the SBHF administered/entered?</td>
<td>Web-based form entered into SPDC&lt;br&gt;Reflects data from four years prior to the grant and the three grant years</td>
</tr>
<tr>
<td>When will the SBHF be administered?</td>
<td>Annually in early Summer</td>
</tr>
</tbody>
</table>
STUDENT BEHAVIORAL HEALTH FORM (SBHF) 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 4

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:

FOUR YEARS PRIOR TO THE GRANT
- Fall 2016-Spring 2017
- Fall 2015-Spring 2016
- Fall 2014-Spring 2015
- Fall 2013-Spring 2014

CURRENT ACADEMIC YEAR
- Fall 2017-Spring 2018

ADDITIONAL GRANT YEARS
- Fall 2018-Spring 2019
- Fall 2019- Spring 2020

*To be reported in Summer 2018*
DATA ELEMENTS

- Student use of behavioral health services (including counts of specific services)
- Campus use of standardized screenings (and screening tool)
- Linkages to community providers
- Follow-up support
- Student suicide attempts
- Student deaths by suicide
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 5

HOW DO YOU CURRENTLY TRACK INFORMATION RELATED TO BEHAVIORAL HEALTH SERVICES?
POLL QUESTION 6

ARE YOU CURRENTLY ABLE TO DETERMINE AN UNDUPLICATED COUNT OF STUDENTS RECEIVING BEHAVIORAL HEALTH SERVICES?
KEY CONCEPTS

• Academic Year- typically, fall and spring semesters

• Tracked versus Estimate- are the numbers provided from an accurate database, or are they estimates of the number of students (potentially from multiple on campus sources and it cannot be determined if these counts are duplicated)
KEY CONCEPTS

- 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?
KEY CONCEPTS

- 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?
KEY CONCEPTS

• 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?
KEY CONCEPTS

• 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?
KEY CONCEPTS

- 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.
  - Gender
  - Age
  - Source of information
  - Campus policies for a student who attempted suicide
KEY CONCEPTS

• Suicide deaths
  – Gender
  – Age
  – Source of information
POLL QUESTION 7
DO YOU CURRENTLY TRACK SUICIDE ATTEMPTS AND DEATHS?
STRATEGIES FOR COMPIRING DATA

START NOW!
STRATEGIES FOR COMPILING DATA

- Student of Concern Committee
- Dean of Student’s Office
- Faculty and Staff
- Off-campus police
- Public Safety
- Student Health Services
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
STUDENT BEHAVIORAL HEALTH FORM (SBHF) TIMELINE

Identify a SBHF Administrator to compile and enter data

Determine sources of information for data elements—this may require coordination with multiple on and off-campus sources

An email will be sent to the project staff to identify the SBHF administrator

SBHF Administrator will receive an email with a password for the web-based survey

The Administrator will have several weeks to complete the data entry for the current year and the four years prior to the grant

TAL will confirm SBHF Administrator

Administrator will complete data for academic year

Now

Spring 2018

Approximately June

Spring 2019-Spring 2020
STUDENT BEHAVIORAL HEALTH FORM (SBHF) ADDITIONAL RESOURCES

- Annotated Guide with Key Terms
- “Four Years Prior” planning tool
- SBHF Implementation Manual
STUDENT BEHAVIORAL HEALTH FORM (SBHF) NEXT STEPS

• Determine SBHF administrator
• Determine which data elements are available and what strategies need to be established to collect information moving forward
QUESTIONS?
# DATA COLLECTION LIAISON CONTACTS

<table>
<thead>
<tr>
<th>NOE Instrument</th>
<th>Data Collection Liaisons (DCLs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention Strategies Inventory (PSI)</td>
<td>Nora Kuiper&lt;br&gt;<a href="mailto:gls-psi@icf.com">gls-psi@icf.com</a>&lt;br&gt;404-592-2139 (EST)</td>
</tr>
<tr>
<td>Student Behavioral Health Form (SBHF)</td>
<td>Jessie Rouder&lt;br&gt;<a href="mailto:gls-sbhf@icf.com">gls-sbhf@icf.com</a>&lt;br&gt;516-887-3201 (EST)</td>
</tr>
<tr>
<td>Training Activity Summary Page (TASP)</td>
<td>Brandee Hicks&lt;br&gt;<a href="mailto:gls-tasp@icf.com">gls-tasp@icf.com</a>&lt;br&gt;404-592-2198 (EST)</td>
</tr>
<tr>
<td>Campus Cohort 11 Grantees</td>
<td>Technical Assistance Liaisons (TALs)</td>
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</tbody>
</table>
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WHAT’S NEXT?

• Prepare for IRB
• Review instrument manuals & resources
• Select PSI & SBHF administrators
• Plan for TASP data collection
• Identify resources for SBHF
QUESTIONS?
Thank you