The Garrett Lee Smith (GLS) Suicide Prevention National Outcomes Evaluation is supported through contract no. HHSS28320012000071/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).

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

November 15, 2016

Jessica Wolff, MPH
Connie Maples, MA
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 Resource Center website and the Suicide Prevention Data Center (SPDC)
NEED ASSISTANCE?

• For technical support
  • Contact us via the Questions pane
  • E-mail William.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 over 190 State/Tribal grantees

• ICF houses the largest repository of youth suicide prevention data in the United States
WHY IS THE EVALUATION IMPORTANT?

The National Outcomes Evaluation can contribute to:

- Program improvement
- Local evaluation
- Sustainability
- The overall evidence base for suicide prevention programming
- Impact assessments of GLS program activities

**SAMHSA Evaluation Goal**

“The goal of the GLS Youth Suicide Prevention programs and the NSPL is the reduction of suicide and suicide attempts across America. In order to accomplish this critical, lifesaving work, it is essential that the effectiveness of these programs be evaluated on an ongoing basis, with implementation of suicide prevention programs continually informed by evaluation results”
NOE DESIGN OVERVIEW

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:
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

<table>
<thead>
<tr>
<th>Evaluation Questions</th>
<th>Study</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EQ 1:</strong> Are certain training approaches effective in building capacity to increase youth identification (when compared with more basic trainings)?</td>
<td>Training Study</td>
</tr>
<tr>
<td><strong>EQ 2:</strong> 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?</td>
<td>Continuity of Care Study</td>
</tr>
<tr>
<td><strong>EQ 3:</strong> 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?</td>
<td>Suicide Safer Environment Study</td>
</tr>
</tbody>
</table>
Public Awareness Campaigns and Exposure to Suicide Prevention Activities on GLS Campuses

GARRETT LEE SMITH SUICIDE PREVENTION GRANT: National Outcomes Evaluation

67% OF STUDENTS REPORT EXPOSURE TO SUICIDE PREVENTION EFFORTS ON CAMPUS IN THE PAST 12 MONTHS (N=2912 students, 33 grantees)

WHAT IMPACTS EXPOSURE TO SUICIDE PREVENTION EFFORTS ON CAMPUS?

There is a positive association between the percent of students self-reporting exposure to suicide prevention interventions on their campus and whether the campus implemented a public awareness campaign (PAC).

A PUBLIC AWARENESS CAMPAIGN is an organized, systematic effort through various communications media to make the general public or particular target populations aware of key messages in suicide prevention.

Components of Campus Public Awareness Campaigns Reported in the PSI

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Grantees</th>
<th>PRINT MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Products</td>
<td>53</td>
<td>90</td>
</tr>
<tr>
<td>Websites</td>
<td>27</td>
<td>46</td>
</tr>
<tr>
<td>Activities &amp; Events</td>
<td>25</td>
<td>48</td>
</tr>
<tr>
<td>Print Media</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Booths at Health Fairs</td>
<td>12</td>
<td>23</td>
</tr>
<tr>
<td>TV</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>Radio</td>
<td>7</td>
<td>6</td>
</tr>
</tbody>
</table>

40 Campus grantees reported over 106 public awareness campaign strategies.
SERVICES RECEIVED BY STUDENTS IDENTIFIED AS AT RISK ON CAMPUSES

<table>
<thead>
<tr>
<th>Service</th>
<th>Percent of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral health counseling</td>
<td>90.63%</td>
</tr>
<tr>
<td>Medication management</td>
<td>14.58%</td>
</tr>
<tr>
<td>Crisis/emergency service</td>
<td>18.90%</td>
</tr>
<tr>
<td>Initiation of an on-campus emergency protocol</td>
<td>9.56%</td>
</tr>
</tbody>
</table>

Source: Student Behavioral Health Form; Summer 2016; Campus Cohorts 7-9
As of June 2016, Campus, State, and Tribal grantees have trained 1,095,844 people and implemented 32,151 training activities as part of their GLS Suicide Prevention Programs.

OVERVIEW OF SUICIDE PREVENTION TRAININGS

307 Trainings
8,316 People Trained

Average Number of People per Training

<table>
<thead>
<tr>
<th>Cohort</th>
<th>All Cohorts</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>31</td>
</tr>
</tbody>
</table>

76% Have informal conversations about suicide
57% Identify students at-risk for suicide
50% Link students at risk with services
29% Train others

In the three months following the GLS training, respondents used their GLS training to...

Source: TUP-S, 1,334 respondents from cohorts 4-9

Top Three Training Curricula by Campus Size

<table>
<thead>
<tr>
<th></th>
<th>Small Campuses (n=8)</th>
<th>Medium Campuses (n=14)</th>
<th>Large Campuses (n=35)</th>
</tr>
</thead>
<tbody>
<tr>
<td>QPR</td>
<td>55.1</td>
<td>55.8</td>
<td>39.7</td>
</tr>
<tr>
<td>Connect</td>
<td>10.5</td>
<td>2.4</td>
<td>4.7</td>
</tr>
<tr>
<td>ASIST</td>
<td></td>
<td>5.1</td>
<td>2.9</td>
</tr>
<tr>
<td>Campus Connect</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kognito</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7.8% Of campus trainings are online
online trainings participants do not participate in the TUP-S

Source: TASP
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

427 Deaths Avoided Between 2007–2010

Suicide Attempts per 1,000 Youth Aged 16–23

Suicide Deaths per 100,000 Youth Aged 10–24

GLS Counties Other Counties


QUESTIONS?
DATA COLLECTION FOR THE NATIONAL OUTCOMES EVALUATION
PREVENTION STRATEGIES INVENTORY
PREVENTION STRATEGIES INVENTORY (PSI)

Purpose

• 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

- OTHER PREVENTION STRATEGIES
- GATEKEEPER TRAINING
- ASSESSMENT, CLINICAL & REFERRAL TRAINING
- LIFE SKILLS & WELLNESS
- SCREENING PROGRAMS
- HOTLINES, HELPLINES, TEXTLINES & CHATLINES
- MEANS RESTRICTION
- COALITIONS & PARTNERSHIPS
- POLICIES, PROTOCOLS & INFRASTRUCTURE
- OUTREACH & AWARENESS
PREVENTION STRATEGIES INVENTORY (PSI)

• Strategies Budget Expenditure
  - Direct costs that you can map to each category
  - Aim to account for 75%-80% of your expenditures
### PREVENTION STRATEGIES INVENTORY (PSI)

<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 during quarterly administration periods</td>
</tr>
<tr>
<td>When will the PSI begin?</td>
<td>January 2017</td>
</tr>
</tbody>
</table>
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)

<table>
<thead>
<tr>
<th><strong>Who is responsible for TASP data collection/entry?</strong></th>
<th>Grantee Program Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How is the TASP administered/entered?</strong></td>
<td>Information submitted via the SPDC using web-based form or excel spreadsheet upload</td>
</tr>
<tr>
<td><strong>When is the TASP administered?</strong></td>
<td>Within 2 weeks of training activity, ongoing throughout the grant period</td>
</tr>
<tr>
<td><strong>When will the TASP begin?</strong></td>
<td>As soon as training activities begin</td>
</tr>
</tbody>
</table>
STUDENT BEHAVIORAL HEALTH FORM
STUDENT BEHAVIORAL HEALTH FORM (SBHF)

...Will be completed a total of three times by all campus grantees over the course of their grant period

...Will be completed during late spring/early summer (Date TBD)

...Will include questions regarding the most recent academic year and the four prior academic years.
STUDENT BEHAVIORAL HEALTH FORM (SBHF)

The SBHF gathers information about:

• Behavioral health services on campus
• Screenings and assessments of suicide risk
• Services for students at risk of suicide
• Suicide attempts and completions

The instrument includes a mix of quantitative questions (e.g., how many suicide attempts occurred on campus?) and policy related questions (e.g., after a suicide attempt, what happens?).
## STUDENT BEHAVIORAL HEALTH FORM (SBHF)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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</thead>
<tbody>
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</tr>
<tr>
<td>How is the SBHF administered/entered?</td>
<td>Web-based form entered into SPDC</td>
</tr>
<tr>
<td>When will the SBHF be administered?</td>
<td>Annually, during the late spring/early summer</td>
</tr>
</tbody>
</table>
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/records collected for non-research purposes in which subjects are identifiable

- **Exempt**
  - Less than "minimal risk"
  - Fits one of the 6 Exempt Categories*
  - Examples: 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 approval
  – Determines monitoring is not required by the grantee IRB (i.e., determines data collection is exempt from IRB approval)
IRB PROCESSES

**IRB Preparation**
Determine what approval(s) are needed to participate in the NOE:
- Campus IRB

**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 Connie.Maples@icf.com

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

Submit renewals to Connie.Maples@icf.com
NEXT STEP

Prepare your IRB package and submit for approval ASAP!

Grantees are expected to have notification of approval or exemption by mid-January, 2017.
QUESTIONS?
SUICIDE PREVENTION DATA CENTER (SPDC)

Connie Maples & Nora Kuiper
SPDC Help Desk
Spdc-help@icf.com
956-722-0474
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.)

- Project Director
- National Evaluation Team
- SAMHSA GPOs
- Sub grantee Staff
- Evaluator
- SPRC PSs
- Program Staff
- Trainers
- GLS Program Partners
SECURITY AND USER LEVELS

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

User Security Levels

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

No identifying information collected

- No information reported with <10 cases
ASSIGNING USER LEVELS

• ICF will create one site administrator account for each grantee

• Site administrators register new users

• Site administrators can also…
  • Assign user security level (e.g., site user or contact user)
  • Provide username and password
  • Edit or delete users
ASSIGNING USER LEVELS

Working with Partners – Direct Entry

SPDC

- Project Director: Admin
- Evaluator: Admin
- Trainer: Contact
- Trainer: Contact
- Trainer: Contact
ASSIGNING USER LEVELS

Working with Partners – Admin Entry

SPDC

- Project Director: Admin
- Program Director: Admin

Trainer
Trainer
Trainer
LOG IN SCREEN

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.
# HOME SCREEN

## ICF Demo Grantee - Campus Cohort 9  Site ID: 9979

<table>
<thead>
<tr>
<th>Training Activities (TASP)</th>
<th>Date of Last TASP submission: 09/22/2016</th>
<th>Total Number submitted: 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention Strategies Inventory (PSI)</td>
<td>Current PSI Status: Submitted 5/2/2016 by ICF Staff</td>
<td>Number of Data Issues to Resolve: 0</td>
</tr>
<tr>
<td>Student Behavioral Health Form (SBHF)</td>
<td>Current SBHF Status: Submitted 10/13/2016</td>
<td>Total Number of strategies: 4</td>
</tr>
</tbody>
</table>

## ANNOUNCEMENTS

- **Oct 10, 2016:** The PSI will be open October 10 through October 28th.
- Check out our updated "Help" button at the bottom of the screen for quick access to important email addresses.

## MOST RECENT REPORTS

- **Cohort 9 Aggregate C GSR 3Q - 2016**
- **PSI Data Sharing Report - State and Tribal Sites**
NAVIGATION

GARRETT LEE SMITH
MEMORIAL SUICIDE
PREVENTION EVALUATION

ICF Demo | Bus Cohort 9 | Site ID: 9979

Training Activities (TASP)

Prevention Strategies Inventory (PSI)

Student Behavioral Health Form (SBHF)

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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

Campus TAL:

Connie Maples
956-722-0474 (Central Time Zone)
Connie.Maples@icf.com
# DATA COLLECTION LIAISON CONTACTS

<table>
<thead>
<tr>
<th>NOE Instrument</th>
<th>Data Collection Liaisons (DCLs)</th>
</tr>
</thead>
</table>
| Prevention Strategies Inventory (PSI)               | **Nora Kuiper**  
gls-psi@icf.com  
646-695-8128 (Eastern Time Zone) |
| Student Behavioral Health Form (SBHF)               | **Jessie Rouder**  
Jessie.Rouder@icf.com or gls-sbhf@icf.com  
516-887-3201 (Eastern Time Zone) |
| Training Activity Summary Page (TASP)                | **Brandee Hicks**  
gls-tasp@icf.com  
404-592-2198 (Eastern Time Zone) |
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!

National Outcomes Evaluation
Data Collection Instruments and
Data Submission Processes

December 8, 2016
3:00-4:30pm ET
QUESTIONS?
thank you