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

November 17, 2015

Tiffiny Fambro, MPH
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Gina Sgro, MPH
Hope Sommerfeldt, 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 William.Moore@icfi.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”
GLS SUICIDE PREVENTION
PRIOR EVALUATION
FINDINGS
PRIOR EVALUATION FINDINGS

What types of prevention strategies are grantees reporting?

- 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
PERCENTAGES OF STATE, TRIBAL AND CAMPUS GRANTEES WHO HAVE IDENTIFIED OUTREACH AND AWARENESS STRATEGIES FOCUSING ON EACH PRIORITY POPULATION

- Veterans, Active Military, and Military Families: 69%
- Lesbian, Gay, Bisexual, and Transgender: 69%
- American Indian and Alaskan Natives: 51%
- Hispanic and Latino: 41%
- Transition-Aged Youth: 32%

Source: Prevention Strategies Inventory, October 2008–July 2015; State/Tribal Cohorts 4–9 and Campus Cohorts 3–8 (n = 161).
As of August 2015 Campus, State, and Tribal grantees have trained 879,566 people and implemented 29,457 training activities as part of their GLS Suicide Prevention Programs.

ACCESS TO SERVICES FOR YOUTH IDENTIFIED AND REFERRED TO MENTAL HEALTH SERVICES

“The programmatic approach of Zero Suicide is based on the realization that suicidal individuals often fall through multiple cracks in a fragmented and sometimes distracted health care system, and on the premise that a systematic approach to quality improvement is necessary” [1]

Number of youth identified at risk for suicide

![Bar chart showing the number of youth identified at risk for suicide.]

Referred for mental health services of those identified

![Bar chart showing the referred for mental health services of those identified.]

Received first mental health service of those referred to mental health services

![Bar chart showing the received first mental health service of those referred to mental health services.]

Received second mental health service of those who received a first mental health service

![Bar chart showing the received second mental health service of those who received a first mental health service.]

- Early Identification, Referral, and Follow-up Individual Forms (EIRF) have been collected for 751 total youth in Cohort 8
- For all identifications made by Cohort 8 grantees, 91% are referred for MH services; of those referred, 95% receive a first mental health service within three months of the date of identification

Top Three Reasons a Youth was Not Referred to Mental Health Services (N=45)

- 76% youth was already receiving services or support
- 16% Youth determined not to be at risk during referral process
- 9% Other

Top Three Reasons a Youth Did Not Receive a Mental Health Service (N=26)

- 35% Youth did not have transport to the appointment
- 23% Made an appointment for youth but youth did not attend
- 23% Other

After identification, some youth may be referred to only non-mental health providers. Access to non-mental health services are not tracked by the EIRF.
The Impact of GLS Programs on Suicide Mortality

Is there a difference in suicide mortality rates among population aged 10-24 as a result of the implementation of GLS trainings?

Estimated youth 10-24 years suicide mortality rates (per 100,000) the year following training implementation:

- Control counties: 9.0
- Implementing counties: 7.6

Assessment of suicide rates in counties:

- 466 implementing GLS trainings between 2006 - 2009
- 1,161 not implementing GLS trainings that shared key characteristics

Implementing counties reflect the efforts of:

- 46 State grantees
- 12 Tribal grantees

The implementing counties include more than 4,000 training events in which above 100,000 trainees participated. On average, 140 datekeepers were trained per county per year.
GLS SUICIDE PREVENTION NATIONAL OUTCOMES EVALUATION DESIGN
NOE DESIGN OVERVIEW

REDESIGN: STUDIES WITH CORE AND ENHANCED COMPONENTS

GLS National Outcomes Evaluation

- Continuity of Care Study
- Suicide Safer Environment Study
- Training Study

Cross-core, technical assistance, evaluation needs assessment

IMPACT, OUTCOME, & IMPLEMENTATION ANALYSIS

- Study core analysis
- Enhanced study analysis
- Program-level analysis

- Expert panel
- Subcontractors
# 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>
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 in-kind) expended to date, and the percent of funds expended to date by strategy
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

Budget

How much of your GLS budget (including any matching funds) have you spent to date? Specify dollar amount:

$ [Blank]

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
   2.2. School-Based Peer Gatekeeper Training
   2.3. Community Adult Gatekeeper Training
<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>Once per quarter, throughout the grant period</td>
</tr>
<tr>
<td>When will the PSI begin?</td>
<td>January 2015</td>
</tr>
</tbody>
</table>
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
<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>
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)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
</table>
| Who is responsible for collecting the TUP-S consent to contact forms? | • 3-month: Grantee Program Staff and training facilitators – distribute forms to trainees and gather and submit them to ICF within 2 weeks of a training  
  • 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 trained gatekeepers or screenings

• Individual-level de-identified information about:
  — Source and setting of identification
  — Mental health and non-mental health referrals
  — Mental health services
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

<table>
<thead>
<tr>
<th>Who is responsible for the EIRF data collection/entry?</th>
<th>• Grantee program and/or agency staff, providers, evaluator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who are the EIRF respondents?</td>
<td>• Data abstraction</td>
</tr>
<tr>
<td></td>
<td>• No primary data collection</td>
</tr>
<tr>
<td>How is the EIRF administered?</td>
<td>• Information submitted via the SPDC using web-based form or excel spreadsheet upload.</td>
</tr>
<tr>
<td></td>
<td>• Data collection plan developed on site-by-site basis—tracking forms or existing data sources will most likely be used</td>
</tr>
<tr>
<td>When will EIRF be administered?</td>
<td>• Can be entered once per quarter or on an ongoing basis</td>
</tr>
<tr>
<td></td>
<td>• Ongoing throughout the grant period</td>
</tr>
<tr>
<td>When will the EIRF begin?</td>
<td>• Once tracking mechanisms are in place</td>
</tr>
</tbody>
</table>
Youth Exploratory Services Interview
YOUTH EXPLORATORY SERVICES INTERVIEW (YESI)

- Newly developed activity to learn about the service experience of youth who are identified at risk and receive a referral to mental health provider
  - Demographics
  - Setting and source of early identification
  - Status of treatment
  - Identification experience
  - Service experience
- State- Youth that were identified through a screening activity and referred to mental health provider
- Tribal- Youth that were identified through screening activity and referred to a traditional healer
Participant engages with Grantee

**Under 18:**
Participant obtains parental consent for screening/survey

**18+:**
Participant consents for screening/survey

Consented participant is screened for suicide risk

Participant receives positive screen

Participant receives follow up assessment for suicide risk

Participant identified as at risk for suicide

Participant is referred for care to study partner provider

ICF received frame of consented, screened, referred participants from grantee

ICF contacts participants to participate in YESI
### Youth Exploratory Services Interview (YESI)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is responsible for data collection for the YESI?</td>
<td>Grantee program staff will obtain consent from parents and youth who have been referred for services and send to ICF. ICF will follow-up with youth within 3 months of referral to conduct interview</td>
</tr>
<tr>
<td>Who are the YESI respondents?</td>
<td>Youth identified at risk that were referred for services including those who followed up on referral and those who did not</td>
</tr>
<tr>
<td>How is the YESI administered/entered?</td>
<td>Phone interview completed by NOE team</td>
</tr>
<tr>
<td>When will the YESI be administered?</td>
<td>Beginning Fall 2016</td>
</tr>
<tr>
<td>Will participants receive an incentive?</td>
<td>Yes, a $20 money order</td>
</tr>
</tbody>
</table>
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)

• Currently under OMB review
• Additional information about the BHPS will be sent to all grantees following the webinar
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)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is responsible for data collection for the BHPS?</td>
<td>ICF is responsible for data collection</td>
</tr>
<tr>
<td>What are the grantee responsibilities related to the BHPS?</td>
<td>Grantee staff will provide the contact information for the primary partner organization</td>
</tr>
<tr>
<td>How is the BHPS administered/entered?</td>
<td>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</td>
</tr>
<tr>
<td>When will the BHPS be administered?</td>
<td>Annually, during the late spring/early summer</td>
</tr>
<tr>
<td>When will the BHPS begin?</td>
<td>Pending OMB approval</td>
</tr>
</tbody>
</table>
MEDICAID/CLAIMS DATA

Review data related to:

• Service utilization
• Diagnosis
• Deaths by suicide
• Cost of services received
QUESTIONS?
INSTITUTIONAL REVIEW BOARD (IRB) PROCESSES
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:
  - Local IRB
  - Tribal Council
  - Other entity
- *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 ICF
  - *Forward to GLS-IRB@icfi.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 ICF*

IRB Questions? Contact Gina Sgro at GLS-IRB@icfi.com
**NEXT STEPS**

- Revised and new instruments are under review at OMB
- Submit current instrument versions for approval **NOW**
- Submit an amendment for revised and new instruments **AFTER** OMB clearance is obtained

<table>
<thead>
<tr>
<th>Now</th>
<th>After OMB Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSI</td>
<td>Updated PSI</td>
</tr>
<tr>
<td>TASP</td>
<td>Updated TASP</td>
</tr>
<tr>
<td>EIRF-I</td>
<td>Updated EIRF-I</td>
</tr>
<tr>
<td>EIRF-S</td>
<td>Updated EIRF-S</td>
</tr>
<tr>
<td>TUP-S</td>
<td>Updated TUP-S</td>
</tr>
<tr>
<td>BHPS</td>
<td>YESI</td>
</tr>
</tbody>
</table>
QUESTIONS?
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.)

- Project Director
- National Evaluation Team
- SAMHSA GPOs
- Sub grantee Staff
- Evaluator
- SPRC PSs
- Program Staff
- GLS Program Partners
- Trainers
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 admins register new users

• Site administrators can also…
  • Designate users
  • 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
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 cautiously and with respect." – Adapted from Caroline Cruz, EagleCruz Consulting Â© by Janine 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.
SPDC Problems OR Questions
Hope.Sommerfeldt@icfi.com
OR
Spdc-help@icfi.com
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 CONTACTS

<table>
<thead>
<tr>
<th>State TAL</th>
<th>Tribal TALs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tiffiny Fambro</td>
<td>Gretchen Clarke</td>
</tr>
<tr>
<td>404-592-2242 (Eastern Time Zone)</td>
<td>907-747-7124 (Alaska Time Zone)</td>
</tr>
<tr>
<td><a href="mailto:Tiffiny.Fambro@icfi.com">Tiffiny.Fambro@icfi.com</a></td>
<td><a href="mailto:Gretchen.Clarke@icfi.com">Gretchen.Clarke@icfi.com</a></td>
</tr>
<tr>
<td>Candace Fleming</td>
<td></td>
</tr>
<tr>
<td>303-724-1471 (Mtn Time Zone)</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:Candace.Fleming@ucdenver.edu">Candace.Fleming@ucdenver.edu</a></td>
<td></td>
</tr>
</tbody>
</table>
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>Erin Maher</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:gls-psi@icfi.com">gls-psi@icfi.com</a></td>
</tr>
<tr>
<td></td>
<td>617-250-4289 (Eastern Time Zone)</td>
</tr>
<tr>
<td>Early Identification, Referral, and Follow-up (EIRF)</td>
<td>Jane Carmona</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Gls-eirf@icfi.com">Gls-eirf@icfi.com</a></td>
</tr>
<tr>
<td></td>
<td>646-695-8146 (Eastern Time Zone)</td>
</tr>
<tr>
<td>Training Activity Summary Page (TASP) and Training Utilization and Preservation Survey (TUP-s)</td>
<td>Bhuvana Sukumar</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Gls-tasp@icfi.com">Gls-tasp@icfi.com</a></td>
</tr>
<tr>
<td></td>
<td>and <a href="mailto:Gls-tups@icfi.com">Gls-tups@icfi.com</a></td>
</tr>
<tr>
<td></td>
<td>404-592-2122 (Eastern Time Zone)</td>
</tr>
</tbody>
</table>
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 9, 2015
3:00-4:30pm ET

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

January 19, 2016
3:00-4:30pm ET
QUESTIONS?