GARRETT LEE SMITH (GLS) NEW DATA COLLECTION PROTOCOLS FOR THE NATIONAL OUTCOMES EVALUATION STATE/TRIBAL GRANTEEES

April 26, 2016
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 Q & A or chat pod
  • E-mail Betty.Treschitta@icfi.com
ON TODAY’S AGENDA

• Purpose of New GLS National Outcomes Evaluation Data Collection Protocols
• Review New and Updated Protocols and Implications for Grantees
  • Prevention Strategies Inventory (PSI)
  • Training Activity Summary Page (TASP)
  • Training Utilization Preservation Survey (TUP-S)
  • Early Identification Referral and Follow Up (EIRF)
  • Behavioral Health Provider Survey (BHPS)
• Discuss Impact on IRB and Resources for Grantees
• Review Implementation Timeline
WHY ARE NEW PROTOCOLS BEING INTRODUCED AT THIS TIME

• The National Outcomes Evaluation data collection instruments are reviewed by the Office of Management and Budget (OMB) every 3 years
  • The renewal process is an opportunity to reflect on what is working well, and make improvements to the evaluation
  • The changes do not mean everything that is familiar will be thrown out
  • Fundamental design of the evaluation will remain unchanged
HOW WERE THE NEW PROTOCOLS DEVELOPED

The protocol changes were informed by:

- Feedback from grantees, SAMHSA Government Project Officers, evaluation advisory panel, other project stakeholders
- Lessons learned from the evaluation

The new protocols are intended to:

- Enhance the utility of what is learned for a broad base of stakeholders
- Advance/expand the suicide prevention knowledge base
- Increase efficiency
- Improve the rigor of the evaluation overall
GLS SUICIDE PREVENTION NATIONAL OUTCOMES EVALUATION
CORE AND ENHANCED STUDIES IMPACT, OUTCOME, & IMPLEMENTATION ANALYSIS

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

Cross-core, technical assistance, evaluation needs assessment

- Expert Panel
- Subcontractors
PREVENTION STRATEGIES INVENTORY (PSI)
WHAT IS CHANGING ON THE PREVENTION STRATEGIES INVENTORY (PSI)

• A new question has been added after each strategy question, dealing with the topic of sustainability. The intent of the question is to find out the grantees’ plan for sustaining the activity, event, product, etc. that was indicated in the previous strategy.

• *Hotlines and Helplines* category has been changed to *Hotlines, Helplines, Textlines and Chatlines*. This includes a new substrategy, *Textlines and Chatlines*. Several follow-up questions have been added to the new substrategy.
WHAT IS CHANGING ON THE PSI (CONT.)

HOTLINES, HELPLINES, TEXTLINES, AND CHATLINES [NEW NAME]

Hotlines and Helplines
Developing, maintaining or supporting hotline or helpline services for the community.

For example, a grantee may use GLS funds to develop and maintain a hotline service for LGBT youth or a grantee can use funds to develop a local call center for the National Suicide Prevention Lifeline.

*Please note: training for hotline staff should be indicated under “Assessment and Referral Training for Hotline Staff.” Also, materials promoting the National Suicide Prevention Lifeline should be reported under “Outreach and Awareness Products.”

Textlines and Chatlines [NEW SUB-STRATEGY]
Developing, maintaining, or supporting text or web-based chat support services for the community.

*Please note: training for text and chat staff should be indicated under “Assessment and Referral Training for Hotline Staff” and materials promoting the textline, chatline, or National Suicide Prevention Lifeline should be reported under “Outreach and Awareness Products.”

MEANS RESTRICTION

Means Restriction are efforts that aim to educate about the issue of lethal means restriction. Examples of efforts that would be reported under this category include: a campaign dedicated to reducing access to lethal means, and outreach and awareness events, activities and materials focused on issues related to access to lethal means.

Means Restriction Public Awareness Campaigns
A Means Public Awareness Campaign is an organized systematic effort through various communications media focused on creating awareness about access to lethal means among the general public or particular target populations. For example: the “Lock ‘Em Up” Prescription Drug Campaign.

Distribution of Gun Locks and Lock Boxes
WHAT IS CHANGING ON THE PSI (CONT.)

- Under the *Means Restriction* category, two substrategies have been added, *Means Restriction Training* and *Lethal Means Counseling*.

- Several follow-up questions have been added to these substrategies.
WHAT IS CHANGING ON THE PSI (CONT.)
• *Policies and Protocols for Intervention and Postvention* category has been changed to *Policies, Protocols, and Infrastructure*. This includes a new substrategy, *Electronic Health Record Implementation* with several follow-up questions.

• New response options have been added to several of the questions dealing with products and/or campaign strategies: *Social Media (Facebook, Twitter, Instagram, etc.)* and *Mobile applications*. 
WHAT IS CHANGING ON THE PSI (CONT.)

• Under the Direct Services and Traditional Healing Practices Category, the substrategy Follow Up Services has been added.

• A new main strategy type, Care Transitions, was added to the PSI with two substrategies: Follow Up After Emergency Department Discharge and Follow Up After Inpatient Hospitalization.
WHAT IS CHANGING ON THE PSI (CONT.)

• *Campus Connect and Suicide 101* was removed as a response options under School-Based Adult Gatekeeper Training and under School-Based Peer Gatekeeper Training.

• *Connect/Frameworks and Suicide 101* was removed as a response option under Community-Based Adult Gatekeeper Training.
WHAT IS CHANGING ON THE PSI (CONT.)

• *QPR and Suicide 101* was removed as a response option under Community-Based Peer Gatekeeper Training.
WHAT IS CHANGING ON THE PSI (CONT.)

- New follow-up questions were added under several strategy categories:

  ✓ How do you monitor or track youth after referral to ensure follow-up services (mental health or other support services) are received? (Select all that apply)

  ✓ What procedures or processes are in place to ensure that youth, identified as at-risk through this screening tool receive follow-up services within three months of referral? (Select all that apply)

  ✓ What practices or protocols are in place to follow-up with youth who do not receive a mental health service (or other support service) within three months of referral? (Select all that apply)

  ✓ What are your plans for sustaining this product after the end of your GLS cooperative agreement?
WHAT IS CHANGING ON THE PSI (CONT.)

• Extra response options were added under Assessment, Clinical, and Referral Training For Mental Health Professionals and Hotline Staff, Mental Health Professionals:
  ✓ Cognitive Behavioral Therapy (CBT)
  ✓ Chronological Assessment of Suicide Events (CASE)
  ✓ Dialectical Behavior Therapy (DBT)
  ✓ Mental Health First Aid
  ✓ QPR for Nurses
  ✓ QPR for Physicians, Physician Assistants, Nurse Practitioners, and Others
WHAT IS CHANGING ON THE PSI (CONT.)

- Youth Depression and Suicide: Let’s Talk and Suicide 101 was removed as a response option; Signs of Suicide was added under Assessment, Clinical, and Referral Training For Mental Health Professionals and Hotline Staff, Hotline Staff
OLD RESPONSE OPTIONS WERE REMOVED AND NEW RESPONSE OPTIONS WERE ADDED UNDER LIFE SKILLS AND WELLNESS DEVELOPMENT, SCREENING PROGRAMS:

- Patient Health Questionnaire (PHQ-9)
- Columbia Suicide Severity Rating Scale (CSSR-S)
- Behavioral Health Screen (BHS)
- Ask Suicide Screening Questions (asQ)
- Beck Depression Inventory (BDI)
- Suicide Behaviors Questionnaire (SBQ-R)
- Other, please specify:

2a. [IF OTHER] Is this a locally developed training? (yes, no)
WHAT IS CHANGING ON THE PSI (CONT.)

- Postvention training was added as an option under the Other Suicide Prevention Strategies category for type of suicide prevention strategy.
WHAT DO WE NEED TO DO NEXT

Grantee Impact

• Local systems developed to track prevention strategies from sub grantees or contractors will be need to be updated with new strategies, substrategies and response options
• Data entry in SPDC will be the same
• Data still collected quarterly
QUESTIONS?
TRAINING ACTIVITY SUMMARY PAGE (TASP) TRAINING UTILIZATION PRESERVATION SURVEY (TUP-S)
WHAT IS CHANGING ON THE TASP

- Items have been reordered
- More training curricula types listed
- Two new questions
  - Does training include role-play or behavioral rehearsal
  - What resources or materials were provided to trainees
## Garrett Lee Smith Memorial (GLS) National Outcomes Evaluation
### Training Activity Summary Page (TASP)—State/Tribal

#### Training Information

1. Training date (MM/DD/YY) 
2. Training identification (ID); six digits, starting with your site ID 
3. Name of training 
4. Type of training Curricula Implemented (select one below):
   - Question, Persuade, and Refer (QPR) 
   - QPR for Nurses 
   - QPR for Physicians, Physician Assistants, Nurse Practitioners, and Others 
   - GRIT (gender risk assessment and training course) 
   - Response (a comprehensive high school-based suicide awareness program) 
   - Recognizing and Responding to Suicide Risk (R3R) 
   - safeTALK 
   - Safety Planning Intervention for Suicide Prevention 
   - Seeking Safety 
   - Signs of Suicide (SOS) 
   - Sources of Strength 
   - Suicide Prevention 101 
   - Suicide to Hope: A Recovery and Growth Workshop 
   - Suicide Care 
   - Suicide-Informed Cognitive Behavioral Therapy (CBT) 
   - Tarver CARR 
   - Unlocking Suicidal Barriers: New Thoughts on Old Problems in Suicide Prevention 
   - Yellow Ribbon 
   - Youth Depression & Suicide: Let’s Talk 
   - Other [complete 4a and 4b]

#### Government Performance and Results Act (GPRA) Information

15a and b. If mobile or online tools or applications for suicide prevention were provided, please provide the name and description of the tool(s).

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
</tr>
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</table>

15a. If yes, did the training participants engage in the behavioral rehearsal or role-play during the training event?

- Yes [go to 12] 
- No [Complete 13]
WHAT IS CHANGING ON THE TUP-S

- TUP-S sign in sheet discontinued
- Consent-to-Contact form has additional questions
  - Primary setting in which trainee interacts with youth
  - Experiences identifying and referring youth in last 12 months
- TUP-S has additional questions
  - Receipt and utilization of materials and tools
  - Previous suicide prevention trainings
  - Experience with youth and nature of relationship
### Training ID: [Redacted]

1. **Name:**
   - [ ] Yes
   - [ ] No

2. **Cell phone:**
   - a. Best contact?
   - b. Best time to call?
   - [ ] Yes
   - [ ] No
   - [ ] AM
   - [ ] PM

3. **Work phone:**
   - a. Best contact?
   - b. Best time to call?
   - [ ] Yes
   - [ ] No
   - [ ] AM
   - [ ] PM

4. **Home phone:**
   - a. Best contact?
   - b. Best time to call?
   - [ ] Yes
   - [ ] No
   - [ ] AM
   - [ ] PM

5. **Work e-mail:**

6. **Personal e-mail:**

7. **Preferred language for survey:**
   - [ ] English
   - [ ] Spanish

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[Image of form with highlighted answers]

- **b. [IF YES] About how many of these were identified in the last 6 months?**
  - [ ] None
  - [ ] Number identified
  - [ ] Don’t know
  - [ ] Refused

- **c. [IF YES] About how many of these were identified in the last 3 months?**
  - [ ] None
  - [ ] Number identified
  - [ ] Don’t know
  - [ ] Refused

- **10. In which ZIP code(s) did you identify at-risk youths? Please include all relevant ZIP codes.**
  - ZIP code 1
  - ZIP code 2
  - ZIP code 3

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**IF YES, these questions refer to the most recent occasion when you identified a youth at risk for suicide.**

- **11. Thinking about the youth you identified most recently, did you ask the youth whether she/he was considering suicide?**
  - [ ] Yes
  - [ ] No
  - [ ] Don’t know
  - [ ] Refused

- **12. Thinking about the youth you identified most recently, did you refer the youth to get further assistance or support?**
  - [ ] Yes
  - [ ] No
  - [ ] Don’t know
  - [ ] Refused

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- **8. Please indicate the primary setting in which you interact with youth:**
  - [ ] Education (K-12)
  - [ ] Substantive abuse
  - [ ] Juvenile justice/Probation
  - [ ] Emergency response
  - [ ] Higher education (colleges/universities)
  - [ ] Tribal services/Tribal government

- **9. In the last 12 months, have you identified youths you thought might be at risk for suicide?**
  - [ ] Yes
  - [ ] No
  - [ ] Don’t know
  - [ ] Refused

- **a. [IF YES] About how many of these were identified in the last 12 months?**
  - [ ] None
  - [ ] Number identified
  - [ ] Don’t know
  - [ ] Refused

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If you have any concerns or questions about your participation in this study, please contact Christine Wolanski, principal investigator, at (440) 665-8313 or christina.wolanski@icfs.com. Whether you selected yes or no above, please return this page to the training facilitator.

Thank you!
WHAT DO WE NEED TO DO NEXT

• Grantees should download the updated copies of the TASP and TASP data collection manual

• Update internal processes and inform program staff and trainers about TASP updates

• Start using the updated TUP-S consent to contact forms
QUESTIONS?
EARLY IDENTIFICATION, REFERRAL & FOLLOW-UP (EIRF)
WHAT IS CHANGING ON THE EIRF-S

- Items have been reordered
- Updated response options
- Two new questions
- More instruction
WHAT IS CHANGING ON THE EIRF-SCREENING (EIRF-S) FORM

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| State/Tribal Suicide Prevention Programs |

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

**Directions:** The following information should be completed by a professional to document aggregate information about youths—aged 10-24—who were screened for suicide risk as part of your GLS Suicide Prevention Program. The grantee should complete this form for both group screening events and individual screenings. In the case of individual screenings, the grantee should submit the individual screening information in an aggregate manner in the form below on a monthly basis.

As you complete the form, please note that all entries and descriptions of other should not use acronyms or any local terms; please be sure that you only select other when none of the available response options apply and that your descriptions of other be sufficient for someone who is not familiar with your program or community to interpret.

### SECTION I. SCREENING INFORMATION

1. **Screening Identification (ID) Number:**
   - Please enter the screening ID. The screening ID can be any 6 digit number of your choosing, but the first digit cannot be zero.

2. **Name of Grantee:**

3. **Date of screening**
   - Individual screenings, enter the date of the last screening
   - **MM DD YYYY**

4. **Zip Code where screening took place**
WHAT IS CHANGING ON THE EIRF-I

- Items have been reordered
- Updated response options
- Five new questions
- More instruction
- Format of form
WHAT IS CHANGING ON THE EIRF INDIVIDUAL FORM (EIRF-I)

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State/Tribal Suicide Prevention Programs

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

**Directions:** The following information should be completed by a professional for youth—ages 10-24—who are identified as at risk by a trained gatekeeper or screening tool as part of your GLS program. This form should be completed for every new identification of suicide risk that is made by a trained gatekeeper or screening tool.

As you complete the form, please note that all entries and descriptions of other should not use acronyms or any local terms; please be sure that you only select other when none of the available response options apply and that your descriptions of other be sufficient for someone who is not familiar with your program or community to interpret.

SECTION 1. YOUTH DEMOGRAPHICS

1. Participant ID (Site-assigned)

2. Age

3. Gender: Select one
   - Male
   - Female
   - Transgender, female-to-male
   - Transgender, male-to-female

4. Sexual Orientation: Select one
   - Heterosexual (that is straight)
   - Gay/Lesbian

5. Transgender, gender non-conforming
6. Information missing
7. Other, please specify:

Comment bubbles call out changes to formatting (e.g. order of questions, format of response options)

Carmona, Jane
- Highlighted text is new text to the form.
- All items are now numbered.
- "Sources of information used to complete this form" has been deleted.

Carmona, Jane
- Used to be question 1

Carmona, Jane
- Used to be question 2

Carmona, Jane
- Used to be question 3
WHAT DO WE NEED TO DO NEXT

• Cohort 8 grantees
• Make sure partners are aware, and have copies of, the new forms
• Re-train your data collectors, if necessary
• Update any tools you are using to collect EIRF data
QUESTIONS?
BEHAVIORAL HEALTH PROVIDER SURVEY (BHPS)
PURPOSE

The BHPS will gather a central set of provider characteristics of behavioral health providers partnering with GLS State/Tribal grantees.
PURPOSE

BHPS collects information about referrals for at-risk youths and the extent of implementation of Goals 8 and 9 of the NSSP.

Goal 8. Promote suicide prevention as a core component of health care services.

Goal 9. Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.
ADMINISTRATION

The baseline BHPS will be completed by 1 to 10 administrators from the behavioral health provider organization partnering with the funded State/Tribal grantee in Spring 2016.

Follow-up BHPSs will be administered to the behavioral health provider annually for the remainder of the grant period.
GRANTEE
Identifies the mental health Partner Organization and the region of focus

PARTNER ORGANIZATION
Identifies a Primary Respondent

PRIMARY RESPONDENT
Identifies up to 9 additional respondents from the organization

Up to TEN RESPONDENTS
Receive an email with an invitation to complete the survey
IMPLEMENTATION AND LOGISTICS

- Up to 10 respondents per organization will receive an email invitation to complete the survey
- The survey takes approximately 40 minutes to complete
- Respondents will receive 2 email reminders to complete the survey
- All respondents who complete the survey will receive a $10 gift card
- All respondents will be contacted annually to complete the survey
SURVEY ADMINISTRATION

ALL RESPONDENTS, including the Primary Respondent, will respond to questions regarding:

- Awareness of zero suicide work at the agency
- Access to gatekeeper trainings
- Provision of EB treatments
- Assessment of staff self-efficacy and training adherence
- Screening and assessment practices
- Follow-up care and referral practices
SURVEY ADMINISTRATION

The PRIMARY RESPONDENT will complete additional questions regarding:

- Services offered at the organization (e.g. behavioral health treatment services, 24-hour hospital services)
- Organization demographics
- Number of clients receiving inpatient and outpatient services on a given day
- Direct contact with the GLS grantee
- Annual data on screenings, assessments, care provision and monitoring
- Annual data of suicide deaths/attempts
- Confirm or provide the NPI that will help us link survey data to claims data in the future
**TIMELINE**

**Cohort 9 and 10 grantees have been contacted to provide contact information for the partner organization**

**Primary respondents will be contacted by ICF to provide contact information for up to 9 additional respondents from the organization**

**All respondents will receive an email to complete the web-based survey**

**Respondents who complete the survey will receive a $10 gift card**

**Respondents will be recontacted next year for a follow-up survey**

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Today

**December 2015-March 2016**

**Spring 2017**
QUESTIONS?
IMPACT OF NEW PROTOCOLS FOR IRB

• We recommend that grantees contact their local IRB to inform them about the new protocols and ask for guidance on how to proceed – an amendment to your current approval is most likely what will be needed.
• Grantees received the ICF IRB approval documents to support development of their local IRB.
• The instruments have been updated with OMB numbers.
SUPPORT & RESOURCES

• Copy of ICF IRB application and approval memo
• Updated instruments
• Instrument specific manuals and planning documents
• Annotated instruments
NEW PROTOCOL IMPLEMENTATION TIMELINE

May 2: TASP, TUP-S, EIRF

April: BHPS

July 15: PSI
# 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>Tiffiny Fambro&lt;br&gt;<a href="mailto:Gl5-psi@icfi.com">Gl5-psi@icfi.com</a>&lt;br&gt;404-592-2242 (Eastern Time Zone)</td>
</tr>
<tr>
<td>Training Activity Summary Page (TASP) &amp; Training Utilization Preservation Survey (TUP-S)</td>
<td>Brandee Hicks&lt;br&gt;<a href="mailto:Gl5-tasp@icfi.com">Gl5-tasp@icfi.com</a> &amp; <a href="mailto:Gl5-tups@icfi.com">Gl5-tups@icfi.com</a>&lt;br&gt;404-592-2198 (Eastern Time Zone)</td>
</tr>
<tr>
<td>Behavioral Health Provider Survey (BHPS)</td>
<td>Jessie Rouder&lt;br&gt;<a href="mailto:Gl5-bhps@icfi.com">Gl5-bhps@icfi.com</a>&lt;br&gt;646-695-8138 (Eastern Time Zone)</td>
</tr>
<tr>
<td>Early Identification, Referral, and Follow-up (EIRF)</td>
<td>Jane Carmona&lt;br&gt;<a href="mailto:Gl5-eirf@icfi.com">Gl5-eirf@icfi.com</a>&lt;br&gt;646-695-8146 (Eastern Time Zone)</td>
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<tr>
<td>State TAL</td>
<td>Tribal TALs</td>
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<td>----------------------------------------</td>
</tr>
<tr>
<td>Tiffiny Fambro</td>
<td>Gretchen Clarke</td>
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<tr>
<td>404-592-2242 (Eastern Time Zone)</td>
<td>907-747-7124 (Alaska Time Zone)</td>
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<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>
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<tr>
<td></td>
<td>Candace Fleming</td>
</tr>
<tr>
<td></td>
<td>303-724-1471 (Mtn Time Zone)</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Candace.Fleming@ucdenver.edu">Candace.Fleming@ucdenver.edu</a></td>
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QUESTIONS?
thank you