GARRETT LEE SMITH (GLS) STATE AND TRIBAL GRANTEE NATIONAL OUTCOMES EVALUATION OVERVIEW AND DATA COLLECTION PROCESSES WEBINAR

December 14, 2016

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WEBINAR VIDEO AND HANDBOUTS

• Today’s Webinar is being recorded
• The slides were e-mailed prior to the webinar
  • If you did not receive the message, check your spam e-mail folder.
• The video will be made available on the Suicide Prevention Resource Center website and the Suicide Prevention Data Center (SPDC)
NEED ASSISTANCE?

• For technical support
  • Contact us via the Questions pane
  • E-mail Betty.Treschitta@icf.com
Jessica Wolff
Grantee Support Team Lead

Jessica.Wolff@icf.com
ON TODAY’S AGENDA

• Overview of GLS National Outcomes Evaluation
  • Evaluation Design and NOE Instruments
• Prevention Strategies Inventory (PSI)
• Behavioral Health Provider Survey (BHPS)
• Suicide Prevention Data Center (SPDC)
• Institutional Review Board (IRB) Processes
• 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.
<table>
<thead>
<tr>
<th>NOE Instrument</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention Strategies Inventory (PSI)</td>
<td>• Collects information each quarter on the different types of suicide prevention strategies implemented and products distributed by GLS grantees, and the total amount of funds expended to date on these strategies.</td>
</tr>
<tr>
<td>Behavioral Health Provider Survey (BHPS)</td>
<td>• Annual Web-based survey that gathers characteristics of behavioral health providers partnering with GLS State/Tribal grantees, and information about referrals for at-risk youth</td>
</tr>
</tbody>
</table>
| Training Activity Summary Page (TASP) and Training Utilization and Preservation Survey (TUP-S) | • TASP collects aggregate summary information about gatekeeper trainings  
• TUPS is a quantitative phone survey administered 3 and 6 months following a training to assess participants’ knowledge, skills, and/or techniques learned through the training |
PREVENTION STRATEGIES INVENTORY

Nora Kuiper
PSI Data Collection Liaison
Gls-psi@icf.com
PSI TOPICS TO BE COVERED

✓ PSI Overview
  • Instrument Details
  • Timeline
  • Data Entry
  • 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 grantees’ 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 for each strategy type
## PSI OVERVIEW

<table>
<thead>
<tr>
<th><strong>Who is responsible for data collection for the PSI?</strong></th>
<th>Grantee Program Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How is the PSI administered/entered?</strong></td>
<td>Web-based form entered into SPDC</td>
</tr>
<tr>
<td><strong>When will the PSI be administered?</strong></td>
<td>Ongoing throughout the grant period, but the PSI must be reviewed and submitted during quarterly administration periods</td>
</tr>
<tr>
<td><strong>When will the PSI begin?</strong></td>
<td>January 2017</td>
</tr>
</tbody>
</table>
Prevention Strategies Inventory - State/Tribal

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 Development
5. Screening Programs
6. Hotlines, Helplines, Teelixies and Chatlines
7. Means Restriction
8. Policies, Protocols, and Infrastructure
9. Coalitions and Partnerships
10. Direct Services and Traditional Healing Practices
11. Care Transitions
12. Other Suicide Prevention Strategies
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the name of the activity/event?</td>
<td></td>
</tr>
<tr>
<td>Type of product: (print materials, billboards, radio, awareness product, etc.)</td>
<td></td>
</tr>
<tr>
<td>Please indicate the type of training: (QPR, ASIST, Kognito, etc.)</td>
<td></td>
</tr>
<tr>
<td>Does this strategy target the entire community or general population?</td>
<td>(Yes/No)</td>
</tr>
<tr>
<td>Does this product place emphasis on any of these current priority populations?</td>
<td>(select all that apply)</td>
</tr>
<tr>
<td>What are your plans for sustaining this product after the end of your GLS cooperative agreement?</td>
<td></td>
</tr>
</tbody>
</table>
How much of your GLS budget (including any matching funds) have you spent to date? Specify dollar amount:

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

1. Outreach and Awareness

1.1. Public Awareness Campaigns

1.2. Outreach and Awareness Activities/Events

1.3. Outreach and Awareness Products
PSI – WHAT’S NEW

• Major Strategies
  ▪ Care Transitions

• Sub-Strategies
  ▪ Textlines and Chatlines
  ▪ Means Restriction Training
  ▪ Lethal Means Counseling
  ▪ Electronic Health Records
  ▪ Follow Up Services

• Follow Up Questions
PSI TIMELINE

- PSI entries are updated on a quarterly basis
- Entries can be added to the PSI at any time, but the PSI must be reviewed and submitted during the administration periods
- The PSI opens the second Monday following the end of the quarter and remains open for 15 business days
- Upcoming PSI Administration Dates:
  - January 9th through January 27th
PSI DATA ENTRY

• PSI respondents (one per grantee) are emailed a PSI password in order to access the instrument on the SPDC

• Grantees update and add to currently entered PSI strategy and budget expenditure information to reflect changes that occurred during the previous quarter
PSI DATA SUBMISSION

- Deadline: 8 PM Eastern Time on the final administration 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 Sub-grantee Tracking Spreadsheet
- PSI Data Sharing Report
- PSI Summary Report
- PSI Planning and Strategy 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 is cumulative! You should not delete strategies that have been completed.
• If an activity existed prior to your GLS grant, and GLS funds will continue to support the activity, then it can be reported in the PSI.
• Strategies that are implemented using GLS funds, matched funds, or in-kind contributions and a combination of these funds should be reported on 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

- Report the amount of GLS funds, in-kind contributions and matched funds spent from the beginning of the grant through the end of the reporting quarter.
- 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 implemented a strategy.
PSI NEXT STEPS

- Review the PSI Manual and Tip Sheet
- Log in to the PSI using your password (beginning 1/9)
- Enter strategies and budget information from Q1 (October-December 2016)
- Final submit your PSI by January 27th at 8 PM
- If you determine, after reviewing the materials, that you do not have any data to enter OR if you cannot complete by January 27th, 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 Liaison, at (404) 592-2139
QUESTIONS?
Behavioral Health Provider Survey

Jessie Rouder
BHPS Data Collection Liaison
Jessie.Rouder@icf.com
BEHAVIORAL HEALTH PROVIDER SURVEY (BHPS) TOPICS TO BE COVERED

- Purpose
- Administration
- Implementation and logistics
- Timeline
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 2017.

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
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
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
WHAT MAKES A GOOD PRIMARY RESPONDENT?

The primary respondent should be able to gather information regarding:

- Annual numbers for screenings, risk assessments, number of individuals contacted for missed appointments, number of safety plans, etc.
- Organization’s approach to measuring and reporting suicide deaths and attempts
- Contact with the GLS grantee
WHAT MAKES A GOOD PRIMARY RESPONDENT?

The Primary Respondent will receive a copy of the survey ahead of time so they can compile this information for data entry.
WHAT MAKES A GOOD ADDITIONAL RESPONDENT?

Additional respondents should be “on the ground” staff.

Ideally, they are supervisory-level clinicians who can provide a broader view of care practices within the organization.
Grantees will be 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.

January 2017

January-April 2017

Spring 2018
QUESTIONS?
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
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
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 Jannee 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.
QUESTIONS?
INSTITUTIONAL REVIEW BOARD (IRB) PROCESSES

Levels of IRB Review

- **Exempt**
  - Less than “minimal risk”
  - Fits one of the 6 Exempt Categories*
  - Examples: Research with de-identified records, anonymous surveys

- ** Expedited**
  - Not greater than minimal risk
  - Fits one of the 9 Expedited Review Categories*
  - Examples: Collection of biospecimens by noninvasive means, Research with existing documents/record collected for non-research purposes in which subjects are identifiable

- **Full Board**
  - More than “minimal risk” to subjects
  - Not covered under other review categories
  - Example: interventions involving physical or emotional discomfort or sensitive data

*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:
  - *ICF will provide materials and technical assistance to help with your local application*  

**IRB Submission**

- Submit local IRB application, which may require:
  - Objective of the study and instruments used
  - Respondents (how many, who)
  - Risk to human subjects
  - Data collection methods

**Update ICF**

- Once the review is complete, grantees **must submit documentation** of the determination (e.g., IRB approval or exempt from IRB approval) to their TAL

**Keep IRB Status Current**

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

*Submit renewals to your TAL*
NEXT STEP

Prepare your IRB package and submit for approval ASAP!

Grantees are expected to have notification of approval or exemption by mid-January, 2017.
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 TAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tiffiny Fambro</td>
<td>Candace Fleming</td>
</tr>
<tr>
<td>404-592-2242 <em>(Eastern Time Zone)</em></td>
<td>303-724-1471 <em>(Mtn Time Zone)</em></td>
</tr>
<tr>
<td><a href="mailto:Tiffiny.Fambro@icf.com">Tiffiny.Fambro@icf.com</a></td>
<td><a href="mailto:Candace.Fleming@ucdenver.edu">Candace.Fleming@ucdenver.edu</a></td>
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## DATA COLLECTION LIAISON CONTACTS

<table>
<thead>
<tr>
<th>NOE Instrument</th>
<th>Data Collection Liaisons (DCLs)</th>
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<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 (<em>Eastern Time Zone</em>)</td>
</tr>
<tr>
<td>Early Identification, Referral, and Follow-up (EIRF)</td>
<td>Jane Carmona&lt;br&gt;<a href="mailto:gls-eirf@icf.com">gls-eirf@icf.com</a>&lt;br&gt;646-695-8146 (<em>Eastern Time Zone</em>)</td>
</tr>
<tr>
<td>Training Activity Summary Page (TASP) and Training Utilization and Preservation Survey (TUP-s)</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 (<em>Eastern Time Zone</em>)</td>
</tr>
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<td>Behavioral Health Provider Survey (BHPS)</td>
<td>Jessie Rouder&lt;br&gt;<a href="mailto:Jessie.Rouder@icf.com">Jessie.Rouder@icf.com</a>&lt;br&gt;516-887-3201 (<em>Eastern Time Zone</em>)</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
QUESTIONS?
Thank you