The Garrett Lee Smith (GLS) Suicide Prevention National Outcomes Evaluation is supported through contract no. HHSS2832012000071/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).

Taylor Moore, PhD  
Nora Kuiper, MPH  
Brandee Hicks, MPH  
December 5, 2017

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

Taylor Moore, PhD  
Nora Kuiper, MPH  
Brandee Hicks, MPH
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 Chat pod
  • E-mail Betty.Treschitta@icf.com
Taylor Moore, PhD
Grantee Support Team Leader
Taylor.Moore@icf.com
ON TODAY’S AGENDA

• GLS National Outcomes Evaluation Design

• Prevention Strategies Inventory (PSI)

• Training Activity Summary Page (TASP)

• Training Utilization Preservation Survey (TUP-S)
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:**

GLS National Outcomes Evaluation
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 for each strategy category
## PSI OVERVIEW

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

SUICIDE PREVENTION STRATEGIES

- OUTREACH & AWARENESS
- GATEKEEPER TRAINING
- ASSESSMENT, CLINICAL & REFERRAL TRAINING
- LIFE SKILLS & WELLNESS DEVELOPMENT
- SCREENING PROGRAMS
- HOTLINES, HELPLINES, TEXTLINES & CHATLINES
- MEANS RESTRICTION
- COALITIONS & PARTNERSHIPS
- POLICIES, PROTOCOLS & INFRA-STRUCTURE
- DIRECT SERVICE & TRADITIONAL HEALING PRACTICES
- CARE TRANSITIONS
- OTHER PREVENTION STRATEGIES

OTHER PREVENTION STRATEGIES

- OUTREACH & AWARENESS
- GATEKEEPER TRAINING
- ASSESSMENT, CLINICAL & REFERRAL TRAINING
- LIFE SKILLS & WELLNESS DEVELOPMENT
- SCREENING PROGRAMS
- HOTLINES, HELPLINES, TEXTLINES & CHATLINES
- MEANS RESTRICTION
- COALITIONS & PARTNERSHIPS
- POLICIES, PROTOCOLS & INFRA-STRUCTURE
- DIRECT SERVICE & TRADITIONAL HEALING PRACTICES
- CARE TRANSITIONS
POLL QUESTION

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

#### STRATEGY FOLLOW-UP QUESTIONS

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the name of the strategy?</td>
</tr>
<tr>
<td>Type of product or training.</td>
</tr>
<tr>
<td>Does this strategy target the entire community or the general population?</td>
</tr>
<tr>
<td>Does this strategy place emphasis on any of the current priority populations?</td>
</tr>
<tr>
<td>What are your plans for sustaining this strategy?</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
   - Public Awareness Campaigns
   - Outreach and Awareness Activities/Events
   - Outreach and Awareness Products
PSI TIMELINE

- The PSI must be updated on a quarterly basis
- The PSI must be final submitted by 8PM EST on the 4th Friday following the end of the quarter

- 2018 PSI deadlines
  - Q1 reporting – January 26th
  - Q2 Reporting – April 27th
  - Q3 Reporting – July 27th
  - Q4 Reporting – October 26th
PSI DATA ENTRY

Baseline PSI

- PSI Respondent emailed PSI password on January 8th
- Complete PSI for Q1 FY2018 activities
- Final submit by 8PM on January 26th

Follow-up PSI

- PSI Respondent emailed reminders to update PSI
- Address any PSI data issues
- Each quarter, enter newly implemented strategies and update budget data
- Final submit by 8PM on the closing date
POLL QUESTION

Do you have a PSI respondent in mind?
PSI DATA SUBMISSION

- Deadline: 8 PM Eastern Time on the final reporting day
- Don’t forget to final submit!

Prevention Strategies Inventory - State/Tribal

Final Submission

Once your data is ready for final submission, click below to review your entries.

Review Your Entries

To submit your data, click on the "Finalize Submission" button below.

Please make sure your data is accurate and complete. Once you click on the "Finalize Submission" button, you will not be able to return to the PSI or modify your data.

To continue entering data or to make any changes, click "Cancel" below.

NOTE: Once you click on the "Finalize Submission" button below, you will NOT be able to return to the survey.

Finalize Submission  Cancel
PSI DEMONSTRATION ON THE SPDC
TOOLS TO SUPPORT PSI DATA COLLECTION AND REPORTING

- PSI Tip Sheet and Strategy Definitions
- PSI Data Sharing Report
- PSI Summary Report
- PSI Planning and Strategy Tool
- PSI Budget Tool
- PSI Strategies Tool
TIPS AND REMINDERS

• Prevention strategies should be included once they are beyond the planning phase

• Examples of information that should not be included: holding or attending meetings, attending a SAMHSA, ICF, or SPRC webinar, monthly team calls, hiring grant staff
TIPS AND REMINDERS

- The PSI (strategies and budget) is cumulative!

- If GLS funds support the activity, then it can be reported in the PSI

- If you have implemented a certain strategy type, but have not spent any of the budget in that area, just enter 0%
TIPS AND REMINDERS

• You can still submit your PSI even if 75% of your budget has not been accounted for

• You cannot report a percentage of dollars spent in an area where you have not implemented a strategy
PSI NEXT STEPS

- Designate a PSI Respondent
- Review the PSI Manual and Tip Sheet
- Log in to the PSI using your password (beginning 1/8)
- Enter strategies and budget information from Q1 (October-December 2017)
- Final submit your PSI by January 26th at 8 PM EST
- If you do not have any data to enter, after reviewing the materials, OR if you cannot complete by January 26th, contact PSI Data Collection Lead as soon as possible
PSI CONTACT INFORMATION

For help with the PSI you may:

• Email your questions to GLS-PSI@icf.com

• Call Nora Kuiper, the PSI Data Collection Lead, at (404) 592-2139
QUESTIONS?
Brandee Hicks
Data Collection Liaison
Gls-tasp@icf.com
Gls-tups@icf.com

TRAINING INSTRUMENTS
TRAINING ACTIVITY SUMMARY PAGE (TASP) TOPICS TO BE COVERED

- TASP Purpose & Overview
- Logistics
- TASP Demonstration on the SPDC
- Tools to support TASP Data Collection and Reporting
- Next Steps
## TASP OVERVIEW

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the TASP?</td>
<td>Collects summary information about training events sponsored by GLS state and tribal grantees</td>
</tr>
<tr>
<td>Who is responsible for TASP data collection/entry?</td>
<td>Grantee program staff or training facilitator</td>
</tr>
<tr>
<td>How is the TASP administered/entered?</td>
<td>Information submitted via the SPDC using web-based form or excel spreadsheet upload</td>
</tr>
<tr>
<td>When is the TASP administered?</td>
<td>Ongoing throughout the grant period</td>
</tr>
<tr>
<td>When will the TASP begin?</td>
<td>As soon as training activities begin</td>
</tr>
</tbody>
</table>
TASP CONTENT AREAS

Collect Aggregate Data

Type of Training

Number of Trainees

Intended Outcome

Role of Participants
TASP TIMELINE

• TASP should be completed for every suicide prevention training conducted as part of your GLS Suicide Prevention Program
  – Quarterly for online trainings activities
  – Submit within 2 weeks of in person trainings
POLL QUESTION

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

TRAINING ACTIVITY SUMMARY PAGE (TASP)

<table>
<thead>
<tr>
<th>Training Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Training date (MM/DD/YY)</td>
</tr>
<tr>
<td>2. Training identification (ID; your site ID = 3 digits)</td>
</tr>
<tr>
<td>3. Name of training</td>
</tr>
<tr>
<td>4. Type of training curricula implemented: Select one below.</td>
</tr>
</tbody>
</table>

- American Indian Life Skills Development
- Assessing and Managing Suicide Risk (AMSR)
- Applied Suicide Intervention Skills Training (ASIST)
- Assessment of Suicidal Risk Using the Columbia Suicide Severity Rating Scale (C-SSRS)
- Counseling on Access to Lethal Means (CALM)
- Connect Suicide Postvention Training
- Campus Connect Suicide Prevention Training for Gatekeepers (Faculty and Staff)
- Campus Connect Suicide Prevention Training for Gatekeepers (Students)
- Cognitive Behavioral Therapy (CBT)
- Chronological Assessment of Suicide Events (CASE)
- Commitment to Living
- Dialectical Behavior Therapy (DBT)
- Jason Foundation Training Modules
- Kognito At-Risk
- Kognito At-Risk in Primary Care
- Kognito At-Risk in the ED
- Lifelines

- Question, Persuade, and Refer (QPR)
- QPR for Nurses
- QPR for Physicians, Physician Assistants, Nurse Practitioners, and Others
- QPR-T (suicide risk assessment and training course)
- Response (a comprehensive high school-based suicide awareness program)
- Recognizing and Responding to Suicide Risk (RRSR)
- 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
- suicideCare
- Suicide-Informed Cognitive Behavioral Therapies (CFT

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

6. Name of facility where training was held

7. ZIP code of facility where training was held

8. Duration of the training

<table>
<thead>
<tr>
<th>Hours</th>
<th>Minutes</th>
</tr>
</thead>
</table>

9. Is this a train-the-trainer event? 
- Yes
- No

10. Is this an online training? 
- Yes
- No

11. Is this a booster or follow-up training? 
- Yes [Go to 12]
- No [Complete 11a]

11a. If no, are there any plans to conduct follow-up or booster trainings in the future? 
- Yes
- No

12. Was behavioral rehearsal or role-play included as a part of the training? 
- Yes [Go to 12a]
- No [Complete 13]

12a. If yes, did the training participants engage in the behavioral rehearsal or role-play during the training event? 
- Yes
- No
FILLING OUT THE TASP

• Print off the TASP form from the SPDC
• Write in the training date, training ID
• Answer all the questions based on the training class
TRAINING ID

- Training ID is a unique 7 digit ID number
- First 4 digits is your site ID number, which is assigned by ICF
- Final three digits are assigned by you, the grantee
  - Last 3 numbers should be numbers that help you remember the order of your trainings
TRAINING ID EXAMPLE

- Grantee X Site ID: 1234
- Training ID: 1234???
  - Last 3 digits can be training type and/or chronological order of trainings
- Training types:
  - ASIST = 1
  - QPR = 2
  - SOS = 3
- 1234201 = Grantee X had a QPR training and it was their first training
ENTERING TASP INTO THE SPDC

1. Manually enter TASP for one training at a time.
**ENTERING TASP INTO THE SPDC**

2. Upload excel spreadsheet for the TASP data for several trainings at once.
   - Template available on SPDC

<table>
<thead>
<tr>
<th>txsdate</th>
<th>txsid</th>
<th>txsname</th>
<th>txsnewtype</th>
<th>txsprimout</th>
<th>txsfac</th>
<th>txsnum_us</th>
<th>txsnum_gs</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm/dd/yyyy</td>
<td>Numeric</td>
<td>Text</td>
<td>Numeric</td>
<td>Numeric</td>
<td>Text</td>
<td>Numeric</td>
<td>Numeric</td>
</tr>
<tr>
<td>mm/dd/yyyy</td>
<td>Numeric</td>
<td>Text</td>
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<td>Numeric</td>
<td>Text</td>
<td>Numeric</td>
<td>Numeric</td>
</tr>
</tbody>
</table>
TASP DEMONSTRATION IN SPDC
ONLINE TRAININGS DATA COLLECTION

Option 1

- Online training program is at a specific location and time

Data Collection Method

- Grantee can fill out the TASP in-person while participants are completing the training; then grantee can enter TASP into SPDC
ONLINE TRAININGS DATA COLLECTION

Option 2

- Online training program completed by user at anytime on any computer

Data collection method

- The company that hosts online program supplies grantee data summary report of all users; monthly or quarterly
- Grantee fills out TASP quarterly and enters it into the SPDC manually or upload via the spreadsheet
TASP REPORTS AND RESOURCES

- Training Planning Tool
- Annotated TASP & TASP Manual
- Training Tracking Spreadsheet
- Grantee Summary Reports
- Response Monitoring Table
- Data Collection Liaison & TAL
COMMONLY ASKED QUESTIONS

- Should booster trainings be considered “other” under “the type of training” section?
- How should we collect participant role information?
- What should we do if there is more than one intended outcome for the training?
TASP NEXT STEPS

- Review the TASP manual and other resources before starting data collection
- Decide TASP entry process
- Determine scheme for assigning training IDs
- Contact DCL or TAL with questions
QUESTIONS?
TRAINING UTILIZATION & PRESERVATION – SURVEY (TUP-S) TOPICS TO BE COVERED

• TUP-S 3 & 6 Month Purpose & Overview
• Logistics
• Tools to support TUP-S Data Collection and Reporting
TUP-S PURPOSE

Quantitative survey administered

Examines the use and retention

Measures self-efficacy
## TUP-S Overview

<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 consent-to-contact forms to trainees via an online link or hard copy  
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 |
TUP-S CONSENT TO CONTACT OPTIONS

- Provide participants with link to complete form online
  - Forms are sent directly to ICF through SPDC

- Distribute hardcopies of form during training
  - Email forms to ICF
  - Mail forms to ICF
Garrett Lee Smith (GLS) National Outcomes Evaluation
State/Tribal Suicide Prevention Program
Training Utilization and Preservation Survey
Consent to Contact Form (Core)

Training Name: _______________________________________________________

Date of Training/Today’s Date: __________________________________________

As part of the National Outcomes Evaluation of Garrett Lee Smith (GLS) Suicide Prevention Programs, we will be interviewing individuals who participated in suicide prevention training activities like the one for which you have signed up. The Training Utilization and Preservation Survey is a telephone survey that will be administered to participants from a random sample of suicide prevention gatekeepers training programs to collect information about gatekeepers’ knowledge, attitudes, and behaviors following their trainings. Your participation in this brief survey is completely voluntary. Your answers to the survey questions will be kept private, except as otherwise required by law. Your name will not be linked with the information on your survey. Your name will not be used in any reports about this evaluation. We are interested in contacting you again within the next 3 to 4 months after you participated in the interview to ask you some questions about what you learned during this training, how you have used what you learned, and what impact it has had on your identification and referral of youths at risk for suicide in your community. Findings from the survey will assist in informing SAMHSA (which stands for the Substance Abuse and Mental Health Services Administration) about suicide prevention activities and training experiences.

The survey will take approximately 20 to 30 minutes and will be conducted over the telephone by a member of the National Outcomes Evaluation team. If you are selected to participate in the interview, in appreciation of your time, we will provide you with either a $10 Amazon gift card or we will mail you a $10 money order.

Are you interested in being contacted about possible participation in the Training Utilization and Preservation Survey?

☐ Yes
☐ No

If you are interested in participating in this important effort, or in learning more about the Training Utilization and Preservation Survey, please provide your contact information below. If you are selected to participate in the interview, a member of the National Outcomes Evaluation team will contact you. Participants for the survey will be randomly selected from a complete list of interested training participants.

1. Name: ____________________________________________________________
2. Cell phone: _______________________________________________________
   a. Best contact? ☐ Yes ☐ No
   b. Best time to call? ☐ AM ☐ PM
3. Work phone: _______________________________________________________
   a. Best contact? ☐ Yes ☐ No
   b. Best time to call? ☐ AM ☐ PM
4. Home phone: _____________________________________________________
   a. Best contact? ☐ Yes ☐ No
   b. Best time to call? ☐ AM ☐ PM
5. Work e-mail: _____________________________________________________
6. Personal e-mail: __________________________________________________

We would also like to ask you a few questions about your experiences with identifying and referring suicidal youths.

7. Please indicate the primary setting in which you interact with youths:
   - □ Education (K-12)
   - □ Substance Abuse
   - □ Juvenile justice/Probation
   - □ Emergency response
   - □ Higher education (college/university)
   - □ Tribal services/Tribal government
   - □ Don’t know
   - □ Refused

8. In the last 12 months have you identified youths you thought might be at risk for suicide?
   a. [IF YES] About how many of those were identified in the last 12 months?
      □ None
      □ Number identified__________
   b. [IF YES] About how many of those were identified in the last 6 months?
      □ None
      □ Number identified__________
   c. [IF YES] About how many of those were identified in the last 3 months?
      □ None
      □ Number identified__________

9. 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
   - ZIP code 4
ONLINE TUP-S CONSENT TO CONTACT

- Generate a CTC link SPDC
- Distribute link during training or via e-mail
- Link remains active for 30 days after training
TUP-S DEMONSTRATION ON THE SPDC
HARDCOPY TUP-S CONSENT TO CONTACT OPTION

- Make sure the training ID is on every page
- Only send forms in which trainees have agreed to participate
- Include a copy of the TASP
- Submit forms within 2 weeks of training
SEND HARD COPY FORMS…

- **SCANNED COPIES** should be sent to:
  Gls-tups@icf.com

- **HARD COPIES** should be sent to:
  ICF Attn: Leza Young
  3 Corporate Square
  STE 370
  Atlanta GA 30329
ONCE FORMS ARE RECEIVED

- Online forms go directly to the SPDC
  - Hardcopy forms are entered into a database in order received

- Response monitoring table is updated regularly

- Call center begins making phone calls

- Grantee will have access to raw data via the SPDC*
TUP-S TOOLS

✓ TUP-S Manual
✓ Check SPDC for Summary Points for Facilitators to introduce the instrument
✓ Grantee Summary Report
USING TRAINING DATA

- Grantees will be able to use data for
  - community presentations
  - local evaluation efforts
  - possible program modifications
  - and more!
TUP-S NEXT STEPS

- Review the TUP-S resources
- Decide system for distributing TUP-S consent forms
- Determine process for introducing survey
- Contact DCL or TAL with questions
For help with the TASP or TUP-S you may:

- Email your questions to GIs-tasp@icf.com or GIs-tups@icf.com

- Call Brandee Hicks, Data Collection Liaison, at 404-592-2198
QUESTIONS?
WHAT’S NEXT?

• Prepare for IRB
• Review instrument manuals & resources
• Select PSI administrators
• Plan for TASP & TUP-S data collection
• Attend January 9, 2018 webinar