



# OVERVIEW OF THE GARRETT LEE SMITH (GLS) NATIONAL OUTCOME EVALUATION AND IRB PROCESSES

November 18, 2014

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    - ✓ Required: Mac OS<sup>®</sup> X 10.6 or newer
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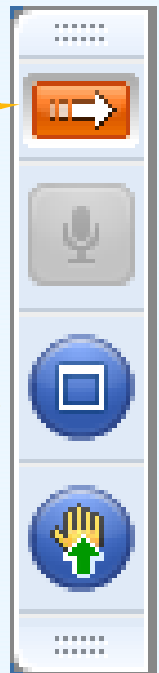
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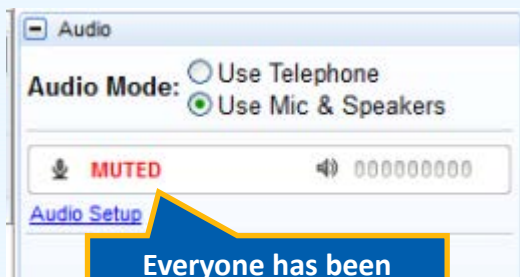


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- You have the option to listen to today's Webinar via your phone line or your computer speakers.
  - You will need to make a selection in the Audio pane for the following:

- Telephone
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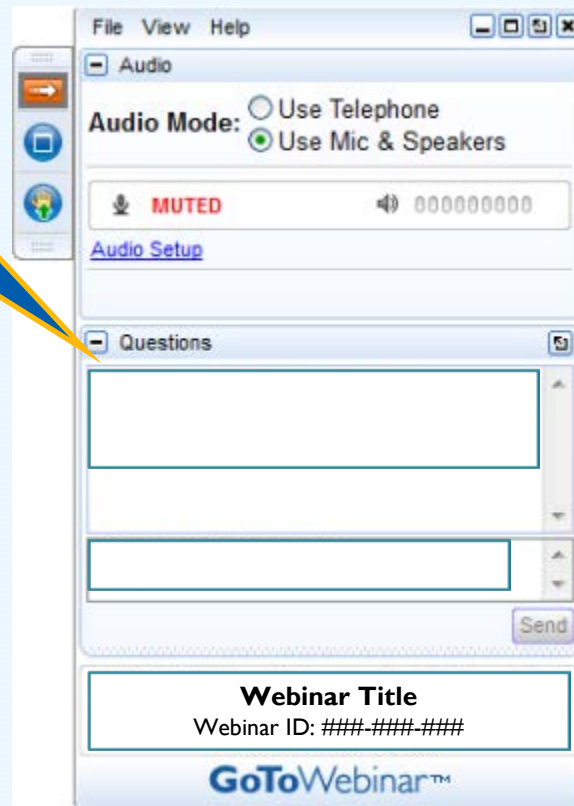
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- Enter your question and press Send.



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# WEBINAR VIDEO AND HANDOUTS

- Today's Webinar is being recorded
- The slides were e-mailed to you this afternoon.
  - 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 [AnneMarie.Schipani@icfi.com](mailto:AnneMarie.Schipani@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)
- Reports and Resources
- Evaluation Training and Technical Assistance


## **PRESENTERS:**

- Anne Marie Schipani
- Nahama Broner
- Gingi Pica





# **INTRODUCTION: GLS SUICIDE PREVENTION NATIONAL OUTCOMES EVALUATION**

- ICF International has conducted the National Suicide Prevention Evaluation since 2005
  - ICF awarded new 5-year contract in September 2014
- 

# NATIONAL OUTCOME EVALUATION

## AIMS AND OBJECTIVES

### Aims

1. To assess the impact of GLS program activities at reducing suicide attempts and mortality due to suicide
2. Provide training and technical assistance to grantees related to evaluation, data collection and surveillance

### Objectives

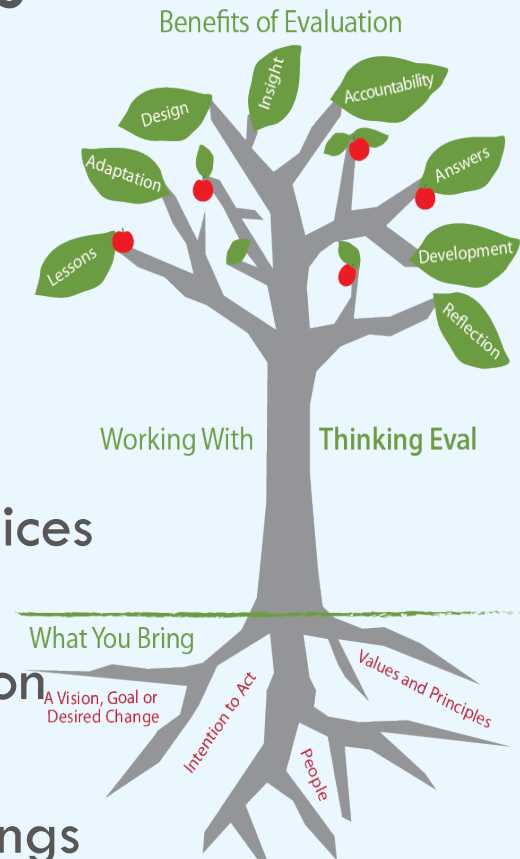
- Continue to build the evidence base for suicide prevention programming
- Develop a portfolio of evaluations that address key issues related to impact on deaths by suicide and non-fatal attempts
- Inform future program development
- Establish standards for developing, implementing, and evaluating suicide prevention programs

# WHY IS THE EVALUATION IMPORTANT ?

*SAMHSA requires participation in the national outcomes evaluation by all funded State/Tribal and Campus GLS Grantees*

**The National Outcomes Evaluation can:**

- Identify ways to improve local program implementation
- Highlight innovative and effective prevention strategies
- Support tracking identification, referral and services receipt
- Provide data and resources for local dissemination and use in local evaluation
- Provide site-level data returns and national findings that may aid in pursuit of local sustainability efforts



# **GLS SUICIDE PREVENTION PRIOR EVALUATION FINDINGS**



# PRIOR EVALUATION FINDINGS

## What types of prevention strategies are grantees reporting?

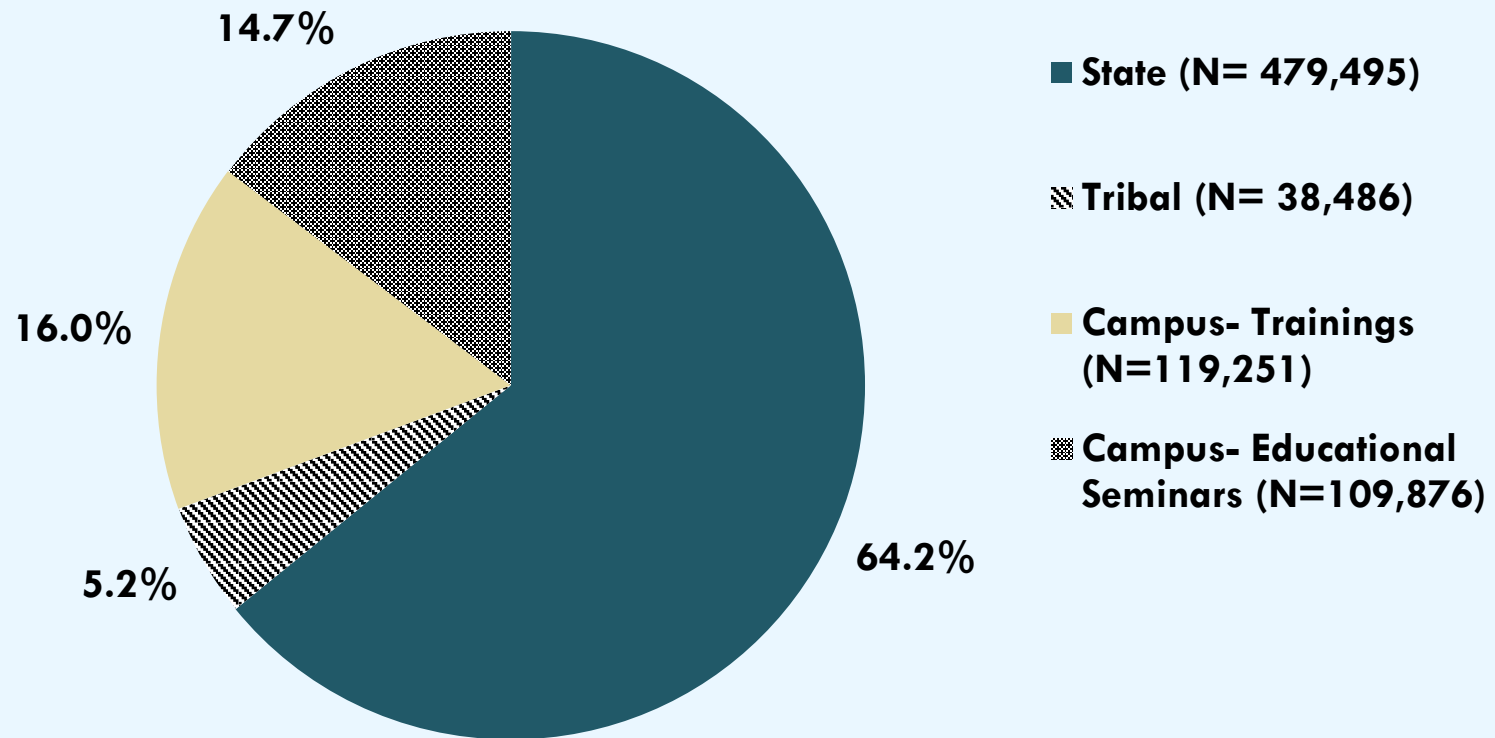


**57**  
Tribal  
grantees

**97**  
State  
grantees

# PRIOR EVALUATION FINDINGS

## Number of Individuals Trained by State/Tribal and Campus Grantees



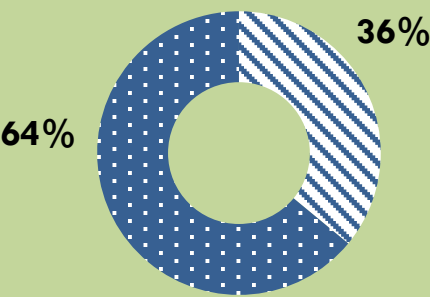
Source: Training Activity Report, TES Cover Page and TASP for Campuses, Cohorts 1–7, TASP and TES Cover Page for States and Tribes, Cohorts 1–8, October 2006–July 2014

Early Identification,  
Referral, & Follow-up

State/Tribal Grantees  
Cohorts 1-8

Total # of Youth Identified

34,290

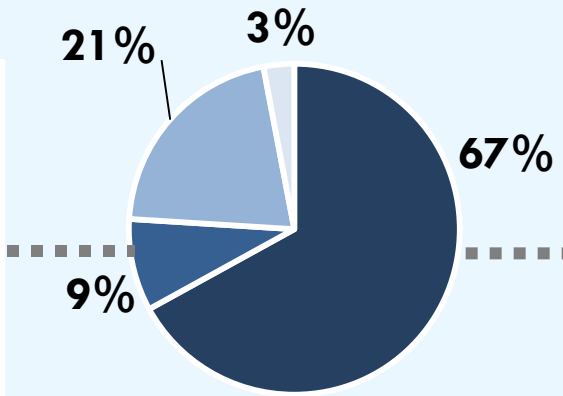


WHERE ARE YOUTH BEING REFERRED?



**Top Three Non-Mental Health Referrals**

- 77% Discuss other available supports
- 18% Tutoring/Academic Counseling
- 17% Recreation, Afterschool Activities



**Top Three Mental Health Referrals**

- 66% Public Mental Health Provider
- 23% Private Mental Health Provider
- 15% Crisis Hotline

WHAT TYPE OF SERVICES ARE YOUTH RECEIVING AT THE FIRST MENTAL HEALTH APPOINTMENT?\*\*

78%  
Mental Health Assessment  
N=14,295

61%  
Mental Health Counseling  
N=11,046

40%  
Substance Abuse Assessment  
N=7,220

Source: EIRF form for States and Tribes, October 2006-July 2014; Cohorts 1-8.

\*\* Responses to "What type of services are youth receiving at the first mental health appointment" may not add up to 100% because the item is select all that apply

Source: EIRF form for States and Tribes, October 2006 through July 2014; Cohorts 1 to 8.

A youth may receive multiple services as her/his appointment, so columns may add up to more than 100.0%.

n=18,245

# 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

Assessment of suicide rates in counties:

**466**  
implementing  
GLS trainings  
between 2006 -  
2009

vs.

**1,161**  
not implementing  
GLS trainings that  
shared key  
characteristics



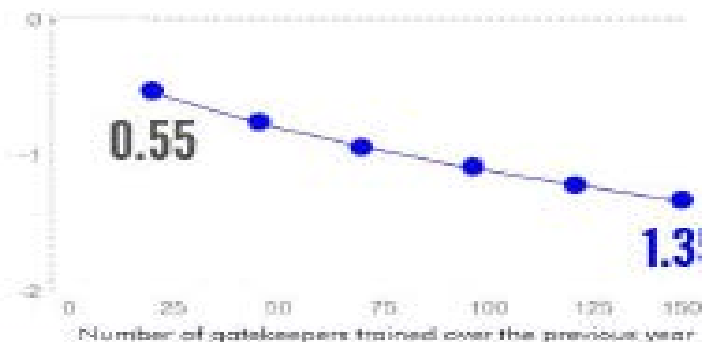
Implementing counties reflect the efforts of:

**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 gatekeepers were trained per county per year.

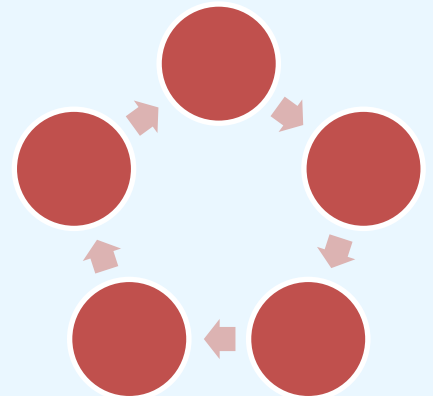
Estimated reduction in suicide mortality among youth 10-18 years (per 100,000)



The reduction in suicide mortality increased with the number of gatekeepers trained the previous year



# **GLS SUICIDE PREVENTION NATIONAL OUTCOMES EVALUATION DESIGN**



# EVALUATION QUESTIONS

- Which types of training and training modes are comparatively effective in building capacity to increase youth identification? (Training Study)
- Are GLS prevention activities effective in developing continuity of care from identification, to referral of at risk youth, to the provision of needed services with associated reduction in suicide risk (including attempts) compared to those not retained in services ? (Continuity Care Study)
- Does the provision of services by GLS mental health provider networks implementing a zero suicide framework reduce suicide attempts, hospitalization and associated costs (return on investment) compared to non-GLS mental health providers ? (Safer Suicide Community Study)
- What is the impact of GLS activities on morbidity and mortality?
- Do GLS activities targeted to youth at risk for suicide also benefit others at risk for or with behavioral health problems?


## CORE AND ENHANCED STUDIES

**GLS National Outcomes Evaluation**



**Cross-core, technical assistance,  
evaluation needs assessment**

## IMPACT, OUTCOME, & IMPLEMENTATION ANALYSIS

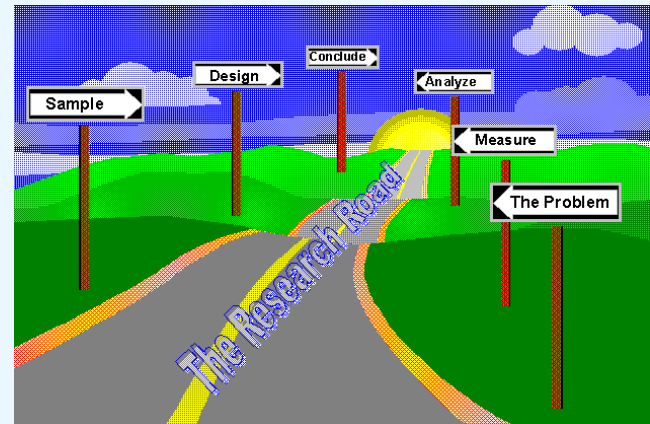
- 
- Study core analysis
  - Enhanced study analysis
  - Program level analysis

- 
- Expert Panel
  - Subcontractors

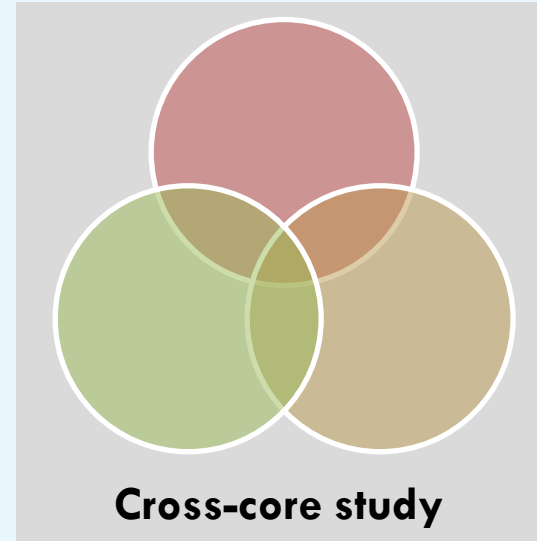
# QUESTIONS?



# DATA COLLECTION FOR THE NATIONAL OUTCOMES EVALUATION



# PREVENTION STRATEGIES



# 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)





# 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:

\$

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

%

%

%

# PREVENTION STRATEGIES INVENTORY (PSI)

<b>Who is responsible for data collection for the PSI?</b>	Grantee Program Staff
<b>How is the PSI administered/entered?</b>	Web-based form entered into SPDC
<b>When will the PSI be administered?</b>	Once per quarter, throughout the grant period
<b>When will the PSI begin?</b>	January 2015

# TRAINING




# TRAINING STUDY DATA SOURCES

- **Training Activity Summary Page (TASP)**
- **Training Utilization Preservation Survey**
- **(TUP-S) versions**
  - Baseline\*
  - 3-month TUP-S
  - 6-month TUP-S
  - 12-month TUP-S\*



# TRAINING ACTIVITY SUMMARY PAGE (TASP)

## Purpose

- Gathers aggregate training information for training activities implemented
  - Collects trainee role, setting, intended outcome and booster training information
- 

# TRAINING ACTIVITY SUMMARY PAGE (TASP)

<b>Who is responsible for TASP data collection/entry?</b>	Grantee Program Staff
<b>How is the TASP administered/entered?</b>	Information submitted via the SPDC using web-based form or excel spreadsheet upload
<b>When is the TASP administered?</b>	Within 2 weeks of training activity, ongoing throughout the grant period
<b>When will the TASP begin?</b>	As soon as training activities begin

# TRAINING UTILIZATION AND PRESERVATION SURVEY (TUP-S)

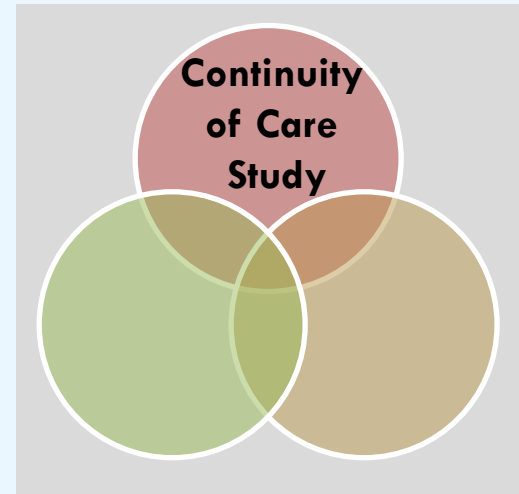
## Purpose

- 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 at 3- and 6- months after the activity

# TRAINING UTILIZATION AND PRESERVATION SURVEY (TUP-S)

<b>Who is responsible for collecting the TUP-S consent to contact forms?</b>	<ul style="list-style-type: none"><li>• 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</li><li>• 6-month: ICF Interviewers obtain consent to contact at the conclusion of 3-month survey via phone</li></ul>
<b>Who are the TUP-S respondents?</b>	Random sample of trainees who consent to be contacted at 3- and 6- months
<b>How is the TUP-S administered?</b>	Computer-Assisted Telephone Interview (CATI) implemented by ICF with trainees
<b>When will TUP-S be administered?</b>	At 3- and 6- months following a training event; throughout the grant period
<b>Do trainees receive an incentive?</b>	Yes, a \$10 money order or Amazon gift code
<b>When will the TUP-S begin?</b>	As soon as training activities begin





**IDENTIFICATION, REFERRAL & FOLLOW-UP**

# CONTINUITY OF CARE STUDY DATA SOURCES

- **Early Identification, Referral, and Follow-up (EIRF) instruments:**
  - EIRF Individual Form (EIRF-I)
  - EIRF Screening Form (EIRF-S)
  - EIRF Screening Form II (EIRF II)\*
- **Service Utilization and Experience Survey Interview (SUESI)\***

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

## Purpose

- Grantees track and monitor at risk youth
- Individual-level information about youth identified
  - by a gatekeeper
  - through a screening tool

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

## Purpose

- Monitor rates of identification from suicide prevention screenings
- Aggregate-level information
  - All youth screened
  - Youth with positive result
- For grantees who implement screening (only)
  - One EIRF Screening form should be completed for each screening activity

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

<b>Who is responsible for the EIRF data collection/entry?</b>	Grantee program and/or agency staff, providers, evaluator
<b>Who are the EIRF respondents?</b>	<ul style="list-style-type: none"><li>• Data abstraction</li><li>• No primary data collection</li></ul>
<b>How is the EIRF administered?</b>	<ul style="list-style-type: none"><li>• Information submitted via the SPDC using web-based form or excel spreadsheet upload.</li><li>• Data collection plan developed on site-by-site basis—tracking forms or existing data sources will most likely be used</li></ul>
<b>When will EIRF be administered?</b>	<ul style="list-style-type: none"><li>• Can be entered once per quarter or on an ongoing basis</li><li>• Ongoing throughout the grant period</li></ul>
<b>When will the EIRF begin?</b>	When program begins and tracking mechanisms are in place (EIRF-I), or screenings begin (EIRF-S)



## REFERRAL AND PROVIDER NETWORKS




# **SUICIDE SAFER ENVIRONMENT STUDY DATA SOURCES**

- **Referral Network Survey (RNS)**
- **Mental Health Provider Survey (MHPS)\***
- **Medicaid/Claims data\***



# REFERRAL NETWORK SURVEY (RNS)

## Purpose

- Examines collaboration and integration among grantees and stakeholders
  - Assesses network influence on: referral mechanisms; and policies and protocols regarding follow-up for youth who have attempted suicide and are at-risk for suicide
- 



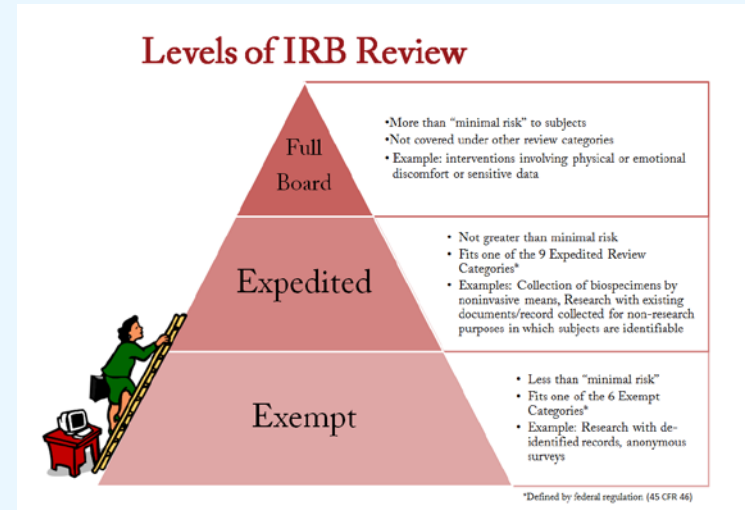
# REFERRAL NETWORK SURVEY (RNS)

<b>Who is responsible for the RNS data collection?</b>	ICF contacts potential respondents from collaborating organizations identified from grantees based on areas of training frequency
<b>Who are the RNS respondents?</b>	Representatives of youth-serving organizations and/or agencies that form referral networks supporting youth identified at risk
<b>How is the RNS administered?</b>	Web-based survey; sent via email to organizations by ICF
<b>When will RNS be administered?</b>	Administered to organization staff twice during the grant in years 2 and 3
<b>When will the RNS begin?</b>	Beginning in year 2; February 2016

# QUESTIONS?



# INSTITUTIONAL REVIEW BOARD (IRB) PROCESSES

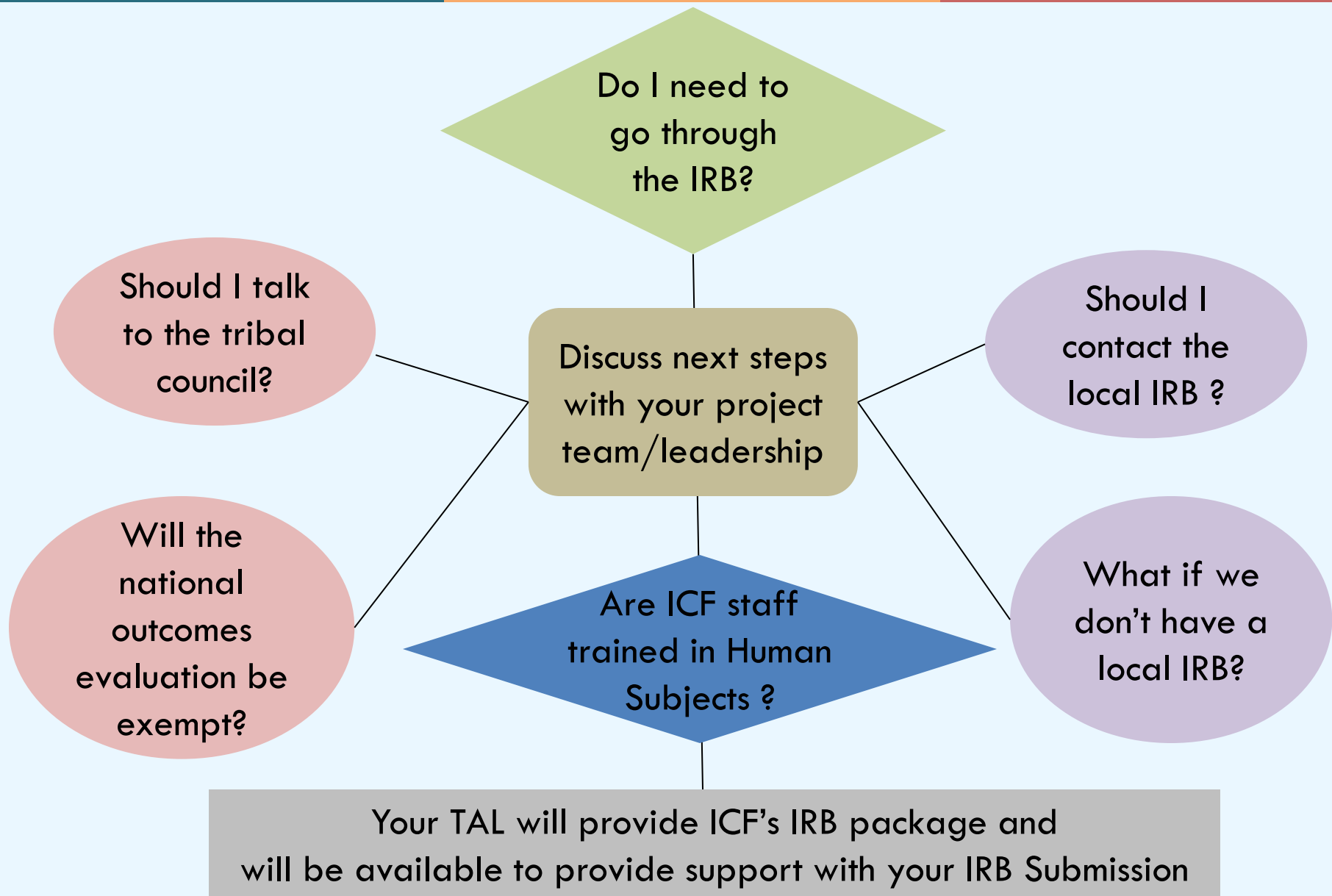


# ROLE OF THE IRB

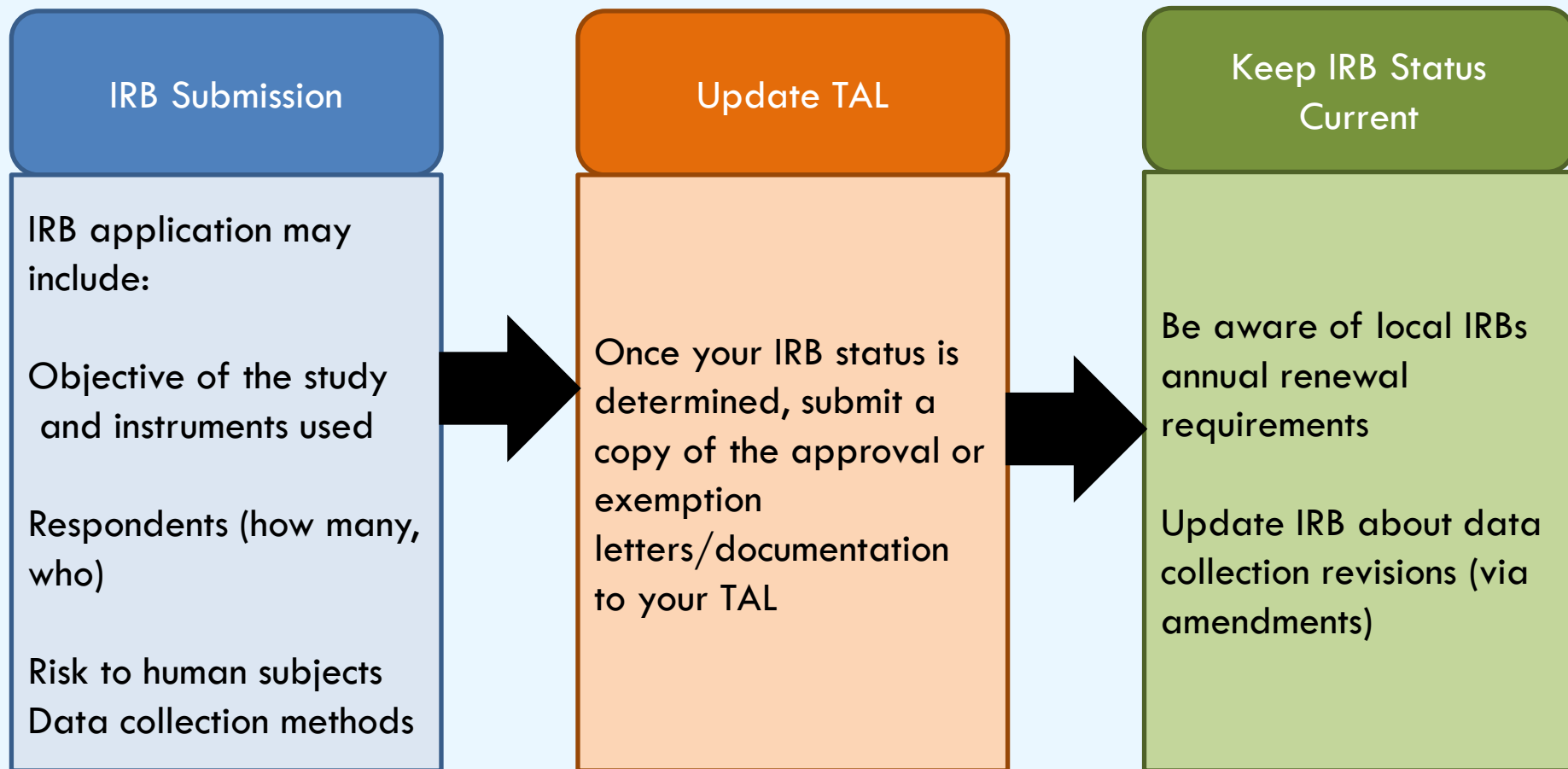
Protect the rights and welfare of individual research subjects and ensure:

- 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





# IRB PROCESSES



# IRB PROCESSES



- **TALs will provide Grantees with the following resources:**
  - Data collection instruments
  - ICF IRB application
  - ICF IRB approval letter
  - IRB package summary

*The National Outcomes Evaluation is being revised to incorporate elements from the new evaluation contract*

- ICF will submit new protocols to OMB and IRB
  - Approval anticipated Fall 2015
  - Once approvals have been received, grantees will be able to seek local approvals to implement revised activities



# QUESTIONS?







# **SUICIDE PREVENTION DATA CENTER (SPDC)**

# SUICIDE PREVENTION DATA CENTER (SPDC)

*WHAT IS THE SPDC?*

A web-based data collection, reporting, and management system



# THE GARRETT LEE SMITH MEMORIAL SUICIDE PREVENTION EVALUATION



[Change Password](#) | [Help](#) | [Logout](#)

- [Home](#)
- [Response Monitoring](#)
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- [Reports](#)
- [Instruments, Data Entry, & Manuals](#)
- [Administration](#)
- [Evaluation Resources](#)

## Garrett Lee Smith Memorial Act

To further mobilize the recommendations that have been made to decrease rates of youth suicide, Congress recently passed the Garrett Lee Smith Memorial Act, which was signed into law by President Bush on October 21, 2004. This act authorizes the use of \$82 million over 3 years to support States, Indian tribes, and colleges and universities to develop and implement various youth suicide prevention initiatives. This act strongly builds on Reducing Suicide, the Surgeon General's Call to Action (U.S. Public Health Service, 1999), and the National Strategy for Suicide Prevention (U.S. Public Health Service, 2001) in its directive to use the scientifically proven methodologies identified in each of these reports to target those youth and young adolescents who have historically generated the highest suicide rates. Products of this effort, which encapsulate recommendations from each of these reports, include the Garrett Lee Smith State-Sponsored Youth Suicide Prevention and Early Intervention Program as well as the Garrett Lee Smith Campus Suicide Prevention Program. Objectives of these two programs range from providing early intervention and assessment for youth at risk for mental or emotional disorders; conducting information and awareness campaigns to inform family members, peers, and others about the risk factors associated with youth suicide; to training physicians, educators, and providers to identify youth who exhibit at-risk behavior for youth suicide. This legislation not only provides support for implementing these strategies, but also directs these programs to evaluate the effectiveness of the targeted interventions provided by these programs.

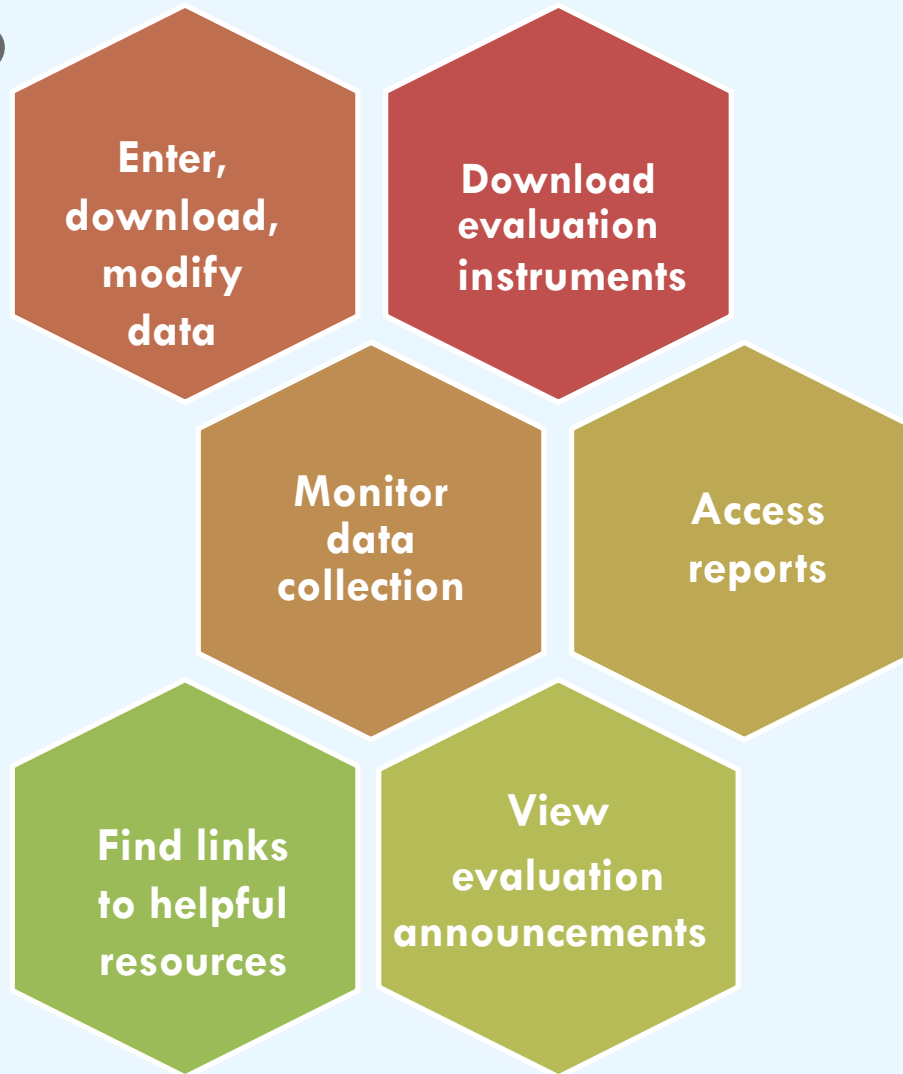
### ANNOUNCEMENTS

REMINDER: The PSI will be opening October 13 and will be open until October 31.



**Note:** Your session will expire after 30 minutes of inactivity. You will be prompted to request additional time.

# WHAT CAN GRANTEES DO ON THE SPDC?



# HOW DO I ACCESS THE SPDC?

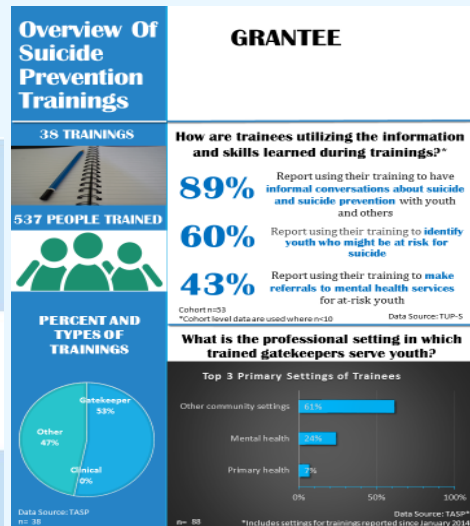
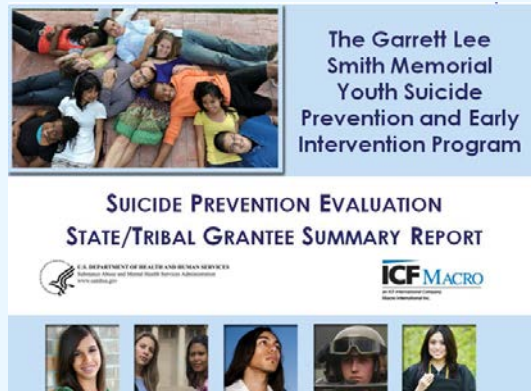
Grantee SPDC users  
provided with username  
and password



# SPDC SECURITY LEVELS & FUNCTIONS

SPDC FUNCTIONS	SECURITY LEVELS		
	CONTACT USER	SITE USER	SITE ADMINISTRATOR
ACCESS TO AGGREGATE AND COHORT –LEVEL REPORTS	✓	✓	✓
ACCESS TO GRANTEE-LEVEL REPORTS		✓	✓
ENTER DATA		✓	✓
DOWNLOAD DATA			✓

# REPORTS AND RESOURCES



# GLS REPORTS AND RESOURCES

- Infographics
- PSI Reports and Tip Sheet
- Grantee Summary Reports (GSRs)
- TRAC Reports
- Manuals
- Instrument-specific Reports and Tip Sheets

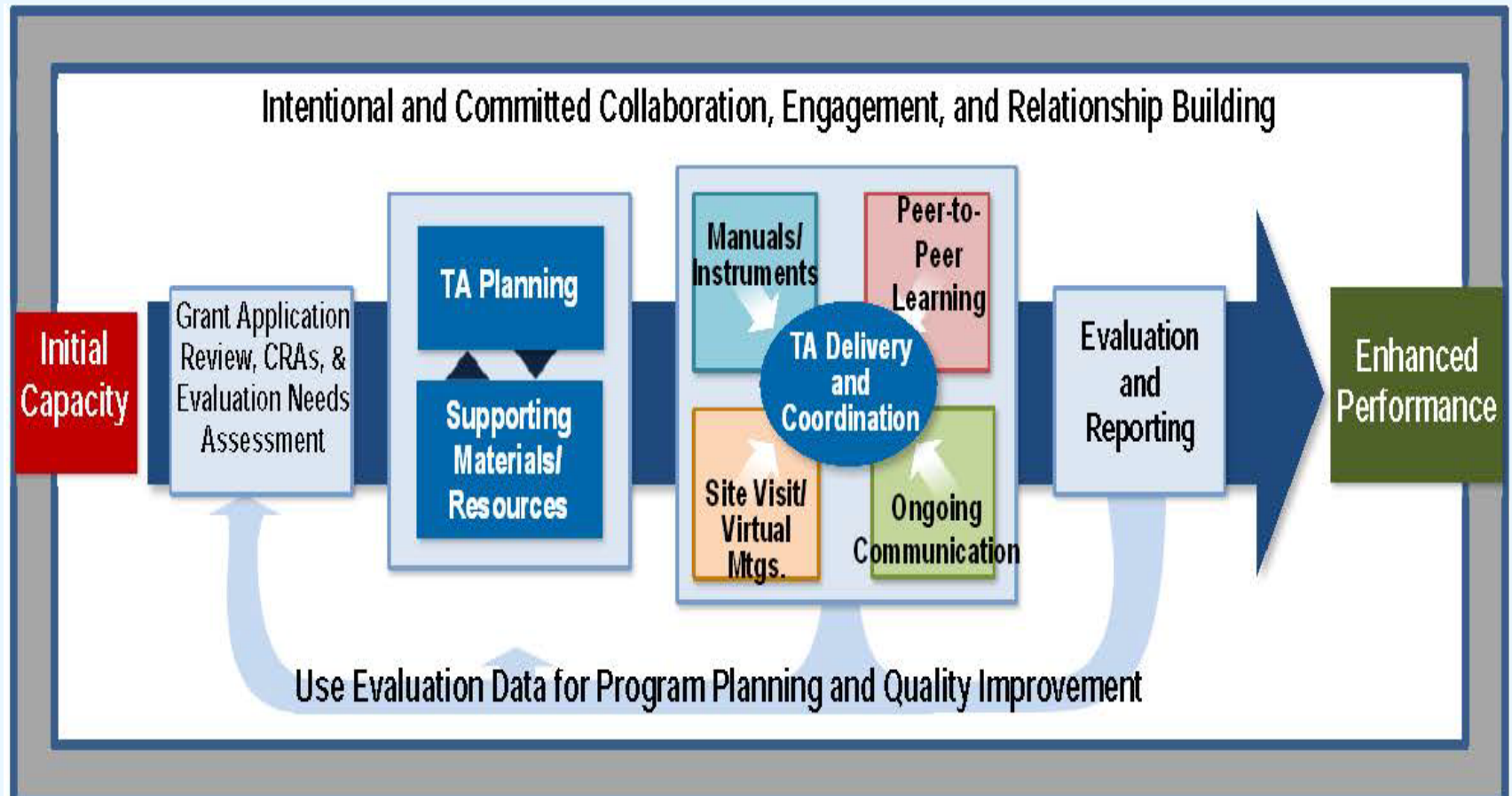




# EVALUATION TRAINING AND TECHNICAL ASSISTANCE



# EVALUATION TRAINING AND TECHNICAL ASSISTANCE



# TAL ROLES AND RESPONSIBILITIES

- ✓ Provide IRB guidance to grantees
- ✓ Support NOE data collection and submission
- ✓ Local evaluation monitoring
- ✓ Schedule and participate in monthly call
- ✓ Send monthly email to grantees
- ✓ Evaluation Needs Assessment (ENA) (via semi-structured telephone interview)
- ✓ Quarterly review of data issues with grantee
- ✓ Site visits - 1X and reports
- ✓ Facilitate peer-to-peer learning
- ✓ Quarterly data trends review and grantee summary report with GPOs with all TALS and SPRC
- ✓ Closeout/feedback calls

*We're here  
to help!*

# GRANTEE ROLES AND RESPONSIBILITIES

- ✓ Obtain appropriate local approvals including IRB approval
- ✓ Participate in training and technical assistance activities and monthly calls
- ✓ Gain stakeholder buy-in and use evaluation data
- ✓ Participate in data collection and data submission activities

# NEXT STEPS



# WHAT'S NEXT?

- Evaluation Needs Assessment (ENA) call with your TAL
- IRB
- Instrument webinars



# MARK YOUR CALENDAR!

## *Upcoming Webinars*

*CSE Data Collection  
Instruments and Data  
Submission Processes  
Webinar (part 1)*

**January 14, 2014**  
**2:00-3:30pm**

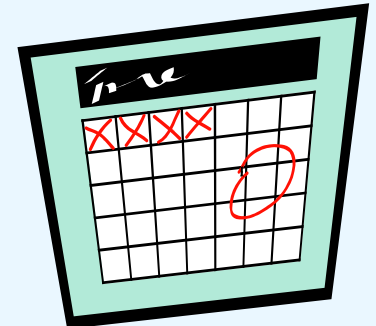
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*Using the Suicide Prevention  
Data Center (SPDC)  
Webinar: Data Submission,  
Data Cleaning and Reporting  
(part 3)*

**February 3, 2014**  
**2:00-3:30pm**

**January 20, 2014**  
**2:00-3:30pm**

*CSE Data Collection  
Instruments and Data  
Submission Processes  
Webinar (part 2)*



# YOUR NATIONAL EVALUATION OUTCOMES EVALUATION TEAM

- Hailey Reid, State/Tribal Team Lead – [hailey.reid@icfi.com](mailto:hailey.reid@icfi.com)
- State/Tribal Technical Assistance Liaisons (TALs):
  - Beth Bahe – [beth.bahe@icfi.com](mailto:beth.bahe@icfi.com)
  - Jane Carmona – [jane.carmona@icfi.com](mailto:jane.carmona@icfi.com)
  - Gretchen Clarke – [gretchen.clarke@icfi.com](mailto:gretchen.clarke@icfi.com)
  - Candace Flemming – [Candace.Fleming@ucdenver.edu](mailto:Candace.Fleming@ucdenver.edu)
  - Kawonda Holland – [kawonda.holland@icfi.com](mailto:kawonda.holland@icfi.com)
  - Hailey Reid – [hailey.reid@icfi.com](mailto:hailey.reid@icfi.com)
  - Jessie Rouder – [jessie.rouder@icfi.com](mailto:jessie.rouder@icfi.com)
  - Tasneem Tripathi – [tasneem.tripathi@icfi.com](mailto:tasneem.tripathi@icfi.com)

**Other questions about the evaluation? Please feel free to contact:**

- Nahama Broner, Project Director – [nahama.broner@icfi.com](mailto:nahama.broner@icfi.com) or
- Christine Walrath, Principal Investigator – [christine.walrath@icfi.com](mailto:christine.walrath@icfi.com)



# QUESTIONS?



