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

November 18, 2014

Gingi Pica, MPH, Nahama Broner, PhD, Anne Marie Schipani, MPH & Brandee Hicks, MPH
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- Enter your question and press Send.
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• 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
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?

- 39 Hotlines & Helplines
- 53 Means Restriction
- 61 Assessment & Referral Training
- 75 Screening Programs
- 77 Life Skills Development
- 91 Policies & Protocols
- 104 Direct Services, Traditional Healing Practices
- 107 Other Suicide Prevention Strategies
- 118 Coalitions & Partnerships
- 145 Gatekeeper Training
- 151 Outreach & Awareness

57 Tribal grantees
97 State grantees
PRIOR EVALUATION FINDINGS

Number of Individuals Trained by State/Tribal and Campus Grantees

- **State** (N= 479,495)
- **Tribal** (N= 38,486)
- **Campus- Trainings** (N=119,251)
- **Campus- Educational Seminars** (N=109,876)

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

**Total # of Youth Identified**

34,290

- 36% Gatekeeper
- 64% Screenings

WHERE ARE YOUTH BEING REFERRED?

- Mental Health Referral Only
- Mental Health and Non-Mental Health Referrals
- Non- Mental Health Referral Only
- No Referral

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
- 61% Mental Health Counseling
- 40% Substance Abuse Assessment

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

<table>
<thead>
<tr>
<th>Control counties</th>
<th>Implementing counties</th>
</tr>
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<tbody>
<tr>
<td>9.0</td>
<td>7.6</td>
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</table>

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.

Number of gatekeepers trained over the previous year:

- 0.55
- 1.35
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

Continuity of Care Study
Suicide Safer Environment Study
Training Study

IMPACT, OUTCOME, & IMPLEMENTATION ANALYSIS

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

Cross-core, technical assistance, evaluation needs assessment

GLS National Outcomes Evaluation

• 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
SUICIDE PREVENTION STRATEGIES INVENTORY (PSI)

- Direct Service/Traditional Healing
- Outreach & Awareness
- Gatekeeper Training
- Assessment, Clinical & Referral Training
- Life Skills & Wellness Dev.
- Screening Programs
- Hotlines/Helplines
- Means Restriction
- Coalitions/Partnerships
- Policies/Protocols
- Other Prevention Strategies

SUICIDE PREVENTION STRATEGIES
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 (PSI)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is responsible for data collection for the PSI?</td>
<td>Grantee Program Staff</td>
</tr>
<tr>
<td>How is the PSI administered/entered?</td>
<td>Web-based form entered into SPDC</td>
</tr>
<tr>
<td>When will the PSI be administered?</td>
<td>Once per quarter, throughout the grant period</td>
</tr>
<tr>
<td>When will the PSI begin?</td>
<td>January 2015</td>
</tr>
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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*
Purpose

- Gathers aggregate training information for training activities implemented

- Collects trainee role, setting, intended outcome and booster training information
<table>
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<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Who is responsible for TASP data collection/entry?</td>
<td>Grantee Program Staff</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>Within 2 weeks of training activity, ongoing throughout the grant period</td>
</tr>
<tr>
<td>When will the TASP begin?</td>
<td>As soon as training activities begin</td>
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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)**

| **Who is responsible for collecting the TUP-S consent to contact forms?** | • 3-month: Grantee Program Staff and/training facilitators – distribute forms to trainees and gather and submit them to ICF within 2 weeks of a training  
• 6-month: ICF Interviewers obtain consent to contact at the conclusion of 3-month survey via phone |
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<tbody>
<tr>
<td><strong>Who are the TUP-S respondents?</strong></td>
<td>Random sample of trainees who consent to be contacted at 3- and 6- months</td>
</tr>
<tr>
<td><strong>How is the TUP-S administered?</strong></td>
<td>Computer-Assisted Telephone Interview (CATI) implemented by ICF with trainees</td>
</tr>
<tr>
<td><strong>When will TUP-S be administered?</strong></td>
<td>At 3- and 6- months following a training event; throughout the grant period</td>
</tr>
<tr>
<td><strong>Do trainees receive an incentive?</strong></td>
<td>Yes, a $10 money order or Amazon gift code</td>
</tr>
<tr>
<td><strong>When will the TUP-S begin?</strong></td>
<td>As soon as training activities begin</td>
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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)*
Purpose

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

- 监测自杀预防筛查的识别率
- 聚合级信息
  - 所有被筛查的青年
  - 具有阳性结果的青年
- 只有实施筛查的受资助者
  - 每次筛查活动应填写一份EIRF筛查表
# EARLY IDENTIFICATION, REFERRAL, AND FOLLOW-UP (EIRF) INDIVIDUAL & SCREENING FORM

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

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

Levels of IRB Review

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

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

- Exempt
  - Less than "minimal risk"
  - Fits one of the 6 Exempt Categories
  - Example: Research with de-identified records, anonymous surveys

*Defined by federal regulations [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
Do I need to go through the IRB?

Discuss next steps with your project team/leadership

- Should I talk to the tribal council?
- Will the national outcomes evaluation be exempt?
- Should I contact the local IRB?
- What if we don’t have a local IRB?

Are ICF staff trained in Human Subjects?

Your TAL will provide ICF’s IRB package and will be available to provide support with your IRB Submission.
IRB PROCESSES

IRB Submission

IRB application may include:

Objective of the study and instruments used

Respondents (how many, who)

Risk to human subjects

Data collection methods

Update TAL

Once your IRB status is determined, submit a copy of the approval or exemption letters/documentation to your TAL

Keep IRB Status Current

Be aware of local IRBs annual renewal requirements

Update IRB about data collection revisions (via amendments)
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
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.
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
<table>
<thead>
<tr>
<th>SPDC FUNCTIONS</th>
<th>SECURITY LEVELS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CONTACT USER</td>
</tr>
<tr>
<td>ACCESS TO AGGREGATE AND COHORT-LEVEL REPORTS</td>
<td>✓</td>
</tr>
<tr>
<td>ACCESS TO GRANTEE-LEVEL REPORTS</td>
<td></td>
</tr>
<tr>
<td>ENTER DATA</td>
<td></td>
</tr>
<tr>
<td>DOWNLOAD DATA</td>
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</tbody>
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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

Intentional and Committed Collaboration, Engagement, and Relationship Building

- Initial Capacity
  - Grant Application Review
  - CRAs, & Evaluation Needs Assessment

- TA Planning

- Supporting Materials/Resources
  - Manuals/Instruments
  - Peer-to-Peer Learning

- Site Visit/Virtual Mtgs.
  - Ongoing Communication

- TA Delivery and Coordination

- Evaluation and Reporting

Use Evaluation Data for Program Planning and Quality Improvement

Enhanced Performance
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

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

Other questions about the evaluation? Please feel free to contact:
- Nahama Broner, Project Director – nahama.broner@icfi.com or
- Christine Walrath, Principal Investigator – christine.walrath@icfi.com
QUESTIONS?