Garrett Lee Smith (GLS) State/Tribal Youth Suicide Prevention and Early Intervention Evaluation Supporting Statement B

B. Collections of Information Employing Statistical Methods

1. Respondent Universe and Sampling Methods

Exhibit 1 displays the expected number of respondents to each data collection activity across the three-year OMB period.

Exhibit 1. Total Number of Respondents by Data Collection Activity

Instrument	Participating Grantees	Respondents per Grantee	Total Respondents
PSI	31	1	31
TASP	31	1	31
EIRFT Individual Form	31	1	31
EIRFT Screening Form	31	1	31
TSA-P & Consent to Contact	31	Approximately 320	30,000
TSA-F 6-Month Version	31	Approximately 6	561
TSA-F 12-Month Version	31	Approximately 5	420
TSA-PS	31	Approximately 3	303
YORS Baseline Version	31	Approximately 30	900
YORS 3-Month Version	31	Approximately 23	720
YORS 6-Month Version	31	Approximately 19	576
YORS 12-Month Version	31	Approximately 11	345
YER Journal	31	Approximately 2	75

The respondent universe and sampling methods are described below for the following data collection activities: Training Skills Assessment Follow-up (TSA-F 6- and 12-months), the Training Skills Assessment Phone Simulation (TSA-PS) and the Youth Outcomes and Resiliency

Survey (YORS). The following data collection activities are reports on grant activities or existing data abstractions required from every grantee, so no sampling is required: PSI, TASP, EIRF-I, and EIRF-S. Respondents to these activities will be program staff and/or project evaluators. Recent response rates to appropriate activities, along with psychometric analyses, are presented in Exhibit 3 in Section B.4.

Training Skills Assessment- Follow-up (TSA): the TSA-F will be conducted with a random sample of adults participating in training. Respondents to the TSA-F at 6 months are also asked to consent to be contacted at 12 months.

Recruitment of the sample will continue until a total of 187 trainees per year are enrolled to participate in the TSA-F in years 2-5. Results of a power analysis for the TSA-F assuming the use of a repeated measures analysis of variance (ANOVA) with two groups of trainees (based on trainee characteristics like gender, age group, or training type [gatekeeper vs. clinical]) and three measurement timepoints (baseline, 6 months, and 12 months) to test for a group X time interaction effect indicated a total sample size of 140 (70 per group) with an effect size of f = 0.30, alpha = 0.05, and correction for non-sphericity = 0.75 would have power >= 0.80. Assuming a 25% attrition rate, a total sample of 187 trainees will be enrolled per year for the 6-month TSA-F to have a final sample of 140 at 12 months.

Training Skills Assessment- Phone Simulation: For the TSA-PS subsample, results of a power analysis assuming the use of a repeated measures ANOVA with two groups of trainees (low vs. high skills retention at 3 months) and three timepoints (baseline, 6 months and 12 months) to test a group X time interaction effect indicated a total sample of 76 (38 per group) with an effect size of $f = 0.38$, $\alpha = 0.05$, and correction for non-sphericity = 0.75 would have power = 0.80. Again, assuming 25% attrition, a total subsample of 101 trainees will need to be enrolled per year (years 2-4) for the 3-month TSA-PS to have a final sample of 76 at 12 months.

To ensure diverse representation, participants for the TSA-PS and TSA-F will be selected with consideration for the following stratification criteria: training from the best practices registry[1] (yes/no); training type (gatekeeper or clinical); grantee type (state/tribal); geographic region (e.g., Northeast, Southeast, Southwest. Northwest), planned frequency of trainings; and planned numbers of trainees.

Youth Outcomes and Resiliency Survey (YORS) and Youth Experience Reflective (YER) Journal

Once grantees are identified and agree to participate, participants between the ages of 14–24 years who receive a positive screening result from a participating grantee and receive a referral to a mental health provider (mental health service) or youths who attend skills-based training will be eligible for participation. The YORS will be administered at enrollment, 3-, 6-, and 12-months post enrollment, with enrollment occurring no later than 1 month following referral to a behavioral health service. Participants in the YORS will also be eligible to participate in the YER Journal. Results of a power analysis for the YORS assuming the use of a repeated measures analysis of variance (ANOVA) with three groups (school, juvenile justice, and community coalition settings) across four measurement timepoints (baseline, 3, 6, and 12 months) to test for a group X time interaction effect indicated a total sample size of 115 (approximately 38 per

[1] SPRC Best Practices Registry, https://sprc.org/bpr-archive

group[2]) with an effect size of $f = 0.34$, $\alpha = 0.05$, and correction for non-sphericity = 0.75 would have power = 0.80. Assuming a 25% attrition rate, a total sample of 300 youths will be enrolled to have a final sample of 115 at 12 months.

[2] The number of youths enrolled from the three settings may vary and cannot be determined *a priori*.

Information Collection Procedures

Information collection procedures for the GLS State/Tribal Evaluation instruments are described in Exhibit 2.

Exhibit 2. Information Collection Procedures

Instrument	Procedures
PSI	*Quarterly PSI*: One day after the end of each FY quarter, the grantee will receive a link to the PSI (via the SPDC) by email. Before logging in initially, the grantee will reset their password and then proceed to enter program strategy and budget information relevant for that quarter. The grantee must finalize the submission by the PSI deadline, which is the last day of the month after the end of each FY quarter. The PSI instrument lead will review PSI data submitted each quarter, following the deadline, to ensure data quality. PSI respondents will be provided with technical assistance via email or telephone to address any questions on how to categorize or enter prevention strategies implemented through their GLS program. *PSI Behavioral Health Equity (BHE) Module (annual)*: The PSI-BHE module will be administered once annually directly following grantees' submission of the PSI in quarter 4 (see process overview above). This module is designed to assess grantee efforts to reduce behavioral health disparities and promote behavioral health equity as part of their strategy implementation. Questions focus on cultural adaptations, efforts to address social determinants of health, progress highlights, and lessons learned. To support the grantee in completing the PSI-BHE, the SPDC will generate a list of the strategies/sub-strategies that grantees have entered throughout the year (in Q1, Q2, Q3, and Q4) for reference. Grantee staff completing the PSI will be prompted to consider the list of strategies and respond to several questions with broad consideration of strategy implementation over the year. In addition, grantees will be asked to respond to strategy-specific questions as relevant to their project implementation activity. *PSI Sustainability Module*: This module will be administered twice during the grant period for each grantee to assess grantee activity related to planning for program sustainability. For currently funded grantees, this module will be administered in quarter 1 of FY2025 (all grantees) and again in quarter 3 of FY2027 (Cohort 17 grantees only). Any newly funded grantees will participate in quarter 1 of the first year of the grant and in quarter 3 of the last year of the grant. In each case, the module will be administered following the relevant quarterly PSI (see process overview above). To support grantees in completing this module, the SPDC will generate a list of the strategies/sub-strategies grantees have reported implementing in the quarterly PSI for reference. Grantee staff will respond to one strategy-specific question at each administration timepoint and a larger set of questions regarding program sustainability overall at the second administration timepoint.
TASP	Grantees will receive a link to the TASP (via the SPDC) by email. Before logging in initially, the grantee will reset their password and then proceed to submit TASP data via a web-based form on the SPDC. ICF will provide training for grantees on entering the data and will monitor participation. A TASP is completed by grantee program staff within 2 weeks of each in-person training activity and quarterly for virtual training activities.
TSA-P, TSA-F, and TSA-PS	During training events, all participants will be asked to complete the TSA-P. The survey will be administered electronically (via URL or QR code at the time of the training). If a trainer is unable to administer the survey or consent-to-contact form electronically, or a trainee does not have access to a mobile device or computer, they may also complete the survey and consent-to-contact form on paper. The grantee will submit this information to ICF, through direct data entry into the SPDC, within 2 weeks of the training event. The TSA-P includes a consent to contact form indicating their willingness to be contacted to participate in the TSA-F and the TSA-PS. Once consent to contact has been received,

Instrument	Procedures
	ICF will contact a random sample of respondents for the TSA-PS and TSA-F(6). Following each data collection, trainee respondents will be asked for consent to recontact.
EIRFT-I	Grantee staff upload EIRFT-I data or enter EIRFT-I data via an online survey function each quarter to the SPDC. Initial follow-up information is entered during the same month of identification. Additional referral and service receipt is added for 6 months following the initial identification. Data are extracted from case records or other existing data sources, including any organizational staff, community members, or family members who make a mental health identification and referral. For grantees that do not have access to an existing tracking system, they should contact their technical assistance liaison, prevention specialist, and SAMHSA Government Project Officer to discuss approaches for adequately tracking and monitoring youth identified and referred for services. Grantee program staff enter EIRFT-I data into the SPDC on an ongoing basis throughout their grant period.
EIRFT-S	The grantee will submit EIRFT–S forms each quarter via upload or an online survey function. EIRFT-S forms are completed once per each implementation of a screening tool in a group setting, once per month for clinical screenings, and once per month for one-on-one screenings. For each screening event at which multiple youth are screened at a given time, one EIRFT–S should be completed for the event. For one-on-one screenings in a clinical or other setting, one aggregated EIRFT–S is completed per month to reflect screening outcomes of all youth screened during the month. Grantees develop systems locally to gather screening data, including extracting data from existing electronic health records or forms. Grantee program staff enter EIRFT-S data into the SPDC on an ongoing basis throughout their grant period.
YORS	Youth participants will be invited to participate the YORS via a web-based survey completed on the SPDC. Youth will receive an email invitation to complete the survey at approximately 3-, 6-, and 12-months after enrollment, with enrollment occurring no later than 1 month following referral to a behavioral health service.
YER Journal	Youths will be asked to respond to a weekly journal prompt with a photo and a corresponding narrative interpretation of the photo. For example, youths may be asked to reflect on a recent experience receiving services. The youth would be asked to submit a photo that represents that experience, followed by a prompt that asks: “What words come to mind? How did it make you feel?” The narrative description of what the photo represents will be analyzed using qualitative methodologies as described below. Up to 25 youths will be recruited to participate in the YER Journal each year.

2. Methods to Maximize Response Rates

Participation in the GLS State/Tribal Evaluation is a requirement of the GLS Suicide Prevention Program. Therefore, completion of the PSI, EIRFT-I, EIRFT-S, and TASP by program staff will be a requirement. However, the evaluation team has taken several steps to minimize the burden on local programs to ensure that completion is timely. These steps include developing a web-based data collection system, using updated technology, and providing training and technical assistance to grantees. The evaluation team also will provide training and technical assistance to maximize response rates for the other data collection activities by hosting web trainings, and distributing procedural manuals, Specific methods to increase the response rates are provided in Exhibit 3 below.

Exhibit 3. Methods to Maximize Response Rates

Instrument	Methods to Maximize Response Rates
TSA-F and TSA-PS	The TSA-P link will be generated within the SPDC or emailed to an alternative contact[3]. Following the training, the trainer will distribute this link to all participants who completed the entire training. This link may be shared via email, a QR code, or text message. Participants will be encouraged to complete the survey at the time of the training. If a participant starts the survey but does not complete it, they will receive up to 2 reminders via email or text message to encourage participation. A $20 gift card is provided to all respondents who complete the follow-up survey (for a total of $40) and a $50 gift card is provided to all respondents who complete the phone simulation.
YORS	For youths enrolled in the YORS, we will employ a graduated incentive scheme to encourage participation and ensure retention. Youths will receive $20 for data collection timepoint 1, $25 for timepoint 2, $25 for timepoint 3, and $30 for timepoint 4, for a total of $100 for study participation for 12 months.
YER Journal	Our team will leverage innovative data collection technology to engage youth. Weekly prompts will be sent to youths for 6 weeks post enrollment to discover, for example, which components of what youths are receiving are meaningful and helpful, and how youths may be utilizing skills or services following the initial screening, both in the short and long terms. For the YER Journal, youth will receive $20 for participation.

3. Tests of Procedures

Drawing on a 14-year experience collecting data through the evaluation of the GLS program, as well as the findings from the evaluation, improvements have been made to the administration protocols and content of data collection instruments. As new measures were developed, standard instrument development procedures, including review of the literature, item development, and content review by experts in the field were used. All instruments underwent procedures to enhance question accuracy and determine administration times. In addition, web-enabled instruments will undergo usability testing prior to fielding. Usability testing refers to pilot testing of the interface for administering questionnaires to determine the most efficient and understandable presentation. Typically, this is completed with a prototype and modifications are made before final fielding.

Drafts of the instruments were developed and reviewed by evaluation team members, survey methodologists, representatives from SAMHSA, and content experts in the field of suicide prevention and two youth with lived experience. Item analyses were conducted across instruments to be sure that key critical items were assessed similarly across all questionnaires. To enhance question accuracy and determine administration time, instruments underwent cognitive and/or pilot testing or expert review.

[3] For example, an administrative person may register the trainings in the system in advance and the TSA-P can be emailed to the trainer.

Exhibit 4 below outlines the response rates and psychometric analyses associated with GLS State/Tribal Evaluation data collection activities, as well as revisions to existing protocols to maximize response rates.

Exhibit 4. Data Collection Activity Revisions and Response Rates

Instrument	Response Rate & Psychometric Analyses Information[4]	Revisions to Proposed Protocol [5]
PSI Revised	Among previously funded grantees, 95.5% of states and tribes participated in the last PSI. Psychometric analyses are not appropriate.	No revisions related to response rates proposed; content changes only.
TASP Revised	TASP is not a sample survey, but a brief form that program staff are required to complete for every GLS- sponsored training. Because of the simplicity and its required nature, coverage is presumed to be close to complete.	None
EIRFT-I & EIRFT-S Revised	The EIRFT-I and EIRFT-S do not have identified samples and therefore response rate information is not applicable. However, we monitor the participation of grantees in each activity. Based on analysis of the previous GLS evaluation data, overall, 86.6% of currently funded grantees participate in the EIRF (92.3% of cohort 9, 83.3% of cohort 10, 100% of cohort 11 and 33.3% of cohort 12 grantees are participating in the EIRF). Psychometric analyses are not appropriate.	The EIRFT-I and EIRFT-S will continue to collect information about youth identified at-risk by gatekeepers and/or via screening tools. Initial referral follow-up information and details about second appointments will be obtained within 3 months. No revisions related to response rates are proposed; content changes only.

4. Methods Used

ICF has full responsibility for the development of the overall statistical design and assumes oversight responsibility for data collection and analysis. Training, technical assistance, and monitoring of data collection will be provided by the GLS State/Tribal Evaluation team.

5. Consultants

The individuals responsible for overseeing data collection and analysis are:

Christine M. Walrath, PhD

[4] Psychometric analyses are indicated for data collection instruments that apply scales and generate analyzable data. If the activity doesn't collect scaled data it is not considered appropriate for psychometric analysis and is thereafter indicated as "not appropriate".

[5] The approaches to address response rates and implementation challenges through protocol revision have been included in the last column of the exhibit.

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Attachments

A. Garrett Lee Smith Memorial Act
B. Prevention Strategies Inventory (PSI)
    1. Clean Version
    2. Changes Marked Version
C. Training Activity Summary Page (TASP)
    1. Clean Version
    2. Changes Marked Version
D. Training Skills Assessment – Post Training (TSA-P)
E. Training Skills Assessment – Follow-up (TSA-F)
F. Training Skills Assessment – Phone Simulation (TSA-PS)
G. Early Identification, Referral, Follow-up, and Treatment – Individual Form (EIRFT-I)
    1. Clean Version
    2. Changes Marked Version
H. Early Identification, Referral, Follow-up, and Treatment – Screening Form (EIRFT-S)
    1. Clean Version
    2. Changes Marked Version
I. Youth Outcomes and Resiliency Survey (YORS)
J. Youth Experience Reflective Journal (YER Journal)
K. SPDC Data Use and Access Agreement