

GARRETT LEE SMITH YOUTH
 SUICIDE PREVENTION AND EARLY
 INTERVENTION:
 STATE/TRIBAL CROSS-SITE
 EVALUATION

**Grantee Meeting
 Plenary Presentation
 January 5th, 2009**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 National Center for Mental Health Services Administration
 Center for Mental Health Services
 www.samhsa.gov

INTERNATIONAL, INC.
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EVALUATING THE GARRETT LEE SMITH INITIATIVE

Local Evaluations
 Cross-Site Evaluation
 Enhanced Local Evaluation

**Comprehensive GLS
 Program Evaluation**

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THE CROSS-SITE EVALUATION

- ④ Fundamental component of the authorizing legislation, the Garrett Lee Smith Memorial Act
- ④ Consistent information across programs
- ④ Suicide prevention
 - Understood,
 - Improved, and
 - Sustained
- ④ Inform local and federal programmatic decision making

PRIMARY AREAS OF GRANTEE ACTIVITIES 2005-2008

- ④ Community-based training
- ④ Outreach and awareness
- ④ Infrastructure Development
- ④ Connecting youth with services

COMMUNITY-BASED TRAINING

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Significant Findings

- Over 65,000 individuals have been trained in suicide prevention by State and tribal grantees
- Grantees have submitted information about more than 29,000 trainees
- Most training incorporates gatekeeper components including risk factor awareness (92%), effective intervention (77%), and referral procedures/protocols (58%)
- At least one participant from every gatekeeper training reported engaging with an individual because of a concern they might be suicidal

COMMUNITY-BASED TRAINING (CONT.)

Trainee Characteristics*

Role	No. of Participants	Percentage of participants
Caregiver	7,761	32.2%
Mental health service Provider	3,881	16.1%
Teacher/secondary school staff	9,238	38.3%
Child welfare staff	1,702	7.1%
Probation officer/juvenile justice	745	3.1%
Primary care provider	1,325	5.5%
University faculty	1,073	4.4%
University student	2,758	11.4%
Police officer/law enforcement	552	2.3%
Trainer	303	1.3%

More than 30% of trainees affiliate with more than one role

*From the Training Exit Survey; N= 24,125 from 33 Cohort 1-3 sites



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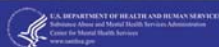
COMMUNITY-BASED TRAINING (CONT.)

Participants' Intent to Use Their Training by Role*

Intent to...	Parent/ Foster Parent/ Caregiver	Direct Mental Health Service Provider	Teacher or Other Secondary School Staff	Child Welfare Staff	Probation Officer or Other Juvenile Justice Staff	Police Officer
Screen youth	31.3%	45.9%	28.3%	48.2%	54.9%	27.6%
Increase suicide awareness	83.0%	80.5%	79.9%	78.7%	76.0%	78.0%
Identify youth who might be at risk	62.1%	61%	67.3%	73.5%	72.4%	43.6%
Provide direct services to at-risk youth and/or their families	24.8%	50.4%	21.7%	42.9%	44.2%	28.7%
Train other staff members	11.6%	29.2%	7.6%	19.6%	22.3%	19.6%
Make referrals to mental health services for youth	41.9%	52.2%	42.5%	64.8%	63.2%	41.0%

*From the Training Exit Survey; N=27,308 from 33 Cohort 1-3 sites

Neither role nor intent to use are mutually exclusive categories



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COMMUNITY-BASED TRAINING (CONT.)

Utilization*

Utilization 2 Months Post-Training	Direct Mental Health Service Provider	Teacher or Other Secondary School Staff	Child Welfare Staff	Probation Officer or Other Juvenile Justice Staff
Heighten Awareness	One-half	Many	Most	Two-thirds
Sharing Information	Two-thirds	Three-quarters	Three-quarters	Many
Asked questions to assess suicidality	One-third	One-quarter	Several	One-quarter
Increased comfort or confidence	Many	One-half	Three-quarters	One-half
Improved communication skills	Two-thirds	Many	Many	Two-thirds
Intervened with suicidal individual	Some	A few	Some	One-half

*From the Training Utilization and Penetration Key Informant Interview; N= 240 interviews from 26 cohort 1 and 2 sites

OUTREACH AND AWARENESS

OUTREACH AND AWARENESS

Significant Findings

- Grantees have developed over 625 different print materials
- Other outreach and awareness activities include:
 - PSAs
 - Awareness walks
 - Commercials
 - Community and youth identity-affirming activities including canoe journeys and ropes courses especially in tribal communities
- Most outreach and awareness activities are targeted to multiple audiences, primarily:
 - Youth
 - Caregivers
 - Mental Health service providers
 - Educators

OUTREACH AND AWARENESS

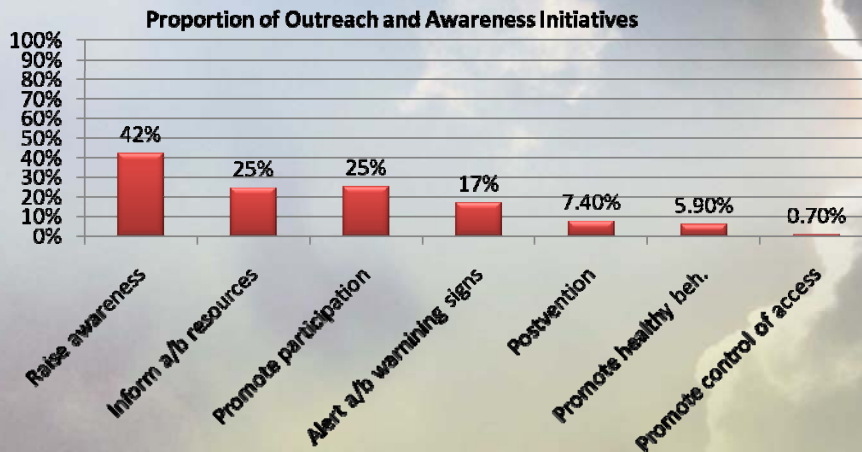
Types of Awareness Products and Activities*

Product or Activity	Total Number	Percentage Developed During FY 2008	Percentage Used During FY 2008, but Purchased or Developed Previously
Awareness activities	175	62%	23%
Awareness products			
Print materials	625	51%	38%
Billboards	8	75%	25%
Web development/enhancement	40	58%	40%
Visual/audio media	97	61%	19%
Total	945	54%	

*From Products and Services Inventory; N=36 Cohort 1-3 sites

OUTREACH AND AWARENESS

Purposes of Awareness Products and Activities*



*From Products and Services Inventory; N=945 products/activities from 36 Cohort 1-3 sites

INFRASTRUCTURE DEVELOPMENT

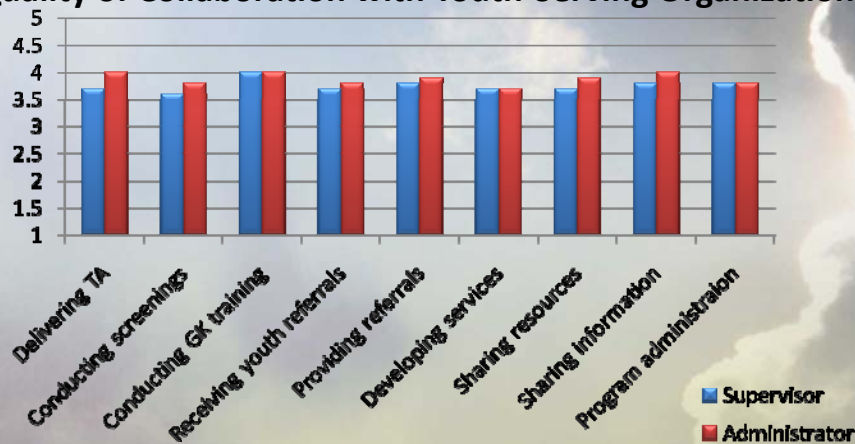
INFRASTRUCTURE DEVELOPMENT

Significant Findings

- Grantees have focused most of their infrastructure development resources (more than 50% of overall budgets) on training
- Other infrastructure development efforts include:
 - Outreach and awareness
 - Early identification
 - Statewide coalitions
 - Policy and research
 - Collaboration with child-serving organizations
 - Management information systems and electronic databases

INFRASTRUCTURE DEVELOPMENT: IMPROVING COLLABORATION

Quality of Collaboration with Youth-Serving Organizations*



Scale: 1=poor collaboration to 5=Excellent collaboration

*From Referral Network Survey ; N=35 supervisors, N=36 administrators from 36 cohort 1-3 sites

INFRASTRUCTURE DEVELOPMENT:
IMPROVING DATA ACCESSIBILITY AND UTILITY

Data Availability, Accessibility and Integration*

Agency Type	% of agencies with electronic data systems	% of grantees that accessed agency data system for their suicide prevention program
Mental Health (n=27)	81.5%	18.2%
Child Welfare (n=17)	64.7%	9.1%
Juvenile Justice (n=18)	66.7%	16.7%
Police (n=12)	41.7%	20%
State Health Department (n=23)	82.6%	73.7%
Education (n=24)	58.3%	21.4%
Hospital/Medical Center (n=16)	75.0%	50.0%

*From Existing Database Inventory; N=36 Cohort 1-3 sites

CONNECTING YOUTH
WITH SERVICES

CONNECTING YOUTH WITH SERVICES

Significant Findings

- EIRF collection efforts have led to improved grantee infrastructure for tracking youth
- Screening and gatekeeping contribute substantially to EIRF information, but reflect two very different processes
- Nearly all youths about whom information is provided are connected with mental health or non-mental health services within 3 months of being identified at-risk

IDENTIFYING AND REFERRING YOUTH FOR SERVICES

Identification Source*

Source	Youth Identified at-risk (n=3,903)
Screening	83.4%
Gatekeeper Identifications	
Parent/foster parent/caregiver	1.4%
Mental health service provider	4.4%
Teacher or other school staff	2.0%
Child welfare staff	1.3%
Probation officer or juvenile justice staff	4.6%
Primary care provider	.1%
Police Officer	.1%

*Early Identification Referral and Follow-up ; N=25 Cohort 1 and 2 sties

IDENTIFYING AND REFERRING YOUTH FOR SERVICES (CONT.)

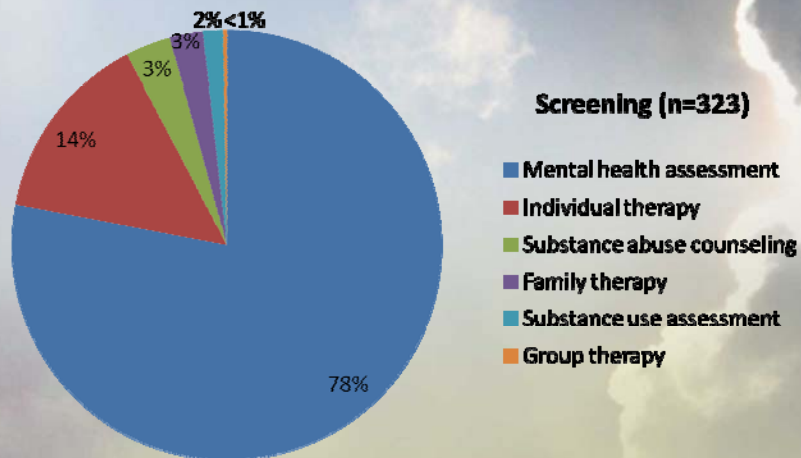
Types of Referrals*

Type of Referral	Identified at Risk Through Screening (n=2,277)	Identified at Risk Through Trained Gatekeepers (n=646)
Mental health service referrals	86.3%	87.0%
Non-mental health service referrals	47.4%	26.3%
No referral	2%	7.1%

*From the Early Identification, Referral and Follow-up; N=25 Cohort 1 and 2 sites

IDENTIFYING AND REFERRING YOUTH FOR SERVICES (CONT.)

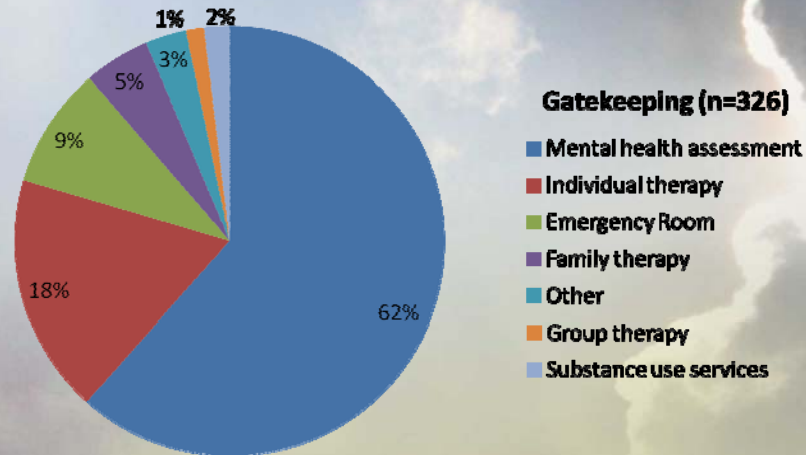
Service Receipt through Screening*



*From the Early Identification, Referral and Follow-up; N=25 Cohort 1 and 2 sites

IDENTIFYING AND REFERRING YOUTH FOR SERVICES (CONT.)

Service Receipt through Gatekeepers*



*From the Early Identification, Referral and Follow-up; N=25 Cohort 1 and 2 sites

LESSONS LEARNED FROM THE CROSS-SITE EVALUATION

- Grantees are implementing diverse, community-based suicide prevention and early intervention programs adapted to address local needs and sociopolitical contexts
- Most grantees are implementing multi-tiered programs addressing local as well as Tribe-wide/State-wide priorities
- The collective impact of grantee initiatives is tremendous especially in terms of expanding the number of community members prepared to identify at-risk youth and link them with services, developing coalitions, improving policies and protocols, developing materials and activities to improve access to services, increasing knowledge and understanding about youth mental health, and monitoring youths at-risk for suicide
- Collecting uniform data across diverse initiatives is challenging and has limitations, but through collaborative work, nearly all sites are fully participating in the cross-site evaluation

LOOKING AHEAD

- ④ Improved instrumentation
- ④ Site-level Referral Network Survey reports
- ④ Detailed and extended training evaluations