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).

UTILIZING NATIONAL EVALUATION DATA TO BENEFIT YOUR PROGRAM

State/Tribal Breakout 3C

Tuesday 2:30 – 3:45
DISCLAIMER

The views, opinions, and content expressed in this publication do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).
SESSION OVERVIEW

• Review of GLS National Outcomes Evaluation (NOE) Impact Findings
• GLS NOE Data Highlights
• Examples of Grantee use of data in their communities
  – Nebraska: Mark DeKraai & Denise Bulling
  – Choctaw Nation: Barbara Pleston
• Questions/Closing
REVIEW OF GLS NOE IMPACT FINDINGS
GLS NOE IMPACT QUESTIONS

As a result of GLS implementation, is there a reduction in...

- Youth suicide attempts?
- Youth suicide mortality?

Do the benefits (cost savings) outweigh the cost of implementing the program?
SHORT TERM IMPACTS 2007-2010

- 79,379 averted suicide attempts through 2010 (at most 4 years of follow up)
- $222.1M in total medical savings over 4 years of programming
- $4.50 in medical cost savings for each dollar invested
- 427 lives saved through 2010 (at most 4 years of follow up)
882 lives saved through 2015 (at least 6 years of follow up)

Extended years of impact seen after consecutive years of GLS programming in a county

20% greater impact in rural communities

LONG TERM IMPACTS
2007-2015
USING NATIONAL PROGRAM FINDINGS LOCALLY
QUESTIONS TO CONSIDER

• What stakeholders would benefit from knowing these national levels impacts?
• Where can you disseminate these findings?
• How can you incorporate this national-level evidence into your local evaluations efforts?
• How can you use these NOE impacts to inform your program?
GLS NOE DATA HIGHLIGHTS
WHAT IS THE LONG TERM IMPACT (2007-2015) OF GLS ON YOUTH SUICIDE RATES?

The impact of GLS implementation on youth suicide mortality, starting one year after implementation, was estimated for counties originally exposed to GLS activities between 2006 and 2009 and includes data from State and Tribal grantees originally funded in cohorts 1 through 5.

In the presence of GLS activities, the youth suicide rate was lower than if GLS had not been implemented, resulting in 882 lives saved. This effect was seen for up to two years following GLS implementation in a county.

The positive impact is even greater in rural counties [populations less than 50,000].

The GLS effect on youth suicide rates is 20% stronger in rural counties than in non-rural counties, resulting in 2.4 fewer deaths per 100,000 youth 2 years after GLS implementation.
SHORT TERM IMPACT OF GLS PROGRAMS (2006-2009) ON YOUTH SUICIDE ATTEMPTS AND YOUTH SUICIDE MORTALITY

The impact of GLS on youth suicide attempts and youth suicide mortality, starting one year after implementation, was determined for youth in counties with GLS activities between 2006 and 2009. This includes activities for State and Tribal grantees in cohorts 1-5.

Is GLS impacting youth suicide attempts?

- **4.9 FEWER ATTEMPTS PER 1,000 YOUTH ONE YEAR FOLLOWING IMPLEMENTATION OF GLS** (p < 0.05)
- **79,379 averted suicide attempts**
- Suicide attempts determined for youth aged 16-23

Is GLS impacting youth suicide deaths?

- Suicide mortality determined for youth aged 10-24
- **1.3 FEWER DEATHS PER 100,000 YOUTH ONE YEAR FOLLOWING IMPLEMENTATION OF GLS** (p < 0.05)
- **427 lives saved**

The modelled impact on youth suicide attempts and youth suicide mortality was seen for 1 year following GLS implementation.
The cost savings of GLS programs utilized the short term impact (2007-2010) of GLS implementation on youth suicide attempts in counties exposed to GLS activities between 2006 and 2009. This includes activities for State (n=46 grantees) and Tribal (n=12 grantees) grantees in cohorts 1-5.

GLS programs implemented from 2006-2009 averted 79,379 suicide attempts, which avoids...

- 11,424 ED visits
- 19,448 Hospital stays
- $34.1M cost savings
- $187.8M cost savings
- $222.1M total cost savings

$49.4M spent in GLS Program Costs over 4 years, returns...

SAVINGS of $4.50 in healthcare costs for EACH DOLLAR invested
NOE INSTRUMENT-SPECIFIC FINDINGS AND USES
1.3 MILLION
TRAINED GATEKEEPERS AS A RESULT OF GLS GRANT PROGRAMS

Gatekeepers are “natural helpers” or adults who interact with youth as part of their regular day. These individuals are trained to recognize warning signs for suicide and know how to respond appropriately.

STATE AND TRIBAL GRANTEES

GATEKEEPERS WERE TRAINED IN YOUTH SUICIDE PREVENTION AND EARLY INTERVENTION DURING 24,456 TRAININGS

ONLINE TRAININGS
4.4% of State and Tribal trainings were online

33,446
YOUTH WERE IDENTIFIED FOR SUICIDE RISK BY A TRAINED GATEKEEPER

10.5% of campus trainings were online

CAMPUS GRANTEES

GATEKEEPERS WERE TRAINED IN YOUTH SUICIDE PREVENTION DURING 11,478 TRAININGS

963,368

Data Source: Training Activity Summary Page (TASP), June 2017, State Tribal Cohorts 1-11; Campus Cohorts 1-10
TRAINING UTILIZATION AND PRESERVATION SURVEY (TUP-S)

THE ROLE OF COMMUNITY SUPPORT IN HELPING TRAINEES IDENTIFY YOUTH AT RISK FOR SUICIDE

WITHIN THREE MONTHS OF THE TRAINING, PARTICIPANTS REPORTED...

- Having informal conversations in their community around the topic of suicide prevention \(n=9,202\) — 83%
- Identifying a youth who was at risk of suicide \(n=9,141\) — 66%
- They had screened youth for risk factors \(n=9,116\) — 38%
PREVENTION STRATEGIES INVENTORY (PSI)

CARE TRANSITIONS

Care transitions are high-risk times for patients. Caregivers and clinicians must bridge patient transitions from inpatient hospitalization, emergency departments, or primary care to outpatient behavioral health care.

15 of the 42 State/Tribal grantees (cohorts 9-11) report providing care transitions after an Emergency Room discharge

Of grantees doing care transitions (n=21)...

**Seven** grantees are following up via letter after inpatient hospitalization, but this strategy is less common after emergency department discharge.

**Eight** grantees reported using home visits following an emergency department discharge, including 3 out of the 4 tribal grantees reporting care transitions.

**Twenty** grantees are following up via phone call after emergency department or inpatient hospitalization discharge.

**Five** grantees are following up via text message reminders of appointments after emergency department discharge and inpatient hospitalization.

**CARING CONTACTS** are brief communications with patients during care transitions.

- These contacts can promote a patient’s feeling of connection to treatment and increase participation in collaborative treatment.
- Examples of these caring contacts include: postcards, letters, email messages, text messages, phone calls, or home visits.

http://zerosuicide.sprc.org/toolkit/transition
EARLY IDENTIFICATION REFERRAL AND FOLLOW-UP (EIRF)

REFERRALS TO CRISIS AND NON-CRISIS SERVICES BY GATEKEEPER TYPE

- Teacher or school staff (8.7% of gatekeeper referrals): 19.6%
- Emergency Responder or ER Staff (6.9% of gatekeeper referrals): 24.8%
- Family Member/ Caregiver (8.0% of gatekeeper referrals): 25.5%
- Mental Health Service Provider (56.9% of gatekeeper referrals): 77.0%
EXAMPLES OF GRANTEE USE OF DATA IN THEIR COMMUNITIES
NEBRASKA YOUTH SUICIDE PREVENTION PROJECT

- Mark DeKraai, Project Evaluator
- Denise Bulling, Project Coordinator
NEBRASKA SUICIDE PREVENTION GRANT - OVERVIEW

- Coalition Building through 6 BH Regions
- State Planning & Policy Change
- Outreach – 220,034 Nebraskans Reached
- LOSS Teams available to 1,259,609 Nebraskans
- 1,030 Youth Screened for Suicide
NEBRASKA SUICIDE PREVENTION GRANT - OVERVIEW

- Community Gatekeeper Training (3,037 trained)
- School Gatekeeper Training
  - 82,519 Kognito
  - 10,991 QPR
  - 6,910 MEP
- Clinician Training
  - 456 CAMS
  - 128 AMSR
NEBRASKA YOUTH SUICIDE PREVENTION GRANT – EXAMPLES OF USING NATIONAL AND STATE EVALUATION DATA

• Tracking Screening & Referrals by BH Region

• Geomapping Project Interventions
<table>
<thead>
<tr>
<th>Behavioral Health Region (BHR)</th>
<th># Screened by BHR</th>
<th># Identified at risk for suicide</th>
<th># Referred to services or supports*</th>
<th># Received MH services within 3 months</th>
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<td>1</td>
<td>135</td>
<td>106 (78.5%)</td>
<td>14 (13.2%)</td>
<td>4 (28.6%)</td>
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<tr>
<td>2</td>
<td>87</td>
<td>34 (39.1%)</td>
<td>3 (8.8%)</td>
<td>2 (66.7%)</td>
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<tr>
<td>3</td>
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<td>100 (47.8%)</td>
<td>16 (16.0%)</td>
<td>5 (31.3%)</td>
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<tr>
<td>4</td>
<td>98</td>
<td>51 (52.0%)</td>
<td>12 (23.5%)</td>
<td>8 (66.7%)</td>
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<tr>
<td>5</td>
<td>162</td>
<td>67 (41.4%)</td>
<td>9 (13.4%)</td>
<td>1 (11.1%)</td>
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<tr>
<td>6</td>
<td>339</td>
<td>179 (52.8%)</td>
<td>53 (29.6%)</td>
<td>23 (43.4%)</td>
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<tr>
<td>Total</td>
<td>1,030</td>
<td>537 (52.1%)</td>
<td>107 (19.9%)</td>
<td>43 (40.2%)</td>
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EXAMPLE GEO-MAPPING EVALUATION QUESTIONS

• What is the distribution of school gatekeeper training by Educational Service Unit?
• What is the distribution of mental health professional training by Behavioral Health Region?
• How are interventions related to risk areas?
• How are risk areas related to Lifeline call volume?
Kognito Training by Location and ESU (4/1/15 – 9/30/17)
<table>
<thead>
<tr>
<th></th>
<th>Low Risk</th>
<th>High Risk</th>
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</thead>
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<td><strong>Low Calls</strong></td>
<td>Cedar County</td>
<td>Banner County</td>
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<td></td>
<td>Johnson County</td>
<td>Dundy County</td>
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<td></td>
<td>Keith County</td>
<td>Hayes County</td>
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<td></td>
<td>Polk County</td>
<td>Sarpy County</td>
</tr>
<tr>
<td></td>
<td>Seward County</td>
<td>Saunders County</td>
</tr>
<tr>
<td><strong>High Calls</strong></td>
<td>Burt County</td>
<td>Kimball County</td>
</tr>
<tr>
<td></td>
<td>Greeley County</td>
<td>Nuckolls County</td>
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<tr>
<td></td>
<td>Logan County</td>
<td>Richardson County</td>
</tr>
</tbody>
</table>
CHOCTAW NATION

- Barbara Plested, Project Evaluator
QUESTIONS TO CONSIDER

• What are ways that you have used NOE or local evaluation data to make programmatic decisions?
• How can you use data to tell a story about the success of your program?
CLOSING/QUESTIONS

• Questions?

• For additional information contact:
  Taylor Moore, PhD
  404-320-4425
  taylor.moore@icf.com

• Thank you for your participation!
REFERENCES

Cost Benefits

Suicide Attempts

Suicide Mortality