

Multi-site Community- Based Suicide Prevention Program Evaluation: An Example from the Field

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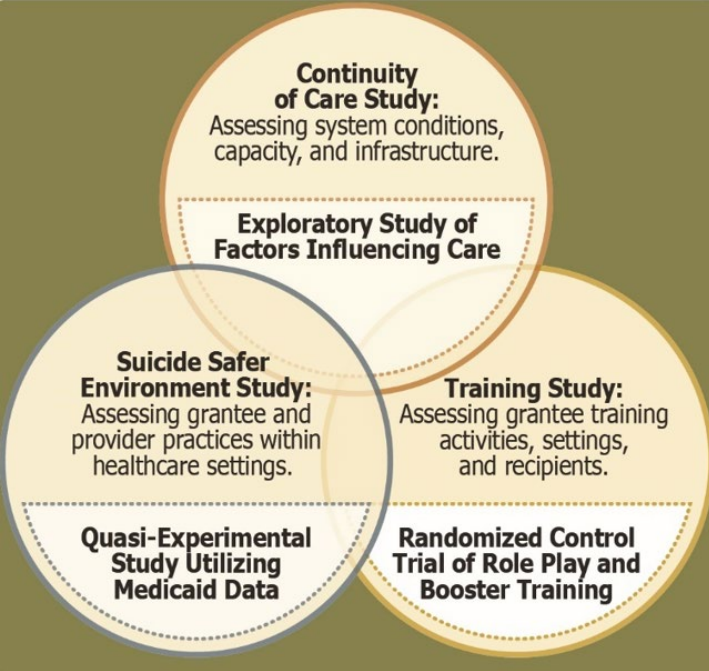


National Evaluation
of Garrett Lee
Smith Youth Suicide
Prevention Program

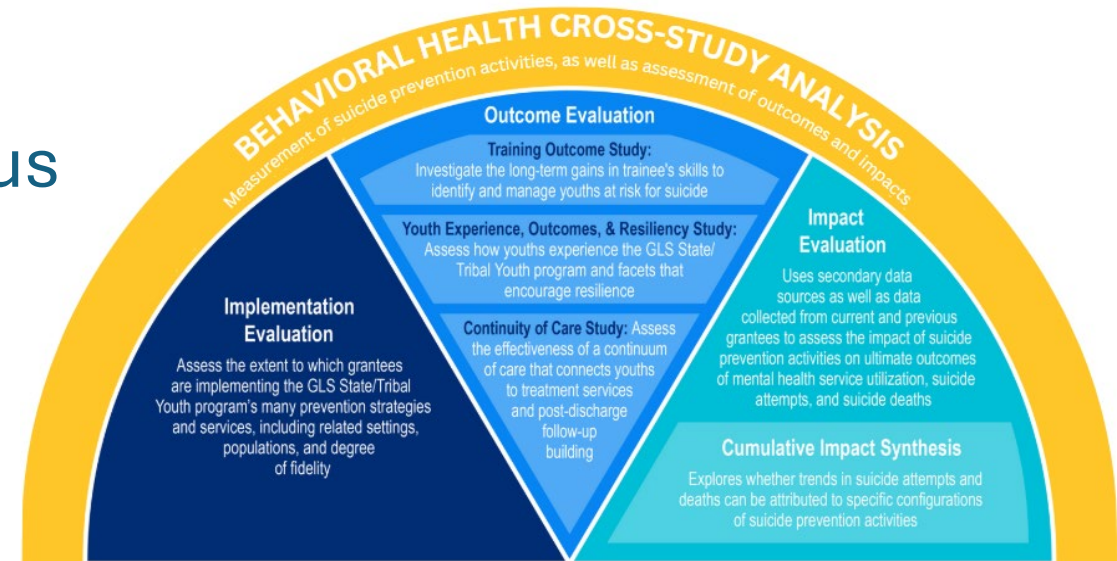
Prepared for
NASEM Expert Meeting on Best Practices for Implementation and Evaluation of a Non-Clinical Community-Based Suicide Prevention
Grants Program
April 29, 2025

GLS Youth Suicide Prevention Program&Evaluation

- 2005 Program Launch
- 2005 Evaluation Launch
- Local and National Evaluation participation required
- Data driven programing through a continual evaluation feedback loop



- ✓ Implementation, outcome & impact
- ✓ Focused on program priority areas
- ✓ Within and across study analytic focus



GLS Program & Evaluation Evolution

Designed to gather implementation, outcome, and impact data to give SAMHSA the data and information needed to understand what works, why it works, and under what conditions, relative to Program priorities and program activities.

GLS Implementation Evaluation

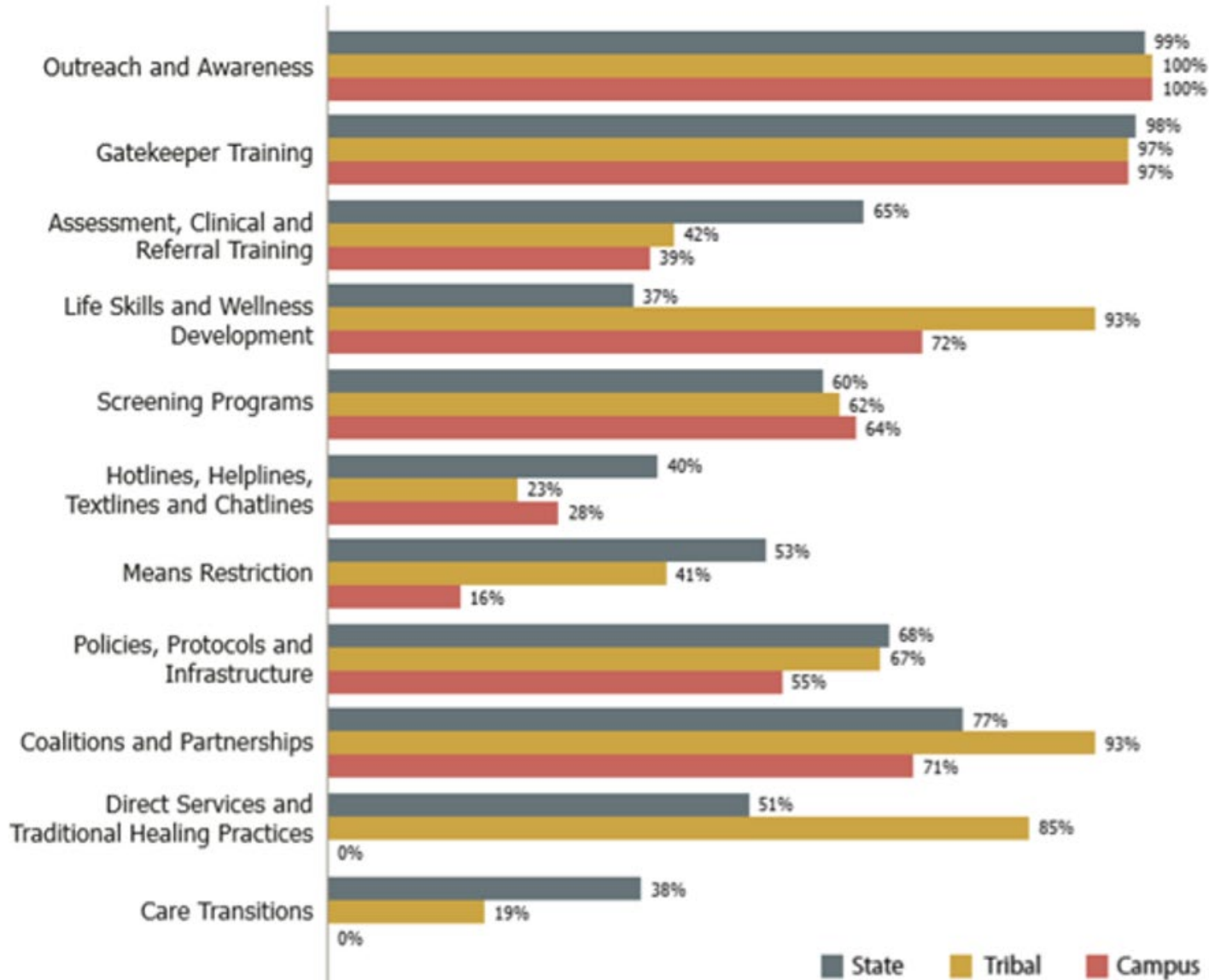
Assess what strategies, supports and services are being implemented by GLS grantees including related to settings, populations, and degree of fidelity.

- ✓ Outreach
- ✓ Screenings
- ✓ Trainings
- ✓ Services
- ✓ Partnerships

Implementation Strategy Indicators

Types
Numbers
Locations
Settings
Recipients
Modalities
Evidence based

Grantees' Utilization of Various Suicide Prevention Intervention Categories



As of May 2019, campus, state, and tribal grantees have trained **1,666,862** people and implemented **44,646** training activities as part of their GLS Suicide Prevention Program.



Percent of Total Budget – State Grantees

GLS Outcome Evaluation

Assess the outcomes associated with GLS activities in the areas of trainings, early risk identification, continuity of care, and behavior change.

- ✓ Proximal
- ✓ Intermediate
- ✓ Distal

Outcome Indicators

Awareness
Knowledge
Skills
Confidence
Identifications
Referrals
Care linkages
Service Receipt
Follow-ups
Behaviors

Most state and tribal grantees (70%; n = 180) implemented suicide risk screenings to identify at-risk youth.

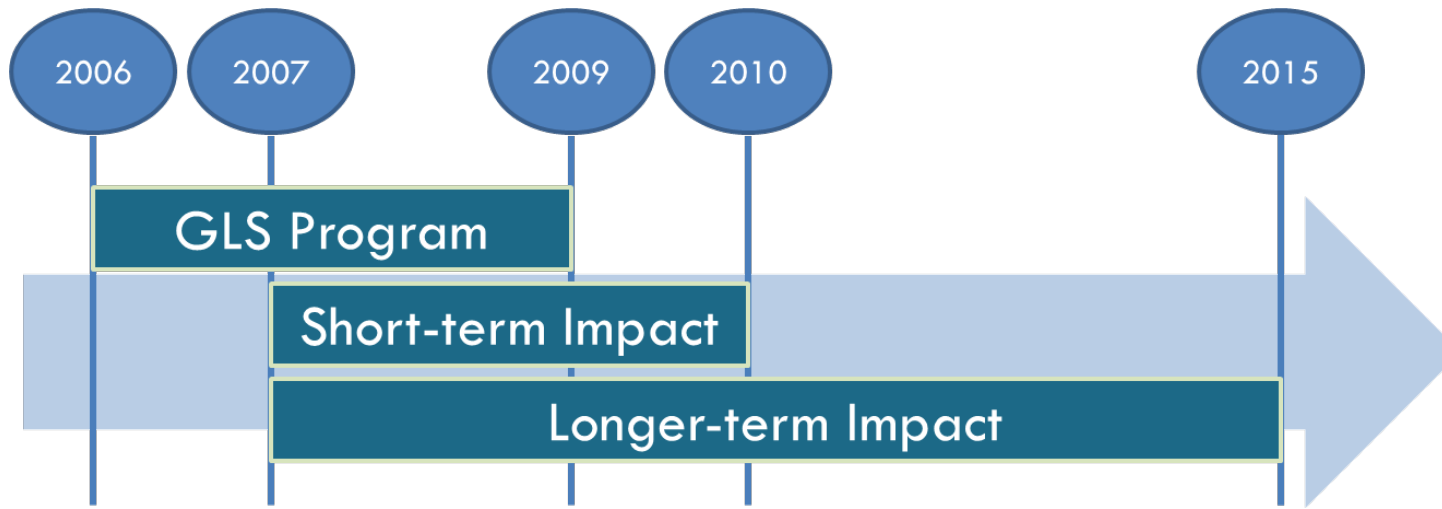
- **82,924** youth identified **at risk for suicide**
- **39,452** youth identified by **screenings**
- **43,472** youth identified by **gatekeepers**
- **51,042** youth **referred** to mental health services and have **available data** on service receipt
- **88%** (44,712/51,042) of youth **referred** to mental health services **received services** within 3 months



Outcomes of Youth Identification and Referral by Gatekeeper Trainings and Screening Activities



Activity	Gatekeeper Training (n = 37,407)	Screening Tool (n = 32,392)
Youth received a mental health service referral	88.7% (n = 34,253)	70.2% (n = 27,328)
Youth were followed up after referral	88.8% (n = 29,619)	83.4% (n = 17,003)
Youth received a mental health service within 3 months of referral	92.9% (n = 26,295)	76.4% (n = 14,177)



GLS Impact Evaluation

Assess whether the GLS Grant Program achieves its intended goal of reducing the number of youth attempts and suicide deaths, under what circumstances.

- ✓ Short-term
- ✓ Longer-term
- ✓ Sustained

GLS Indicators

- County level youth suicide attempts
- County level youth suicide deaths
- Program and Healthcare costs

GLS Impact Study Characteristics

- State/Tribal Grant Program
- Training = Proxy for program implementation
- Zip code of trainings
- Comparison (non-GLS)
- Exposure linked to outcome

Impact Evidence: GLS State/Tribal Program

- [Short term impact](#): GLS State/Tribal counties had significantly **lower youth suicide death rates** among youth and young adults **the year after** implementation than similar counties that did not implement GLS State/Tribal activities (Walrath, 2015)
- [Short-term impact](#): Comprehensive GLS State/Tribal program activities were associated with a significant **reduction in youth suicide attempt rates** one year after implementation than similar counties that did not implement GLS State/Tribal activities (Godoy Garraza et al., 2015)
- [Cost savings](#): Cost analysis indicates that implementation of the **GLS State/Tribal suicide prevention activities more than pays for itself with demonstrated health care cost savings** associated with fewer emergency department visits and hospitalizations as a result of averted suicide attempts (Godoy Garraza et al., 2016).
- [Longer-term impact](#): Counties exposed to GLS State/Tribal activities had significantly **lower youth suicide mortality rates for two years** after implementation than similar non-GLS counties. **Rural counties had strongest decrease** in youth suicide deaths. **Sustained exposure to GLS activities led to longer and stronger impact** (Godoy Garraza et al., 2019).

No effect seen for adult suicide mortality or non-suicidal youth mortality

- 0.89 per 100,000 fewer deaths one year following GLS implementation

- 1.09 per 100,000 fewer deaths two years following GLS implementation

- 882 lives saved through 2015

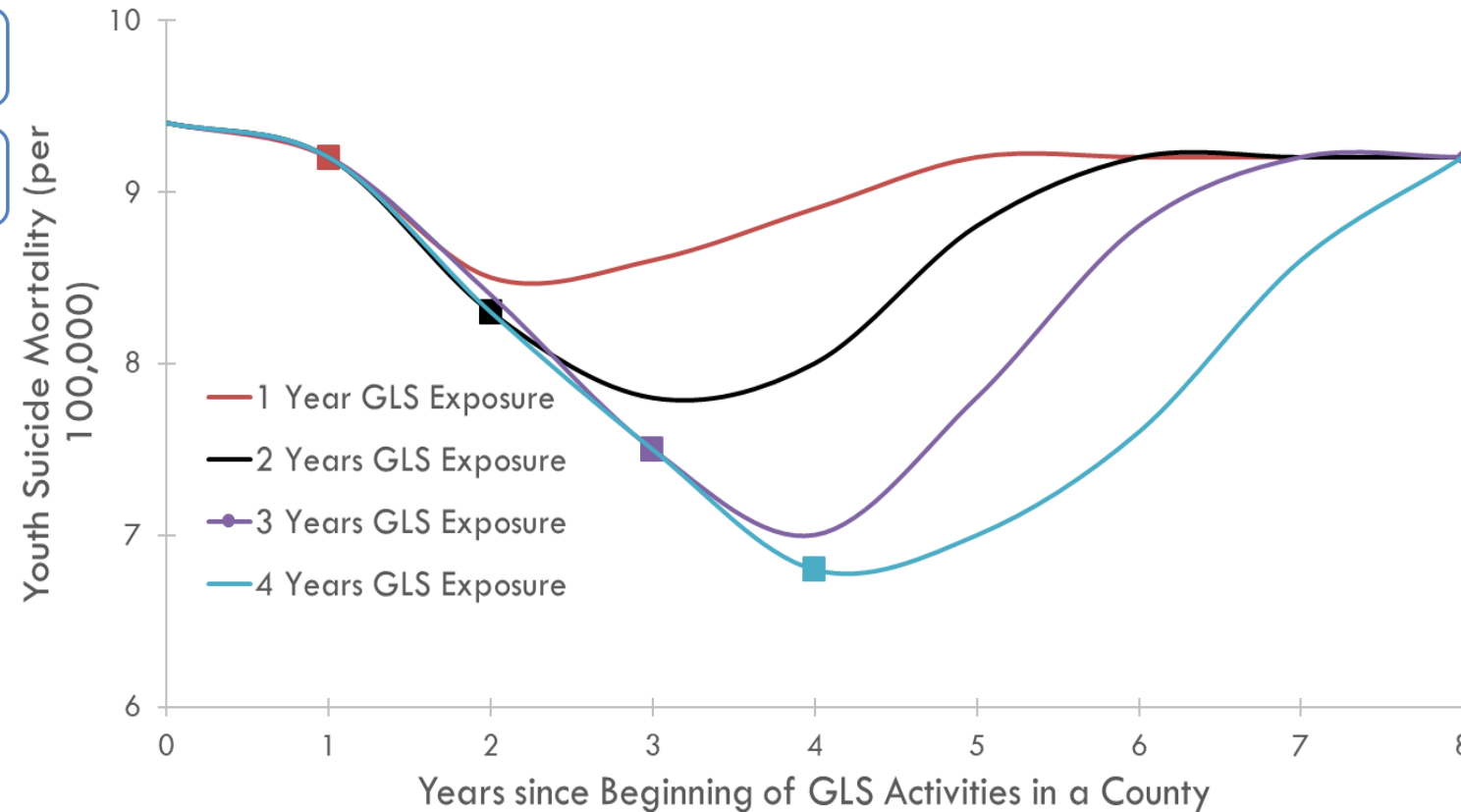
Longer-term Impact on youth (age 10-24) suicide mortality found 2 years following GLS implementation

- 2.4 fewer deaths per 100,000 youth 2 years after GLS implementation

- 20% stronger effect in rural counties than in non-rural counties or 1 fewer death per 244,000 youth

The decrease in youth suicide mortality appears to be stronger in rural communities

Sustained impact after consecutive years of GLS programming



GLS Impact Findings: Longer-term Impact

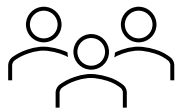
GLS Data Collection

Primary and Secondary Data	• Primary data collection for implementation and more proximal and intermediate outcome indicators • Secondary data for longer term outcomes and impacts: health service utilization, suicide attempts & deaths, cost
Data Collection and Management	• Suicide Prevention Data Center: restricted-user web-based centralized data collection and management system allowed for standardized data input/output
Grantee Participation	• All grantees participate in implementation & outcome • Subset of grantees in enhanced evaluation, special studies, case studies
Evaluation Training and Technical Assistance	• Grantee evaluation capacity building • Integrate data collection into grantee activity workflow • Monitor data quantity and quality • Support grantees in using findings

GLS Data and Dissemination

Accessible Data

- Aggregate public use data
- Aggregate restricted data
- Grantee specific data



- ✓ Local
- ✓ Federal
- ✓ Public

Dissemination of Findings

- Reports to SAMHSA
- Reports to Congress
- Aggregate graphical data summaries for grantees
- Grantee specific data summaries
- Infographics
- Presentations & Briefings
- Publications

Thanks!

