

The Impact of Garrett Lee Smith Prevention Activities on Youth Suicide Mortality from 2006 to 2015

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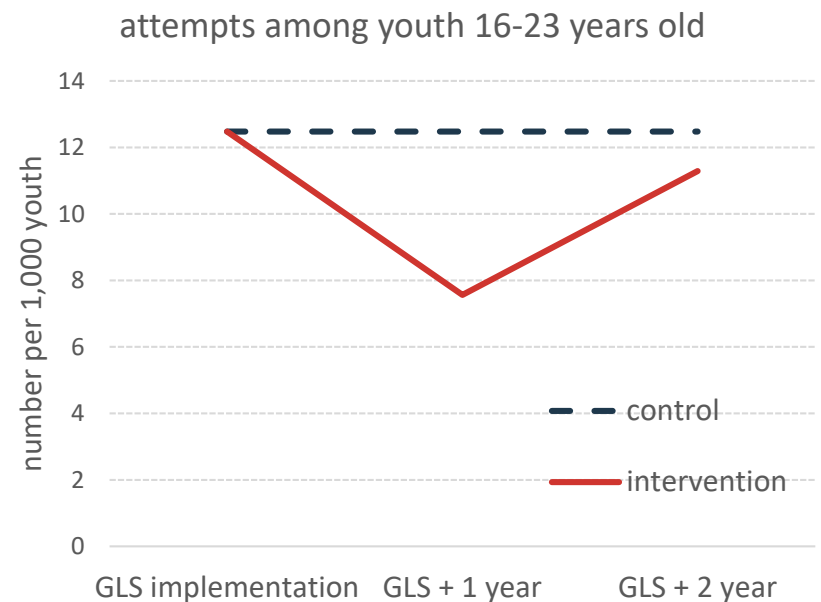
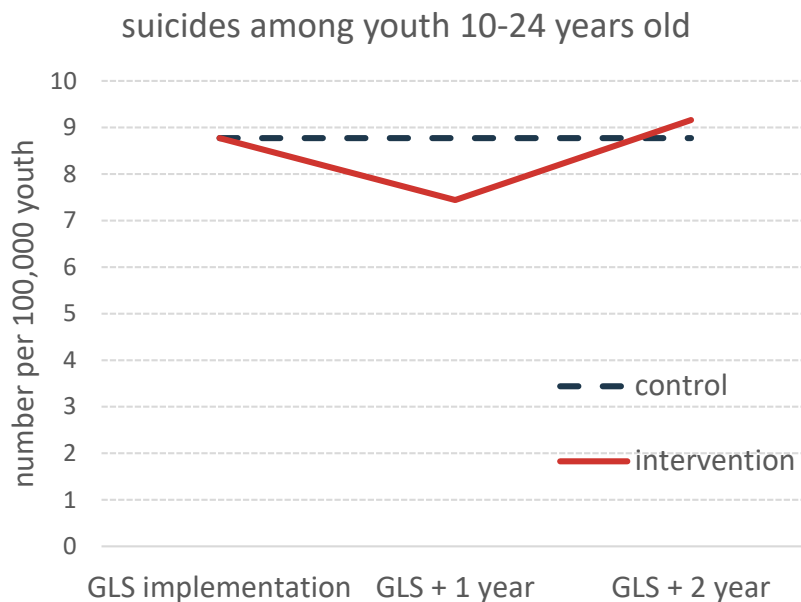
THE GARRETT LEE SMITH (GLS) PROGRAM

- Since 2004, the GLS program has provided funding and technical assistance for suicide prevention activities to states, territories, tribes and tribal organizations.
 - More than 200 grants have been awarded to all 50 states, DC, two territories and 49 tribes
 - Grantees implement an array of prevention strategies including : outreach and awareness, screening, gatekeeper training, developing coalitions, partnerships, policies/protocols, and supporting hotlines
 - Gatekeeper trainings the prevention strategy most widely supported by GLS grantees. Grantees required to follow up ED and IPU discharges.

¹ CDC (2017). Compressed Mortality File 1999-2016. Accessed at <http://wonder.cdc.gov/cmfi-cd10.html> on Mar 19, 2018

GLS PROGRAM IMPACT

- No evidence of effect 2 or more years after the end of GLS activities in the community



- Some indication of stronger impact on smaller more rural communities

QUESTIONS

MAIN

- Was there a difference in youth suicide mortality as a result of the implementation of GLS **beyond the first year after the implementation?**

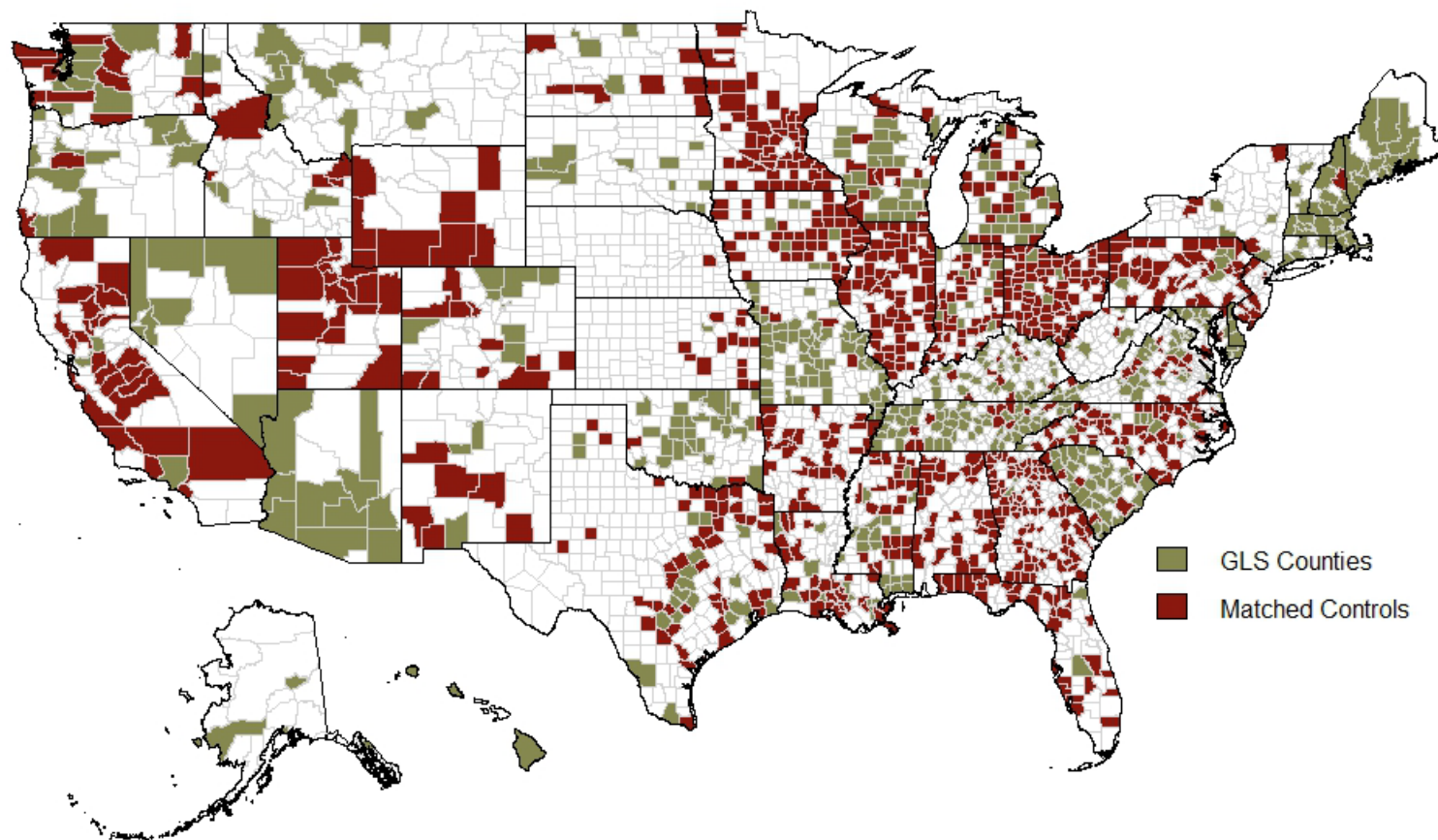
SECONDARY

- Did the years of exposure to GLS make a difference?
- Was the impact different in rural communities?

MAIN STRATEGIES

- Compare youth suicide mortality in counties where GLS suicide prevention program was implemented with the suicide behavior observed in similar counties where GLS was not implemented
- Focus on counties initially exposed before 2010, for which there are several years of follow up information (i.e., 6+ years)

Counties with GLS Activities and Matched Controls (2006-2009)



MEASURES & SOURCES

MAIN OUTCOME

- Youth suicide rate 2007-15 (CDC)

CONTROL OUTCOME

- Adult suicide rate (CDC)
- Youth non-suicide mortality (CDC)

MAIN INDEPENDENT VARIABLE

- GLS training in the previous 1, 2, 3 and 4 or more years (NOE)

COVARIATES

- Population by age group (USCB)
- Race-ethnic makeup (NCHS)
- Median household income (SAIPE)
- Poverty (SAIPE)
- Unemployment (LAUS)
- Uninsured (SAIHE)
- Rural-urban 6 cat. classification (NCHS)
- Region and division (USCB)
- Pre-training suicide rates, historical and recent (CDC)

Reference:

USCB: US Census Bureau

LAUS: Local Area Unemployment Statistics, Department of Labor

SAIPE: Small Area Income and Poverty Estimates, USCB

SAHIE: Small Area Health Insurance Estimates, USCB


NCHS: National Center for Health Statistics

CDC: Centers for Disease Control and Prevention


NOE: National Outcome Evaluation

OVERALL IMPACT

Program overall



No effect seen for adult suicide mortality or nonsuicidal youth mortality



- 0.89 per 100,000 fewer deaths one year following GLS implementation (SE=.4)

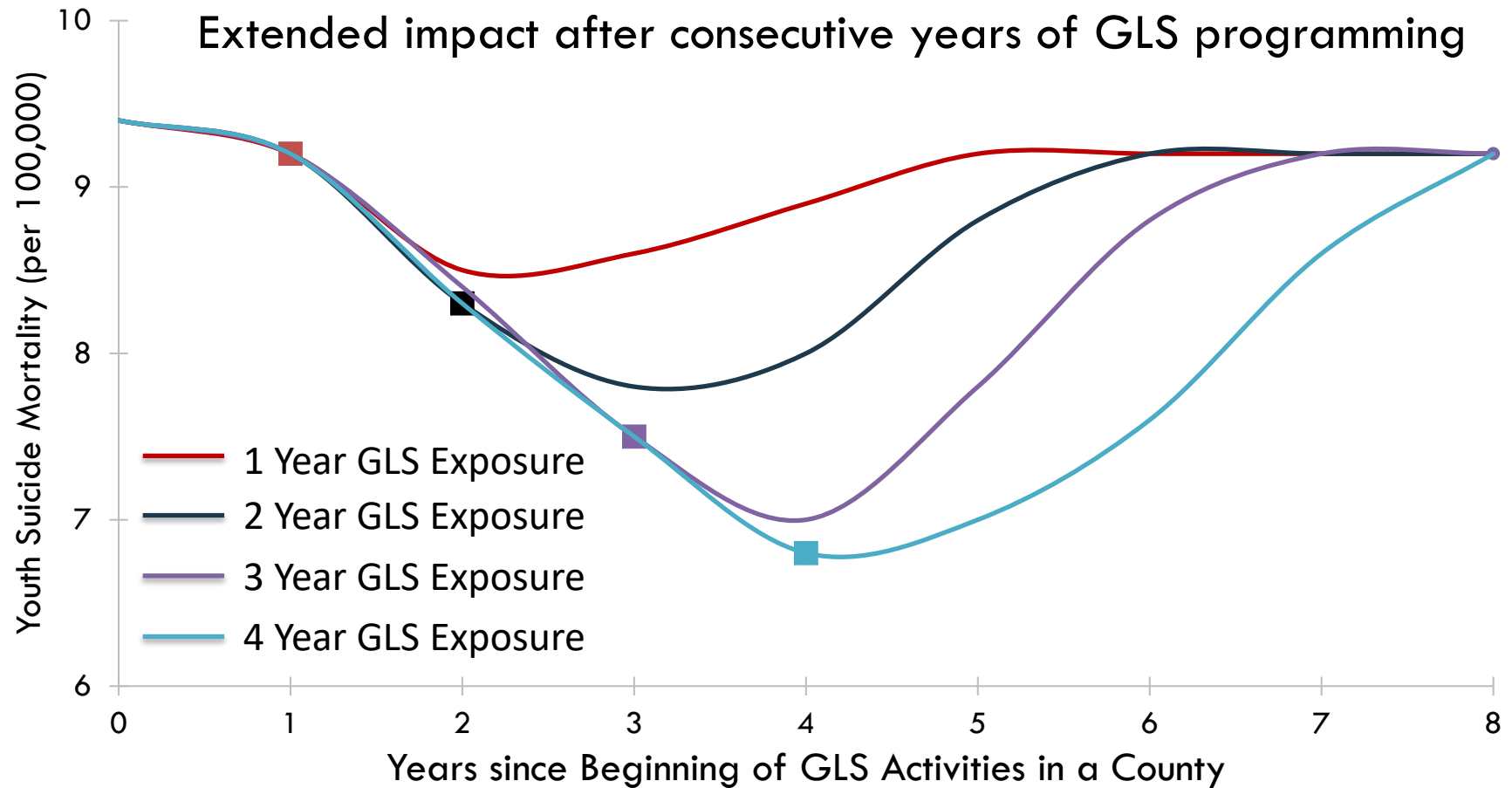


- 1.09 per 100,000 fewer deaths two years following GLS implementation (SE=.4)




- 882 lives saved through 2015

IMPACT BY TIME OF EXPOSURE



IMPACT IN RURAL COMMUNITIES

Greater impact seen in rural areas

- 
- 2.4 fewer deaths per 100,000 youth 2 years after GLS implementation (SE=.8)
 - 20% stronger effect in rural counties than in non-rural counties or 1 fewer death per 244,000 youth

IMPLICATIONS

- Beneficial effect of GLS lasted longer than originally estimated
- The longer the exposure to GLS activities the more extended the estimated impact
- Rural communities benefited the most

Native Connections, Tribal Behavioral Health



- **No. of Awards:** Cohort 1 = 20, Cohort 2 = 69
- Cohort 3 = 13 Cohort 4=46 Cohort 5=26 Cohort 6=40 Cohort 7=29 (TOTAL = 243)
- **Award Amount:** \$250,000/year
- **Length of Project Period:** 5 years
- **Eligible Applicants:** federally recognized tribes, tribal organizations and tribal consortia
- Each has a unique culture, and intensive efforts are conducted to study the needs **and strengths** of each community.
- Considerations for “Lower 48” vs. Alaska

- ...to prevent and reduce suicidal behavior and substance abuse among American Indian/Alaska Native young people up to and including age 24.
- ...reduce the impact of substance abuse, mental illness and trauma on AI/AN communities through a public health approach
- ...allow AI/AN communities to support youth and young adults as they transition into adulthood by facilitating collaboration among agencies.

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Native Connections Principles

Community Driven

Strengths-Based

Grounded in Community Readiness

Identify the Gaps, Pilot Solutions

Foster Partnerships

Innovation in Serving AI/AN Youth

Supported by AI/AN Technical Assistance

Evaluated for Effectiveness in Saving Lives



SAMHSA

native CONNECTIONS





Year One Process Overview

- Understand cultural and political context
- Pair with Grantee Buddy
- Community Systems Analysis
- Community Readiness Assessment (CRA)
- Strategic Action Plan
- Crisis and Follow Up Protocol Development/Revision

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

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