



Children's Safety Network

Youth Suicide Prevention: Analysis and Summaries of FY09 State MCH Plans for National Performance Measure # 16

Youth Suicide Prevention and MCH

Suicide is the third leading cause of death for young people between the ages of 10 and 24 in the U.S., accounting for approximately 4,500 deaths per year.* State Maternal and Child Health programs are all involved in providing and promoting a broad range of approaches to address youth suicide. The prevention of youth suicide is one of 18 National Performance Measures (NPMs) on which the Maternal and Child Health Bureau requires state Maternal and Child Health (MCH) programs to report.

The Children's Safety Network (CSN) National Injury and Violence Prevention Resource Center has prepared this analysis and summary of state MCH plans on youth suicide prevention to inform MCH programs about what states are doing to address NPM #16 (Reduce the rate (per 100,000) of suicide deaths among youths aged 15 through 19) and to provide states with suicide prevention strategies and data, which can be used in the development of their plans in their next MCH Block Grant Application. Our analysis shows that MCH programs are currently implementing a wide range of approaches and activities to prevent youth suicide.

There are many reasons why state MCH programs are taking an increasing interest in youth suicide prevention. In addition to the Title V MCH Block Grant requirement that state MCH programs report on NPM #16, MCH programs are now becoming actively involved in mental health services for women, especially in screening for maternal depression. Many states are including screening for behavioral and mental health issues, including depression, in well-child primary care visits. Child Death Review teams are reviewing youth suicide cases and making recommendations for consideration. In addition, a total of 44 states have received funding for youth suicide prevention from the Substance Abuse and Mental Health Services Administration (SAMHSA). All of these factors indicate that state MCH programs have an even greater potential to play a significant role in the prevention of youth suicide.

*(Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control (NCIPC) website, Suicide Prevention page. Retrieved February 17, 2010.)

How CSN Supports MCH Efforts to Prevent Youth Suicide

CSN, funded by the Maternal and Child Health Bureau, provides technical assistance to MCH programs to prevent injuries and violence, including youth suicide. CSN has and can work with MCH programs to prevent youth suicide in the following areas:

- Integrating youth suicide prevention into existing MCH programs, such as adolescent health clinics and programs for pregnant and parenting teens.
- Educating the public and other professionals about the scope of the problem and effective prevention strategies.
- Including sessions on youth suicide as part of conferences and trainings that address injury, violence, and other adolescent health issues.
- Participating in efforts to improve data collection for more accurate and in-depth information about suicide completions, attempts, and risk factors.
- Identifying the key players who are addressing youth suicide and partner in their prevention efforts.
- Sharing the experiences of states that have made progress in youth suicide prevention.
- Participating in developing or implementing a state youth suicide plan or youth sections of a lifespan plan.



NPM #16: Data, Analysis, and Summaries of the MCH FY09 Block Grant Application Suicide Prevention Plans for the Coming Year

Data

National data on suicide deaths among youths aged 15 through 19 for 2002-2006 shows the following:

United States Suicide Injury Deaths and Rates per 100,000
2002-2006
All Races, Both Sexes, Ages 15 to 19*

Year	Number of Deaths	Population***	Age-Adjusted Rate**
2002	1,513	20,346,043	7.44
2003	1,487	20,446,240	7.27
2004	1,700	20,677,486	8.22
2005	1,613	20,993,786	7.68
2006	1,555	21,246,129	7.32
Total	7,868	103,709,684	

* Reference: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) (2009). CDC WISQARS On-line Database, compiled from the Compressed Mortality File 2002-2006. Report retrieved November 10, 2009.

** Standard Population is 2000, all races, both sexes.

*** Population estimates are aggregated for multi-year reports to produce rates.

Analysis

CSN analyzed the MCH FY09 Block Grant plans for the coming application year for NPM #16: the rate (per 100,000) of suicide deaths among youths aged 15 through 19. As a result of our analysis, we identified 45 types of suicide prevention activities that appeared in the narratives. The number of activities planned by a state ranged from a high of eight activities in one state (KY) to a low of one activity in seven states (DC, DE, IA, ID, NE, NJ, WV). The average number of activities planned by a state was four.



The complete range of activities is as follows:

Number of Suicide Prevention Activities Reported by States in MCH FY09 Plan Narratives

Number of Suicide Prevention Activities Planned by a State	Number of States Planning the Activities	Specific States Planning the Activities
1	7	DC, DE, IA, ID, NE, NJ, WV
2	5	AZ, PA, NV, SC, VA
3	11	AR, GA, NC, ND, RI, SD, TN, TX, WA, WI, WY
4	12	FL, HI, LA, MD, ME, MN, MT, NH, NY, OK, UT, VT
5	10	CA, CO, CT, IN, KS, MA, MI, MO, MS, OH
6	4	AK, AL, IL, OR
7	1	NM
8	1	KY



- As of 2006, KY, the one state that reported eight suicide prevention activities, had a suicide rate for youth ages 15-19 of 9.69 per 100,000, which was above the national rate of 7.32.
- As of 2006, NM, the one state that reported seven suicide prevention activities, had a suicide rate for youth ages 15-19 of 20.69 per 100,000, which was above the national rate of 7.32.
- One (IL) of the four states that reported six suicide prevention activities had a suicide rate for youth ages 15-19 that was below the national rate as of 2006, while three of those states (AL, AK, OR) had teen suicide rates that were above the national rate.
- Four (CA, CT, MA, MS) of the 10 states that reported five suicide prevention activities had suicide rates for youth ages 15-19 that were below the national rate as of 2006, while six of those states (CO, IN, KS, MI, MO, OH) had teen suicide rates that were above the national rate.
- Six (FL, LA, ME, NH, NY, VT) of the 12 states that reported four suicide prevention activities had suicide rates for youth ages 15-19 that were below the national rate as of 2006, while six of those states (HI, MO, MN, MT, OK, UT) had teen suicide rates that were above the national rate.
- Three (GA, NC, RI) of the 11 states that reported three suicide prevention activities had suicide rates for youth ages 15-19 that were below the national rate as of 2006, while eight of those states (AR, ND, SD, TN, TX, WA, WI, WY) had teen suicide rates that were above the national rate.
- Three (PA, SC, VA) of the five states that reported two suicide prevention activities had suicide rates for youth ages 15-19 that were below the national rate as of 2006, while two of those states (AZ, NV) had teen suicide rates that were above the national rate.
- One (NJ) of the seven states that reported one suicide prevention activity had suicide rates for youth ages 15-19 that were below the national rate as of 2006, while five of those states (DE, IA, ID, NE, WV) had teen suicide rates that were above the national rate. The numbers for DC were too small to calculate a stable rate.



Types of Suicide Prevention Activities Reported/Planned by States

Type of Activity	Number of States Planning the Activity	Specific States Planning the Activity
Data collection, analysis, and/or distribution	17	CA, GA, IL, IN, MD, MT, NV, NM, NY, NC, OH, OK, SC, VT, UT, WA, WI
Collaboration with schools	16	AK, AR, CO, DC, FL, KS, KY, LA, MA, MD, ME, MN, MO, NM, NY, WY
Community trainings	12	HI, ID, IN, MA, ME, MS, NC, NM, OR, SD, VT, WI
State committee, advisory council, or task force	12	AL, HI, GA, MS, MT, OH, OK, RI, TX, UT, WV, WY
Conference or symposium	11	FL, HI, IA, IL, KY, MD, MI, MS, NM, OK, OR
Awareness events and campaigns	9	AL, AZ, CO, FL, IL, LA, MS, NH, PA
Collaboration with Child Death Review teams	9	AZ, MT, NC, NM, OH, RI, UT, WA, WI
Support local, regional, state coalitions	8	IL, IN, LA, MI, ND, OH, OR, VT
Interdepartmental collaboration	7	CA, FL, MI, MO, NV, NY, TN
Collaboration w/ school-based health centers	6	CT, IL, MA, NM, NY, RI
Community-based projects	6	CO, MT, NE, NJ, ND, TX
Distribute educational materials	6	AL, IN, MS, ND, NH, TN
Special populations (e.g., foster, LGBT, Native American, and rural youth, etc.)	5	AK, CA, SD, VA, WY
Provider trainings	5	CT, KS, OK, OR, UT
School trainings	5	AK, LA, ME, MN, MO
Bullying prevention program(s)	4	AR, KS, MN, MO
Explore or educate about link to substance abuse	4	AR, KS, MN, MO
Local/state employee trainings	4	AL, CT, GA, TN
State plan updates and revisions	4	AK, MA, MI, PA
Best practice information	3	CA, KY, MA
Evaluation of suicide prevention programs	3	CO, OR, WA

Type of Activity	Number of States Planning the Activity	Specific States Planning the Activity
Media campaign	3	KY, MD, VT
Website/web pages	3	AL, SC, SD
Collaboration w/ community health centers	2	CT, NH
Crisis hotline	2	AL, ME
Telemedicine	2	KS, NM
Case management	1	CT
Collaboration w/ colleges and/or universities	1	VA
Collaboration w/ the military	1	OR
Conducting survey	1	KY
Early identification of behavioral health issues	1	DE
Faith-based outreach	1	HI
Focus groups	1	KY
Grant-making	1	CO
Guidelines/plans for schools	1	MI
Health center trainings	1	NH
Internet sites/social networking	1	KY
Monitor implementation of legislation	1	IL
Newsletter	1	KY
Planning tools (facilitate use of)	1	AK
Policy recommendations	1	TX
Provider screening and referrals	1	CA
Report (production and distribution of)	1	OH
Research	1	AK
Statewide manual updates and revisions	1	IN

There were 24 states (AL, AK, CT, GA, HI, ID, IN, KS, LA, MA, ME, MN, MO, MS, NC, NH, NM, OK, OR, SD, TN, UT, VT, WI) that reported that they conduct or plan to conduct suicide prevention trainings. Of these, 13 states indicated the specific curriculum that they plan to use for those trainings:

Suicide Prevention Training Curricula Used by States

Suicide Prevention Curriculum	Number of States Using the Curriculum	Specific States Using the Curriculum
Gatekeeper Training	7	AK, IN, ME, MN, MS, NC, VT
Applied Suicide Intervention Skills Training (ASIST)	5	HI, LA, MS, OR, SD
Question, Persuade, Refer	3	ID, OR, TN
Living Works	1	NC
RESPONSE	1	OR
Signs of Suicide	1	MS
Suicide 101	1	LA



State Summaries

Alabama

Alabama will implement the 15 strategies in its suicide prevention plan, participate in the Suicide Prevention Task Force, maintain web pages on prevention, distribute a prevention brochure, provide a crisis hotline, hold a media event, provide a training course at police academies that was developed by the Infant and Child Death Investigation Task Force.

Alaska

Alaska is focusing on statewide training of trainers using the Alaska Gatekeeper Training curriculum, while increasing the capacity of schools and youth organizations to implement this and other suicide prevention curricula. At the community level, the state is providing technical assistance to encourage the use of planning tools (e.g., needs assessments) to improve the identification of suicide prevention strategies. The state plans to promote research into suicides among Alaska Native youth and into prevention strategies for this population. Alaska will also be updating its state suicide prevention plan.

Arizona

Arizona's Child Fatality Review (CFR) program will review youth suicides and make prevention recommendations, provide technical assistance to local Child Fatality Review teams, and promote public education campaigns for youth suicide prevention.

Arkansas

Arkansas will facilitate school district use of the Maine Youth Suicide Prevention program, which was selected by Arkansas's Youth Suicide Prevention Task Force. The state will also work with schools to appoint Parent Facilitators who can work with parents and communities to prevent suicides, promote anti-bullying programs, and raise awareness about the connection between youth suicides and drug and alcohol use.

California

Suicide prevention efforts will incorporate linkages between the Departments of Alcohol and Drug Programs, Mental Health, Rehabilitation, Social Services, Medi-Cal, and Health Services, as well as the Office of Emergency Services. The state's approach to prevention will include positive youth development, mental health best practices, provider screening and referrals, and an emphasis on the needs of foster youth. As part of a larger project with the California Adolescent Health Collaborative for the development of adolescent health indicators, the state will identify areas with high and areas with low suicide rates.

Colorado

Colorado's youth suicide prevention work will include an awareness campaign for teens, ongoing prevention projects in 5 counties and the University of Colorado at Boulder, the evaluation of the SAFE:TEEN program at 2 schools, and statewide distribution of community grants for suicide prevention.

Connecticut

Through a variety of case management programs, the Department of Public Health will identify perinatal depression. Mental health services will be provided by both community health centers and school-based health centers. A train-the-trainer curriculum will be used to increase understanding among non-mental health state employees of child and adolescent development, including risk and protective factors, resilience, and difficult behavior. Training for mental health clinicians in school-based health centers will also be provided.

Delaware

Delaware will focus on the identification and treatment of behavior problems through the Early Comprehensive Childhood Systems initiative.

District of Columbia

Youth who are at risk for behavioral health issues will be identified through the use of Teen Screen, which will include collaboration with the School Nurse Program. Mental health services will be provided through a middle school pilot program, while the Carrera Program will promote self-efficacy among teens.

Florida

Through a comprehensive school health services project, school nurses and social workers will provide education about suicide prevention, as well as referrals for mental health services. Professionals from the fields of health, mental health, education, and law enforcement will work to develop strategies for identifying at-risk youth. The Florida Suicide Prevention Task Force will hold its fourth Suicide Prevention Symposium and the sixth annual Suicide Prevention Day.

Georgia

Georgia will work with the state's injury prevention program and Suicide Advisory Committee on prevention initiatives. The state will also provide staff education on suicide prevention and conduct surveillance through implementation of the Behavior and Risk in Teens (BART) Survey.

Hawaii

The state's Suicide Prevention Task Force (SPTF) will raise awareness about youth suicide and about the connection between mental health and substance abuse. Hawaii also plans to increase the number of Applied Suicide Intervention Skills Training (ASIST) trainers in 4 counties, work with Mental Health America Hawaii, a member of the SPTF, to create a faith-based community outreach program, and collaborate with the Hawaii SPEAR Foundation to organize the second annual Statewide Suicide Prevention Conference.

Idaho

A combination of in-person and videoconference trainings in suicide prevention will be offered with funding available statewide for individuals to become QPR (question, persuade, and refer) trainers. A subcommittee will be developing a resource to help in the identification and analysis of suicide data.

Illinois

The Illinois Department of Health Services will work with the Illinois Coalition of School Health Centers to carry out interventions for suicide prevention and to provide mental health treatment. The Illinois Department of Public Health will monitor the implementation of the Suicide Prevention, Education, and Treatment Act. Through a training conference, the Illinois Suicide Prevention Alliance will support the expansion of local suicide prevention coalitions. The Alliance will also launch a public awareness campaign, promote school-based initiatives, assess data, and organize activities for Suicide Prevention Month.

Indiana

The Indiana State Department of Health will work with the Indiana Suicide Prevention Coalition to distribute Needs Assessment survey data in order to assist local communities with planning; make presentations and provide educational materials at public events; deliver trainings on gatekeeper skills; update the Department of Education's suicide prevention manual; provide technical assistance to individuals, communities, and the state's 12 local and regional suicide prevention councils.

Iowa

As part of its State/Tribal Youth Suicide Prevention Grant, Iowa will be organizing a suicide prevention symposium.

Kansas

Technical assistance will be provided to support the development of Yellow Ribbon Suicide Prevention programs in schools. The Kansas Department of Health and Environment will also promote training programs for mental health clinicians. A telemedicine network will continue to link schools to mental health services. Adolescent health staff have been tasked to explore the connections among mental health, bullying prevention, and substance use prevention and to pursue the integration of these programs into MCH services.

Kentucky

The Kentucky Suicide Prevention Group (KSPG), located within the state's Cabinet of Health Services, will be organizing a series of focus groups for suicide survivors, pursuing media opportunities to increase public understanding of suicide, producing a bimonthly newsletter, exploring ways to reach young people with prevention information via Internet sites such as My Space and You Tube, and implementing three suicide prevention programs – Signs of Suicide (SOS), Reconnecting Youth (RY), and Coping and Support Training (CAST) – in two school districts. Kentucky's Regional Mental Health/Mental Retardation Boards will be organizing a conference on suicide prevention best practices, and the University of Kentucky Survey Research Center will be conducting a survey about suicide awareness.

Louisiana

The Adolescent School Health Initiative in the Louisiana Office of Public Health will be working collaboratively to expand school-based mental health services. The Louisiana Partnership for Youth Suicide Prevention will provide trainings in Suicide 101 and Applied Suicide Intervention Skills, continue to promote schools' use of the Columbia University Teen Screen Program to identify youth who are at risk of suicide, and organize activities for Yellow Ribbon Week. The group will also hold leadership meetings for its regional coalitions in order to create toolkits, resource guides, and school prevention plans.

Maine

Maine will continue to offer gatekeeper trainings, as well as train-the-trainer sessions, and will hold a suicide prevention conference. Lifelines teacher training will also be offered, and the state will continue to promote its 24-hour crisis hotline.

Maryland

As part of the 2010 Needs Assessment, Maryland's MCH program will review and assess state data on youth suicide. The Maryland Department of Health and Mental Hygiene, along with the Maternal and Child Health Center and the Governor's Interagency Workgroup on Youth Suicide Prevention, will organize a statewide conference on adolescent suicide prevention, implement prevention programs in schools, and conduct media campaigns.

Massachusetts

Massachusetts will focus on sustaining the new suicide prevention activities that began in FY07 and FY08. The state will finish revisions to its suicide prevention plan, deliver prevention trainings to program managers at adolescent residential facilities, and provide best practice information to school-based health centers.

Michigan

Michigan will develop action steps for the implementation of its suicide prevention plan, institute a "cross-systems" work group on suicide prevention, support local and regional suicide prevention coalitions, increase participation in its suicide prevention symposia, and collaborate with the Department of Education to create voluntary suicide prevention guidelines for schools.

Minnesota

The Minnesota Department of Health (MDH) will continue to promote mental health screening, access to services, and crisis intervention for youth. Through partnerships with the Departments of Corrections, Human Services, Education, and Public Safety, it will address the mental health needs of youth who are involved with the corrections system. The MDH will also provide gatekeeper train-the-trainer sessions for school and mental health professionals, families, and community organizations. Staff in the MCH program will explore suicide prevention best practices related to peer leadership, parent involvement, and protective factors.

Mississippi

The Mississippi State Department of Health and other members of the Mississippi Youth Suicide Prevention Council will hold a youth suicide prevention conference. The Department will also continue to partner with the Mississippi Youth Suicide Advisory Council. In addition, it will purchase and distribute educational materials, create public awareness campaigns, and provide trainings on suicide prevention programs such as Signs of Suicide (SOS), Applied Suicide Intervention Skills Training (ASIST), Trauma-Focused Cognitive Behavioral Therapy, and gatekeeper training.

Missouri

Referrals for mental health services are provided through the Missouri Department of Health and Senior Services toll-free telephone line for maternal and child health care. The School Health Program and the Department of Mental Health will collaborate to provide trainings to schools on the Olweus Bullying Prevention Program, and the State Health Adolescent Health Coordinator will explore the connection between suicide and substance abuse through participation on the Governor's Substance Abuse Prevention Advisory Committee. MCH Coordinated Systems staff will provide technical assistance on suicide prevention to local public health agencies (LPHAs) and school health personnel.

Montana

The Montana Family and Child Health Bureau will continue to collect data from local Fetal, Infant, and Child Mortality Review teams and to provide information about suicide prevention interventions to the affected communities. The Bureau will support 12 youth suicide prevention projects. It will also participate on Montana's Planting Seeds of Hope Technical Advisory Board and Youth Suicide Prevention Task Force, as well as on the Steering Committee of the national Suicide Prevention Resource Center.

Nebraska

Nebraska will continue to implement the Local Outreach to Suicide Survivors (LOSS) program and Teen Screen. In collaboration with the University of Nebraska Public Policy Center, the state's Suicide Prevention Coalition applied to SAMHSA for youth suicide prevention funding.

Nevada

Suicide prevention activities from 2008 will continue in 2009. The collection and analysis of suicide data is ongoing, and the Injury Prevention Program will maintain its collaboration with the Office of Suicide Prevention.

New Hampshire

The Adolescent Health Coordinator will work with community health centers to expand screening for adolescent depression and will continue to participate in meetings of the Youth Suicide Prevention Assembly (YSPA). The YSPA plans to coordinate suicide awareness events, distribute fact sheets and other informational materials, and promote suicide prevention trainings by community health centers and the Samaritans. The Injury Prevention Manager will continue to co-chair the Suicide Prevention Council's Communication Committee, and the MCH program will monitor activities funded by the Garrett Lee Smith grant.

New Jersey

By means of several community partnerships, New Jersey's Department of Health and Senior Services will develop plans to prevent suicide, as well as other sudden, traumatic deaths to children. Replication of the Mercer County Traumatic Loss Coalition in 20 New Jersey counties has been an important focus over the past several years.

New Mexico

The New Mexico Department of Health's Office of School and Adolescent Health (OSAH) will continue to provide technical assistance and training to schools and school-based health centers. In addition, the office will begin a statewide telehealth program for school-based health centers to enhance the mental health services available to youth. The OSAH will also organize suicide prevention trainings and a statewide conference and analyze suicide data, including data from the state's Child Fatality Review teams.

New York

Collaboration will continue with the Bureau of Chronic Disease Prevention and Adult Health, the Bureau of Injury Prevention, the Office of Mental Health, and the Office of Children and Family Services. The Bureau of Injury Prevention provides suicide data for planning purposes. The Office of Mental Health continues its suicide prevention campaign and has expanded mental health services in five schools. The School-Based Mental Health Center Program also does a mental health assessment that includes an evaluation of suicide risk. The program provides referrals and crisis intervention visits when needed.

North Carolina

North Carolina will continue to provide suicide data and to supply workshop presenters to local communities. It will offer Living Works trainings, and the Child Fatality Task Force will maintain its partnership with suicide prevention leaders. If the state receives a Garrett Lee Smith Memorial Grant, it plans to conduct an awareness campaign, deliver a gatekeeper training, and establish a grants process for school-based health centers.

North Dakota

North Dakota will continue its Suicide Prevention Coalition and the implementation of six community-based Projects that are funded by the State/Tribal Youth Suicide Prevention Grant. MCH-funded services such as WIC and Family Planning will also distribute suicide prevention information.

Ohio

Collaboration with the Ohio Suicide Prevention Foundation Advisory Committee, the Child Fatality Review Board, and county suicide prevention coalitions will continue. Suicide data will be analyzed and shared with partners via online reports. A report on teen suicide and youth mental health issues will be produced and distributed to health care providers and educators.

Oklahoma

The Oklahoma Youth Suicide Prevention Council will seek funding to expand suicide prevention strategies and trainings. Training for nurses will be ongoing. The Adolescent Health Coordinator will participate in Council activities and collaborate with the Oklahoma State Department of Health's Injury Prevention Service to use suicide data contained in the Oklahoma Violent Death Reporting System. The fifth annual suicide prevention conference will take place, and the MCH program will work with the Council and with Mercy Hospital to develop a referral process for individuals at risk for suicide.

Oregon

Garrett Lee Smith Memorial Act regional sites will make a determination about using the Air Force Model for worksite suicide prevention with 18 to 24 year olds, while Oregon's Youth Suicide Prevention program will continue to provide Applied Suicide Intervention Training (ASIST) to National Guard members who are scheduled for deployment in 2009. Two suicide prevention conferences will be held in northeast and southern Oregon. Three counties will hold trainings for mental health clinicians. The Youth Suicide Prevention program will continue to promote implementation of the RESPONSE program and ASIST trainings, expand the number of Question, Persuade, and Respond (QPR) trainers, provide technical assistance to local coalitions and staff support to a statewide coalition, evaluate youth suicide prevention programs, and present on suicide information and data.

Pennsylvania

The Pennsylvania Department of Public Welfare will apply for funding to expand its suicide prevention activities, including early identification of those at risk for suicide and improved access to outpatient services. Pennsylvania's Youth Suicide Prevention Group will continue to develop a five-year plan. The state is also planning activities for Suicide Prevention Awareness Week.

Rhode Island

Rhode Island's Division of Community, Family Health and Equity will continue to support the Youth Action Research program and school-based health centers to increase adolescent involvement in health policy and access to health care. The Division will also lead the state's suicide prevention task force, participate in the Child Death Review Team, and implement ParentLinkRI, an online resource directory.

South Carolina

The state's suicide prevention website will be finalized. Suicide surveillance, data reports, and presentations will continue.

South Dakota

South Dakota will work with the Rosebud Reservation to reduce suicide attempts and deaths by providing prevention materials and Applied Suicide Intervention Skills Training (ASIST). The state will also train facilitators of suicide survivor support groups and develop web pages for youth to be posted on the state's suicide prevention website.

Tennessee

Implementation of the state's SAMHSA grant will be coordinated by the Director of Adolescent Health in collaboration with the Tennessee Department of Mental Health and Developmental Disabilities and the Tennessee Suicide Prevention Network. The Director of Adolescent Health will also provide Question, Persuade, and Refer (QPR) training to staff in the state health department. Adolescent health guides with information about the warning signs of suicide will be distributed statewide in both English and Spanish. Youth suicide prevention fact sheets and resource directories will also be distributed to local health departments.

Texas

Texas will support a variety of work groups that focus on suicide prevention, including the Texas Suicide Prevention Community Network and the Texas Suicide Prevention Council. Support will also be provided to Community Mental Health Suicide Prevention projects. Policy recommendations will be developed, and the integration of mental health into primary care settings will continue.

Utah

The Children's Mental Health Promotion Specialist will participate in the Suicide Prevention Council and the Child Fatality Review Committee and work with the Violence and Injury Prevention Program to access suicide data. Suicide prevention trainings will be provided based on the results of the Utah Department of Health's Professional Mental Health Provider Training Needs Assessment.

Vermont

If the necessary grant funding is received, Vermont will continue to implement a range of suicide prevention activities that will include infrastructure building with the Vermont Youth Suicide Prevention Coalition, a statewide media campaign with the United Way, school and community gatekeeper trainings, and interventions for college students. The state will also review suicide attempt and completion data and follow up on the 2008 Poisoning Prevention Symposium, which provided information on the extent to which poisoning is a mechanism for suicide.

Virginia

If SAMHSA funding can be obtained, Virginia's Division of Injury and Violence Prevention (DIVP) will increase suicide prevention activities in the rural counties surrounding Richmond and southwest Virginia. The DIVP will also continue to work with James Madison University regarding the mental health needs of college students.

Washington

Washington's Office of Maternal and Child Health (OMCH) and the Division of Epidemiology, Health Statistics, and Public Health Laboratories in the Department of Health will evaluate the Youth Suicide Prevention Program. The OMCH will share suicide data to promote prevention efforts, and it will provide technical assistance and a database on child deaths for Child Death Review teams. Implementation of the state's Injury & Violence Prevention Guide will continue.

West Virginia

The West Virginia Council for the Prevention of Suicide will work to reduce the stigma associated with seeking and receiving mental health services, reduce access to lethal means, provide support to suicide survivors, promote support for suicide prevention among providers, and improve public awareness and understanding of suicide.

Wisconsin

The MCH program will encourage local health departments to adopt suicide prevention objectives. It will provide analyses of suicide data to local health departments and work with Child Death Review teams. Kenosha County will continue to pursue a three-year project to expand risk assessment in schools, implement a referral system, and increase mental health services. The members of the Suicide Prevention Initiative will provide trainings throughout the state, including trainings on the use of suicide data.

Wyoming

Wyoming's Maternal and Family Health (MFH) Section will participate in the Youth Suicide Prevention Advisory Council and on a work group to address the needs of LGBT youth, including the need for suicide prevention. The MFH section will work with Coordinated School Health Programs to promote suicide prevention and provide grants for public health nursing to county health departments.



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55 Chapel Street
Newton, MA 02458

www.ChildrensSafetyNetwork.org