INVENTORY OF STATE INITIATIVES IN ADDRESSING YOUTH SUICIDE

National Program Inspection

OFFICE OF INSPECTOR GENERAL

OFFICE OF ANALYSIS AND INSPECTIONS

November 1986

Office of the Inspector General

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This Report

Entitled "Inventory of State Initiatives in Addressing Youth Suicide," this inspection was conducted to collect information to supplement the work of the HHS Task Force on Youth Suicide.

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NOVEMBER 1986

CONTROL #P-09-86-00099

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INTRODUCTION

In recognition of the effect youth suicide has on society as a whole, President Reagan, pursuant to Senate Joint Resolution 53, proclaimed June 1985 as Youth Suicide Prevention Month. As part of the federal government's response to the call for action on this problem, the Department of Health and Human Services (DHHS) cosponsored a National Conference on Youth Suicide during June, and established a high-level HHS Task Force on Youth Suicide. The Task Force includes senior officials from the National Institute of Mental Health, National Institute of Drug Abuse, National Institute of Alcohol Abuse and Alcoholism, Centers for Disease Control, and the Office of Human Development Services' (OHDS) Administration for Children, Youth and Families.

The Task Force's mandate is to "assess and consolidate information which currently exists and to recommend or initiate activities which will attack--'head on'--the youth suicide dilemma" and to generate research on the factors which place young people at risk of suicide. It sponsored three national conferences on (1) Risk Factors, (2) Prevention and Intervention and (3) Strategies for the Future between May and November 1986. The Task Force will culminate its work with a series of reports and final recommendations which will be presented to the Secretary in January 1987.

The Office of Inspector General (OIG) was asked to conduct a qualitative national program inspection of youth suicide which would supplement the work undertaken by the Task Force. The focus of the inspection was to (a) assess the extent to which HHS-funded programs are involved in efforts to prevent youth suicide, (b) review how states and selected communities are responding to the problems associated with youth suicide and (c) identify barriers and gaps which hinder delivery of services to suicidal youth and/or their families.

The results of this inspection are reflected in two reports. The enclosed report, entitled Inventory of State Initiatives in Addressing Youth Suicide, has a very specific focus on state government efforts to address this issue. During April, telephone interviews were held with state officials of 5 program areas in each of the 50 states, including:

- education/public instruction
- mental health
- maternal and child health
- drug and alcohol abuse
- children's services (foster care, child abuse and neglect, and children's protective services).

These agencies were selected because of their involvement with youth, as well as their fiscal relationship with our Department (all but the education agencies receive HHS funds). In some

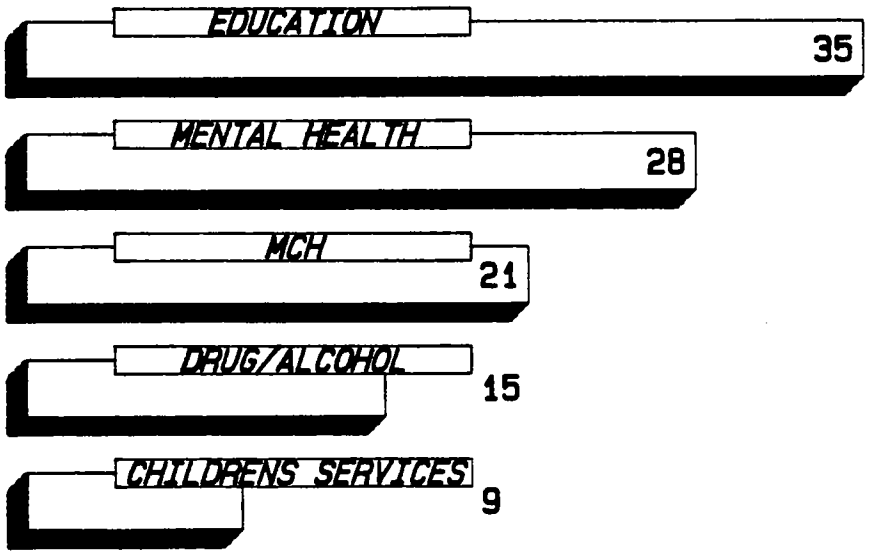
states, knowledgeable representatives from governors' and lieutenant governors' offices, legislatures and planning agencies were also contacted. A total of 283 officials were interviewed for the inventory.

A companion report, entitled Youth Suicide, reflects study findings based on 170 in-person interviews in 9 states and 178 telephone interviews of community service agencies selected at random. The report focuses on a range of youth suicide issues, including magnitude of the problem, trends, community response, detection and treatment, and gaps and barriers to serving youth at risk of suicide.

OVERVIEW OF STATE INVOLVEMENT

Forty-seven states reported involvement with youth suicide issues in at least one of the program agencies contacted. The only exceptions were Missouri, New Hampshire and South Dakota. Table I (page 21) summarizes which agencies are addressing this issue in each state. It should be stressed that this inventory of state activity is current only as of April 1986. At the time of the survey, many program efforts were evolving, and undoubtedly there has been considerable activity subsequent to our contact with state officials. Some agencies which reported no current activity anticipated that they would be addressing youth suicide in the near future. Some states are focusing efforts specifically on suicide prevention, while others are addressing the broader spectrum of self-destructive behavior and including suicide as one component in looking at the problems of "high-risk" youth. As the following graph indicates, involvement varies across state agencies.

STATE INVOLVEMENT BY TYPE OF AGENCY



Nearly three fourths of the state education agencies (35 states) have mounted some type of initiative to address youth suicide. Efforts range from compiling bibliographies of pertinent materials on youth suicide to training school personnel and parents in identifying and intervening with high risk youth and/or developing specific curricula for students. Some are in the process of testing materials on a pilot basis while others are encouraging local school districts to develop their own programs. Manuals and brochures have been developed by a number of the state agencies. A few have special teams to work with the

schools in developing suicide prevention programs or addressing the aftermath of a suicide-related crisis. Peer programs are being implemented in a number of states.

Over half (28 states) of the mental health programs are addressing youth suicide. In states which have created statewide or interagency task forces to address this issue, the mental health programs are frequently assuming lead agency responsibility. Some are identifying youth suicide prevention in state plans or are involved with sponsoring training through workshops and conferences.

The 21 maternal and child health programs are involved in a broad array of activities impacting on youth suicide. Many programs have identified suicide as one of several high priority adolescent issues. Maternal and child health programs have sponsored a number of conferences and other training sessions for service providers as well as youth. They are also involved in funding some direct services such as hotlines for youth and special risk screening in health clinic settings.

Nearly one-third (15 states) of the drug and alcohol programs reported some involvement with youth suicide, primarily by training service providers to identify and intervene with suicidal youth. There is strong recognition of the link between drug and alcohol abuse and suicide.

The tone of the interviews with the childrens' services programs (i.e., foster care, child abuse and neglect, and children's protective services) was markedly different from discussions held with the other four program agencies. Fewer than 20% (9 states) reported any involvement at all with this issue. The childrens' services programs were rarely involved in any interagency initiatives, whereas the other four programs surveyed were nearly always involved in state task forces, commissions and advisory councils.

Legislation addressing youth suicide has been approved in 11 states and a number of bills are either under active consideration or will be introduced during the next session in other state legislatures. Governors or Lieutenant Governors have assumed a leadership role in 10 states. These are the states that most frequently have created statewide initiatives such as interagency task forces or advisory councils. Many of these states have placed considerable focus on developing programs in the schools.

Table II (page 23) identifies types of activities currently underway in the various states, such as legislation, the development of printed materials or creation of a task force. A summary of initiatives in each state follows.

STATE-BY-STATE SUMMARIES

Based on interviews with 283 state officials representing children's services, mental health, drug and alcohol, maternal and child health, education, and occasionally legislative and gubernatorial offices, following is a summary of state involvement with youth suicide issues as of April 1986. See Tables I and II for the tabular summaries of state initiatives and specific program involvement.

ALABAMA. The State Board of Education is considering a resolution which would require that suicide prevention be included in school health and mental health programs. Specifically, the resolution would (1) emphasize, within the comprehensive counseling and guidance plan, the improvement of mental health programs in schools and (2) direct schools to provide teacher training at all levels on how to recognize and deal with high risk-youth.

ALASKA. The drug and alcohol program includes a presentation on the relationship between suicide and substance abuse at their annual training conference. Mental health staff recently completed a study which found, for the period 1978 to 1984, a 38% increase in legally-determined suicides in addition to those reported to the National Center for Health Statistics. The largest number of unreported suicides were among Alaska Natives, a significant number of whom were youth aged 24 and under. The education agency recently hired a health education specialist, who is currently researching youth suicide issues with the objective of developing training materials and intervention strategies for teachers.

ARIZONA. Last year, staff from the family and children's services program con-ducted a special study with the health department to examine possible links between child abuse and suicide. The results were inconclusive, because the incidence of suicide was so low.

ARKANSAS. The lieutenant governor established the Arkansas Youth Suicide Prevention Commission, which has published a brochure for distribution throughout the state. Future plans include producing a film for use in the schools and working with the legislature toward enactment of a youth suicide prevention program in the schools. As chairman-elect of the National Conference of Lieutenant Governors, the lieutenant governor has also established a special task force to study this problem nationally. Hearings are planned.

Mental health program staff report that one of their state-operated community mental health centers has spearheaded an extensive, county-wide initiative called Lifesavers. Under the general direction of a steering committee, five operating committees have been established with a focus on teachers, school

administrators, survivors, parents and the media. Activities have included: (1) establishing "caring committees," consisting of students and a counselor, parent and nurse, at each junior and senior high school to serve as referral resources for troubled youth, with mental health professionals donating time as consultants, (2) training peer counselors on youth suicide, and (3) co-sponsoring a local television program on youth suicide, as well as televised public service announcements.

CALIFORNIA. In 1981, the legislature convened a hearing on youth suicide, which led to the creation of a state advisory committee. A year of fact finding led to the enactment of legislation, which created a three-year pilot program to deter youth suicide. Envisioned as a collaborative effort among local school districts, suicide prevention centers and the state education agency, the pilot program has entered its second year. Activity to date has focused at two suicide prevention centers, which are developing and testing a curriculum for use by the schools. The curriculum consists of classroom lesson plans, awareness segments for parents and school personnel, and a brochure for parents. It will be tested in selected schools in Spring 1986 and will eventually be adapted for younger children. By 1987, the program will expand to additional school districts with a goal of statewide implementation. The third year of the pilot will focus on evaluating the effectiveness of the program and preparing a comprehensive report to the legislature.

A second piece of legislation launched a five-year youth suicide prevention program, to be coordinated by the mental health department. Currently in the first year, the department has let contracts for: (1) a statewide evaluation of the problem of youth suicide, including a statistical analysis, profiles of youth at risk and a determination of needs and existing resources in schools and communities and (2) development of a film that will be shown on television and in schools.

The maternal and child health program reports that as part of an adolescent family life program, clients are profiled for life-threatening indicators, including risk of suicide. It has also held a workshop for local maternal and child health directors on the identification of youth at risk of suicide.

COLORADO. The mental health program is analyzing data of youth involved in the mental health system on both an inpatient and outpatient basis. The study will provide a patient profile, identification of risk factors and recommendations for the development of prevention, intervention and treatment strategies. The maternal and child health program is in the process of updating a 1982 study on adolescent health, including mental health and suicide. A report, scheduled for release in September 1986, will include a description of the problem, pertinent data and strategies for resolution. Maternal and child health is also involved with the Suicide Prevention Allied Regional Effort (SPARE), which conducts workshops, develops local

coalitions, promotes networking and collects materials for information and referral.

CONNECTICUT. The maternal and child health program reports that youth are assessed for risk of suicide at school-based health clinics and young parents' classes.

DELAWARE. The children's division of mental health has funded publication of a brochure on youth suicide, which was distributed to high school students throughout the state. The education agency has sponsored youth suicide workshops for school personnel and incorporated lesson plans on suicide into its health education curriculum for grades four through twelve. Both the mental health and education agencies are actively involved in a council of public and private representatives which advocates for the prevention of teenage suicide. The council has helped create several support groups for survivors and adolescents at risk of suicide and has lobbied the general assembly to mandate suicide prevention training for school personnel.

FLORIDA. In 1984, the legislature enacted legislation which required the Department of Health and Rehabilitation Services, in conjunction with the Departments of Education and Law Enforcement, to develop a state plan for youth suicide prevention. The intent of the legislation was to develop prevention, intervention and treatment strategies with an emphasis on detection, clarification of the responsibility of school counselors, cooperation between school and community resources, and the timely referral of high-risk youth to professional help in their communities. To achieve this mandate, a statewide task force, as well as eleven district task forces, were established to create local plans and an overall state plan. The state plan was finalized and sent to the governor and the legislature in January 1985. Key elements addressed in the plan include the need for: (1) improved planning, coordination and cooperation among service agencies, (2) increased public awareness, (3) systematic training of professionals and nonprofessionals who work with youth, (4) special emphasis on training school personnel and addressing youth suicide in the "life management skills" curriculum, (5) expansion of toll-free, 24-hour crisis hotlines into counties lacking this service, (6) model crisis centers, funded initially on a pilot basis, with a strong evaluation component prior to statewide implementation and (7) improved data collection. To date, lack of resources has resulted in minimal implementation of the plan.

GEORGIA. The maternal and child health program has identified adolescent issues, including suicide, as a priority. It distributes materials on risk factors for troubled youth and includes a component on youth suicide in its workshops. The identification of potentially suicidal adolescents in the classroom will be a major thrust of a conference scheduled in October for teachers and public health workers.

HAWAII. The state education agency is conducting a study which includes youth at risk of suicide. A number of community agencies are involved in gathering data for the report, and other state agencies have been asked to contribute available data on youth suicide. The preliminary report is scheduled for release in August 1986 and will serve as a basis to design programs to respond to study findings. In addition, the agency is increasing an emphasis in school counseling programs to (1) identify and work with high risk youth and their families and (2) create a school climate which will encourage kids to surface problems. The mental health program is just beginning to explore the relationship between drug abuse and suicide, and suicide prevention has been identified as an objective to be achieved by 1990. The agency is encouraging its community mental health centers (state-operated) to address youth at risk of suicide. Program funds support a private general crisis hotline and a crisis support team directly involved in suicide intervention.

IDAHO. The mental health agency is establishing a statewide youth suicide prevention committee, with representation from within and outside state government. The state education agency recently sponsored a conference which focused on peer support groups, and included training specific to suicide.

ILLINOIS. In 1985, the legislature passed legislation which would allow schools to include a number of topics in the school curricula, including suicide. The state education agency will develop the resource materials. The legislature is considering a bill which would provide for the development and implementation of suicide prevention programs through the schools. The maternal and child health program has (1) sponsored teen conferences which include suicide, (2) funded three demonstration programs which feature a case manager for each teenager to assure access to care and preclude the risk of suicide and (3) funded a toll-free crisis hotline for kids.

INDIANA. The division of nursing, of which maternal and child health is a component, has spearheaded a number of youth suicide initiatives: (1) developing a training manual, with input from the mental health and education agencies, which has been distributed to school corporations, school nurses and community mental health centers, (2) sponsoring a series of conferences for school and public health nurses which focused on youth suicide awareness, and (3) organizing a youth suicide task force in each county. The issue will be addressed again in a second series of conferences on violence and crisis intervention.

IOWA. The maternal and child health program has produced a manual on adolescent health issues. Youth suicide is incorporated into the section on counseling. Training on use of the manual, including a workshop on youth suicide, will be held throughout the state for public health nurses, school counselors and other health professionals. Maternal and child health is also cataloging efforts to address youth suicide by various

school districts, 4-H groups, etc., and will be making recommendations to schools, community groups and other appropriate organizations on this issue. The state education agency has helped implement peer programs in 210 high schools. Peer helpers have received specific training on suicide awareness. The agency is working with the State Agricultural Extension Service and 4-H Program on crisis intervention strategies to address the impact of the farm crisis on youth and their families. The children's services agency sponsored workshops for its youth service workers and staff in juvenile institutions on suicide awareness and prevention.

KANSAS. Each summer, the drug and alcohol program sponsors an intensive five-day training program for school teams which consist of an administrator, two teachers, a support person (e.g., nurse or counselor) and a community person (e.g., parent). Although the primary focus is on alcohol and drug prevention and intervention, other problems associated with high risk youth, including suicide, are also addressed. Ongoing training and technical assistance continues throughout the school year. The drug and alcohol program also funds prevention grants and one of these grantees recently held a conference on youth suicide.

KENTUCKY. The state education agency and the mental health/mental retardation agency are implementing a joint youth suicide prevention program. The primary purpose of the program is to train public school teachers to identify, assist and appropriately refer high-risk youth. The training also addresses what to do in the event of a suicide emergency at school and how to handle classroom education for students on suicide-related issues. Training will be delivered to public school teachers by a team consisting of one person from the local regional community mental health center and one person from the school system. The agencies are in the process of conducting regional workshops for these training teams (i.e., training the trainers) who will then make training available to schools in their communities. A manual has been developed for use in conjunction with these training sessions. The mental health program has also joined with the drug and alcohol program to sponsor a summer school for substance abuse and mental health staff. A workshop on youth suicide is included on the agenda.

LOUISIANA. The state education agency has a cadre of trained staff who are working with guidance counselors, nurses, teachers, administrators and parents on suicide awareness. They conduct workshops at professional meetings and in communities, with a strong emphasis on community-wide participation. When a suicide or attempted suicide occurs, the team is available to work with a community, marshalling local resources to address the crisis. The agency also has a separate initiative to identify a range of high-risk youth, including those at risk of suicide.

MAINE. The mental health program published a report in March 1986 on suicide and self-destructive behavior among

teenagers. The report has been widely disseminated and will serve as the basis for a statewide task force, which will prepare recommendations to the legislature by January 1987. The maternal and child health program is helping to fund a private agency to conduct a conference on youth suicide in June 1986. The state education agency participates on the Maine Commission of Youth Suicide, a private agency.

MARYLAND. The legislature recently passed two bills relating to youth suicide: (1) establishing a gubernatorial task force, which will begin work in July 1986 to develop broad-based strategies to address youth suicide, and (2) charging the mental health and education agencies to jointly develop model projects in schools. The Governor's Office on Children and Youth recently published a brochure on youth suicide which has been widely disseminated. The office also published a book in January 1986 on the status of children, which includes a discussion of youth suicide.

The drug and alcohol program sponsored a two-day workshop for substance abuse workers, school personnel, police and parents. Special sessions on youth suicide were included. The agency also is heavily involved with peer leadership training, which includes training on risk of suicide. The agency stresses the strong link between substance abuse and suicide, emphasizing that the warning signs for suicide are essentially the same as for substance abuse.

Maternal and child health staff fund school-based health projects, which emphasize comprehensive services, including addressing risk of suicide. The focus is on youth and their families. The agency is also funding a conference in Spring 1986 on a broad range of health issues, including suicide. Maternal and child health has received a special demonstration grant from HHS to establish a data base on the health needs of youth offenders and wards of the court. The goal of the grant is to develop training for intake workers on such issues as identifying kids at risk of suicide and knowing how to act in these situations.

MASSACHUSETTS. In 1985, the governor convened a task force on youth suicide, which is chaired by the mental health agency and consists of representation both from within and outside state government. The final report of the task force is scheduled to go to the governor in June 1986. Major recommendations include: (1) to integrate suicide prevention programs with other adolescent prevention programs (e.g., substance abuse, teen pregnancy), (2) to strengthen services to older youth and improve the transition toward emancipation and (3) to develop aggressive alternatives to traditional service approaches, including (a) establishing peer programs, (b) developing specific intake procedures for crisis intervention and maintaining adolescent staff specialists at community mental health centers, (c) developing procedures for immediate response to suicide

attempts at hospitals and health clinics, maintaining adolescent specialists on staff and requiring that referrals be made following emergency treatment, (d) training other staff who work with youth in crisis intervention (e.g., children's services workers), and (e) recognizing the key role of the schools and ensuring they are able to detect and respond to youth at risk of suicide.

As of April 1986, the legislature had reported out of committee an omnibus health and education bill which addresses youth suicide by (a) creating a discrete grant program for planning and in-service training in the schools and (b) establishing a statewide health and human resource advisory committee and local coordinating committees, upon which funding for youth suicide prevention is contingent.

The alcohol and drug program funds 8 prevention centers (both school and community based), as well as 51 early intervention programs which deal with interrelated self-destructive behaviors. Training on prevention skills, including the prevention of suicide, is available to teachers. In June, the children's services program is sponsoring a training session for staff on youth suicide. Maternal and child health staff completed a five-year (1980-84) statistical analysis on suicide in the state. For 1985, they are studying the circumstances of all deaths, including suicide, to determine which children had been involved with state service agencies. Maternal and child health also funded the Samaritans, a private suicide prevention agency, to develop a school intervention program, including a hotline.

MICHIGAN. The mental health program has funded a pilot program in one county which features (1) peer counseling at a high school, (2) teaching coping, problem solving and survival skills, of which suicide will be a component, in the eighth grade curriculum at a middle school, (3) training teachers to recognize high risk kids throughout the county and (4) developing a proactive plan on how to respond to a suicide crisis. Depending on the study results, the approach may be expanded to other counties. The state education agency reports that the governor initiated a special interagency work group to develop a comprehensive school health education curriculum. It is anticipated that the eighth grade curriculum will include units on problem solving, developing coping skills and dealing with a number of problems facing adolescents, including suicide.

MINNESOTA. The state education agency recently sponsored a "think tank" meeting with the University of Minnesota Agriculture Extension Program to develop state strategies regarding youth suicide. The meeting, representing a broad range of education, state agency and community interests, was sparked by 4-H Club representatives who saw a need to examine the stresses on youth brought about by farm failures. As part of the effort, the University recently completed a series of three surveys which focused on stress and depression as precipitators of suicide,

with the resulting recommendation that schools emphasize coping, communication and problem solving skills. The agency has also sponsored a statewide conference on youth suicide. Furthermore, the State Board of Education is addressing learners at risk, including those at risk of suicide, with a plan to build on existing chemical dependency prevention programs in the schools, beginning at the elementary level. One of the Board's stated goals is to raise the level of understanding among policy makers, including legislators, through a series of meetings, written reports and recommendations, of the difficulties of teaching at-risk learners. Finally, the education agency will sponsor a teleconference with schools in the fall of 1986, concerning their role in prevention and crisis intervention with high-risk kids.

The maternal and child health program (a) recently published a state plan, which identifies suicide as a key problem and (b) has a SPRANS grant with the University of Minnesota to develop a model national adolescent data base.

MISSISSIPPI. The maternal and child health program sponsored a World Health Day for adolescents, and youth suicide was one of five issues addressed. Students were selected from schools throughout the state and were expected to share this experience with the other students at their respective schools.

MISSOURI. No involvement.

MONTANA. The state education agency has developed a resource guide of films, articles and other materials available to school personnel on a range of topics, including youth suicide. The guide has been distributed to all school districts.

NEBRASKA. The children's services staff is developing a program on youth suicide to be aired on educational television during Summer 1986. The film is being developed in response to an expressed training need by foster parents. A study guide to accompany the film will be distributed to foster parents and other interested persons. The state education agency is beginning to formulate a strategy to address youth suicide. Existing curricula and manuals on suicide awareness and prevention programs are being reviewed, and school personnel are being surveyed to determine the level of interest in a training package.

NEVADA. The drug and alcohol program recently drafted a protocol for the identification of high risk youth and steps to take in a suicidal emergency. They plan to pilot the protocol at a residential treatment facility and, if effective, adopt the protocol for use in treatment facilities statewide.

NEW HAMPSHIRE. No involvement.

NEW JERSEY. In 1985, the legislature enacted a law which would (1) establish youth suicide prevention pilot programs in three

regions of the state, to include classroom instructional materials, training of school personnel, parent education programs, programs for the families of suicide victims and linkages with community-based programs, (2) create a 10-member Youth Suicide Prevention Advisory Council and (3) require a full report to the governor and legislature on the outcome of the pilot program and the activities of the Advisory Council. The legislature intended that the pilot programs be developed by community mental health centers, in consultation with local school boards. The pilot programs are in operation in selected schools in three suburban communities and will soon be evaluated for effectiveness by independent evaluators. Officials hope the legislature will provide additional funds to adapt the pilot materials for testing in rural and innercity settings, which eventually will result in a model school curriculum for use throughout the state. The state education agency has developed a suicide awareness training manual, which has been widely distributed to educators throughout the state. Training is available on a regional basis.

NEW MEXICO. In 1985, the governor established a time-limited task force to promote coordination among various agencies with an interest in youth suicide. A conference was held in 1985 and a second conference is scheduled for 1986. To date, staff support for the task force has been from within the immediate office of the governor, but staffing and lead agency responsibility will soon be transferred to the Department of Health and Environment. With the exception of the children's services program, all the programs surveyed have been involved in the governor's initiative and are pursuing their own initiatives as well. The state education agency has co-sponsored three statewide workshops on youth suicide for school personnel and other state and local public employees who are in contact with youth.

The mental health program has designated a suicide prevention coordinator, who has been working with the New Mexico Chapter of the National Committee on Youth Suicide Prevention on a series of regional workshops for adults who work with adolescents, as well as a special workshop for adolescents. The mental health program is also working with the University of New Mexico's Department of Pediatrics to address youth suicide at selected teen clinics throughout the state. The maternal and child health program is spearheading an adolescent health promotion task force and has several thrusts: (1) sponsoring a conference for Fall 1986 on intervention strategies, (2) through a special maternal and child health federal grant, addressing injury control from self-destructive behavior, including suicide, on Indian reservations, and (3) working with the legislature on pertinent issues.

The drug program is currently developing information on youth suicide to be incorporated in the substance abuse state plan. An epidemiologist within the health department has recently completed a special study of youth suicide, based on the review of mortality records from 1962-1984. Study findings include:

(1) the highest incidence of suicide was among Native Americans, (2) the greatest increase in suicide was among Hispanics and (3) suicide among younger children, aged 5 to 14, increased among all ethnic groups. The results will be published and a summary disseminated to all physicians in the state. The legislature has created a special subcommittee to study youth suicide, with the goal of developing legislative proposals by January 1987.

NEW YORK. In 1984, the lieutenant governor established a special task force to address youth suicide. After leaving office, he created the National Committee on Youth Suicide Prevention (based in New York City), which he currently chairs.

The Governor's Youth Suicide Prevention Council, consisting of a broad public and private representation, was charged with outlining what is known about teen suicide, as well as making specific recommendations for administrative, budgetary and legislative steps designed to reduce the incidence of teen suicide. An interim report was published in 1985, and a final report is expected in June 1986. Recommendations from the interim report include: (1) developing a compendium of program models, critical evaluations and community strategies for addressing youth suicide, (2) developing and maintaining a clearinghouse of teen suicide prevention information, (3) supporting research, (4) establishing a state policy requiring an evaluation component in all new state-funded teen suicide prevention programs, (5) holding regional and statewide seminars for the media regarding their potential role in the prevention of suicide, as well as encouraging the media to develop voluntary guidelines for the reporting of teen suicides, (6) developing recommendations regarding hospital emergency room practices, and (7) developing recommendations regarding the reporting practices of medical examiners.

In addition to having lead agency responsibility for the task force, the mental health agency is developing a manual, which will be available by Summer 1986 and which describes various approaches communities might take in developing suicide prevention efforts. The agency, in conjunction with the health department, has been charged with developing a protocol and guidelines for hospital emergency rooms, which include linking up youth with adequate follow-up services upon discharge from the hospital. In addition, a pilot project has been funded to allow community mental health centers to develop a curriculum on youth suicide prevention, which can serve as a basis for training people in their communities.

The state education agency has developed a manual on youth suicide prevention, which has been distributed to every school in the state. Schools have been instructed to incorporate into their guidance programs, a protocol for dealing with high risk youth, including those at risk of suicide. The agency has jointly funded several pilot projects, all of which have a school component, but where services are delivered in a variety of

settings. Finally, the agency has helped match up schools with community agencies who can help them address youth suicide.

Maternal and child health staff have conducted two research projects: (1) profiling youth who have completed suicide and (2) examining the impact of a television docudrama on hospital emergency room admissions and calls to regional poison control centers. They have also worked with adolescent health providers to develop a plan to reduce youth suicide.

The drug program sponsored training specific to youth suicide as part of their school-based junior and senior high programs. The alcohol program has identified youth suicide in its five-year prevention plan and is developing a paper on the relationship of alcohol use and youth suicide.

The legislature is considering providing additional funds to school districts who have developed a plan for identifying children at risk for a number of problems, including suicide.

NORTH CAROLINA. The mental health agency has developed a training curriculum on youth suicide for personnel within the juvenile justice and public school systems. The curriculum has a self-instructional component so that participants can train others. Training is also provided for mental health professionals with an emphasis on emergency services and crisis stabilization. The agency plans to initiate three public forums, using a format developed by the American Association of Suicidology. The state education agency has sponsored workshops for school personnel and is developing a training package, which will include a videotape, manual and workshop, on the subject of children under stress. Suicide will be addressed. The package will be structured so that counselors can use the materials to train others.

NORTH DAKOTA. The governor has established a Commission on Youth at Risk, which is staffed by the statewide mental health association, a private organization. The commission is studying a range of problems, including youth at risk of suicide. A report is anticipated by Summer 1986. The mental health association has also developed a manual on youth suicide, which is used in workshops, and has a special federal suicide prevention demonstration grant from OHDS to set up networks at the community level for runaway and homeless youth. The maternal and child health program is participating in a five-state research project on the epidemiology of suicide (e.g., looking at the increased incidence of suicide in farm communities). The program also funds the printing of materials developed by the mental health association on youth suicide.

OHIO. The maternal and child health program has identified suicide in its five-year state plan as the second leading cause of death among youth, aged 15-19, and has established a specific objective to reduce the suicide rate by 1990. Maternal and child

health also has funded eleven demonstration projects, which are designed to provide comprehensive adolescent health care. Each demonstration includes a youth hotline and walk-in clinics, where youth are triaged and referred to appropriate service agencies. State education staff are available to make presentations, which include youth suicide, to schools and at regional conferences. Literature and films on youth suicide are available. The drug and alcohol program holds a summer institute for student leaders and school advisors. The primary emphasis is on prevention of drug and alcohol abuse, but youth suicide is also addressed.

OKLAHOMA. In 1985, the legislature authorized funds for youth emergency services, including suicide prevention and intervention. Funds were used to: (1) hire youth crisis workers and set up emergency services systems for children at community mental health centers, (2) guarantee payment to local psychiatric units for the hospitalization of youth, and (3) develop a pilot mobile crisis intervention team in the state's most populous county. The mental health agency is developing a screen to profile youth at risk of suicide, schizophrenia and severe mental disorders. The screen will be used throughout the state by schools, day care centers, health clinics, and hospitals. It is intended for use with children of all ages and places a strong emphasis on family and environmental factors. A statewide and three regional conferences are planned to train people to use the screen. Workshops on teen suicide are available to school staff, parent groups, etc., through guidance centers staffed by county health departments. Requests for training are made through the state education agency, which has a cooperative agreement with the health agencies.

OREGON. In 1985, the state education agency conducted a study of youth suicide, which culminated in a series of reports to the State Board of Education. Subsequently, the superintendent and state board have encouraged schools to develop programs to address suicide. The agency has published a manual for distribution to schools and has conducted special workshops for counselors. The maternal and child health program has recently established four school-based health clinics. One focus of these clinics is the early identification of depression and other mental health problems, including assessing for risk of suicide. There are plans to expand this program to other school sites.

PENNSYLVANIA. The governor has requested funds from the legislature to enable the state mental health, drug and alcohol and education agencies to mount a collaborative youth suicide initiative which would include: (1) developing a curriculum on teen suicide for school personnel, (2) training of school personnel and (3) providing funds to community mental health centers to evaluate and treat youth who are identified as being at risk of suicide. The proposal would build on an existing program which identifies and intervenes with youth at risk of substance abuse. The legislature is actively considering the governor's proposal and has approved a resolution to hold

hearings, develop a report and make recommendations that would address this issue. A select committee on teen suicide held hearings throughout the state in Spring 1986.

The state education agency recently developed a pamphlet on teen suicide, which should be available by Summer 1986. The publication will be distributed to all school districts for use by teachers, counselors and administrators. The agency has also sponsored workshops on children at risk, including risk of suicide. The school drug and alcohol program is broadening its scope to encompass training on the relationship of substance abuse to other problems, including teen suicide.

RHODE ISLAND. In 1985, the general assembly passed a joint resolution, creating a Task Force on Teenage Suicide Prevention, to be chaired by the lieutenant governor. The task force, which has broad statewide representation, has established the following goals: (1) compile a statewide data base on youth suicide, (2) formulate policy and legislative recommendations for state and local governments and (3) guide school systems in developing suicide prevention programs. A report is anticipated by June 1986. Future activities include planning a conference for guidance counselors and investing in the establishment of a model surveillance system. The task force has also introduced legislation to the general assembly which would (1) require incorporation of a suicide awareness program into the high school curriculum, (2) establish workshops for teachers and (3) distribute materials to schools, libraries and other public buildings. This legislation is the product of a special pilot program which was developed by the Samaritans, a private suicide prevention agency, under a grant from the National Conference of State Legislatures and state maternal and child health funds. The pilot program is evaluating the effectiveness of a model suicide awareness program in four high schools and includes an orientation workshop for teachers, lesson plans for students and an evening session for parents.

The mental health program is developing a comprehensive plan of which youth suicide is a component. The agency provides in-service training and is evaluating youth suicide materials to select appropriate ones for distribution to community mental health centers. The state education agency is completing a comprehensive health education curriculum guide, of which youth suicide is a component. There is a statewide policy to test all children in the third and sixth grades, including mental health questions. The testing will be expanded to grades eight, ten and twelve and will include risk of suicide.

SOUTH CAROLINA. The mental health agency works with health education centers, which provide training on a wide range of topics, including youth suicide.

SOUTH DAKOTA. No involvement.

TENNESSEE. The state education agency has incorporated suicide into its new comprehensive health education curriculum. The health department recently completed a study of suicides over the past five years and found that the 15 to 29 age range was the only group which experienced an increase. The greatest increase was among young adults, aged 20 to 24 (117%), followed by the 15 to 19 year old age group (56%).

TEXAS. As part of its statewide conference for school counselors, the state education agency has used schools with model suicide prevention programs as trainers in workshops on youth suicide. Virtually all counselors in the state have participated in these workshops. Counselors have been given a curriculum developed by the American Association of Suicidology. The mental health agency is planning a state conference on teen suicide, tentatively scheduled for Fall 1986. Mental health staff have participated in a special study, commissioned by the HHS Youth Suicide Task Force, surveying community efforts at youth suicide prevention.

UTAH. The mental health and drug and alcohol programs recently collaborated with a local hospital to sponsor a statewide conference on youth suicide. The mental health program also recently received a federal grant from the National Institute of Mental Health to develop a network of school counselors, community mental health centers, other local service providers and parents to identify youth at risk of suicide. The drug and alcohol program is working with the state juvenile justice program under a federal Juvenile Justice Demonstration Program grant to better serve troubled youth, including those at risk of suicide. The state education agency is exploring the integration of suicide prevention into the state alcohol and drug curriculum for grades one through twelve.

VERMONT. The mental health agency has a clinician under contract to do training, upon request, for schools, mental health clinics and nonprofit agencies. The agency also held a workshop on youth suicide for mental health center staff. In addition, under a National Institute of Mental Health grant, youth suicide has been identified as a priority child and adolescent service and funds have been earmarked to address this issue. Both the children's services and drug and alcohol programs have sponsored workshops or encouraged staff to attend training sessions on youth suicide.

VIRGINIA. The state education agency has identified youth suicide prevention in its comprehensive health education curriculum plan. The agency has also sponsored workshops for school administrators and teachers and is updating a list of youth suicide resource materials available to school personnel. The mental health agency is co-sponsoring a workshop on adolescent depression and suicide with the state Parent Teacher Association. The maternal and child health program reports that screening for depression is a priority at its child development clinics and has resulted in the identification of youth at risk of suicide.

WASHINGTON. The mental health agency is implementing an early intervention project in ten school districts, which entails teachers screening elementary school-aged children for risk of mental health problems, including suicide. Most of the emphasis is on children in kindergarten through third grade. This is a collaborative effort between mental health centers and school districts, and hopefully will defuse the stigma of mental health referrals. Teachers will identify and refer students with problems to mental health centers. The children's services program funds a family reconciliation services program which assists families with acting-out children resolve problems through mediation and counseling. Risk of suicide is a frequent issue. Emphasis is on conflict resolution, understanding family dynamics, and developing coping skills. The state education agency sponsors an annual health education conference and is including a session on youth suicide in this year's agenda.

WEST VIRGINIA. The state education agency has conducted several workshops on youth suicide, primarily for counselors and school nurses. The children's services program sponsored a workshop for group shelter staff and has paid for local caseworkers to attend seminars. The State Health Education Council and the health department co-sponsored a conference on prevention for public health personnel in Spring 1986, and youth suicide was included on the agenda.

WISCONSIN. In 1985, the legislature mandated that the education agency and health and social services agency collaborate in developing a youth suicide prevention program. Major components include: (1) creating an advisory council with representation from these two agencies plus the Wisconsin Council on Criminal Justice, to assist in the development of a state plan, (2) creating a referral system that is clearly defined and understood by all school and community agency staff and (3) establishing community-based suicide awareness programs and a statewide school curriculum by the 1989-90 school year. The two designated state agencies are to provide technical assistance to school districts as they establish these programs and train school personnel and other community service providers. The state's 12 cooperative educational service agencies were provided with limited funds to assist in this effort. The intent of the legislation is to involve mental health and crisis intervention centers, other community agencies, health providers and parents in a cooperative effort with the schools.

First year emphasis of this initiative has been on community awareness. Trainers and special technical assistance teams from both the education and mental health programs have conducted workshops and special presentations for over 2,000 school and community agencies. A manual suggesting guidelines on how to plan for and implement a community-based, school-focused suicide prevention program was developed and will be distributed to all school districts, county welfare agencies, drug and alcohol programs and community mental health centers in the state. The

manual focuses on conducting a community needs assessment, developing a network of community services and a clearly defined referral system, an action plan to follow if a suicide emergency occurs, and the importance of a community based approach. It is anticipated that all 432 school districts will have a suicide awareness program in place by Spring 1987 and that all will have a formal classroom curriculum (probably incorporated into the ninth grade health education curriculum) by July 1988.

The thrust of the Wisconsin approach is that (1) schools cannot address youth suicide alone--that programs need to be community-based and built on existing resources, (2) suicide is one more youth issue, not to be viewed in isolation from other serious problems affecting youth and (3) rather than "reinvent the wheel," communities should build on existing models, adapting programs to their own needs and the existing service systems.

WYOMING. The state education agency is urging local school districts to adopt policies and procedures for identifying, preventing and addressing youth suicide. The agency serves as an information exchange among districts. The agency has also sponsored a workshop on teen suicide at a conference for school administrators and board members and anticipates hiring a staff person who will specialize on issues relating to high risk youth, including suicide. The drug and alcohol program participated in a special multi-agency, interdisciplinary crisis team that addressed the problem of a cluster of youth suicides on an Indian reservation. The children's services program reports that one of their county child protective teams held a workshop on youth suicide.

TABLE I

STATE PROGRAM INVOLVEMENT IN YOUTH SUICIDE
(As of April 1986)

STATE	CHILDREN'S SERVICES	MENTAL HEALTH	DRUG & ALCOHOL	MATERNAL & CHILD HEALTH	EDUCATION	NO INVOLVEMENT
AL					X	
AK		X	X		X	
AZ	X					
AR		X			X	
CA		X		X	X	
CO		X		X		
CT				X		
DE				X	X	
FL	X	X	X	X	X	
GA				X		
HI		X			X	
ID		X			X	
IL				X	X	
IN		X		X	X	
IA	X			X	X	
KS			X			
KY		X	X		X	
LA		X			X	
ME		X		X	X	
MD		X	X	X	X	
MA	X	X	X	X		
MI		X				
MN				X	X	
MS				X		
MO						X
MT					X	
NB	X		X		X	
NV			X			

STATE PROGRAM INVOLVEMENT IN YOUTH SUICIDE
(As of April 1986)

STATE	CHILDREN'S SERVICES	MENTAL HEALTH	DRUG & ALCOHOL	MATERNAL & CHILD HEALTH	EDUCATION	NO INVOLVEMENT
NH						X
NJ		X			X	
NM		X	X	X	X	
NY		X	X	X	X	
NC		X			X	
ND				X		
OH			X	X	X	
OK		X			X	
OR				X	X	
PA		X	X		X	
RI		X		X	X	
SC		X				
SD						X
TN					X	
TX		X			X	
UT		X	X		X	
VT	X	X	X			
VA		X		X	X	
WA	X	X			X	
WV	X				X	
WI		X			X	
WY	X		X		X	
Totals	9	28	15	21	35	3

TABLE II

STATE INVOLVEMENT IN YOUTH SUICIDE
(As of April 1986)

STATE	NUMBER INTERVIEWED	LEGISLATION	GOV./LT.GOV. INVOLVEMENT	COMMISSION TASK FORCE ADVIS.GRP.	MANUALS, BROCHURES, VIDEOS	SCHOOL CURRICULUM	TRAINING, CONFERENCES	PRIORITY, POLICY OR PLAN	DIRECT SVCS. (GRANTS, PILOTS, TA)	SPECIAL STUDIES	OTHER	NO INVOLVEMENT
AL	5							X		X		
AK	5						X			X		
AZ	5									X		
AR	7		X	X	X	X	X		X			
CA	8	X			X	X	X	X	X	X		
CO	6									X	X	
CT	5								X			
DE	6				X	X	X				X	
FL	5	X	X	X				X				
GA	5						X	X				
HI	5							X	X	X		
ID	5			X			X					
IL	5	X			X		X		X			
IN	5			X	X		X					
IA	5				X		X				X	
KS	6						X		X			
KY	5				X	X	X	X				
LA	6						X	X	X			

STATE INVOLVEMENT IN YOUTH SUICIDE
(As of April 1986)

STATE	NUMBER INTERVIEWED	LEGISLATION	GOV./LT.GOV. INVOLVEMENT	COMMISSION TASK FORCE ADVIS.GRP.	MANUALS, BROCHURES, VIDEOS	SCHOOL CURRICULUM	TRAINING, CONFERENCES	PRIORITY, POLICY OR PLAN	DIRECT SVCS. (GRANTS, PILOTS, TA)	SPECIAL STUDIES	OTHER	NO INVOLVEMENT
ME	5			X			X			X		
MD	8	X	X	X	X		X		X	X		
MA	7	X	X	X			X		X	X		
MI	7		X			X	X		X			
MN	7						X	X			X	
MS	6						X					
MO	5											X
MT	5										X	
NB	5				X		X	X			X	
NV	5										X	
NH	5											X
NJ	7	X		X	X	X	X					
NM	8		X	X			X	X	X	X	X	
NY	8	X	X	X	X		X	X	X	X	X	
NC	5				X		X					
ND	6		X	X	X					X		
OH	6						X	X	X			
OK	4	X			X		X		X	X		

STATE INVOLVEMENT IN YOUTH SUICIDE
(As of April 1986)

STATE	NUMBER INTERVIEWED	LEGISLATION	GOV./LT.GOV. INVOLVEMENT	COMMISSION TASK FORCE ADVIS.GRP.	MANUALS, BROCHURES, VIDEOS	SCHOOL CURRICULUM	TRAINING, CONFERENCES	PRIORITY, POLICY OR PLAN	DIRECT SVCS. (GRANTS, PILOTS, TA)	SPECIAL STUDIES	OTHER	NO INVOLVEMENT
OR	5				X			X	X	X		
PA	5	X	X	X	X		X					
RI	7	X	X	X		X	X	X,	X	X		
SC	5						X					
SD	5											X
TN	5					X				X		
TX	5						X					
UT	6					X	X		X		X	
VT	5						X				X	
VA	5					X	X		X		X	
WA	7						X		X			
WV	5						X					
WI	5	X		X	X	X	X	X				
WY	5						X		X		X	
Totals	283	11	10	14	17	11	36	15	20	16	13	3