Arkansas Department of Health

Program Name: State and Tribal Youth Suicide Prevention Grant
Grant Type: Garrett Lee Smith State
Grant Status: Active
Year Awarded: 2014
State: Arkansas

The Arkansas Department of Health’s (ADH) Injury and Violence Prevention Section proposes to launch this population-focused Arkansas Youth Suicide Prevention Project to be funded through the Garrett Lee Smith Memorial Suicide Prevention RFA 2014. Our public health approach will effectively embed youth suicide prevention practices statewide through regional dissemination of evidence-based and culturally competent programs.

Arkansas is the only state in the nation that has never been awarded this funding. The purpose of this proposed project is to save the lives of at-risk youth in Arkansas. Within the total population of youth ages 10-24, several groups face heightened risk, including those age 18-24 who have the highest rates of suicide, as well as those identified as high risk by the National Action Alliance for Suicide Prevention including, but not limited to: Latina youth; lesbian, gay, bisexual, transgender, or questioning (LGBTQ); American Indian and Alaska Natives; military family members; and veterans. Other high-risk groups include individuals with disabilities, survivors of suicide attempts and of suicide loss, and young working-aged men and women. From these groups we form our population of focus. Following the goals of the National Strategy for Youth Suicide Prevention, the overarching goals of this project are as follows: 1) build youth suicide prevention capacity across service sectors; 2) provide early identification training for caregivers and professional gatekeepers; 3) improve suicide risk assessments, management, and treatment through use of evidence-based practices; 4) provide resiliency training for adolescents; 5) increase public awareness, promotion, and use of the National Suicide Prevention Lifeline; 6) improve continuity of care and follow-up of youth identified at risk for suicide; and, 7) promote state systems-level change. Cultural competence on ethnicity, sexual orientation, and military culture issues are built into proposed interventions.

Many actions and foci populate the Arkansas Strategy for Suicide Prevention. Because suicide risk is significantly elevated for youth, we know that our efforts must involve public/private collaboration among youth-serving institutions and agencies including schools, educational institutions, the juvenile justice system, foster care systems, substance abuse and mental health programs, families and youth, and other child and youth supporting organizations.

We propose the following interventions: the Emergency Department Means Restriction Education; the Kognito Family of Heroes for military families; LifelinesTM Curriculum; Making Educators Partners in Suicide Prevention; Assessing and Managing Suicide Risk (AMSR): Core Competencies for Mental Health Professionals; Columbia-Suicide Severity Rating Scale (CSSRS); Growing On After Loss (GOAL) support group for survivors and, a follow-up program that includes Suicide Safety Plan Intervention for youth identified at risk for suicide. Through execution of these complementary youth suicide prevention interventions, we will save lives of at-risk youth and improve the overall health of Arkansans.
