The purpose of the Alabama Youth Suicide Prevention Program (YSPP) is to develop and implement statewide youth suicide prevention and early intervention strategies that will include collaboration among schools, educational institutions, juvenile justice systems, foster care systems, substance abuse and mental health programs, and other child and youth-supporting organizations. These activities and others will be utilized to reduce suicide deaths and non-fatal suicide attempts among adolescents in Alabama, ages 10-24, of all races and ethnicities. The Alabama Department of Public Health will partner with the Alabama Suicide Prevention and Resource Coalition, the University of Alabama at Birmingham, and five crisis centers located in North, North Central, Central, Southeast, and Southwest Alabama, that will serve as behavioral health service providers to provide services at the state level as well as the community level. The multifaceted approach will allow for multiple exposure and intervention methods as well as a larger degree of community engagement for Alabama’s youth population, which suffered from 11.7 suicides per 100,000 in 2013.

The goals for the YSPP that are to be achieved by 2020 are to decrease the rate of adolescents (ages 15-24) who complete suicide from 11.7 to 9.2 per 100,000; decrease the percentage of high school students who seriously considered attempting suicide from 18.1 to 13.1 percent; decrease the percentage of high school students who made a plan about how they would attempt suicide from 14.3 to 13.8 percent; decrease the percentage of high school students who attempted suicide from 10.4 to 8.9 percent; and decrease the percentage of high school students who attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse from 3.6 to 2.1 percent. Because Alabama does not currently have data specifically addressing the 18-24 age range, questions will be added to the Behavioral Risk Factor Surveillance System to establish a baseline and capture the data. These goals will be achieved through a variety of efforts that will include both community and health systems components. Activities will include training 19,500 (3,500 the first year and increasing by 200 each subsequent year) Gatekeepers in community and hospital settings; providing prevention curricula to 17,500 (3,500 per year) teachers and students in schools; serving over 125,000 (25,000 per year) individuals through the operation of crisis hotlines, a referral network linking emergency departments and behavioral health service providers to ensure continuity of care for patients at-risk for suicide; and an action-based statewide education and awareness campaign based on the principles of safe suicide messaging. Both quantitative and qualitative measures of knowledge and educational efforts will be measured through de-identified, voluntary pre, post, and follow-up surveys to evaluate the performance of the program. To track program outcomes, all program activities will be monitored and evaluated throughout the duration of the grant.