

Summary of State Suicide Prevention Plans & Screening

State / Year of Plan	State Plan	Screening Cited	TeenScreen Cited	Selected Goals & Objectives Links to Plans
AL (2004)	YES	YES	NO	<ul style="list-style-type: none"> Develop a suicide screening assessment tool for primary care providers; distribute statewide <p style="text-align: center;">AL State Plan</p>
AK (2004)	YES	YES	NO	<ul style="list-style-type: none"> Incorporate screening and referral of persons at risk into settings including schools, colleges, correctional institutions, substance abuse treatment programs, programs serving youth and young adults Selective strategies include depression and suicide screening programs for high-risk youth <p style="text-align: center;">AK State Plan</p>
AZ (2001)	YES	YES	NO	<ul style="list-style-type: none"> Incorporate and increase depressions/suicide risk screening in primary care Define and implement screening guidelines for schools, colleges, and correctional institutions, along with guidelines on linkages with service providers; develop and/or utilize current screening tools through increased training; implementation screening guidelines; policies for education and correctional institutions, include linkages with service providers; implement programs and policy to assess suicide risk of family, friends, and significant others <p style="text-align: center;">AZ State Plan</p>
AR	NO	NA	NA	State plan currently in development
CA (2005)	YES	YES	NO	<ul style="list-style-type: none"> Define and implement guidelines for mental health screening and referral of students in schools and colleges Define and implement guidelines for incarcerated populations for mental health screening, assessment and treatment of suicidal individuals <p style="text-align: center;">CA State Plan</p>
CO (1998)	YES	YES	NO	<ul style="list-style-type: none"> Train individuals involved in the identification, screening, referral, treatment and follow-up of people at risk for suicide, and establish mental health screening at visits to physicians <p style="text-align: center;">CO State Plan</p>
CT (2005)	YES	YES	NO	<ul style="list-style-type: none"> Promote early screening and assessment of depression and other mental health issues Increase the number of persons who receive mental health screening and assessment in primary health care; increase juvenile justice facilities that screen for mental health problems <p style="text-align: center;">CT State Plan</p>
DE	NO	NA	NA	The state has shown interest in developing a state suicide prevention plan under direction of the Delaware Department of Health and Social Services, Division of Substance Abuse and Mental Health

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FL (2005)	YES	YES	YES	<ul style="list-style-type: none"> Recognizes TeenScreen as a resource for suicide prevention and discusses the partnership between TeenScreen and the state An entire section dedicated to Screening and Intervention, recognizing the importance of TeenScreen and the use of the TeenScreen Program in Florida Implement screening systems to help identify those at risk for suicide <p style="text-align: center;">FL State Plan</p>
GA (2005)	YES	YES	NO	<ul style="list-style-type: none"> Support guidelines for mental health and substance abuse screening with referral procedures for students and expand the availability of site-based nurses and counselors to provide assessment and referral after screening <p style="text-align: center;">GA State Plan</p>
HI	NO	NA	NA	<p>No current plan, however, a Suicide Prevention Coordinator position has been funded for placement in Injury Prevention Program</p> <p>Suicide prevention task force created to develop a suicide prevention plan with assistance from the Hawaii Department of Health</p>
IA (DRAFT)	YES	YES	YES	<ul style="list-style-type: none"> Expand/develop evidence-based prevention programs; in cooperation with Area Education Agencies, expand school districts implementing screening and prevention programs (e.g. TeenScreen) A goal to expand/develop evidenced-based prevention programs in institutional settings and expand school districts implementing screening and prevention programs in cooperation with Area Education Agencies Promote development of programs to screen for depression in correctional institutions <p style="text-align: center;">Link to plan</p>
ID (2003)	YES	YES	NO	<ul style="list-style-type: none"> Screening and referring individuals to treatment as strategy to address risks Screening outlined as best practice for suicide prevention <p style="text-align: center;">ID State Plan</p>
IL	NO	NA	NA	State plan currently in development
IN (2004)	YES	YES	NO	<ul style="list-style-type: none"> Improve access to community linkages with mental health and substance abuse services - increase school-based mental health professionals for mental health screening and referral of students; support governing bodies to assist school-based mental health professionals in collecting and distributing screening and referral guidelines; increase correctional facility-based mental health professionals with guidelines for mental health screening and referral; support the Department of Corrections in collecting and distributing screening and referral guidelines <p style="text-align: center;">IN State Plan</p>
KS (DRAFT)	YES	NO	NO	KS State Plan
KY (DRAFT)	YES	NA	NA	State plan currently in development
LA (2001)	YES	NO	NO	LA State Plan

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ME (1997)	YES	YES	NO	<ul style="list-style-type: none"> • Develop screening tools and methods to identify youth at-risk of suicide, determine crisis intervention needs, and assess suicide potential • Strategies work by training Gatekeepers to screen, support and refer youth for services; prevention strategies focus on identifying and reducing risk factors that make individuals and/or groups vulnerable for self destructive and suicidal behaviors <p style="text-align: center;">ME State Plan</p>
MD (2002)	YES	NO	NO	<p style="text-align: center;">MD State Plan</p>
MA (DRAFT)	YES	YES	NO	<ul style="list-style-type: none"> • Improve access to community linkages with mental health and substance abuse services; responsibility of community to develop screening and outreach services for persons with mental health and substance use problems • An objective to implement screening and referral guidelines in school districts, colleges, senior centers, corrections, DYS facilities, programs serving those at risk • Increase awareness of vulnerable populations such as college students and the elderly; develop screening tools and appropriate linkages with crisis intervention and treatment <p style="text-align: center;">MA State Plan</p>
MI	NO	NA	NA	State plan currently in development
MS	NO	NA	NA	Coalition to address suicide prevention formed in 2003; no information about state plan available
MO (2005)	YES	YES	NO	<ul style="list-style-type: none"> • Screening is a primary strategy for suicide prevention • Focus on awareness of the importance of screening and early interventions • Focus to endorse, recommend and/or develop appropriate screening tools for intervention • Promote mental health screenings; encourage inclusion of mental health screenings to the medical community <p style="text-align: center;">MO State Plan</p>
MN (2000)	YES	YES	NO	<ul style="list-style-type: none"> • Work with educational institutions to include course work and curricula on prevention, intervention, and screening for suicide, suicidal behavior, depression, mental illness, substance abuse, and brain diseases (and their co-occurrence) in education, health, mental health, corrections, law enforcement, social services, clergy and other faith based professions' associate and baccalaureate programs • Require and provide start-up funds for Continuing Medical Education-, Clinical Pastoral Education-, and other Continuing Education-eligible training on prevention, intervention, screening for, and co-occurrence of, suicide, suicidal behavior, depression, mental illness, brain diseases, and substance abuse for education, health, corrections, social services, and religious/spiritual professionals, including foster care providers • Work with professional licensing, certifying and re-certifying, and accrediting bodies to include requirements on prevention, intervention, and screening for suicide, suicidal behavior, depression, mental illness, brain diseases, and substance abuse (and their co-occurrence) <p style="text-align: center;">MN State Plan</p>
MT (2001)	YES	NO	NO	<p style="text-align: center;">MT State Plan</p>

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NE (2005)	YES	YES	YES	<ul style="list-style-type: none"> • Continue to promote the use of the TeenScreen program by medical facilities that serve youth • Increase access to community linkages with MH/SA services; provide link on the HHSS Suicide Prevention website for free depression screening by BryanLGH Medical Center • Interchurch Ministries of Nebraska publicize notice of screening availability; encourage parish nurses to include screening as wellness activities <p style="text-align: right;">NE State Plan</p>
NV	NO	NA	NA	<ul style="list-style-type: none"> • NV legislature recently funded two state positions to address suicide prevention and develop plan
NH (2004)	YES	YES	NO	<ul style="list-style-type: none"> • Refer individuals at risk for suicide to professionals; professionals, by screening and following up with intervention, prevent clients from acting on suicidal feelings or repeating attempts • Promote education programs to increase skills of health care, mental health, and substance abuse treatment, Department of Corrections and other providers in screening for and managing suicidal risk, promoting protective factors, and developing intervention plans for at risk populations • Increase number of mental health, substance abuse treatment practices, hospitals, emergency departments, primary care practices and others that implement policies and procedures for suicide screening risk; encourage routine use of questions to screen for suicide risk, and documentation of results in medical records <p style="text-align: right;">NH State Plan</p>
NJ	NO	NA	NA	State plan currently in development
NM (2004)	YES	YES	YES	<ul style="list-style-type: none"> • Commission's report highlights model programs, including TeenScreen, promoted and supported by New Mexico DOH since 2002 • Through collaboration with the University of New Mexico Department of Psychiatry, the TeenScreen Program, and Dominic Interactive, OSH has trained mental health agencies, schools, and school-based health centers in the use of tools to screen and identify youth at risk for suicide and mental illness. OSH supports 17 School-Based Health Center (SBHC) sites and 4 exemplary school behavioral health sites that provided behavioral health visits for 1,600 students statewide last year. • Goals supporting suicide prevention and mental health screening efforts include: advance and implement a national campaign to reduce stigma of seeking care and a national strategy for suicide prevention; promote mental health of young children; improve and expand school mental health programs; screen for mental and substance use disorders, link with treatment strategies; screen in primary health care and connect to treatment • Redesign of the state's behavioral health plan, the New Mexico Behavioral Health Purchasing Collaborative, is in line with recommendation of the President's New Freedom Commission to promote focus on youth, early screening for behavioral health problems, and early intervention, including school-based services • Screening and early identification programs/screening models included as best-practices <p style="text-align: right;">NM State Plan</p>

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NY (2005)	YES	YES	YES	<ul style="list-style-type: none"> • TeenScreen Program named as a model suicide prevention initiative • Recommendation to support TeenScreen Program efforts in NY schools • National goals and recommendations: "Early mental health screening, assessment and referral to service should be a common practice." <p style="text-align: center;">NY State Plan</p>
NC (2004)	YES	YES	NO	<ul style="list-style-type: none"> • Recommendations include increased monitoring and surveillance of suicide completions and attempts, better training and tools for primary care providers to increase screening <p style="text-align: center;">NC State Plan</p>
ND (2000)	YES	YES	NO	<ul style="list-style-type: none"> • Educate health care professionals about youth suicide in the state and recommend screening, assessment and prevention strategies • Recommendation to establish statewide Community and Peer Gatekeeper Training to teach front-line worker and teen "peers" to recognize, screen, intervene, and refer youth at-risk <p style="text-align: center;">ND State Plan</p>
OH (2002)	YES	YES	NO	<ul style="list-style-type: none"> • Prevent onset of suicidal behavior in priority risk groups with strategies which may include screening and assessment, training of community gatekeepers, and community-based mental health treatment <p style="text-align: center;">OH State Plan</p>
OK (1999)	YES	YES	NO	<ul style="list-style-type: none"> • Provide identification of at risk youth at risk testing for mental illnesses known to be risk factors for suicide; provide referrals and counseling for identified youth • Screening as a prevention strategy to identify mental illness in youth associated with suicide ideation; identify youth currently contemplating suicide or who have made a suicide plan or attempt; refer identified at-risk youth to on-site or professional services <p style="text-align: center;">OK State Plan</p>
OR (2000)	YES	YES	YES	<ul style="list-style-type: none"> • Suicide-risk screening instruments in developmental stage; evaluation is priority research area; promising screening instruments used include Columbia TeenScreen and others • A strategy to screen youth and young adults for suicide risk and refer identified individuals for further evaluation and intervention <p style="text-align: center;">OR State Plan</p>

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PA (2004)	YES	YES	NO	<ul style="list-style-type: none"> Change procedures and/or policies to include screening and assessment of youth suicide risk in a variety of settings; define and implement screening guidelines for schools, colleges, state professional organizations, and corrections institutions, along with guidelines on linkages with service providers <p style="text-align: right;">PA State Plan</p>
RI (2002)	YES	YES	NO	<ul style="list-style-type: none"> Increase screening and identification Focus on improving and expanding mental health service delivery, increase screening and identification, and eliminate access to lethal means <p style="text-align: right;">RI State Plan</p>
SC	YES	NA	NA	State plan currently in development
SD (2005)	YES	YES	NO	<ul style="list-style-type: none"> Provide professionals with evidence-based suicide risk screening and assessment tools Develop and disseminate resource guide of evidence-based suicide risk screening and assessment tools for professionals Partner with state organizations to provide orientation to the screening and assessment resource guide statewide <p style="text-align: right;">SD State Plan</p>
TN (2002)	YES	YES	NO	<ul style="list-style-type: none"> Develop an emergency department screening tool to assess presence of lethal means in the home Develop a statewide suicide screening assessment tool for primary care providers; distribute statewide <p style="text-align: right;">TN State Plan</p>
TX (2004)	YES	YES	NO	<ul style="list-style-type: none"> Encourage screening for depression, substance abuse and suicide risk in primary care settings, hospice, and nursing facilities Promote and implement guidelines for mental health screening and referral of students Promote guidelines in incarcerated populations for mental health screening, assessment and treatment of suicidal individuals Encourage training for law enforcement addressing intake screening, suicide assessment, and emergency procedures <p style="text-align: right;">TX State Plan</p>
UT (2004)	YES	YES	NO	<ul style="list-style-type: none"> Screen youth in the Juvenile Court System to identify those at risk for suicide and refer to mental health treatment Develop, evaluate and/or implement questionnaire to screen youth for distress or dysfunction associated with mental illness <p style="text-align: right;">UT State Plan</p>

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VT (2005 - draft)	YES	YES	YES	<ul style="list-style-type: none"> • TeenScreen is widely used; the ability to identify risk as soon as possible is important; providing a quick screen to determine if further evaluation and assessment is needed to assess risk for mental illness is beneficial in the prevention of suicidal behavior and suicide. • For past five years VT has been piloting a pediatric collaborative effective model for preventative care, early screening, intervention, and service coordination for children and families at risk for mental illness and/or substance abuse disorders • A recommended strategy to screen for mental illness; increase finding through direct screening <p style="text-align: right;">VT State Plan</p>
VA (2001)	YES	YES	NO	<ul style="list-style-type: none"> • Recommendation that the Board of Health Professions and state agencies responsible for licensing or certification of youth-serving personnel require suicide prevention education as requirement for licensure or certification: Mental health services for children, adolescents, and families include prevention, early identification and intervention, screening and evaluation, and continuum of both non-residential and residential treatment services • Recommendation that DMHMRSAS and VDH increase capacity of local communities to provide community-based crisis intervention and support with the target population youth at-risk for suicide through screening, self-referral, or referral by parents, gatekeepers, and/or mental health professionals <p style="text-align: right;">VA State Plan</p>
WA (1995)	YES	YES	NO	<ul style="list-style-type: none"> • Screening programs with special populations, as selective prevention • Screening programs with youth known to be at-risk for suicidal behaviors; identify high-risk youth currently showing early signs of suicide-risk; assess each youth's level of suicide-risk and refer to prevention or crisis interventions <p style="text-align: right;">WA State Plan</p>
WV	NO	NA	NA	WV has a suicide prevention task force; no information on state plan available
WI (2002)	YES	YES	NO	<ul style="list-style-type: none"> • Provide continuing education for primary health care providers; includes recognition of persons at risk for suicide, information on screening programs, assessment and management of suicide risk, effective treatments, appropriate conditions for referral • Enhance screening for depression, substance abuse and suicide risk as a standard of care in primary health care settings, hospices and skilled nursing facilities • Sponsor depression and substance abuse screening days • Support guidelines for mental health and substance abuse screening with referral procedures for at-risk students; expand availability of site-based professionals to provide assessment and referral • Support use of guidelines for mental health screening and referral in other sites with at risk populations <p style="text-align: right;">WI State Plan</p>
WY (2002)	YES	YES	NO	<ul style="list-style-type: none"> • Establish availability of depression screening in primary health care settings <p style="text-align: right;">WY State Plan</p>

Summary of State Suicide Prevention Plans & Screening

7 States Mention TeenScreen in their Suicide Prevention Plan:

Florida
Iowa
Nebraska
New York
New Mexico
Oregon
Vermont

35 States Mention Screening in their Suicide Prevention Plan (including the 7 listed above):

Alabama	Pennsylvania
Alaska	Rhode Island
Arizona	South Dakota
California	Tennessee
Colorado	Texas
Connecticut	Utah
Florida	Vermont
Georgia	Virginia
Iowa	Washington
Idaho	Wisconsin
Indiana	Wyoming
Maine	
Massachusetts	
Missouri	
Minnesota	
Nebraska	
New Hampshire	
New York	
North Carolina	
North Dakota	
Ohio	
Oklahoma	
Oregon	

6 States with Suicide Prevention Plan that Don't Mention Screening:

Kansas
Kentucky
Louisiana
Maryland
Montana
South Carolina

9 States with no Suicide Prevention Plan:

Arkansas
Delaware
Hawaii
Illinois
Michigan
Mississippi
New Jersey
Nevada
West Virginia