

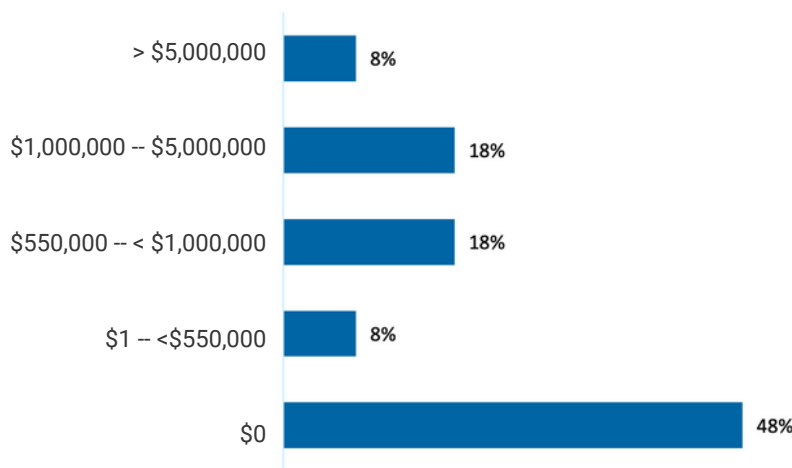


Priority Area 1: Develop designated funding and capacity for suicide prevention

In 2021, The Suicide Prevention Resource Center (SPRC) conducted a State and Territorial Suicide Prevention Needs Assessment (ow.ly/OcuU50H5Lap). Examining responses from 38 states and 2 territories, SPRC identified four priority areas for action to strengthen U.S. suicide prevention efforts. This PDF provides a summary of Priority Area 1.

State and territorial funding for suicide prevention is limited, with 48% of states and territories (19) lacking any designated budget line items for suicide prevention. Fifty percent of those with designated suicide prevention funding (10 of 20) have annual budgets under \$1,000,000, and 35% of those with designated funding (7) share that this is not yet sustainable. The dollar value of designated funding for suicide prevention is shown in Figure 1.

Figure 1: Value of State/Territorial Suicide Prevention Budget Line Items (N=39)

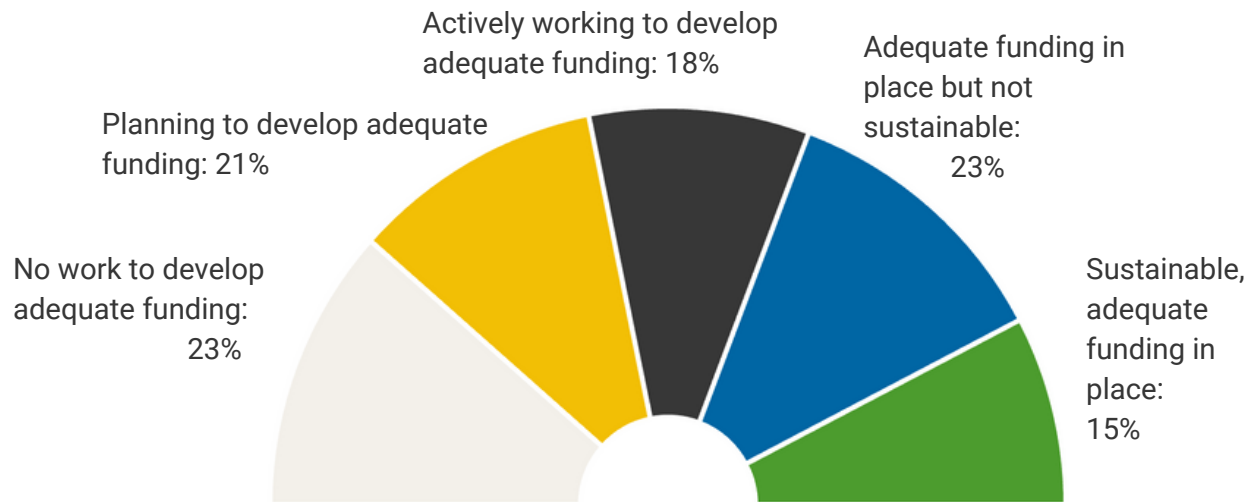


"[There is a] lack of infrastructure . . . and stability . . . at state agencies due to dependency of positions on a certain grant and no guarantee of a job beyond life of grant."
 – SNA Participant

States and territories described a heavy reliance on short-term grants to ensure administrative and staff needs were met, with 62% (24) reporting insufficient funding to adequately support the administration and technology necessary to support their suicide prevention efforts (Figure 2). Eighty-seven percent of states and territories (34 of 39) reported having a suicide prevention coordinator (or similar position) in place while 36% (14) did not fund any additional staff positions. States and territories described inconsistent funding sources restricting their abilities to hire, retain, and invest in staff capacity. Limitations in staff funding were seen as inhibiting abilities to carry out suicide prevention efforts.



Figure 2: State/Territorial Progress toward Adequately Funding Suicide Prevention Administration and Technology (N=39)



To strengthen suicide prevention, funding for staff positions and capacity development must be prioritized.

Funding and Capacity Development in Illinois

In 2004, Illinois enacted the Suicide Prevention, Education and Treatment Act. The act required the Illinois Department of Public Health (IDPH) to establish and provide technical support to a statewide public-private suicide prevention coalition, the Illinois Suicide Prevention Alliance, and tasked the alliance with developing and carrying out the state's suicide prevention plan. In 2019, non-governmental members of the alliance, led by the Illinois chapter of the American Foundation for Suicide Prevention, successfully led a grassroots campaign to ask legislators to strengthen the act through the creation of a state-funded plan for suicide prevention. In 2021, the alliance developed a new suicide prevention plan, and the IDPH received a \$750,000 appropriation to support the rollout of statewide suicide prevention efforts consistent with the new plan. IDPH continues to seek federal funding to support strategies outlined in the 2020 Illinois Suicide Prevention Strategic Plan and collaborates with other state agencies that receive federal and state funding to ensure funded activities align with the state plan.

To promote suicide prevention in your state, visit SPRC's *Recommendations for State Suicide Prevention Infrastructure* (sprc.org/state-infrastructure) and state pages (sprc.org/states).