

2022 State and Territorial Needs Assessment

Call to Action and Summary of Priority Areas

BACKGROUND

Suicide is the 10th leading cause of death in the United States, with steady increases in the suicide rate from 2000 to 2018. While slight decreases were noted in the overall U.S. suicide death rate in 2019, the U.S. rate remains at 13.93/100,000 individuals, substantially above the 2000 rate of 10.4/100,000. Recent increases have been observed in many subpopulations, including African American, indigenous, youth, adult male, and rural populations.¹

The Suicide Prevention Resource Center (SPRC), with its partner Social Science Research and Evaluation (SSRE), conducted the second annual State and Territorial Needs Assessment (SNA) in Spring 2022 to assess the suicide prevention needs, challenges, strengths, infrastructure, and capacity of U.S. states and territories.

Based on the SNA results, SPRC has identified four priority areas to strengthen suicide prevention efforts in the United States, including calls to action for your state or territory.

State and Territorial Leaders Call to Action

1. Invest in the development of state and territorial funding and capacity for suicide prevention
2. Increase formal leader and partner coordination in suicide prevention
3. Develop state and territory-wide community representation and participation in suicide prevention
4. Strengthen state and territorial data systems and evaluation processes in suicide prevention

Suicide Prevention Champions Call to Action

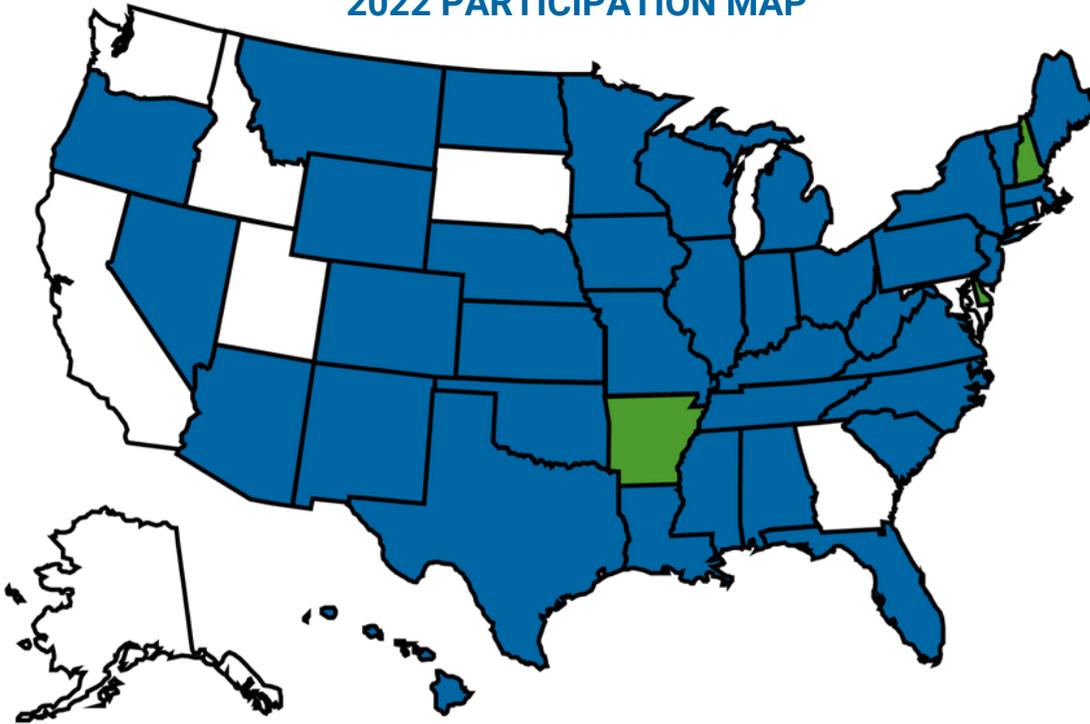
1. Read the full SNA report to identify national areas of need and success: [ow.ly/BEgG50KxgfN](https://www.ow.ly/BEgG50KxgfN)
2. Coordinate with your state or territory's suicide prevention agency(ies) to learn about your unique needs and strengths in suicide prevention: sprc.org/states
3. Use SPRC's suicide prevention infrastructure microsite to guide the development of infrastructure in your state or territory: sprc.org/state-infrastructure
4. Call on your state or territory leaders to support the development of sustainable suicide prevention infrastructure: [ow.ly/o24050H5L7X](https://www.ow.ly/o24050H5L7X)

SNA Participation

The SNA was sent to designated suicide prevention contacts in all 50 U.S. states, the District of Columbia, and 3 U.S. Territories (Guam, Northern Mariana Islands, and Puerto Rico). Responses were received from 42 states and 2 territories (81% of those invited). Representatives were encouraged to consult with their colleagues before submitting their survey responses. Only one survey response was submitted per state/territory (see map below).



2022 PARTICIPATION MAP



Map Key:

- **Blue** = states with completed surveys
- **Green** = states with partially completed surveys
- **White** = states that did not complete surveys
- **Symbols** = territories with completed surveys

Participating Territories



Northern Mariana Islands



Guam

National Suicide Prevention Infrastructure Progress

SPRC's [State Suicide Prevention Infrastructure Recommendations](#) provides six essential elements for effective suicide prevention: Authorize, Lead, Partner, Examine, Build, and Guide. Respondents were asked a series of scored questions in the survey to assess their progress in achieving the essential elements. Progress score results are shown in Figure 1. Nationally, U.S. states and territories have achieved a 71% progress rate across all six essential elements. Read the [full SNA report](#) for additional details on the scoring method and national progress within each essential element.

FIGURE 1: State/Territorial Progress in Achieving the Six Essential Elements (N=41)



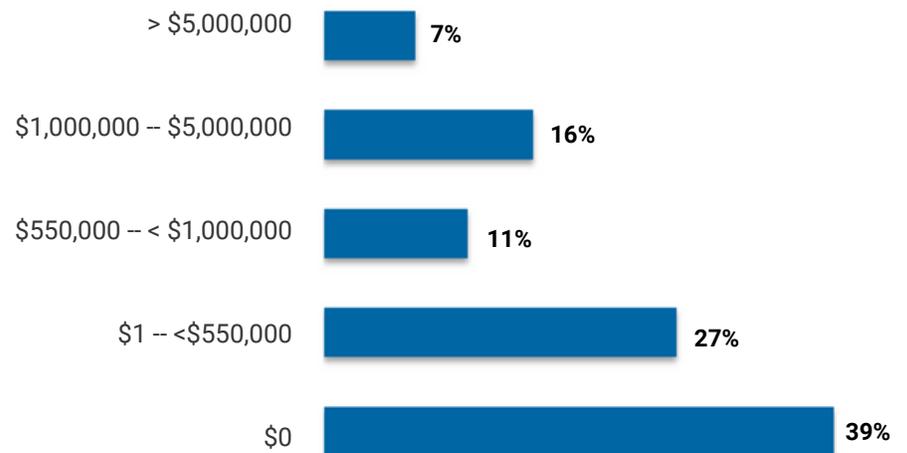
NATIONAL NEEDS IN DEVELOPING EFFECTIVE SUICIDE PREVENTION

All respondents completed a series of quantitative and qualitative questions related to their challenges, strengths, needs, and successes across the six essential elements. Data representing priorities for suicide prevention infrastructure development are presented below.

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

State and territory funding for suicide prevention is limited, with 39% of states and territories (17 of 44) lacking any designated budget line items for suicide prevention. 41% of states and territories (18) reported that they are either planning steps or actively working to develop state funding for suicide prevention. 38% of states and territories have annual budgets under \$1,000,000. The dollar value of designated funding for suicide prevention is shown in Figure 2.

Figure 2: Value of State/Territorial Suicide Prevention Budget Line Items (N=39)

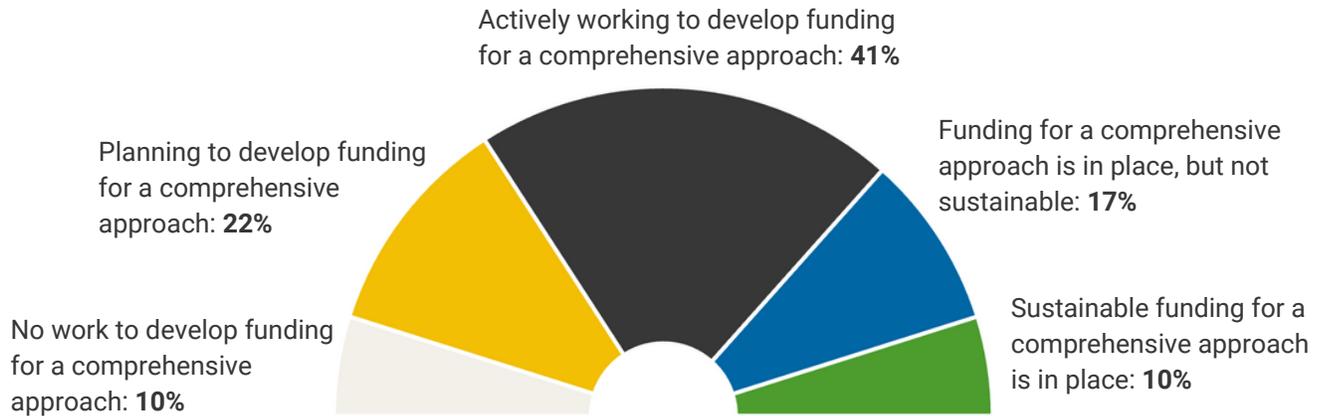


Our biggest challenge . . . is securing budgeted funds for programs and initiatives, as well as additional staffing, rather than rely[ing] on grants or one-time allocations.

States and territories described a heavy reliance on inconsistent funding to ensure administrative and staff needs were met, with 73% (30 of 41) reporting a lack of funding necessary to implement a [comprehensive approach to suicide prevention](#) across their state or territories (Figure 3). Likewise, 56% of states and territories (23 of 41) reported that they did not have enough funding and resources necessary to guide state, county, and local groups in implementing evidence-informed suicide prevention programming.

While 86% of states and territories (38 of 44) reported having a suicide prevention coordinator (or similar position) in place, 41% (18) 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 3: State/Territorial Progress toward Funding a Comprehensive Approach to Suicide Prevention (N=41)



[Visit sprc.org](https://www.sprc.org) for more information on a Comprehensive Approach.



To strengthen suicide prevention efforts, the development of secure funding for staff positions and the implementation of a comprehensive approach to suicide prevention must be prioritized.

Priority Area 2: Grow partner and leader coordination in suicide prevention

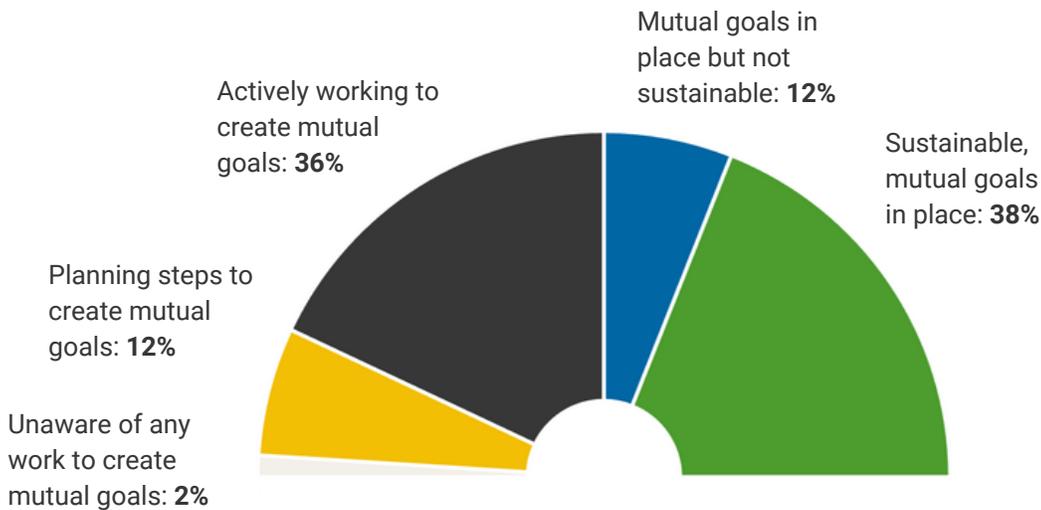
Eighty-three percent (35 out of 42) of states and territories reported having a state- or territory-wide suicide prevention coalition bringing together public and private sector partners to guide suicide prevention efforts. However, only 50% of all states and territories (21 of 42) reported having mutual goals sustainably guiding their joint prevention efforts (Figure 4). Respondents shared that conflicting priorities, competing interests, and a lack of dedicated staff across partners limit coalitions members' abilities to collaborate in suicide prevention.

Only 38% (16 of 42) of states and territories shared that partnering state agencies and departments had integrated suicide prevention into their structures, policies, or activities. Only 19% (8 of 42) of respondents reported having written agreements (e.g., memoranda of understanding) in place defining organizational roles in suicide prevention. Of the 28 states that reported having tribes or tribal health boards, only 21% (6) reported coordinating or collaborating with tribes on suicide prevention. Thirteen respondents described a lack of coordination and communication across partners as impeding state and territories' abilities to effectively prevent suicide.



The biggest barrier is ensuring . . . agencies are invested in suicide Prevention . . .

Figure 4: State/Territorial Progress toward Setting Mutual Coalition Goals (N=42)



It is really hard to build relationships across an entire state in both the public and private sectors.



To increase reach and the ability to implement a comprehensive approach to suicide prevention, steps must be taken to strengthen coordination and formalize partnerships dedicated to suicide prevention.

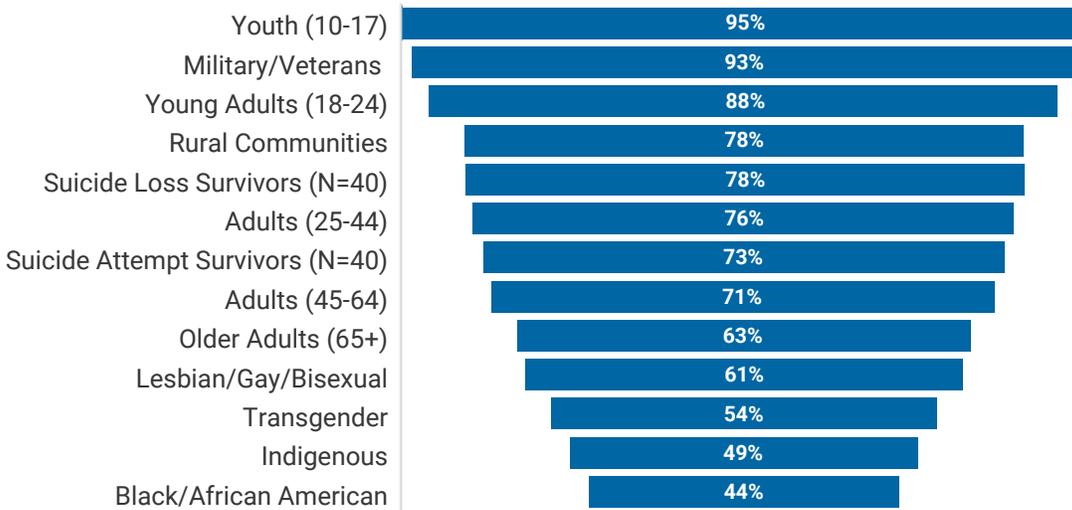
Priority Area 3: Increase community representation and participation in suicide prevention

Fifty-seven percent of states and territories (24 of 42) reported that they were either planning steps or actively working to increase community representation in suicide-related data. But only 31% of states and territories (13 of 42) reported that populations that are high risk or underserved were sufficiently represented in the data informing their suicide prevention efforts.

States and territories were asked to identify which populations they were intentionally trying to reach through state-level suicide prevention strategies. Some populations known to be at high risk for suicide were being consistently reached. However, other populations at growing or long-term high risk for suicide were not being consistently reached (Figure 5).

Visit the [full SNA report](#) for information on all populations being reached by states and territories.

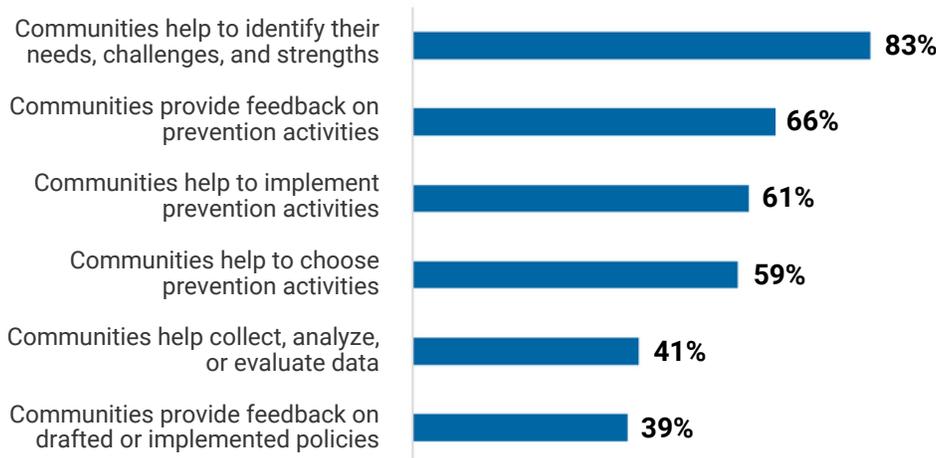
Figure 5: Percent of States/Territories Reaching Select Populations with Targeted Efforts (N=41)



[A challenge is] We don't have the champions and/or relationships with culturally and linguistically diverse communities.

States and territories reported active steps to ensure populations they were seeking to reach were involved in prevention efforts, but also demonstrated needs in this area. While 83% (34 of 41) reported including representatives of populations they were seeking to reach in the identification of state and territorial needs, challenges, and strengths; only 37% (15) reported formally assessing suicide prevention needs through regional data or needs assessments. Few states and territories reported involving priority populations in the collection or analysis of data to inform prevention (41%, 17) or to inform the development and implementation of suicide-related policies (39%, 16) (Figure 6).

Figure 6: Percent of States/Territories Involving Populations in Activities (N=41)



[An] overarching barrier is identifying the best method to consistently engage community members in suicide prevention.



In order to strengthen the reach and effectiveness of prevention strategies across the U.S., states and territories should build processes and practices that address data representation gaps and strengthen opportunities for diverse population representation in all suicide prevention activities.

Priority Area 4: Strengthen suicide prevention data systems and evaluation processes

States and territories described significant challenges around accessing and using suicide-related data. Half (21 of 42) reported having a sustainable state- or territory-wide data system for collecting and analyzing suicide death data, but only 19% (8) reported successfully linking different data systems together to inform prevention efforts (such as linking state mental health data with death record data) (Figures 7 and 8).

Figure 7: State/Territorial Progress toward Establishing Data Systems (N=42)

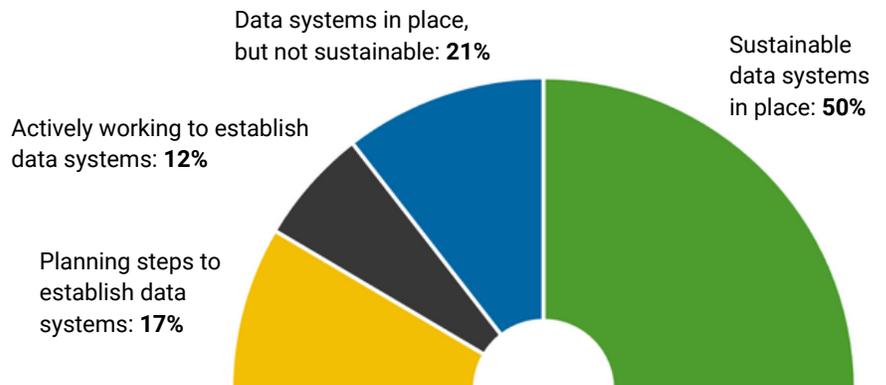
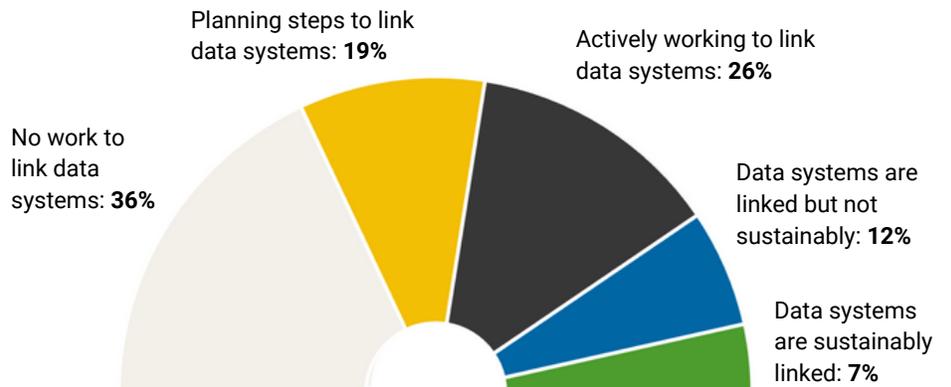


Figure 8: State/Territorial Progress toward Linking Data Systems (N=42)



Internal process barriers impedes access to needed data to inform the evaluation activities [and] funding . . . [is] not available.

States and territories were asked what types of suicide prevention evaluation activities they had conducted in the past year. Less than half of states and territories were conducting outcome evaluations to identify whether they were achieving state- and territorial-level suicide prevention goals (45%, 19 of 42) and/or impacting suicide prevention rates (40%, 17). This leaves over half of all states and territories without data to demonstrate the outcomes of their investments in suicide prevention strategies. Data and evaluations are key to understanding the effectiveness of prevention strategies, gathering support for initiatives, and improving efforts over time.



To strengthen overall suicide prevention efforts, significant investment must be made to improve and link existing data sources, develop new data sources, and increase suicide prevention staff and/or partner capacity in conducting evaluations.

To learn how you can support the development of suicide prevention infrastructure in your state, visit *SPRC's Recommendations for State Suicide Prevention Infrastructure* (sprc.org/state-infrastructure) and state suicide prevention pages (sprc.org/states).

CITATION

1: NCHS Vital Statistics System for numbers of deaths.1999 - 2019, United States Suicide Injury Deaths and Rates per 100,000 All Races, Both Sexes, All Ages. ICD-10 Codes: X60-X84, Y87.0,*U03 Bureau of Census for population estimates. National Center for Injury Prevention and Control, CDC (2021).