THE SUICIDE PREVENTION PLAN FOR PENNSYLVANIA

A Culture *of* Support+ Action

SEPTEMBER 2025 - AUGUST 2027

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ON THE COVER

*Across the world, **marigolds** symbolize life, death, remembrance, and the fragility of life. But their golden color also connects them to the sun signifying hope, love, and optimism.*

What all Pennsylvanians can do to promote wellness and prevent suicide

Everyone has a role in suicide prevention. While this document highlights the commitment of state agencies and Governor Shapiro's Affinity Commissions to work collaboratively on specific goals and actions, suicide prevention happens every day and in every community setting, including at home, and in our schools, workplaces, doctor's offices, faith-based settings, and more.

The following is a list of actions that all Pennsylvanians can take to care for themselves and one another. Each action includes links to additional resources to find out more.

- Practice and promote wellness, social connections, and other protective factors such as keeping environments safe.
- Use helpful language to address the stigma around mental health and suicide.
- Know the warning signs of suicide and what to look for in yourself and others.
- Start the conversation with someone you care about if you're concerned they may be thinking about suicide. It is safe and helpful to ask directly, "Are you thinking about suicide?". This shows that you are comfortable and willing to talk about it.
- Know your resources, including the 988 Suicide & Crisis Lifeline, and how to get help for yourself or someone else.

COMPASSIONATE CRISIS SUPPORT

In 2020, Congress passed the National Suicide Hotline Designation Act that required the FCC to designate 988 as the three-digit number to connect to the National Suicide Prevention Lifeline, previously a 10-digit line that launched in 2005.

The 988 Suicide & Crisis Lifeline provides 24/7 confidential support to people of all ages in suicidal crisis or mental and behavioral health-related distress — no judgment, just help. Pennsylvania has fourteen 988 call centers with trained staff dedicated to helping fellow Pennsylvanians in crisis.

When a person calls, texts or chats "9-8-8," they are routed to a 988 call center in Pennsylvania. If that call center isn't available to answer, the person is routed to another one of Pennsylvania's centers. If the second call center is unavailable, the call is then routed to the national back-up network.

Fewer than 2% of calls to Pennsylvania call centers are routed to the national back-up network.

You can find a detailed timeline of the integration of 988 at www.samhsa.gov.

988
SUICIDE & CRISIS LIFELINE

A LETTER FROM GOVERNOR JOSH SHAPIRO

Dear Fellow Pennsylvanians,

Supporting the mental health of every Pennsylvanian is an integral part of my Administration's work. From securing new funding for mental health services in our schools and provided by our counties, to managing our state's 988 call centers, and now developing this comprehensive, multi-state-agency statewide suicide prevention plan, we are working every day to help our citizens live their healthiest, happiest lives in the Commonwealth.

My Administration has prioritized behavioral health services throughout the Commonwealth, investing $40 million for county mental health programs, $5 million for crisis stabilization walk-in centers, and a $100 million investment in mental health funding for K-12 schools.

To support the operation of 988 crisis line operations, we provided $5 million to enhance Pennsylvania's crisis intervention services, expand mental health resources, and ensure competent and resilient staffers are available to support those in need.

I also signed an Executive Order in October 2023 establishing the Commonwealth's Behavioral Health Council charged with helping us streamline and improve access to mental health and substance use disorder efforts across Pennsylvania.

Each strategic investment shares the common goal of supporting the mental health of Pennsylvanians in whatever ways it is most needed.

More than a dozen state agencies contributed to this statewide suicide prevention plan by developing goals and actions specific to the audiences they serve and committing to working toward shared goals that will further prevention efforts across the state.

This two-year plan focuses on three shared goals:

- Improving access to and use of suicide data, including and especially for populations at increased risk.

- Improving partnerships between the state agencies and other entities engaged in suicide prevention efforts at the state and local levels.
- Increasing efforts to collaborate around suicide risk and protective factors, as part of upstream suicide prevention.

The plan also considers how Pennsylvania's action items aligned with those of the National Strategy for Suicide Prevention:

- Strategic Direction #1: Community-Based Suicide Prevention
- Strategic Direction #2: Treatment and Crisis Services
- Strategic Direction #3: Surveillance, Quality Improvement, and Research
- Strategic Direction #4: Health Equity in Suicide Prevention

This plan contains prior accomplishments, current initiatives, and action items for each state agency involved in the Suicide Prevention Task Force, including my Affinity Commission for LGBTQ+ Pennsylvanians. Agencies are focused on working to serve the Pennsylvanians they know best, resulting in positive outcomes and collaborative efforts with sibling agencies and community partners.

We also offer useful information on what every Pennsylvanian can do to promote wellness and prevent suicide because we all have an important role in keeping Pennsylvanians healthy.

I am grateful to the state agency staff, counties, and community partners who share our commitment to this work and who are working together every day to make a difference for the health of our fellow Pennsylvanians. This plan will help us build on our progress to support access to care and save lives.

Governor Josh Shapiro

Background

In 2019, to address the growing suicide rates in the state, former Governor Tom Wolf established the Pennsylvania Suicide Prevention Task Force (SPTF) for the purpose of developing a comprehensive, cross-agency suicide prevention plan. This first Pennsylvania Statewide Suicide Prevention Plan (2020-2024), a collaborative effort between state agencies and members of the General Assembly, was dedicated to preventing suicide and suicide attempts across Pennsylvania. Feedback from a series of community listening sessions, as well as the 2012 National Strategy for Suicide Prevention, informed the establishment of eight specific goals and related objectives. The plan also outlined the landscape of suicide in Pennsylvania, including population-specific data and needs.

The SPTF, led by the Department of Human Services (DHS) since 2020, brings together policy and programmatic expertise from multiple state agencies and more recently, the Governor's Affinity Commissions. The SPTF has continued to meet regularly throughout the implementation of the 2020-2024 plan to track progress, review agency-specific initiatives related to the goals and objectives and identify related needs.

Successes of the SPTF include the following:

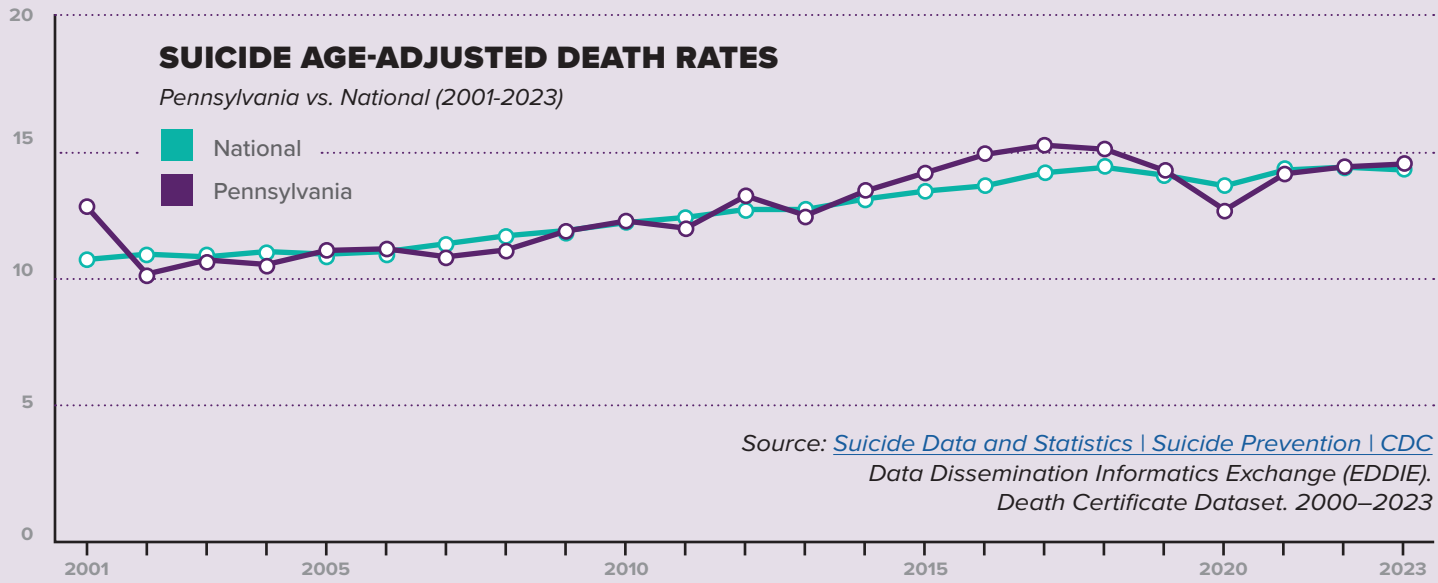
- Increased prioritization of suicide prevention across state agencies.
- Increased communication and collaboration among state agencies regarding suicide prevention efforts.
- Improved awareness of agency-specific suicide prevention initiatives and resource sharing.
- Provided opportunities for the SPTF to give collective input to federal and statewide data collection, training opportunities, and other strategies.
- Expanded collaborative awareness events, including Suicide Prevention Day at the Capitol in Harrisburg, to recognize National Suicide Prevention Month in September.
- Enhanced information gathering from local suicide prevention task forces in Pennsylvania.

Successes of individual state agencies during the prior plan period (2020-2024) are described in the agency-specific sections of this plan.

Prevalence of Suicide in Pennsylvania

SUICIDE RATES IN THE UNITED STATES AND PENNSYLVANIA

Suicide rates in Pennsylvania and nationally increased by 31.8% and 35.6%, respectively, from 2000 to 2023. In 2023, there were 1,949 suicide deaths in Pennsylvania, with an age-adjusted suicide rate of 14.1 per 100,000 individuals. The suicide rate for males was approximately 4.2 times the rate of females (23.1 versus 5.5).

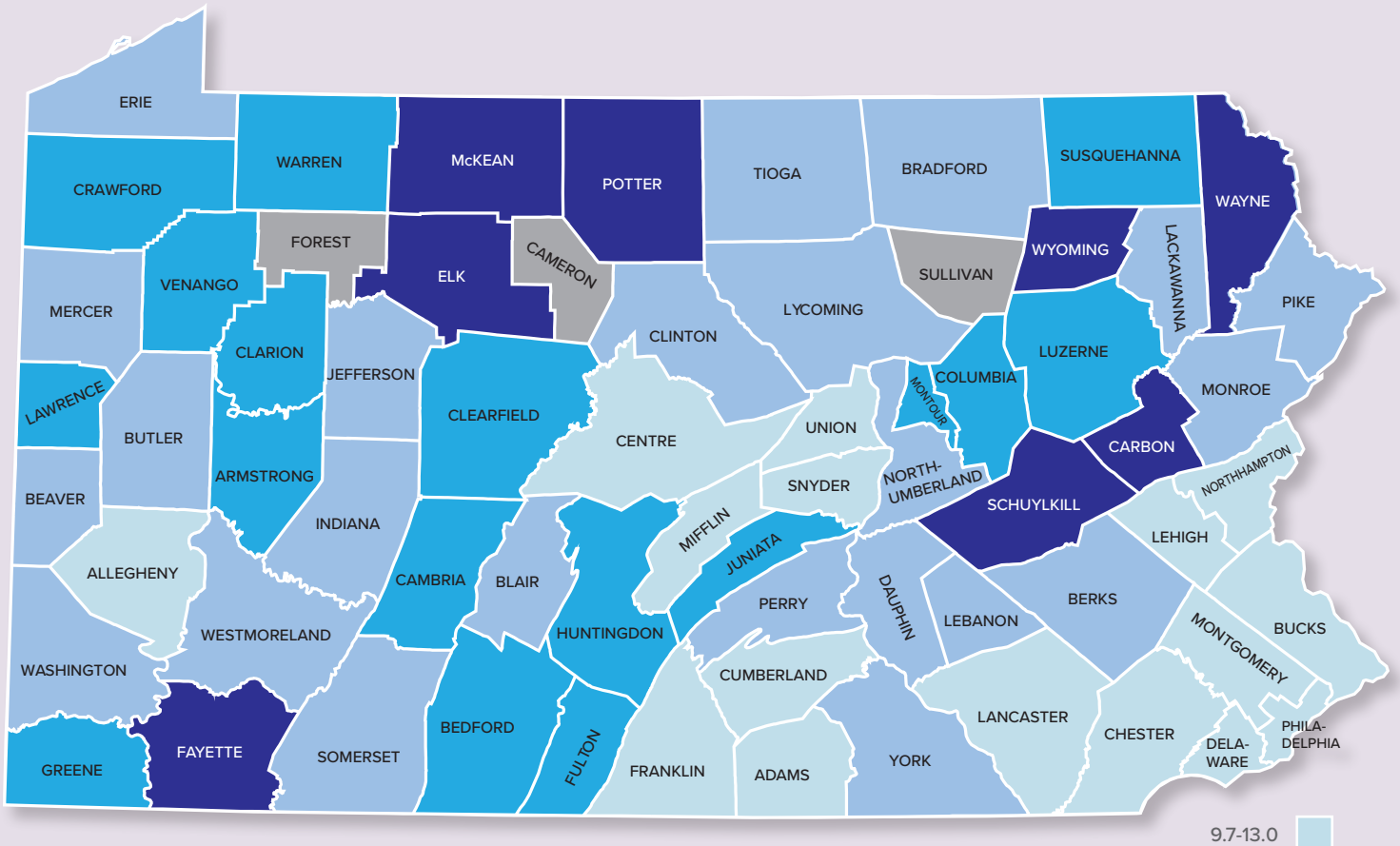


POPULATIONS AT INCREASED RISK OF SUICIDE

While Pennsylvania-specific data are limited, national evaluation efforts and research have helped identify certain populations with increased risk of suicide. These populations include middle-aged adults (ages 35-64), older adults (age 75+), veterans, racial and ethnic minority groups, individuals with disabilities, individuals with mental health conditions, and those from certain occupational groups such as construction, mining, and farming. Youth (ages 15-19) and youth that identify as LGBTQ+ are at increased risk of suicide attempts, with increasing suicide rates occurring in young females (ages 10-24) and non-Hispanic Black youth.

SUICIDE RATES BY PENNSYLVANIA COUNTY (2019-2023)

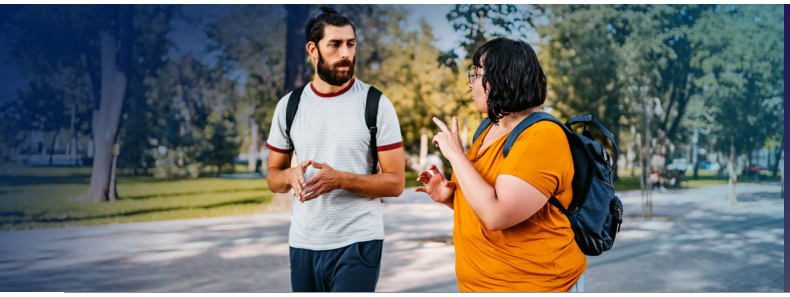
The map below shows the age-adjusted suicide rates (per 100,000) over the most recent five-year period available (2019-2023). The differences in rates reflect an ongoing trend in Pennsylvania and nationally, in that suicide rates in rural counties are consistently higher than rates in urban counties.



Map Notes

Note 1: Counties designated in beige are not displayed due to small counts.

Note 2: Using age-adjusted rates provides a standard metric that allows for easier comparisons among communities with different age distributions. While suicide rates are lower in counties with large, urban centers, these areas have higher total numbers of suicide, given population size.



Local Suicide Prevention Efforts

Local suicide prevention task forces are active in counties throughout Pennsylvania and work to engage the community in understanding and addressing local suicide prevention needs.

The SPTF conducted a survey in 2021 to learn more about local task forces and their efforts as related to the goals and objectives of the 2020-2024 statewide plan.

At the time of the survey, and based on responses received, there were 33 task forces representing 41 counties in the Commonwealth. Most task forces (60%) have been established for more than six years, with some in place much longer (up to 19 years) and some newly formed within a year of the survey. Task forces reported having between five and 30 members from various systems and sectors, including the county mental health office, mental health/substance use treatment and health care providers, local crisis services, coroner's offices, individuals with suicide-centered lived experience, schools, military, faith-based organizations, advocacy groups, and others.

Local task forces reported engaging in a wide variety of activities to support their communities. As related to the prior 2020-2024 statewide plan, all task forces reported engaging in suicide prevention awareness activities (Goal #1 of the prior plan), and a majority (81%) reported implementing suicide prevention training (prior Goal #3). More than half of task forces also indicated that they provide awareness, training, or support in the areas of trauma-informed approaches (prior Goal #2), screening and identification of individuals at risk of suicide (prior Goal #4), postvention and loss (prior Goal #6), and lethal means safety (prior Goal #7). Task forces reported that their needs include additional training, resources, funding, and collaboration opportunities.

Process for Developing the Current Plan

The SPTF, under the administration of Governor Josh Shapiro, facilitated the development of this iteration of Pennsylvania's statewide suicide prevention plan. The SPTF formed a steering committee and enlisted technical assistance from the Suicide Prevention Resource Center (SPRC), the only federally supported resource center devoted to advancing the implementation of the 2024 National Strategy for Suicide Prevention.

The SPRC has helped numerous states and territories develop plans and has provided resources and support to enhance states' suicide prevention efforts. Pennsylvania's SPTF previously participated in the SPRC's State Needs Assessment surveys to obtain feedback and support in improving statewide suicide prevention infrastructure. Pennsylvania also joined SPRC's community-of-practices for states on the topics of suicide prevention partnerships, data and equity, and addressing social determinants of health in suicide prevention.

SPRC assistance and SPTF review of the prior plan resulted in several changes to the plan's format and content:

1. Rather than a four-year plan, the plan encompasses two years (Sept. 2025-Aug. 2027).
2. Rather than eight broad goals, the plan includes three shared goals with related action steps for collaboration across agencies involved in the SPTF.
3. In addition to shared goals, individual agency accomplishments, goals, and initiatives are highlighted.
4. Each agency developed two to three measurable action items for implementation and monitoring over a two-year period.

The state agencies and Governor's Affinity Commission integral to the creation of this plan include:

- Department of Aging (Aging)
- Department of Agriculture (PDA)
- Department of Corrections (DOC)
- Department of Drug and Alcohol Programs (DDAP)
- Department of Education (PDE)
- Department of Health (DOH)
- Department of Human Services (DHS)
- Department of Military and Veterans Affairs (DMVA)
- Pennsylvania Insurance Department (PID)
- Pennsylvania State Police (PSP)
- Department of Transportation (PennDOT)
- Pennsylvania Commission on Crime and Delinquency (PCCD)
- Governor's Advisory Commission on LGBTQ Affairs

Alignment with the National Strategy for Suicide Prevention

For purposes of this two-year plan, the SPTF elected to focus on three shared goals across the agencies involved and select action items identified by each individual agency. These shared goals and agency-specific action steps directly align with the 2024 National Strategy for Suicide Prevention, as depicted in the table below. The National Strategy is a 10-year comprehensive plan that includes 15 goals and 87 objectives, all of which fit within four strategic directions. Similar to the approach taken within the National Strategy, health equity (Strategic Direction #4) is embedded in each of the shared goals to support a public health approach that prioritizes efforts to identify and support groups disproportionately impacted by suicide.

The efforts of individual Commonwealth agencies are broader than what is highlighted in this plan in terms of the number and scope of current initiatives. Given this, the alignment of current agency-specific efforts with the National Strategy for Suicide Prevention extends beyond what is portrayed in the table on Page 12. Additional information about the efforts of individual agencies may be found on agency websites, included as resources at the end of this plan.

National Strategy Strategic Direction	National Strategy Goal	Pennsylvania Agency Implementing a Related Action Step
#1: Community-based Suicide Prevention	**Goal 1:** Establish effective, broad-based, collaborative, and sustainable suicide prevention partnerships.	DDAP, DMVA, DOH, PCCD, PDE, PSP **Shared SPTF goal**
	Goal 2: Support upstream comprehensive community-based suicide prevention.	DDAP, DOH, PDA, PDE, PID, PSP **Shared SPTF goal**
	Goal 3: Reduce access to lethal means among people at risk of suicide.	DMVA, DOH, PCCD
	Goal 4: Conduct postvention and support people with suicide-centered lived experience.	PCCD
	Goal 5: Integrate suicide prevention into the culture of the workplace and into other community settings.	DHS, PDA, PDE, PennDOT
	Goal 6: Build and sustain suicide prevention infrastructure at the state, tribal, local, and territorial levels	PCCD **Shared SPTF goal**
	Goal 7: Implement research-informed suicide prevention communication activities in diverse populations using best practices from communication science.	DHS, PennDOT
#2: Treatment and Crisis Services	**Goal 8:** Implement effective suicide prevention services as a core component of health care.	DDAP, DMVA, PDA
	Goal 9: Improve the quality and accessibility of crisis care services across all communities	DHS
#3: Surveillance, Quality Improvement, and Research	**Goal 10:** Improve the quality, timeliness, scope, usefulness, and accessibility of data needed for suicide-related surveillance, research, evaluation, and quality improvement.	**Shared SPTF goal**
#4: Health Equity in Suicide Prevention	**Goal 12:** Embed health equity into all comprehensive suicide prevention activities.	PID **Shared SPTF goal**
	Goal 13: Implement comprehensive suicide prevention strategies for populations disproportionately affected by suicide, with a focus on historically marginalized communities, persons with suicide-centered lived experience, and youth.	Advisory Commission on LGBTQ Affairs, Aging, DHS, DMVA, DOC, PDA
	Goal 15: Improve and expand effective suicide prevention programs for populations disproportionately impacted by suicide across the life span through improved data, research, and evaluation.	DMVA, DOC **Shared SPTF goal**

Cross-Agency Shared Goals and Action Steps

Each of the shared goals is a continuation or expansion of the SPTF's efforts during the 2020-2024 plan that will further strengthen the statewide suicide prevention infrastructure. In addition to the goals below, the SPTF will continue to identify opportunities for cross-agency collaboration and resource dissemination to support the prioritization of suicide prevention and help address the needs of communities across the Commonwealth.

SPTF SHARED GOAL #1: DATA ACCESS AND USE

National Strategy for Suicide Prevention Alignment: Surveillance, Quality Improvement, and Research; Health Equity in Suicide Prevention

Goal (What)	Why	Action Steps (How)
Improve the SPTF's access to and use of suicide data, especially to identify and support populations at increased risk of suicide, as well as suicidal thoughts and attempts.	Multiple state agencies gather data relevant to suicide prevention efforts. However, data-related challenges (e.g., collection, sharing, analysis) persist due to a range of barriers, such as regulatory or statutory requirements or limitations, privacy issues, and mandated data-sharing agreements. Continued effort by the SPTF to identify available data sources and address barriers to sharing data is necessary to create a more comprehensive understanding of suicide prevention needs in Pennsylvania.	1. Engage in mapping of agency-specific data sources. 2. Identify gaps in data or data analysis and strategies to address them. 3. Explore areas for cross-agency collaboration and sharing of data to understand suicide trends across the state and within specific communities and populations.

SPTF SHARED GOAL #2: COLLABORATIVE PARTNERSHIPS

National Strategy for Suicide Prevention Alignment: Community-based Suicide Prevention; Health Equity in Suicide Prevention

Improve partnerships between the SPTF and other entities engaged in suicide prevention efforts at the state and local levels.	Partnerships help strengthen the infrastructure of suicide prevention efforts. They also promote collaboration among all those involved, expanding the reach and impact of suicide prevention efforts. The SPTF recognizes the dedication and often long-term efforts of local suicide prevention task forces; statewide organizations, associations, and workgroups; community organizations and partners; and individuals with suicide-centered lived experience, all of whom play a critical role in helping to prevent suicide throughout the Commonwealth.	1. Create and share a comprehensive list of state and local partners with a role in suicide prevention, including entities serving populations at increased risk of suicide. 2. Establish mechanisms for regular communication with partners for the purposes of information and resource sharing. 3. Identify opportunities for cross-agency or state-level collaboration on resource development and dissemination, including continued work with the Pennsylvania Behavioral Health Council.

SPTF SHARED GOAL #3: UPSTREAM PREVENTION

National Strategy for Suicide Prevention Alignment: Community-based Suicide Prevention, Health Equity in Suicide Prevention

Goal (What)	**Why**	**Action Steps (How)**
Increase the SPTF's collaboration to address suicide risk and protective factors, as part of upstream suicide prevention efforts.	Upstream suicide prevention involves efforts to reduce risk factors for suicide and build protective factors for suicide with a goal of preventing a crisis from occurring. Because there are many known risk and protective factors for suicide, upstream efforts can be broad, and in turn have the potential for far-reaching impact. Upstream approaches may include increasing social supports and access to resources, trauma-informed approaches, efforts to address the social determinants of health, and strategies for early identification, among many others. From this lens, and in tandem with the other shared goals, the SPTF can broaden the scope of its suicide prevention efforts.	1. Develop a landscape analysis of SPTF member prevention efforts that address suicide risk and protective factors, especially for populations at increased risk. 2. Identify opportunities to link existing efforts more explicitly to suicide prevention. 3. Identify opportunities for SPTF collaboration on resource development and dissemination aligned to upstream approaches, including use and promotion of PA Navigate.

Agency-Specific Priorities and Action Steps

SPTF member agencies completed a review of accomplishments during the prior plan period and identified current initiatives and priorities for the next two years. While agencies may be involved in much more extensive suicide prevention efforts than described here, they were asked to identify 1-3 measurable actions they will take related to their priorities over the next two years as part of this plan. Agencies will develop methods to monitor and evaluate the implementation of their action items and will report to the SPTF periodically throughout the plan's implementation period.

Department of Aging (Aging)

POPULATION SERVED/RELEVANT DATA

There are nearly 3.5 million older adults aged 60+ in Pennsylvania and almost one out of every four residents is an older adult, making Pennsylvania home to the fifth-largest older adult population in the nation.

While Pennsylvania has large and mid-sized urban centers, many residents live in rural locations. According to the Center for Rural PA, 48 of Pennsylvania's 67 counties are considered rural. Older adults living in rural areas often face greater challenges in accessing public transportation or must drive further distances to hospitals or urgent care centers. Additionally, there is an extreme shortage of primary care providers and specialists practicing in rural areas of Pennsylvania, further exacerbating health inequities.

Aging provides services and programs through a network of 52 Area Agencies on Aging (AAA) serving all 67 counties, in addition to Senior Community Centers, Adult Day Centers, and PA Link to Aging and Disability Resources (PA LINK). The strength of the Aging Network is found through the AAAs being part of their communities, tailoring services to the communities' unique needs. These services and programs provide the foundation for Aging in Place for older adults in the Commonwealth.

According to the National Council on Aging (NCOA) suicide rates have increased among people age 65 and over. Some of the reasons for this increase range from depression to grief over the passing of loved ones, to chronic illness. Additional data related to high suicide rates among this population include the following:

- Between 2021 and 2022, suicide deaths rose 8.1% among people age 65 and over.
- While older adults comprise just 16.8% of the population, they make up approximately 22% of suicides.
- In 2022, among the nearly 49,449 suicides that took place in the U.S., 10,433 were attributed to people age 65 and older.
- Older adults tend to plan suicide in a more detailed manner, use more lethal methods, and are less likely to receive immediate help after an attempt due to increased isolation.
- One in four older adults will die by suicide from their attempt, and older adults who attempt suicide are less likely to recover due to frailty or underlying health conditions.
- Men age 75 and older face the highest overall rate of suicide.

PRIOR ACCOMPLISHMENTS (2020-2024)

- **The Pharmaceutical Assistance Contract for the Elderly (PACE)** — The PACE Enrollee Health and Well-Being Survey for individuals enrolled as PACE cardholders obtains targeted mental health information about their mental health status and needs within a 30-day period. These questions target feelings of stress, depression and other key emotional states relevant to an individual's mental health wellbeing. The survey explores

ACTION ITEMS

1. **Aging will work to provide mental health telemedicine services at senior centers through the PACE program.**
2. **Aging will work to expand the Healthy IDEAS program statewide to all AAAs.**

how an individual's mental health also has impacted their ability to complete usual daily activities, which helps inform the program if further services may be needed. This work continues to help inform improvements to the PACE program. All surveys returned are reviewed for notes written by applicants and enrollees who completed the survey. All messages are taken seriously, and appropriate call backs and referrals are completed by program staff.

- **Caregiver Resources, Education, and Support (CREST)** — CREST addresses the needs of caregivers of cardholders with early onset dementia. The CREST features caregiver outreach and telehealth education designed specifically for caregivers of cardholders with Alzheimer's Disease and related dementias. Caregivers receive care management services in combination with education and support, including mental health support. Further enhancing the CREST program, enrolled beneficiaries have been expanded to include caregivers and members of the public referred by the AAAs.
- **Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)** — Healthy IDEAS is an evidence-based community depression program designed to detect and reduce the severity of depressive symptoms in older adults though existing community-based case management services. Older adults can experience isolation or loneliness that often occurs with chronic illness and other losses. The program was expanded to all 52 AAA with 15 currently participating. This program is funded by a federal grant that expired in 2024, and Aging is exploring funding streams to sustain the program.

CURRENT PRIORITIES (2025-2027)

- **PACE Telemedicine Services** — Aging will work to provide telemedicine services at senior centers, to include mental health services, providing an opportunity for PACE enrollees to access services and supports and reduce social isolation and depression. Increased access to telehealth appointments will provide the opportunity for PACE enrollees to become engaged in senior center services and activities such as meals, information sharing and social activities.
- **Expanding the Healthy IDEAS Program** — Aging will work to expand the adoption of the Healthy IDEAS program statewide. The evidence-based depression screening and intervention program Healthy IDEAS provides depression screening to older adults using the Patient Health Questionnaire-9 (PHQ-9) and a Mental Health Intervention by AAA staff (case manager or registered nurses).
- **Expanding the Behavioral Health Resource Coordinator Pilot** — Aging will expand the pilot to a statewide program, the purpose of which is to build a sustainable system that will improve access to behavioral health services for older Pennsylvanians. A behavioral health resource coordinator is designed to build community linkages, train AAA staff, assess individuals who need services, make necessary referrals; and provide case follow ups after services are provided. The coordinator would also be responsible for organizing a multidisciplinary team in each county to assist with complex mental health cases. An improved system will help older adults remain in their homes and community and have a positive impact on this vulnerable population's physical, social, and emotional well-being. Improved access to mental health and substance use disorder services is needed for older adults in Pennsylvania, especially in the aftermath of COVID.
- **Full-Time, Trained Behavioral Health and Aging Coordinator** — Aging will oversee placement of a full-time, trained Behavioral Health and Aging Coordinator in all 52 AAAs, covering all 67 counties. The coordinator will build community linkages, coordinate a multidisciplinary team in each county to help with complex cases, train the AAA staff, assess individuals who need services, make necessary referrals, follow up on services provided and identify future needs. Complex cases identified will be placed in a more appropriate setting and will remain in that setting for three months or longer.

Department of Agriculture (PDA)

POPULATION SERVED/RELEVANT DATA

PDA serves individuals in the agricultural industry across the state, including agricultural employers and workers. Those in the industry face a unique set of challenges that can take a toll and impact mental health. Social and geographical isolation, weather variability (such as extreme droughts or flash floods), limited access to health services, and fluctuating commodity prices have a direct impact on agricultural workers' mental health. Stigma and privacy concerns associated with mental health may mean that many people do not seek out available behavioral health services.

With this in mind, resources have been established to support those in the agricultural industry that understand the unique challenges and barriers that those in agriculture may face. PDA works to ensure all agricultural workers and employers across the state from rural to urban settings have access to these resources.

PRIOR ACCOMPLISHMENTS (2020-2024)

- **AgriStress Crisis Line for Farmers —** The PDA helped establish a crisis line specifically for farmers. The AgriStress Helpline is a free and confidential crisis and support line for people working in agriculture, forestry, and fishing. The helpline includes crisis and emotional support, suicide intervention and prevention, and a database of both mental health and agriculture-related resources. The AgriStress Helpline was developed by AgriSafe Network. The helpline exists in 11 states – Arizona, Colorado,

ACTION ITEMS

1. **PDA will create a resource guide compiling all of the available mental health resources for those in the agriculture industry, including resources from our various partners that include AgriSafe, Penn State Extension, and more.**
2. **PDA will attend or support three agricultural events across the Commonwealth to table and share suicide prevention and behavioral health resources and information, such as the AgriStress Helpline.**
3. **PDA will develop internal agency protocols for supporting staff as part of crisis response and establish protocols for internal incidents as well as those for staff who may be responding to or responsible for incidents outside of the department.**

Connecticut, Missouri, Montana, Oregon, Pennsylvania, Texas, Virginia, Washington, and Wyoming.

- **Mental Health, Suicide Prevention, and Cultural Competence Training** — PDA offered reimbursement for AgriSafe's Farm Response program, a training program for behavioral/mental health professionals to help them become culturally competent regarding agriculture and the farming community.

PDA also offered Question-Persuade-Refer (QPR) suicide prevention training to farmers, their families, and other agricultural stakeholders (e.g. frontline agricultural workers, agricultural business owners and staff and more) to help identify and get people to treatment before it becomes a crisis.

PDA funded a Total Health Coach through AgriSafe to attend, promote, and educate on mental health issues at events and trainings across Pennsylvania for both those in the agriculture community and mental health professionals and partnered with Penn State Extension on several occasions to promote available resources and trainings.

CURRENT PRIORITIES (2025-2027)

- **Increasing Access to Mental Health Resources** — PDA will continue ensuring all commodity groups across the industry have access to mental health resources including AgriSafe and the AgriStress Helpline.
- **AgriStress Helpline Promotion** — PDA will continue to help promote the AgriStress Helpline and help establish the Helpline as a national line for farmers.

Department of Corrections (DOC)

POPULATION SERVED/RELEVANT DATA

DOC serves a diverse group of individuals who are incarcerated, reentering their communities, or are on parole. The department also serves its staff both in correctional institutions and working in communities to support those on parole.

Within the DOC from 2020-2024, those at the highest risk for suicide include the following demographic groups: males (96% of suicides), Caucasian ethnicity (71%), ages of 35-44 (46%), never married (59%), and have no further education beyond a high school diploma (56%).

PRIOR ACCOMPLISHMENTS (2020-2024)

- **Suicide Prevention Awareness Events** — Across the DOC (24 State Correctional Institutions), suicide prevention awareness events are held in May and September. DOC has also initiated wellness committees and has wellness coordinators. DOC conducts monthly suicide drills, which allow real-time training for staff to respond to such events.
- **Suicide Risk Assessments** — The DOC conducts suicide risk assessments upon intake and at critical changes during an individual's time in the DOC. The DOC uses multi-disciplinary assessments for suicide, and nurses also conduct suicide screens (i.e., Columbia Suicide Severity Rating Scale [C-SSRS])

as part of chronic care visits. Individuals with identified mental health concerns are monitored at varying frequencies based on need. Those with significant mental health conditions receive more frequent contact from their assigned psychologist and treatment team. Likewise, individuals with a history of self-harm are monitored more closely than those without such a history. When an individual is placed in the Restricted Housing Unit, correctional officers, psychology staff, and nursing staff conduct suicide risk factor screenings. Psychology and nursing staff also follow up with the individual for the first three days in the Restricted Housing Unit to support adjustment.

- **Suicide Prevention Training** —The DOC provides all new staff with suicide prevention training during basic orientation, along with refresher sessions multiple times each year. Staff assigned to higher-risk units receive specialized instruction on managing crises (i.e., Crisis Intervention Training), including incidents of self-harm and suicide. Identifying suicide risk and protective factors are incorporated into routine mental health contacts and used to guide treatment planning aimed at reducing suicidal ideation. The DOC follows the licensed psychologist requirements for Pennsylvania in that suicide prevention training is completed annually. Furthermore, staff participate in monthly clinical skills training that covers various topics and provides continuing education credits.

CURRENT PRIORITIES (2025-2027)

- **Decreasing Self-Injury** — DOC will work to decrease self-injurious behaviors and suicide among incarcerated individuals and staff.
- **Support People on Parole and Probation** — DOC will work to increase outreach and support for those on parole or on probation.
- **Increase Use of Certified Peer Specialist** — DOC will bolster Certified Peer Specialists population to assist suicide prevention efforts.

ACTION ITEMS

1. **DOC will bolster the Certified Peer Specialists (CPS) population to assist in suicide prevention efforts, by increasing employed CPS by 5%. Additionally, the DOC will conduct at least 1 training course a year for CPS supervision staff.**
2. **DOC will provide suicide prevention materials and resources to 80% of individuals upon exit from the DOC.**
3. **DOC will decrease self-injurious behavior among DOC population by 5% by 2027 through implementation of emotional regulation techniques (i.e., Dialectical Behavior Therapy) for our most at-risk populations.**

Pennsylvania Commission on Crime and Delinquency (PCCD)

POPULATION SERVED/RELEVANT DATA

The Pennsylvania Commission on Crime and Delinquency (PCCD) invests in a wide range of programs aligned with its mission and strategic priorities to make justice systems better, crime victims' lives more livable, and communities safer.

POPULATION SERVED/RELEVANT DATA

- Individuals, families, and communities in recovery from firearm-related suicides
- Individuals in need of behavioral health crisis services
- Communities and populations facing high and/or increasing rates of firearm suicide

According to data from the CDC, suicides account for a significant majority of firearm deaths in the United States and in the Commonwealth — approximately 60% in 2023. While the number of homicides has decreased statewide in recent years, the number of firearm suicides has ticked upwards, increasing from 919 in 2020 to 1,077 in 2023.

PRIOR ACCOMPLISHMENTS (2020-2024)

- **Pennsylvania Office of Gun Violence Prevention** — On September 9, 2024, Governor Josh Shapiro signed Executive Order 2024-02 re-establishing the Pennsylvania Office of Gun Violence Prevention (OGVP) within the PCCD. OGVP was tasked with developing a comprehensive gun violence reduction strategy for the Commonwealth, including addressing firearm suicides. View the initial report and strategic plan.
- **Byrne State Crisis Intervention Program (SCIP)** — PCCD administers the federal Byrne State Crisis Intervention Program (SCIP) funds and has invested in statewide and local initiatives focused on improving crisis services and initiatives. Reducing firearm suicide is a priority area in both of Pennsylvania's FY 2022-2023 and FY 2024 Byrne SCIP Funding Plans.
- **PCCD Data & Research Efforts** — PCCD serves as the Commonwealth of Pennsylvania's Statistical Analysis Center and is responsible for collecting, analyzing, and reporting on a variety of issues impacting individual and community safety.

CURRENT PRIORITIES (2025-2027)

- **Funding Strategies to Reduce the Risk of Firearm Suicide** — PCCD is dedicating $1 million of its FY 2024 Byrne SCIP State Share funds to support statewide, regional, and local strategies to reduce the risk of firearm suicide and mitigate its impact in Pennsylvania communities though the competitive FY 2024 Byrne SCIP Firearm Suicide Prevention, Intervention, and Postvention Initiative funding announcement. PCCD expects to fund approximately 4-6 grants with budgets not to exceed the allowable

ACTION ITEMS

1. **PCCD will sub-award SCIP funds through two competitive solicitations to support firearm suicide prevention, intervention, and postvention activities across Pennsylvania.**
2. **PCCD's Office of Gun Violence Prevention will work with peer state agencies at Health, Human Services, and Education to make progress on the following objectives and related strategies identified in the OGVP 2025 Strategic Plan.**
   - **Objective 4.2: Identify and share best practices for supporting youth impacted by gun violence and to address increasing rates of firearm suicide among young people.**
   - **Objective 6.1: Use available state funding sources to support local firearm suicide reduction and response efforts, including prevention, intervention, and postvention supports.**
   - **Objective 6.2: Increase attention to the issue of firearm suicide among broader suicide prevention efforts and state-level policy discussions.**

maximum for each "track" over the project period: Track 1: Regional/Statewide Projects – Applicants seeking funds for larger-scale, regional projects reaching three or more counties or statewide projects can request up to $500,000; Track 2: Local Projects — Applicants seeking funds for smaller scale local projects can request up to $150,000. Eligible applicants include units of local government, nonprofit organizations (including community-based and statewide organizations), institutions of higher education, and state government agencies. Subgrants have a 21-month project period from January 1, 2025, through September 30, 2027.

- **Prioritizing Firearm Suicide Prevention** — PCCD also prioritized firearm suicide prevention, intervention, and postvention activities through FY 2024 Byrne SCIP Local and Under $10k Share funds. PCCD expects to fund approximately 20 grants through the competitive FY 2024 Byrne SCIP Local Solicitation. This funding announcement requests applications from eligible units of local government wishing to implement projects and programs that directly address the priority areas, objectives, and proposed approaches outlined in PCCD's approved FY 2024 Byrne State Crisis Intervention Program Funding Plan. A combined total of $4,071,291 in federal FY 2022-2023 and FY 2024 Byrne SCIP Local and Under $10K Share funds is being announced to support this initiative. PCCD expects to fund approximately 20 grants with budgets not to exceed $200,000. Eligible applicants are limited to units of local government. Subgrants have a 21-month project period from January 1, 2025, through September 30, 2027. While this solicitation is not specific to firearm suicide prevention, intervention, and postvention activities, each is included as an eligible activity as informed by Priority Area #2 in the approved FY 2024 SCIP Funding Plan.
- **Implementing Cross-Agency Collaboration on Addressing Suicide by Firearm** — PCCD also is working to collaboratively implement the provisions of Executive Order 2024-02, which tasks PCCD's Office of Gun Violence with addressing firearm suicide in collaboration with the Pennsylvania departments of Health and Human Services. In its recently published 2025 Strategic Plan, the OGVP identified multiple objectives and strategies designed to address this issue as a Commonwealth.

Department of Drug and Alcohol Programs (DDAP)

POPULATION SERVED/RELEVANT DATA

DDAP serves diverse groups whose unique risk profiles underscore the urgency of our suicide prevention and substance use initiatives.

Single County Authorities (SCAs) operate in all 67 counties and are charged with conducting referrals and clinical assessments for individuals with a suspected substance use disorder (SUD). Additionally, there are more than 200 SUD state-certified treatment provider agencies offering outpatient and residential care for drug and alcohol challenges.

Individuals with gambling disorder are an often-overlooked group at elevated risk for suicide, with approximately one-in-five problem gamblers reporting suicidal ideation. This highlights the need for integrated training on gambling-related suicide warning signs. Roughly 2% of Pennsylvania adults meet criteria for a gambling disorder.

DDAP also collaborates with the departments of Education and Human Services to oversee the Pennsylvania Network for Student Assistance Services (PNSAS). The Student Assistance Program (SAP) operates in schools throughout the Commonwealth and provides a multidisciplinary team process to identify and support students experiencing barriers to learning and success, including a substance use concern. Data from the 2023 Pennsylvania Youth Survey (PAYS) indicates that almost 29% of students in grades 6, 8, 10, and 12 report having ever had alcohol, almost 14% having ever vaped or used e-cigarettes, and almost 12% having ever used marijuana. During the 2023-2024 school year, more than 32,000 Pennsylvania students were screened or assessed for mental health and/or substance use concerns through SAP. Of those who had a drug and alcohol assessment, more than 2,700 received a referral for substance use treatment or supports.

ACTION ITEMS

1. **DDAP will enhance partnerships with 988 Suicide and Crisis Line and Gambling Case Management services to strengthen crisis and risk resource integration at the department.**
2. **DDAP will improve coordination between SCAs and the 988 system to better support individuals in crisis.**
3. **DDAP will expand access to gambling-related resources through strategic partnerships.**

PRIOR ACCOMPLISHMENTS (2020-2024)

- **Coordinated whole person care** — In recognizing the ongoing need to increase opportunities for integrated substance use and physical health care in Pennsylvania, DDAP has continued to build strong linkages between the SCAs, emergency medical services (EMS), and local drug and alcohol agencies to improve services and warm handoffs for Pennsylvanians seeking treatment for an SUD or problem gambling.
- **Enhanced Access to Substance Use Treatment** — In recognizing the intersection of substance misuse and suicide risk, DDAP made sustained efforts to increase the availability of treatment resources and developed and refined programs to better reach individuals with SUDs, with an emphasis on integrating behavioral health and substance use services across underserved and underrepresented communities.
- **Workforce Education on Suicide and Substance Use Correlation** — Another key initiative focused on embedding prevention education within workplaces statewide. Trainings and resource dissemination addressed the complex relationship between substance use and suicide, fostering greater awareness among employers and employees and reducing stigma associated with seeking help.

CURRENT PRIORITIES (2025-2027)

- **Building Warning-Sign Competency among Providers** — DDAP will partner with SCAs and treatment agencies to ensure every frontline counselor, clinician, and administrator can recognize early indicators of suicide risk. The objective is to equip 100% of DDAP-contracted treatment providers and SCAs with a standardized “Warning-Signs 101” toolkit that is concise, digitized, and contains slides, quick-reference cards, and short video clips.
- **Mandatory Suicide Alertness Training** — DDAP will implement mandatory suicide alertness training for all staff. This initiative will ensure that every member of DDAP’s workforce — from policy analysts to program coordinators — can spot warning signs and intervene appropriately. The objective is to achieve 75% staff enrollment in a basic suicide alertness course by Q2 2026 and to maintain at least 90% annual refresher-training completion. DDAP plans to select or develop a one-hour interactive e-learning module aligned with Zero Suicide principles and embed a brief “real-world scenario” exercise in each training cycle.
- **Coordinate Provider Outreach and Resource Promotion** — DDAP will actively promote suicide alertness training opportunities and resources across its provider network, ensuring no organization goes unaware of available supports. The objective is to secure participation of 75% of treatment agencies in at least one statewide suicide-alertness event by December 2025 to designate a “Suicide Prevention Liaison” within DDAP to manage communications, and to collaborate with peer networks (e.g., recovery mutual-aid groups) to cross promote materials.

Department of Education (PDE)

POPULATION SERVED/RELEVANT DATA

The Office of School Climate and Wellbeing reaches school districts and intermediate units across Pennsylvania, working with educators, administrators, and students to enhance safe and supportive learning environments for K-12 students. Within K–12 settings, there has been a compliance focus, pointing to the current need for more intensive technical assistance, professional development, and peer learning.

Empower U (previously PA MASLOW) and the PA C.A.R.E.S. (Connect, Assess, Respond, Encourage, Support) Campus initiative focus on higher education institutions where postsecondary students can obtain comprehensive mental health and suicide prevention supports. A significant gap exists in ensuring continuity of care for students transitioning from high school to college. Early internal partnerships between the Office of Elementary and Secondary Education (OESE) and the Office of Post-Secondary and Higher Education (OPHE) highlight the need for a more robust, statewide strategy.

PRIOR ACCOMPLISHMENTS (2020-2024)

- **Office of School Climate and Wellbeing** — PDE rebranded the former Office for Safe Schools into the Office of School Climate and Wellbeing and reorganized its functions to create a centralized division within PDE dedicated to school climate and student wellbeing. The office provided

ACTION ITEMS

1. **PDE will implement an enhanced training program and expand technical assistance for school districts and Intermediate Units — including the rollout of an Action Planning Guide for Social-Emotional Wellness — to build capacity for effective suicide prevention in K–12 settings.**
2. **PDE will develop and deploy an Empower U online portal that consolidates academic, social, and emotional wellness resources, offering tailored support for postsecondary students with a 2025 goal of registration and active usage by at least 60% of target postsecondary institutions. PDE will form a dedicated committee with members from OESE, OHPE, other state agencies and community partners to develop model protocols that ensure continuity of care for students as they transition from secondary to postsecondary education.**

statewide leadership and technical assistance to K–12 schools by supporting school-based mental health programs, Positive Behavior Interventions and Supports (PBIS), Student Assistance Programs (SAP), threat assessment, and trauma-informed approaches. This initiative resulted in enhanced capacity among Intermediate Units and local school systems through the State System of Support.

- **PA C.A.R.E.S**. **Campus Initiative** — PDE established a statewide public-facing campaign for Act 110 of 2018 by creating a certification process for postsecondary institutions. Institutions that meet the legislative criteria are designated as "Certified Suicide Prevention Institutions of Higher Education," receiving public recognition and future grant positioning, and are permitted to use the PA C.A.R.E.S. logo. For the 2024-2025 period, fifteen (15) postsecondary institutions were designated as Certified Suicide Prevention Institutions under the PA MASLOW initiative.
- **PA Empower U Initiative** — PDE has rebranded the PA MASLOW Initiative into PA EmpowerU, reinforcing its commitment to addressing student-focused basic needs, insecurities and supporting students to and through college. This initiative reflects a comprehensive, student-centered approach to ensuring learners have access to essential resources — such as food, housing, transportation, mental health supports, and financial stability — that directly impact their ability to enroll, persist, and complete a postsecondary education. This initiative will result in the development of a comprehensive, user-friendly online resource platform that links postsecondary students to tailored support services and educational materials.

CURRENT PRIORITIES (2025-2027)

- **Improving Social-emotional Wellness** — PDE is expanding the ongoing work of the Office of School Climate and Wellbeing in K–12 settings with a sharper emphasis on data-driven supports. Activities will include increasing targeted technical assistance, professional development, and peer-to-peer learning opportunities and implementing an Action Planning Guide for Social-Emotional Wellness to reduce risk factors and enhance protective measures for students.
- **Post-Secondary Transition** — PDE is addressing the identified gap in continuity of care for students transitioning from high school to college by building intentional, statewide partnerships — leveraging existing internal collaborations between OESE and the OPHE—to ensure seamless support during this vulnerable transition period.
- **Post-Secondary Supports** — PDE is expanding on the success of the PA MASLOW project with rebranding to Empower U, which addresses a more broad range of risk factors (e.g., trauma, substance use, housing instability, domestic violence) and bolsters protective factors (e.g., connectedness, access to health/behavioral care, effective coping skills, lethal means safety) to serve even more collegiate basic needs. PDE plans to develop a comprehensive, user-friendly online resource platform that links postsecondary students to tailored support services and educational materials.

Department of Health (DOH)

POPULATION SERVED/RELEVANT DATA

The DOH serves all Pennsylvanians through its suicide prevention initiatives, particularly focusing on high-risk and underserved communities. These efforts aim to provide targeted support to individuals impacted by suicide, including survivors, families, and vulnerable populations such as youth, veterans, and individuals experiencing social isolation.

PRIOR ACCOMPLISHMENTS (2020-2024)

- **Suicide Prevention Pilot Program** — In 2023, the Division of Violence Prevention (DVP) funded grantees through federal block grants to establish evidence-based suicide prevention programming and education services in Dauphin and Berks counties. These programs targeted high-risk populations, specifically focusing on underserved communities and individuals aged 15-24 and their families in jurisdictions with high suicide ideation. Grantees implemented evidence-based suicide prevention programming events in these schools and communities, and engaged more than 1,600 participants, with many learning Youth Mental Health First Aid and Teen Mental Health First Aid. In addition, grantees developed a jurisdiction-specific suicide resource inventory for both counties, compiling local, state, and federal resources to improve public awareness and access to preventive services. This pilot program also significantly boosted community engagement by forming diverse partnerships, hosting informative and sensitive community events, and gathering valuable participant feedback.
- **Safe Firearms Storage** — DVP worked with grantees to establish grant agreements at the county level to implement a safe firearm storage program at the local level. The two counties the DVP worked with – Philadelphia and Lancaster – hosted 13 community events to distribute firearms safety devices through a variety of entities. Different events offered different locking devices. Some offered cable locks while firearm safes were distributed upon the completion of training. Evidence-based education was offered in-person or with printed materials.
- **Suicide Syndromic Surveillance System** — The DOH developed and maintains an internal suicide syndromic surveillance dashboard and alerts system to capture near real-time suicide-related data from all emergency departments in PA. This system has three main components: suicide surveillance dashboard; alerts system that generates alerts if cases surpass a predetermined threshold; and reports generated from the surveillance system.

ACTION ITEMS

1. **DOH will increase access and accessibility of resources on the Department's website as a one-stop shop for support.**
2. **DOH will partner with community health organizations to promote local resources.**

The surveillance system went live December 2023, and statewide quarterly reports were generated starting in 2024.

CURRENT PRIORITIES (2025-2027)

The department plans to continue all "prior accomplishments" as well as expand its efforts to include the below list of current priorities:

- **Adolescent Prevention Programs** — DOH's Bureau of Family Health used federal funding to support grantees during the 2025-2026 academic year. Grantees will use an upstream approach to suicide prevention among middle and high school students, focusing on education and accessibility of mental health supports and services. Two separate initiatives are proceeding to help prevent suicide: Student Assistance Program (SAP) Support Services (focusing on barriers to substance abuse and mental health services through the provision of interim services) and Healthy Teen Relationships (focusing on recognizing and navigating unhealthy relationship dynamics).
- **Providing State Funds** — DOH is promoting evidence-based suicide prevention initiatives in all counties with capacity to complement existing strategies in the state. These initiatives are with our partners and stakeholders, but additional funding from the state could support non-competitive, underfunded statewide efforts at the local level. For instance, providing state funding would allow county-level suicide prevention task forces to implement training and advance evidence-based initiatives within their communities.
- **Postvention Initiatives** — DOH is expanding postvention initiatives. Postvention involves a targeted response to the aftermath of suicides to promote healing and mitigate the adverse effects of suicide exposure among loss survivors. This approach is also instrumental in addressing the phenomenon of the spread of suicidal behaviors among persons or populations after a suicide death. Funding postvention initiatives such as the Local Outreach to Suicide Survivors (LOSS) Teams ensure that survivors receive the guidance they need to navigate grief, while also equipping communities with the tools to prevent future losses. Investing in these efforts creates a more compassionate, informed, and resilient Commonwealth.

Department of Human Services (DHS)

POPULATION SERVED/RELEVANT DATA

DHS serves all Pennsylvanians with an emphasis on behavioral health care for Medicaid (called Medical Assistance in PA) recipients — adults and children — and those with behavioral health needs. Several offices under DHS serve specific populations that may be at increased risk of behavioral health concerns, including persons with intellectual disabilities and autism, and those in long-term care.

Among Pennsylvania Medicaid enrollees, 32,321 were identified with suicidal ideation and 5,289 were identified with intentional self-harm or suicide attempts in 2024. The age group 15–24 had the highest number of individuals affected by both self-harm and suicidal ideation. Inpatient hospitals and emergency rooms were the most frequently used places of service among individuals with intentional self-harm or suicidal ideation.

DHS also supports individuals seeking support in the midst of a crisis and tracks data related to the 988 Suicide & Crisis Lifeline, as well as Crisis Text Line (741-741). Calls to 988 by Pennsylvania residents have increased steadily since the launch of the service in 2022, surpassing 120,000 calls in 2025.

From July 2014 through July 2025, Crisis Text Line has supported Pennsylvanians in more than 335,000 text conversations, with less than 1% resulting in a need to dispatch emergency services.

The department's Office of Mental Health and Substance Abuse Services (OMHSAS) has emphasized youth suicide prevention activities in an ongoing manner, given that suicide is a leading cause of death among youth ages 10 to 24, increasing by 62% between 2007 and 2021 (Curtin & Garnett, 2023). In Pennsylvania, there were 206 youth and young adult suicides in 2023, with no suicides reported below age 10. Consistent with national trends, the suicide rate among Black youth in Pennsylvania increased by 70% in the decade between 2013 and 2023 (from 4.0 to 6.8 per 100,000).

The Pennsylvania Youth Survey (PAYS) 2023 indicates that 16.1% of students in grades 6, 8, 10, and 12 reported seriously considering suicide in the past 12 months, and 5.2% reported attempting suicide one or more times. Similar to trends in national data through the Youth Risk Behavior Survey (CDC, 2023), percentages of Pennsylvania students endorsing suicidal thoughts and attempts were disproportionately higher for those who identified as American Indian or Alaska Native and Black or African American.

Through the Pennsylvania Student Assistance Program's (SAP) annual reporting to OMHSAS by SAP liaison agencies, 20,462 students were screened or assessed for suicide risk during the 2023-2024 school year. Of these students, 26% reported current or past suicide ideation, and 6% reported a previous suicide attempt.

PRIOR ACCOMPLISHMENTS (2020-2024)

- **Supporting the crisis continuum** — DHS has been actively involved in the implementation of 988 in Pennsylvania since 2020, beginning with the development of a statewide implementation plan in 2021 and coordination of 12 call centers for the 988 launch in July 222. Working in partnership with Thomas Jefferson University and the state's call centers, in-state chat/text were implemented in November 2023.

  With some state funding and funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), Pennsylvania has been able to hire, train and staff call centers 24/7. DHS has also organized multiple ongoing calls with stakeholder groups to communicate, collaborate, and provide input on 988. DHS led the work to develop a public awareness campaign to help increase awareness of 988 and worked to ensure in-state routing protocols were adjusted for outages in response to data to ensure that call centers had manageable loads to respond effectively.

  Pennsylvania now has 14 call centers with three answering text/chat. An ongoing goal is to answer at least 90% of calls in state and Pennsylvania consistently meets this goal. Also, 93% of calls typically are resolved within the call, requiring no further action. The 7% that required further action included activities such as dispatching mobile crisis.

- **Funding for Emergency Behavioral Health Walk-in Centers** — OMHSAS has been able to provide substantial financial support to counties through a combination of Community Mental Health Services Block Grant and state dollars for the development of emergency behavioral health walk-in centers closely following the crisis toolkit from SAMHSA. Walk-in centers are a crucial service in the broader crisis continuum to provide timely access to services for individuals experiencing behavioral health crisis, including suicidal ideation. They operate 24/7/365, allowing for consistent law enforcement drop off, which helps divert individuals in crisis away from jails and unnecessary emergency department visits. In addition, walk-in centers have medical clinicians available to prevent the need for a separate medical clearance that is often done in emergency departments and can delay the initiation of crisis services.

- **Garrett Lee Smith Youth Suicide Prevention Grants (GLS)** — OMHSAS has received multiple GLS grants funded by SAMHSA. The fourth grant (2019-2024) focused on improving continuity of care among youth-serving systems for youth at risk of suicide and their families. The project consisted of targeted efforts in which the GLS team partnered with 15 counties to gather cross-systems data on strengths and needs in line with the Zero Suicide framework and develop county-specific strategic plans for youth suicide prevention. The project also involved statewide efforts, such as an online clinical training series, screening, and developing and disseminating youth suicide prevention resources (e.g., tip sheets for parents and families, postvention manual for schools, etc.).

  Overall, the project trained more than 10,000 individuals on youth suicide prevention topics, and more than 7,200 youth were screened for suicide and behavioral health concerns across multiple youth-serving systems.

- **Black Youth Suicide Prevention** — In July 2023, Pennsylvania was invited by SAMHSA to participate in the first Black Youth Suicide Prevention (BYSP) Policy Institute along with seven other states. PA's team, led by OMHSAS, set a commitment to ongoing suicide prevention efforts for Black youth, through the establishment of four goals: 1) engaging Black

ACTION ITEMS

1. **DHS will promulgate crisis intervention services licensing regulations to establish minimum health and safety standards for individuals that access crisis behavioral health.**
2. **DHS will increase awareness of 988 through social media impressions with a special emphasis on reaching populations at increased risk of suicide.**
3. **DHS will train at least 2,000 individuals, including mental health and other professionals, youth, family members, and other community members, on suicide prevention and related topics through in-person and online trainings via the GLS Youth Suicide Prevention Grant.**

youth and families in statewide efforts, 2) increasing access to and use of data on Black youth suicide, 3) identifying and improving strategic partnerships, and 4) improving communication strategies related to resources (e.g., 988).

Since its inception, PA's BYSP workgroup has expanded its membership to more than 30 partners, including youth. The workgroup, led by OMHSAS, has also secured grant funding to implement convenings with Black youth and families, provide training, gather data, and develop resources.

CURRENT PRIORITIES (2025-2027)

- **Expanding the Crisis Continuum** — DHS will continue efforts to expand the crisis continuum by building on 988 accomplishments and implementation strategies, including increasing staffing capacity for text/chat to meet increased demand. This is predicated by establishing ongoing federal funding (currently unknown) and establishing a reliable source of state funding.

  DHS through OMHSAS will continue to prioritize grant funding for crisis services, particularly emergency behavioral health walk-in centers, to financially sustain these services in working to establish a full crisis continuum.

- **Youth Suicide Prevention —** DHS through OMHSAS, with its 5th GLS Youth Suicide Prevention Grant (2024-2029), will focus on development of a variety of statewide resources (e.g., podcasts, tip sheets, trainings, direct support services, etc.) for youth and families, in collaboration with multiple organizational partners. The project will also build workforce and provider agency capacity in specific counties by implementing training and consultation in evidence-based treatment (i.e., Collaborative Assessment and Management of Suicidality [CAMS]) and the Zero Suicide framework. The goal of county-specific efforts will be to divert youth to timely and appropriate care when more restrictive treatment settings (e.g., psychiatric inpatient hospitalization) are not indicated.

- **Zero Suicide Performance Improvement Project** — Health Choices Primary Contractors and their associated Behavioral Health Managed Care Organizations (BH-MCOs) are required to undertake DHS-assigned Performance Improvement Projects (PIPs). The assigned PIP for 2025-2028 is Suicide Prevention and Community Resiliency. PCs and BH-MCOs will, as part of their

DEPARTMENT OF HUMAN SERVICES (DHS)

PIP Proposal, describe their workflow for suicide screening, risk assessment, and care plan in the PIP reports. BH-MCOs will specify the following: eligible population and age range of screened members, setting(s) of the screenings and assessments, who will be administering screenings and assessments, how those individuals will be trained, and the timeframe and frequency for administering screenings and assessments. Each project will also identify which suicide screening and risk assessment tools will be used and the threshold(s) triggering interventions, and briefly describe interventions, along with a description of how the care coordination and warm handoff will occur between administering screenings and assessments and ensuring appropriate follow up. Use of the Zero Suicide framework is strongly recommended and is highlighted as a resource for evidence-based measures and practices for identifying individuals at risk of suicide.

Pennsylvania Insurance Department (PID)

POPULATION SERVED/ RELEVANT DATA

Pennsylvania consumers enrolled in commercial insurance plans — more than 6 million people, primarily through employer plans.

PRIOR ACCOMPLISHMENTS

- **Mental Health and Substance Use Disorder (MH/SUD) Parity Brochure** — PID created brochures designed to help consumers understand the mental health coverage prescribed under their health plan. The initiative's goal was to increase consumer awareness around access to MH/SUD benefits.
- **Mental Health Listening Sessions** — The Public Engagement Office engaged with a broad array of stakeholders, including provider groups, support groups, and advocacy organizations, to hear concerns and questions regarding insurance coverage for MH/SUD. This resulted in increased awareness and education among diverse stakeholder groups on access to insurance coverage for MH/SUD benefits.

CURRENT PRIORITIES (2025-2027)

- **Mental Health Parity** — PID will conduct a Mental Health Parity front-end review for qualified health plans.
- **Increased Outreach and Education** —PID will Increase outreach/education on access to no-cost preventive services.
- **Improve Consumer-focused Resources** —PID will overhaul consumer-focused information and resources on MH/SUD coverage.

ACTION ITEMS

1. **Conduct ten outreach and educational sessions with various stakeholder groups to hear concerns and answer questions regarding insurance coverage for MH/SUD.**
2. **Update current Mental Health and Substance Use Disorder Parity brochures and work with Commonwealth Media Services for translation services.**

Department of Military and Veterans Affairs (DMVA)

POPULATION SERVED/RELEVANT DATA

DMVA serves Pennsylvania's military service members, veterans, and their families. The U.S. military reflects a subset of the population when compared to the general population. Suicide is the second leading cause of death in the U.S. military and the primary cause of death among active-duty soldiers.

According to the Department of Defense (DoD) Suicide Event Report (DoDSER) 2023 annual report, the suicide rate was 28.2 per 100,000 for active military service, including the Air Force, Army, Marine Corps, and Navy. For the Selected Reserves, the rate was 20.9 per 100,000 combined across all military services and regardless of duty status. For the National Guards of the various states, the rate was and 21.2 per 100,000 combined across the Air and Army National Guard and regardless of duty status.

The Pennsylvania National Guard suicide rate in 2023 was significantly higher than other components and other states' Guard entities. During this period, the Pennsylvania Guard had a total of four suicides. This would equate to a rate of 23.5 per 100,000 population. Several psychosocial factors are associated with suicide risk for military personnel and veterans. The most common individual stressors identified for both military suicide decedents and military suicide attempts were relationship problems, administrative/legal issues, and workplace difficulties. Health conditions that are associated with an increased risk for suicide include traumatic brain injury (TBI), post-traumatic stress disorder, chronic pain, and sleep disorders. These conditions can contribute substantially to increased suicide risk in affected individuals. The most common method for suicide according to DoD data is firearms, accounting for over 65% of all suicide deaths in the active military. Like active

ACTION ITEMS

1. **DMVA will partner with and identify an "agency champion" from each Commonwealth agency to assist in the implementation of a new veteran status question as a standard/required demographic variable.**
2. **DMVA will train providers on the importance of identifying their patients/clients/community members who are service members, veterans, and their families, how to screen for suicide risk and make appropriate referrals, and unique cultural considerations and risk factors for service members, Veterans and their families.**
3. **DMVA will host five regional LMS events (Plan. Pause. Protect.) across the Commonwealth to raise awareness, share suicide prevention resources and information (including the 988 Suicide & Crisis Lifeline), assist with resource navigation and referrals, facilitate safety planning and community connection, and create opportunities to identify and build upon protective factors.**

service members, the most common method for suicide among U.S. veterans is firearms, accounting for over two-thirds of all veteran suicides. Also, investigations have determined that substance and/or alcohol abuse was a contributing factor in most suicides by service members within the Pennsylvania Guard. Elevated suicide risk has been shown to endure well beyond military service, with veterans carrying a much greater risk for suicide than their civilian counterparts. According to the federal Veterans Affairs (VA) Office of Suicide Prevention (2016), while veterans account for only 8.5% of the U.S. population, they comprise approximately 18% of all adult suicide deaths.

PRIOR ACCOMPLISHMENTS (2020-2024)

- **Suicide Mortality Review** — From 2020-2024, DMVA developed the Suicide Mortality Review Board under its Governor's Challenge Team (GCT), implemented the Suicide Mortality Review (SMR) program, and continued the outreach and resource navigation efforts of its regional PA VetConnect staff. DMVA's VETConnect is a free information and referral database that allows veterans and veteran advocates access to statewide resources that improve the lives of service members, veterans, and their families.

  In 2024, DMVA applied for and received two grants from VA to pilot county-level SMR development and implementation within the Commonwealth that fund SMR programs and that have allowed work to begin with leaders and death investigation teams in York and Beaver Counties to establish SMRs and build-out local suicide prevention frameworks. The SMR program has also created educational resources on SMR legislation, structure, and implementation, and will work in the coming year to develop a Pennsylvania-specific SMR Toolkit.
- **VETConnect** — The VETConnect outreach team has successfully established themselves at the community level within their five regions of service. They have achieved membership on local suicide prevention coalitions, built relationships with VA Community Engagement Program Coordinators, VA suicide prevention teams, and community providers, and attended countless outreach events to help raise awareness of the PA VETConnect database and locally available resources that address social determinants of health and suicide risk and protective factors.
- **Governor's Challenge** — From 2020 to 2024, the GCT worked alongside the University of Pittsburgh's Northwest Pennsylvania Veteran Suicide Prevention Program (NWPAVSPP) to promote suicide prevention awareness, develop partnerships for suicide prevention gatekeeper and lethal means safety (LMS) trainings, and connect with firearm retailers and ranges to share resources and education on LMS initiatives. The GCT also spearheaded the development of a work group called the Suicide Mortality Review Board and facilitated its participation with the VA/SAMHSA's SMR Academy in May 2024.

CURRENT PRIORITIES (2025-2027)

- **Data Collection** — DMVA will move to add a veteran status question as a standard demographic variable for all state agencies, their affiliates, and grantees.
- **Lethal Means Safety** — DMVA will develop a lethal means safety campaign, entitled "Plan. Pause. Protect." which will be focused on firearm safe storage and safety planning. DMVA will collaborate with other state agencies to implement this campaign for the general public.
- **Healthcare Advocacy** — DMVA will develop a healthcare advocacy campaign to include outreach to and training opportunities for providers, as well as the development of regional Healthcare Communities of Practice (CoPs) to better connect, share information, and navigate available resources that address SDOH and suicide risk and protective factors (e.g., mental health, substance use, physical health, trauma, etc.). CoPs will include VA Medical Centers and outpatient clinics located within each region.

Pennsylvania State Police (PSP)

POPULATION SERVED/RELEVANT DATA

PSP is the primary law enforcement service provider for approximately 85% of the geographic area of the state. It also provides assistance to areas which are covered by both part-time and full-time municipal police departments. These services can include patrol responses as well as numerous specialty services such as crime scene forensics, laboratory testing, and specialized investigative services.

ACTION ITEMS

1. **PSP will continue to evaluate its current training, as well as its response to mental health calls for service, with the goal of constant assessment and improvement.**
2. **PSP will continue to host community-based events to inform and build trust to improve outcomes.**
3. **PSP will continue to work on strengthening its community partnerships, to consistently provide the highest quality services to the communities we serve.**

PRIOR ACCOMPLISHMENTS (2020-2024)

- **Training to State Police Cadets** — Since 2022 the PSP has partnered with Penn State Health to provide simulation-based training to PSP cadets. This training provides instruction on responding to suicidal subjects, and provides proven practices related to helping someone experiencing a mental health crisis.
- **Expanded Training and Community Engagement** — Since 2024, the PSP, with the assistance of Penn State University, has provided a modified version of this training on Penn State campuses at various locations across the state. This training is open to first responders, as well as community members.

CURRENT PRIORITIES (2025-2027)

- **Crisis Stabilization Training** — The PSP is currently developing a three-day Crisis Stabilization Training Model, which debuted in August 2025. This model focuses on practical training, which includes debriefs by experts from the community, including school resources to help students who may be experiencing a mental health crisis.
- **Crisis Response Community-based Training** — The PSP is working to provide more one-day crisis response community-based trainings. There was one in October 2025 in Western Pennsylvania, and there are plans to host another two in 2026.
- **Collaboration with Counties** — The PSP is currently working to expand its connections to county level resources to further coordinate training opportunities and strengthen existing cooperative relationships.

Department of Transportation (PennDOT)

POPULATION SERVED/RELEVANT DATA

- **Individuals using public transit in the Commonwealth** — In June 2011, the Federal Railroad Administration began systematically collecting suicide data from U.S. rail carriers. For each year from 2012 to 2017, more than 219 people died by suicide within the U.S. rail system, and another 220 individuals were injured during that period from rail suicide attempts. In 2015, the U.S. rail system experienced its highest recorded number of suicide incidents with 358 incidents (328 fatal and 30 injuries). These statistics likely underrepresent rail suicides. When the medical examiner or coroner reports that the cause of a rail fatality is undetermined, it is recorded as a trespass death and not a suicide, even though the cause is officially unknown.
- **Individuals interacting with PennDOT at Driver's License Centers or Welcome Centers/rest area** — There were more than 9 million licensed drivers in Pennsylvania as of 2024, making Driver's License Centers a prime location to display awareness messaging. Pennsylvania's Welcome Centers and rest areas also provide an opportunity to interface with individuals from the Commonwealth and other states.
- **Construction workers (PennDOT employees or contracted forces)** — Workers in the construction

ACTION ITEMS

1. **PennDOT will partner with Pennsylvania Public Transit Association to develop suicide prevention posters for transit agencies to display on their assets.**
2. **PennDOT will refresh, update, and deploy suicide prevention awareness materials to public-facing PennDOT facilities.**
3. **PennDOT will coordinate with our industry partners (APC, ACEC-PA, and the Pennsylvania Turnpike Commission) to create a robust communications plan for Construction Suicide Prevention Week/ Suicide Prevention month.**

industry are disproportionately affected by suicide deaths. In 2021, nationally, almost a fifth (17.9%) of deaths by suicide with a reported industry code were in construction, despite construction workers accounting for only 7.4% of the workforce. PennDOT hires and contracts with construction workers who perform primary business functions on behalf of the department. Therefore, PennDOT will continue to raise awareness of mental health issues impacting the industry and offer support to this demographic.

PRIOR ACCOMPLISHMENTS (2020-2024)

- **Lethal Means Safety** — As of January 2025, seven PennDOT Engineering Districts had protective fencing installed or planned for installation on 26 bridges. As an additional deterrent, some Engineering Districts have implemented the best practice of extending protective fencing to the full length of the bridge rather than just over highways or railroads. Two bridges currently display the 988 Suicide & Crisis Lifeline signs, and these signs are planned for installation on two additional bridges.
- **Awareness and Resource Dissemination** — In conjunction with our industry partners, the Associated Pennsylvania Constructors (APC), American Council of Engineering Companies of Pennsylvania (ACEC-PA) and the Pennsylvania Turnpike Commission (PTC), PennDOT Policy Office and Highway Administration staff created and produced two Safety Talk handouts and videos to share with field employees in November and December 2023.

  The first resource encourages employees in distress or facing a mental health crisis to contact the 988 Suicide & Crisis Lifeline, use the State Employee Assistance Program (SEAP), and communicate with their supervisors.

  The second resource provides guidance for encountering members of the public facing a mental health crisis while on the jobsite. While transportation workers are not equipped or expected to directly intervene in these situations, the safety talk is intended to provide simple and practical instructions for employees who may encounter a situation that requires more specialized assistance.
- **PennDOT's 511PA website** — The site now displays 988, the national Suicide & Crisis Lifeline number when other critical traveler information is not being presented. The closed-circuit TVs at Welcome Centers also have a suicide prevention banner shown on the bottom of the screen. Welcome Centers also display bilingual posters with crisis resources and messages of hope provided by Prevent Suicide PA.

CURRENT PRIORITIES (2025-2027)

- **Resource Dissemination** — Coordinate with Pennsylvania Public Transit Association (PPTA) to encourage transit agencies to display suicide prevention signs on their assets.
- **Awareness Messaging** — Investigate additional avenues (such as rotating TV screen displays) to deliver public-facing mental health/suicide prevention awareness messaging. PennDOT will ensure that all previously posted suicide prevention materials are still displayed and current.
- **Workplace Suicide Awareness and Prevention** — Coordinate with industry partners (APC, ACEC-PA, and the Pennsylvania Turnpike Commission) to jointly acknowledge Construction Suicide Prevention Week (second week of September) with expanded awareness resources and messaging to employees.

Governor's Advisory Commission on LGBTQ Affairs

> Although our data continues to show high rates of mental health and suicide risk among LGBTQ young people, it is crucial to note that these rates vary widely based on the way LBGTQ youth are treated.
>
> **— Dr. Myeshia Price,** *Pronouns: she/her or they/them, Senior Research Scientist, The Trevor Project*

POPULATION SERVED/RELEVANT DATA

The Governor's Advisory Commission on LGBTQ Affairs serves as a voice and resource for Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, Agender and more (LGBTQ+) Pennsylvanians.

The Trevor Project's 2024 National Survey on the Mental Health of LGBTQ+ Young People found that 39% of LGBTQ+ youth between the ages of 13 and 24 in the United States seriously considered attempting suicide and more than 1 in 10 (12%) attempted suicide in the past year. These percentages were found to be higher among LGBTQ+ youth of color than among white peers. The Trevor Project attributes this increased risk to mistreatment and societal stigma, not to inherent characteristics. Notably, LGBTQ+ youth who indicated living in accepting communities reported attempting suicide at less than half the rate of those living in unaccepting communities.

PRIOR ACCOMPLISHMENTS (2020-2024)

- **Condemnation of Conversion Therapy for Minors** — In April 2024, with the full support of the Shapiro Administration, the State boards of Psychology, Medicine, Nursing, Social Workers, Marriage and Family Therapists, Professional Counselors, and Osteopathic Medicine adopted new Statements of Policy that oppose the practice of Conversion Therapy on LGBTQ+ minors.
- **Expanding Mental Health and Suicide Prevention Resources** — After the federal government defunded the LGBTQ hotline at 988, the Shapiro Administration took action to ensure that 988 call center staff were trained on how to understand and support this at-risk population, and if needed, to facilitate a warm handoff to The Trevor Project — a suicide prevention and crisis intervention nonprofit organization for LGBTQ+ young people — for LGBTQ callers.
- **Investing in Mental Health** — For Mental Health Awareness Month, the Executive Directors of the Governor's Advisory commissions on Women, Next Generation Engagement, and the Advisory Commission for LGBTQ Affairs created videos to promote the 988 Suicide & Crisis Lifeline and encourage Pennsylvanians to reach out for help.

CURRENT PRIORITIES (2025-2027)

Expanding Protections and Safety for Transgender and Gender Expansive Pennsylvanians

- Amplify and address Confidentiality Program to protect eligible trans-identifying individuals and those providing gender affirming care.
- Explore opportunities to protect people seeking, assisting, or providing gender-affirming care
- Highlight and advise on education for law enforcement on LGBTQ+ cultural competency for State Police and Municipal Police Officers' Education and Training Commission.
- Educate the community on support available from the Local/State Police and the PA Human Relations Commission
- Recommend that all law enforcement agencies collaborate with the Federal Bureau of Investigation to record hate crime statistics.

Addressing Health Inequities in the LGBTQ Community

- Share information with the departments of Health and State for training on LGBTQ health and wellness issues, especially trans specific, for healthcare professionals through schooling, continuing medical education, and clinical workplace protocol that reinforces LGBTQ health competency as a necessary provider skill.
- Amplify the Administration's funding priorities for mental health programs for LGBTQ youth.
- Make recommendations for expanding protections for LGBTQ youth.
- Collaborate with PCCD regarding adding Sexual Orientation and Gender Identity (SOGI) data to the Pennsylvania Youth Survey.
- Share best practices for schools to implement supportive and inclusive school policies, such as comprehensive anti-bullying/harassment, inclusive sexual education for high schools, and supportive transgender and nonbinary student policies.

ACTION ITEMS

1. **The Commission will hold at least eight town halls to share suicide prevention information with the following groups: LGBTQ owned bars, drag performers, LGBTQ organizations, Pride organizers, rural trans Pennsylvanians, LGBTQ teachers, older LGBTQ Pennsylvanians, and mental health organizations.**
2. **The Commission will create at least one social media post per month uplifting PA's commitment to LGBTQ communities and info on the 988 Suicide & Crisis Lifeline.**

Resources

National + Pennsylvania Crisis Resources

Below are free, 24/7, confidential resources to assist those who may be feeling overwhelmed or experiencing thoughts of suicide, and are in need of immediate support.

988
SUICIDE & CRISIS LIFELINE

- **988 Suicide & Crisis Lifeline**
  Call or text 988. You can also chat online with someone at chat.988lifeline.org.
  Addtional resources available from the 988 Suicide & Crisis Lifeline:
- **Veterans Crisis Line:** 988, press 1 or text 838255.
- **988 Spanish Speaking Services:** 988, press 2.
- **988 for Individuals who are Deaf or Hard of Hearing:** Use your preferred relay service or dial 711 then 988.

- **Crisis Text Line**
  Text **PA** to 741741 or visit crisistextline.org or crisistextline.org/es/ for services in Spanish.
- **The Trevor Project for LGBTQ+ Youth**
  Call 866-488-7386, text 678-678, or visit thetrevorproject.org/get-help/.
- **Trans Lifeline**
  Call 877-565-8860 or visit translifeline.org.
- **AgriStress helpline for Pennsylvania farmers and their families**
  The helpline is available 24/7. Call or text 1-833-897-AGRI (2472).

National + State Suicide Prevention Organizations + Initiatives

National Organization Websites

Below are links for websites for national and statewide suicide prevention organizations and initiatives. Some national organizations have local chapters in Pennsylvania. Each website contains a variety of information and resources for suicide prevention across settings and sectors, and for a variety of populations including those at increased risk.

- **American Association of Suicidology**
- **American Foundation for Suicide Prevention (AFSP)**
- **The National Action Alliance for Suicide Prevention**
- **Pennsylvania Higher Education Suicide Prevention Coalition**
- **Prevent Suicide PA**
- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
- **Suicide Prevention Resource Center (SPRC)**
- **Zero Suicide**

National + State Online Data Sources

Below are websites for national and/or Pennsylvania data, reports, and dashboards that provide suicide prevention and related information. Some of these websites are focused on specific populations at increased risk of suicide, as well as suicidal thoughts and attempts, and some provide information about suicide risk and protective factors.

- **Bradbury-Sullivan LGBT Community Center:** PA LGBTQ Health Needs Assessment
- **CDC:** Suicide Data and Statistics
- **CDC:** Web-based Injury Statistics Query and Reporting System (WISQARS)
- **CDC:** Youth Risk Behavior Surveillance System (YRBSS)
- **PA Coalition Against Domestic Violence:** Fatality Reports
- **PA Commission on Crime and Delinquency:** Pennsylvania Youth Survey (PAYS)
- **PA Department of Health:** Enterprise Data Dissemination Informatics Exchange (EDDIE)
- **PA Department of Health:** Healthy Pennsylvania Partnership State Health Assessment
- **PA Department of Health:** Suicide & Overdose Death Review Team
- **PA Department of Health:** Violence Dashboard

State Agency-Specific Resources

State Agency Websites

Click on the links below to visit the websites for the PA state agencies and commissions that contributed to the development of this plan.

- Department of Aging (Aging)
- Department of Agriculture (PDA)
- Department of Corrections (DOC)
- Department of Drug and Alcohol Programs (DDAP)
- Department of Education (PDE)
- Department of Health (DOH)
- Department of Human Services (DHS)
- Insurance Department (PID)
- Department of Military and Veterans Affairs (DMVA)
- PA State Police (PSP)
- Department of Transportation (PennDOT)
- Commission on Crime and Delinquency (PCCD)
- Governor's Advisory Commissions

State Agency Initiatives and Resources

Below are website links to specific offices, initiatives, and resources available through state agencies and commissions that address suicide prevention and related efforts.

- **PDA:** Pharmaceutical Assistance Contract for the Elderly (PACE) Program
- **PDE:** Office of School Climate and Wellbeing
- **PDE:** PA EmpowerU
- **PID:** Mental Health Parity
- **DOH:** Healthy Pennsylvania Partnership State Health Improvement Plan
- **DHS:** 988 Information and Resources
- **PCCD:** Office of Gun Violence Prevention

A Culture *of* Support + Action

THE SUICIDE PREVENTION PLAN FOR PENNSYLVANIA