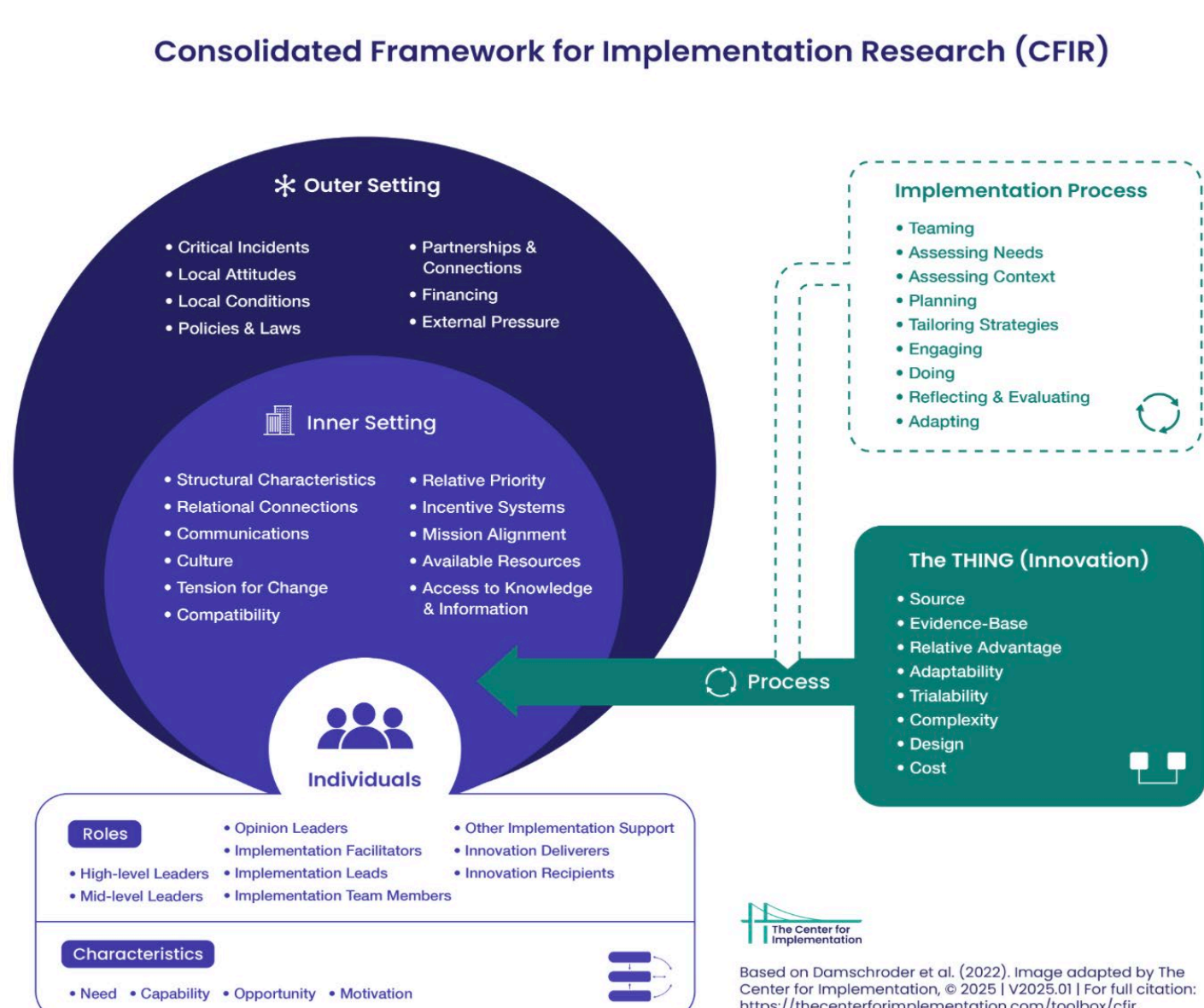


BACKGROUND and OBJECTIVE

- Suicide is currently the second leading cause of death for ages 10-24 and 8th leading cause of death for ages 35-64 (CDC, 2025).
- A behavioral health managed care organization, Community Care Behavioral Health, on behalf of Pennsylvania's Office of Mental Health and Substance Abuse Services, conducted a Community Needs Assessment (CNA) to better understand areas of improvement for suicide prevention.
- Domains of the Consolidated Framework for Implementation Research (CFIR; Damschroder et al., 2009) provide a structure to identify factors that may influence implementation of interventions.
- Objective: To apply the domains of CFIR to determine strengths and areas of improvement to inform development of a public health approach for suicide prevention.

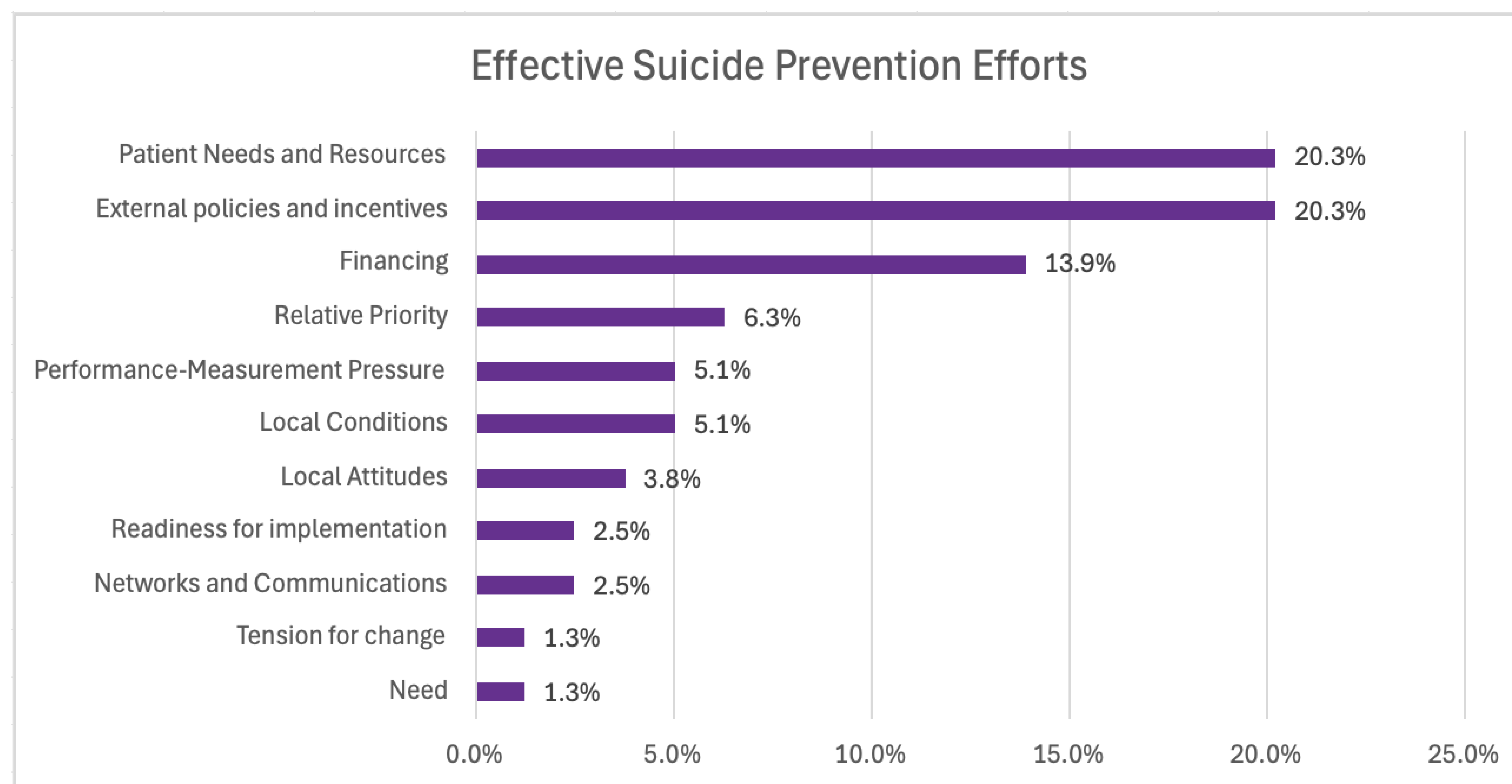


METHODS

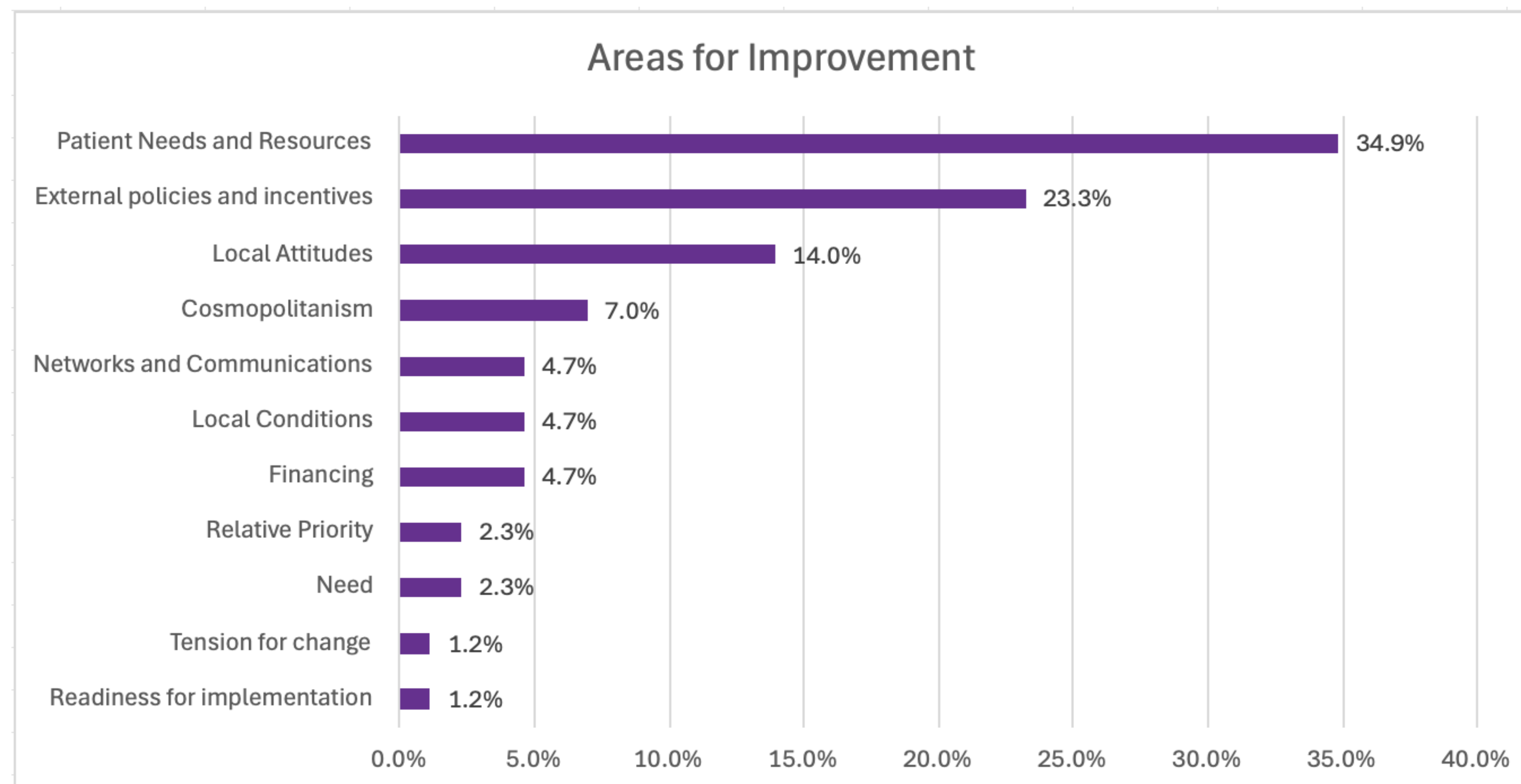
- Staff at Community Care conducted interviews with county behavioral health stakeholders across 12 offices including 43 counties.
- The same interview was sent as an electronic survey to Community Care staff and other community stakeholders as recommended through the interview process.
- The interview/survey contained questions related to current screening and suicide prevention activities, barriers, risk factors, protective factors, data available and areas for improvement.
- A coding guide was developed including the Inner, Outer, and Characteristic Domains of the CFIR.
- Interview and survey data were combined; sections summarized through qualitative coding include Current Effective Efforts, Areas of Improvement, and Barriers.

RESULTS

- The CNA was completed by community stakeholders (n=50).
- “Patient Needs and Resources” including known barriers and facilitators and “External Policies and Incentives” including strategies to spread interventions were mentioned most often in discussions of current effective efforts and areas for improvement.
- “Financing” and “Relative Priority” were mentioned most often when discussing current effective efforts.



- "Local Attitudes" and "Cosmopolitanism" (e.g., networking among agencies) were mentioned most often when discussing areas for improvement.



CONCLUSIONS

- Ability to address community needs and availability of resources were listed as both a strength and area for improvement across communities, as was existing policies and regulations.
- Financing for suicide prevention efforts was frequently mentioned as an effective allocation of resources.
- There is a desire to prioritize suicide prevention efforts and to better understand the impact of suicide through data monitoring (i.e., Performance Measurement).
- Stigma (i.e., Local Attitudes) toward suicide and for seeking help for a mental health issue was identified as an area for improvement.

PUBLIC HEALTH SIGNIFICANCE

- This evaluation will inform the implementation of a multi-year quality improvement initiative on suicide prevention.
- The implementation of this Suicide Prevention Improvement Project addressing the serious public health issue of suicide across counties in Pennsylvania will help reduce preventable deaths, raise awareness in communities, and combat stigma surrounding mental health.

ACKNOWLEDGEMENTS

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TO VIEW THE CODING GUIDE:

