

Assessing Community Suicide Prevention Needs: A Workbook for State Coordinators



Suicide Prevention Resource Center

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Introduction

A community needs assessment (CNA) is a systematic process that can help identify and analyze the needs, assets, and gaps in services and programs for a health problem or other community issue. A CNA can also help prioritize needs and develop strategies to address them. In the context of suicide prevention, a CNA can:

- Provide state suicide prevention coordinators and the communities with whom they work with information about how suicide affects community members
- Reveal needs and gaps in suicide prevention-related services and programs
- Identify the resources available to address needs and gaps
- Indicate additional areas of need

The purpose of this workbook is to help state suicide prevention coordinators determine whether to conduct CNAs in local communities, and if so, how to prepare to conduct one. It also provides links to additional resources that can help with CNA design, implementation, and next steps since these processes are not covered in this workbook.

The results of a CNA can help identify risk and protective factors, indicate goals and interventions, and determine resource allocation (e.g., funding, training, technical assistance). The information can then be used to inform the [strategic planning process](#) for suicide prevention.

Community Needs Assessment Steps

These six steps are covered in this workbook:

- Understanding why and when to conduct a CNA
- Defining the community(s) of focus
- Gathering existing data with community partners
- Analyzing existing data with community partners (with Worksheets 1 and 2)
- Deciding whether to conduct your own CNA (with Worksheet 3)
- Choosing the scope and level of intensity of the CNA (with Worksheets 4 and 5)

Note: Use this last section if you decide to conduct your own CNA

These additional steps are *not* covered in this workbook:

- Choosing instruments for a CNA
- Conducting a CNA
- Analyzing CNA results with community partners
- Incorporating results into the strategic planning process
- Disseminating results



Worksheets

This workbook includes the following five worksheets:

- [Worksheet 1](#): Analyzing Existing Data with Community Partners
- [Worksheet 2](#): Involving Community Partners Beyond Analyzing Existing Data
- [Worksheet 3](#): Evaluating Existing CNAs
- [Worksheet 4](#): Refining the Audience and Sources of Input
- [Worksheet 5](#): Questions to Help Plan a CNA

Understanding Why and When to Conduct a CNA

Why Conduct a CNA

There are many reasons to conduct a CNA. Consider the following reasons and check off all that apply to your situation:

- You are launching or revisiting your strategic planning process (as part of Step 1 in SPRC's [Strategic Planning Approach to Suicide Prevention](#)).
- You want to reach a new population, region, community, or group to conduct suicide prevention.
- There isn't enough information about suicide prevention needs within a specific community (including from existing CNAs).
- There are significant changes in suicide prevention focus areas or related services.
- There are changes in suicide prevention leadership.
- There are significant increases in suicidal ideation or suicide attempt or death rates within specific communities.
- There are long-term disparities in suicidal ideation or suicide attempt or death rates within specific communities that have not been adequately addressed with existing resources or strategies.
- You are repeating a CNA that you have already administered to monitor changes over time.

If you checked off one or more boxes, you may want to conduct a CNA. Read on!

When to Conduct a CNA

It is important to conduct a CNA at a time that is not too burdensome for the community members. For example, if a community has recently been surveyed or studied multiple times, conducting a CNA may be too much. In that case, you may want to simply get stakeholder feedback on existing data (see [Analyzing Existing Data with Community Partners](#) below). Good times to conduct a CNA may be when formal community- or state-level suicide prevention plans are being created or updated or when new sources of funding or resources become available to support suicide prevention efforts.

If you are repeating a CNA that you previously conducted, there is no specific recommendation for how much time to wait before doing it again. Determine the amount of time based on the interest, resources, and capacity of your community and organization.



Defining the Community(s) of Focus

Clearly defining the community(s) of focus is crucial to producing specific, useful CNA results that will help state coordinators and community members prevent suicide in a particular community.

If you haven't already, consult the relevant data on suicide that exists for your state. This will help you define the groups and communities that are most in need of intervention and support, as well as the specific target area or population for your CNA. Look at national and state data on deaths and attempts for the community(s) you are interested in. If you are unsure about how to find and use this information, look at SPRC's course [Locating and Understanding Data for Suicide Prevention](#) or ask your state's epidemiology team.

Next, use SPRC's [strategic planning](#) process to identify the communities with the greatest need. An alternative direction for your CNA could be focusing on suicide prevention groups that need capacity building and support, such as postvention response teams or local coalitions.

Types of Communities

Geographic population	Population within a community	Populations dispersed geographically across the state that have a common identity
<ul style="list-style-type: none"> • Zip code area • City • County • Region 	<ul style="list-style-type: none"> • A particular racial/ethnic group • Identity such as LGBTQ people • A specific age group 	<ul style="list-style-type: none"> • Sector, such as health care or business community • Setting, such as schools, and within that, all K-12 school professionals • Type of group, such as suicide postvention response teams or coalitions

If you are not already working with one or more leaders in a community, now is a good time to seek out and build partnerships. Find out what suicide prevention leadership, if any, exists in the community. The following resources can help you connect with community partners:

- [Partnerships and Collaboration](#)
- [Statewide Partnerships](#)

Gathering Existing Data to Determine Need for a CNA

Now that you have defined the community(s) of focus, it is important to gather detailed information on various factors related to the issue of suicide in each community. For example, the community's needs and readiness to change; existing suicide prevention efforts, capacity, and assets; and public perception of suicide and political will regarding prevention. You will also need more detailed, community-specific data on suicide deaths and attempts and suicidal ideation as well as potential risk and protective factors.



What information has already been gathered about these factors? Find out whether there are community needs assessments (CNAs) that already exist or are currently being conducted on your topic or similar topics, and whether you can access that data. Note that in looking at existing CNAs and potentially conducting your own, it is important to consider whether you have the relevant information about the policies, systems, environment, and culture that can impact suicide prevention.

Key Terms



Policies: “laws, regulations, rules, protocols, and procedures that are designed to guide or influence behavior. Policies can be either legislative or organizational.” (Source: [CDC Community Needs Assessment: Participant Workbook](#), p.6)



Systems: “Community systems are community-led structures and mechanisms used by communities through which community members and community-based organizations and groups interact, coordinate, and deliver their responses to the challenges and needs affecting their communities.” (Source: [The Global Fund](#), p.1)



Environment: “physical, social, or economic factors designed to influence people’s practices and behaviors.”

- Physical factors include “structural changes or the presence of programs or services.” (Source: [CDC Community Needs Assessment: Participant Workbook](#), p.7)
- Social factors include “positive change in attitudes or behavior about policies that promote health or an increase in supportive attitudes regarding a health practice.” However, they can also include negative attitudes and behaviors. (Source: [CDC Community Needs Assessment: Participant Workbook](#), p.7)
- Economic factors include the income level of the population because income inequality can have broad health impacts; employment because it provides income and benefits that support healthy lifestyle choices; and the amount of available funds in communities and local institutions for prevention efforts. (Source: [County Health Rankings & Roadmaps](#))



Culture: “The integrated pattern of human knowledge, beliefs, and behaviors that depends upon the capacity for learning and transmitting knowledge to succeeding generations” (Source: Merriam-Webster dictionary). Cultural groups are often defined by shared characteristics such as geography, race, ethnicity, religion, language, age, gender, and sexual orientation.



Analyzing Existing Data with Community Partners

Once you have collected existing suicide prevention-related community data, explore the data with community partners to get a fuller picture of suicide and prevention efforts in the community (see [Worksheet 1](#)). Ask community partners to help fill in knowledge gaps about suicide prevention programs, services, systems, policies, environment, and the culture of the community. Community partners may also know of CNAs and other surveys addressing health and behavioral health that already exist or are currently being conducted.

The following are some types of organizations to consider as community partners:

- Organizations that conduct CNAs (see list in first section of [Resource List](#))
- Community health and mental health centers, hospitals, county and city health departments, social service agencies, community coalitions
- Organizations that serve specific settings, e.g., schools if focusing on youth suicide or senior centers and senior living communities if focusing on older adults
- Organizations that serve special populations, e.g., racial/ethnic populations: LGBTQ youth, people with disabilities

Refer to [Worksheet 2](#) to help you consider additional ways to involve these partners.

Considerations for Presenting Data to Community Partners

Presenting the data to the community may be an educational intervention itself, especially for community members who may not have seen certain activities as part of suicide prevention (such as upstream efforts). Spend time providing some background and context about suicide and prevention, as well as answering questions, before analyzing the existing data together.

Consult with your lead state epidemiologist to make sure you adhere to state rules, policies, and best practices about when and how small numbers (of suicide deaths, attempts) may need to be suppressed.¹ Proactively educate partners about caveats and limitations of the data so that it will not be misinterpreted. Include ways for them to pass on the caveats and limitations along with any data they are allowed to share, such as through a handout or presentation footnotes, since partners will often want to use the data in the future. Consider whether you need to include any confidentiality agreements or guidelines for how stakeholders could further share the information.

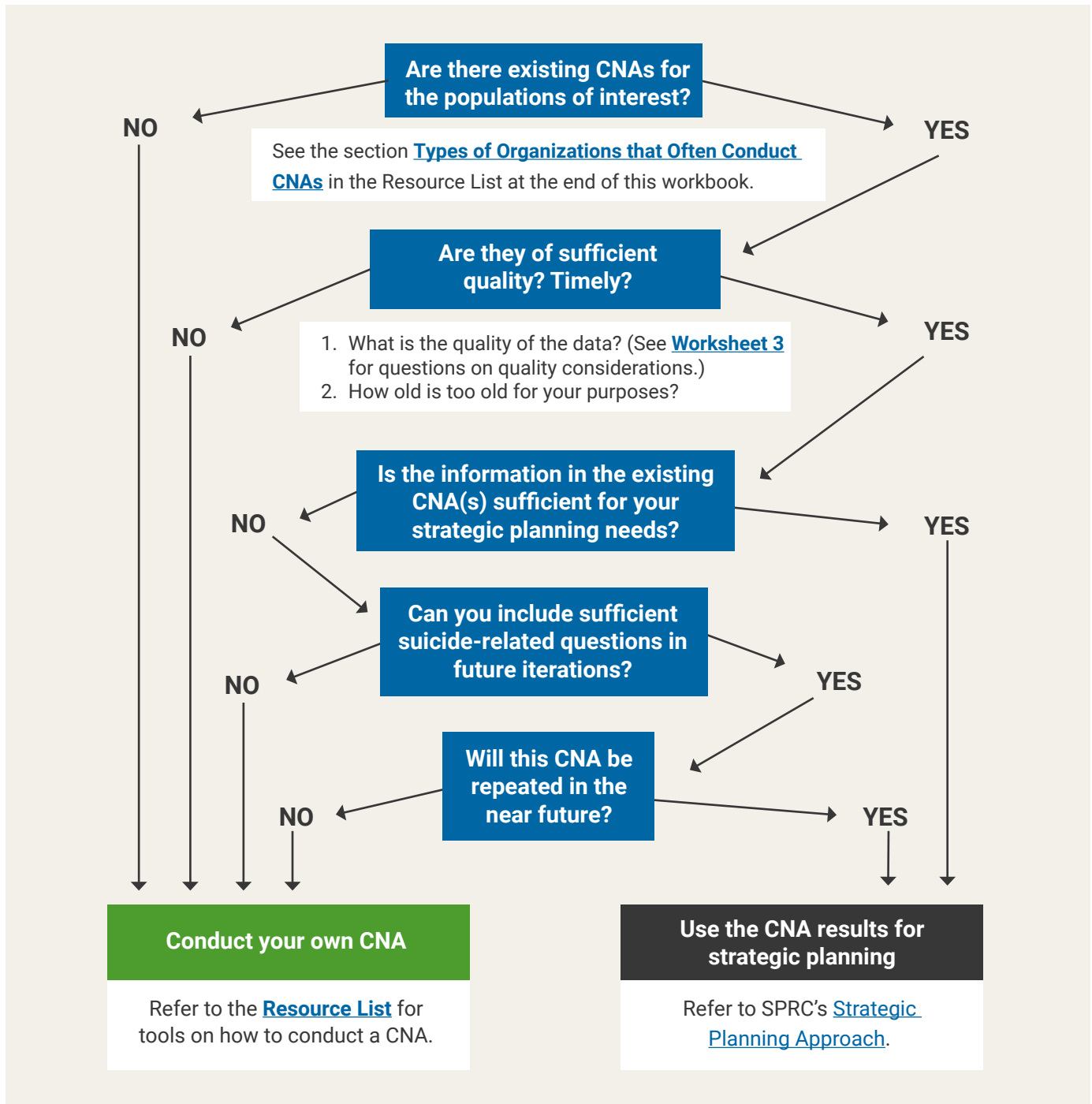
As you go through this process, remember that each data point represents a real person. Provide education on safe and effective messaging as recommended in the National Action Alliance for Suicide Prevention's [Framework for Successful Messaging](#), so that further sharing of the data by partners takes place in a safe context.

¹ “**Data suppression** refers to the process of withholding or removing selected information—most commonly in public reports and datasets—to protect the identities, privacy, and personal information of individual[s]. . . . Data suppression is used whenever there is [a] chance that the information contained in a publicly available report could be used to reveal or infer the identities of specific individuals.” (The Glossary of Education Reform. Downloaded from <https://www.edglossary.org/data-suppression>)



Deciding Whether to Conduct Your Own CNA

Once you have analyzed pertinent suicide-related information by consulting with partner organizations and individuals (see [Worksheet 1](#)), you need to decide whether to insert questions into an existing CNA or to conduct your own CNA (see [Worksheet 3](#)). Each state coordinator should work with its target communities to find out if any CNAs have already been conducted. The graphic below shows a decision tree that can help you decide if your organization needs to conduct its own CNA.





If there aren't any existing CNAs or the existing ones are not sufficient, then it is most effective for states to partner with communities to conduct a CNA. Community partners with a strong capacity for this type of assessment, and sufficient resources, may take on a central role in the CNA process. However, if you are seeking CNAs from multiple communities at the same time, you may need to coordinate questions and methods across communities.

Regardless of who takes the lead, state coordinators and community members should work in partnership and ensure that results are shared with everyone involved to build trust, gain buy-in, and make sure the information gained from the CNA is used to guide real-world prevention efforts. At this point, it is also useful to consider whether you may need to repeat the CNA in the future to help with further strategic planning.

Choosing the Level of Intensity and Scope of the CNA

Once you have analyzed existing data with the community and decided that more data is needed, you will need to determine the level of intensity and scope of the CNA. (See [Worksheet 4](#) and [Worksheet 5](#).)

At this point, it is important to decide if you need to hire an evaluator. An evaluator can help you design your CNA in a way that will not only be useful for collecting and analyzing information but also for evaluating change. To learn more about hiring an evaluator, look at the section [Getting Help with Evaluation](#) in the Resources List. If you do not have the funds to pay for an evaluator, you can use this information to help choose someone who will provide free evaluation services, such as a graduate student.

The next step is to take a more in-depth look at the gaps in the information you have collected, including in the areas of systems, policies, environment, and culture, as defined in the section on gathering existing data. Next, you will decide if you want to do a lower or higher intensity assessment. This will depend on the time and resources you have, input from community partners, and what is likely to produce the best results for the community(s) involved.

A lower intensity process involves inserting some needs assessment questions into another organization's survey. Examples include partnering with local schools to include youth needs assessment questions on suicide in student health surveys, and partnering with local nonprofit hospitals to include suicide-specific questions in their mandated CNAs.

A higher intensity process involves creating new tools and/or efforts to gather more information, for example, a survey, interviews, listening sessions, photovoice, and/or focus groups. The [Resource List](#) has links to materials with descriptions of these and other ways of gathering more information.



Both lower and higher intensity processes will take several rounds of working with the community. One round includes obtaining input on CNA topics, sectors, and champions. Another includes sharing CNA results with the community to discuss key, modifiable risk and protective factors and potential ways to address them. This process will lead to creating an action plan with members of the community to initiate changes. See [Worksheet 1](#) and [Worksheet 2](#) for more considerations on community partner involvement.

Use the chart below to help you decide which level of intensity will be best for your CNA.

Pros and Cons of the Different Levels of Intensity

Using Existing Data (before or instead of a CNA)	Inserting Assessment Questions into Existing Surveys	Creating Your Own Needs Assessment
<p>Pros</p> <ul style="list-style-type: none"> • Requires less time and money • Can gather some information on issues related to suicide 	<p>Pros</p> <ul style="list-style-type: none"> • Requires less time and money • Can insert questions designed to elicit information specific to your population or suicide issue • Can promote stakeholder partnerships in data collection and analysis 	<p>Pros</p> <ul style="list-style-type: none"> • Have control over and can access data sets • Can include any questions considered important for assessing the community's needs • Can use different types of data collection as needed • Can repeat assessments over time
<p>Cons</p> <ul style="list-style-type: none"> • Most information may not be suicide-specific • Have no control over data or other information • May not be able to access full data sets (i.e., can only access data that are public) • Data often may not be specific to assessing your community's needs 	<p>Cons</p> <ul style="list-style-type: none"> • Partners may not be open to including additional questions • Space for additional questions may be limited • May not be able to access full data sets (i.e., can only access data/results that are public) • Opportunities to include suicide-related questions may change over time 	<p>Cons</p> <ul style="list-style-type: none"> • Requires significant investment of time and/or money • Requires having staff, volunteers, and/or partnerships that make data collection and analysis possible



Worksheets and Resource List

The rest of this workbook contains five worksheets and a resource list. The worksheets assist you in deciding whether to conduct a CNA, and if so, in preparing to conduct one. The [Resource List](#) provides links to additional sources of information focused on conducting a CNA and working with the results. It also includes a list of types of organizations that conduct CNAs related to health and mental health.

Considering Conducting a CNA

These three worksheets are for anyone considering conducting a CNA:

- [Worksheet 1](#): Analyzing Existing Data with Community Partners
- [Worksheet 2](#): Involving Community Partners Beyond Analyzing Existing Data
- [Worksheet 3](#): Evaluating Existing CNAs

Conducting a CNA

Use these two worksheets if you decide to conduct your own CNA:

- [Worksheet 4](#): Refining the Audience and Sources of Input
- [Worksheet 5](#): Questions to Help Plan a CNA



Worksheet 1 - Analyzing Existing Data with Community Partners

With the help of community partners, you can analyze existing data on the communities and populations in which you are interested by answering the following questions.

- What are the key themes, trends, etc.?
- What data/information do we already have, e.g., on policies, systems, environments, and culture?
- What gaps, barriers, and assets exist?
- What strategies to address barriers or needs are already being used?
- What strategies to address gaps could be developed?
- What resources are available in the community to address these challenges?
- What information do we still need to collect so that we can make focused and effective suicide prevention plans?
- Additional notes:



Worksheet 2 - Involving Community Partners Beyond Analyzing Existing Data

Below is a list of ways you can engage community partners in the CNA process. See [Worksheet 1](#) for information on analyzing existing data with community partners.

First, using the Y/N column, identify areas for partner involvement. Next, ask a couple of key contacts who are well-connected in the community about which group(s) or individuals to work with on each of the “Yes” roles.

Although this workbook does not cover the last five items below, it can be helpful to keep them in mind as you begin to connect with partners about community needs.

Area for Community Involvement	Y/N	Specific Groups, Organizations, or Individuals
Inform the needs assessment questions/ topics		
Raise awareness about the CNA to gain community trust and buy-in to participate (e.g., speaking at local networking meetings, contacting key target sector leaders)		
Advise on recruitment messages, strategies, and channels		
Recruit participants		
Help collect data via focus groups, forums, interviews, or photomapping (e.g., co-facilitating, interviewing)		
Provide input on where to focus data analysis		
Share insights on the meaning of the CNA results		
Give input on modifiable risk and protective factors, when relevant		
Give input on development of an action plan		



Worksheet 3 - Evaluating Existing CNAs

In looking at existing CNAs, it is important to determine whether the data is sufficient for your purposes and needs. To determine this, respond to the questions below while reviewing the data. Some of the questions may need to be asked of the data source or holder.

1. Do the organizations and their CNAs have focus areas related to or specific to suicide?

2. To what extent are questions related to our suicide prevention needs integrated into the CNAs?

3. Do the organizations and CNAs involve the community with which we are hoping to conduct a needs assessment?

4. What is the quality of the CNAs' data?
 - a. Representation and completeness:
 - Who collects, owns, analyzes, and distributes the data?

 - What voices are included in the data collection process?

 - What voices are not included in the data collection process?

Note: If the data are collected by a coalition reflecting diverse perspectives within the community, the data may be of good quality. If a siloed approach is used, people are territorial about their data, or there is a lot of mistrust in data sharing, the data may not be of sufficient quality (i.e., lack representation from the full community).



Worksheet 3 (Continued) - Evaluating Existing CNAs

- b. Consistency: Are the data collected consistently over time?

Note: Watch for big changes in the way the data are collected, recorded, stored, analyzed, and used. For example, the data may not be consistent if:

- The way the data were collected changed, e.g., from in-person data collection to online data collection
- The core measures changed, e.g., changing a definition of a suicide attempt or suicidal ideation

5. When were the CNAs done?

6. Will they be repeated? If so, when are they likely to be repeated?

- a. If the questions we need are not included or they are not sufficient for our needs, will we be able to add questions when the CNA is conducted again? If so, will we be able to partner with the organization to add suicide prevention questions?

If you conclude from your answers above that adding questions to an existing CNA is the best approach, refer to the section [Types of Organizations that Often Conduct CNAs](#) and choose a few organizations to contact.



Worksheet 5 - Questions to Help Plan a CNA

If you are conducting your own CNA, you will need to determine which sectors and settings you need to include. Here are some questions to consider.

- Are we assessing just one sector and setting, such as mental health, or multiple ones such as mental health, health care, schools, workplaces, and faith communities? List them here.

- How many organizations in each sector and setting will we include? List them here.

You will also need to decide which methods of collecting information you will use. For a matrix comparing several different methods, see [Information Gathering Mechanisms for Use in Engaging the Community and Gathering Feedback](#).

Consider the following questions as you are determining which methods to use for collecting information. In addition, use [Worksheet 2: Involving Community Partners](#) to specify partner roles.

- What data/information do we need to collect?

- How will we get sufficient information on subpopulations?
 - Who should we start with?

 - Do we want to oversample certain groups? Yes_____ No_____

Oversampling is choosing respondents so that some groups compose a larger percentage of the survey sample than they do in the whole population. The purpose is to provide more information on groups that would be too small to report on otherwise.



Worksheet 5 (Continued) - Questions to Help Plan a CNA

- Should we include questions about policy, systems, culture, and environment (physical, social, economic)? If so, what types of questions? (See [CDC Community Needs Assessment: Participant Workbook](#).)

- What funding, resources, people power, skills, etc., will be needed to collect these data?

- What are the best ways for us to analyze the data/information?

- What funding, resources, people power, and skills are needed to analyze these data?

To learn more about designing and implementing a CNA, look at the guides and tools in the [Resource List](#). Remember, the CNA results should be used in your strategic planning process. Refer to SPRC's [Strategic Planning Approach](#), and in particular, focus on feeding the information into Steps 1–4, [Describe the Problem and Its Context](#), [Choose Long-Term Goals](#), [Identify Key Risk and Protective Factors](#), and [Select or Develop Interventions](#).



Resource List

This resource list contains four sections:

- [Types of Organizations that Often Conduct CNAs](#)
- [General Community Needs Assessment Resources](#)
- [Examples of Community Needs Assessments on Suicide Prevention](#)
- [Getting Help with Evaluation](#)

Types of Organizations that Often Conduct CNAs

To assist you in determining whether there are existing CNAs with the type of information you need, the following is a list of organizations you can contact that often conduct CNAs related to mental health and suicide prevention.

Certified Community Behavioral Health Centers

- CCBHC criteria requires them to conduct needs assessments: <https://www.samhsa.gov/section-223/certification-resource-guides/conduct-needs-assessment>

Hospitals with 501C3 Status (Tax Exempt)

- Required by federal legislation to conduct CNAs every three years: <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

County and City Public Health Departments

- Required to conduct CNAs every five years to maintain accreditation from the Public Health Accreditation Board. Public health departments and hospitals will often collaborate on CNAs to lighten the burden on each of them to carry these out: <https://www.naccho.org/uploads/downloadable-resources/12-05-Community-Health-Needs-Assessment.pdf>

Community Service Organizations/Nonprofits

- Many mental health, public health, and community nonprofit service organizations conduct their own needs assessments to ensure they are supporting the community effectively. Consider United Ways, YMCAs, community foundations, etc.
- Example of a needs assessment from a YMCA in Ohio: <https://www.surveymonkey.com/r/GahannaNeeds>
- Example from a United Way in Virginia: <https://www.unitedwaynsv.org/community-needs-assessments>

Community Coalitions

- Suicide prevention coalitions, mental health coalitions, health and wellness coalitions, youth wellness coalitions



Resource List (Continued)

Colleges and Universities

- Often college and university departments of public health and health education lead needs assessments. Here is an example of one that Ohio State University conducted on the needs of Ohio communities related to COVID-19.
<https://cph.osu.edu/inequitable-burdens-covid-19>

Non-Public Health Government Agencies (e.g., job and family services, justice)

- Here is an example of a needs assessment done by Ohio's Department of Job and Family Services:
<https://jfs.ohio.gov/PFOF/PDF/NeedsAssessment.stm>

K-12 Schools

- Here are examples from the National Association of School Psychologists of school community needs assessments: <https://www.nasponline.org/standards-and-certification/nasp-practice-model/nasp-practice-model-implementation-guide/section-ii-nasp-practice-model-implementation-and-service-delivery/assessing-school-level-and-district-level-needs>

General Community Needs Assessment Resources

Community Toolbox. (n.d.). University of Kansas Center for Community Health and Development. This toolbox provides in-depth guidance for different strategies that can be used to assess community needs. It covers everything from conducting needs assessment surveys and interviews to using public records and archival data, all of which help inform the larger needs assessment effort. Below are links to the chapter and sections of the toolbox most relevant for communities using this workbook:

Chapter 3. [Assessing Community Needs and Resources.](#)

- Section 1. [Developing a Plan for Assessing Local Needs and Resources](#)
This section provides information on developing and implementing a plan to assess a community's needs and resources.
- Section 4. [Collecting Information about the Problem](#)
This section covers key steps in collecting information and the limitations of using the information.

Community Health Assessment Toolkit. (2017). Association for Community Health Improvement.

- This toolkit provides nine steps for conducting a community health assessment as well as developing and implementing strategies to address the most important needs found by the assessment.

Information Gathering Mechanisms for Use in Engaging the Community and Gathering Feedback. (n.d.). National Association of County Health Officials (NACCHO).

- This matrix provides descriptions, advantages, and disadvantages of the following methods for gathering input on community needs: community meetings and dialogues, focus groups, surveys, photovoice, and individual interviews.

Resource List (Continued)

[Community Needs Assessment: Participant Workbook](#). (2013). Centers for Disease Control and Prevention. This workbook provides information about how to conduct a CNA and use the results to develop and prioritize strategies for improvement and create a community action plan. See pages 15–18 and 53–74 for examples of policy, systems, and environment questions on a variety of health topics.

For additional tools to help you collect and analyze CNA data, look at the Community Themes and Strengths Assessment and the Forces of Change Assessment [sections](#) on the NACCHO website.

Examples of Community Needs Assessment Tools on Suicide Prevention

[Oklahoma Suicide Prevention Toolkit](#). (n.d.). Oklahoma Youth Suicide Prevention Council. This toolkit helps community health departments and stakeholders develop and implement youth suicide prevention initiatives. Pages 18–21 provide a community assessment tool to help create a community profile; a sheet to list risk and protective factors, resources/assets, and limitation/gaps; and questions to consider asking in a CNA.

[Suicide Prevention Needs Assessment Report](#). (2015). Fairbanks Wellness Coalition. This extensive needs assessment report contains a helpful example of a phone survey, “Suicide Community Perceptions Survey,” on pages 152–158.

Getting Help with Evaluation

[Finding Help with Evaluation](#). (2019). Suicide Prevention Resource Center. This sheet provides brief information about process and outcome evaluation; where to look for an evaluator; and what skills, experience, and qualities to look for in an evaluator. It contains information that can be useful whether or not you have funds to pay an evaluator.

[How to Hire an Evaluator](#). (2011). Office of Minority Health, U.S. Department of Health and Human Services. This sheet provides information on hiring an evaluator. But even if you do not have the funds to hire one, the tips in the section “What Should I Look for In an Evaluator?” can be useful in looking for someone to help with the evaluation aspects of a CNA.

Note to State Suicide Prevention Coordinators: For further support with examining community needs as part of your strategic planning process, contact SPRC at <https://sprc.org/contact-us>.