

FAQ for the Zero Suicide® Organizational Self-Assessment

Q: Why are we doing this?

A: State and federal requirements

The Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) has implemented a statewide Performance Improvement Project (PIP) focused on suicide prevention. This PIP is part of the federally required External Quality Review Organization (EQRO) process.

A public health crisis impacting our communities

Suicide rates continue to rise nationally, across Pennsylvania, and within our local counties. In the Capital Area, several counties have experienced particularly sharp increases, with some seeing nearly double the number of deaths by suicide in a single year. These trends cut across age, race, and socioeconomic status and represent a shared and urgent public health challenge for our communities.

Please review the article at the end of this FAQ to see how rising suicide rates are impacting one county.

Q: What is the Zero Suicide® Organizational Self-Assessment?

A: Zero Suicide is a nationally recognized, evidence-based model for suicide prevention in healthcare systems. It emphasizes systematic identification, assessment, engagement, treatment, and follow-up for individuals at risk for suicide.

The self-assessment is a series of questions designed by Zero Suicide © to help organizations:

- Understand how their current practices align with Zero Suicide® best practices
- Identify strengths and opportunities for growth in suicide prevention processes
- Begin planning improvement efforts that are appropriate and feasible for their organization

Learn more [HERE](#)

Q: Where can I find the Zero Suicide® Organizational Self-Assessment for the PerformCare Provider Advisory Board?

A: The Jotform Survey can be found [HERE](#)

It was also sent out as an IContact in February 2026 and is posted in the Provider section of the PerformCarePA website under [Quality Improvement](#)

Q: How will the results be used? Will our organizational results be shared with OMHSAS or other agencies? Will these scores be used for compliance, organizational rating, or corrective action?

A: Individual organizational results are confidential and will **not** be shared with OMHSAS, Zero Suicide® or other agencies. Each organization will have access to its own results and will be able to view those results in comparison to network norms.

Self-assessment results will **not** be used for compliance determinations, organizational ratings, or corrective action plans.

PerformCare will provide providers with access to their own results, along with comparisons to network norms. Providers will determine their own priorities and pathways for improvement.

Aggregate results will be used by PerformCare to identify where additional training, technical assistance, and resources are most needed across the provider network and to measure progress towards the goals of this PIP.

Q: What if a Provider does not complete the Zero Suicide® Organizational Self-Assessment?

A: Ultimately, the completion of the self-assessment is optional. However, elements of the Zero Suicide® model will increasingly be incorporated into PerformCare's routine auditing, credentialing, and oversight processes over time. This may include review of practices related to:

- Suicide risk screening
- Suicide Risk Formulation and Collaborative Safety Planning
- Documentation
- Referral and care transition processes
- Follow-up and continuity of care
- Outcome monitoring

Pennsylvania's behavioral health Medicaid system is moving toward broader adoption of Zero Suicide® principles. The self-assessment is intended to help providers understand what this direction means in practice and to support readiness for future expectations.

Participation in this process also offers providers a voice in how Zero Suicide® implementation evolves across the system and how shared accountability for suicide prevention is shaped.

Q: Is it expected that all providers will be fully Zero Suicide–compliant by the end of this initiative?

A: No. Providers are **not** expected to be fully aligned with all elements of the Zero Suicide © model as a result of this initiative alone. Zero Suicide is a long-term, system-wide effort. PerformCare, OMHSAS, and providers will continue to work together over the coming years to support implementation through shared learning, technical assistance, and ongoing improvement efforts.

The expectation is that organizations will:

- Complete an honest self-assessment of their current practices
- Use the results to understand where they are along the continuum of Zero Suicide implementation
- Begin planning gradual, realistic improvements over time

Q: Who should complete the self-assessment within our organization?

A: The Zero Suicide© Self-Assessment is intended to be a reflective process involving organizational leadership. This may include executive leadership, clinical leadership, compliance staff, and digital or health IT leadership. The assessment typically takes **1–2 hours**, as it involves reviewing policies, workflows, and practices that may not be routinely examined together.

Q: Does Zero Suicide© apply to all provider types equally?

A: Yes. All credentialed providers are expected to participate in a self-assessment of their suicide identification, treatment, and referral practices, and to develop a self-directed plan for improving alignment with best practices.

Smaller organizations and private practice clinicians will still find relevant areas for reflection within the self-assessment. Providers retain flexibility in determining which Zero Suicide elements to prioritize based on their scope of services and organizational capacity.

Q: Who do we reach out to if we have questions on the Zero Suicide© Self-Assessment?

A: Email your question(s) to Ktaylor1@performcare.org

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‘It’s something we need to be taking seriously’: Suicide rates in Lancaster County rising



MICHAEL LONG | [Staff Editor and Writer](#)

Mar 9, 2026



A National Suicide Prevention Month community event sponsored by CeaseFirePA took place at West Art in Lancaster on Thursday, Oct. 9, 2025.

CONNOR HOLLINGER | LNP Correspondent

By the numbers, suicide is a growing problem in Lancaster County.



Last year, 85 people in the county died by suicide — the largest number of annual suicides since the Centers for Disease Control and Prevention started tracking county-level data in 1968.

That's a rate of about 15 suicides per 100,000 residents, which exceeds the most recent state and national suicide rates. The national suicide rate in 2024 was 13.7 suicides per 100,000 people.

Moreover, the county's official suicide total might be lower than the actual number of suicides, according to Lancaster County Coroner Dr. Stephen Diamantoni, who determines the cause and manner of each of those deaths with the help of his team of eight deputy coroners. With drug overdoses, Diamantoni said, determining the intention behind the act can be difficult.

"It's difficult to say whether the death was intentional or simply somebody who was using drugs to escape pain, and they ended up dying as a result of that," Diamantoni said. "In the absence of previous suicide attempts or the absence of a suicide note that would clearly indicate that individual was trying to end their life, we would likely rule that an accidental death. Because we don't know."

Drug overdoses, generally, are the third most common lethal means of suicide in the county and accounted for nine deaths in 2025, according to a comprehensive review of of suicide data from the coroner's office compiled by the Lancaster County Suicide Prevention Coalition. The coalition is a program of the nonprofit Mental Health America of Lancaster County and works to eliminate suicide through education, advocacy and community support.

In 2025, the data shows, firearms were the most common means of suicide in the county, killing 46 people, followed by hanging (16), overdose (nine), asphyxiation (six), trauma (four), stabbing (three) and environmental causes (one).

The question many people ask following a suicide is also the hardest one to answer: "Why?" While suicide data can't pinpoint the reasons people kill themselves, the Suicide Prevention Coalition data points to trends that could help identify at-risk populations.



Men, for instance, were far more likely to end their lives, accounting for more than 83% of suicides in the county last year. The gender difference mirrors a broader trend: Nationwide, men dying by suicide outnumber women by a ratio of about 4 to 1. Women accounted for just 14 of the county's 85 suicides.

People in their 60s died by suicide in Lancaster County more than any other age group (18 men, three women), and people in their 50s were the next most likely to die by suicide (12 men, three women).

According to the CDC, people between the ages of 45 and 64 account for the largest number of suicides nationally, comprising about one-third of annual suicide deaths. The demographic with the highest suicide rate nationally (though a smaller total number of deaths) is people 85 and older, who in 2023 died at a rate of 22.7 per 100,000 people.

Lancaster County residents were more likely to end their lives in the summer months, which also mirrors a national trend. Eleven people died by suicide in July — the most of any month — and June and August saw nine deaths each. It is a common misconception that suicide is more likely around the winter holidays; according to the CDC, November, December and January are among the months with the lowest suicide rates.

Geographically, suicides were concentrated in urban and suburban areas in 2025. Ten county municipalities registered at least three suicides, with Lancaster city having the most at 12; followed by Manheim Township with nine; East Hempfield, Lancaster and Salisbury townships each had four; and Manor, Mount Joy, Upper Leacock and Warwick townships had three each.

Broader trends

The number of county suicides jumped from 63 in 2024 to 85 in 2025, and CDC data shows suicide totals often fluctuate. Since 2000, though, suicide rates in the county and across the nation have steadily risen.



The national suicide rate ranged between 10 and 13 suicides per 100,000 people between 1950 and 2000, according to the National Institutes of Health, with a peak around 13 in the 1970s. The suicide rate hovered between 10 and 11 around the turn of the millennium, then began to climb. By 2023, the rate stood at 14.1 per 100,000 people.

Looking at five-year averages helps to normalize year-to-year fluctuations in suicide data, and from 2000 to 2004 in Lancaster County, 212 people died by suicide, or on average, about 8.8 suicides per 100,000 people annually. Twenty years later, from 2020 to 2024, 331 people died by suicide, an increase of 56%, yielding an average annual rate of 11.9 suicides per 100,000 people.

One statistic has remained constant over the last two decades, even as the number of people dying by suicide has risen: Suicides make up more than three-quarters of gun deaths in Lancaster County. From 2020 to 2024, suicides accounted for 173 of the 220 gun deaths in the county, or 78.6%. Statewide, suicide accounted for about 58% of gun deaths over the same period, according to CDC data.

Those numbers disturb people like [Jay Breneman](#), the director of [firearm suicide prevention policy for CeaseFirePA](#), a nonprofit dedicated to ending gun violence in Pennsylvania through education and influencing public policy.

SUICIDE RATE INCREASES IN COUNTY, STATE OVER PAST 20 YEARS

In 2025, the county's suicide rate of about 15 suicides per 100,000 people exceeded recent state and national averages. Since 2000, the county's suicide rate has steadily increased. Looking at five-year trends, the county's average suicide rate from 2000 to 2004 was 8.8 suicides per 100,000; that average increased to 11.9 suicides per 100,000 for the years 2020 to 2024. Statewide, the suicide rate increased from 11.3 to 14.5 suicides per 100,000 during that same 20-year span.

LANCASTER COUNTY 20-YEAR TREND

	2000-2004	2010-2014	2020-2024	Percent increase*	Rate increase per 100,000 people*
All suicide deaths	212	279	331	+56%	+3.1
Firearm suicide deaths	107	123	173	+62%	+1.7
All gun deaths	140	158	220	+57%	+2.1

PENNSYLVANIA 20-YEAR TREND

	2000-2004	2010-2014	2020-2024	Percent increase*	Rate increase per 100,000 people*
All suicide deaths	6,803	8,575	9,260	+36%	+3.2
Firearm suicide deaths	3,606	4,279	5,132	+42%	+2.1
All gun deaths	6,193	7,039	8,942	+44%	+3.7

*From 2000 to 2024

NOTES: Five-year averages are used to reduce year-to-year fluctuation and provide more stable comparisons.

SOURCE: U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR HEALTH STATISTICS, MULTIPLE CAUSE OF DEATH (1999-2024*) VIA CDC WONDER. 2024 DATA ARE PROVISIONAL.

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Firearms are the most lethal of lethal means, Breneman noted. Multiple studies and public health analyses show people who try to kill themselves with a gun die more than 90% of the time, which is one reason firearms account for the majority of suicide deaths.

“We know that for the vast majority of people who attempt suicide, if they survive the attempt, they do not go on to reattempt,” Breneman said. “So if we can save somebody at the time of choosing the method, then we can end up saving their lives.”

Most people who try to end their lives use less lethal means than firearms and ultimately do not die by suicide. A snapshot of the CDC’s national suicide data shows only a tiny fraction of people die by suicide compared to the number of people who seriously consider and eventually attempt suicide. In 2023, 12.8 million adults reported serious suicidal thoughts, about 3.7 million adults made a suicide plan, and 1.5 million reported attempting suicide, but only 49,000 people died by suicide.

“There are countless stories and examples of people ... who have survived an attempt using less lethal means and are thankful to have that second chance,” Breneman said.

SUICIDE CRISIS RESOURCES

The 988 Lifeline is a 24-hour, 7-day-a-week free service that connects people experiencing a suicidal crisis or emotional distress with confidential support. Anyone can call or text 988 from anywhere in the United States and its territories. To access the chat feature, visit 988lifeline.org.

Lancaster County has its own crisis intervention team that can assist people experiencing anxiety, depression, suicidal or homicidal thoughts. The crisis team can help with immediate needs and connect people with services. Lancaster County residents can reach the county’s direct crisis line at 717-394-2631 or by dialing 988.

Lancaster County also offers a “warm line,” where people experiencing a nonemergency mental health crisis can speak confidentially with a certified peer specialist. To talk to someone, call 717-945-9976. To access

the statewide warm line, call 855-284-2494.

Starting conversations

While Lancaster County's suicide data identifies trends with respect to who is dying by suicide, it also demonstrates the complexity of the issue. For example, while middle-aged people are dying by suicide at a higher rate, county residents across the age spectrum die by suicide. Four people age 20 and younger and four people 80 and older died by suicide in 2025.

Answering the many why questions — Why do people kill themselves? and Why are suicides happening with increasing frequency? — requires a broad conversation examining a wide array of cross-cultural, intergenerational factors. But first, advocates say, people need to find the courage to talk about the problem.

Local, state and national agencies that track suicide say the silence surrounding the topic — people don't like to talk about suicide — significantly exacerbates the problem by fostering isolation, stigma and shame that can prevent an at-risk person from seeking help.

“We need to create a space within families and communities where we can have that open discussion saying, ‘Hey, I’m not in a good space right now,’ ” Breneman said.

Breneman will be the keynote speaker at the Lancaster County Suicide Prevention Coalition's annual conference Sept. 17 at the DoubleTree Resort in Willow Street.

The mission of Mental Health America of Lancaster County and its Suicide Prevention Coalition is to destigmatize conversations about suicide and mental health and offer more resources to the public.



Through a state Department of Health grant that recognizes firearms suicide as a public health crisis, the coalition, in conjunction with Penn Medicine Lancaster General Health and the county sheriff's office, gives out free cable locks for guns and in some cases free biometric gun safes.

In terms of personal outreach, coalition educators visit businesses, schools and faith communities to train laypeople and professionals in the QPR (Question, Persuade and Refer) method of recognizing suicide warning signs and intervening.

The coalition also prints wallet-size suicide prevention cards in English and Spanish that tell people what to do and who to call in times of crisis.

Kim McDevitt, executive director of Mental Health America of Lancaster County, said the coalition is working hard to make suicide prevention a vital part of public conversation.

Lancaster County officials in recent months have touted the county's low homicide rate in 2025, but as McDevitt noted, little has been said about the escalating suicide rate.

"People think, 'With a murder, you have a victim.' People don't understand that the person who dies by suicide is a victim of mental illness," McDevitt said. "It's something we need to be taking seriously. ... We need to be talking about this."

For more information about the resources available through the Suicide Prevention Coalition and to find out how to work with the coalition, visit lanc.news/SuicidePrevention or call 717-397-7461.

FOR VETERANS

Over the past 20 years, the suicide rate among veterans has been roughly twice as high as the civilian rate, according to the Department of Veterans Affairs Office of Suicide Prevention, and veterans account for up to 1 in 5 adult suicides in the United States each year.

The Lancaster Vet Center offers confidential help for eligible veterans, service members and their families at no cost and in a nonmedical setting. It provides a range of social and psychological services,



including professional counseling. Vet Center counselors and outreach staff, many of whom are veterans themselves, are prepared to discuss the tragedies of war, loss, grief and transition after trauma. For more information, visit va.gov/lancaster-vet-center or call 717-283-0735. The Vet Center is also accessible any time, day or night, at 877-927-8387.

