

Funding Zero Suicide

Guide for including EDC's Zero Suicide Services in Grant Applications

Applying for funding for Zero Suicide in Health Systems? We can help!



This document outlines the benefits of implementing the Zero Suicide framework, guidance on adding services from Zero Suicide at EDC to your grant application, and support for using the Zero Suicide Toolkit™ to build your narrative.

What is Zero Suicide?

The Zero Suicide framework is comprised of seven elements that represent a holistic approach to safer suicide care within health and behavioral healthcare systems and in other settings where professionals can identify individuals at risk for suicide. Zero Suicide takes a system-wide approach to improve outcomes and close gaps, creates a just culture for staff, and engages lived experience to inform quality care delivery within the context of seven elements:

- **Lead** system-wide culture change committed to reducing suicides
- **Train** a competent, confident, and caring workforce
- **Identify** patients with suicide risk via comprehensive screening and assessment
- **Engage** all individuals at risk of suicide using a suicide care management plan
- **Treat** suicidal thoughts and behaviors using evidence-based treatments
- **Transition** individuals through care with warm hand-offs and supportive contacts
- **Improve** policies and procedures through continuous quality improvement

Visit ZeroSuicide.edc.org for resources and more information.

Why Zero Suicide?

Healthcare systems have a vital role in preventing suicide. In a 2019 study of individuals who died by suicide:¹

- 92% saw a healthcare provider year before death
- 48% saw a primary care provider 30 days before
- 25% saw a mental health provider 90 days before
- Nearly 30% had a healthcare visit one week before
- Over 50% had a healthcare visit 30 days before

The Zero Suicide framework is a comprehensive, system-wide commitment to safer suicide care within health and behavioral healthcare systems. It marks a shift from fragmented care toward a cohesive model grounded in patient safety, staff support, evidence-based practices, and continuous quality improvement. By embedding standardized tools, training, and workflows, the approach helps close critical gaps in suicide prevention.

Since its introduction in 2012, hundreds of healthcare systems across the U.S. and internationally have adopted Zero Suicide. Reported outcomes include reduced suicide rates, fewer hospitalizations and psychiatric readmissions, improved screening, and cost savings, all underscoring its effectiveness and scalability.

Zero Suicide Alignment

The Zero Suicide framework can help systems meet accreditation standards, such as Joint Commission and the Commission on Accreditation of Rehabilitation Facilities (CARF), and to comply with regulatory requirements for Certified Community Behavioral Health Clinics (CCBHCs). In addition, Zero Suicide implementation aligns with many priority areas commonly included in community and state funding applications, such as:

Evidence-based strategies. Each of the seven elements in the Zero Suicide framework is [supported by research](#) cited in the Zero Suicide toolkit, including direct and indirect interventions and [treatment](#) modalities.

Culturally competent practices. The [Toolkit for Modifying Evidence-Based Practices to Increase Cultural Competence](#) provides a structured method for modifying Evidence-Based Practices (EBPs) to better meet the unique needs of individuals with suicide risk.

Systems of care model. The Zero Suicide framework engages community partnerships to provide a continuum of services and supports that promote safety for individuals as they move across multiple levels of care.

A trauma-informed approach. Many components of the Zero Suicide framework are consistent with principles of a trauma-informed approach.

The table below provides some examples of this alignment.

Zero Suicide Framework	Trauma-Informed Approach	Addressing Health Disparities	Enhancing Systems of Care	Aligning with Accreditation Standards	Complying with CCBHC Requirements
Develop policies to support systems-level approach to safer suicide care	✓	✓	✓	✓	✓
Continuous quality improvement process		✓		✓	✓
Include lived experience in meaningful opportunities	✓	✓	✓	✓	✓
Train all staff in suicide prevention awareness and interventions appropriate for their role		✓	✓	✓	✓
Utilize peer supports and services	✓	✓	✓	✓	✓
Implement screening and assessment processes to identify individuals with suicide risk		✓	✓	✓	✓
Facilitate collaborative safety planning and lethal means safety	✓	✓		✓	✓
Engage community partners as needed to provide suicide-specific care	✓	✓	✓	✓	✓
Support safety during highrisk care transitions	✓		✓	✓	✓

EDC Zero Suicide Services

Zero Suicide at EDC guides organizations and professionals through transformational change toward safer suicide care.

We provide expert training, consultation, and products to elevate quality of care and patient safety. Our clients include health and behavioral healthcare providers, state and federal agencies, tribal nations and urban indigenous healthcare organizations, and others who are ready to make continuous quality improvements system wide. We also provide services to clinicians, care specialists, and practitioners who share our dedication to person-first care based on empathy and lived experience expertise.

These services could be included your grant application:

Zero Suicide Academy

The **Zero Suicide Academy**[®] is our signature training designed for implementation teams to attend early in the implementation process. This [three-part series](#) provides an overview of the Zero Suicide elements, leads team members through activities designed to help them explore their current safer suicide care practices while creating a 30-day action plan for implementation, and provides strategies for sustainability.

We offer multiple Zero Suicide Academy experiences:

- Large systems, communities or states can sponsor their own in-person or online Academy. These events are tailored for your Zero Suicide implementation and include up to six months of consultation and planning with Zero Suicide at EDC.
- The [Zero Suicide Academy for Outpatient Behavioral Health](#) is specifically adapted to meet the needs of current and prospective community behavioral health clinics (CCBHCs), community mental health clinics (CMHCs), and federally qualified health centers (FQHCs).
- The [National Zero Suicide Academy](#) is hosted online by EDC two times per year. It is an excellent opportunity for smaller systems to send an implementation team or for larger system to register multiple teams. This training event is ideal for systems who want to reinvigorate their Zero Suicide implementation as well.

Zero Suicide Workshop

The **Zero Suicide Workshop** was designed to introduce or support existing efforts to implement Zero Suicide. These tailored training events include up to six months of planning and consultation with our experts. Workshops are recommended for awareness building of the

intent to implement Zero Suicide, as kick-off events to the effort, or, in later years of Zero Suicide implementation, to focus on next steps and sustainability.

EDC offers [in-person](#) and [online versions](#) of the Zero Suicide Workshop, as well as shorter webinar events that offer similar support.

Zero Suicide Consultation

Zero Suicide Consultation services can be provided in-person and online and tailored to meet a range of organizational needs and across multiple phases of implementation. [1:1 Zero Suicide Consultation](#) can stand alone or be used alongside other events, such as the Zero Suicide Academy.

Zero Suicide Community of Practice

The **Zero Suicide Community of Practice** is recommended as a follow-up to a Zero Suicide Academy or Workshop. In this consultation service, the implementation teams continue to meet virtually as they work on their implementation of Zero Suicide. We recommend a nine-month [Community of Practice](#) so that, with the Academy or Workshop, the team has a total of one year of support and guidance

Assessing and Managing Suicide Risk

Assessing and Managing Suicide Risk (AMSR) is a research-informed, person-first [risk formulation model](#) that helps health and behavioral health professionals increase their confidence navigating challenging conversations and providing compassionate care to individuals at risk for suicide. AMSR trainings are tailored for outpatient, inpatient, or substance use disorder treatment care settings as well as clinical staff as well as support staff.

Training in AMSR is provided as in-person and online [workshops](#) and as asynchronous [courses](#). We also offer an AMSR [training of trainers](#).

Counseling on Access to Lethal Means

Counseling on Access to Lethal Means (CALM) is a [free self-paced training](#) designed to help healthcare professional become more comfortable having lethal means safety conversations with individuals with suicide risk. For organizations or states seeking data on individuals' completion of the course, monthly reports are available for a fee.

Collaborative Safety Planning

Collaborative Safety Planning is a [four-hour online workshop](#) that equips healthcare professionals and staff with practical, evidence-informed strategies to support individuals at risk of suicide. The training introduces two core interventions: the [Stanley Brown Safety Plan](#) and [Counseling on Access to Lethal Means](#) (CALM). Participants build skills through role-plays, peer feedback, and guided debriefs, gaining confidence in identifying warning signs, engaging in structured problem-solving, and reducing access to lethal means. The training supports participants in delivering collaborative, safety-focused care to individuals at risk of suicide.

Grant Language

When you reference Zero Suicide Institute services in your application, please use the following language to describe our role with your project:

EDC is pleased to provide the services described herein acting as a Contractor per 2 CFR part 200.331, Subrecipient and Contractor determinations.

Connect with Us

Our staff is happy to meet with you as you prepare your application for an award. We will provide you with an estimate after we have been able to talk with you about the right selection of services for the intended outcomes the system seeks to achieve.

If you would like to discuss options with us, please [schedule a time](#) with Zero Suicide at EDC Associate Director Barb Gay. Reach out [by email](#) if you don't see a time that will work.

Zero Suicide Grant Narrative

Here are suggestions on how to use the **Zero Suicide Toolkit** for your application narrative—and implementation after your award!

The [Zero Suicide Toolkit](#) offers practical guidance, tools, and research to support health and behavioral health care organizations that aim to reduce the number of suicide deaths in their system. The website includes two [toolkit adaptations](#) for Children's Hospitals and Indian Country, as well as lessons learned from implementing organizations around the U.S.

In addition, [Journey Stories](#) highlights seven healthcare systems who share insights, successes, and lessons learned from a collaborative effort to improve suicide care. Below are some specific resources that will help you craft a successful application now, as well as support your implementation efforts in the future.

- **Getting Started with Zero Suicide** outlines [10 key steps](#) critical to success for systems beginning Zero Suicide, including the Organizational Self-Study and the Workforce Survey.
- The **Zero Suicide Organizational Self-Study** helps systems identify their current strengths and areas for improvement. There are [several versions](#) to choose from so organizations can find the one (or more) that best meets their needs. The free portal ensures access to the data at any time, even when there is staff turnover, and includes yearly reminders to update your information.
- The **Zero Suicide Workforce Survey** is a [tool to assess staff](#) knowledge and comfort interacting with individuals with suicide risk. An array of resources guides your organization in communicating and administering the survey to staff and using the data to inform your implementation team's next steps in creating a training plan.
- Understanding the multiple **Suicide Care Training Options** helps organizations to ensure that staff get the training appropriate for their role. This [matrix](#) of learning opportunities supports the development of a training plan for both clinical and non-clinical staff.
- Engaging individuals with **Lived Experience** in [meaningful opportunities](#) to lead your organization's safer suicide care efforts is a fundamental part of the framework. The Zero Suicide toolkit includes recommendations, guidance, and stories about how individuals have contributed to the design and delivery of policy and practice.

Most grant opportunities require data collection and performance measures. As a continuous quality improvement approach, Zero Suicide is well suited to both. For ideas on what outcomes can be achieved when Zero Suicide is implemented, visit [Zero Suicide Results](#). The [Zero Suicide Data Dashboard](#) provides a portal for data collection and reporting.

Citation

¹ Ahmedani, B. K., Westphal, J., Autio, K., Elsiss, F., Peterson, E. L., Beck, A., Waitzfelder, B. E., Rossom, R. C., Owen-Smith, A. A., Lynch, F., Lu, C. Y., Frank, C., Prabhakar, D., Braciszewski, J. M., Miller-Matero, L. R., Yeh, H.-H., Hu, Y., Doshi, R., Waring, S. C., & Simon, G. E. (2019). Variation in Patterns of Health Care Before Suicide: A Population Case-Control Study. *Preventive Medicine*, 127, 105796. <https://doi.org/10.1016/j.ypmed.2019.105796>