

# Funding Zero Suicide

## A Guide for Including EDC's Zero Suicide Services in Grant Applications

### Applying for funding for Zero Suicide in Health and Behavioral Healthcare Systems?

#### We can help!

This guide is designed to strengthen grant applications seeking funding for Zero Suicide. It highlights how the Zero Suicide framework supports a system-wide, evidence-based approach to safer suicide care and highlights the benefits of implementation.

It also offers practical guidance on incorporating services from EDC's Zero Suicide Institute® and using the Zero Suicide Toolkit™ to craft a clear, persuasive proposal aligned with national best practices.

#### Contact Us

Our staff is happy to meet with you as you prepare your application. We can discuss service estimates and determine how to best meet your needs and grant objectives.

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



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# 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](https://ZeroSuicide.edc.org) for resources and more information.

## Zero Suicide Impact

Healthcare systems have a vital role in preventing suicide. In a [2019 study](#) of individuals who died by suicide:

- 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

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 and systems of care.

## Using the Zero Suicide Toolkit

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, including two [toolkit adaptations](#) for Children’s Hospitals and Indian Country.

Below are 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. The free portal ensures access to previous submissions, 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.
- A key component of Zero Suicide is the creation of the **Suicide Care Pathway**. Grounded in organizational policies and protocols, the [care pathway guides](#) the system’s response and clearly outlines the care an individual at risk can expect to receive.

- **Journey Stories** highlights [seven healthcare systems](#) who share insights, successes, and lessons learned from a collaborative effort to improve suicide care.

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.

## EDC's Zero Suicide Services

Zero Suicide Institute 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**<sup>®</sup> is EDC's 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.

EDC offers two ways to participate in the Zero Suicide Academy:

- Large systems, communities or states can sponsor their own in-person or online Academy that accommodate up to 16 teams. These events are tailored for your Zero Suicide implementation and include up to six months of consultation and planning.
- The [National Zero Suicide Academy](#) is hosted online 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 also ideal for systems who want to refresh their Zero Suicide implementation or onboard new members to their implementation team.

## 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

## 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. They are tailored to meet a range of 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 Site Visit

A **Zero Suicide Site Visit**, hosted in-person or virtually, and can help systems work through complex issues or challenges. These full-day events are for a smaller audience (up to 20 people) of key staff and decision-makers that can work toward a specific goal. Early implementers may host a [Site Visit](#) to develop a strategic plan for implementation and sustainability. Others who are further along might choose to focus on scaling their efforts or strengthening the Suicide Care Pathway.

## 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 workshop](#) (virtual or in-person) 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 staff in delivering collaborative, safety-focused care to individuals at risk of suicide.

## Evaluation Services

EDC provides comprehensive evaluation services to support the effective implementation and sustainability of health system initiatives. We partner with organizations to clarify goals, define measurable outcomes and design tailored evaluation plans, which include logic model development.

Our team implements rigorous quantitative, qualitative, and mixed-method evaluations, offering survey development and analysis, data collection and interpretation, and actionable reporting that informs continuous quality improvement.

We take a participatory approach to evaluation, authentically engaging stakeholders every phase to ensure evaluations are actionable and grounded in real-world practice. This approach intentionally builds internal capacity and sustainable evaluation structures, so meaningful measurement and continuous quality improvement continue long after our engagement ends.

# Finding the Right Service for Your System

With so many learning opportunities available through EDC, it can sometimes be difficult to determine which is the best fit for your system. Years of experience have informed the recommendations below. Our staff is happy to meet with you to provide additional information to assist in making the right selection for your organization.

## New to Zero Suicide or need to refresh your initiative?

Health and behavioral health care systems interested in implementing Zero Suicide often begin with a **Zero Suicide Academy** followed by a 9-month **Zero Suicide Community of Practice** (CoP). With grants covering multiple years, consider including two or more rounds of an Academy and CoP, to regularly onboard new members to your implementation team and respond to staff turnover.

State grantees often choose to incorporate these services into their application as they allow for both an opportunity to engage a significant number of teams (16) in an intensive learning opportunity through the Academy and follow it up with on-going technical assistance and collaborative learning with the Community of Practice.

## Want more flexibility?

While a **Zero Suicide Academy** is structured and designed for implementation teams, **Zero Suicide Workshops** are more flexible, accommodating individuals with a variety of knowledge levels, and covering a range of topics. Adding on other services, such as **Zero Suicide Consultation**, creates a comprehensive plan for training and technical assistance that helps meet the unique needs of your organization.

Organizations that may be further along in implementation, ready to scale their implementation into new service lines, or those who are encountering roadblocks might should consider the addition of a **Zero Suicide Site Visit**.

## Additional training opportunities

No matter which services you choose, Zero Suicide Institute at EDC offers an array of training opportunities to support staff learning to enhance your implementation efforts.

They include **Zero Suicide Webinars** tailored to meet your needs, **Assessing and Managing Suicide Risk** trainings, **Collaborative Safety Planning**, and **Counseling on Access to Lethal Means (CALM)**.

# Current Funding Opportunities

## 2026 NOFO: Implementing Zero Suicide in Health Systems (SAMHSA)

Based on our experiences working with multiple grantees, we have compiled the following guidance for your application narrative for the [2026 Implementing Zero Suicide in Health Systems](#).

**Section B.2.** Describe how you will implement all required activities and selected allowable activities.

1. **LEAD:** Establish a Zero Suicide Oversight Steering Council (referred to in the Zero Suicide toolkit as the [Implementation Team](#)).

This is a multi-disciplinary team that is responsible for the developing an action plan, implementing the plan, and continuous quality improvement. Take time to identify your team members and include them in your narrative. If you already have an implementation team, consider opportunities to recruit new members. Your team should include representation from leadership (organizational level and department level), direct care providers across the organization, and individuals with lived experience. Having staff members from quality, communications, training and IT will be helpful, as well. As you develop your narrative, describe how specific members of the implementation team will contribute to the work.

One key activity the implementation team is responsible for is completing the [Organizational Self-Study](#) (OSS). As you prepare your application, we encourage you to use the OSS to get a clear understanding of your system's strengths, implementation progress (for current implementers), and opportunities for improvement. Use this as a baseline measure and to inform your application narrative.

Within four months of the award, your team will need to complete the Organizational Self-Study to determine priorities and set goals. We recommend repeating the OSS every 1-2 years to monitor progress, and to use the free portal available on the Zero Suicide toolkit – ensuring access to the data even when there is staff turnover.

Another required activity that falls under the responsibility of the Implementation Team is the [Workforce Survey](#). The Zero Suicide toolkit provides resources for communicating to staff, encouragement completion of the survey, and how to use the results. The toolkit also includes a free administrative portal to help collect and report the data, and ensure future access to your results.

2. **TRAIN:** Develop and implement healthcare workforce training programs.

Systems are likely already providing suicide prevention training to staff. Use the [Suicide Care Training Options](#) matrix to identify current trainings, indicating training that is provided to *both clinical and non-clinical staff*. Then, determine which additional trainings will best meet your and include the cost in the budget proposal. Note any adaptations for *disproportionately impacted communities*.

3. **IDENTIFY:** Develop and implement a plan to screen and assess all individuals.

In the [Identify element](#), the Zero Suicide toolkit clearly explains the difference between screening and assessment, and how assessment supports risk formulation. In a Zero Suicide approach, universal screening is the standard. This supports the 8th required activity in the grant: *Incorporate principles of increasing access to suicide prevention within the Zero Suicide framework - where everyone has the same opportunity to access suicide prevention within the Zero Suicide framework*.

4. **ENGAGE:** Design suicide care management guidelines and implement suicide care management policies.

The [Zero Suicide Care Pathway Guide](#) includes a number of questions to help your team reflect on current practices and your existing workflow. This will help guide your narrative as you respond to the requirements in this section of the NOFO, including safety planning and lethal means safety, linkages to community partners, care transitions strategies, and integration with electronic health records.

5. **TREAT:** Implement effective evidence-based treatments.

In addition to information about [evidence-based treatments](#), the Zero Suicide toolkit highlights the importance of providing treatment in a least restrictive setting and brief interventions to help develop your narrative.

6. **TRANSITION:** Develop and implement policies and procedures to transition care and supports for individuals who are at risk of suicide.

Consider this [resource](#) from the Zero Suicide toolkit to help you reflect on your current care transition practices and identify opportunities for improvement to include in your application narrative.

7. **IMPROVE:** Develop and implement a strategic plan to improve policies and procedures.

Zero Suicide is a continuous quality improvement (CQI) approach. Consider using the [Zero Suicide Data Dashboard](#) (an allowable activity) to collect and report on your data.

In addition, many systems have been successful in starting their change efforts small - in one department or service and scaling their implementation as they become more successful. Using a CQI method, such as [Plan-Do-Study-Act cycle](#) can be helpful, as well, that is why we recommend including a quality and safety staff member on the implementation team.

**Section C.** Using Evidence-Based, Evidence-Informed and Community-Defined Practices.

You'll need to describe the evidence-based practices (EBPs) related to suicide that your organization will be including in your implementation and identify the methods you will use to monitor for fidelity. The Zero Suicide toolkit provides information about the [evidence base](#) for the framework, with additional information included in the [Treat element](#).

**Section D.** Data Collection, Performance Measurement, and Performance Assessment.

As you draft the required activities, consider a plan to collect, report and document data under each of the elements and report it in Section D. The NOFO includes specific program-level indicators that are required reporting.

## **Tribal Grantees**

At least two awards will be made to tribe/tribal organizations.

The Zero Suicide Toolkit includes a [Zero Suicide Adaptation for Indian Country](#). Below are a few key resources:

- In the LEAD section is a sample Tribal proclamation and [addendum](#) to the Zero Suicide Organizational Self Study.
- In the TRAIN section is the [Workforce Survey: Indigenous Version](#) and a sample template to review the results of the workforce survey.
- The IDENTIFY section includes examples of how screening and assessment can be implemented to meet the unique needs of American Indian/Alaskan Native communities. There is also a video highlighting universal screening.
- Although no evidence-based treatments have been validated on Indigenous people, the TREAT section overviews the need to ensure evidence-based methodology that can be tailored to the needs of the community.
- The IMPROVE section can help with the narrative you will need to write for Section D around data collection.

## 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.

## Grant Language

When you reference EDC's 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.

## EDC's Suicide Prevention Expertise

**Education Development Center (EDC)** is home to **Zero Suicide Institute**, the federally funded **Suicide Prevention Resource Center (SPRC)** and the **National Action Alliance for Suicide Prevention** and is the training center for **Assessing and Managing Suicide Risk (AMSR)**. With deep expertise in suicide prevention, EDC provides customized consultation, and training for health and behavioral healthcare systems, state agencies, tribal governments, health plans, and other partners committed to transforming suicide care.