



## Expansion of Comprehensive Suicide Prevention Across the U.S.

**Audrey Aaron-Moffitt, MS, Public Health Advisor**  
**Deb Stone, ScD, MSW, MPH, Team Lead**

Informational Call: CDC-RFA-CE22-2204  
April 19, 2022

**Division of Injury Prevention**  
**Applied Sciences Branch, Suicide Prevention Team**



Welcome to the Informational Call for the “Expansion of Comprehensive Suicide Prevention Across the U.S.” Notice of Funding Opportunity.

This CDC funding opportunity is being provided through the Division of Injury Prevention’s Suicide Prevention Team located in the Applied Sciences Branch.

The purpose of this call is to help potential applicants understand the scope and intent of this Program Announcement.

Participation on the conference call is not mandatory.

Please be advised that we are recording this call. If you have questions, please place them in the chat or unmute yourself at the end of the presentation to ask your question. Responses to inquiries and questions from the conference call will be posted on: <http://www.grants.gov> soon.

## Agenda

- Purpose of the Notice of Funding Opportunity (NOFO)
- NOFO Activities
- Evaluation Plan & Requirements
- Organizational Capacity
- Eligibility & Funding Information
- Key Dates
- Application Requirements
- Q & A



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During this call/webinar we will discuss:

- Purpose of the Notice of Funding Opportunity (NOFO)
- NOFO Activities
- Evaluation Plan & Requirements
- Organizational Capacity
- Eligibility & Funding Information
- Key Dates
- Application Requirements
- Q & A

## Purpose of the NOFO

- To implement and evaluate a comprehensive public health approach to suicide prevention to reduce suicide morbidity (e.g., attempts) and mortality (i.e., suicide deaths), with specific attention to one or more *vulnerable populations*\*
  - **Disproportionately affected populations (DAP):**
    - Represent a significant proportion of the suicide burden (i.e., a large number of suicides in the population) and
    - Have suicide rates greater than the general population, in a jurisdiction (such as state, city/county, tribe)
    - e.g., youth, veterans, tribal, rural communities, LGBTQ, other
- Key outcomes include a 10% reduction in suicide morbidity and mortality in the DAP(s) in the jurisdiction(s).

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The purpose of this NOFO is to implement and evaluate a comprehensive public health approach to suicide prevention to reduce suicide morbidity, that is, suicide attempts, and mortality, or suicide deaths, with attention to one or more vulnerable populations, called “Disproportionately Affected Populations” and will be abbreviated as DAP throughout the remainder of this presentation.

Disproportionately Affected Populations represent a significant proportion of the suicide burden, that is, there are large numbers of suicides in the population and have suicide rates greater than the general population in a jurisdiction such as a state, city or county.

Examples of disproportionately affected populations include: youth, veterans, tribal populations, rural communities, LGBTQ, and others.

The key outcomes include a 10% reduction in suicide morbidity and mortality in the DAP in the jurisdiction(s).

## NOFO Activities

1. Create the comprehensive public health approach to suicide prevention with five components
2. Ongoing implementation and evaluation of the comprehensive approach

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Under this NOFO, applicants and recipients will first create the comprehensive public health approach to suicide prevention.

This approach has five components that will be described in a moment.

The second activity is to carry out ongoing implementation and evaluation of the comprehensive approach.

## **NOFO Activity 1: Create comprehensive approach with five components/activities\***

1. Multi-sectoral partnership plan
2. Use of surveillance data
3. Inventory of programs in the jurisdiction
4. Prevention strategies and approaches from CDC's Suicide Prevention Technical Package\*\*
5. Communication and dissemination plan

\*These components/activities are labeled as 1a -e in the logic model on pages 5-6 of the NOFO

\*\*<https://www.cdc.gov/suicide/prevention/index.html>

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Activity 1 of the NOFO is to create the comprehensive approach which has 5 key components or activities: Please note that while I am referring to them as 1-5 here, in the NOFO logic model they are referred to as 1a-1e. The 5 components are:

1. A multi-sectoral partnership plan
2. Surveillance data
3. Inventory of ongoing suicide prevention programs in the jurisdiction(s)
4. Selection of prevention strategies & approaches from the CDC Suicide Prevention Technical Package which I'll describe in a moment, and
5. A communication and dissemination plan

## Component 1: Multi -sectoral partnership plan

- Recipient will serve as a leader of a multisectoral partnership
- The partnership plan should both build on *existing* partnerships and include a structure for working with *new* partners
  - Example of partner organizations: public health, behavioral/mental health, employment/labor, education, healthcare, legal, survivors of suicide loss, people with lived experience, social services
- Plan should include partners' roles, frequency, nature of engagement (including with the National Syndromic Surveillance Program) and evaluation metrics;
- Draft plan & partner letters of support should be included in application.

Final plan submitted at 6-months post award

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The cornerstone of this NOFO apart from data is partnerships and collaboration. The recipient should serve as a leader, convener, and connector of a multi-sectoral partnership that will leverage resources and expand reach into the disproportionately affected population(s) selected.

This plan should build on existing partnerships and include a structure for working with new partners to carry out the comprehensive approach. Partners may include public health, behavioral/mental health, employment/labor, education, health care, legal, law enforcement, private sector, legislative liaisons, media, academia, survivors of suicide loss, and persons with lived experience, among others.

The plan should include a list of partners, their roles related to the NOFO activities, and the frequency and nature of partnership engagement, including with NSSP, and evaluation metrics.

A draft plan should be included with the application.

Letters of support are required. After awards are made, the recipient will finalize the plan with CDC in the first six months.

## Component 2: Surveillance data for selection of disproportionately affected population (DAP)

- Use morbidity/mortality data to select DAP(s)
  - Mortality data—Vital Statistics data to estimate suicide burden and data from the National Violent Death Reporting System to describe circumstances contributing to suicide
  - Morbidity data—Emergency department syndromic surveillance data AND other morbidity data as appropriate (e.g., survey data)
- Example: State identifies 4 counties with suicide rates > than the general population in the state and large number of suicides. These counties are considered a DAP. The comprehensive approach focuses on them.
- Example: Using Vital Statistics, middle-aged males in rural areas shown to have suicide rates > general pop., prevention focuses on this DAP.

### Final DAPs selected by 6-months post award

The second component of the action plan is use of surveillance data to select the disproportionately affected populations and to understand the circumstances of suicide in the population.

Applicants should use vital statistics data to estimate suicide burden and data from the National Violent Death Reporting System or equivalent to describe contributors to suicide in the disproportionately affected populations.

Recipients will also be expected to use medical facility syndromic surveillance data (e.g., emergency department and/or urgent care), survey data, or other sources to describe suicide attempt burden and rates in the selected disproportionately affected populations.

Using data to select the population can be done in a variety of ways. For example, a state (i.e., the jurisdiction) may calculate suicide deaths rates by county and find that there is a group of four counties with suicide rates well above the state average and that the suicides in these counties make up a large portion of the suicides in the state. This state could then choose these four counties as the disproportionately affected population (in this case, a geographically bounded group) for this NOFO. The selected prevention strategies will then be focused on these counties.

Alternately, vital statistics data may indicate that suicides are higher among middle-aged males compared to the state rate, overall. In this example, middle-aged males will be the disproportionately affected population (i.e., a demographically oriented group) and the state will be the jurisdiction. NVDRS should also be consulted to see what particular factors may be contributing to suicide in this group.

While there are many ways to document the selection of the disproportionately affected population and the appropriate corresponding prevention strategies, it is critical that the applicant

makes their selection using high quality, accessible data and can show that the group selected comprises a large proportion of suicides in the jurisdiction (e.g., state, city/county, tribe). After awards are made, the recipient will finalize this selection with CDC in the first six months.

## Component 3: Inventory of existing suicide prevention strategies in the jurisdiction

- Knowledge of the existing prevention strategies in the jurisdiction can help avoid duplication of efforts and leverage existing resources for the comprehensive approach
  - Provide examples of existing strategies & focus population(s)
- Inventory will allow for examination of gaps and opportunities for expansion of existing programs and selection of new strategies from the technical package

Final inventory submitted at 6months post award

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The third component of the action plan is to create an inventory of existing suicide prevention programs in the jurisdiction. Knowledge of the existing prevention strategies can help avoid duplication of efforts and leverage existing resources for the comprehensive approach.

Applicants should provide examples of existing prevention activities in the jurisdiction (e.g., state, city/county, tribe) including the focus population of each in order to understand if any of the existing programs currently focuses on the disproportionately affected population(s) or could focus on them in the future.

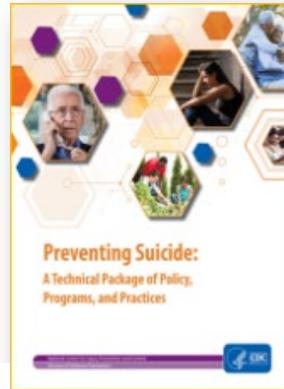
This inventory will be used to identify prevention resources, gaps in programs focused on the disproportionately affected population(s), as well as opportunities for potential expansion of existing programs into the population(s).

After awards are made, recipients, in conjunction with their partners, will provide a more complete inventory of this information to CDC, within the first six months.

## Component 4: Strategy selection from *Preventing Suicide: A Technical Package of Policy, Programs, and Practices*

### What is a technical package?

Select group of strategies based on the **best available evidence** to help communities and states sharpen their focus on priorities with the **greatest potential** to prevent suicide.



<https://www.cdc.gov/suicide/prevention/index.html>

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The fourth component of the comprehensive approach is selection of strategies and approaches from the CDC's technical package for suicide prevention shown here.

A technical package is a select group of strategies based on the best available evidence to help communities and states sharpen their focus on priorities with the greatest potential to prevent suicide.

A copy of the technical package may be found at the link shown here or by Googling CDC technical packages.

## CDC's Suicide Prevention Technical Package: Strategies & Approaches

	1	2	3	4	5	6	7
Strategy	Strengthen economic supports	Strengthen access and delivery of suicide care	Create protective environments	Promote connectedness	Teach coping and problem-solving skills	Identify and support people at risk	Lessen harms and prevent future risk
Approach	<ul style="list-style-type: none"> <li>Strengthen household financial security</li> <li>Housing stabilization policies</li> </ul>	<ul style="list-style-type: none"> <li>Social-emotional learning programs</li> <li>Parenting skill and family relationship approaches</li> </ul>	<ul style="list-style-type: none"> <li>Reduce access to lethal means among persons at-risk of suicide</li> <li>Organizational policies and culture</li> <li>Community based policies to reduce excessive alcohol use</li> </ul>	<ul style="list-style-type: none"> <li>Peer norm programs</li> <li>Community engagement activities</li> </ul>	<ul style="list-style-type: none"> <li>Social-emotional learning programs</li> <li>Parenting skill and family relationship approaches</li> </ul>	<ul style="list-style-type: none"> <li>Gatekeeper training</li> <li>Crisis intervention</li> <li>Treatment for people at-risk of suicide</li> <li>Treatment to prevent re-attempts</li> </ul>	<ul style="list-style-type: none"> <li>Postvention (activities that reduce risk and promote healing after a suicide death)</li> <li>Safe reporting and messaging about suicide</li> </ul>

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This slide provides a snapshot of the technical package strategies and the corresponding approaches that together address a range of risk and protective factors for suicide.

- The strategies, 1-7, are the broad direction or action to achieve the goal of suicide prevention.
- The approaches, bulleted below each strategy, are the ways to advance the strategies.
- Each approach shown has specific policies, programs, and practices associated with it that are considered the best available evidence.

For the purposes of the NOFO, these strategies and approaches have been divided into three categories: community-based, healthcare-based, and upstream prevention, as described on the next slide.

## CDC's Suicide Prevention Technical Package: Strategies & Approaches



### Tier 1 Community-based Strategy

- Create protective environments
- Identify and support people at risk
- Teach coping and problem-solving skills
- Promote connectedness
- Lessen harms and prevent future risk



### Tier 2 Healthcare-based Strategy

- Identify and support people at risk
- Create protective environments
- Strengthen access and delivery of suicide care



### Tier 3 Upstream Strategy

- Teach coping and problem-solving skills
- Strengthen economic supports
- Create protective environments
- Strengthen access and delivery of suicide care

See Appendix 1 of NOFO for instructions on selecting strategies and approaches <sup>11</sup>

Applicants/recipients will form their comprehensive approaches by supplementing existing strategies identified in the inventory in component 3 with at least 3 additional policies, programs, and practices found in the technical package. More specifically, strategies and approaches from the technical package will be selected from each of following three tiers shown here. For specific instructions, see Appendix 1 of the NOFO for examples of how to select your strategies and approaches.

If any other strategies or approaches are selected outside of the technical package, then sufficient evidence must be provided to show its impact on suicide morbidity or mortality or risk and protective factors.

## Component 5: Communication and dissemination plan

- The communication plan should describe how partners will be kept abreast of progress, challenges, and successes
- Success stories due every Spring in the Annual Progress Report
- The communication plan should include:
  1. Partners and segments of the public who will be served by the chosen interventions or can use surveillance data for decision-making and action
  2. Communication strategies and objectives
  3. Tactics, channels, and types of communication materials
  4. Frequency of communication
  5. Desired outcomes
  6. Evaluation metrics for the activities chosen, including baseline metrics if available
  7. Strategies for documenting successes and lessons learned

Final plan submitted at 6-months post award



The communication and dissemination plan should include the activities listed here, and all activities should consider suicide-safe messaging as well as federal plain language guidelines.

CDC will provide recipients with a communication and dissemination plan template; recipients have the option of using this template for developing their plan, or they can create their own plan that includes all required elements outlined above.

Recipients are also expected to share success stories. Success stories will allow CDC to collect information about the strategies, activities, and partnerships recipients are implementing, as well as surveillance efforts that are making a difference in suicide prevention. The success stories developed may address programmatic and/or surveillance progress, achievements, collaborative efforts, innovations, best practices, and/or lessons learned.

Recipients will be required to submit official success stories once per year as part of the APR.

After awards are made, the recipient will finalize the communication and dissemination plan with CDC in the first six months.

## NOFO Activity 2: Ongoing evaluation of the comprehensive approach

- Evaluation plans for each strategy selected and overarching comprehensive approach
  - Evaluation of individual strategies (1d) will:
    - Assess processes, short term & intermediate outcomes in logic model
    - Identify promising practices and ineffective strategies
  - Evaluation of comprehensive approach will focus on:
    - Impact of strategies overall on intermediate & longterm outcomes
    - How strategies interact, contextual factors, barriers, facilitators
- Evaluation Plans should include indicators and metrics for tracking impact, continuous quality improvement (CQI), and lessons learned

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After having completed the above activities, recipients will develop evaluation plans for each strategy selected in Activity 1d, as well as the over-arching comprehensive approach.

Evaluation of individual strategies that are included in the proposed comprehensive approach (both new and existing) will assess processes, short-term, and intermediate outcomes as indicated in the logic model of the NOFO. Additionally, evaluation of individual strategies is intended to identify promising practices and ineffective strategies.

Evaluation of the comprehensive suicide prevention approach will focus on the impact of strategies as a whole, on risk and protective factors, and on morbidity and mortality for the disproportionately affected population(s) identified. Evaluation of the comprehensive approach will also assess how the various strategies interact, key contextual factors, policies, and partnerships that serve as barriers or facilitators to overall success.

These plans should include indicators and metrics for tracking the impact of the comprehensive approach and selected strategies on outcomes, continuous quality improvement, and lessons learned over the course of the project.

## Evaluation & performance measurement requirements

- **Applicants must provide** an evaluation & performance measurement plan demonstrating how the applicant will fulfill NOFO requirements
- **Plan must include:**
  - How applicant will collect performance measures, respond to evaluation questions, and use evaluation findings for continuous quality improvement (CQI)
  - How partners will participate in evaluation process
  - Available data sources, feasibility of collecting data, other data details
  - Plans for updating data management plan\*
- **More detailed plan due within the first 6 months of award**

\*<https://www.cdc.gov/grants/additionalrequirements/ar-25.html>

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Applicants must provide an evaluation and performance measurement plan that demonstrates how the applicant will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO.

At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP)

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan within the first 6 months of award, as described in the Reporting Section of the NOFO. This plan should be updated as needed based on evaluation findings in order to improve quality of the program and/or to eliminate non-effective strategies or activities.

The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see <https://www.cdc.gov/grants/additionalrequirements/ar-25.html>.

## Organizational capacity

- Existence of multi-sectoral partnership for suicide prevention
- Access and analyze complex data, including vital stats, NVDRS, syndromic surveillance data
- Knowledge of suicide prevention and a public health approach
- Broad-based support for suicide prevention in the identified jurisdiction
- Existence of at least one current or ongoing evidence-based suicide prevention intervention in the identified jurisdiction
- Existing crisis and mental health services
- Communication expertise
- Evaluation/performance measurement
- General capacity



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Successful applicants will describe a clear vision and approach for effectively implementing the purpose and measuring outcomes in the NOFO. In addition, applicants must demonstrate capacity in the following areas:

- Existence of multi-sectoral partnership for suicide prevention
- Access to, and demonstrated expertise in, analyzing population-based surveillance data such as vital statistics, NVDRS, and syndromic surveillance
- Knowledge of suicide prevention and a public health approach including, for example, familiarity with the state suicide prevention plan, current strategies, and experience working with key partners such as the state lead for suicide prevention
- Broad based support for suicide prevention in the identified jurisdiction
- Existence of at least one current or ongoing evidence-based suicide prevention intervention in the identified jurisdiction
- Existing crisis and mental health services in the jurisdiction as these will NOT be funded
- Experience in developing, implementing, and evaluating health communication programs on public health issues
- Demonstrated successful designing and implementing evaluations of public health prevention programs, and
- Adequate organizational infrastructure and capacity to support the requirements of this cooperative agreement including the proposed staffing plan to successfully implement the program activities and achieve program outcomes.

## Eligibility and funding information

- Eligibility: Open competition except for current CSP recipients
- NOFO type: Cooperative Agreement
- Estimated total project funding\*: \$26,757,630
- Number of awards: Up to 6
- Average one year award, per recipient: \$891,921
- Award floor per award year, per recipient: \$600,000
- Award ceiling per award year, per recipient: \$1,000,000
- Budget period length: 12 months
- Total project period length: 5 years

\*Pending availability of funds



This NOFO is open competition with the exception of recipients currently funded for our Comprehensive Suicide Prevention project. Those recipients are not eligible to apply. The funding mechanism for this NOFO is called a Cooperative Agreement. In a cooperative agreement, CDC staff are substantially involved in the design, implementation, and evaluation of program activities above and beyond routine grant monitoring. As part of the cooperative agreement, technical assistance is provided throughout the award cycle.

The total funding amount for this project is \$26.7 million, pending continued program appropriation. The number of awardees is expected to be up to 6. The average one-year award is approximately \$891,921. The award floor is \$600,000. The award ceiling is \$1 million.

Funds allocated to this project are defined in terms of a “Budget Period”. This indicates a period of 12 months from the date of the award.

The number of years for which federal support has been approved for the recipient is known as the Project Period. This is anticipated to be a total of 5 years. This project period will be shown in your “Notice of Award.”

Throughout the project period, CDC has the authority to continue the award based on the availability of funds.

Evidence of satisfactory progress, as documented in required reports, along with the determination that continued funding is in the best interest of the federal government, will be assessed annually.

## Key dates

- May 2, 2022—Letters of Intent due (strongly encouraged)
- June 6, 2022—Applications due (11:59 pm)
- Sept 15, 2022—Estimated award date
- August 2027—End of project period

Email Letter of Intent to: [csp20-2001@cdc.gov](mailto:csp20-2001@cdc.gov)

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On this slide, you have an accounting of key dates you'll need to keep in mind as you allocate time towards completing your application.

Although a letter of intent is not required, the information it contains allows CDC Program staff to plan the review of submitted applications.

The Letters may be emailed by May 2, 2022 to [csp20-2001@cdc.gov](mailto:csp20-2001@cdc.gov).

Please note the Application Deadline is June 6, 2022 at 11:59 p.m. U.S. Eastern Standard Time, at [www.grants.gov](http://www.grants.gov).

The estimated award date is on or around Sept 15, 2022.

The project period, pending continued funding availability, is 5 years and will end in Aug 2025.

## Application Requirements

- Table of Contents (no page limit; not included in project narrative limit)
- Project Abstract Summary (max 1 page)
- Project Narrative (max 20 pages)
  - Background
  - Approach
  - Evaluation and performance measurement plan
  - Organizational capacity
  - Work plan

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The applicant must provide a detailed Table of Contents for the entire submission package. It will include all of the documents in the application and headings identified in the "Project Narrative" section.

The Project Abstract is mandatory and must be a self-contained, brief summary of the proposed project including the purpose and outcomes.

The project narrative fully illustrates your proposed program. It must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section.

It will include:

- The background
- The approach (which includes purpose, outcomes, strategies and activities, collaborations, populations of focus and health disparities)
- The application evaluation and performance measurement plan
- The organizational capacity of applicants to implement the approach, and
- The work plan

For a full description of the requirements, please see the "Project Narrative" section starting on page 35 of the NOFO.

## Resources/Links

- **NOFO:** <https://www.grants.gov/web/grants/viewopportunity.html?oppId=337047>  
Click on “Related documents” to see NOFO
- **Technical package:** <https://www.cdc.gov/suicide/prevention/index.html>
- **CDC’s Veto Violence Website:**
  - <https://vetoviolenecdc.gov/apps/violence-prevention-practice/#/> Information on selecting/implementing strategies in the technical package.
  - <https://vetoviolenecdc.gov/apps/adaptation-guidance/> Guidance on how to effectively select, deliver, adapt and evaluate approaches for your community
- **Transforming Communities:** <https://theactionalliance.org/sites/default/files/transformingcommunitiespaper.pdf> Key elements for comprehensive community-based suicide prevention
- **CDC Evaluation Framework:** <https://www.cdc.gov/eval/framework/index.htm>
- See additional suggested resources in the NOFO

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This slide provides helpful resources that you may want to refer to as you are putting together your applications.

These resources, along with others not mentioned here, are also included in the NOFO.

# QUESTIONS

Slides and FAQ document to be posted at the link below, shortly:  
<https://www.cdc.gov/suicide/programs/ecsp/index.html>

Following this informational call, an FAQ document that will be posted here: [Expansion of Comprehensive Suicide Prevention | Injury Center | CDC](#)

Contact information:  
Audrey Aaron-Moffitt  
[CSP20-2001@cdc.gov](mailto:CSP20-2001@cdc.gov)



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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

