**Garrett Lee Smith Youth Suicide Prevention and Early Intervention Funding for Local Public Health Authorities and Community Mental Health Programs**

**Overview:** The Oregon Health Authority (OHA), Injury & Violence Prevention Program (IVPP) with support from Substance Abuse and Mental Health Services Administration (SAMHSA) will be accepting application for the above funding. This funding opportunity is designed to build capacity for local public health authorities (LPHAs) and/or Community Mental Health Programs (CMHPs) serving jurisdiction with a high burden of youth suicide (10-24-year-old) deaths. Grant funds will be used to: 1) increase the number of youth-serving organizations who are able to identify and refer youth at risk of suicide; 2) increase the capacity of clinical service providers to assess, manage and treat youth at risk of suicide; and 3) improve the continuity of care and follow-up of youth identified to be at risk for suicide, including those who have been discharged from emergency department and inpatient psychiatric units. This work includes close collaboration with multisector stakeholders and partners to develop a coordinated response to prevent and respond to youth at-risk of suicide. This effort will lead to increased capacity to serve youth at-risk for suicide through increased knowledge by staff in youth-serving organizations and a robust coordinated community suicide prevention, intervention and postvention effort.

**Funding:** Three to five awards between $70,202 and $117,003 per year. Annually for four years. Total funding available is $351,010 per year.

**Applicants:** One entity from each county (CMHP or LPHA) may apply for funding. Collaboration between CMHP and LPHA is encouraged and a letter of support from the non-applying entity will be criteria considered in the application.

Regional collaborations will be considered for this opportunity. Youth Suicide Death Burden score will be determined using the organization identified as the fiscal agent in the application. Funds will not automatically be increased if multiple organizations apply together. Letters(s) of Support will be required from all organizations in the case of a collaborative application with a lead agency and fiscal agency identified.

**Grant Requirements:** Recipients must implement the following required activities:

* Establish or work with an existing community coalition on suicide prevention. Include, in addition to collaborating providers and organizations, representatives of diverse populations that serve youth ages 10-24 that includes representatives from
  + school districts,
  + local veterans’ administration office and organizations supporting service members and veterans,[[1]](#footnote-1)
  + LGBTQ+ advocates,
  + law enforcement,
  + emergency response,
  + healthcare systems,
  + health and mental health providers,
  + youth,
  + survivors of attempts and suicide loss, and
  + persons with lived experience.
* Increase and target outreach, training and services as appropriate for youth and organizations that work with youth identified at high risk, including, but not limited to: schools, educational institutions, juvenile justice systems, substance abuse prevention and treatment programs, primary care, mental health programs, foster care systems, LGBTQ+ youth organizations, Tribes and tribal organizations, veterans and military families, Latina youth, youth with serious mental illness, youth experiencing a first episode of psychosis, or have received a diagnosis of schizophrenia or psychotic mood disorder, trauma survivors, school dropouts, unemployed youth people, and other child and youth support organizations.
* Implement systems-wide crisis response plans among physical, mental, and behavioral health providers, hospitals, emergency departments, first responders, crisis lines, and other providers as appropriate. Assess and update response plans throughout grant period.
* Convene a team of decision-makers from physical, mental, and behavioral healthcare systems including representatives from emergency departments, Coordinated Care Organization(s) and inpatient psychiatric units (if applicable) to assess current practice guidelines for continuity of care including follow-up for youth discharged from ED or stay in an inpatient psychiatric unit after suicide attempt or suicidal ideation. Update and revise guidelines, establish policies and procedures, execute MOUs or other interagency agreements, and monitor adoption throughout grant period.
* Provide gatekeeper trainings in evidence-based suicide prevention strategies including Question Persuade, and Refer (QPR), Applied Suicide Intervention Skills Training (ASIST), safeTALK and other OHA approved gatekeeper trainings to persons in youth-serving organizations such as schools, foster care system, juvenile justice system, and after school programs to increase identification and referral of youth at risk of suicide. County must specify the number of trainings and what type of trainings they anticipate they will be able to provide each year. OHA will work with counties to ensure grant goals are met while also considering county size (urban, rural or frontier).
* Implement at least one public awareness activity annually.

Recipients must choose one or more of the following optional activities. All activities need to be selected by at least one awarded jurisdiction to meet SAMHSA approved scope of work:

* Establish suicide prevention training for staff (gatekeeper trainings) and students (with OHA approved curriculum) in at least 30% of the jurisdiction’s middle and high schools. SAMHSA requires active, informed consent for student curriculum.
* Work with at least two youth-serving systems in the jurisdiction to develop and implement evidence-based suicide risk assessment strategies that may include the Columbia-Suicide Severity Rating Scale and/or PHQ-9. Tools must be approved by OHA.
* Implement the [Zero Suicide Initiative](https://zerosuicide.sprc.org/) within the LPHA and/or CMHP or work with a local healthcare system (letter of support must be included with application) to implement Zero Suicide Initiative. This includes completing the Zero Suicide organizational assessment annually, periodically conducting the Zero Suicide workforce survey, training all staff in suicide safer care, implementing specific suicide safer care policies and procedures, and developing and implementing quality improvement measures to evaluate progress. Team of four must attend the Zero Suicide Academy hosted by OHA during grant period.
* Host trainings in evidence-based suicide risk assessment, management and treatment strategies for clinicians[[2]](#footnote-2) which can include providers at School Based Health Centers. Training must be approved by OHA. Number of trainings and how many professionals will be trained must be specified based on county size (urban, rural or frontier) and healthcare infrastructure. OHA will work with counties to ensure grant goals are met while considering county size (urban, rural or frontier). Additional funds form OHA may be available to supplement training costs.

**Reporting Requirements**: OHA has contracted with the Regional Research Institute for Human Services (RRI) at Portland State University to conduct the evaluation of this grant. RRI will provide reporting templates and technical assistance to meet reporting requirements. Reporting requirements may change based on additional reporting requirements from SAMHSA throughout the grant period. CMHP or LPHA reporting requirements will include:

* Training reports including number of participants broken out by number in a mental health or related profession and number of other participants.
* Report the: (1) number of suicide risk screenings conducted, (2) referrals made to mental health or related services, and (3) the number of youth that received services after that referral as a result of this funding opportunity (SAMHSA GLS funds). Grantees can work with RRI to develop a system to collect data, if needed.
* Additional reporting requirements based on optional activities selected above (ex: Zero Suicide organizational self-assessment, documentation of school active consent process, etc.).
* Periodic and annual written report on grant activities per template provided by OHA.

**Selection Process and Criteria:** Applications will be reviewed by OHA staff, an Association of Community Mental Health representative, a Coalition of Local Health Officials representative, national Suicide Prevention Resource Center staff member, and a suicide prevention content expert and scored based on the following criteria. The budget will not be included in the scoring criteria but is required for complete application submissions.

Capacity (25 points)

* Demonstrate staff/organization experience in prevention efforts. If current suicide prevention staff/organization experience does not exist, points can be awarded by demonstrating existing infrastructure in other prevention areas that would support development of suicide prevention programming. Demonstrate leadership support to develop capacity in suicide prevention to meet grant activities.
* Demonstrate capacity to collect or obtain data.
* Provide information on sustainability plan.
* Demonstrate capacity and capability to accept and expend project funds within the project period
* Provide overview of existing or proposed programming and/or funding that may be used to braid/blend/enhance suicide prevention activities, if applicable.

Proposed outcomes/deliverables (25 points)

* Complete template workplan provided with RFP.
* Provide a clear and concise description of the strategies and associated activities that will be used to achieve grant activities during the project period.
* Include any relevant background and community context.
* Add measurable outcomes that the program intends to achieve by the end of the project period.

Youth Suicide Death Burden (25 points)

* Evaluation of rate and number of youth suicides between 2013-2017 in the proposed county will be considered in the grant application. Scoring will be provided with application. A higher score equals higher burden.
* Burden is only one component of the application process.
* See Appendix A for Youth Suicide Death Burden County Ranking

Collaboration (25 points)

* Show strong, multi-sector collaborations to support work. If current suicide prevention collaboration does not exist, points can be awarded by showing strong collaboration in other prevention areas demonstrating a commitment to collaboration by the organization.
* Applicants are strongly encouraged to provide (a) Letter(s) of Support (LOS) to show that collaborators support the application, agree to regular meetings to support and coordinate activities and will share data to meet reporting requirements and facilitate care coordination. LOS may be obtained from the LPHA or CMHP (whichever entity is not applying), healthcare organization that has agreed to work on Zero Suicide Initiative implementation (if applicable), or school(s) or school districts that have agreed to partner on staff training and student curriculum (if applicable). LOS may also be obtained from another entity crucial to meeting grant activities.
* Regional collaborations will be considered for this opportunity. Youth Suicide Death Burden score will be determined using the organization identified as the fiscal agent in the application. Funds will not automatically be increased if multiple organizations apply together. Letters(s) of Support will be required from all organizations in the case of a collaborative application with a lead agency and fiscal agency identified.

**General Information:**

* Funds will be awarded through an application process.
* All geographic locations within the state will be considered – urban, rural and frontier.
* Applicants must designate a lead staff as an OHA contact.
* Awarded applicants must send their lead staff and supervisor to an initial grant meeting July 16-17, 2020 (Location TBD).

**Timeline:**

Mid-Jan. 2019: Request for Proposal Application disseminated to LPHAs and CMHPs

March 1, 2020: Application Submission deadline

April 1, 2020: Awardees Notified

June 30, 2020: Start of Year One project period

June 29, 2021: End of Year One

**Appendix A: County Youth Suicide Death Burden**

The below table shows the Youth Suicide Death Burden ranking based on rate and count of youth suicide deaths between 2013-2017. A higher score equals higher burden. Each county had a possible score of 12.5 for rate and 12.5 for count (combined 25 points based on total score possible within the Youth Suicide Death Burden scoring).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Rank** | **County** | **Rate Score** | **Count Score** | **Final Score (Out of 25 possible points)** |
| 1 | Klamath | 10.1 | 8.3 | **18.4** |
| 2 | Jackson | 7.3 | 9.5 | **16.8** |
| 3 | Lincoln | 11.3 | 5.3 | **16.6** |
| 3 | Multnomah | 4.1 | 12.5 | **16.6** |
| 4 | Lane | 3.7 | 11.9 | **15.6** |
| 5 | Malheur | 10.5 | 4.7 | **15.2** |
| 6 | Deschutes | 6.1 | 8.9 | **15** |
| 7 | Umatilla | 7.7 | 7.1 | **14.8** |
| 8 | Curry | 11.7 | 2.9 | **14.6** |
| 9 | Clackamas | 3.3 | 10.7 | **14** |
| 10 | Harney | 12.1 | 1.7 | **13.8** |
| 11 | Baker | 10.9 | 2.3 | **13.2** |
| 11 | Clatsop | 9.7 | 3.5 | **13.2** |
| 11 | Coos | 8.5 | 4.7 | **13.2** |
| 12 | Sherman | 12.5 | 0.5 | **13** |
| 13 | Washington | 1.3 | 11.3 | **12.6** |
| 14 | Jefferson | 9.3 | 2.9 | **12.2** |
| 14 | Linn | 4.5 | 7.7 | **12.2** |
| 14 | Marion | 2.1 | 10.1 | **12.2** |
| 15 | Douglas | 4.9 | 5.9 | **10.8** |
| 16 | Josephine | 5.3 | 5.3 | **10.6** |
| 17 | Columbia | 6.9 | 3.5 | **10.4** |
| 18 | Yamhill | 4.1 | 5.9 | **10** |
| 19 | Wallowa | 8.9 | 0.5 | **9.4** |
| 20 | Benton | 2.5 | 6.5 | **9** |
| 21 | Wasco | 6.5 | 2.3 | **8.8** |
| 22 | Grant | 8.1 | 0.5 | **8.6** |
| 23 | Morrow | 5.7 | 1.1 | **6.8** |
| 24 | Polk | 1.7 | 4.1 | **5.8** |
| 25 | Union | 2.9 | 1.7 | **4.6** |
| 26 | Tillamook | 2.5 | 1.1 | **3.6** |
| 27 | Crook | 0.9 | 0.5 | **1.4** |
| 28 | Hood River | 0.5 | 0.5 | **1** |
| 29 | Gilliam | 0 | 0 | **0** |
| 29 | Lake | 0 | 0 | **0** |
| 29 | Wheeler | 0 | 0 | **0** |

1. SAMHSA encourages all recipients to address the behavioral health needs of returning veterans and their families in designing and developing their programs and to consider prioritizing this population for services, when appropriate. SAMHSA will encourage its recipients to utilize and provide TA for service members, veterans and their families. This includes efforts to engage their staff in cultural competency training courses and to collaborate with key organizations in their local communities that are focused on serving this population. [↑](#footnote-ref-1)
2. SAMHSA defines “clinician” as anyone in the mental health or related workforce and defines mental health-related as “pretraining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse disorders… A wide array of subject areas may be considered [such as]: those pertaining to physical health, co-occurring disorders (mental illness and substance abuse disorders), housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.” [↑](#footnote-ref-2)