

# Zero Suicide: Regional Training and Technical Assistance Grants Request for Applications

## I. Overview

Mental Health America of Wisconsin (MHA) is pleased to announce a Request for Applications (RFA) to support regional Zero Suicide (ZS) training and technical assistance (TTA) grants. The funding is made possible through MHA's Mental Health Block Grant (MHBG) agreement with the Department of Health Services (DHS) Division of Care and Treatment Services.

Applicants can request up to \$20,000 for ZS TTA (see Sec. III for allowable training formats). The number of awards will depend upon the number of applications received and the actual amount of funds requested for each. Because of the requirements of the MHBG, training must be directed primarily at clinical organizations that work with adults with serious mental illnesses and/or youth with serious emotional disturbances (SMI/SED) that wish to begin or expand implementation of ZS within their systems. The training may also include non-clinical organizations that are in positions to identify and refer individuals with SMI/SED to the clinical systems.

An organization that has participated in an MHA-sponsored ZS training (or training provided at Henry Ford Health System) or a Zero Suicide Academy sponsored by the Suicide Prevention Resource Center (SPRC) and continues to implement ZS must be the primary applicant. See Sec. IV for information about the involvement of other organizations as project partners.

## II. Timeline

RFA Released	November 1, 2018
Applications due at MHA	December 13, 2018
Awards Announced on or About	January 18, 2019
Funds Must be Expended By	September 30, 2019

MHA is currently planning to hold its annual ZS training in Eau Claire on June 20-21, 2019. Applicants are asked to avoid scheduling training events that are part of this grant in the two weeks prior to or following that week. If there are already scheduled events during this timeframe which would make sense to utilize for the TTA proposed as part of the application (e.g. a regularly scheduled regional meeting) please talk with MHA about this prior to submitting your application.

Organizations submitting a notice of interest in applying will receive updates to the timeline as well as other updates or clarifications that may occur based on questions received. See Sec. V for information about submitting a notice of interest.

### III. Use of Funds

There are two types of training that may be provided through this grant:

- ZS practices TTA;
- Evidence-based and best practices training for clinicians.

#### A. ZS Practices TTA

Applicants must provide ZS practices TTA but may propose one of a variety of formats and goals, as long as the outcome will be an increase in the adoption of ZS principles and practices within and/or across clinical and/or non-clinical organizations. In all cases some type of ongoing technical assistance must be proposed; best practices in systems change have demonstrated that one-time trainings are not sufficient to achieve long-term organizational changes. Successful applications will describe how implementation of ZS principles and practices will be sustained beyond the length of funding under this RFA. This could be follow-up and monitoring that occur as part of existing Zero Suicide or suicide prevention efforts in the region, discussions that occur in the context of meetings hosted by the regional office, regular coaching calls, or similar formats.

Examples of ZS practices TTA formats that will be considered include the following:

- A 2-day ZS training that is comparable to the training that MHA has offered the past two years (and to the SPRC ZS Academy). MHA will make its training materials available to the applicant. The applicant must secure the participation of at least one MHA-approved ZS faculty member. Organizations interested in this option may contact MHA for a list of approved faculty and their contact information. A second clinical faculty member is recommended based on MHA's experience with these trainings. This may be one of the MHA-approved faculty or someone from the primary applicant agency with appropriate training and experience. Additionally the inclusion of a person with lived experience as a faculty member is recommended.
- A 1-2 day training event that might focus on a subset of specific ZS interventions that organizations in the region have indicated a willingness to learn and implement. E.g. use of the Columbia Suicide Severity Rating Scale (CSSRS) across organizations in the region; use of collaborative safety planning; implementation of caring contacts by various facilities. The goal is to both educate and create a coordinated system of ZS care.
- A series of events that might take place over a longer period of time (e.g. three trainings over a five month period) that serve the same goals noted above: to educate organizations about ZS practices and to create a coordinated system of ZS care.

Other formats will be considered as long as the applicant identifies how this will increase the adoption of ZS principles and practices across multiple organizations in the region.

## B. Evidence-based and best practices training for clinicians

In addition to offering the ZS practices TTA, applicants may also propose to use a portion of the funds to support training for clinicians in one of the evidence-based/best practices for suicide prevention assessment, management, and treatment. This training may occur in conjunction with the ZS practices training or at a separate time. These would include (but are not limited to):

- Dialectical Behavioral Therapy (DBT)
- Collaborative Assessment and Management of Suicide (CAMS)
- Cognitive Behavior Therapy for Suicide Prevention (CBT-SP)
- Assessing and Managing Suicide Risk (AMSR)

Funds for the activities described in A. and B. above may be used to support the costs of faculty, materials, and venue. Funds may also be used to support reasonable costs associated with the time of a local person to coordinate the trainings and work with MHA on implementation and evaluation. MHBG funds cannot be used to support food/beverage costs except in the case of a working lunch. **Applicants are allowed and encouraged to require a fee for participants to support these costs.** The applicant will need to address how support will be provided beyond the training for those organizations implementing ZS. A projected budget must be provided as part of the application (see Attachment 2).

## IV. **Eligible Applicants**

An organization that has participated in MHA-sponsored ZS training or an SPRC ZS Academy or training provided at Henry Ford Health System and continues to implement ZS must be the primary applicant. The organization must have been implementing ZS for at least one year at the time of application. Instructions for documenting the ongoing implementation of ZS are contained in the budget narrative found in Attachment 2.

Appropriate individuals from the DHS Area Administration for the region need to be involved to support regional promotion and outreach, especially to publicly funded service providers who serve individuals in the SMI/SED target group. Information about the Area Administration offices can be found at: <https://www.dhs.wisconsin.gov/areaadmin/index.htm>

The involvement of local suicide prevention coalitions in the area is encouraged, where such coalitions exist. Inclusion of consumer, family and advocacy groups, especially those representing individuals with SMI/SED and/or their families, is encouraged. Consistent with ZS principles, the inclusion of people with lived experience in the planning and training is strongly encouraged. In this context “lived experience” refers to individuals who have experienced suicidal thoughts or behaviors, as well as those who have lost a loved one to suicide.

For the purposes of this funding opportunity “region” may be defined as:

- A DHS region served by one Area Administration office.
- A Comprehensive Community Services region.
- A region served by a regional Crisis Intervention grant.
- Other definitions as proposed by the applicant and approved by MHA.

## **V. For More Information**

Potential applicants may contact Shel Gross to discuss their ideas for an application or with questions regarding use of funds or eligibility:

Phone: 608-250-4368

Email: [shel@mhawisconsin.org](mailto:shel@mhawisconsin.org)

Shel can also provide contact information for approved faculty members if potential applicants wish to initiate outreach.

A **notice of interest** can be sent to Shel at the email above. Please indicate the ZS trained organization that will be the primary applicant and the name and contact information of the person responsible for putting together the application.

## **VI. Submission of Applications**

Applications may be submitted in one of two ways:

1. Submit by email to [brian@mhawisconsin.org](mailto:brian@mhawisconsin.org) and received by 5pm on December 13, 2018.  
OR
2. Submit by postal service or UPS and received at the MHA offices by 5pm on December 13, 2018:  
Mental Health America of WI  
600 W. Virginia St., Suite 502  
Milwaukee WI 53204  
Attn: Brian Michel

The application consists of the form in Attachment 1 along with a narrative that responds to the information requested in Attachment 2.

## Attachment 1: Zero Suicide Regional Grants Application

### 1. Primary Applicant Agency

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### 2. Initial Zero Suicide Training Provided to Agency by

\_\_\_\_ Henry Ford Health System (2013, 2014)

\_\_\_\_ MHA-WI (with SPRC in 2015, 2016; MHA-WI only in 2017)

\_\_\_\_ SPRC Zero Suicide Academy: date/location of training: \_\_\_\_\_

### 3. Name and Contact Information for Regional Grant Project Lead

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### 4. Regional DHS Area Administration Partner

DHS Region: \_\_\_\_\_

Staff/Title: \_\_\_\_\_

### 5. Definition of Region

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6. Total Funds Requested: \_\_\_\_\_

## Attachment 2: Application Narrative

Please complete a narrative that responds to the following. The information in the parentheses following the bolded title of each section identifies the approximate page length requested for your response plus appropriate attachments. Applications should be formatted in a standard 12pt type with 1 in. margins.

- 1. Implementation of Zero Suicide by Primary Applicant (2 plus resumes):** Please describe how the primary applicant has implemented Zero Suicide within their organization. In doing so, please give a sense of how this implementation has developed and been maintained over time. Please use this format:

<b>ZS Element</b>	<b>Activity/Policy</b>	<b>When Implemented (year)</b>	<b>Still Implemented?</b>
Lead	Organizational Self-Study	2016	Y-Redone Yearly
Train	Workforce Survey	2016	N-we are still doing trainings related to this but have not redone the survey
Screen	Standardized Screening Across Organization	2017	Y-the screening and policies are incorporated into our EMR
Etc.	May be more than one activity/policy per element.		

Please identify any individuals who participated in the initial ZS training (or training at HFHS) who continue to be involved in implementation of ZS. If none of these individuals remain involved, identify who the lead person is on ZS implementation at the organization and their qualifications.

- 2. Experience of Primary Applicant in Providing TTA on ZS (1/2 -1 plus resumes):** Please identify whether the primary applicant has engaged in providing training or technical assistance (TTA) to other organizations on ZS to date. If so, please describe the nature of this TTA: format, frequency, number, and type of organizations to which TTA has been provided. Identify individuals from the organization who have provided this training or TA. If different than those individuals identified in 1, above, please provide their qualifications.

3. **ZS Practices Training Format (1/2 -1):** Describe the training format you propose to use for this grant based on the options presented in Sec. III of the RFA narrative. If you are not planning to conduct the full 2-day training, indicate the specific format you are proposing and which elements or practices on which you will focus. Provide a rationale for choosing this particular focus.
4. **Identification of Trainees (1/2 – 1):** Please list any organizations serving SMI/SED that you have identified to be trained in ZS practices through this grant. If you have not identified these organizations to date, indicate how you will do outreach and why you are confident that you will be successful in obtaining participation from these organizations. How many such organizations do you plan to include in the ZS practices training/TTA? Is there overlap between these organizations and ones you have provided TTA to previously as identified under #2, above?
5. **ZS Practices Faculty (1/2 plus resumes):** Identify the faculty you will use. If you are proposing a full 2-day training, at least one faculty member must be one approved by MHA. If you are in the process of negotiating with someone, please provide the name of this individual and the status of the negotiations. If you are using a second clinical faculty person who is not on the MHA-approved list please provide a resume and identify their qualifications for being a faculty person for this event. If you are doing something less than a 2-day training, provide the qualifications of the faculty to address the specific practices that they will be addressing.
6. **Inclusion of people with lived experience (1/2 – 1):** How will you include individuals with lived experience in the training? These are individuals who have experienced suicidal thoughts or behaviors, as well as those who have lost a loved one to suicide. If you have identified these individuals, please provide their names and a brief summary of their lived experience. If the individual has been involved in similar trainings in the past, please identify that. If not, describe your plan for supporting their involvement in this grant.
7. **Technical Assistance (1/2 – 1):** Identify how technical assistance (as described in Sec. III of the RFA) is built into this proposal. What will be provided and who will provide it? Recognizing that grant funds must be expended by Sept. 30, 2019, how will efforts be supported if they extend beyond this date?
8. **Evaluation (1/2 – 1):** Identify how you will evaluate the success of the ZS Practices TTA.

9. **TTA Timeframe (1/2):** If you have identified potential dates/locations for the ZS practices training, please indicate this. If not, indicate whether there is a timeframe you are considering, e.g. August 2019.
10. **Suicide Prevention Coalition Involvement (1/2):** Identify any local suicide prevention coalitions that have agreed to be partners in this project. Note the role that they have agreed to play or that you anticipate having them play. If none are identified describe the outreach effort you made to secure their involvement and the response.
11. **Other Partners (1/2 – 1):** Identify other partners in your planning noting organization or organizational affiliation and role.
12. **Evidence-based and best practices training for clinicians (1/2):** If you intend to also offer an evidence-based and best practices training for clinicians, please indicate which training you plan to provide and the number of clinicians you hope to train. Please indicate whether you have secured a trainer for this purpose or whether you have someone with whom you are negotiating for this. Identify the rationale for selecting this particular training.
13. **Coordinator (1/2 plus job description and resume) :** Who will be the coordinator for this project? Please describe their duties or provide a job description, provide a resume for this individual as well as narrative describing any experience this individual has had related to the duties of the position. Who will supervise this individual?
14. **Budget:** Provide a projected budget using the table below. Given the timeframe, we recognize that not all costs will be precisely known. Applicants will be expected to provide a final budget at the time of grant award. Provide enough detail so that reviewers can evaluate the appropriateness of the amount provided for each item. Where amounts are identified as \$0.00 please provide rationale (e.g. venue is being provided at no charge by a community partner; food will not be provided).

In preparing your budget please note the following:

- No more than 25% of the grant may be spent on the coordinator.
- At least 40% of the grant award must be spent for the ZS practices training and TA.
- No more than 40% of the grant may be spent on the clinical training.

<b>ZS Practices Training</b>	<b>Amount</b>	<b>Rationale</b>
-Faculty costs		Address number of faculty; fees for each; travel costs
-Food		
-Venue		
-Materials		
-Other		
<b>Clinical Best Practice Training</b>		
Trainer Costs		Fee/expenses
Food		
Venue		
Materials		
Other		
<b>Project Coordinator (if grant funds are requested to support this position)</b>		
Stipend/salary/fringe		Address whether this is an employee of the primary applicant or of another agency; address anticipated hours of work to be provided and how fee/salary was determined.
Other administrative costs		Identify and provide rationale.
Travel		
<b>Revenue</b>		
ZS practices training		If fees are proposed note anticipated per person fee X number of projected attendees.
ZS technical assistance		
Clinical Best Practice training		