Cardinal Health Foundation Zero Suicide Collaborative

Background
The Cardinal Health Foundation strives to help build healthier communities, where all people have the opportunity to live healthy lives and share their perspectives and experiences – communities where diversity and inclusion thrive. The Foundation will strategically partner with the Zero Suicide Institute at EDC to provide funding, training, and expert support for healthcare systems to focus on the provision of safer suicide care.

The foundational belief of Zero Suicide is that suicide deaths for individuals under the care of health and behavioral health systems are preventable. For systems dedicated to improving patient safety, Zero Suicide presents an aspirational challenge and practical framework for system-wide transformation and an organizational commitment to safer suicide care. The framework is based on the realization that suicidal individuals often fall through the cracks in a fast-paced and sometimes fragmented healthcare system. A systematic approach to quality improvement in these systems is both available and necessary to save lives.

For healthcare systems, this approach represents a commitment:
- To patient safety, the most fundamental responsibility of healthcare
- To the safety and support of clinical staff, who do the demanding work of treating and supporting suicidal patients
- And to support the larger community focus on suicide prevention

Zero Suicide implementation requires transformative change that cannot be borne solely by the practitioners providing clinical care. Zero Suicide requires a system-wide approach to improve outcomes and close care gaps.

The Cardinal Health Foundation is seeking proposals from healthcare organizations that are ready to commit to utilization of the Zero Suicide framework and the provision of suicide safer care.

Note: Applicants must be nonprofit, 501(c)3 tax-exempt status organizations.

Project need
According to the Centers for Disease Control and Prevention (CDC) WISQARS Leading Causes of Death Reports, in 2017:
- Suicide was the tenth leading cause of death overall in the United States, claiming the lives of over 47,000 people.
- Suicide was the second leading cause of death among individuals between the ages of 10 and 34, and the fourth leading cause of death among individuals between the ages of 35 and 54.
- There were more than twice as many suicides (47,173) in the United States as there were homicides (19,510).

In addition:
- In 2017, there were an estimated 1.4 million suicide attempts. (CDC Data & Statistics Fatal Injury Report, 2017)
- 10.7 million adults had serious thoughts of suicide, 3.3 million made suicide plans, and 1.4 million made a non-fatal suicide attempt. (National Survey on Drug Use and Health, 2018)
• Of high school students nationwide, 17.2% (1 out of 6) seriously considered suicide and 7.4% (@ 1 out of 13) attempted suicide in the past year. (CDC, 2017)

• Among full time college students ages 18–22, about 1 out of 12 had serious suicide thoughts and 1 out of 76 students attempted suicide in the past year. (SAMHSA, 2016)

**Community need**

*Why focus on Zero Suicide?*

People who die by suicide are touching the healthcare system: 83% of those who die by suicide have seen a healthcare provider in the year before their death. Only 29% of those who died in the past year were seen in outpatient behavioral health. (Ahmedani et al., 2014)

With a focus on suicide care using rigorous quality improvement processes, Henry Ford Health System demonstrated stunning results: a 75% reduction in suicide rate among their health plan members. (Coffey, 2007)

Centerstone, one of the nation’s largest not-for-profit Community Mental Health Centers, saw a reduction in suicide deaths from a baseline of 35 per 100,000 to 13 per 100,000 after implementing Zero Suicide for 3 years.

**Health equity**

*Why focus on health equity?*

Health equity is the “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal effort to address avoidable inequities, historical and contemporary injustices, and the elimination of health and healthcare disparities.” (National Stakeholder Strategy for Achieving Health Equity - [https://minorityhealth.hhs.gov/npa/files/Plans/NSS/CompleteNSS.pdf](https://minorityhealth.hhs.gov/npa/files/Plans/NSS/CompleteNSS.pdf))

Both research and experience indicate that social determinants of health as well as health and healthcare disparities have a significant impact on suicide rates:

- African Americans are less likely to receive psychiatric services for suicidal thoughts and attempts than their white counterparts. (Ahmedani et al., 2012)

- U.S. children living in counties with the highest poverty rates are 37% more likely to die by suicide than those living in the least impoverished counties. (Presentation: 2019 American Academy of Pediatrics National Conference & Exhibition)

- American Indian/Alaskan Native (AI/AN) females have the highest suicide rates among the under 40 age population. (CDC, 2020. WISQARS Fatal Injury reports: https://webappa.cdc.gov/sasweb/ncipc/mortrate.html)

- For the LGBTQ population, LGB youth have three times higher rates of suicidal ideation and are five times more likely to have attempted suicide than their heterosexual peers. (CDC, 2016. Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9–12. Youth Risk Behavior Surveillance)
Project Overview
We are seeking proposals from healthcare organizations that are ready to commit to implementation of the Zero Suicide framework and to the provision of safer suicide care.

The RFP is designed to support hospitals nationwide through their implementation of the Zero Suicide framework. This robust support will include a virtual workshop to introduce the Zero Suicide framework, required implementation team attendance at a two-day Zero Suicide Academy®, a dedicated Community of Practice (9 months) following the Academy and consultation calls.

The proposal will require an online application process via the Zero Suicide Institute website as well as a written narrative. Applicants must also provide a letter of commitment signed by the CEO agreeing to the proposed strategy. An online Organizational Self-Study will also be required and will serve as baseline data for each organization starting their Zero Suicide journey.

Technical assistance and reporting
As noted above, we will ask the implementation teams identified to participate in a learning collaborative to begin approximately 90 days following the Zero Suicide Academy. This learning collaborative will provide technical assistance, clinical expertise, as well as collaborative learning from all organizations who participated in the Academy. Focus areas can include such topics as understanding the seven elements of the Zero Suicide framework, development of a training plan following utilization of the Work Force Survey, financing of the Zero Suicide framework and tools and the importance of listening to the voice of lived experience in your planning and on your journey.

Tracking outcomes
Through the Improve element of the Zero Suicide framework, organizations selected will identify both process and outcome measures to monitor their progress and report back results. In addition, a defined set of data metrics will be required for all grantees to ensure both fidelity to the framework and monitoring of key outcome measurements such as suicide rates, suicide attempts, ED visits and hospital readmissions. Priority metrics will also include data collection to help assess health equity in the populations served.

A data elements worksheet will be available to assist with tracking outcomes and will allow identified organizations to benchmark with each other as well as organizations nationally that are utilizing the Zero Suicide framework. Note the link to the data elements worksheet for your review:
https://zerosuicide.edc.org/sites/default/files/ZS%20Data%20Elements%20Worksheet.75_.pdf

Proposal detail
Note: Narrative should be a maximum of 4 pages.
Proposals should include all of the following:

About the organization
• Type of organization
• List of other practice transformation initiatives (e.g., trauma informed care, just in time scheduling, collaborative documentation, expansion of peer workforce) your organization is currently working on.
• Number of clients served annually by your organization (for IP consider number of admissions, for OP consider number of patient visits)
Request for Proposal

- Number of service sites
- Total number of staff employed or contracted (include both clinical and non-clinical)
- What population(s) is your organization’s primary focus

**Narrative** (2–4 pages) that responds to the following:

a) Briefly describe the members of your team and the relevant skills, knowledge and experience they bring to the Zero Suicide Academy

b) What are your team’s goals for participating in the Zero Suicide Academy and what does the team hope to learn during the training?

c) What successes and/or challenges have you had as a team or with other collaborative efforts?

d) How do you plan to successfully embed and sustain comprehensive suicide care in your organization?

e) One-page abstract describing the Zero Suicide initiative that your organization proposes to conduct. The abstract must include aims, description of approach, implementation plan, and timeline drawing heavily from the [www.zerosuicide.com](http://www.zerosuicide.com) toolkit.

**IRS 501(c)3 Letter of Determination**

**Letter of commitment**

- A letter of commitment written by the organization’s CEO. The CEO should review and approve the submission and agree to the strategy proposed.

**Organizational Self-Study**

- If your organization is selected to participate, you will be required to complete the Organizational Self-Study. You can review the study here: [http://zerosuicide.sprc.org/what-organizational-self-study](http://zerosuicide.sprc.org/what-organizational-self-study). This will be completed prior to the Academy attendance and is not required as part of the application review.

**Awards**

The Cardinal Health Foundation anticipates grant two-year awards to 16 healthcare organizations prepared to implement the Zero Suicide framework and deliver safer suicide care. The Foundation is supporting the Zero Suicide Institute and technical support for grantees so that individual grant funds can be used to support staff time, travel expenses associated with the Zero Suicide Academy, data collection and other training needs identified through the program.

*Requests for Cardinal Health Foundation funding can be for no more than $100,000 for two years. (Year two funding is contingent upon progress made in year one.)*

**How to apply**

All proposals must be submitted via the Zero Suicide Institute online application by 11:59 ET on **June 24, 2020**. Applications received after this date will not be reviewed.

Click here to access the online system: [http://zerosuicideinstitute.com/zero-suicide/academy](http://zerosuicideinstitute.com/zero-suicide/academy)

- Scroll down below gold bar that reads “Learn about Zero Suicide” and click on box that says “Cardinal Health Foundation Zero Suicide Collaborative application”

**Hard copy or email submissions will NOT be accepted.**
Timeline
- May 13, 2020: Request for Proposals released
- June 2, 2020: Zero Suicide informational Skype call at 4PM ET
  (You must register for the call on the Cardinal Health webpage in order to receive the call information)
- June 24, 2020: Application deadline
- July 17, 2020: Grant awards announced
- Week of August 10th, 2020: Virtual Zero Suicide workshop. (Date and time to be announced at time of grant award to those organizations selected.)

Contact us:
Please email general questions to Cardinal Health Foundation at: communityrelations@cardinalhealth.com

Please email application specific questions to Zero Suicide Institute at: info@zerosuicideinstitute.com