

Suicide Mortality Review – Cooperative Agreements

Presentation for: Notice of Funding
Opportunity (NOFO) Webinar
Presented by: Cicely Burrows-McElwain
LCSW-C, Director of State/National
Community Based Interventions, Office of
Suicide Prevention



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Agenda

- I. Bottom Line Up Front: Key Points of the Suicide Mortality Review Cooperative Agreement (SMR-CA) Notice of Funding Opportunity
- II. VA's Public Health Approach to Suicide Prevention
- III. Deep Dive: SMR-CA Program Overview
- IV. Application Scoring Information
- V. Application Review
- VI. Writing Tips and Tricks
- VII. Key Takeaways



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Suicide Mortality Review Cooperative Agreements

- **Purpose:** Cooperative agreements focused specifically on Suicide Mortality Reviews (SMR); intended to support a national approach to collecting and sharing data on suicide deaths to:
 - facilitate an understanding of the risk factors of suicide,
 - determine what interventions at individual, provider, facility, system, and community levels will have the most impact and
 - implement initiatives in the right places for families and communities who need them most.
- **Population:** Veterans must be included as a population of focus for SMRs as well as the education and training activities outlined in the NOFO.
- **Funding available:** \$10 million for one year with a potential second year of funding.
 - Focus Area 1 awards: up to \$300,000
 - Focus Area 2 awards: up to \$575,000
 - The maximum allowable funding amount per eligible entity is \$300,000 under Focus Area 1 and \$575,000 under Focus Area 2.
 - States, territories, and Tribes may apply for no more than two Focus Area 1 awards and two Focus Area 2 awards.
 - Funding is anticipated to be awarded by September 30, 2024



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Suicide Mortality Review Cooperative Agreements

- **Eligible applicants:**

- American Indian, Alaskan Native Tribal governments.
- A State or territory. This may include, States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and American Samoa.
- States, territories, and Tribes may identify key counties, cities, municipalities, or other political subdivisions within their own jurisdiction with whom they wish to coordinate for local SMRC development and implementation, which must be noted in the application.

- **Governor's Challenge:** These Cooperative Agreements are part of a broader effort to advance Suicide Mortality Review efforts within the *Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans, and their Families Program*.

- The Governor's Challenge Program is a collaboration between VA and the Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) focused on bringing State, territory, and Tribal policy makers and leaders together to develop and implement a comprehensive suicide prevention plan.



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Impact of Suicide

- Suicide is a national issue, with rising rates of suicide in the general population.
- Suicide rates are higher and are rising faster among Veterans than among non-Veteran adults.
- In 2021, there were 6,392 Veteran suicide deaths. 72% of which involved a firearm.
- Societal factors, such as economic disparities, race/ethnicity/LGBTQ+ disparities, homelessness, social connection and isolation, and health and well-being play additional roles in suicide risk.
- Collective action towards the pursuit of evidence-based clinical interventions and community prevention strategies are critical to preventing Veteran deaths by suicide and for the implementation of the National Strategy for Preventing Veteran Suicide.

VA 2023 Annual Report



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Call to Action



Continue expansion of readily accessible crisis intervention services.



Implement and sustain community collaborations focused upon community-specific Veteran suicide prevention plans.



Promote secure firearm storage for Veteran suicide prevention.



Improve tailoring of prevention and intervention services to the needs, issues, and resources unique to Veteran subpopulations.



Advance suicide prevention meaningfully into non-clinical support and intervention services, including financial, occupational, legal, and social domains.



Increase access to and utilization of mental health services across a full continuum of care.



Integrate suicide prevention within medical settings to reach all Veterans.



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VA's Public Health Approach to Suicide Prevention



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Public Health Strategy

VA's public health strategy combines partnerships with communities to implement tailored, local prevention plans while also focusing on evidence-based clinical strategies for intervention. Our approach focuses on both what we can do now, in the short term, and over the long term, to implement VA's National Strategy for Preventing Veteran Suicide.



KEY TENETS

1

Suicide is preventable.

2

Suicide prevention requires a public health approach, combining clinical and community-based approaches.

3

Everyone has a role to play in suicide prevention.



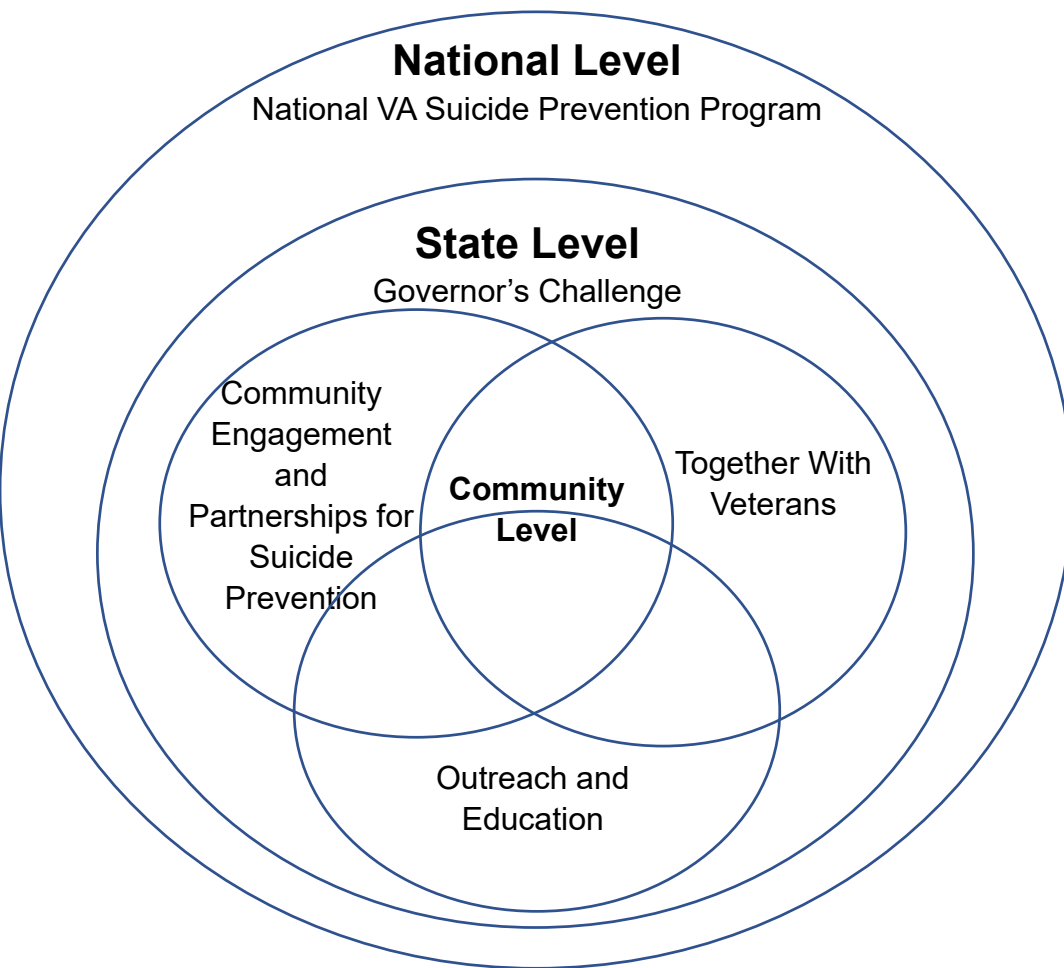
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SP 2.0 Community: Unifying Model



Community-Based Interventions for Suicide Prevention (CBI-SP) serves as unifying model, from national to community levels, for all community-based efforts to end Veteran suicide.

- ***The Governor's Challenge (GC)*** is a collaboration with VA and SAMHSA where state policy makers partner with local leaders to implement a comprehensive suicide prevention plan.
- ***Together with Veterans*** focused on Veteran-to-Veteran coalition building and Veteran leadership development for suicide prevention
- ***Community Engagement and Partnerships for Suicide Prevention (CEP)*** is focused on facilitating and empowering communities to form diverse coalitions working to end Veteran suicide.

Outreach and Education provides SAVE, VHA facility partnerships, events, etc. through local Suicide Prevention Coordinators (SPCs) and does not change their critical role.



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SP 2.0 Community: Focused Priority Areas



Identify Service Members, Veterans, and their Families and Screen for Suicide Risk



Promote Connectedness and Improve Care Transitions



Increase Lethal Means Safety and Safety Planning



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Governor's Challenge Overview



Goal: Working towards ending suicide by using a comprehensive public health approach to suicide prevention

- Partnership between VA and Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA).
- The teams include collaborative groups of community, municipal, military, Veteran, and other community partners.
- VA and SAMHSA provide technical assistance to support local efforts, document outcomes, and share strategies with other municipalities.
- As of the end of FY23, all 50 states and 5 territories are engaged in the Governor's Challenge.



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Governor's Challenge Overview

- Governor's Challenge teams develop action plans around the three priority areas to implement the National Strategy for Preventing Veteran Suicide
- Teams work to identify their top priorities, best strategies, lessons to take back home, outline technical assistance needed, and efforts they will use to evaluate their outcomes and performance
- Strategies vary across states/territories to meet the unique needs of their communities



SAMHSA, n.d.



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Governor's Challenge and Suicide Mortality Reviews

- In 2023, VA, SAMHSA and subject matter experts developed our *Promising Practices for Suicide Mortality Review Committees Toolkit*. (<https://www.samhsa.gov/smvf-ta-center/suicide-mortality-review>)
- In 2023, VA and SAMHSA launched the first SMR Academy.
- In 2024, two more SMR Academies were held and a community of practice call series was launched.
- In 2024, launching our SMR Cooperative Agreements.



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Suicide Mortality Review Cooperative Agreements (SMR-CA) Overview



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Suicide Mortality Review Cooperative Agreements: Overview

- **Goal:** to support the development, expansion and sustainment of suicide mortality reviews and committees, and to promote lethal means safety training, education and community outreach.
- **Authority:** Section 303 of Division V of the Consolidated Appropriations Act, 2023 (P.L. 117-328), which states that the Secretary of Veterans Affairs may enter into agreements with States, territories, and American Indian and Alaska Native Tribes for the development and implementation of veteran suicide prevention proposals through the Governor's Challenge Program.



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Suicide Mortality Review Cooperative Agreements: Overview

- **Eligibility:**
 - American Indian, Alaskan Native Tribal governments.
 - A State or territory. This may include, States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and American Samoa.
 - States, territories, and Tribes may identify key counties, cities, municipalities, or other political subdivisions within their own jurisdiction with whom they wish to coordinate for local SMRC development and implementation, which must be noted in the application.



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Suicide Mortality Review Cooperative Agreements: Overview

- **Focus Area 1:** entities without existing SMRCs
 - Planning and establishment of SMRCs
 - Veterans must be a population of focus for SMR
 - Lethal means safety training, education, and outreach is required
 - Award amount: up to \$300K

- **Focus Area 2:** entities with existing SMRCs
 - Implementation and expansion of SMRCs
 - Veterans must be a population of focus for SMR
 - Lethal means safety training, education, and outreach is required
 - Award amount: up to \$575K



Suicide Mortality Review Cooperative Agreements: Overview

- **Application:**
 - Applicants must have a Unique Entity Identification (UEI) in Sam.gov
 - Applications must be completed and submitted electronically through the UDPaas System (https://hmlsgrants-va.mod.udpaas.com/s_Login.jsp)
 - The application window will close on **Wednesday, July 24 at 4:59 pm ET**. All materials must be received at this time, no exceptions.
 - Application materials will include the application itself, a detailed budget, a logic model, and for Focus Area 2 applicants - additional documentation that demonstrates relationships with the state medical examiner/coroner's office or access to state vital records or the like.



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Suicide Mortality Review: Overview

- Suicide Mortality Reviews (SMR) are systematic and comprehensive reviews of deaths that are intended to help develop recommended strategies to prevent future deaths.
- SMRs are conducted by SMR Committees (SMRC), which access multiple sources of clinical and non-clinical information to provide a deeper understanding of the circumstances surrounding a death.
- The SMRCs then develop recommendations for action to prevent similar deaths in the future.



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Suicide Mortality Review: Overview

- SMRCs work in conjunction with a location's death investigation system, which typically consists of a coroner or medical examiner system, or both.
- A centralized death investigation system consists of a medical examiner office that consolidates cases from across the State or territory.
- A decentralized system consists of county, parish or district offices that consolidate cases from across those jurisdictions.
- A hybrid system typically consists of local cases being summarized and reported up to a State system.



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Suicide Mortality Review Cooperative Agreements

- SMR Cooperative Agreements (SMR-CA) will support a national approach to collecting and sharing data on suicide deaths to facilitate an understanding of the risk factors of suicide, determine what interventions at individual, provider, facility, system, and community levels will have the most impact and implement initiatives in the right places for families and communities who need them most.
- SMR-CA will establish and increase the capacity of States, territories, and Tribes to collect high-quality uniform suicide death data, expand suicide death reviews, and ultimately translate data into suicide prevention actions at community, State, Tribal, and national levels.
- These Cooperative Agreements are part of a broader Suicide Mortality Review initiative within the *Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans, and their Families* Program.



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Cooperative Agreements

A cooperative agreement is a financial assistance mechanism where VA anticipates substantial involvement with the recipient during the period of performance.

VA program involvement will include:

1. Assuring the availability of the services of experienced VA personnel to participate in the planning and development of all phases of this cooperative agreement.
2. Assisting in establishing relationships with federal agencies, State contacts, national organizations, or other recipients necessary for the successful completion of tasks and activities identified in the approved scope of work.
3. Participating in the design, direction and evaluation of activities, meetings, and selection of SMR approaches and mechanisms.
4. Reviewing and approving a revised annual work plan, as needed.
5. Providing guidance to recipients to establish, review, and update priorities for activities conducted under the auspices of the cooperative agreement, especially as related to emerging issues in suicide prevention and SMRs.
6. Reviewing and providing feedback on materials procured or developed as well as meetings/conferences planned for SMR and LMS purposes.
7. Assuring integration of SMR activities into VA programmatic and data reporting findings, specific to SMR.



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Approach and Focus Area Overview



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Approach

- The population focus for this funding opportunity is all people at risk of suicide in a given jurisdiction, with prioritization given to veteran deaths.
- Veterans will benefit directly from the implementation of suicide prevention strategies based on this NOFO's support of two focus areas.



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Focus Area 1

- **Focus Area 1:** recipients will prioritize the planning and establishment of SMRCs and must:
 - conduct community outreach to educate key community organizations about the importance of SMRCs to secure participation in the work;
 - provide SMRC training for its members.



Focus Area 2

- **Focus Area 2:** Includes entities with existing SMRCs, who must:
 - identify suicide deaths, including deaths of veterans
 - conduct vital records quality assurance checks
 - enter data into a standard case reporting system
 - conduct multidisciplinary reviews by committees;
 - and enter committee findings and recommendations into the agreed upon case reporting system.
 - analyze data and share findings to inform prevention strategies that reduce suicide deaths at the local, State, Tribal, and national levels.



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Focus Area 1 and 2: Lethal Means Safety

- **Lethal Means Safety:**
 - Both Focus Area 1 and 2 recipients must engage in community education and awareness around lethal means safety (LMS).



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Outcomes and Activities



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Focus Area 1 Outcomes

- Establish a SMRC and committee structure.
- Train SMRC members on SMRs.
- Establish additional goals for the SMRC where applicable.
- Develop and document processes, procedures, and policies for the SMRC.
- Develop or identify culturally appropriate LMS tools and resources to be used for community outreach and training efforts.
- Conduct at least one community outreach and one training event highlighting the importance of LMS.



Focus Area 1 Activities

- **Actions that establish and develop relationships with local death investigation system.**
- **Actions that work to identify populations of focus for suicide mortality reviews** (NOTE: veterans must be included as a population of focus).
- **Actions that explore existing suicide or death review efforts in the geographic area of focus.**
 - Recipients will demonstrate that they have conducted appropriate landscape analyses to better understand existing needs, processes, and infrastructure in place to support advancement of the above.



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Focus Area 1 Activities

- **Actions that lead to the establishment of a SMRC.**
 - Recipients will demonstrate engagement with and education of relevant organizations, as identified through landscape analyses, to emphasize the importance and impact of SMRs with the goal of gaining buy-in and collaboration from key organizations in establishing SMRCs.
- **Actions that lead to community education around the importance of LMS.**
 - Recipients will demonstrate a written plan for developing culturally appropriate LMS trainings and materials as well as a community outreach and training plan.



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Focus Area 2 Outcomes

- Increase timeliness, accuracy, and standardization of information available about suicide deaths, and specifically Veteran suicide data.
- Increase availability of recommendations of the SMRCs among communities, clinicians, and policymakers.
- Increase networking and cooperation between SMRCs and communities to communicate information from data on suicide deaths.
- Develop a culturally appropriate community outreach and training plan for LMS and develop or identify culturally appropriate LMS tools and resources to be used for community outreach and training efforts.
- Within 180 days of award, conduct at least one Veteran specific SMR.
- At a minimum, beginning within 90 days of award, conduct one veteran-focused community outreach and one training event each subsequent quarter (for a total of 6 events for the award period) highlighting the importance of LMS.



Focus Area 2 Activities

- **Actions that improve availability, quality, and timeliness of suicide data.**
 - Recipients will identify suicide deaths, defined as identifying deaths of individuals that died by suicide within the recipient's specific jurisdiction, no later than one year following the date of death through, at a minimum, use of death certificates, as well as additional case identification methods.
 - Recipients will implement approaches for improving quality of death records and for timely death record quality assurance checks. Quality assurance processes include working with jurisdiction vital records offices to establish processes and procedures for confirming suicide deaths within 12 months of the death and initiating allowable correction processes when applicable
 - Recipients will apply a consistent process and standardized criteria for prioritizing veteran death reviews that will be fully available for SMRC review.



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Focus Area 2 Activities

- **CONTINUED: Actions that improve availability, quality, and timeliness of suicide data.**
 - Recipients will enter information from medical records, social service records, informant interviews and other relevant sources about deaths by suicide into the identified case reporting systems within 18 months of death in preparation for SMRC review.
 - Recipients will document SMRC findings and recommendations or feedback in the identified case reporting system within 30 days of completing the review of a death.
 - Recipients at a minimum, will annually perform data quality assurance checks on at least ten percent of relevant suicide data reviews.



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Focus Area 2 Activities

- **Actions that improve multidisciplinary, population-level review of suicide deaths and documentation of recommendations for prevention.**
 - Recipients will maintain a multidisciplinary review committee, inclusive of clinical and non-clinical disciplines and organizations (e.g., public health) and military/veteran representatives (e.g., local VA facility), as appropriate, as identified in the Team Composition Tool.
 - The Team Composition Tool is a helpful outline of potential SMR members to include in your SMRC and can be found on the SMR website at www.mentalhealth.va.gov/smr.



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Focus Area 2 Activities

- **Actions that improve dissemination of, access to, and use of quality data to drive opportunities for prevention interventions.**
 - Recipients will fully utilize the identified case reporting system to support core SMRC functions, including entry of vital records for all suicide deaths identified, entry of relevant case information into the identified case reporting system, abstract relevant data from the system for SMRC review, and enter SMRC findings, determinations, and recommendations into the case reporting system for cases reviewed by the SMRC.
 - Recipients will prioritize recommendations for action based on analyses of quantitative and qualitative data, other process tools, and iterative engagement with SMRC members and other clinical, public health, and community leaders within the SMRC's jurisdiction.



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Focus Area 2 Activities

- **CONTINUED: Actions that improve dissemination of, access to, and use of quality data to drive opportunities for prevention interventions.**
 - Recipients will disseminate data products and related information from analyses (e.g., reports, publications, presentations, briefs) at least once per year to internal and external audiences, including the jurisdiction's Governor's Challenge team, for informing practice, program, and policy recommendations. Recipients will be required to follow all appropriate laws and regulations regarding information dissemination.
 - Recipients will develop and sustain bidirectional agreements with communities that increase the utilization of SMRC data. This may include activities and collaboration that increase the transparency of SMRC processes and data or approaches that support dissemination of SMRC information, including prevention recommendations, in collaboration with communities.
 - Recipients will leverage collaborations to inform practice, program, and policy recommendations.



Focus Area 2 Activities

- **Actions that lead to community education around the importance of lethal means safety.**
 - Recipients will demonstrate a written plan for developing culturally appropriate LMS trainings and materials as well as a community outreach and training plan.



Application and Scoring Information



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Application Sections

- **Section A:** Background, Qualifications, Experience, and Past Performance (Maximum 15 points)
- **Section B:** Logic Model and Program Vision (Maximum 15 points)
- **Section C:** SMRC Implementation (Maximum 25 points)
- **Section D:** Work Plan and Staffing (Maximum 35 points)
- **Section E:** Area Linkages and Relations (Maximum 10 points)
- **Section F:** Certifications and Required Documentations (0 points)
- **Exhibits:** Organizational chart, personnel resumes, budget, optional letters of support



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Section A: Background, Qualifications, Experience, and Past Performance (maximum 15 points)

- **Organizational Capacity Statement**
 - Must clearly demonstrate the applicant has the necessary skills and relevant experience to successfully implement the strategies and activities outlined in a Logic Model and to manage a Federal award.
 - Applicants should demonstrate the required skills, including:
 - Program planning
 - Performance monitoring
 - Financial reporting
 - Budget management
 - Administration and personnel management.



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Section B: Logic Model and Program Vision

(maximum 15 points)

- **Logic Model**
 - Should be relevant to the unique geographic and population context.
 - Use of the Logic Model presented in the NOFO may be used as a starting point or the logic model template provided.
- **A narrative that describes the vision for the program and the local context for where the program will be implemented**
 - Descriptions of populations within the jurisdiction
 - Identification of disparities in suicide and mental health outcomes in the jurisdiction
 - Race/ethnicity
 - Socioeconomic status
 - Insurance type
 - Preferred language
 - Other relevant factors
 - Existing veteran-specific suicide mortality activities
 - Existing relationship with Governor's and Mayor's Challenge team(s)
 - Each of the elements of the logic model in greater detail.



Logic Model Template

APPLICANT NAME:
 LOGIC MODEL

SITUATION	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES		
<p>Include a brief description of the problem you are trying to address with the program you are intending to develop / implement.</p>	<p>Include the resources you need such as staff, money, partnerships etc.</p>	<p>Include the “what” of what you are doing. This could be processes, tools, trainings to be developed or events planned etc.</p>	<p>Include the direct products of the activities, such as number of reviews held, number of materials developed and distributed etc.</p>	SHORT-TERM	INTERMEDIATE	LONG-TERM
				<p>Include the outcomes you intend to achieve within the first 3-6 months of implementation.</p>	<p>Include the outcomes you intend to achieve within 6-12 months of implementation.</p>	<p>Include the outcomes you intend to achieve 12+ months after implementation</p>



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Section C: SMRC Implementation (maximum 25 points)

Focus Area 1 Applicants:

- Includes descriptions of the current death investigation system for the applicant's jurisdiction.
- Identifies how the applicant will develop relationships with the local death investigation system.
- Identifies how the applicant will work to identify populations of focus for mortality reviews (which, at a minimum, must include veterans).
- Identifies how the applicants will develop an understanding of existing mortality review efforts.
- Identifies how the applicant will work to establish an SMRC.
- Outlines how education around LMS for the community will be developed.



Section C: SMRC Implementation (maximum 25 points)

Focus Area 2 Applicants:

- Includes descriptions of the current death investigation system for the applicant's jurisdiction, processes for comprehensively identifying suicide deaths of a specific jurisdiction, as well as processes for operationalization and use of SMR, including analysis and dissemination of findings.
- Must provide clear, specific, and referenced descriptions of the applicant's access to clinical and non-clinical records and identify strategies to access new required data sources with solutions to address barriers to access.
- Must describe their approach for managing and maintaining a committee inclusive of membership across clinical and non-clinical domains.



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Section D: Workplan and Staffing (maximum 35 points)

Applicants must provide a work plan that:

- Includes a description of specific tasks that are reasonable and feasible with realistic completion dates and identification of person(s) responsible.
- Details the implementation of strategies leading to attainment of the proposed objectives and achieve the intended program outcomes.
- Includes a planned every other month meeting between the recipient and VA's cooperative agreement liaison.
- Includes participation in a mandatory 3-day VA-SAMHDA led conference focused on SMR.
- Includes a staffing plan and project management structure that will be sufficient to achieve the project outcomes and that clearly defines staff and others' roles.

Focus Area 2 Applicants:

- Applicants must also demonstrate by 180 days of award, that Veteran-specific SMRs are underway and document how they intend to reach this milestone.



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Section E: Area Linkages and Relations (maximum 10 points)

- Applicants must discuss activities that include convening and connecting multi-sector organizations, identifying populations (including Veterans) disproportionately affected with increased risk of suicide, identifying gaps in existing programs and identifying opportunities to strengthen existing collaborations.
- Applicants should describe in the narrative how collaboration with the Governor's Challenge team will assist in the implementation on SMRC work.



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Section F: Certifications and Required Documentation (0 points)

Focus Area 2 Applicants must submit documentation for at least one of the follow five items:

- 1. State Medical Examiner/Coroner Offices.** Where the State Medical Examiner/Coroner Office is not the applicant, applicants must include a memorandum of support with the State Medical Examiner or Coroner Office(s).
- 2. Authorities and Protections.** Applicants must submit evidence that provides the SMRC authority to access clinical and nonclinical records and confidentiality protection of data collected, proceedings, and activities.
- 3. State Vital Records Offices.** Applicants must submit a memorandum of support that ensures access to death certificates and key identifiers.
- 4. State Hospital Associations.** Applicants must submit a memorandum of support with State hospital associations.
- 5. State Violent Death Reporting System.** Applicants must submit a memorandum of support with the State Violent Death Reporting System.



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Exhibits

- **The Exhibit section must include the following items:**
- Exhibit 1: An organizational chart
- Exhibit 2: Personnel resumes
- Exhibit 3: Applicant budget using the provided excel template that can be found in the UDPaas application.
 - The budget must include the annual request as well as the proposed quarterly budget for the award period.
- **Failure to submit the budget will disqualify the applicant from further consideration.**



Budget Template

VA's Suicide Mortality Review Cooperative Agreement (SMR-CA)

Budget Submission

****NOTE: Enter information into yellow cells only. All other cells are protected and should not be modified. Please submit original template provided by SMR-CA Program. DO NOT copy and paste this spreadsheet into a new Excel workbook.**

NAME OF ORGANIZATION:	
APPLICATION NUMBER (this is the UDPaas number that is assigned to your	
TYPE OF ELIGIBLE APPLICANT (select from drop down):	
COLLABORATIVE ENTITY (if applying to coordinate with a local county, city, municipality, or other political subdivisions within your own jurisdiction with whom the applicant wishes to coordinate for local SMRC development and implementation, list the entity here)	
TOTAL COOPERATIVE AGREEMENT FUNDS REQUESTED:	\$ -
FUNDING CYCLE:	Est: Sept 30, 2024 - Sept 29, 2025
SMR FOCUS AREA (select from drop down):	

PERSONNEL/LABOR EXPENSES (list as last, first (if FTE is already in place), position title, organization name)	# FTE	% FTE	Base Annual Salary/Wage Requested (enter prorated amount based on # of FTE and % FTE level indicated in columns B and C)	Annual Fringe Benefits Requested (enter \$ amount, not %)	Quarter 1 Funds Needed	Quarter 2 Funds Needed	Quarter 3 Funds Needed	Quarter 4 Funds Needed	Detailed Narrative Justification	Total Funds Requested	% of Total CA
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Budget Submission

General guidance

- Download the budget from the UDPaaS system.
- Save as **Organization Name_ Budget_FY24_SMR**.
- Do not attempt to unlock or modify this workbook.
- Only yellow cells can accept data.
- Other cells are locked but are linked and will prepopulate as needed.
- Upload **Organization Name_ Budget_FY24_SMR**.



Application Review



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Application Threshold Requirements

- Application is submitted on time and is complete. The UDPaaS portal will close automatically at 4:49 PM ET on **July 24, 2024** and submissions will not be allowable past the deadline. There are no exceptions to the deadline.
- Application is completed in its entirety and includes the logic model, budget and other required documentation as discussed here and noted in the NOFO.
- Applicant must adhere to 2 C.F.R. 200.
- Applicant must not have an outstanding obligation to the federal government that is in arrears and must not have an overdue or unsatisfactory response to an audit.
- Applicant must not be in default by failing to meet the requirements for any previous federal assistance.



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Application Review

- Applications will be divided into two groups, one for Focus Area 1 applicants and one for Focus Area 2 applicants.
- Applications will be scored by a VA review committee.
- The committee will be trained in understanding the goals of the SMR-CA, the requirements of the NOFO, and the prescribed scoring rubric.
- Reviewers will follow uniform guidance on applications reviews (pursuant to 2 C.F.R. 200).



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Application Considerations

- Applicants must have active SAM.gov accounts and a Unique Entity Identification (UEI).
- VA reserves the right in any year to make adjustments (e.g., to funding levels) as needed within the intent of the NOFO based on a variety of factors, including the availability of funding.
- VA anticipates announcing cooperative awards in the fourth quarter of fiscal year 2024.
- VA may prioritize awards to applicants that intend to focus on SMR activities in rural communities, territories, or Tribal lands.



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Tips and Tricks



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Application Submission Tips

- Ensure active Unique Entity Identification (UEI)
- Answer application questions and use data
- Save frequently - there is a system 15-minute session inactivity time out
- Answer questions fully.
- **Please allow ample time for application submissions and any technology challenges.**
- Prepare any required attachments prior to submission:
 - Logic Model
 - Budget template
 - Organizational chart
 - Key personnel resumes
 - Other required documents
- VA cannot make exceptions for late submissions.
- The online form automatically closes at **4:59 p.m. ET on July 24, 2024.**



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Writing Best Practices

- Follow exact format and submission requirements.
- Submit your application complete and on time.
- Label each section and sub-section clearly, use exact language from the NOFO and application.
- Use NOFO and scoring criteria terms as discussed here and in the NOFO to describe past experience, proposed program, and need.
- Provide citations and references for all statistics.
- Cross-reference information provided in earlier/later sections to avoid redundancy and keep under page limit; summarize key points and then refer to other section for details.



Writing Best Practices

- Be specific. Answer the who, what, when, how, and where for your past experience and any proposed plans.
- Don't assume the reader understands the issue, problem, or the target population's needs.
- Be ambitious, but don't promise more than you can deliver – your plan will seem unrealistic and not well thought-out.
- Don't surprise the reader (e.g., staff positions should not appear in a budget if they haven't been discussed in other narrative or application sections).



Key Takeaways

- **Purpose:** Suicide Mortality Reviews
- **Funding available:** \$10 million for one year with a potential second year of funding.
 - Focus Area 1 awards: up to \$300,000
 - Focus Area 2 awards: up to \$575,000
 - States, territories, and Tribes may apply for no more than two Focus Area 1 awards and two Focus Area 2 awards.
 - Total awards for a single entity may not exceed \$875K
 - Entities that have or are planning to develop a centralized SMR model will only be eligible for either one Focus Area 1 award or one Focus Area 2 award.
 - Note: In this instance, the entity will only be eligible for up to either \$300K for a Focus Area 1 award or up to \$575K for a Focus Area 2 award.
 - Funding is anticipated to be awarded by September 30, 2024
- **Population:** Veterans must be included as a population of focus for SMRs as well as the education and training activities outlined in the NOFO.

Key Takeaways

- **Eligible applicants:**
 - American Indian, Alaskan Native Tribal governments.
 - A State or territory. This may include, States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and American Samoa.
 - States, territories, and Tribes may identify key counties, cities, municipalities, or other political subdivisions within their own jurisdiction with whom they wish to coordinate for local SMRC development and implementation, which must be noted in the application.
- Applicants must be registered in the System for Award Management (SAM) located at <https://sam.gov>, where they will be provided a unique identifier and must continue to maintain an active SAM registration with current information per 2 C.F.R. part 200.
- Applications must be submitted electronically in the UDPaaS System and all elements must be included in the application for it to be considered complete.
- Application closes at 4:59 pm ET, July 24, 2024.

For More Information

- **Website:** www.mentalhealth.va.gov/smr
- **Email:** VASuicideMortalityReviewTeam@va.gov
- **Phone:** 202-502-0002
 - Note: this is a shared phone number with the Staff Sergeant Parker Gordon Fox Suicide Prevention Grants team.



Thank You



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Resources



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Resources

- [Veteran Suicide Data and Reporting](#): To view all collective resources for the 2023 Annual Report, visit the data page. All other links will take you directly to the products listed.
- [National Data Appendix](#): The data presented here is meant to accompany the annual report.
- [State Data Appendix](#): The data presented here is meant to accompany the annual report.
- [Safety Planning](#): Information on safety planning and a template for developing a safety plan. A safety plan is a written list of coping strategies and sources of support that at-risk Veterans can use before or during a suicidal crisis.
- [VA Mental Health](#): VA's repository of mental health resources, information, and data materials.
- [VA Resource Locator](#): This tool can help Veterans find local mental health and suicide prevention resources, including their local suicide prevention coordinator.



988: Free, Confidential Support 24/7/365

Be prepared.
Save the number.
Dial 988 then Press 1



- **Veterans**
- **Service members**
- **Family members**
- **Friends**
- **Coworkers**

*can also text 838255 or chat via <https://www.veteranscrisisline.net/>



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Make the Connection

- Online resource featuring hundreds of Veterans telling their stories about overcoming mental health challenges

**MAKE THE
CONNECTION**

www.MakeTheConnection.net



MakeTheConnection.net/conditions/suicide



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VA SAVE Training

- Suicide prevention training video available to everyone, 24/7
- Less than 25 minutes long
- Offered in collaboration with the PsychArmor Institute



Available online for free: psycharmor.org/courses/s-a-v-e/



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Don't Wait. Reach Out.

Don't wait. Reach out.

**Life has its challenges.
As a Veteran you don't
have to solve them
alone.**

Use this site to get support that is designed specifically for you. If you're a family member or a friend, you can also find resources that are designed specifically for the Veteran in your life.

[Get Support & Resources](#)



[Don't Wait. Reach Out Initiative](#)



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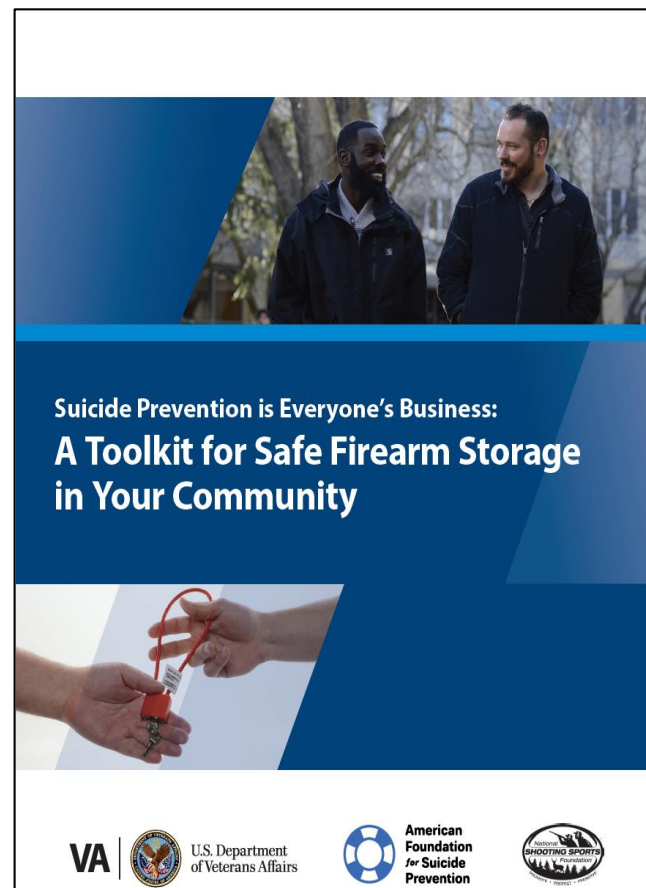
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Lethal Means Safety Toolkit

- Developed in partnership with the [American Foundation for Suicide Prevention](#) (AFSP) and the [National Shooting Sports Foundation](#) (NSSF), the trade association for the firearms industry.
- Toolkit guides communities through the process of building coalitions to raise awareness about safe storage and its connection to suicide prevention.
- Safe storage can put time and space between an individual and a firearm during suicidal crisis and shows promise for reducing rates of suicide.
- VA respects the important role firearms play in many Veterans' lives and is dedicated to providing safe storage options that are consistent with each Veteran's values and priorities. Help Veterans and their loved ones make their homes safer and share these resources with your network



Access the toolkit online:
[Safe Firearm Storage Toolkit](#)



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Suicide Risk Management Consultation



Supporting Providers Who Serve Veterans

The Suicide Risk Management Consultation Program (SRM) provides free consultation and resources for any provider in the community or VA who serves Veterans at risk for suicide.

Request a consult:
srmconsult@va.gov

#NeverWorryAlone

www.mirecc.va.gov/visn19/consult



Risk assessment



Lethal means safety counseling



Conceptualization of suicide risk



Best practices for documentation



Strategies for how to engage Veterans at high risk



Provider support after a suicide loss (Postvention)



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Postvention Resources



COMMUNITY

PROVIDERS

WORKPLACE



Films



Infographics



Podcasts

Uniting for Suicide Postvention (USPV): <https://www.mirecc.va.gov/visn19/postvention/>



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