Request for Application (RFA)
Building Capacity for Rural Suicide Prevention in New York State

Please **click here** to submit your application **by 11:59PM on May 13, 2026**

Background: Rural communities are disproportionately affected by suicide mortality. Although the number of suicides in rural areas tends to be low because they are more sparsely populated, rates of suicide tend to be higher in more rural areas. In New York State from 2021 to 2023, the suicide rate was 90% higher in the most rural counties compared to the most urban counties (12.9 vs. 6.8 per 100,000 population). While rural communities face many challenges, they also typically possess many strengths that can be leveraged to prevent suicide. There is no single solution for preventing suicides in rural communities. However, communities that employ a cross-sector approach that goes beyond the provision of mental health services are best positioned for impact.

Proposal: The New York State Office of Mental Health's Suicide Prevention Center (OMH SPCNY) is providing funding aimed at building sustainable suicide prevention capacity in rural New York State counties by the end of a 30-month initiative.

Funding and timeline: Up to five (5) recipient counties are eligible to receive a total of up to $132,000 over the course of the 30-month initiative. Payments will be made via State Aid Letter. (see below for payment schedule and further details). Counties serve as a fiduciary and may direct funds to partners within the scope of the contract to meet project goals and deliverables.

The initiative will be divided into two phases: a *Planning Phase* from July through December 2026 and an *Implementation Phase* from January 2027 through December 2028. During the 6-month planning phase, recipient counties will perform a needs assessment, engage community partners, attend the annual OMH SPCNY 2026 suicide prevention conference focused on rural suicide prevention where attendees will receive technical assistance from subject matter experts, and finalize their action plan by year's end. During the ensuing 24-month implementation phase, county teams will focus on implementation of their selected initiatives. The goal is for counties to build sustainable suicide prevention capacity by project's end.

Funding details:

- Funding allocation for the 6-month planning phase in 2026 will be $36,000 per awardee
- Funding allocation for the implementation phase will be as follows:
    - Up to $48,000 for each awardee in 2027
    - Up to $48,000 for each awardee in 2028

* *All payments will be made via State Aid Letter to the impacted counties.*

Eligibility criteria:

County must meet the following rural definition:

- One of the 42 counties with population of < 200,000 as specified in the NYS Rural Act definition of rural areas (NYS Open Legislation | NYSenate.gov).and listed below. **Recipients are expected to use funds for the purpose of suicide prevention among rural residents.**
    - **Eligible Counties:** Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Montgomery, Ontario, Orleans, Oswego, Otsego, Putnam, Rensselaer, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne.
    - **Counties not eligible:** Albany, Bronx, Dutchess, Erie, Kings, Monroe, Nassau, New York, Niagara, Oneida, Onondaga, Orange, Queens, Richmond, Rockland, Saratoga, Suffolk, Westchester, Wyoming, Yates
    - Up to two counties may elect to apply jointly, but one county would have to be identified as the administrative lead and subcontract to the other county. Funding would not exceed $132,000.

- All applications will be scored. A minimum score of 65 is required for all recipients. One (1) award will be given to the top scoring applicant in each of the following Office of Mental Health (OMH) service regions:
    - Central New York Region
    - Hudson River Region
    - Western New York Region

Up to two additional awards will be given in order of score, regardless of region, until a total of up to five awards is made.

A Q& A informational webinar will be held on:
Thursday April 23, 2026, from 1pm-2pm

Register Here: Info Session: Building Capacity for Rural Suicide Prevention In NYS

For any questions about this RFA, please contact us at spcny@omh.ny.gov **with the subject line "Rural RFA".**

Application Submission Requirements

Please click here to submit your completed application by
11:59pm EST on May 13, 2026

Please note this is solely a Request for Applications and does not guarantee an award or contract

For any questions about this RFA, please contact us at spcny@omh.ny.gov with the subject line "Rural RFA".

Please review the application questions and requirements listed below. Please see page 11 of this document on how to submit. Your answers will be scored based on each of the individual answers provided. Incomplete answers will negatively impact your application score. Blank answers will receive a zero for the associated question. Note in the event of a tie score, preference will be given to the county with the higher suicide rate based on the most recent three years of data available from the New York State Department of Health.

NOTE: Applications that do not have the required elements will NOT be reviewed.

1. Statement of interest (20 points) Briefly discuss why your county is interested in participating in NYS Rural Suicide Prevention Capacity Building initiative. Please include what strengths and resources you intend to leverage to support planning and implementation activities. Additionally, discuss any challenges/barriers you anticipate experiencing that may delay and/or impede implementation.

2. Existing and/or planned suicide prevention infrastructure/efforts (15 points) Please describe any currently existing suicide prevention efforts you are engaged in and how you envision these existing activities will align with this new initiative. If you don't currently have any existing suicide prevention efforts, please discuss how this initiative will help launch your county's suicide prevention efforts.

3. Staffing plan (15 points) Briefly describe your proposed staffing plan for supporting planning and implementation activities including how roles will be divided.

- In your description, please include the following: Designated staff to support grant activities. Staff should include the following required roles: **Note: Project Manager should plan to commit a minimum of 1.5 days per week to initiative but materially less for the other roles. *Designated roles don't have to be held by county staff and can be assigned to an established community partner.*
    i. Project Manager: Project manager to serve as the lead point of contact responsible for coordinating and overseeing project planning and implementation activities. Time effort for this position will depend on the specific implementation plan.
    ii. Finance Contact: Finance contact to serve as lead in managing grant finances.
    iii. Data Lead: Data lead to serve as lead on all data related project activities including attending data learning sessions and working in collaboration with OMH SPCNY to identify how best to access and utilize available data to support project planning and implementation activities.

4. Required Activities (no points allocated) Review the required activities outlined below.

Each awardee will be required to:

- Complete the OMH SPCNY **rural county needs assessment** to identify current suicide prevention capacity/activities and gaps across data, clinical, community, and school domains **by December 31, 2026.**
- **Reporting:** Each awardee will be required to submit quarterly progress reports documenting a summary of project activities including partner engagement efforts and number of partners engaged, number of trainings provided and total number of training attendees, summary of quarterly spending and if applicable, death reporting data.
- Attend 2026 Suicide Prevention Conference to be held in fall 2026.
- **By December 31, 2026, submit final selection of best practice initiatives** (see list below) that will be implemented by project end.
- **Develop and carry out a communication plan that focuses on raising awareness and educating stakeholders about resources and fosters partnerships at the local level.** OMH SPCNY will provide support to all awardees in the development of a communication plan that is responsive to community needs, recognizing that building suicide prevention capacity requires communication and messaging efforts that both inform and engage partners of the community.
- **Build suicide prevention community training capacity through the training of trainers.**
    - Each awardee will be ***required*** to build suicide prevention training capacity within their county by identifying and training a minimum of two (2) individuals to become trainers of select OMH SPCNY-sponsored suicide prevention trainings. Counties will choose from a menu of OMH-SPCNY trainings.
- **Participate in NYS Building Capacity for Rural Suicide Prevention Data Learning Sessions**
    - Each awardee will be ***required*** to participate in three (3) 90-minute OMH-SPCNY led data learning sessions to be hosted during the planning phase of project. Sessions will offer opportunities for shared learning and information sharing on existing suicide-related data sources.
- While not a formal requirement, recipients will be encouraged to integrate guidance from individuals with suicide-centered lived experience in the development of their local plan. OMH SPCNY will provide TA to support counties in doing so as needed.

5. Intervention Selection (45 points) Listed below is the NYS Building Capacity for Rural Suicide Prevention menu of interventions, organized by subcategory.

Please choose at least two (2) of the three (3) available subcategories:

A. Clinical
B. Community
C. Schools

AND at least one (1) intervention under each chosen subcategory planned for implementation by the end of the project timeline. For each intervention selected, you will be asked to respond to both questions below:

1. How does this program address a gap in your county's current suicide prevention efforts?
2. What partnerships do you currently have or plan to develop to support implementation of this program?

A. Subcategory: Clinical

1. *Gun Safety and Injury Prevention, including Counseling about Access to Lethal Means (CALM) for providers*

One of the biggest drivers behind suicide mortality disparities in rural communities is firearm suicides. In fact, when you control for differences in firearm suicides, the urban-rural mortality disparity in NYS largely disappears. Therefore, reducing firearm suicides is one of the keys to rural suicide prevention. CALM is an evidenced-based framework that teaches how to engage gun owners in conversations around lethal means safety. This intervention would focus on offering CALM training to clinical providers in outpatient (e.g. behavioral health, primary care) and ED settings.

2. *Collaborative Care: Providing Integrated Behavioral Health Services in Primary Care*

The Collaborative Care Model is a leading approach to integrating behavioral health services into primary care settings. The model is grounded in a population health approach and delivers measurement-based care for common but often disabling mental health conditions, like clinical depression and anxiety. To pursue this option, counties would need to identify interested primary care practices. Most insurance, including NYS Medicaid, reimburses for collaborative care services. Selecting this option would require implementing Collaborative Care at one or more *new* practice sites serving a majority rural population.

***Note**: Participating practices that are not currently doing Collaborative Care would receive robust technical assistance and training on the model from OMH, with adaptations made for rural primary care practices.*

3. ***Suicide Safety Planning Intervention: Quality Enhancement Systems Training (SSPI-QUEST)***

   A Suicide Safety Plan Intervention (SSPI) is an evidenced-based brief intervention developed by Greg Brown and Barbara Stanley shown to reduce suicide attempts in research studies. Typically a behavioral health clinician works with an individual to develop a SSPI or "safety plan" consisting of a prioritized list of steps or strategies suicidal individuals can take to resist suicidal urges. This program offers clinical settings a 3-tiered training curriculum—Suicide Safety Planning Intervention: Quality Enhancement Systems Training (SSPI-QUEST)—designed to enhance the quality of Suicide Safety Planning Intervention (SSPI) across health and behavioral health systems that screen for suicide (e.g. Inpatient and outpatient BH providers, EDs, primary care clinics). Training tiers include:

   Tier 1: Foundational and advanced SSPI training for clinicians including a self-paced module and a live webinar with role play exercises.
   Tier 2: Supervisor level training in the Safety Planning Intervention Scoring Algorithm (SPISA), a tool to assess safety plan quality. Supervisors complete a webinar, rate sample safety plans and participate in follow up calls.
   Tier 3: Systemwide competency development including protocol integration for consistent delivery of high quality SSPIs.

   Note: *SSPI-QUEST awardees will be provided focused technical assistance to support system-wide adoption, including workflow reviews, decision-support tools, and data tracking to monitor training impact and intervention quality.*

B. Subcategory: Community

1. **Men's Sheds: Addressing social isolation and loneliness**

   Research has established a strong association between social isolation and loneliness (SIL) and both mental and physical health. One study suggested that SIL has the equivalent impact on mortality as smoking 15 cigarettes a day! And unfortunately, there is a global epidemic of loneliness. Men, particularly older men, have one of the highest suicide rates among demographic groups, and SIL appears to be a major driver behind their elevated risk. Men's Sheds are an example of community programming that can improve social connectedness. Started in Australia and now all over the world, a Men's Shed is a welcoming place where men share their interests with others and try new activities. This intervention would include establishing a Men's Shed in the community.

   To learn more about Men's Shed visit Start a Shed – Men's Shed Association

   ***Note:** If chosen, technical assistance will be provided to support efforts to develop and establish a Men's Shed in your community, and grant funds may be put towards start-up.*

2. **Partnering with Faith-based organizations to enhance community support and resilience**

Faith-based organizations can play a vital role in suicide prevention by increasing hope, supporting emotional well-being and fostering positive social connections. This intervention works to build partnerships with faith-based organizations to engage them in understanding the risks of suicide and partnering with them to decrease stigma, encourage help-seeking and foster positive social connections that build resilience and support suicide prevention among community members.

This intervention will be framed and guided by the National Alliance for Suicide Prevention Faith. Hope. Life. Initiative which provides a framework for faith-based organizations to engage in suicide prevention efforts. For more information please visit: Faith Communities | National Action Alliance for Suicide Prevention

Intervention efforts will focus on:

1. *Facilitating outreach*. Facilitating outreach to local faith-based organizations
2. *Partnership building*. Engaging and building formal partnerships with 1-2 faith-based organizations interested in leading faith- based suicide prevention interventions
3. *Faith-led suicide prevention planning and implementation*. In collaboration with faith-based partners, identify and implement suicide prevention activities to be led by faith-based partners. Examples of intervention efforts include focused suicide prevention messaging to congregation members, hosting gatekeeper suicide prevention trainings, and offering support to family and friends after a suicide attempt or loss.

***Note:** *If chosen, technical assistance will be provided to support efforts to develop and establish partnerships with faith-based organization(s) and implement faith-based led suicide prevention activities.*

3. **Improving Firearm Safety through Community-based Counseling about Access to Lethal Means (CALM)**

One of the biggest drivers behind suicide mortality disparities in rural communities is firearm suicides. In fact, when you control for differences in firearm suicides, the urban rural mortality disparity in NYS largely disappears. Therefore, reducing firearm suicides is one of the keys to rural suicide prevention.

In contrast to the clinician version of CALM described above, this version of the training has been adapted for community/family members, but with similar goals: Safe storage of firearms and limiting access during high risk periods. Recipients are trained in having conversations with gun owners who may be at risk for suicide.

4. **Gun Shop Project**
   This project includes identifying local organizations and individuals to serve as firearm advocates, or trusted messengers, to approach gun shops and range owners with suicide prevention resources and materials. Advocates build relationships with local businesses and raise awareness about suicide prevention as a firearm safety issue. Monthly calls with local advocates provide a forum to discuss successes and challenges, share feedback from gun shop owners and range owners, and navigate difficult conversations.

5. **Postvention: Developing and Maintaining a Local Outreach to Suicide Survivors (LOSS) team**
   This intervention focuses on increasing capacity and infrastructure on the county level to support those who identify as suicide loss survivors. The specific goal of developing a county LOSS Team is to connect suicide loss survivors to suicide loss survivor groups and other healing resources after a loss by suicide occurs. This postvention intervention is considered a preventative measure because it helps lower the risk of additional suicides, offering survivors the support they need and preventing further trauma.

   Intervention efforts will focus on:

   1. Establishing a Local Outreach to Suicide Survivors (L.O.S.S.) Team that consists of at a minimum volunteer loss survivor(s), clinician(s) OR Mobile Crisis Assessment Team representative (if applicable), law enforcement representative, coroner or medical examiner and a county point of contact.
   2. LOSS team members must attend LOSS team trainings offered through OMH-SPCNY. These trainings cover the basic framework necessary for developing and sustaining a local LOSS Team initiative.
   3. Development of resources and supports for suicide loss survivors.

   ***Note:** *If chosen, technical assistance will be provided to support LOSS team implementation efforts.*

C. Subcategory: Schools

1. School Suicide Safety Programming

This intervention focuses on fostering protective environments by enhancing organizational policies and promoting a culture of suicide prevention within school settings. This programming includes a range of professional development trainings including ***Creating Suicide Safety in Schools (CS3),*** a 1-day workshop that provides school districts with the tools needed to develop a suicide prevention programming plan that meets their individual needs. Following the CS3 training, schools will create an action plan that incorporates *selected* professional development trainings such as:

- **Suicide Safety for Teachers & School Staff (SST):** a basic awareness training for all faculty and staff to learn how to identify and refer a student who may be at risk for suicide.
- **Helping Students at Risk for Suicide (HSAR):** a training that equips school mental health staff with best practices and protocols for screening and intervening with students at risk for suicide.
- **Crisis Team Curriculum (CTC):** an 6-module curriculum designed to promote the development of crisis teams that are prepared to respond effectively in the aftermath of a sudden, traumatic, or suicide death.

Participating schools would decide which of the above professional development trainings will be implemented. Additionally, they would have the option of implementing a student-focused program called **Invisible Mentoring.** This intervention focuses on cultivating a sense of support and connection between a student and an anonymously assigned trusted adult within the school, where the student is unaware they have been designated as a mentee. The anonymous support of the trusted adult is thought to be critical to the success of the intervention: strengthening a student's sense of connectedness and belonging in the school; and fostering a supportive relationship with a trusted adult. Otherwise, students may attribute the support received as disingenuous undermining its effectiveness.

***Note:** *CS3, HSAR, SST, CTC, and Invisible Mentoring training and TA provided by OMH for middle and high schools only. If chosen, awardee shall work to implement programming in at least two schools.*

6. Budget (5 points) Please complete the budget table provided below with your anticipated budget for the ***Planning Phase*** of the project initiative (July 2026-December 2026). Funding amount $36,000)

Budget narrative justification: Please provide a written description that justifies each item in the budget template, and the associated dollar amount. This narrative summary should explain how the funding will be distributed to support the ***Planning Phase*** of the project initiative.

Once awarded, each grantee will meet with the OMH-SPCNY team to review their proposed budget, at which time recommended changes and/or adjustments may be required. Additionally, each grantee will be required to complete and submit their anticipated budget for the **Implementation Phase (January 2027-December 2028) of the project initiative by December 31, 2026.*

Budget Line	**Anticipated Budget**
Personnel Costs (Project Management; Data Lead)	
Conference/Travel Costs (travel/lodging costs for attending 2026 Suicide Prevention conference)	
Supplies	
Other (must specify)	
Total	**$36,000**

7. Inventory (no points allocated) The County Suicide Prevention Inventory is an Excel-based tool used to document suicide prevention efforts currently active within your county. Its purpose is to help understand the landscape of existing resources, programs, trainings, partnerships, and other initiatives so that capacity-building support can be targeted effectively. Complete one row for each offering, using the Reference & Legend tab for guidance on categories, population definitions, and prevention approaches. **Download the County Suicide Prevention Inventory Template form here.**

***Note:** If two counties are applying jointly, be sure to include efforts from both counties.*

8. Letters of Support (no points allocated) Given the importance of partnerships in this work, all applications must provide the three letters of support referenced below:

- Letter of Support from County Executive
- Letter of Support from Director of Public Health
- Letter of Support from the County Coroner/medical investigator

***Note:** A letter of support endorses a project's value and aligns with an organization's goals, focusing on importance rather than specific resources in contrast to a letter of commitment which pledges specific contributions (money, personnel, equipment) required for a project.*

Application Submission Instructions

Applicants must submit all of the following materials to be considered for funding. These components may be completed in any order, but all are required prior to submission.

Required Documents:

- **RFA Narrative Questions and Budget PDF** — Download the provided PDF, complete all required fields, and save your finished document. **Click here to download.**

- **County Suicide Prevention Inventory** — Download the provided Excel template and complete one row for each suicide prevention offering active within your county. Refer to the inventory instructions above for guidance. **Click here to download.**

- **Three Letters of Support** — Obtain the three signed letters of support as separate files in advance of submission.
  - Letter of Support from County Executive
  - Letter of Support from Director of Public Health
  - Letter of Support from the County Coroner/medical investigator

- **Submission Form** — Complete all remaining application questions via the RFA **submission form here**, where you will also upload your three required documents: the RFA Narrative Questions and Budget PDF, the County Suicide Prevention Inventory, and your Letters of Support.

Important Notes for Applicants:

- **Prepare responses in advance.** Applicants are strongly encouraged to draft all written responses in a separate document before entering them into the submission form. This ensures responses are not lost and allows for review and revision prior to submission.

- **Character limits apply**. Questions related to intervention selection are subject to a 2,000-character limit. Applicants should review and edit responses for length before entering them into the form.

- **Progress can be saved.** The submission form allows applicants to save their work as a draft and return to complete it prior to final submission.

- **Organize files in advance**. Having all required documents collected and accessible before opening the form will help ensure a smooth upload process.

- **Retain a copy of your submission.** Upon final submission, applicants may download a complete copy of their application directly from the submission confirmation page.