

**Support to Families of Individuals Who Have Died by Suicide (Loss Survivors) or to
Individuals Who Have Attempted Suicide (Attempt Survivors)**

Project RFP

Please read through the entire RFP before deciding to respond. Recommended page limits are provided for each section.

I. Statement of Need (2 pages)

Describe suicide as a public health problem in your county. This description must include a summary of local data detailing completed suicides by age and gender, means used, and suicide attempts, if available. A description of unique local risk and protective factors for your county should also be provided. Sources should include, but are not limited to, your local Community Health Assessment (CHA), other health department data, Centers for Disease Control and Prevention (CDC) WONDER database, and the Youth Risk Behavior Survey (YRBS). Because you have chosen this project, your data should reflect the need for additional support services in your county.

II. Project Description (3-4 pages)

Choose the type of group you wish to address (**you may only choose one**) and the corresponding options for *existing* VS *new* and *Peer only* VS *Co-facilitated*.

	Enhance existing group	Form a new group	Peer and/or lived experience facilitated group	Peer/lived experience and Mental health professional co-facilitated group
<i>Loss Survivor Group</i>				
<i>Attempt Survivor Group</i>				
<i>Families of individuals who are at increased risk for suicide</i>				

Then, develop a list of goals and objectives that describe what you plan to accomplish during the three-year project cycle. Provide a detailed description of the group you plan to develop and implement to accomplish your goals and objectives including anticipated training(s) necessary for facilitators, your plan for promoting the group, the model(s) upon which you will base your group (see list below for examples), manuals and any additional resources you anticipate using, and key partners. You may provide a logic model to describe the components of the group. In addition, explain how you anticipate ensuring the emotional safety of participants and facilitators and, if you have chosen a support group model that does not include a formal mental health co-facilitator, describe

your plan to ensure linkages to formal behavioral health resources in the area. Please include an anticipated timeline for carrying out the project.

Suggested support group models:

- <https://afsp.org/our-work/loss-healing/training-program-facilitating-suicide-bereavement-support-group/>
- <https://www.borderlinepersonalitydisorder.com/family-connections/>
- <http://www.didihirsch.org/download-guides-and-files>
- [http://www.sprc.org/sites/default/files/migrate/library/The Basics Facilitator Guide.pdf](http://www.sprc.org/sites/default/files/migrate/library/The_Basics_Facilitator_Guide.pdf)
- Other (describe)

III. Evaluation (1-2 pages)

Provide a plan for evaluating the impact of the intervention(s) including performance measures, data collection tools, and plan for analysis.

IV. Budget (1 page)

Provide a draft budget for the three-year cycle to be approved by SPCNY. Budgets must include accommodating travel for at least one person to attend regional coalition meetings and to send one person to the Annual Suicide Prevention Conference from 2019 to 2021. Examples of expenditures for this project might include books, videos, lectures, gas cards for participants, promotional materials, facilitator manual and/or associated facilitator training or content area expert.