National Strategy *for* Suicide Prevention

FEDERAL ACTION PLAN

2024

CS348662-B 6/4/2024

Suggested Citation

U.S. Department of Health and Human Services (HHS), National Strategy for Suicide Prevention Federal Action Plan: FY 2024–26. Washington, DC: HHS, April 2024.

Public Domain Notice

For More Information

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Contents

Introduction

The *Federal Action Plan (Action Plan)* presents priority actions the federal government (see the call-out on page 2) proposes to carry out in fiscal years (FY) 2024–26 to advance the goals and objectives outlined in the 2024 *National Strategy for Suicide Prevention (National Strategy)*.

The actions were identified in fall 2023 in collaboration with a federal Interagency Work Group (IWG), with support from the Suicide Prevention Resource Center (SPRC), the National Action Alliance for Suicide Prevention (Action Alliance), and a project management team co-led by officials at the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention (CDC), alongside the National Institute of Mental Health (NIMH) and the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation (ASPE/HHS).

The *Action Plan* does not provide a comprehensive list of all suicide prevention efforts federal departments and agencies will carry out during the three fiscal years. Rather, it presents a set of priority actions to advance specific goals and objectives of the 2024 *National Strategy*. These commitments, which are primarily based on current funding levels, seek to support critical short-term improvements in suicide prevention, while also setting the foundation for longer-term efforts and impact in reducing suicide rates.

U.S. Departments and Agencies Represented in the *Federal Action Plan*

U.S. Department of Agriculture (USDA)

- Economic Research Service (ERS)
- Forest Service (FS)
- National Agricultural Statistics Service (NASS)
- National Institute of Food and Agriculture (NIFA)
- Office of Partnerships and Public Engagement (OPPE)
- Rural Development (RD)

U.S. Department of Defense (DOD)

U.S. Department of Education (ED)

U.S. Department of Health and Human Services (HHS)

- Administration for Children & Families (ACF)
- Administration for Community Living (ACL)
- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicaid & Medicare Services (CMS)
- Food and Drug Administration (FDA)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- National Institutes of Health (NIH)
- Office of the Assistant Secretary for Planning and Evaluation (ASPE)
- Office of the Surgeon General (OSG), Office of the Assistance Secretary of Health (OASH)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

U.S. Department of Homeland Security (DHS)

- Customs and Border Protection (CBP)
- Office of Health Security (OHS)
- U.S. Coast Guard (USCG)
- U.S. Immigration and Customs Enforcement (ICE)

U.S. Department of Housing and Urban Development (HUD)

U.S. Department of Justice (DOJ)

U.S. Department of Labor (DOL)

- Occupational Safety and Health Administration (OSHA)
- Veterans' Employment and Training Service (VETS)

U.S. Department of Transportation (DOT)

- Federal Railroad Administration (FRA)
- National Highway Traffic Safety Administration (NHTSA)

U.S. Department of Veterans Affairs (VA)

The *Action Plan* recognizes that collaboration across the federal, state, tribal, local, and territorial levels—and among the public and private sectors—is key to achieving and sustaining meaningful, equitable, and measurable advancement in suicide prevention. The plan seeks to facilitate and strengthen the role of the following:

- Federal departments and agencies
- State, tribal, local, and territorial agencies and others in the public sector
- Community-based organizations
- Health care systems and providers
- Businesses and other private sector partners
- Individuals with suicide-centered lived experience
- Schools, higher education, and other educational institutions
- Workplaces

The *Action Plan* will be implemented over the first three years of the 10-year *National Strategy* by the federal departments and agencies listed in the call-out on page 2. A few key examples of the many innovative high-impact efforts that federal agencies and partners to be completed by September 30, 2024, are highlighted below.

Key Examples of Federal Actions to Be Completed in FY 2024

- ACL will raise awareness of the mental health needs of older adults and advance suicide prevention efforts through a variety of activities, including supporting federal public awareness campaigns, sponsoring Older Adult Mental Health Awareness Day, and serving as national experts on relevant work groups and projects.
- AHRQ will produce two statistical briefs on hospital and emergency department utilization related to suicidal ideation, with one brief focusing on overall utilization and the other one on disparities.
- CDC will release a Vital Signs report on suicide that examines disparities in suicide rates by race, ethnicity, age, and sex and explores underlying community factors that can inform prevention efforts.
- DOD will work with VA to advance integration of the current VA/DOD Clinical Practice Guideline for the Assessment and Management of Risk for Suicide and clinical support tools into the electronic health record in both health care systems to facilitate and measure provider adoption and integration of the clinical practice guideline (CPG) into care, and to better measure provider CPG use to manage suicide risk, inform quality of care measures, evaluate associated treatment outcomes to prevent suicide attempts and deaths, and respond to suicide ideation and behaviors with evidence-based interventions.

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Key Examples of Federal Actions to Be Completed in FY 2024

- DOL/OSHA will deliver a keynote presentation at the Construction Working Minds Summit designed to engage construction industry professionals in a meaningful dialogue on the critical subject of suicide prevention.
- ED will incorporate suicide prevention activities into current and upcoming efforts that provide technical assistance to state educational agencies (SEAs), local educational agencies (LEAs), and tribal nations to create and sustain positive, safe, and nurturing learning environments.
- HUD will provide Mental Health First Aid trainings to more than 500 front-line workers in the housing sector who regularly encounter people experiencing housing-related challenges and issues, which may trigger mental or emotional distress. Training recipients include housing counselors, senior housing service coordinators, and staff of state and local Fair Housing agencies. If funding permits, HUD will also provide trainings to staff of public housing authorities.
- IHS will implement evidence-based universal suicide risk screening across the health care system via revisions to the *Indian Health Manual*, chapter 34, which supports the use of a standardized universal suicide risk screening tool at all IHS areas and facilities.
- NIH will identify research gaps in peer support in suicide prevention and encourage research to address those gaps.
- SAMHSA will improve data collection and reporting on critical 988 data—including suicide attempts in progress and both voluntary and involuntary emergency interventions—and evaluate outcomes to support ongoing quality improvement.
- SAMHSA and CDC will leverage the CDC-funded community-led suicide prevention website and SAMHSA-funded SPRC resources to develop resources and training to support communities and suicide prevention coalitions in implementing upstream suicide prevention activities and strategies.
- USDA/RD will incorporate suicide-related data and trends into rural health communications, such as presentations, websites, and dashboards, from the USDA Rural Health Liaison.
- VA and DOD will publish the updated VA/DOD Clinical Practice Guideline for the Assessment and Management of Risk for Suicide to inform the public on the state of evidence-based suicide prevention practices.
- VA and SAMHSA will expand newly developed suicide mortality review activities, where communities and states build on current death investigation systems to produce locally focused, timely data on suicide deaths; make recommendations to policymakers; and foster the development of prevention, intervention, and postvention activities.

A monitoring and evaluation plan with a timeline and metrics is forthcoming later in FY24. The plan will identify the fiscal year when each action will be implemented and indicate how agencies will monitor implementation and evaluate outcomes. Findings from ongoing assessments and emerging developments and priorities in suicide prevention will inform future action plans in subsequent years.

Individual agencies will monitor achievement of their respective actions. The federal government will also evaluate the implementation of the *National Strategy* overall, as described in the following two actions included under Goal 10, Objective 10.5:

- The federal government, acting through the U.S. Department of Health and Human Services' (HHS) Behavioral Health Coordinating Council's Suicide Prevention and Crisis Care Subcommittee, will identify or create core indicators to track the progress and implementation of the *National Strategy*.
- The HHS Behavioral Health Coordinating Council's Suicide Prevention and Crisis Care Subcommittee, in consultation with the Interagency Task Force on Military and Veterans Mental Health (ITF), will collaborate on evaluating the progress and implementation of the *National Strategy*.

Together, these actions indicate federal commitment to carrying out and evaluating the goals and objectives laid forth in the 2024 *National Strategy for Suicide Prevention*.

Action Plan: FY 2024–26

The *Action Plan* is organized by the four Strategic Directions of the *National Strategy*. It specifies each action that will occur in FY 2024–26, the lead agency or agencies responsible for the action, and the *National Strategy* goal(s) and objective(s) the action supports.

In cases where an action supports more than one goal or objective, the most relevant goal or objective is listed first. Actions that will be completed in FY 2024 are indicated by an asterisk (*).

STRATEGIC DIRECTION 1:

Community-Based Suicide Prevention

→ GOAL 1:

Establish effective, broad-based, collaborative, and sustainable suicide prevention partnerships.

Objective 1.1:

Create and sustain public-private partnerships and coalitions at the national, state, and local levels, representing diverse populations, perspectives, and broad suicide-centered lived experiences to extend reach and strengthen suicide prevention outcomes.

Objective 1.2:

Create and enhance connections between state agencies, tribal nations, and local communities to increase the reach of comprehensive suicide prevention activities and to strengthen outcomes.

Objective 1.3:

Strengthen and sustain collaborations across federal agencies to advance suicide prevention nationally by leveraging each agency's unique expertise, data, programs, and other resources.

Goals and Objectives	Action
1	DOT/FRA will advance implementation of its *National Strategy to Prevent Trespassing on Railroad Property* through data-driven programs that will evaluate the risks of trespasser incidents throughout the nation's rail network and work with communities and law enforcement to facilitate the implementation of effective prevention strategies.
1	DOT/FRA will continue to collaborate with international partners to share best practices related to railroad suicide prevention, which includes developing a partnership with the Global Railway Alliance for Suicide Prevention (GRASP), an international working group focused on railroad suicide prevention.
1.1, 5.1, 5.2, 7.2, 7.3, 7.4	CDC will continue to develop and leverage partnerships with industry leaders and trade/professional associations to develop communication strategies and other system-level and organization-level approaches to suicide prevention for the health workforce and other select occupations (e.g., first responders) that have a higher risk for suicide.

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Goals and Objectives	Action
1.1, 4.3, 7.3, 12.1, 13, 14.1	*DOD will establish a Lived Experience Working Group that will be included in the process of developing and implementing suicide prevention efforts that support the mental health and well-being of its workforce and families.
1.1, 1.2, 1.3	DOL/OSHA will expand its partnership with the American Foundation for Suicide Prevention to develop training materials and sustain outreach with an organizational-level approach to suicide prevention within the United States workforce. OSHA will work with its Education Centers to disseminate guidance material related to mental health and suicide prevention to workers.
1.1	DOT/FRA will increase opportunities for industry partners to share insights regarding suicide prevention challenges and successes, such as the FRA-hosted quarterly meetings of the Suicide Prevention for US Rail (SPUR) working group.
1.1, 1.3, 8.1–8.9, 11.1–11.6	NIH will maintain and build upon existing public-private partnerships to advance the evidence base of effective suicide prevention strategies and their implementation. Specific activities: • Develop and strengthen public-private partnerships (e.g., through the Action Alliance) to build and disseminate evidence-based practices in suicide prevention. • Work to implement evidence-based suicide prevention practices in health care with federal partners (e.g., CDC, IHS, SAMHSA, and VA).
1.1, 2.2, 15.4, 7	USDA/NIFA will collaborate with the Mental Health and Nutrition Network, which is facilitating interdisciplinary collaboration among professionals and communities to cultivate innovative, practical solutions to improve food systems and strengthen mental health and nutrition integration to contribute to suicide prevention efforts.
1.1, 15.4, 2, 7	USDA/NIFA will connect with the Nutrition Hub, under the Agricultural Science Center of Excellence for Nutrition and Diet (ASCEND) for Better Health initiative, to identify opportunities to collaborate in suicide prevention.

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Goals and Objectives	Action
1.1, 1.2, 1.3 2.1, 2.8, 4.4, 6.2, 6.3, 6.5, 10.1, 13.3	*VA and SAMHSA will expand newly developed suicide mortality review (SMR) activities, where communities and states build on current death investigation systems to produce locally focused, timely data on suicide deaths; make recommendations to policymakers; and foster the development of prevention, intervention, and postvention activities.
1.3, 10.1–10.4	DHS components, including OHS, ICE, and CBP, will strengthen and sustain collaborations across federal agencies to advance suicide prevention by leveraging each agency's unique expertise, data, programs, and other resources, such as by working with the VA to connect DHS Veterans in crisis to suicide prevention resources.
1.3, 7.1, 11, 13.3	*DOD and VA will jointly hold a biannual suicide prevention conference focused on service members and Veterans to strengthen both agencies' comprehensive approach to suicide prevention and enhance the care and support provided to service members and families transitioning from DOD to VA.
1.3, 4	DOD will strengthen and sustain collaborations across federal agencies to advance suicide prevention nationally by leveraging VA's unique postvention response expertise and consultation through VA's Suicide Risk Management Consultation Program.
1.3, 2.8, 6, 10	*DOJ will improve processes to enhance collaboration and information sharing on suicide prevention across components and offices, including between its components and offices that collect and analyze data on suicide behavior or fund grants, cooperative agreements, or contracts for projects or programs to reduce risk for suicide and build protective factors.
1.3, 5, 7	*DOJ and CDC will collaborate to explore ways of using existing resources to strengthen systems of communicating information to public safety agencies on best practice interventions; evidence-based training, tools, and research; and other information that can help improve well-being and psychological health, reduce risk factors, and build protective factors against suicide.
1.3	IHS will implement evidence-based universal suicide risk screening across the health care system via revisions to the *Indian Health Manual*, chapter 34, which supports the use of a standardized universal suicide risk screening tool at all IHS areas and facilities.

→ GOAL 2:
Support upstream comprehensive community-based suicide prevention.

Objective 2.1:

Assess community strengths and gaps to inform suicide prevention planning at the individual, relationship, community, and societal levels.

Objective 2.2:

Strengthen job and economic supports, especially among individuals, families, and communities disproportionately affected by suicide and overdose.

Objective 2.3:

Improve availability and access to culturally relevant suicide prevention information and community-helping resources, especially in underserved and historically historically marginalized communities.

Objective 2.4:

Implement and evaluate effective interventions that reduce the onset of suicide risk and promote connected individuals, families, and caregivers where they live, work, learn, play, and worship.

Objective 2.5:

Promote safe, stable, and nurturing relationships and environments to help prevent adverse childhood experiences and create positive childhood experiences.

Objective 2.6:

Implement and evaluate interventions addressing the intersection of suicide, substance use, and adverse childhood experiences, including those with a focus on improving social determinants of health across diverse populations.

Objective 2.7:

Implement and evaluate effective interventions reflecting a comprehensive public health approach to suicide prevention, especially in populations disproportionately impacted by suicide.

Objective 2.8:

Expand existing federal support to states and communities nationwide for comprehensive suicide prevention that incorporates both upstream and downstream prevention strategies across the life span.

Goals and Objectives	Action
2	SAMHSA will identify and actively disseminate prevention strategies to local communities on risk factors and social determinants of health related to suicide prevention, based on community needs.
2.2, 11	NIH will work with relevant agencies to build the evidence base regarding strengthening economic support as a strategy for suicide prevention and identify opportunities to implement effective efforts.
2.3, 15.4	ACF will develop a dedicated space on its newly designed and marketed behavioral health webpage for information on suicide prevention for families, teens, and ACF grant recipients and partners, and it will add updated information and resources on suicide prevention.
2.3, 15.4	ACF will promote materials related to the *National Strategy* and related resources on children, youth, and families to grant recipients and partners through the ACF Stakeholder email list, ACF Program Office email lists, and other communication tools.
2.3	ACL will support people who have intellectual and developmental disabilities (IDDs), as well as mental health disabilities, by developing resources related to policy development, service design, and service coordination across state agencies, including behavioral health, developmental disabilities, and Medicaid agencies. This work will be guided by people with lived experiences, including those from historically marginalized communities, and will provide information, training, and peer-to-peer learning for people with dual IDD-mental health diagnoses, their families, and professionals who work with them.
2.3	DOT/FRA/Volpe Center will continue to enhance and maintain a Rail Suicide Prevention Resource webpage.
2.3	HUD will disseminate communications and educational information on suicide prevention, including information on the 988 Suicide & Crisis Lifeline, to Housing Counseling grantees, Fair Housing grantees, homeless services organizations, public housing authorities, and other HUD-assisted housing providers.
2.3	*VA's evidence-based suicide prevention telehealth psychotherapy program will create and promote Spanish translation of materials for Veterans.

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Goals and Objectives	Action
2.4	CDC will continue to implement the What Works in Schools program, demonstrated to improve health and well-being among youth, and which includes strategies linked to decreases in suicide-related behaviors.
2.4	CDC will release a mental health action guide and implementation tools to help K–12 schools support the mental health of their students.
2.4, 2.5	ED will incorporate suicide prevention activities into current and upcoming efforts that provide technical assistance to state educational agencies (SEAs), local educational agencies (LEAs), and tribal nations to create and sustain positive, safe, and nurturing learning environments (e.g., Comprehensive Centers, Regional Educational Laboratory, Positive Behavioral Interventions and Supports, National Center on Safe Supportive Learning Environments, and Readiness and Emergency Management for Schools).
2.4	ED will actively disseminate evidence-based practices to SEAs, through funded centers, on mitigating adverse experiences, such as exposure to bullying behavior, harassment, exclusionary discipline, and isolation, and will implement protective strategies, such as coping skills, problem solving, and mediation.
2.4	ED will invest in technical assistance to promote safe, positive, and nurturing learning environments and enhance relationships. The technical assistance will address how to implement evidence-based practices to improve school climate, increase positive and healthy relationships and feelings of belonging, and raise teacher awareness of students' mental health needs—including suicide and suicide ideation—and effective responses and supports.
2.5, 5.4, 7.2	*ACF will work with *National Strategy* partners to host an informational webinar for ACF grant recipients and partners to highlight strategies and resources for youth and parents/caregivers.
2.5	ED will fund the training, certification, and placement of additional school level personnel to provide school-based mental health services to students.
2.5	ED will disseminate information from supported technical assistance centers and provide support to SEAs and LEAs on how to incorporate suicide prevention into school emergency plans.

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Goals and Objectives	Action
2.5	*HRSA/Maternal and Child Health Bureau (MCHB) will continue to support programs to promote safe environments to help prevent adverse childhood events and create positive childhood experiences through the Stopbullying.gov contract, which operates social media and Web content maintenance, including the bullying prevention strategy of building a safe environment.
2.5, 12.5	USDA/NIFA will identify and promote projects funded under Rural Health and Safety Education and 4 H Youth Development programs, which create positive youth development experiences.
2.5, 12.5, 13.2, 15.4	*USDA/NIFA will collaborate with other federal agencies supporting youth suicide prevention programs and activities (e.g., SAMHSA, ED, IHS) to share best practices with Rural Health and Safety Education grantees and 4-H Youth Development programs, ensuring that rural youth needs are represented in other youth-serving efforts.
2.6, 3.4, 8.4, 10.4	CDC will continue to collect data and implement activities that address shared risk and protective factors related to suicide and substance use, such as preventing substance use disorder and linking individuals to crisis and treatment services via the Overdose Data to Action and the Opioid Rapid Response Program.
2.6, 3.4, 12.3	CDC will continue to implement activities that can address shared risk and protective factors for substance use and suicide with a focus on youth within the Drug-Free Communities (DFC) program.
2.6, 15.6, 2.2	USDA/RD will pursue data partnerships with CDC and other suicide and health care provider data holders to explore research related to the economic and health impacts of infrastructure funding in rural communities.
2.7	ACL will support the implementation of proven evidence-based programs and innovations by funding formula and discretionary supports that may include behavioral health demonstration grants and chronic disease self-management education programs related to mental health.
2.7, 13.2, 13.3, 13.4, 13.7	CDC will work with SAMHSA and NIH to optimize opportunities to test and evaluate promising suicide prevention strategies (e.g., those identified in the Suicide Prevention Resource for Action, Comprehensive Suicide Prevention Program, and SPRC Best Practices Registry for disproportionately affected populations).

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Goals and Objectives	Action
2.7, 2.8, 5.3	CDC will develop and promote a toolkit for evaluating upstream suicide prevention activities in Veteran serving organizations across the country to help build effective community-based programs and services for Veterans and their families.
2.7, 13, 15.4	SAMHSA and CDC will translate and promote research findings on evidence-based programs and strategies (particularly related to disproportionately affected and underserved populations), and provide grantees, states, tribes, and communities with technical assistance and tools for capacity building and implementation.
2.8	If additional funding is available, CDC will expand the Comprehensive Suicide Prevention program to additional states and communities, including tribes, over the next three years.
2.8, 6.4	DOT/FRA will work with other federal agencies to streamline the application process for FRA grant programs and to identify dedicated grant opportunities to reduce barriers experienced by communities at risk for trespassing on the rails and suicide.
2.8, 6.4	DOT/FRA will work through the Executive and Congressional budget cycles and reauthorization process to identify funds to strengthen grant programs that provide funding for trespasser mitigation, such as suicide prevention efforts.
2.8, 6.4	DOT/FRA will expand the eligibility criteria for applicants to FRA grants to include local law enforcement agencies.
2.8, 6.2	*SAMHSA and CDC will leverage the CDC-funded community-led suicide prevention website and SAMHSA-funded SPRC resources to develop resources and training to support communities and suicide prevention coalitions in implementing upstream suicide prevention activities and strategies.

→ GOAL 3:

Reduce access to lethal means among people at risk of suicide.

Objective 3.1:

Train community members and implement effective ways to reduce access to lethal means among people at risk, including safe and secure storage of firearms, medications and poisons, ligatures, and other means in homes, workplaces, communities, and the physical environment.

Objective 3.2:

Evaluate policies, programs, and practices that put time and space between a person at risk and a lethal means of suicide, including their impact in historically marginalized communities.

Objective 3.3:

Partner with firearm and other relevant organizations and communities to incorporate suicide awareness and prevention as basic tenets of firearm safety and responsible ownership.

Objective 3.4:

Implement effective substance use prevention and harm reduction programs, practices, and policies that can help reduce suicide risk at the individual and community levels.

Goals and Objectives	Action
3.1, 3.2	CDC will assess prevalence of practices related to safe storage of lethal means at the state and national levels using available Behavioral Risk Factor Surveillance System (BRFSS) and NCHS Web panel survey data to inform prevention efforts.
3.1, 3.2	CDC will continue to fund programmatic and research opportunities to develop, implement, and evaluate interventions to enhance lethal means safety in suicide prevention efforts.
3.1, 4.5, 5	DHS will review processes and create guidance documents that outline effective ways to reduce access to lethal means among workforce members in crisis while minimizing adverse career impacts, particularly among DHS's law enforcement personnel.
3.1, 3.2, 4.5, 5	DHS/CBP will adopt and implement CBP's Lethal Means Workgroup Recommendations, which will include allocating funding for materials (e.g., lockboxes, trigger/cable locks) and updating all applicable CBP policies to support effective lethal means management among CBP employees and families.
3.1, 3.3	DOD will implement a multimedia public education campaign to promote a culture of safety through the promotion of secure firearm storage.
3.1	VA will increase public engagement and education interventions related to lethal means safety (LMS).

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Goals and Objectives	Action
3.2, 4.5, 5	DHS will review policies and practices related to LMS to identify and address potential barriers to employees reporting or seeking assistance with mental health issues, including policies that address or impact the consequences and uses of such disclosures, particularly among DHS's law enforcement personnel.
3.2, 3.4	FDA will incorporate assessment of the potential to prevent intentional self-harm by opioid overdose in its ongoing evaluation of opioid packaging strategies.
3.2	VA Veterans Crisis Line (VCL) will increase time and space to access to lethal means among people at elevated risk of suicide.
3.3	VA will foster relationships with the firearms industry to incorporate suicide awareness, prevention, and intervention as a basic tenet of firearm safety, secure storage, and responsible ownership.
3.4, 4.5, 5	DHS/CBP will develop and disseminate a substance use prevention and reduction program policy aimed at reducing problematic substance misuse and reducing suicide risk.
3.4, 11.4	NIH will work with other federal agencies to assess how to implement effective strategies to address suicide risk in programs serving people with substance use disorders, while also implementing effective strategies to address substance use among those at elevated risk of suicide.
3.4, 8.9	SAMHSA and IHS—in consultation with HRSA, DOJ, and other departments—will collaborate to identify ways to address substance use and overdose and suicide risk concurrently in clinical settings (including emergency departments) and community settings.

→ GOAL 4:
Conduct postvention and support people with suicide-centered lived experience.

Objective 4.1:

Provide community-based care and support options to individuals bereaved by suicide.

Objective 4.2:

Provide community-based care and support options to individuals who have survived a suicide attempt or who struggle with thoughts of suicide.

Objective 4.3:

Engage suicide attempt survivors in the development, implementation, and evaluation of guidelines and protocols for support groups, programs, and policies.

Objective 4.4:

Promote the adoption and evaluation of community-relevant guidance for the identification, assessment, and community-led response to potential suicide or suicide attempt clusters.

Objective 4.5:

Support suicide prevention and whole person health among health care workers and other occupational groups who experience traumatic exposure to suicide risk, such as first responders, health care providers, and crisis workers.

Goals and Objectives	Action
4, 1.3, 2.7	DOD will take steps to improve training and oversight of the department's suicide postvention efforts, as well as disseminate training throughout the department.
4	VA will increase postvention support to survivors of suicide loss (VHA employees, caregivers, and loved ones).
4	*VA will develop a coordinated set of services of support for loved ones of Veterans who die by suicide across VHA, Veterans Benefits Administration, and National Cemetery Administration, which includes provision of postvention support services, burial benefits, and survivor benefits.
4.5, 5.2	*OASH/OSG/Commissioned Corps Headquarters will provide disaster safety and wellness checks to officers impacted by natural or nonnatural disasters.

→ GOAL 5:
Integrate suicide prevention into the culture of the workplace and into other community settings.

Objective 5.1:

Integrate suicide prevention into workplace values, policies, culture, and leadership at all levels.

Objective 5.2:

Create, implement, and evaluate organizational programs, practices, and policies to support worker well-being and suicide prevention.

Objective 5.3:

Implement and evaluate effective programs, practices, and policies in suicide prevention and crisis response in settings where people live, work, learn, play, and worship, and ensure ongoing staff training and development.

Objective 5.4:

Train community members, organizations, and civic groups to identify and respond to people who may be at risk of suicide.

Objective 5.5:

Work with the public and private sectors to implement and evaluate recommended practices and policies to support safer digital technology use, especially among youth and young adults.

Goals and Objectives	Action
5, 4.5	DOJ will conduct the Law Enforcement Administrative and Management Statistics (LEMAS) Supplement Survey-Post-Academy Training and Officer Wellness (PATOW) with a sample of state, tribal, county, and local law enforcement agencies to identify information needs related to post-academy law enforcement training and officer wellness programs, including guidance on agency responses to suicide.
5, 10, 4.5	DOJ will conduct a review of studies on law enforcement suicide and an environmental scan of existing data sources to summarize the evidence, identify gaps, and recommend improvements.
5, 10, 4.5	*DOJ will begin plans for a feasibility study to learn about measuring data elements correlated with correctional officer stress and suicide, which will be used to develop recommendations for how DOJ can obtain data on stress and correlates of suicide for correctional officers working in federal, state, tribal, county, local, and privately operated correctional facilities.
5	DOJ will coordinate a webinar (or a series of webinars) that provides public safety agencies with information on how to develop and implement comprehensive, multi-dimensional, evidence-based/evidence-informed prevention, intervention, and postvention programs to reduce risk factors for and build protective factors against suicide, including how to systematically and effectively use measurement-based approaches to evaluate the health and well-being of the workforce.

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Goals and Objectives	Action
5, 6.4, 2.8	DOJ, through the Law Enforcement Mental Health and Wellness Act (LEMHWA) Program and the Internet Crimes Against Children (ICAC) Task Force Program, will collaborate with and provide grant funding to nonfederal law enforcement agencies and organizations that are managing projects and programs to reduce risk for and build protective factors against suicide among law enforcement and other public safety agency personnel.
5, 4.5	Using evidence-informed and evidence-based suicide prevention approaches, DOJ will provide law enforcement and other public safety agencies with resource materials, training, and time-sensitive and customized technical assistance through the National Suicide Awareness for Law Enforcement Officers (SAFLEO) Program and the National Consortium on Preventing Law Enforcement Suicide (Consortium).
5, 9	DOT/NHTSA/Office of Emergency Medical Services (OEMS) will continue to collaborate with federal partners to improve understanding of the role of Emergency Medical Services and 911 systems in suicide prevention and response and of how to best prevent suicide among these critical workforces.
5	HUD will provide Mental Health First Aid training to frontline workers in the housing sector who regularly encounter people experiencing housing-related challenges and issues that may trigger mental or emotional distress. Training recipients include housing counselors, senior housing service coordinators, and staff of state and local Fair Housing agencies. If funding permits, HUD will also provide training to staff of public housing authorities.
5	*USDA/RD/Rural Workforce Innovation Network (RWIN) will facilitate discussions among RWIN members to identify existing resources that can help rural employers offer evidence-based suicide prevention supports to their employees.
5	USDA/RD will identify and work with partners to share or adapt existing suicide prevention workplace support resources with cooperative and other economic development grantees.

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Goals and Objectives	Action
5, 2.4	USDA/FS, in collaboration with key stakeholders across the agency and diverse federal, state, and local partners, will provide identified best practices and evidence-based suicide prevention and de-escalation education year-round to raise awareness, promote connectedness, teach coping and problem-solving skills, and refer at-risk employees to services and resources on mental health and substance use disorders.
5, 4.5	USDA/FS, in collaboration with key stakeholders across the agency and diverse federal, state, and local partners, will implement a comprehensive approach with best practices for suicide prevention, intervention, crisis response, and postvention, which will include (1) ensuring strong leadership to convene and connect resources; (2) increasing understanding of contributors to suicide and suicidal behaviors; (3) identifying and assessing gaps in existing Forest Service programs; (4) developing, implementing, and evaluating a communication plan to communicate trends, progress, successes, and lessons learned; and (5) detailing Public Health Service Behavioral Health Officers to the FS.
5, 4.5	USDA/FS will partner with HHS to provide access to a variety of clinical experts and Public Health Service (PHS) officers who can provide support to all FS employees and focused support to those in high-risk positions (e.g., firefighters, law enforcement, and dispatchers).
5.1, 5.3, 5.4, 6	DHS/ICE will request two additional full-time personnel to expand and sustain comprehensive suicide prevention training for its workforce.
5.1, 5.2, 4.5	DHS/USCG will update its workplace policies and directives that promote mental health, wellness, and self-care (e.g., work-life and medical policies addressing response to behavioral health concerns) and promote collaboration among programs to ensure access to services.
5.1, 5.4, 4	DHS/CBP will promote a culture of support for suicide prevention, help-seeking, and wellness by publishing CBP's Suicide Prevention, Intervention and Postvention Policy and by developing and delivering in-person suicide prevention training to its employees every year.
5.1–5.4	DOD will equip and educate leaders at multiple levels to foster supportive environments and decrease stigma and other barriers to seeking care at all times (crisis and noncrisis), which will include postvention education, training, and understanding of the full spectrum of the DOD existing help and care system.

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Goals and Objectives	Action
5.1	*DOL/OSHA will deliver a keynote presentation at the Construction Working Minds Summit designed to engage construction industry professionals in a meaningful dialogue on the critical subject of suicide prevention.
5.1, 5.5	DOL/OSHA will provide at least five specific suicide prevention outreach support activities each year to its various Regional and National Alliance/ Partnership stakeholders via in-person sessions, podcasts, or other delivery means to address difficult conversations related to mental health in the occupational setting.
5.1	DOL/VETS will offer the Preventing Healing Burnout in Veteran Service Providers course, which presents resources and strategies for preventing and overcoming burnout, and the supplementary podcast "Episode 15: Addressing Burnout and Secondary Trauma for Veteran Service Providers," which offers additional insights and support.
5.1, 3.1	USDA/RD will adapt current mental health literacy training from the Farm Production and Conservation and Forest Service mission areas for Rural Development staff.
5.1, 3.1	USDA/RD will engage partners with expertise and information from those with lived experiences to support the development of a standard operating procedure for Rural Development staff when they engage with someone they believe to be in distress.
5.2, 4	CDC will continue to identify, create, disseminate, and evaluate resources for evidence-based and promising prevention programs and practices for industries and occupational groups at higher risk for suicide. Current and near-term efforts focus on health care providers, public health workers, educators, the construction industry, and agriculture workers, with a focus on reducing risk factors and enhancing protective factors at the structural/ cultural level of the work environment. Persons with lived experiences will be included in projects whenever appropriate and feasible. Longer-term initiatives, contingent on funding, will expand these efforts and broaden to address other industries.
5.2, 5.4, 7.2	DHS/USCG will increase awareness and promotion of optimal mental health strategies and services among all personnel by conducting webinars and presentations on mental health and wellness, implementing Operational Stress Control policy and training, and developing and disseminating Coast Guard-specific materials promoting mental health services.

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Goals and Objectives	Action
5.2	DOJ will conduct a DOJ-wide systematic review of all policies, practices, and procedures related to prevention, intervention, and postvention support and services to reduce and build protections against suicide risk among workers and will develop and amend policy, as needed, to establish consistency and set DOJ standards.
5.2, 4.5	OASH/OSG/Commissioned Corps Headquarters will provide annual Suicide Prevention Training to all U.S. Public Health Service Commissioned Corps.
5.2, 4.5	OASH/OSG/Commissioned Corps Headquarters will develop a *Public Health Service Wellness Guide* that will support the health and wellness of all officers.
5.3	DOT/FRA will assess the impact of its current Critical Incident Stress Plan rule in reducing the risk of adverse impacts among employees who experience a potentially traumatic event. Findings will be used to inform improvements to this mandate.
5.4, 7.2	ED will disseminate information and evidence-based practices on prevention, screening, and awareness of suicide to Institutes of Higher Education grantees to include in pre-service training activities.
5.4, 7.2	ED will disseminate, through funded technical assistance centers, information and evidence-based practices on prevention, screening, and awareness of suicide to SEAs to include in in-service professional development activities.

→ GOAL 6:

Build and sustain suicide prevention infrastructure at the state, tribal, local, and territorial levels.

Objective 6.1:

Create and maintain core staff positions in offices of suicide prevention across state, tribal, local, and territorial levels to build and sustain comprehensive suicide prevention programming, including hiring people with suicide-centered lived experience and people representing the diversity of communities being served.

Objective 6.2:

Train staff across state, tribal, local, and territorial levels about comprehensive suicide prevention, including building partnerships; use of data for decision-making; selection, implementation, and evaluation of effective prevention strategies; and communication activities.

Objective 6.3:

Modernize data systems and infrastructure and build staff capacity in surveillance, data analysis, and program and policy evaluation across state, tribal, local, and territorial levels.

Objective 6.4:

Establish and sustain public and private funding streams for implementation and evaluation of effective suicide prevention programming at the state, tribal, local, and territorial levels, with attention to populations disproportionately affected by suicide.

Objective 6.5:

Develop, implement, evaluate, and routinely update data-informed state, tribal, local, and territorial suicide prevention plans that reflect a comprehensive approach to suicide prevention.

Goals and Objectives	Action
6.1	IHS will develop an American Indian and Alaska Native Strategic Plan for Suicide Prevention over a three-year period. The plan will span a five-year period and will include IHS Direct Service facilities, urban organizations, and tribal programs.
6.2	*CDC, in collaboration with nongovernment organizations and federal partners, will conduct a series of community learning forums/webinars that support dissemination of evidence-based prevention strategies as outlined in CDC's *Suicide Prevention Resource for Action* and raise awareness of other available resources to build comprehensive suicide prevention capacity among local, state, and tribal public health agencies.
6.4	SAMHSA will expand the *National Strategy for Suicide Prevention* grant program, which is a grant program focused on expanding community-based suicide prevention for adults, to include suicide prevention activities among older adults, pending future funding.
6.4, 15.2, 5	*USDA/NIFA will incorporate grantee assessment of the efficacy of suicide prevention interventions among rural farmers and ranchers as part of the Farm and Ranch Stress Assistance Network, which connects individuals in agriculture-related occupations to stress assistance programs.

→ GOAL 7:

Implement research-informed suicide prevention communication activities in diverse populations using best practices from communication science.

Objective 7.1:

Communicate the most recent suicide-related data and trends to a range of audiences in a safe, easy-to-understand way and to inform public health action.

Objective 7.2:

Increase public knowledge about suicide warning signs and that suicide is preventable, including the many factors that can increase or decrease suicide risk at the individual, relationship, community, and societal levels.

Objective 7.3:

In collaboration with people with suicide-centered lived experience, develop, implement, and evaluate effective and tailored communication activities that encourage help-seeking and provide instruction on how to support someone struggling or in a crisis.

Objective 7.4:

Communicate stories of help, hope, and healing using safe messaging strategies.

Objective 7.5:

In coordination with youth, develop, implement, and evaluate communication activities to foster healthy engagement among youth and young adults related to social media and other digital technology platforms.

Objective 7.6:

Engage news media, the entertainment industry, and schools of journalism and mass communication to encourage safe, accurate, and responsible reporting and depictions of suicide and positive mental health coping skills.

Objective 7.7:

Increase awareness of 988 and other crisis services with communications that are grounded in the principles of health equity and cultural sensitivity.

Goals and Objectives	Action
7, 13.1–13.3	*CDC, in collaboration with SAMHSA, will lead the development of a Suicide Prevention Communication Playbook focused on how to develop behavior change communication campaigns for use across multiple audiences. These could include groups disproportionately affected by suicide, such as LGBTQ youth, older adults, and Veterans.
7.1	*CDC will release a *Vital Signs* report on suicide that examines disparities in suicide rates by race, ethnicity, age, and sex and explores underlying community factors that can inform prevention efforts.
7.1	DHS/USCG will update its reporting system and streamline reporting methods to ensure accurate information on members who express the need for support or who are in crisis. Specific activities will include revising the Suicide-Related Behavior Report Form (CG Form 1734) to report suicide-related behavior (SRB) more accurately and increasing the accuracy of reporting by providing clear instructions and personnel training.
7.1, 6.3, 7.2, 13.3	DOD will disseminate the *DOD Annual Report on Suicide in the Military*, which presents suicide counts and rates for service members and their families, provides contextual information related to suicide deaths and attempts, and describes DOD suicide prevention efforts.
7.1	IHS will implement lethal means restriction counseling and education across the health care system.
7.1	NIH will continue to communicate to the public important NIH research findings that could inform strategies for suicide prevention.
7.1	*USDA/RD will incorporate suicide-related data and trends into rural health communications, such as presentations, websites, and dashboards, from the USDA Rural Health Liaison.
7.1	VA will communicate or broadcast the *Annual Report (AR) on Veteran Suicide*, including specific trending information for at-risk Veteran subpopulations, to VA, federal partners, and community.
7.2, 13.7	*ACL will raise awareness of the mental health needs of older adults and advance suicide prevention efforts through a variety of activities, including supporting federal public awareness campaigns, sponsoring Older Adult Mental Health Awareness Day, and serving as national experts on relevant work groups and projects.

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Goals and Objectives	Action
7.3	DHS/ICE will request funding to develop two new suicide prevention awareness videos and provide comprehensive suicide prevention training for leaders and interested employees. Funding will also be requested to evaluate the effectiveness of the training video in increasing awareness of the importance of suicide prevention.
7.4	CDC and SAMHSA will collaborate on the development and implementation of a national suicide prevention campaign, pending future funding.
7.5, 13.6	USDA/NIFA will track projects/activities related to healthy youth engagement with social media or other technology platforms.
7.5, 13.6	USDA/NIFA will invite federal agencies to participate or include information from appropriate organizations in 4-H Youth Development and Rural Health and Safety Education grantee meetings and conferences to share data and promote strategies related to youth use of social media and technology platforms and potential impact on mental health and suicide risk.
7.6	*CDC will collaborate with partners to develop training for journalists on how to find, interpret, and use suicide data.
7.7, 2.3, 15.4	ACF/Administration for Native Americans (ANA) will work with other federal agencies involved in suicide prevention to share information about suicide prevention resources, 988, and the *National Strategy* at one or more of the monthly Community Partner Meetings that are working with children, youth, and families in tribal communities.

STRATEGIC DIRECTION 2:

Treatment and Crisis Services

→ GOAL 8:

Implement effective suicide prevention services as a core component of health care.

Objective 8.1:

Implement effective services to identify, engage, treat, and follow up with individuals with suicide risk as standard care in public and private health care delivery.

Objective 8.2:

Develop and implement effective standard protocols to identify, engage, treat, and follow up with individuals with elevated suicide risk in health care.

Objective 8.3:

Address practice and policy barriers in order to implement effective emergency department screening, safety planning, and rapid and sustained follow-up after discharge in all emergency departments.

Objective 8.4:

Promote effective continuity of engagement and care for patients with suicide risk when they transition between different health care settings and providers, especially crisis, emergency, and hospital settings, and between health care and the community.

Objective 8.5:

Ensure suicide prevention competency in initial and continuing education of health professionals to achieve and maintain quality and effectiveness of suicide prevention services.

Objective 8.6:

Incentivize and enable health care organizations to track suicide thoughts, attempts, and deaths in their patient and beneficiary populations to inform continuous quality improvement efforts.

Objective 8.7:

Increase and leverage the use of electronic health records to track and support implementation of best practices for suicide prevention.

Objective 8.8:

Implement effective health care practice strategies that encourage safe and secure storage of lethal means among people at increased risk of suicide.

Objective 8.9:

Ensure that suicide prevention services include the capability to identify and address co-occurring substance use issues and ensure that substance use treatment services include the capability to identify and address suicide risk.

Goals and Objectives	Action
8, 9, 10, 12	ASPE will continue to develop and publish policy-focused suicide prevention services research—on topics such health care-based interventions; quality and accessibility of crisis care services; and timeliness, quality, and usefulness of data—in the portfolio of the Office of Behavioral Health, Disability, and Aging Policy (BHDAP).
8	VA will increase access to evidence-based suicide prevention treatments among Veterans receiving mental health care within the VHA.
8	VA will increase the volume of referrals for Veterans with a recent history of suicidal self-directed violence (SSDV) to evidence-based suicide prevention focused treatments within VHA Clinical Resource Hub Suicide Prevention Clinical Telehealth Programs.
8	*VA and DOD will publish the updated *VA/DOD Clinical Practice Guideline for the Assessment and Management of Risk for Suicide* to inform the public on the state of evidence-based suicide prevention practices.
8.1, 8.2	DHS/USCG will increase mental health crisis intervention capabilities to support personnel with mental health needs by providing ongoing suicide prevention training and improving access to mental health resources and services (e.g., by reducing wait time to speak with the same mental health professional to less than two weeks).
8.1, 8.2, 8.4, 8.5, 8.9	DOD will provide training to Behavioral Health Technicians in evidence-based suicide prevention practices.
8.1–8.9, 1.1, 1.3, 3.1, 4.4, 4.5, 10, 11	DOD will work with VA to advance integration of the current *VA/DOD Clinical Practice Guideline for the Assessment and Management of Risk for Suicide* and clinical support tools into the electronic health record in both health care systems to facilitate and measure provider adoption and integration of the clinical practice guideline (CPG) into care, and to better measure provider CPG use to manage suicide risk, inform quality of care measures, evaluate associated treatment outcomes to prevent suicide attempts and deaths, and respond to suicide ideation and behaviors with evidence-based interventions.

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Goals and Objectives	Action
8.2	CMS intends to integrate suicide prevention into its behavioral health work on dementia through its Center for Medicare and Medicaid Innovation (Innovation Center) GUIDE model test, including risk assessment for harm.
8.2, 8.4	DHS/USCG will promote the safe disclosure of suicidal thoughts among persons receiving care in all settings.
8.2	HRSA/MCHB will continue to support the comprehensive recommendations for preventive services for infants, children, and adolescents, which include screening for suicidality beginning at age 12. The current recommendation to screen for suicidality beginning at age 12 is established in the *Bright Futures/American Academy of Pediatrics Recommendations for Preventive* Pediatric *Health Care*, also known as the "Periodicity Schedule," a schedule of screenings and assessments recommended at each well-child visit from infancy through adolescence. HRSA supports the development and dissemination of the *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents* and requires an annual review of the Periodicity Schedule.
8.2	SAMHSA, in consultation with HRSA, will develop suicide care pathways appropriate for specific care settings including critical access hospitals, federally qualified health centers, certified community behavioral health clinics, and rural health clinics.
8.3	*NIH will engage with CMS to discuss evidence-based suicide prevention interventions that could be accessed by individuals covered by CMS programs.
8.3, 8.4	SAMHSA, in consultation with CDC, NIH, AHRQ, CMS, and IHS, as well as the VA, will develop recommended protocols and guidance to facilitate the increased use of follow-up phone calls or texts within 24 hours of discharge from psychiatric hospitalization or emergency department discharge to check in with the patient, provide support, and maintain contact until the person's first outpatient appointment for any patient endorsing current suicidal ideation at any time during an emergency department or inpatient psychiatric visit.
8.4	CMS will engage its Regional Offices to develop plans to encourage and educate providers in hospitals and emergency departments to use safety planning for beneficiaries with suicide risk/suicidality.

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Goals and Objectives	Action
8.5	CMS will use the Medicare Learning Network® (MLN) provider communications channels to help educate providers on suicide risk reduction through safety planning. CMS will also use MLN provider communications channels to help educate providers on suicide risk reduction through the use of behavioral health crisis services.
8.5	SAMHSA and NIH, in coordination with the Action Alliance, will convene a series of meetings with relevant stakeholders to seek ways to increase the number of accredited training programs, state licensing boards, and other credentialing or accrediting bodies that offer or require effective suicide prevention training.
8.5	SAMHSA and NIH will collaborate to identify an effective two-tiered training model (for the general mental health workforce and for a smaller subset of practitioners who require more advanced skills) across their suicide prevention grant programs involving clinical training, including primary care.
8.6	NIH will pursue opportunities with other agencies to incentivize relevant systems that serve individuals at risk for suicide to implement more complete injury coding. NIH will work with other agencies to illustrate the value of policies that facilitate linkage to mortality data for suicide prevention.
8.6, 9.1	SAMHSA, CMS, ASPE, and AHRQ will identify measures for assessing the quality of care provided to individuals with suicide risk, describe how they are currently being used in quality reporting, and identify gaps that need to be addressed.
8.7	DHS/ICE will request additional funding for and continue to work with DHS headquarters to establish an electronic employee assistance program (EAP) mental health records system that will track and support implementation of best practices for suicide prevention and behavioral health care.
8.7	USDA/RD will explore options to fund electronic health record software subscriptions vs. purchases.
8.8	Materials produced by the HRSA-supported Poison Help campaign, which encourages safe storage, will be made available for use by poison control centers and the public on poisonhelp.hrsa.gov.

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Goals and Objectives	Action
8.8	VA will create a process for distributing LMS resources through the prosthetic system at VA hospitals.
8.9, 2.6	CDC will support training of clinicians, health care providers, and gatekeepers in effective intervention, treatment, and follow-up for patients at risk of suicide and overdose, emphasizing shared risk and protective factors, based on the best available evidence from the *Suicide Prevention Resource for Action* and the *2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain* (2022 Clinical Practice Guideline).
8.9, 2.3, 11.4, 11.6	SAMHSA will compile and disseminate suicide prevention toolkits, resources, and technical assistance opportunities to substance use disorder (SUD) treatment and recovery service programs on suicide risk assessment; it will also provide this and related information to SUD provider system providers to support workforce awareness, education, and crisis response. The materials will be culturally competent, discuss the link between suicide and overdose, and focus on reducing disparities in suicide rates in underserved communities.

→ GOAL 9:
Improve the quality and accessibility of crisis care services across all communities.

Objective 9.1:

Develop and maintain a robust crisis care system through ongoing quality improvement to help people at risk of suicide.

Objective 9.2:

Increase local collaboration and coordination between 988 centers and 911 Public Safety Answering Points; police, fire, and emergency medical services; and behavioral health crisis services to improve quality of care for those in crisis.

Objective 9.3:

Through expansion of effective mobile crisis teams and diversion programs, reduce unnecessary police interventions with individuals who call 988 or 911 with suicidal thoughts.

Objective 9.4:

Increase timely access to assessment, intervention, lethal means safety counseling, and follow-up for people at risk of suicide along the crisis care continuum.

Objective 9.5:

Ensure that crisis services are integrated into health care delivery.

Objective 9.6:

Ensure that 988 crisis counselors and other components of crisis services provide effective suicide prevention services to all users, including those with substance use disorders.

Goals and Objectives	Action
9.1	ACL will coordinate with relevant HHS agencies and their respective networks to promote suicide prevention efforts among older adults through facilitated cross-training, collaboration, dissemination of information, and referral protocols for 988 and local crisis counseling.
9.1	ACL will coordinate with relevant HHS agencies to support people dually diagnosed with intellectual and developmental disabilities in accessing behavioral health crisis services through 988 centers.
9.1	CMS will partner with SAMHSA to issue joint guidance on recommendations for an effective continuum of crisis response services in Medicaid and the Children's Health Insurance Program (CHIP).
9.1	CMS will partner with SAMHSA to establish a technical assistance center to help states under Medicaid and CHIP design, implement, or enhance a continuum of crisis response services for children, youth, and adults.
9.1, 9.2, 9.5, 9.6	DOD will strengthen the Veteran Crisis Line/Military Crisis Line system by continuing resourcing, strengthening data-sharing processes, ensuring accurate and robust handoffs to appropriate services for military callers, and developing and implementing military cultural competency training for Crisis Line staff.
9.1, 9.2	SAMHSA will build a system that will monitor 988 contacts—including suicide attempts in progress and both voluntary and involuntary emergency interventions—and evaluate outcomes and use the findings to support ongoing quality improvement.
9.2	SAMHSA will fund a mobile crisis team locator for use by 988 centers and the Veterans Crisis Line.
9.2	SAMHSA will develop a toolkit/casebook on 988/911 coordination.

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Goals and Objectives	Action
9.2	*SAMHSA, in coordination with the DOT OEMS, will develop guidance on when a behavioral health crisis requires 911 engagement vs. 988 or 988 plus mobile crisis.
9.2, 9.5, 9.6	CDC will increase collaboration and coordination between 988 and other call centers to improve jurisdictional coordination via the Opioid Rapid Response Program.
9.2	DOJ, through the Justice and Mental Health Collaboration Program and the Connect and Protect: Law Enforcement Behavioral Health Response Program will provide grant funding to entities to implement programs that support cross-system collaboration to improve public safety responses and outcomes for individuals with mental health disorders or co-occurring mental health and substance use disorders, which are risk factors for suicide.
9.2	SAMHSA will work with the DOT OEMS, the National Association of State Mental Health Program Directors, and the National Association of State 911 Administrators to increase the number of states that have established processes and protocols for review of 988/911 interactions and to increase the number of 911 diversion programs to 988 centers.
9.3	SAMHSA will continue to work with CMS to increase the number of communities with prompt access to mobile crisis teams.
9.3	USDA/RD will identify strategies to support mobile care crisis teams through existing Rural Development programs (e.g., purchases, retrofits, Internet, and health care-related equipment) and will develop and disseminate resources describing how programs can support crisis care.
9.4	CMS will monitor Medicare utilization of psychotherapy for crisis services furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting, including the home or a mobile unit).
9.5	CMS will monitor the utilization of the Medicare Chronic Pain Management and Treatment codes, which include an element of behavioral health crisis care.

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STRATEGIC DIRECTION 3:

Surveillance, Quality Improvement, and Research

→ GOAL 10:

Improve the quality, timeliness, scope, usefulness, and accessibility of data needed for suicide-related surveillance, research, evaluation, and quality improvement.

Objective 10.1:

Improve the quality, timeliness, scope, usefulness, and accessibility of suicide death data.

Objective 10.2:

Improve the quality, timeliness, scope, usefulness, and accessibility of data on suicide thoughts and behaviors and associated risk and protective factors.

Objective 10.3:

Identify and validate novel data and methods for suicide-related surveillance, research, evaluation, and quality improvement.

Objective 10.4:

Integrate data on adverse outcomes such as unintentional overdoses and other unintentional injuries with data on suicide thoughts, attempts, and deaths.

Objective 10.5:

Evaluate the impact of the *National Strategy for Suicide Prevention* on core indicators of *Strategy* progress and the effects on reducing suicidal thoughts, attempts, and deaths.

Goals and Objectives	Action
10.1, 15.3	AHRQ will produce two statistical briefs on hospital and emergency department utilization related to suicidal ideation, with one brief focusing on overall utilization and the other one on disparities.
10.1	CDC will promote the inclusion of occupational and industry data in current and new surveillance systems and will develop new methods addressing the need for more and better occupational and industry information in current systems. These data and methods are useful for understanding the scope and contribution of occupational and work environment factors to the mental health and wellbeing of workers.

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Goals and Objectives	Action
10.1	CDC will continue to evaluate and improve the availability of provisional mortality data.
10.1, 15.3	CDC will continue work to improve the quality and completeness of race, ethnicity, educational attainment, and other variables reported on the death certificate.
10.1–10.4	CDC will complete a data challenge—a competition among data scientists to solve or devise novel methods to address a pre-defined data problem—to find creative and innovative solutions related to understanding risk and protective factors for suicide outcomes.
10.1	DHS will continue work to improve the reliability, quality, timeliness, and usefulness of suicide mortality data within its workforce.
10.1–10.3	DOT/FRA/NHTSA will collaborate with agencies that collect data related to suicide to identify approaches to reporting and sharing data that will support suicide prevention.
10.1–10.3	As part of the Railroad Information Sharing Environment (RISE) program, DOT/FRA will develop a Web-based Report of Railroad Trespasser Form that can be used by law enforcement agencies to report on rail trespassing enforcement activities to help FRA determine the effectiveness of rail trespass prevention activities and reduce the number of trespasser incidents.
10.1	FDA will collaborate with CDC on a pilot project to link the FDA's Sentinel System and the National Death Index to provide cause of death data for the Sentinel Distributed Database, including deaths due to suicide.
10.1	NIH will coordinate with other federal agencies to identify strategies to improve the quality, timeliness, scope, usefulness, and accessibility of suicide mortality data.
10.2	AHRQ will conduct a systematic review of the management of suicidal thoughts and behaviors in youth to identify effective approaches to reducing suicidal thoughts, behaviors, and suicides among this group.
10.2	CDC will add social determinants of health data to the Web-based Injury Statistics Query and Reporting System (WISQARS) Health Equity module to enable data users to explore suicide-related risk and protective factors.

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Goals and Objectives	Action
10.2	CDC will continue to improve the quality, usefulness, and accessibility of data through the Youth Risk Behavior Surveillance System and School Health Profiles related to youth behaviors and experiences, including suicide thoughts and behaviors and protective factors, such as connectedness.
10.2, 10.3	CDC will collaborate with SAMHSA to explore sharing and use of de-identified Suicide Prevention Lifeline and other data to inform suicide prevention activities and build state and local capacity.
10.2	CDC will continue to improve timeliness and understanding of intent of emergency department visits for firearm-related injuries by developing improved definitions that allow for the identification of injury intent through the Advancing Violence Epidemiology in Real-Time (AVERT) initiative.
10.2	CDC will add social determinants of health data to the NVDRS Restricted Access Dataset to enable data users to explore suicide-related risk and protective factors
10.2	CDC will update indicators in the BRFSS Questionnaire module for social determinants of health and health equity.
10.2	CDC will produce small area estimates through its PLACES project, which provides 36 health estimates for small areas across the country based on BRFSS and U.S. Census data.
10.2	CDC will improve measurement of emotional well-being and social connectedness for use in CDC surveillance systems.
10.2, 10.3, 2	DOT/FRA will identify, through independent analysis and collaboration with railroads and other stakeholders, known and new data sources that could better identify trespasser hot spots or risk factors that lead to trespassing. FRA will provide a way for stakeholders to access this information so they can act on it and implement strategies to help address their specific needs.
10.2	SAMHSA, NIH, and CDC will collaborate to identify a list of common data elements for behavioral health crisis (analogous to those in the suicide prevention field) to provide a common set of indicators for use in crisis services research to more easily facilitate comparison of findings across research studies.

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Goals and Objectives	Action
10.3	NIH will continue to encourage research that seeks to identify and validate novel data and methods for suicide-related surveillance, research, evaluation, and quality improvement.
10.4	CDC will combine surveillance data on emergency department visits associated with mental health conditions from the AVERT initiative with suicide and nonfatal suicide-related outcome data to understand how trends in mental health ED visits relate to trends in suicide-related outcomes, which can inform prevention efforts and the evaluation of existing efforts.
10.4	CDC will support linkage of surveillance data on suicides with data from prior emergency department visits to elucidate common reasons for medical visits in the year prior to a suicide and opportunities to target hospital-based intervention and follow-up efforts.
10.4	NIH will work with other federal agencies to enhance federal data systems for suicide-related surveillance and research to capture information on fatal and nonfatal suicide events, as well as information on other related outcomes, particularly other types of fatal and nonfatal injury.
10.4	NIH will work with CDC to expand access to linkable data on fatal and nonfatal suicide events and on other related outcomes, particularly other types of fatal and nonfatal injuries.
10.5	The federal government, acting through the HHS Behavioral Health Coordinating Council's Suicide Prevention and Crisis Care Subcommittee, will identify or create core indicators to track the progress and implementation of the *National Strategy*.
10.5	The HHS Behavioral Health Coordinating Council's Suicide Prevention and Crisis Care Subcommittee, in consultation with the Interagency Task Force on Military and Veterans Mental Health (ITF), will collaborate on evaluating the progress and implementation of the *National Strategy*.

→ GOAL 11:
Promote and support research on suicide prevention.

Objective 11.1:

Identify and pursue potential high-value research opportunities informed by the 2014 resource *A Prioritized Research Agenda for Suicide Prevention*, relevant findings from subsequent research, new data and methods, and changes in the epidemiology of suicide in the United States.

Objective 11.2:

Expand research related to populations disproportionately affected by suicide, their prevention and treatment opportunities, and health care and other public health policies, to reduce risk.

Objective 11.3:

Conduct research to expand understanding of the effects of social media use and digital technology on mental health, especially among youth, and identify opportunities to expand benefits and reduce potential harms.

Objective 11.4:

Expand understanding of overlapping pathways of substance use and suicide risk to inform opportunities for prevention and treatment of these co-occurring conditions.

Objective 11.5:

Conduct research to identify suicide prevention peer support services that are effective for enhancing client self-efficacy, personal recovery, treatment engagement, and clinical outcomes.

Objective 11.6:

Where research has identified better practices, develop and test approaches to enable widespread implementation of such practices as standard and effective care.

Goals and Objectives	Action
11, 2.3, 2.6, 2.8, 15	NIH will encourage research that addresses health disparities in the delivery of evidence-based practices to underserved youth, as well as how to reach youth in systems such as schools and health care.
11.1	NIH will continue to convene with agencies that conduct or fund research related to suicide prevention to identify remaining research gaps in the Prioritized Research Agenda and disseminate findings.

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Goals and Objectives	Action
11.2	CDC will partner with SAMHSA to conduct formative research to identify the information needs and preferences of different sectors (e.g., policymakers, health care professionals, businesses) to support suicide prevention. Specifically, contingent on future funding, CDC will continue to conduct formative research on the needs of the health care sector to improve well-being of health workers across its constituent industries and will conduct similar research in other sectors. Persons with lived experiences will be included whenever possible to help drive and inform research.
11.2	CMS will conduct analysis to gain beneficiary lived experience perspectives for mental health access challenges, including care transitions, which may include step downs from acute care.
11.2, 4.5	DOJ will support research aimed at improving the safety and wellness of law enforcement practitioners by funding evaluations of police officer health and wellness programs, which can be protective factors against suicide.
11.2, 4.5	DOJ will continue its investment in research on organizational stressors related to public safety work through several ongoing National Institute of Justice research projects.
11.2	NIH will continue to encourage research on suicide prevention and crisis response that focuses on populations with disparities related to suicide.
11.2	NIH will encourage research indicating when and how to reduce risk among populations disproportionally affected by suicide, including youth and older adults.
11.2, 12.2, 13.2, 1.3	USDA/NIFA, Economic Research Service (ERS), National Agricultural Statistics Service (NASS), and Rural Development will collaborate and participate in USDA and/or partnered research related to disproportionately affected rural populations, subject to data availability and level of analysis.
11.2, 12.2, 13.2, 1.3	USDA/NIFA, ERS, NASS, and Rural Development will support federal efforts to address social determinants of health and systemic issues impacting suicide risk related to agricultural producers and rural residents by contributing expertise related to farmers and rural communities.
11.3	*NIH will encourage research on the relationship between the use of social media and digital technology among youth and suicide-related outcomes (including risk and protective factors) and opportunities for intervention.

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Goals and Objectives	Action
11.4	*CDC will continue to fund applied public health research that can expand understanding of shared risk and protective factors for suicide.
11.5	*NIH will identify research gaps in peer support in suicide prevention and encourage research to address those gaps.
11.6	AHRQ will conduct a systematic review on mental health and occupational stress in the emergency medical service and 911 workforce.
11.6	AHRQ will conduct a systematic review on nonpharmacologic treatment for maternal mental health conditions, which will support the development of guidelines for improving maternal outcomes, including reducing suicide.
11.6	AHRQ will conduct a systematic review on psychosocial and pharmacologic interventions for disruptive behavior in children and adolescents aimed at improving health outcomes among this group, including the risk of suicide.
11.6	CDC will partner with industries, employers, and academia to develop and conduct implementation science activities. This includes research and evaluation to improve uptake, adoption, and sustainability of evidence-based suicide prevention interventions and programs for workers. These efforts are contingent on future funding.
11.6	NIH will continue to encourage research that examines factors that impede or enhance delivery of suicide prevention evidence-based practices, including policy or implementation science studies.

STRATEGIC DIRECTION 4:

Health Equity in Suicide Prevention

→ GOAL 12:

Embed health equity into all comprehensive suicide prevention activities.

Objective 12.1:

Improve community-based suicide prevention by incorporating perspectives and recommendations from populations disproportionately affected by suicide and from people with diverse suicide-centered lived experience.

Objective 12.2:

Address social determinants of health and systemic issues impacting suicide risk among those disproportionately affected by suicide across the life span.

Objective 12.3:

Incorporate suicide prevention activities with consideration to age, race, ethnicity, sexual orientation, gender identity, disability, chronic conditions, and geographical location into all prevention efforts, as applicable.

Objective 12.4:

Promote upstream protective factors among populations disproportionately affected by suicide across state, tribal, local, and territorial suicide prevention efforts.

Objective 12.5:

Fund and increase effective community, peer, and youth-led suicide prevention activities and initiatives.

Objective 12.6:

Engage and incorporate public and private sector partners with experience working with populations disproportionately affected by suicide into suicide prevention activities.

Goals and Objectives	Action
12.1	DHS/CBP will promote diversity, equity, and inclusion within suicide prevention activities by producing suicide prevention and awareness podcasts that promote and reveal diverse perspectives on suicide prevention and include guests who have lived experience.

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Goals and Objectives	Action
12.1	NIH will continue to encourage a deployment-focused approach that considers the perspectives of patients, families, providers, and key administrators when developing interventions and service strategies that can be rapidly integrated into practice.
12.2, 13.5, 13.7	ACL will support states, professionals, and community-based organizations as they work to identify older adults—including those who participate in Meals on Wheels or home visitation programs—who may have behavioral health needs and connect them to evidence-based community programs, support groups, clinical interventions, and other appropriate supports.
12.2	VA will promote upstream non-clinical and supportive suicide prevention services, including within the employment, housing, financial, legal, and social domains.
12.4	IHS will develop and implement community crisis response plans in 10 IHS areas that experienced suicide clusters in 2015 through resource allocations to help with the development of local crisis response teams, including hiring staff and initiating a health and wellness campaign for IHS staff in all IHS facilities.
12.6	*USDA/NIFA and the Office of Partnerships and Public Engagement (OPPE) will connect to parties with suicide prevention expertise where current grant relationships exist.
12.6	USDA/OPPE will develop and maintain partnerships in efforts to increase awareness and understanding of unique barriers and challenges related to suicide prevention in rural and underserved communities.

→ GOAL 13:

Implement comprehensive suicide prevention strategies for populations disproportionately affected by suicide, with a focus on historically marginalized communities, persons with suicide-centered lived experience, and youth.

Objective 13.1:

Implement and evaluate focused suicide prevention activities across the life span that address the increasing rates of suicide thoughts, attempts, and deaths within racial, ethnic, and historically marginalized groups.

Objective 13.2:

Increase awareness and understanding of the unique barriers and challenges of rural communities to better inform and improve suicide prevention activities.

Objective 13.3:

Increase awareness and understanding of the unique barriers and challenges of military and Veteran status to improve suicide prevention among service members, Veterans, and their families.

Objective 13.4:

Increase suicide prevention programs, practices, and policies in support of and in collaboration with LGBTQI+ individuals.

Objective 13.5:

Improve and expand suicide prevention programs, practices, policies, and crisis response in child welfare, criminal and juvenile justice, behavioral health, and other systems serving populations disproportionately affected by suicide and ensure ongoing staff training and development.

Objective 13.6:

Leverage social media use for youth and young adults to support suicide prevention efforts.

Objective 13.7:

Develop research priorities and implement prevention strategies to address the high rate of suicides among older adults.

Goals and Objectives	Action
13	SAMHSA will develop suicide prevention resources and training centered on older adults; LGBTQ+ individuals; Black youth; and the intersection among youth, social media, and suicide risk through three SAMHSA-funded Centers of Excellence.
13, 12	*SAMHSA will plan and support a series of annual Policy Academies to support states in addressing populations disproportionately affected by suicide, using the best available data to prioritize populations of focus.
13, 12	SAMHSA will develop an implementation guide for states and communities on how to incorporate equity and suicide-centered lived experience into their suicide prevention work.

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Goals and Objectives	Action
13.1	CDC will build a collaboration with SAMHSA's Native Connections program, which aims to reduce suicidal behavior and substance use among Native youth. The collaboration will focus on connecting recipients of CDC's Tribal Practices for Wellness in Indian Country recipients, who are building cultural practices for youth and adults to improve overall wellness, with Native Connections recipients, who are focused on easing the impacts of substance use, mental illness, and trauma in tribal communities, with the goal of creating more intergenerational cultural opportunities for suicide prevention.
13.3, 15.4	CDC will identify and share with the public and suicide prevention partners and practitioners' accomplishments and lessons learned regarding the implementation and evaluation of funded programs focused on tribes, Veterans, and other populations disproportionately affected by suicide.
13.3	VA and DOD will develop and implement an integrated outreach and education campaign focused on the engagement of transitioning Veterans.
13.3	VA will partner with several federal agencies to design and implement multiple toolkits for working with specific at-risk populations, including, but not limited to, American Indian and Alaska Native Veterans; women Veterans; LGBTQ+ Veterans; Asian American, Native Hawaiian, and Pacific Islander Veterans; minority Veterans; and geographically remote Veterans.
13.5, 6.4, 9.1	Through the Improving Adult and Youth Crisis Stabilization and Community Reentry Program, DOJ will provide grant funding to state, local, and tribal governments, as well as community-based nonprofit organizations, to implement projects for clinical services and other evidence-based activities or services for adults and youth for crisis stabilization, including treatment and recovery needs of people with mental health, substance use, or co-occurring disorders who are currently involved in the criminal justice system or were formerly involved.
13.5, 6.4, 2.4	DOJ, through the Supporting Vulnerable and At-Risk Youth Transitioning Out of Foster Care grant program, is supporting projects with FY23 grant funding to develop, implement, and build replicable prevention and treatment models for residential-based innovative care, treatment, and services for adolescents and youth (up to age 25) transitioning out of foster care who have experienced a history of foster care involvement, child poverty, child abuse or neglect, human trafficking, juvenile justice system involvement, substance use or misuse, or gang involvement, which are risk factors for suicide.

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Goals and Objectives	Action
13.5, 6.4, 2.4	DOJ will provide grant funding to entities through the Strategies to Support Children Exposed to Violence grant program to develop coordinated and comprehensive community-based approaches to help children and their families who are exposed to violence build resilience, restore their safety, heal their social and emotional wounds, and prevent future violence and delinquency.
13.5	DOJ and HHS will identify knowledge gaps on effective suicide prevention for justice-involved individuals and coordinate a webinar or a series of webinars for various justice personnel and others.
13.7	NIH will continue to encourage research focused on older adult suicide and suicide prevention.

→ GOAL 14:

Create an equitable and diverse suicide prevention workforce that is equipped and supported to address the needs of the communities they serve.

Objective 14.1:

Increase access to training and technical support for professionals and graduate students to improve cultural humility and responsiveness toward historically marginalized groups and individuals with suicide-centered lived experiences.

Objective 14.2:

Focus equity education and awareness on health care professionals and settings to address existing barriers and reduce stigma.

Objective 14.3:

Increase the number of professionals in suicide prevention from historically historically marginalized communities, people with suicide-centered lived experience, and other populations disproportionately affected by suicide.

Objective 14.4:

Create professional standards around suicide prevention, intervention, and postvention with a dedicated competency focused on working with populations disproportionately affected by suicide.

Objective 14.5:

Ensure historically marginalized groups are provided crisis support and response strategies grounded in cultural humility and inclusivity.

Goals and Objectives	Action
14.2, 2.6	CDC will facilitate and track health care professionals' education on best practices for reducing stigma associated with suicide and overdose via the Overdose Data to Action (OD2A) Program and the Opioid Rapid Response Program.

→ GOAL 15:

Improve and expand effective suicide prevention programs for populations disproportionately impacted by suicide across the life span through improved data, research, and evaluation.

Objective 15.1:

Increase funding for academic and community-led research on, and evaluation of, effective suicide prevention activities in populations disproportionately impacted by suicide.

Objective 15.2:

Develop, disseminate, and evaluate specific and culturally informed screening tools to address suicide among populations disproportionately affected by suicide.

Objective 15.3:

Ensure that suicide-related data used for surveillance, research, evaluation of prevention and treatment, and quality improvement enable assessment of disparities, especially for populations disproportionately affected by suicide.

Objective 15.4:

Improve the awareness and dissemination of culturally relevant suicide prevention best practices among populations disproportionately affected by suicide.

Objective 15.5:

Support the development of promising practices and practice-based evidence to inform suicide prevention in historically marginalized and excluded groups through funding, resource provision, and prioritization practices.

Objective 15.6:

Enhance data sharing, data linkage, and translation of data to action across community groups to improve suicide prevention in historically marginalized groups and groups disproportionately impacted by suicide.

Goals and Objectives	Action
15.1, 10.2, 13.7	USDA/NIFA, NASS, and RD, in coordination with CDC, will propose and pursue options for gathering data about risk and protective factors for suicidal thoughts and behaviors specific to farmers and ranchers.
15.2	DHS/USCG will develop and disseminate culturally relevant guidelines for the assessment of suicide risk.
15.2	NIH will continue to encourage research that prioritizes validation of screening tools and risk algorithms that perform optimally and address disparities where they exist.
15.4, 2.3, 7.7	ACF/ANA will coordinate topical webinars supported by its training and technical assistance centers on suicide prevention in tribal communities, resources available for youth and adults in tribal communities—including 988—and the *National Strategy*.
15.4, 2.3	ACF/ANA will highlight resources and information about community-based projects related to suicide prevention at the ANA Partner Convening and in follow-up materials.
15.4	CDC will partner with SAMHSA to translate research findings on evidence-based programs and strategies (particularly related to disproportionally affected and underserved populations) and provide CDC grantees, states, tribes, and communities with technical assistance and tools for capacity building and implementation. Persons with lived experience will be involved whenever possible to help develop communication strategies and materials. CDC will focus on occupation as a source of disproportionate burden that can be addressed as part of broader translation and technical assistance efforts by CDC and SAMHSA.
15.4	ED will disseminate a Dear Colleague Letter to education stakeholders to amplify dissemination of the 2024 *National Strategy* and provide access to ED resources and other relevant federal resources that can assist with suicide prevention and intervention efforts in schools.

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Goals and Objectives	Action
15.4	ED will fund the training of additional school-level personnel from diverse backgrounds to provide school-based mental health services to students through its Mental Health Service Professional Demonstration and School-Based Mental Health Services grant programs.
15.4, 15.5	*VA will partner with SAMHSA to expand collaborative suicide prevention efforts with American Indians and Alaskan Natives, and tribal communities through the VA-SAMHSA Governor's Challenge Initiative.
15.5, 2.3, 2.7, 13.1	CDC will support implementation of tools and other resources available for Indigenous evaluation (e.g., *Indigenous Evaluation Toolkit*) to ensure community-led and culturally driven programming and evaluation of funded tribal suicide prevention activities.

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2024