



Project Determination

Comprehensive Suicide Prevention Program

Project ID: 0900f3eb8231b703
Accession #: NCIPC-ST-2/27/24-1b703
Project Contact: Shamia Moore
Organization: NCIPC/DIP/ASB/ST
Status: Project In Progress
Intended Use: Project Determination
Estimated Start Date: 09/30/20
Estimated Completion Date: 09/14/27
CDC/ATSDR HRPO/IRB Protocol#:
OMB Control#: 0920-1368
End of Human Research Date:

Description

Priority

Standard

Date Needed

11/08/24

CDC Priority Area for this Project

Not selected

Determination Start Date

02/27/24

Description

NCIPC's Comprehensive Suicide Prevention (CSP) program is a non-research project that supports implementation and evaluation of a comprehensive public health approach to suicide prevention. Eleven recipients were initially funded in 2020, which increased to 17 in 2022, and 24 in 2023. These 24 CSP recipients provide

strong leadership as conveners of multi-sectoral partnerships; prioritize data to identify populations disproportionately affected and to better characterize risk factors (e.g., relationship, job/financial, mental health problems) and protective factors (e.g., connectedness, hope, resilience) impacting suicide; leverage current prevention practices and fill gaps by selecting multiple and complementary strategies with the best available evidence, using CDC’s Suicide Prevention Resource for Action; rigorously evaluate the overall approach and individual activities; feed data back into the system for quality improvement and sustainability; and effectively communicate results. As part of the CSP program, recipients collect program evaluation data for formative and process evaluation activities to assess and iteratively inform their work. Recipients may use evaluation findings for programmatic planning and improvements, APR reporting and highlighting success with CDC, and communication with partners. However, recipients do not report raw evaluation data to CDC, CDC is not involved in the collection of this data, nor does CDC direct recipients to collect this formative and process evaluation data in specific ways. Recipients are also asked to report surveillance outcome data to CDC, including suicide-related morbidity and mortality data. This project determination covers recipient-reported data, both non-required data collection activities conducted by recipients for quality improvement, as well as required morbidity and mortality outcome evaluation data, both of which are reported to CDC in aggregate.

IMS/CIO/Epi-Aid/Lab-Aid/Chemical Exposure Submission

No

IMS Activation Name

Not selected

Submitted through IMS clearance matrix

Not selected

Primary Scientific Priority

Not selected

Secondary Scientific Priority (s)

Not selected

Task Force Responsible

Not selected

CIO Emergency Response Name

Not selected

Epi-Aid Name

Not selected

Lab-Aid Name

Not selected

Assessment of Chemical Exposure Name

Not selected

Goals/Purpose

The purpose of this cooperative agreement is to implement and evaluate a comprehensive approach to suicide prevention, with attention to disproportionately affected populations (e.g., veterans, tribal populations, rural communities, LGBTQ, homeless, other) that account for a significant proportion of the suicide burden and have suicide rates greater than the general population in a jurisdiction(s) (e.g., state, city/county, tribe). Key outcomes include a 10% reduction in suicide morbidity and mortality in the jurisdiction(s). This project collects information on suicide morbidity and mortality counts and rates to measure progress. Additionally, the project collects performance monitoring (e.g., process evaluation) data via a web-based Partners' Portal. Data are collected from 24 grantees and are used to monitor progress toward program goals, identify technical assistance needs of recipients, and to provide accountability for funding to the Department of Health and Human Services (HHS), the White House, Congress, and other sources, upon request. Because recipient evaluations are for assessment and improvement of programs and are not generalizable, recipient activities are not considered research as defined by CFR and are subsequently not subject to IRB review. In addition to the annual progress reports and performance measures submitted to CDC annually, recipients might also conduct additional internal monitoring and evaluation to assess progress and to inform how programs are being planned and implemented. The specific data collection methods for their program evaluation and quality improvement activities are not directed by the CDC nor is raw data collected by the CDC. The CDC does not provide prescriptive requisites for this element of their work. While recipients do use some of their evaluation findings for reporting and highlighting program successes, they do not submit any raw data to CDC.

Objective

Measurable outcomes are essential for determining the extent to which strategies and activities have reduced suicide morbidity and mortality in disproportionately affected populations, as well as for continuous improvement of programming. Comprehensive Suicide Prevention recipients develop and implement a comprehensive suicide prevention plan and measure both process measures associated with implementation of selected strategies as well as their impact over the project period on longer term behavior and risk and protective factor outcomes associated with identified populations. Recipients are required to measure the long-term impact of the comprehensive approach on morbidity and mortality outcomes. This project also collects aggregate performance monitoring data (e.g., process measures) via a web-based Partners' Portal on an annual schedule. Recipients can conduct additional evaluation activities related to continuously assessing progress to inform how programs are being planned and implemented.

Does your project measure health disparities among populations/groups experiencing social, economic, geographic, and/or environmental disadvantages?

Yes

Does your project investigate underlying contributors to health inequities among populations/groups experiencing social, economic, geographic, and/or environmental disadvantages?

No

Does your project propose, implement, or evaluate an action to move towards eliminating health inequities?

Yes

Activities or Tasks

New Collection of Information, Data, or Biospecimens; Secondary Data or Specimen Analysis; Programmatic Work

Target Population to be Included/Represented

General US Population

Tags/Keywords

Suicide; Suicide, Attempted; Suicidal Ideation

CDC's Role

Activity originated and designed by CDC staff, or conducted at the specific request of CDC, or CDC staff will approve study design and data collection as a condition of any funding provided; CDC employees or agents will obtain or use anonymous or unlinked data or biological specimens; CDC employees will provide substantial technical assistance or oversight; CDC is NOT a recipient or provider of private data, specimens, materials or services; CDC is providing funding

Method Categories

Secondary Data Analysis; Surveillance Support; Technical Assistance

Methods

Comprehensive Suicide Prevention recipients will develop and implement a comprehensive suicide prevention plan and measure both process measures associated with implementation of selected strategies as well as their impact over the project period on longer term behavior and risk and protective factor outcomes associated with identified populations. Recipients will also be required to measure the long-term impact of the comprehensive approach on morbidity and mortality outcomes. This project will collect performance monitoring data via a web-based Partners' Portal on an annual schedule, and CDC will report aggregate results. Recipients are required to both implement and evaluate their activities to assess implementation and progress toward outcomes. Recipients program evaluation activities may include formative, process, and outcome evaluation to inform activities, engage in continuous quality improvement, and assess progress toward program outcomes. While some of the evaluation findings are used for APR reporting and highlighting successful work with CDC, process evaluation data is largely used internally by CSP recipients to redirect activities, inform changes in project strategies, and to communicate findings with their local partners. The specific data collection methods for their quality improvement evaluation activities are not directed by the CDC nor is this data collected by the CDC. The CDC does not provide prescriptive requisites for this element of their work.

Collection of Info, Data, or Bio specimens

This project collects performance monitoring data from 24 recipients of Comprehensive Suicide funds via a web-based Partners' Portal on an annual schedule, and CDC will report aggregate results. No personally identifiable information will be collected. OMB number 0920-1368 (exp. date 9/30/2025) covers this project and amendments have been submitted to account for newly added recipients over time. Recipients also use varying methods to collect and use data for quality improvement purposes. The CDC does not provide requirements for specific data collection methods, nor does CDC receive this raw data. Some examples of the ways in which recipients collect their own internal program evaluation data include pre- and post-training surveys, focus groups, and reviewing external programmatic data provided by partners.

Expected Use of Findings/Results and their impact

Results are collected from 24 grantees and will be used to monitor progress toward program goals, identify technical assistance needs of recipients, and to provide accountability for funding to the Department of Health and Human Services (HHS), the White House, Congress, and other sources, upon request. Findings will be distributed through peer-reviewed publications and presentations, as well. Recipients use the internal program evaluation data they collect to inform the implementation of programs and strategies. Program evaluation data from these activities is largely used internally by CSP recipients to redirect activities, inform changes in project strategies, and to communicate findings with their local partners. While recipients do use some of their evaluation findings for reporting and highlighting program successes, they do not submit any raw data to CDC.

Could Individuals potentially be identified based on Information Collected?

No

Funding

Funding Type	Funding Title	Funding #	Original Fiscal Year	# of Years of Award	Budget Amount
CDC Cooperative Agreement	Comprehensive Suicide Prevention	CDC-RFA-CE20-2001	2020	5	9532139.00
CDC Cooperative Agreement	Expansion of Comprehensive Suicide Prevention Across the U.S.	CDC-RFA-CE22-2204	2022	5	11820655.00

HSC Review**HSC Attributes****Program Evaluation**

Yes

Regulation and Policy**Do you anticipate this project will require review by a CDC IRB or HRPO?**

No

Will you be working with an outside Organization or Institution? Yes

Institutions

Institution	FWA #	FWA Exp. Date	Funding	Funding Restriction Amount
California Department of Health			Comprehensive Suicide Prevention - CDC-RFA-CE20-2001	
Vermont Department of Health			Comprehensive Suicide Prevention - CDC-RFA-CE20-2001	
The University of Pittsburgh			Comprehensive Suicide Prevention - CDC-RFA-CE20-2001	
North Carolina Department of Health and Human Services			Comprehensive Suicide Prevention - CDC-RFA-CE20-2001	
Florida Department of Health			Expansion of Comprehensive Suicide Prevention Across the U.S. - CDC-RFA-CE22-2204	
Georgia Department of Public Health			Expansion of Comprehensive Suicide Prevention Across the U.S. - CDC-RFA-CE22-2204	
Arkansas Dept of Hlth	FWA00002961	03/25/27	Expansion of Comprehensive Suicide Prevention Across the U.S. - CDC-RFA-CE22-2204	
Bexar Co Hosp District	FWA00003754	07/23/29	Expansion of Comprehensive Suicide Prevention Across the U.S. - CDC-RFA-CE22-2204	
Colorado Department of Public Health & Environment	FWA00003044	01/22/29	Comprehensive Suicide Prevention - CDC-RFA-CE20-2001	
Connecticut Department of Public Health	FWA00026243	07/11/27	Comprehensive Suicide Prevention - CDC-RFA-CE20-2001	
Illinois Department of Public Health	FWA00002005	07/02/29	Expansion of Comprehensive Suicide Prevention Across the U.S. - CDC-RFA-CE22-2204	
Louisiana Department of Health	FWA00026681	02/12/29	Comprehensive Suicide Prevention - CDC-RFA-CE20-2001	

Massachusetts Department of Public Health	FWA00000786	08/26/27	Comprehensive Suicide Prevention - CDC-RFA-CE20-2001	
Michigan Department of Health and Human Services	FWA00007331	04/09/29	Comprehensive Suicide Prevention - CDC-RFA-CE20-2001	
Ohio Dept of Hlth	FWA00001963	12/20/29	Expansion of Comprehensive Suicide Prevention Across the U.S. - CDC-RFA-CE22-2204	
Oregon Health Authority - Public Hlth Division	FWA00000520	10/04/29	Expansion of Comprehensive Suicide Prevention Across the U.S. - CDC-RFA-CE22-2204	
Puerto Rico Dept Hlth	FWA00006333	02/17/22	Expansion of Comprehensive Suicide Prevention Across the U.S. - CDC-RFA-CE22-2204	
Research Foundation Mental Hygiene Inc. & NY State Dept Mental Hygiene	FWA00006105	10/11/29	Expansion of Comprehensive Suicide Prevention Across the U.S. - CDC-RFA-CE22-2204	
Rhode Island Department of Health	FWA00006141	09/13/27	Expansion of Comprehensive Suicide Prevention Across the U.S. - CDC-RFA-CE22-2204	
State of Maine Department of Health and Human Services	FWA00016239	01/22/30	Comprehensive Suicide Prevention - CDC-RFA-CE20-2001	
Tennessee Department of Health	FWA00000379	01/18/27	Comprehensive Suicide Prevention - CDC-RFA-CE20-2001	
U Nebraska-Lincoln	FWA00002258	11/25/29	Expansion of Comprehensive Suicide Prevention Across the U.S. - CDC-RFA-CE22-2204	
U North Dakota	FWA00000376	05/01/29	Expansion of Comprehensive Suicide Prevention Across the U.S. - CDC-RFA-CE22-2204	
Wisconsin Dept of Health Services	FWA00002517	09/14/28	Expansion of Comprehensive Suicide Prevention Across the U.S. - CDC-RFA-CE22-2204	

Institution	Funding Restriction Percentage	Funding Restriction Reason	Funding Restriction has been lifted
California Department of Health			
Vermont Department of Health			
The University of Pittsburgh			
North Carolina Department of Health and Human Services			
Florida Department of Health			
Georgia Department of Public Health			
Arkansas Dept of Hlth			
Bexar Co Hosp District			
Colorado Department of Public Health & Environment			
Connecticut Department of Public Health			
Illinois Department of Public Health			
Louisiana Department of Health			
Massachusetts Department of Public Health			
Michigan Department of Health and Human Services			
Ohio Dept of Hlth			
Oregon Health Authority - Public Hlth Division			
Puerto Rico Dept Hlth			
Research Foundation Mental Hygiene Inc. & NY State Dept Mental Hygiene			
Rhode Island Department of Health			
State of Maine Department of Health and Human Services			
Tennessee Department of Health			
U Nebraska-Lincoln			
U North Dakota			

Wisconsin Dept of Health Services			
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Institution	Institution Role(s)	Institution Project Title	Institution Project Tracking #	Prime Institution
California Department of Health	Receiving Direct HHS Support (Prime Awardee)			
Vermont Department of Health	Receiving Direct HHS Support (Prime Awardee)			
The University of Pittsburgh	Receiving Direct HHS Support (Prime Awardee)			
North Carolina Department of Health and Human Services	Receiving Direct HHS Support (Prime Awardee)			
Florida Department of Health	Receiving Direct HHS Support (Prime Awardee)			
Georgia Department of Public Health	Receiving Direct HHS Support (Prime Awardee)			
Arkansas Dept of Hlth	Receiving Direct HHS Support (Prime Awardee)			
Bexar Co Hosp District	Receiving Direct HHS Support (Prime Awardee)			
Colorado Department of Public Health & Environment	Receiving Direct HHS Support (Prime Awardee)			
Connecticut Department of Public Health	Receiving Direct HHS Support (Prime Awardee)			
Illinois Department of Public Health	Receiving Direct HHS Support (Prime Awardee)			
Louisiana Department of Health	Receiving Direct HHS Support (Prime Awardee)			
Massachusetts Department of Public Health	Receiving Direct HHS Support (Prime Awardee)			
Michigan Department of Health and Human Services	Receiving Direct HHS Support (Prime Awardee)			
Ohio Dept of Hlth	Obtaining Consent			
Oregon Health Authority - Public Hlth Division	Receiving Direct HHS Support (Prime Awardee)			

Puerto Rico Dept Hlth	Receiving Direct HHS Support (Prime Awardee)			
Research Foundation Mental Hygiene Inc. & NY State Dept Mental Hygiene	Receiving Direct HHS Support (Prime Awardee)			
Rhode Island Department of Health	Receiving Direct HHS Support (Prime Awardee)			
State of Maine Department of Health and Human Services	Receiving Direct HHS Support (Prime Awardee)			
Tennessee Department of Health	Receiving Direct HHS Support (Prime Awardee)			
U Nebraska-Lincoln	Receiving Direct HHS Support (Prime Awardee)			
U North Dakota	Receiving Direct HHS Support (Prime Awardee)			
Wisconsin Dept of Health Services	Receiving Direct HHS Support (Prime Awardee)			

Institution	Regulatory Coverage	IRB Review Status
California Department of Health	IRB Review is Not Required	
Vermont Department of Health	IRB Review is Not Required	
The University of Pittsburgh	IRB Review is Not Required	
North Carolina Department of Health and Human Services	IRB Review is Not Required	
Florida Department of Health	IRB Review is Not Required	
Georgia Department of Public Health	IRB Review is Not Required	
Arkansas Dept of Hlth	IRB Review is Not Required	
Bexar Co Hosp District	IRB Review is Not Required	
Colorado Department of Public Health & Environment	IRB Review is Not Required	
Connecticut Department of Public Health	IRB Review is Not Required	
Illinois Department of Public Health	IRB Review is Not Required	
Louisiana Department of Health	IRB Review is Not Required	
Massachusetts Department of Public Health	IRB Review is Not Required	
Michigan Department of Health and Human Services	IRB Review is Not Required	
Ohio Dept of Hlth	IRB Review is Not Required	
Oregon Health Authority - Public Hlth Division	IRB Review is Not Required	
Puerto Rico Dept Hlth	IRB Review is Not Required	
Research Foundation Mental Hygiene Inc. & NY State Dept Mental Hygiene	IRB Review is Not Required	
Rhode Island Department of Health	IRB Review is Not Required	
State of Maine Department of Health and Human Services	IRB Review is Not Required	
Tennessee Department of Health	IRB Review is Not Required	
U Nebraska-Lincoln	IRB Review is Not Required	
U North Dakota	IRB Review is Not Required	
Wisconsin Dept of Health Services	IRB Review is Not Required	

Institution	Registered IRB	IRB Registration Exp. Date	IRB Approval Status
California Department of Health			
Vermont Department of Health			
The University of Pittsburgh			
North Carolina Department of Health and Human Services			
Florida Department of Health			
Georgia Department of Public Health			
Arkansas Dept of Hlth			
Bexar Co Hosp District			
Colorado Department of Public Health & Environment			
Connecticut Department of Public Health			
Illinois Department of Public Health			
Louisiana Department of Health	Louisiana Department of Health IRB #2	02/23/27	
Massachusetts Department of Public Health	Massachusetts Dept Public Hlth Human Research Review Committee IRB #1	05/26/26	
Michigan Department of Health and Human Services			
Ohio Dept of Hlth	Ohio Dept of Hlth IRB #1	01/10/27	
Oregon Health Authority - Public Hlth Division	DHS-Health Svces/Multnomah Co Public Hlth IRB #1	06/15/26	
Puerto Rico Dept Hlth			
Research Foundation Mental Hygiene Inc. & NY State Dept Mental Hygiene			
Rhode Island Department of Health	RHODE ISLAND STE DEPT HLTH IRB #1	08/17/25	
State of Maine Department of Health and Human Services			
Tennessee Department of Health			
U Nebraska-Lincoln			

U North Dakota			
Wisconsin Dept of Health Services			

Institution	IRB Approval Date	IRB Approval Exp. Date	Relying Institution IRB
California Department of Health			
Vermont Department of Health			
The University of Pittsburgh			
North Carolina Department of Health and Human Services			
Florida Department of Health			
Georgia Department of Public Health			
Arkansas Dept of Hlth			
Bexar Co Hosp District			
Colorado Department of Public Health & Environment			
Connecticut Department of Public Health			
Illinois Department of Public Health			
Louisiana Department of Health			
Massachusetts Department of Public Health			
Michigan Department of Health and Human Services			
Ohio Dept of Hlth			
Oregon Health Authority - Public Hlth Division			
Puerto Rico Dept Hlth			
Research Foundation Mental Hygiene Inc. & NY State Dept Mental Hygiene			
Rhode Island Department of Health			
State of Maine Department of Health and Human Services			
Tennessee Department of Health			
U Nebraska-Lincoln			
U North Dakota			
Wisconsin Dept of Health Services			

Staff

Staff Member	SIQT Exp. Date	Citi Biomedical Exp. Date	Citi Social and Behavioral Exp. Date	Citi Good Clinical Exp. Date	Citi Good Laboratory Practice Exp. Date	Staff Role	Email	Phone #	Organization/ Institution
AaronGrober	07/24/2026	05/08/2020	07/12/2021			Project Officer	xih7@cdc.gov	770-488-0787	APPLIED SCIENCE BRANCH
AbhilashPhilipose	07/18/2026		11/14/2027			Project Officer	xkh6@cdc.gov	770-488-3835	APPLIED SCIENCE BRANCH
AlexCharleston	06/26/2026		10/17/2027			Project Officer	aac4@cdc.gov	770-488-3183	APPLIED SCIENCE BRANCH
AlisonCammack	01/02/2027		12/06/2027			Technical Monitor	umw5@cdc.gov	770-488-2880	SUICIDE TEAM
AmyGallagher	05/25/2026					Technical Monitor	tzo0@cdc.gov	770-488-2091	EVALUATION TEAM
DeborahStone	12/16/2025		10/15/2027			Program Lead	zaf9@cdc.gov	770-488-3942	DIVISION OF INJURY PREVENTION
JingWang	06/26/2026	05/31/2022	10/10/2027			Technical Monitor	zrr4@cdc.gov	770-488-1193	SUICIDE TEAM
KatherineMoran	10/12/2026		04/17/2026			Technical Monitor	rtq5@cdc.gov	- -	APPLIED SCIENCE BRANCH
LaurenBeagle	08/02/2026		10/03/2027			Technical Monitor	ghs0@cdc.gov	248-884-7721	STATISTICS, PROGRAMMING AND ECONOMICS BRANCH

Staff

Staff Member	SIQT Exp. Date	Citi Biomedical Exp. Date	Citi Social and Behavioral Exp. Date	Citi Good Clinical Exp. Date	Citi Good Laboratory Practice Exp. Date	Staff Role	Email	Phone #	Organization/ Institution
RobinLee	12/15/2025		12/16/2027			Program Lead	rpl5@cdc.gov	770-488-3811	APPLIED SCIENCE BRANCH
SadeCollins	10/12/2026					Project Officer	qut5@cdc.gov	404-498-4444	SUICIDE TEAM
ShamiaMoore	10/12/2025		11/12/2027			Technical Monitor	sey3@cdc.gov	404-639-4170	SUICIDE TEAM
SusanneMcGhee	12/19/2026		06/09/2025			Technical Monitor	otb4@cdc.gov	404-718-7447	EVALUATION TEAM
VincentDoan	07/05/2026					Project Officer	skn9@cdc.gov	404-498-0548	SUICIDE TEAM
WilliamBaker	11/17/2025		11/18/2027			Technical Monitor	qoo3@cdc.gov	404-498-4050	APPLIED SCIENCE BRANCH
WilliamHolman	08/28/2026					Project Officer	uap8@cdc.gov	770-601-0738	DATA ANALYTICS BRANCH
WojciechKaczkowski	08/02/2026		03/25/2025			Technical Monitor	ppu4@cdc.gov	404-718-2221	APPLIED SCIENCE BRANCH
ZadiaValdez	08/31/2026					Project Officer	pwl5@cdc.gov	770-488-4562	SUICIDE TEAM

DMP

Proposed Data Collection Start Date	09/30/20
Proposed Data Collection End Date	09/14/27
Proposed Public Access Level	Non-Public

Reason for not Releasing the Data	CIO conducting this project does not fund or own the data and is not responsible for making it available
Public Access justification	CDC is collecting data management plans from all awardees. They will be responsible for making data available upon request, in accordance with their state policies.
How Access Will Be Provided for Data	Cooperative agreement awardees will make data available in accordance with their state policies and as specified in their individual data management plans.
Plans for archival and long-term preservation of the data	Cooperative agreement awardees will store data in accordance with their state policies and as specified in their individual data management plans.

Spatiality (Geographic Location)		
Country	State/Province	County/Region
United States	Louisiana	
United States	Connecticut	
United States	Colorado	
United States	California	
United States	Arkansas	
United States	Nebraska	
United States	Georgia	
United States	New York	
United States	Oregon	
United States	Wisconsin	
United States	North Dakota	
United States	Florida	
United States	Vermont	
United States	Tennessee	
United States	Pennsylvania	
United States	North Carolina	
United States	Michigan	
United States	Massachusetts	
United States	Maine	
United States	Texas	Bexar County
United States	Illinois	
United States	Ohio	
Puerto Rico		
United States	Rhode Island	

Determinations

Determination	Justification	Completed	Entered By & Role
HSC: Does NOT Require HRPO Review	Not Research / Other <i>45 CFR 46.102(l)</i> Program Evaluation Quality Assurance / Improvement	11/07/24	Halstead_Mary (ygg9) CIO HSC
PRA: PRA Applies		11/08/24	Halstead_Mary (ygg9) OMB / PRA
ICRO: PRA Applies	OMB Approval date: 06/13/23 OMB Expiration date: 06/30/26	11/08/24	Zirger_Jeffrey (wtj5) ICRO Reviewer