Abstract: The Washington County (Rhode Island) Zero Suicide Program (WCZSP) will be led by South County Hospital Healthcare System's (SCH) Emergency Department (ED), drawing on the strong collaboration that SCH leads for the county's Healthy Bodies, Healthy Minds program. The effort will begin in our local hospital EDs since the ED is a typical entry point for patients at imminent risk for suicide. The EDs will receive evidence-based training and practices to enhance their skill sets and change their culture to empower them to better address the behavioral health needs of the county's population. During the project period, we will expand to other parts of the hospitals as well as to other health care organizations in our region. All individuals age 25 or older who seek health care at one of the partner sites will be screened for mental health issues using the PHQ-9, as many partners now do. Anyone identified at risk for suicide will receive immediate treatment or referral, a care management plan, and follow-up for one year post care. The Washington County population, per the US Census Bureau (2016), includes 84,360 individuals age 25 or older. Of these, 47.2% are male; 52.3% are female; 0.5% are transgender. The county is predominantly White (92.9%), with 2% Asian, 1.3% Black or African American, and 3.2% identifying as Hispanic or Latino. Washington County has the highest suicide rate in RI: 13.9 per 100,000 individuals (2015), higher than the national rate of 13 deaths per 100,000 population and increased from a rate of 11.5 in 2013, a more than 20% increase over two years compared to the national increase of 2% per year since 2006. Three of the five RI towns with the highest suicide rates are in the county, 23.8, 26.6, and 31.8 per 100,000 population, respectively. The WCZSP will apply a High Reliability Organization strategy to create a wide-spread ZS leadership-driven safety culture, using extensive evidence-based trainings and practices to provide all staff at partner organizations with the skills and confidence to take responsibility for suicide prevention to achieve zero suicides in the county by the end of the project's fifth year. We will track the number of patients who screen positive for a suicide risk, patients evaluated in our hospital EDs for psychiatric inpatient admissions, patients seen by peer recovery specialists, patients referred to any form of support who do not keep their appointments, and patients who die by suicide. We will use qualitative methods to assess changes in attitudes toward zero suicide prevention by leadership and all staff who have patient contact, in provider confidence to effectively treat at-risk patients, and in patient and family perceptions regarding the efficacy of care and support received. We will use a suicide review board to investigate all suicides for root cause analysis and use rigorous data collection and analysis to create an ongoing quality improvement environment for the program. The number of individuals to be served each year: Year 1 - 9,789; Year 2 - 9,881; Year 3 - 9,913; Year 4 - 9,996; Year 5 - 10,107. The total population to be served over 5 years is 49,686.