Executive Statement

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) on behalf of the State of Oklahoma will utilize funding from this Cooperative Agreement to implement the National Strategy for Suicide Prevention opportunity to continue ongoing implementation of the Oklahoma Strategy for Suicide Prevention and the adoption of the Action Alliances' Zero Suicide Initiative. Zero Suicide is defined as Goal 8 & 9 of the National Strategy for Suicide Prevention. Funds will be used to implement evidence-based suicide prevention strategies in primary care settings and in hospital based emergency departments.

- Goal 8: Promote Suicide prevention as a core component of healthcare services.
- Goal 9: Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.

Due Date	March 13, 2015
Partnership Eligibility	Hospital facilities with an emergency room and 2 or more primary care offices that are affiliated with the systems network (Each hospital facility is required to fill out their own request for information form).
Length of Project	Up to 3 years
Funding	The ODMHSAS will provide for all training, materials, suicide prevention software licensing, technical assistance and intensive support of ODMHSAS Prevention Field Staff, specializing in hospitals to the awarded hospital.
Contact	For questions regarding completing this request for information form please contact Stephanie Packebush at spackebush@odmhsas.org

Name of Hospital:

Hospital Address:

Hospital Phone/Fax:

Name and title of person completing this form:

Contact information for person completing this form (address/phone/fax):

Tell us about the primary care centers in the Hospital's network and their location:

Does the Hospital have a behavioral health team at this location? If so, specify the role & responsibilities of the behavioral health team.

Does the Hospital have a psychiatric unit on site? If so, specify type of unit (adult/adolescent) and number of beds.

Does this Hospital already have a partnership with a community mental health program (outpatient, inpatient or private practice)? If so, which community mental health program is the hospital partnered with?

Briefly summarize any existing procedures that prompt use of screens and/or assessments for suicidality.

What is the name of the Hospital's existing electronic health records system?

The ODMHSAS is committed to increasing the safety of care transitions from one setting to another. The ODMHSAS has partnered with the National Suicide Prevention Lifeline (NSPL) to assist suicidal patients with their transition from emergency room care to outpatient treatment.

Is your facility willing to participate with the local National Suicide Prevention Lifeline (NSPL) in receiving consent to contact forms from at risk patients who are being discharged from the ED and would like a follow up phone call from the local National Suicide Prevention Lifeline call center? Describe any anticipated barriers to partnering with the National Suicide Prevention Lifeline call centers.

Attach the following documents:

- Number of suicide attempts, and self-injury cases discharged from the emergency room by month for the previous two years.
- The total volume (admission into emergency room) of the emergency room, by month for the previous two years.
- All copies of any existing screenings, and assessments that specifically address suicidality, self-harm, depression and/or hopelessness.

Electronic Signature

Date