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| *All projects are required to complete this form as a part of the continuation application submission. Please answer all questions below and submit the document according to the process required by your award (grant or IHS federal program award). If you have questions about how to submit this form, please contact your* *ZSI Program Official* *(PO).* |
| 1. **Data Assessment**
 | **# (Number)** |
| 1. Since the start of this project year (November 1, 2018), how many patient visits occurred at your project’s health system?
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| 1. Of the number in 1), how many patient encounters included “Screening” for suicide risk?
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| 1. Of the number of patient encounters that included “Screening” for suicide risk, how many were identified as positive for suicide risk?
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| 1. Of the number of patient encounters with patient identified as positive for suicide risk, how many included a referral for a “full Assessment” of suicide risk?
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| 1. Of the number of patients that received a “full Assessment” for suicide risk, how many were entered in the moderate/high risk suicide clinical pathway?
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| 1. Of the number of were entered in the moderate/high risk suicide clinical pathway, how many patients were counseled on restriction of lethal means?
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| 1. Of the number of were entered in the moderate/high risk suicide clinical pathway, how many included a collaboratively developed Safety Plan?
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| 1. How many missed appointment occurred for patients on high risk for suicide clinical pathway?
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| 1. For the number of missed appointments by patients identified in #7, how many times was contact made with the patient within 24-48 hours to reset appt. with BH?
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| 1. For the number of missed appointments by patients identified in #7, how many times was contact made with the patient within 7 days to reset appt. with BH?
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| 1. How many patients were discharged from the ED after being assessed for suicide risk?
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| 1. Of the patients discharged from the ED after being assessed for suicide risk, how many were contacted within 24 hours to schedule an appointment with BH?
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| 1. Of the patients discharged from the ED after being assessed for suicide risk, how many were contacted within 48 hours to schedule an appointment with BH?
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| 1. How many times were health system patients hospitalized due to imminent risk of suicide?
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| 1. Of the number of admissions in #12, how many times was contact made prior to discharge to schedule an appointment with BH within the first 24 hours following discharge from hospitalization?
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| 1. Of the number of admissions in #12, how many times was contact made prior to discharge to schedule an appointment with BH within the first 48 hours following discharge from hospitalization?
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| 1. **Process Assessment**
 | **YES/NO** |
| 1. Did your project’s health system have a suicide care policy? If yes, please attach
 |  |
| * If not, please briefly explain
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| 1. Does the policy address all of the following:
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| If not, to any of the following, please briefly explain:* 1. The procedures for universal screening of all patients for suicide risk?
	2. Referral for full assessment of all patients deemed at moderate to high risk for suicide.
	3. Safety planning for all patients at moderate to high risk?
	4. Witten procedures for tracking all patients ( i.e., a clinical pathway and /or risk log/registry) at moderate to high risk?
	5. Specific procedures for follow-up with patients after discharge from inpatient and/or emergency department care?
	6. Procedures for “non-demand” caring contacts such as phone calls, postcards, letters, etc., to those recently released from inpatient and/or emergency department care?
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| 1. Did your project conduct a Workforce Survey during this project year (2018-2019) ? If not - please briefly explain?
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| 1. Does your project have care coordinator (s)/case manager (s) to manage patients on suicide risk registry/Clinical Pathway? If not - please briefly explain?
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| 1. Does your project use caring contacts, i.e., postcards, letters, phone calls, etc. to reduce post discharge suicidal behavior? If not - please briefly explain?
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| 1. Did your Team select a standard “screening” tool?
* If so, which one :
* If so, is the tool embedded in the EHR?
* If not -please briefly explain?
 |  |
| 1. Did your Team select a standard full “assessment” tool?
* If so, which one :
* If so, is the tool embedded in the EHR?
* If not -please briefly explain?
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| 1. **Program Planning**
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| 1. With the Zero Suicide Initiative funding focused on universal screening, evidenced-based treatment, and continual follow-up for those at risk of suicide within health and behavioral health systems, what are the top 3 priorities for your project going into the next program year?
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