



**Request for Letters of Commitment (RFLoC)**  
**Department of Health & Social Services**  
**Application-Based Suicide Intervention within Emergency Departments**

The State of Alaska, Department of Health and Social Services, Division of Behavioral Health (DBH) is seeking letters of interest from qualified parties capable and interested in providing brief application-based suicide intervention for youth and adults while in the emergency department. The Division is seeking applicants with an evidenced-based intervention that incorporates the voices of lived experience to include the voices of at-risk populations such as youth and Indigenous peoples. This application must incorporate strategies and best practices identified within the National Strategy for Suicide Prevention as well as the Zero Suicide framework. This RFLoC has been developed to solicit Letters of Commitment of interested applicants to be included with the federal grant application the Division of Behavioral Health intends to submit for the Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Program.

**Background**

Suicide attempt and fatality rates, especially rates amongst youth, have been on an increasing trajectory within Alaska and throughout the nation<sup>1,2</sup>. Consequently, our acute care settings have experienced an influx of patients admitted for suicide risk. There have been numerous national efforts to account for the increasing demands placed upon our acute care providers. In 2019 and 2020 the Joint Commission published new and revised National Patient Safety Goals on suicide prevention in healthcare settings, requiring accredited institutions to implement various interventions for suicide, such as evidenced based suicide screening tools.<sup>3</sup> Furthermore, the National Strategy for Suicide Prevention includes multiple goals related to expanding the capacity of our healthcare system to effectively identify and treat people experiencing suicidal thoughts or behaviors.<sup>4</sup>

In response to the need for comprehensive suicide care within healthcare settings, the Substance Abuse and Mental Health Services Administration (SAMHSA) has included a focus upon the healthcare system within the Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Program (GLS). This includes multiple required activities directly applicable to the RFLoC. These are listed below:

- Implement a response system to ensure that timely referrals incorporating safety planning can be provided to appropriate community-based mental health care and treatment programs for youth who are at risk for suicide or suicide attempts. This should include remaining in contact with at risk youth during the referral process and include follow-up of youth who have attempted suicide and are being discharged from inpatient psychiatric units or emergency departments.
- Assure treatment and prevention services for diverse cultural populations that address the specific risk and protective factors of the various populations they are serving
- Implement strategies to reduce access to lethal means among youth with identified suicide risk.

In line with these recent efforts to create robust suicide care practices within our acute care settings and in response to the required activities of the GLS, the Division is pursuing avenues to support acute care providers in implementing screening, assessment, and brief intervention practices for suicide risk. Furthermore, capacity and workforce obstacles frequently prevent the timely transition of youth and adults from emergency departments to inpatient behavioral health facilities or outpatient care. Delays and obstacles to the effective and timely transition of patients with identified suicide risk further emphasizes the need to ensure emergency departments have supportive tools to assist these patients. Therefore, the Division is seeking an application-based tool to provide support to both providers and patients with suicide risk while in the emergency department.

<sup>1</sup>Yard, E; Radhakrishnan, L; Ballesteros, MF; et al. (2021). Emergency department visits for suspected suicide attempts among persons aged 12-25 years before and during the COVID-19 pandemic: United States January 2019-May 2021. doi:<http://dx.doi.org/10.15585/mm7024e1externalicon>

<sup>2</sup>Alaska Health Analytics and Vital Records Section. (2022).

<sup>3</sup>Joint Commission. (2022). National patient safety goal on suicide prevention in healthcare settings. <https://www.jointcommission.org/resources/patient-safety-topics/suicide-prevention/>

<sup>4</sup>SAMSHA. (2017). National strategy for suicide prevention implementation assessment report. HHS Publication No. SMA17-5051. Rockville, MD

### **Scope of Work**

The Division of Behavioral Health is soliciting letters of commitment from qualified offerors capable and interested in providing an application-based suicide intervention tool for use within emergency departments. The objective of this work is to support providers and patients with suicide risk while admitted to the emergency department. This will include possessing a validated tool with a notable evidence-base demonstrating its efficacy as an intervention for suicide in healthcare settings. This tool should also integrate with electronic health records, easing burden upon acute care providers. To appropriately incorporate this tool within identified healthcare sites, the selected contractor will be required to develop an implementation timeline, providing training and technical assistance on the tool, and assist the acute care organizations in planning for sustainability. Selected offerors will also be required to meet regularly with the Division to assess the implementation of this tool and develop actionable plans to overcome identified barriers.

**Consultant will prepare the following deliverables:**

The Division of Behavioral Health is seeking contractors with evidence-based suicide intervention tools for emergency departments that can assist healthcare entities in their integration of this tool into standard workflows. There is an immediate need to support acute care providers in responding to increased hospitalizations for suicide risk. An area of needed support is ensuring emergency departments have the resources and tools to provide effective and needed intervention for patients with suicide risk that meets national best practice standards and doesn't veer beyond the scope of interventions that are appropriate for an emergency department setting. This is especially critical due to barriers that can and do prevent timely transitions from emergency departments to inpatient and outpatient behavioral health settings. A successful response to this identified need would include an easy to integrate tool that assists providers in implementing best practices to include risk assessments, safety planning, and lethal means counseling. A successful intervention would also account for the continued needs of the patient while they remain in the emergency department, such as validated therapeutic exercises and trauma informed care. A successful contractor will have an identified plan to meet these needs and deliverables will be flexible to this plan.

In addition, the selected contractor will be required to provide the following deliverables:

- The number of safety plans generated
- The number of risk assessments completed
- The number of lethal means counseling completed
- Rate of usage of the application

**Experience and Minimum Qualifications**

The Division is seeking applicants with a researched and validated application-based tool for suicide prevention designed for use in acute care settings. Furthermore, applicants must have an experienced team capable of providing training and technical assistance on the tool. This team should cumulatively possess the education and experience equivalent to a PHD as well as a minimum of two (2) years working with healthcare entities.

**Budget**

Duration of Grant Program: 8/31/2022-8/31/2027

The total projected budget for this service is \$130,000

**How to Participate**

Interested firms must indicate their interest by submitting an electronic response (.pdf format is preferable) with the following information:

- Firm Name;
- Individual authorized to sign contracts;
- Mailing address;
- Physical address;
- Phone number;
- Fax number;

- Email address;
- Address how applicant meets or exceeds the experience requirements;
- Confirmation that the firm can provide the project deliverables within the budget and timeline provided

This Request for Interest does not constitute a formal solicitation. The State of Alaska is not responsible for any costs associated with the preparation of responses. The issuance of the Request for Interest provides no guarantee that the State of Alaska will proceed with a formal solicitation.

Submit **an electronic response no later than 4:00 pm, Alaska Prevailing Time, April 14, 2022**, to the attention of:

Matt Meienberg  
Procurement Officer  
(907)465-5293  
E-mail: [hss.procurement@alaska.gov](mailto:hss.procurement@alaska.gov)

**BIDDERS/OFFERORS WITH DISABILITIES:** The State of Alaska complies with Title II of the Americans with Disabilities Act of 1990. Individuals with disabilities who may need auxiliary aids, services, and/or special modifications to submit a Letter of Interest should contact the Procurement Officer named above, no later than April 7, 2022.