

- Established by the State Legislature
- Goal to improve quality, health outcomes, and cost-effectiveness of care in Washington State
- Bring together member clinicians, Washington State agencies, hospitals, health care systems, health insurance plans, and quality improvement organizations
- Select health care topics every year and develop evidence-based recommendations by convening workgroups of clinical experts, administrative experts, patients, and others
- Recommendations guide health care purchasing for Washington State agencies and set a community standard of care.

Why Suicide Care?

Suicide is both a preventable outcome and a public health issue with a long-lasting and profound effect on family members, friends, and clinical providers. Our rate of suicide in Washington State is higher than the national average.

Our Report and Recommendations:

- Are applicable to in- and out-patient care settings including for care transitions, behavioral health providers and clinics, and for specialty care (e.g., oncology)
- Are focused on a clinical setting, but recognize need for visibility and education in a variety of community settings, and that limited access to behavioral health is an issue.

Focus Areas and Care Pathway	Identification of Suicide Risk ↓	<ul style="list-style-type: none"> • Screen all patients over 13 annually for behavioral health conditions (i.e., mental health, substance use), associated with increased suicide risk using a validated instrument(s), including depression, suicidality (i.e., suicidal ideation, past attempts), alcohol misuse, anxiety, and drug use.
	Assessment of Suicide Risk ↓	<ul style="list-style-type: none"> • Based on results from identification above, further identify risk of suicide with a validated instrument and identify additional risk factors including mental illness diagnosis, substance use disorder(s), stressful life event, and other relevant psychiatric symptoms or warning signs (at clinician’s discretion).
	Suicide Risk Management ↓	<ul style="list-style-type: none"> • Ensure individuals at risk of suicide have pathway to timely and adequate care (e.g. follow-up contact same day or later as indicated by suicide risk assessment). • Keep patients in an acute suicidal crisis in an observed, safe environment. • Address lethal means safety (e.g., guns, medications). • Engage patients in collaborative safety planning. • If possible, involve family members or other key support people in suicide risk management.
	Suicide Risk Treatment	<ul style="list-style-type: none"> • Use effective evidence-based treatments provided onsite that directly target suicidal thoughts and behaviors (rather than focusing primarily on specific mental health diagnoses) through integrated behavioral health or off-site with a supported referral. • Document patient information related to suicide care and referrals.
	Follow-up and Support After a Suicide Attempt	<ul style="list-style-type: none"> • Ensuring the patient is connected to evidence-based follow-up treatment. • Provide contact and support during transition from inpatient to outpatient sites, and from out-patient to no behavioral health treatment. • Ensure supported pathway to adequate and timely care, as outlined above (e.g., collaborative safety planning, onsite or referral to offsite behavioral health).
	Follow-up and Support After a Suicide Death	<ul style="list-style-type: none"> • Follow-up and support for family members, friends, and for providers involved in care including screening for depression, suicidality, anxiety, alcohol misuse, and drug use.