



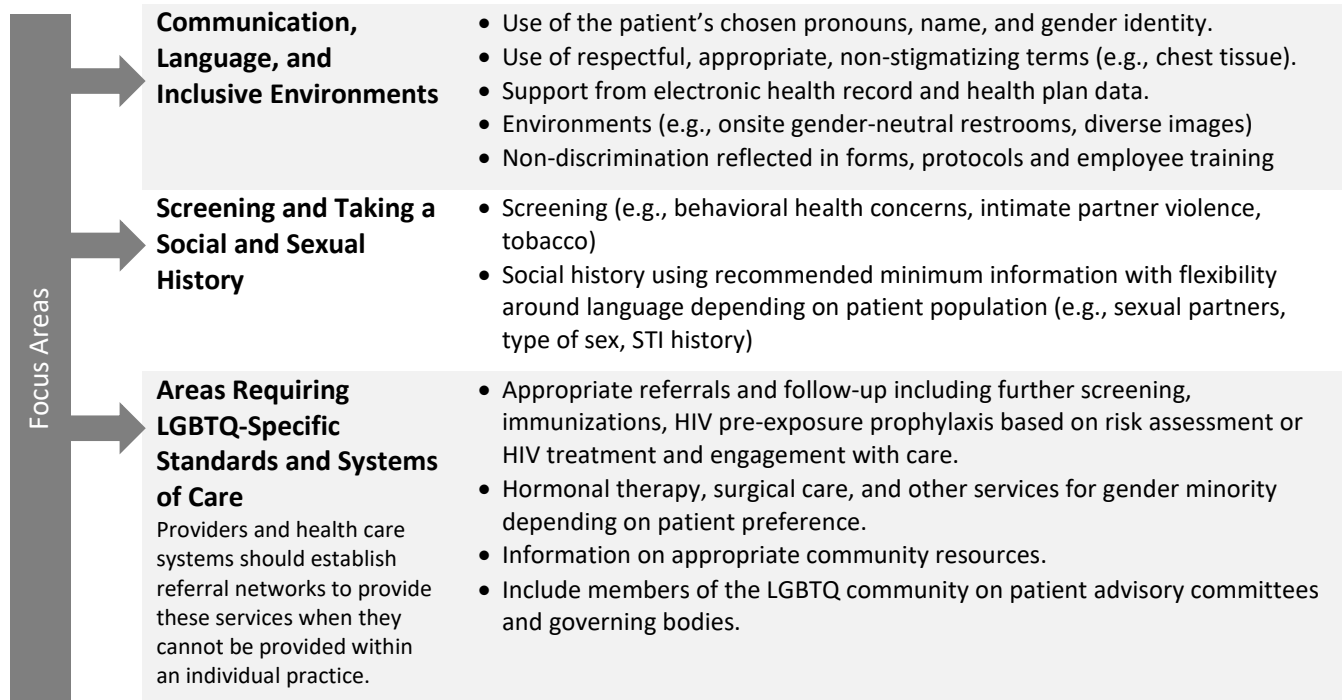
- Established by the State Legislature
- Goal to improve quality, health outcomes, and cost-effectiveness of care in Washington State
- Bring together member clinicians, Washington State agencies, hospitals, health care systems, health insurance plans, and quality improvement organizations
- Select health 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 LGBTQ Health Care?

Building a health care system that allows everyone to have a fair opportunity to be healthier is a goal across Washington State. Lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ) people share common challenges and have health care needs distinct from those who do not identify as LGBTQ. LGBTQ people may also face access issues relating to health insurance coverage and policies that reinforce stigma within the health care system and across communities.

Our [Report and Recommendations](#):

- Are based on whole-person care framework, taking into consideration a person’s multiple individual factors that make up health, wellness, and experience (e.g., behavioral health, past trauma, race/ethnicity) in such a way that is not identity or diagnosis-limiting.
- Are oriented mainly to primary care, and also include language directed to hospital settings, health plans, health care purchasers, and patients themselves.
- Recommend that all health care encounters occur using non-judgmental, non-stigmatizing language, body language, and tone.





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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.
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	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).
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	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.
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	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.
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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). 	
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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. 	



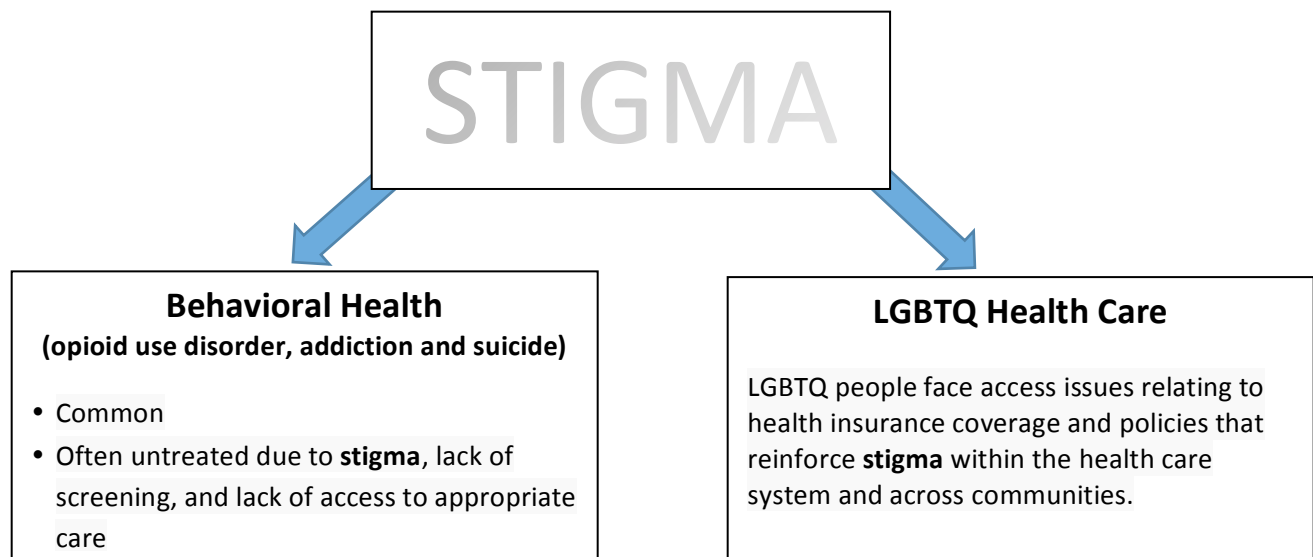
Established in 2011 by the Washington State Legislature “...to provide a mechanism through which public and private health care stakeholders can work together to improve quality, health outcomes, and cost effectiveness of care in Washington State.”

How does the Bree Collaborative influence the health care system in Washington State?

- Identify health care services that show variation in care delivery or have a **patient safety issue**
- Provides an opportunity for collaboration between many different health care stakeholders: public health care purchasers for Washington State, private health care purchasers (employers and union trusts), health plans, physicians and other health care providers, hospitals, and quality improvement organizations
- Sets community standards to improve health care quality, outcomes, and affordability

Why this is important for patient safety....

- Behavioral health identified by Joint Commission as 2020 patient safety goalⁱ
- Equity as patient safety goal
- Aligned with Washington State priorities (e.g., Accountable Communities of Health, Health Care Authority, Bree Collaborative)



How WPSC and Bree can work together....

- Facilitate trainings for clinical staff to reduce stigma = culture change
- Raise awareness of the importance of behavioral health integration and issues facing LGBTQ people
- Share Bree Guideline education materials
- Embed quality and safety in behavioral health and equity practiceⁱⁱ

ⁱ https://www.jointcommission.org/assets/1/6/2020_BHC_NPSG_goals_final.pdf

ⁱⁱ D'Lima D, Crawford MJ, Darzi A, Archer S. Patient safety and quality of care in mental health: a world of its own?. BJPsych Bull. 2017;41(5):241–243