

# ASSESS



# INTERVENE



# MONITOR

## Patient and Family Engagement (throughout episode of care)

### SUICIDE CARE MANAGEMENT PLAN - OUTPATIENT

**High Risk Pathway Entry:** "Yes" to C-SSRS Questions 4,5,6 and/or 7 **OR** according to Clinical judgment  
**Pathway Exit:** "No" to C-SSRS Questions 4,5,6 **AND** No suicidal behavior for 90 days –**OR–** Clinical judgment

Screening with the C-SSRS

Comprehensive Suicide Risk Assessment, including risk & protective factors and access to lethal means

Clinical Formulation & Triage

Level of Care Determination  
*Is the client appropriate for outpatient care?*

Risk Level Determination  
**High – Moderate – Low**

Take immediate action to ensure safety

Stanley-Brown Safety Plan  
(with lethal means reduction counseling)

Plan for two **foreseeable changes**

Increase clinical contact

Treatment plan that reduces risk factors and enhances protective factors

Long-term interventions to address symptoms, including suicide-specific treatments if available

Universal Precautions: Psychoeducation and crisis information, including after hours numbers, Lifeline, Crisis Text Line & Local ED/CPEP

Screen *every* session

Maintain *weekly* appointments

Phone contact after missed appointments to ensure safety and continuity of care

Session within 72 hours of discharge from the ED or inpatient unit

Re-screen *at least quarterly* at treatment plan review or as clinically indicated

**High Risk:** Must be placed on High Risk Pathway  
**Moderate Risk:** High Risk Pathway *strongly recommended*  
**Low Risk:** Treatment as usual, with Universal Precautions