

Oregon Youth Suicide Intervention and Prevention Plan

Policy & Legislation Committee Objectives, Actions and Potential Measures

5/1/2017

| YSIPP Objective | Suicide Prevention Alliance Action | Performance Measure Data Source/ New or Existing? | Responsible Committee | Timeline |
|---|---|--|-----------------------|---------------------------------------|
| Strategic direction 1: Healthy and empowered individuals, families and communities | | | | |
| Goal 2. Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes and behaviors. | | | | |
| Objective 2.2: Reach policymakers with dedicated communication efforts. | | | | |
| <p>Objective 2.2.a. The Alliance will develop a policy agenda for suicide prevention that identifies state and local policy priorities, needed fiscal investments, and information on the value and return on investments, and develop a plan to communicate the agenda to state and local policymakers.</p> | <ul style="list-style-type: none"> • Finalize 2017 policy agenda. • Provide written and verbal testimony on suicide prevention-related state legislation throughout state legislative session. • Recommend that OHA and the Alliance request a copy of the policies adopted pursuant to ORS 441.196 from each of the hospitals in Oregon who have inpatient mental health wards and OHA post the policies on its website. In addition to the policies themselves, OHA should request answers to the following questions: <ol style="list-style-type: none"> 1. Precisely how are you making your discharge policies publicly available? 2. Which staff member (by title not name) is charged with encouraging the patient to sign an authorization? What do they do to actually encourage that act? 3. What is being done, if anything, to encourage a patient to name a lay caregiver? Which staff member does that? • Recommend that OHA: 1) Identify a Medicaid Treatment/Billing Code appropriate for Emergency Department and Hospital follow-up services that include | | Policy & Legislation | <p>December 2016</p> <p>June 2017</p> |

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| Strategic direction 1: Healthy and empowered individuals, families and communities | | | | |
| | <p>case management, peer services, and clinical services that are very brief or are non-client contact (client not at meeting place, client now answering phone, travel to see client, etc.).</p> <p>2) Explore the use of a new Medicaid code designation/definition that can be created from one of Oregon’s currently open and unused Medicaid codes or how a bundled rate could be created for each of the set of services.</p> <p>3) Explore establishing a rate with private insurance to parallel the Medicaid “continuity of care” newly designed rate/bundled services.</p> | | | |
| Strategic direction 3: Treatment and support services | | | | |
| Goal 8. Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors. | | | | |
| Objective 8.1: Adopt and implement guidelines to effectively engage families and concerned others, when appropriate, throughout entire episodes of care for persons with suicide risk. | | | | |
| <p>Objective 8.1.b. Subject matter experts convene a group, including youth/young adults and their families or families of choice, to help them identify and distribute guiding documents for physical and behavioral health care providers, addressing release of patient information among providers and to families, families of choice and caregivers under HIPAA, 42 CFR Part 2, FERPA, and OR HB 2948 (2014).</p> | <ul style="list-style-type: none"> Recommend standard and consistent confidentiality guidelines. | | Policy & Legislation | June 2017 |