

| YSIPP Objective | Suicide Prevention Alliance Action | NOTES | Timeline/STATUS |
|---|---|--|-----------------------------------|
| Strategic direction 3: Treatment and support services | | | |
| Goal 7. Promote suicide prevention as a core component of health care services. | | | |
| Objective 7.2: Strengthen efforts to improve timely delivery of effective programs and continuity of care for individuals at heightened risk for suicide, including those with mental health and substance use disorders. | | | |
| <p>7.2.a. OHA will collaborate with Health Systems Emergency Department Diversion Pilot Project sites to collect, analyze and disseminate results statewide on customized local approaches to provide safe nonhospital care alternatives for youth in mental health or suicide crisis.</p> | <ul style="list-style-type: none"> Review results of ED pilot projects and recommend best practices. | <p>Invite presentation of the results either to full Alliance or to COC committee.</p> | <p>June 2019</p> |
| Objective 7.3: Promote continuity of care and the safety and well-being of all patients treated for suicide risk in emergency departments, hospital inpatient units and primary care. | | | |
| <p>7.3.c. OHA will collaborate with the Alliance to create a legislative agenda that includes provision of suicide risk assessment and crisis counseling, at the in-network level of benefits, delivered by community mental health programs or other providers. Provision of suicide risk assessment and crisis counseling should be considered an essential health benefit that cannot be denied due to provider panel restrictions, pre-authorization requirements or other administrative functions.</p> | <ul style="list-style-type: none"> Support legislation (ED care coordination, ED release) | <p>The Alliance identified other legislative priorities for the 2019 session; however, two members are participating in the State Health Improvement Planning process and will bring this issue into the discussions. Continuity of Care will assess how to address this priority in the next fiscal year.</p> | <p>June 2020</p> |
| Objective 7.4: Develop collaborations between emergency departments and other health care providers to pilot programs and disseminate results for alternatives to emergency department care and hospitalization when appropriate, and to promote rapid follow up after discharge. | | | |
| <p>7.4.b. OHA and the Alliance will collaborate with youth and young adults, families, public and private insurers, emergency departments, behavioral health providers and other subject</p> | <ul style="list-style-type: none"> Establish and recommend enforcement of minimum standards of care for persons who are discharged from hospital in a behavioral health crisis (e.g., lethal means availability, | <ul style="list-style-type: none"> Legislation passed and OARs completed Partnering with the Youth and Young Adult | <p>July 2018</p> <p>June 2018</p> |

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| <p>matter experts to recommend protocols and implementation strategies for conducting check-ins within 48 hours of release from the emergency department of patients aged 10-24 years at risk of suicide. Check-ins will cover patient safety, family welfare and links to follow-up care. Options for entities conducting check-ins may include insurers or emergency departments, or under contract with peers, crisis lines, community mental health programs or by electronic means.</p> | <p>immediate follow up appointment, check in call within 24 hours, assignment of care coordinator, financial penalties for denying medically necessary services)</p> <ul style="list-style-type: none"> • Recommend that OHA request Hospital EDs to <ol style="list-style-type: none"> a) submit suicide risk assessments required by JCAHO licensing and accreditation standards; and b) adopt a Standard of Care for Evidence Based Risk Assessment such as the CSSRS (recommended by Continuity of Care committee of the Alliance). | <p>Engagement Committee to develop guidebook for families in the E.D. for a youth’s behavioral health crisis</p> <ul style="list-style-type: none"> • Track implementation of caring contacts. Committee members are working with the University of Oregon, the Hospital Association and OHA Public Health regarding obtaining data. | |