

NOTES Continuity of Care Committee

Meeting Monday, Dec. 11, 2017 12:30 p.m. – 2:00 p.m.

NEXT MEETING SCHEDULED: Friday, Feb 16, 2017 10:30 - Noon

Members in Attendance: Gallli Murray, (Chair) Ann Kirkwood , Gary McConahay, Jonathan Rochelle, Julie Magers, Stephanie Willard, Tanya Pritt, Jammie Farish

Absent: Jerry Gabay, Kristi Nixa Staff: Annette Marcus

- Objectives: 1. Review goals and progress on action plan.
 2. Determine next steps, roles and responsibilities to move action items forward.

	Topic	ACTIONS	Notes
I.	Welcome and Introductions		Note: Action Item 1 regarding EBP’s has been transferred to the Schools Committee. (Suicide intervention skills training to the skills)
II.	RAC’s-update HB 3090 and HB3091	<p>Annette send link to the group for OHA SB48 CEU listing; Julie send link to Annette for HB3091</p> <p>Julie send Annette information regarding ways to contact HB3090 RAC members. Annette will forward to the committee Committee members may then submit feedback as individuals.</p> <p>In the future convene ad hoc work sessions for Alliance members to submit comments in future RACs. Julie agreed to organize this.</p>	<p>Workplan Action Item 5: Alliance members will volunteer to participate in the RAC for HB 3090 and 3091 implementation</p> <p>Discussion of SB48 (Ann Kirkwood): OHA does a workforce survey for most of the medical and behavioral health licensing boards and will be doing data collection on their behalf in compliance with SB48. Medical Board is doing their own survey and will share data with legislature. Schools are developing their own list of suggested C.E.U’s. A couple of licensing boards, including Board of Dentistry, are doing some outreach about the trainings.</p> <p>RAC HB 3091-Julie gave overview of the bill which addresses commercial and Medicaid need to pay for care coordination and case management. Two informative RAC meetings have occurred with multiple perspectives at the table. Dept. of Consumer and Business Services led the RAC. (DCBS regulates insurance). Public Comments are closed now. DCBS will now review the comments and update the RAC. It defines care coordination and case management—especially regarding suicide risk. (Julie)</p> <p>RAC HB 3090: The RAC has been contentious, with multiple opinions about how it should be approached, and no rules have been filed. 3090 references what should happen in high acuity situations. 3091 is the payment mechanism, but needed to define what it was paying for, so it defined care coordination and case management. In 3090—noted 72 or 48 hours follow up and that Caring Contact is one of the follow ups that (shall or could?) happen and appointment in 7 days.</p> <p>HB 3090: Players are saying that overstepped authority on HB3091. 3090 is <i>what</i> the practice should be. OHA is leading this one.</p>

			<p>Galli asks if there's something we can do as a committee to help with the 3090? Jerry, Ann and Julie could assist the group in tracking the bills and assist committee members with comments about things such as caring contact, 72-hour-follow up, 7 day appointment. It is helpful for Alliance members who are subject matter experts to submit feedback and provide guidance. This would occur over the course of the next month.</p> <p>Question for the Alliance: Is this the kind of legislative influence we can have? Gary notes that should tread carefully about Alliance endorsing or taking a stand is something we're ready to do given diversity of opinions and roles.</p> <p>Stephanie has testified and she will write a response to 3090 and brings her perspective as a loss survivor.</p>
<p>III.</p>	<p>Discharge Protocol-</p>	<p>Julie to send a letter to Public Health regarding this concern and suggestions about how to move forward. She will copy the group so all will know the reply. Ann will review the plan and see what would be relevant to a meeting with Hospital Association. There may be several topics that could be relevant from the plan. Julie to send the list of hospitals and Annette will distribute to committee members.</p>	<p>Discussion of Workplan item 6 OHA/Suicide Prevention Alliance will schedule a meeting with the Hospital Association and representatives of some hospitals to outline and discuss requests for standards of care for people in behavioral health crisis who are discharged from hospitals and suicide risk assessments.</p> <p>Notes: HB2023—any hospital discharging someone from a behavioral health crisis has certain responsibilities. The rules/law says that these discharge policies to follow the rules must be available to the public. The Hospital Association has shared a list of which hospitals are subject to this; however, some hospitals have noted that they do not want to release the policies/procedures for reasons such as they are too complicated for the public. The Hospital Association says that they checked in with the 12 hospitals who say they are in compliance but have not provided documentation.</p> <p>Galli wonders about getting someone from the Hospital Association on the Alliance—Daniel Meyers is the Hospital Association representative.</p> <p>Julie is suggesting that the Alliance take a stand on this; Tanya agrees. Discussion of where there is enforcement mechanism. Public Health is the place that should support this. Gallis recommends trying the route that exists which is making a complaint to Public Health. Galli and Gary concerned about getting into an adversarial relationship with hospitals.</p>

IV.	Transition MOU's	<p>Jonathon and Annette will develop a plan for an environmental scan and get it back to the committee.</p> <p>· Update action item 2 "Send samples of MOUs concerning transitions from acute care back to school to the ESDs." to include school districts</p>	<p>(2) Send samples of MOUs concerning transitions from acute care back to school to the ESDs.</p> <p>There are a number of MOU's or processes that are available. There are some in CAIRNS tool. We have some samples. Galli is working with all 10 school districts in Clackamas about what to do when student express thoughts of suicide—what is the detail for pathway to support. Part of the plan is getting the students in front of ASIST trained screeners. Unless the school has a protocol about how to treat/handle students at risk, it kind of puts the cart before the horse.</p> <p>Gary recalls that it's helpful to school administrators to share some protocols. Can meet needs. Jackson County has a flow chart regarding communication back and forth.</p> <p>Ann refers back to the 8.1b of the plan—Continuity of Care's job to collect the information and give it to the schools committee to distribute. Physical, behavioral health and schools all consider this a huge problem—students show up at school and the schools have no idea that this is happening. (Research this question)</p> <p>Get templates and input about what is currently occurring at schools.. Galli would like to amend the language of the action items to include school districts and the ESD's. Gary points out that the strategy is to make it easy for schools to implement.</p>
V.	ED Pilot Projects		<p>(3) Review results of ED pilot projects through OHSA study findings after September and recommend best practices.</p> <p>Julie will keep the group posted about progress on this and the research that OHSU is doing.</p>
VI.	Caring Contact Pilot	<p>Move "caring contact" action item to 2019 timeline.</p>	<p>(4) Recruit hospital to implement a Caring Contact intervention pilot in a non-ED pilot community.</p> <p>Ann thinks that in light of what is happening with 3090 and 3091 may want to wait on this item. Hold off on launching a pilot until see where work goes and with Providence to do some Caring Contact work. Pull this off the action plan.</p>
VII.	Meeting Close	<p>Next Meeting: Friday February 16, 10:30 - Noon</p>	<p>Set next meeting and confirmed action steps.</p>