UPDATED December 13 2018: Oregon Youth Suicide Intervention and Prevention Plan: Continuity of Care Committee Objectives, Actions and Measures
COLORS GUIDE: COMPLETE * ON TRACK *DELAYED * AT RISK * ACTION STEP REVISED

YSIPP Objective	Suicide Prevention Alliance Action	NOTES	Timeline/STATUS
Strategic direction 2: Clinical and community preventive services			
Goal 4. Develop, implement and monitor effective programs that promote wellness and prevent suicide and related behaviors.			
Objective 4.2: Encourage community-based settings to implement effective programs and provide education to promote wellness and prevent suicide and related behaviors. (Decrease: Exposure to violence and adverse experiences.)			
4.2.d. OHA will work with communities to develop a plan to expand universal, evidence-based practices to prevent suicidal behaviors.	• Recommend the Department of Education make Youth Mental Health First Aid and other evidence-based mental health awareness and suicide prevention training programs available for education staff and students at state in-service training days or other available days for students within and outside of school time. • Recommend to ODE that acute care psychiatric and sub-acute facilities obtain a signed release of information to coordinate with ESDs and schools for transition and appropriate care. Recommend that ODE implement protocols for youth and young adults who have been identified as being at risk for suicide.	• Schools Committee still tracking this goal—but training in schools is now in schools committee. • Does Continuity of Care want to do something specific around the second bullet	March 2018
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.			
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.	• Review results of ED pilot projects and recommend best practices.	Invite presentation of the results either to full Alliance or to COC committee.	June 2019

YSIPP Objective	Suicide Prevention Alliance Action	NOTES	Timeline/STATUS
Strategic direction 2: Clinical and community preventive services			
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.			
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.	• Support legislation (ED care coordination, ED release)		March 2019
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.			
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 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.	• 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, immediate follow up appointment, check in call within 24 hours, assignment of care coordinator, financial penalties for denying medically necessary services) • Recommend that OHA request Hospital EDs to 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).	• Legislation passed and OARs completed • Develop guidebook for families in the E.D. for a youth's behavioral health crisis • Track implementation of caring contacts-time line and strategy needed—where are we going with suicide risk assessments?	July 2018 June 2018