

## AGENDA

Continuity of Care Committee (COC)

Meeting: February 16, 2018

Next Meeting: March 30<sup>th</sup> 10:30 to Noon

Objective: 1. Review goals and progress on action plan.

2. Determine next steps, roles and responsibilities to move action items forward.

	Topic	Action Items	Notes
I.	Welcome and Introductions		Attending: Galli Murray (Chair), Ann Kirkwood, Jonathan Rochelle, Julie Magers, Stephanie Willard, Tanya Pritt Staff: Annette Marcus
II.	Update on Action Items from last meeting	<p><b>What: Provide an in-service on the RAC process in preparation for feedback on 3090 for Alliance members.</b></p> <p><b>Who: Julie Magers,</b></p> <p><b>When: Before quarterly meeting on April 12<sup>th</sup> (unless rule is submitted earlier than anticipated.)</b></p>	<p>(5) Alliance members will volunteer to participate in the RAC for HB 3090 and 3091 implementation</p> <p>Galli and Julie (and?) met with Hospital Association about making discharge procedures public. Also discussed developing materials that show pathways for people transitioning out of psychiatric situations at ED's. Galli and Julie will be working Danielle Meyer on both these items.</p> <p>Ann-3090 RAC-rules to specify services and supports at discharge from ED-continues to be meeting with varying views and no consensus. The Health Services Division is reviewing the feedback and will draft the rules. There is an opportunity for feedback once these have been drafted.</p> <p>Discussion: Stephanie thinks that more people with lived experience are needed as their voices are really powerful in the rule making process. Julie concurred and noted that Stephanie's contribution to the RAC process was powerful and unique. During the RAC hearing, some providers stated that they oppose a requirement for caring contact within 48 hours of discharge due to perceptions that it's too complex, too expensive. Lines for Life estimates \$10 to \$15 per call. Since YSIPP supports caring contact, this is an area COC should be taking a role in promoting. Julie proposes that COC prepares for 30 day public comment period. Would encourage COC members to attend the hearing, write letters as subject matter experts. Galli proposes recruiting other loss survivors to comment. Julie agrees to provide content for the in-service for people with</p>

			<p>lived experience. Stephanie notes that there will be an excellent workshop on how to tell your story at the Prevention Summit. Ann notes that rulemaking is right in the center of the role of Alliance – which is to make recommendations to OHA. Tentatively set in-service before the Alliance meeting on the 12<sup>th</sup> unless filing occurs early and it’s needed sooner. Tanya commits to attending hearing and providing testimony.</p> <p>Jonathan provided update on survey. Schools committee is surveying all middle and high schools to develop a baseline of data about suicide prevention/intervention/postvention activities. This will be a statewide inventory. Jon is very open to comments and feedback. Plans to send out the survey after spring break. Stage 2 of the process will be more focused interviews with key individuals at schools to look at MOU’s. Ann notes that part of the plan includes addressing HIPPA/FERPA and gathering MOU’s is part 1 of that process.</p> <p>Agreed action item re gatekeeper trainings in schools move from COC action plan to Schools.</p>
<p>III.</p>	<p>Reflections/Discussion- Recent Suicides in Clackamas County. What are we learning?</p>	<p><b>What: Convene group to make recommendations regarding rapid response and postvention support. Who: Annette, Stephanie (to start)</b></p>	<p>Over period of 4 days, there were four youth suicides in Clackamas County, including two at one high school. Clackamas has a strong postvention plan, close work with the medical examiner to identify and connect with individuals directly impacted by the death. There is a small team that reaches out the bereaved---and then also identify additional people to connect with. This team was vicariously traumatized and also overwhelmed by need to respond and continue their role as crisis response on a daily basis. The system was really overloaded—and then when Galli and her team responded to schools, more crisis referrals were made to these same people. Galli asks who, in a situation like that, can be reached out to for support when a local system is overwhelmed. When one community has multiple deaths—how do we mobilize to respond appropriately and with the right level of intensity? Is there a mechanism to reach out beyond your local community?</p> <p>Julie asks how can the Alliance open up supports for cross-county, cross-regional response in these kind of situations. Galli notes the stress in Clackamas—a county which is well-resourced and organized—is overwhelmed. What would happen in a community with less resource and support?</p> <p>Galli suggests that COC has a conversation about what statewide continuity looks like for postvention. Create a system for rapid response. Ann has asked for a \$250k rapid response process. Ann notes it would be helpful if this committee convened a group to discuss this. Stephanie volunteers to be very involved with this communication. Ann notes the professionals who call her often end up in tears. How do we support these folks? Let’s talk about next steps at our next meeting. Galli notes being sure to bring Youth Era into this conversation. Julie wants to be sure that the conversation focus’s on the need and capacity.</p>

IV.	May 2017 "Orange" Action Plan	-Review areas that need clarification or further development	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). This item will be addressed at next COC meeting
V.	Meeting Close	Confirm Action Items and Next Meeting Date - Annette	March 30 <sup>th</sup> 10:30 to Noon for next meeting.