In Person Location: 2051 Kaen Road, Oregon City (Room #238)

Zoom Invite: https://zoom.us/j/589230382?pwd=Q1Vwd0xiWE4wU1FhWW9SNW5VUi94QT09

Attendees: Jerry, Julie, Tanya, Galli, Amber, Jonathan, Rene

Welcome, announcement of Jenn's assignment to TOC Committee:

- Gary McConahay resigned from committee
- Jenn will be over managing meetings, the committee roster, and notes
  - If you have any updated contact information, send this to Jenn at ifraga@aocmhp.org

Jonathan - Wrap up of Root Cause Analysis document. Next steps:

- Has a good summary of the progress that Jonathan will send out to the group
- Tracking and planning projects can be organized in the system that was created
- If anyone has comments on the process or use of the tool going forward, remember that it is not a completed product but is a process tool that can be returned to at any time
- At this time, we have enough information to start digging into the work again
- Taking the form as a causal map and can be used to track our progress across the pieces that we have identified

### Julie - Report on 3090 workgroup session:

- Attended by Kaliq, Galli, Julie, Jerry, Jonathan, Amber
  - Documents involved in this work were reviewed and pieces were pulled out to see where gaps are, what needs to be done, and what is happening
  - Notes were sent out to the TOC Committee at large and provided in today's meeting
- Left with action items
  - To send the 3090 Letter out to OHA; this was sent out 02.18 by David Westbrook to the 2 identified parties at OHA
  - March 19<sup>th</sup> has been set aside by Danielle Meyer for revisions to the brochure that was started; Galli and Julie are registered to attend
    - Purpose to attend is to re-engage with group and let them know that TOC wants to be a part of this process
    - Danielle emailed Jerry suggesting getting together with the original people involved in the brochure which he forwarded to Julie & Galli
  - Jonathan requested a hand sketch of what people are thinking for the graphic of the inter-related documents discussed in the mini-workgroup last week
    - Amber gave examples of what she was picturing
      - A Venn Diagram could be one option of how things overlap
      - A map of the patient experience
      - Could have annotations / footnotes on graphics that lead to fuller description later in document

- Have puzzle pieces as it shows interconnectedness
- We could potentially have more than one image / tool to distribute
- See attached image for example from Julie
  - Jonathan would want to work with Amber closely on how to complete an infographic
  - With the example Julie did, Jonathan said he would like to work more closely with Julie
  - This image is not our final product as it is important to not get stuck in working on this as a long-term project; a fairly "simple" image
  - Need a relational map and then an infographic with the answers to who, what are we asking of the who, and action included
    - This can lead to a larger meeting with stakeholders included in the relational map to have a collaborative conversation about what people think others are doing, etc.
  - Creating image, putting notes into a packet and provide the materials to OHA saying that they are the best conveners for this; recommendation to the larger Alliance to request them to convene a meeting to accomplish these tasks:
    - TOC and OHA collaborate to establish points of contact within each stakeholder group
      - OHA Jackie Fabrick, Jill Baker, Shanda Hochstetler, Meghan Crane
      - OAHHS Danielle Meyer to get contacts from her for Individual Hospitals
        - TOC will then email individuals to explore point of contacts
      - Individual Hospitals see above for OAHHS
      - Patients & Families –Someone from CSAC, a youth from CSAC, someone from ASAC, someone from Brandy's consumer activities
      - Payors Gayle Woods (from DCBS), someone from each CCO (OHP), someone from commercial insurance (Dan Thoma & Julie)
      - Schools Amy Rouna, Jeremy Wells, Jonathan Rochelle to be connective tissue for this group
    - We don't want just one person representing all CCOs, commercial insurance agencies or hospitals
    - Draft a letter for OHA to send to the suggested people above to ask them if they are willing / able to participate in

this process on behalf of the Alliance "recommending to OHA to convene these people on behalf of the Alliance. Help OHA to engage the overall community....."

- Executive Committee will have to approve this, sign-off on it, send it out
- Since the 3090 letter was just sent out, what is a good time to send this letter with the hearing happening in May
- This bigger ask could go to Keny-Guyer to have her ask OHA
- "Letter to Alisa on behalf of the Alliance for OHA"

### NEXT STEPS

- Galli will share information about TOC Process and what we want to do with Executive Committee
- o Have two separate "teams"
  - One drafting letter Galli, Amber
    - To Keny-Guyer with recommendation that OHA convene these stakeholders for the purpose of......
  - One drafting graphic Julie, Jonathan
- o These two items will come back to the TOC for any input
- Finalize these items in March and sent out by April 1<sup>st</sup>,
   Keny-Guyer will have enough time to allow these to inform her May meetings
- Galli will talk with the Executive Committee about a replacement for Julie as a chair

Galli - Report on Alliance letter Re: 3090 implementation:

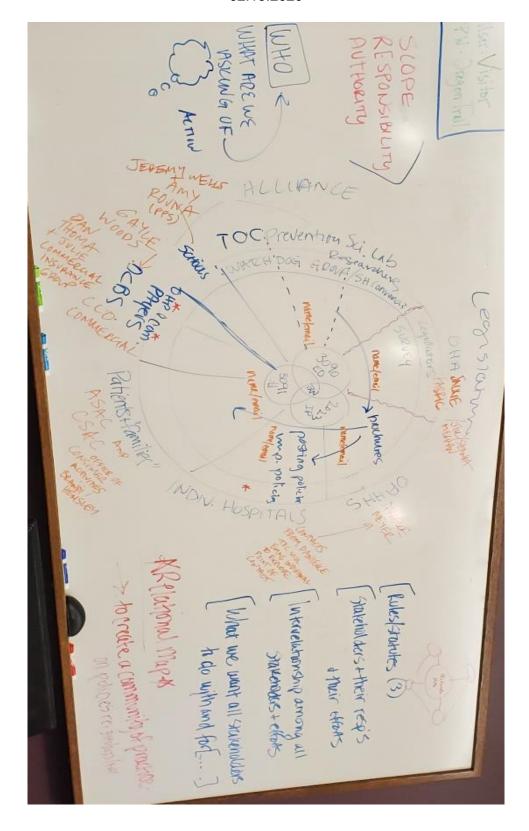
- Not discussed this meeting

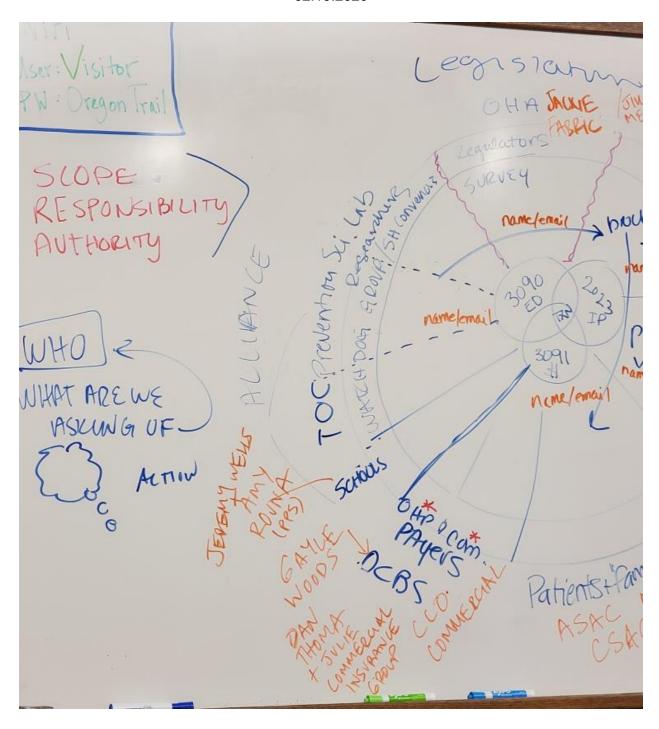
#### Group:

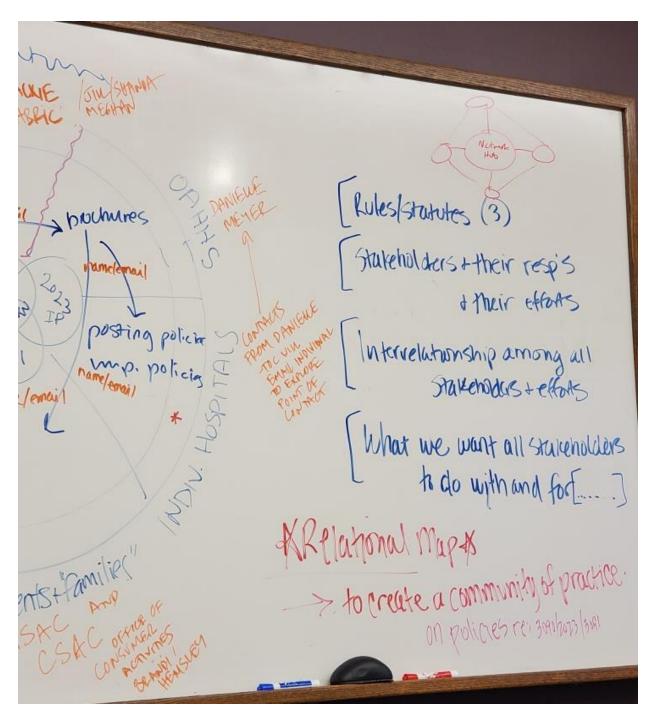
- Determine process for making decisions about actions and recommendations:
- Determine timeline and individual assignments on specific next steps

### Group -

- Revisit meeting schedule (frequency and location)
- Discuss volunteer request for new co-chair to start in July









March 4, 2020

Representative Alissa Keny-Guyer 900 Court St. NE, H-272 Salem, OR 97301

Dear Rep. Keny-Guyer,

Your fellow members of the Oregon Alliance to Prevent Suicide have a deep appreciation for your overall leadership on issues related to suicide prevention. We are writing to you today with an appeal for your continued leadership specifically on HB3090, 2023 and 3091 implementation efforts <a href="through-development of an intentional collaboration among the stakeholders impacted by these laws">through development of an intentional collaboration among the stakeholders impacted by these laws</a>.

Implementation of Oregon Administrative Rules developed under ORS 441.015 to 441.063 (HB3090) and ORS 441.196 (HB2023) seem to have faltered due to limited oversight, siloed work, inadequate communication, and a lack of accountability. We believe the effective implementation of these laws requires a collaboration of the interconnected group of stakeholders, which currently lack a convening authority, designated communication channels, and clarity of roles.

The Transitions of Care Committee of the Alliance has identified nine stakeholder entities that fill vital roles in effective implementation of the rules cited above, as well as those associated with the companion rules developed under ORS 743A.168 (HB3091) defining payment requirements for care coordination and case management. The identified stakeholder groups include OHA, OAHHS, individual hospitals, patients and families, DCBS, public and private insurance, schools, the UO Suicide Prevention Lab, and the Oregon Alliance to Prevent Suicide (specifically the Transitions of Care Committee).

In an effort to realize effective and full implementation of these important laws, the Alliance is asking you to assist in urging forward the following recommendations:

- 1. OHA to serve as a convening body to create a community of practice around implementation policies related to ORS 441.015 to 441.063 and ORS 441.196 (HB3090, HB2023);
- 2. OHA to identify a point of contact within each stakeholder group for all work related to ORS 441.015 to 441.063 and ORS 441.196 (HB3090, HB2023);
- OHA to establish a reference document of the interrelationships among the stakeholders, identifying their responsibilities, current and future implementation efforts, and points of interdependence, using the attached draft document as a starting point;
- 4. OHA to create a forum for the sharing of completed work, including audit forms, implementation tools, and contact lists;



- 5. OHA to facilitate the dissemination and use of existing tools and documents, such as OAHHS' Interpretative Guidelines for Oregon Hospitals regarding discharge planning from hospitals, OHA HB3090 Reports resulting from hospital surveys, etc.;
- 6. OHA to establish a page on its website, easily accessible to the public, that describes the requirements associated with these laws and a defined procedure for grievance or complaint submissions;
- 7. DCBS to report on any efforts and findings in regard to implementation, enforcement and complaint procedures associated with ORS 743A.168 (HB3091)
- 8. The Legislative Assembly to hold hearings on implementation, enforcement, complaints and barriers to implementation and develop any follow up actions based on reports made during the hearings.

Thank you for your attention to this request. The Oregon Alliance to Prevent Suicide and the Suicide Prevention Lab within the College of Education at the University of Oregon remain ready to collaborate with OHA to ensure these laws are fully adopted and established in practice by all stakeholders in Oregon to which the laws apply.

Sincerely,

DAvid E. Westbrook

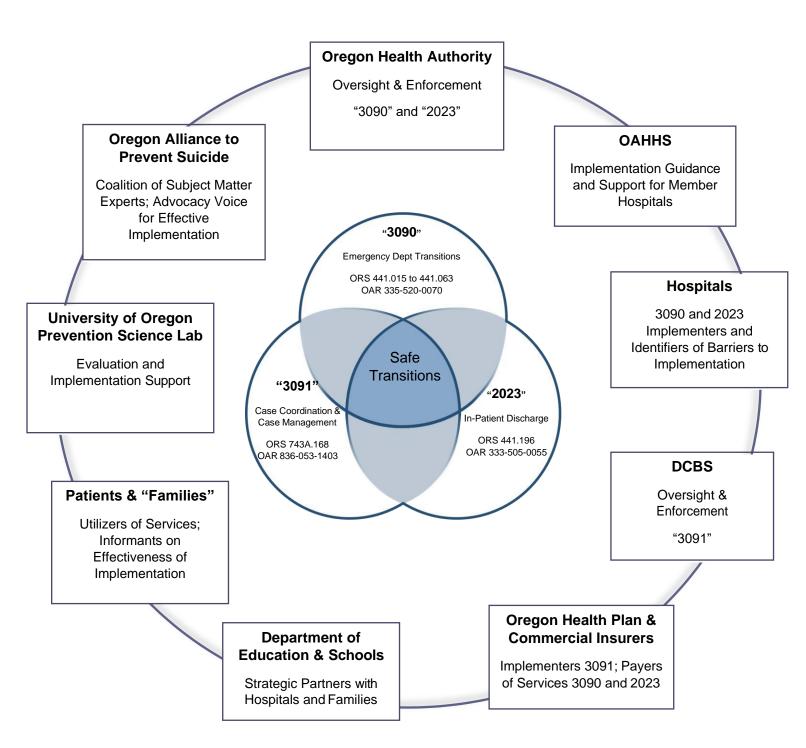
Galli Murray

David Westbrook, Chair
Oregon Alliance to Prevent Suicide
Chief Operating Officer,
Lines for Life
Services

Galli Murray, Vice-Chair
Oregon Alliance to Prevent Suicide
Suicide Prevention Coordinator
Clackamas County Health, Housing, and Human

CC: Transition of Care Committee Co-Chair, Julie Magers
Oregon Alliance to Prevent Suicide Executive Committee Members
Alliance Transition of Care Committee Members





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Signature: Galli Murray (Mar 6, 2020)

Email: gallimur@co.clackamas.or.us