AGENDA

Continuity of Care Committee (COC)

Meeting: July 6. 2018

Telephone Call In Number: 888-585-9008 Participant Code: 384-165-840#

Note: Items in green are from the COC Action Plan and have not yet been completed
Please refer to the "Orange" Action Plan Document Attached
Attending: Julie Magers, Jammie Gardner Farish, Gary McConahay, Stephanie Willard, Jerry Gabay, Ann Kirkwood
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	Action/Process	Pending Alliance Action Items in Green Progress Notes in Black
I.	Welcome and Introductions		Julie Magers, Jammie Gardner, Galli, Gary, Stephanie, Jon, Ann K., Jerry G. Jammie joined from Youth ERA formerly known as Youth Move.
II.	Update on Action Items from last meeting	a.Supporting OAR Development for HB3090 b. Convene group to make recommendations regarding rapid response/postvention support	a. Alliance members testified at OAR hearing for 3090. Letter submitted by Alliance to OHA with recommendations for revisions including changing language to caring contacts. Julie led training on how to testify at OARs to people with lived experience who wanted to participate in the hearing. Action: Julie will follow up with OHA regarding the timing around when the OARS will be released and established and noted delay in the release. She copied Ajit and Rep. Keny-Guyer Possible email follow-up from Alliance executive committee. Galli and Gary will discuss further as this process is outside the usual timeframe. Ann K has inquired as well. Julie: Met with Hospital Association who has agreed to work with a steering committee to create a suite of brochures related to hospital release (HB3090). Galli, Danielle from Hosp Assoc work on this with Julie. Audience patients, families of patients and providers. Ann notes that this has set a very positive, collaborative tone for the Alliance to work with the Hospital Association.

			Action: Future agenda of COC, give feedback on draft brochures. b. Ann Kirkwood has organized a postvention listening session scheduled for August 21 in Corvallis. Several Alliance members will participate. Recommendations in communication plan regarding supporting this process and OHA's postvention communication. Galli asks: Any COC members attending? Julie, Annette, Jammie, Galli or someone from Clackamas will attend. Ann has submitted RFP regarding a rapid response team. Waiting to hear from OHA Contracting whether this will be approved. The purpose is to coordinate postvention activities at their request. Intended to especially help counties that experience a cluster of suicides or high profile suicide that are under-resourced to respond to support the postvention efforts. If funded, this team would be available statewide. Galli asks if there is a way the Alliance or this committee can support getting this RFP funded. Answer: Letters of support from individuals or Alliance to Pat Allen could be helpful. Action: Youth ERA will send letter. Galli will write in role with Clackamas. 48-hour turnaround needed. Gary notes that the Alliance needs to think through process of when the Alliance itself puts its name on supporting a specific letter or motion. Galli notes that one way to decide is if it is in the YSIPP. This effort supports the implementation of SB561. Julie suggests that executive committee create a nimble process that takes into consideration input of Alliance members (and specifically consider requests for new funding.) Ann will send background info on the RFP to COC. Julie/Galli will draft letter. Annette will get out immediately with 24 hour turn around for vote from executive committee:
III.	Objective 7.3 Legislative agenda – provision of suicide risk assessment and	Assess progress and determine next steps.	• Support legislation (ED care coordination, ED release) Gary notes process. Helpful to have the committee with subject focus/expertise do the research to write or recommend specific legislation or policy work. This would then move to

	crisis counseling should be considered an essential health benefit		the executive committee to review to discuss. Gary notes that whenever possible for the full Alliance to review and vote on. Summarize, make recommendation and then move up to executive committee regarding in-network benefits on 7.3c. Ann spoke with some external stakeholders, including for profit insurance companies, and consensus was that this is covered in HB3090. OHA is not currently recommending for new legislative action. Action: Review rules for HB3090 when they are finally issued to determine if they address this objective. Add to next COC agenda. In related news, Julie and Jerry explored legislation to support the ongoing existence of the Alliance. Julie discussed with Rep. Keny-Guyer and Sen. Gelser and they were initially supportive.
IV.	Objective 7.4b	Assess progress and determine next steps	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). If HB3090 moves forward with caring contacts this will have been achieved. 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). Behavioral Health Collaborative recommend adopting a suicide risk assessment. Stakeholders have given varied feedback and OHA (Rusha Grinstead lead) is working on this. Gary opposes a single standardized suicide risk assessment to such a varied set of providers. Ann predicts that the BHC and OHA will issue a recommendation rather than a rule. JCAHO Sentinel Alert 56 issued in 2016. Ann thinks there isn't broad understanding or knowledge of this. No further action right now.

V.	Objective 7.2a	Is this still relevant?	Recommend that OHA contract for a caring contact pilot in a "non-ED pilot" community to evaluate efficacy and potential statewide use. Take off action plan. There is no need as a scan of national programs confirmed general efficacy of this approach. Monitor of CATS is Jean Lasater. Data about CATS implementation will be available. Oregon innovation is to this in inclusion of family support in the model. Galli is curious about typical presenting problems—Ann notes about 75% have suicidal ideation. Conduct disorder is also a common presenting problem. There are a variety of models being used across the state. Galli=Get baseline data, list of questions being asked and do a cross-check if there's integration with other YSIPP objectives (e.g. lethal means) Action: Annette follow up with Jean to get the questionnaire from Jean and the data points.
VI>			Galli inquires regarding additional items from YSIPP. Consensus is that no new items needed. Annette asked if COC is interested in ongoing updates re school/health care information sharing. Ann notes that since FERPA and HIPPA are federal rules no specific legislation can occur. Nature of relationships between healthcare and schools at local level varies. There is no shared statewide protocol. Letter re status of the Rules. Letter re RFP has 48 hours to Pat Allen.

Oregon Youth Suicide Intervention and Prevention Plan: Continuity of Care Committee Objectives, Actions and Measures

7/9/2018

YSIPP Objective	Suicide Prevention Alliance Action	Performance Measure/ Data Source New or Existing?	Responsible Committee	Status	Timeline
	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.~~		Moved from Continuity of Care to Schools	Moved to Schools committ	March 2018

YSIPP Objective	Suicide Prevention Alliance Action	Performance Measure/ Data Source New or Existing?	Responsible Committee	Status	Timeline
Strategic direction 2: Clinical and community preventive services					
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.		Continuity of Care		January 2017
	• Recommend that OHA contract for a caring contact pilot in a "non-ED pilot" community to evaluate efficacy and potential statewide use.		Continuity of Care		
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)		Continuity of Care AND Policy & Legislation		March 2019

YSIPP Objective	Suicide Prevention Alliance Action	Performance Measure/ Data Source New or Existing?	Responsible Committee	Status	Timeline
	Strategic direction 2: Clinical and community preventive services				
	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)	Legislation passed, OAR written to address hospital discharge.	Continuity of Care	Waiting for final OAR release	August 2018
	• 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).	Behavioral Health Collaborative recommend adopting a suicide risk assessment. Stakeholders have given varied feedback and OHA is working on this.			March 2019