

Alliance
Transitions of Care Committee Meeting
Second Thursdays 1:00pm – 2:30pm
February 13, 2025

<https://us02web.zoom.us/j/89796541408?pwd=OGpPRVArcDhTS1MzWml3YUhaZHV3dz09>

Can also be joined by calling 669.900.9128,,89796541408#,,,,*651946#

Committee Vision/Mission:

The *Transition of Care Committee* identifies best practices, innovative approaches, and gaps to safe and uninterrupted transitions for youth, young adults and their caregivers when experiencing mental health crisis or risk of crisis. It promotes policies and practices that effectively support their needs for continuity during the period in which intentional coordination of care is imperative.

Members List: Co-Chair Liz Schwarz, Co-Chair Galli Murray, Craig Leets, Erin Porter, Mary Massey, Meghan Crane, Rachel Ford, Rachel Howard, Tanya Pritt

Staff: Jenn Fraga (Alliance)

Present Today: Co-Chair Liz Schwarz, Co-Chair Galli Murray, Rachel Ford, Rachel Howard, Tanya Pritt

Absent Today: Craig Leets, Erin Porter, Mary Massey, Meghan Crane

Alliance Staff Present: Jenn Fraga

Alliance Staff Absent: N/A

Guest(s): Jill Baker

Time	Agenda Item	Notes
1:00	Welcome Agenda Review	<p>TOC Strategic Plan attached.</p> <p>Added agenda items:</p> <ul style="list-style-type: none"> - ED Parent Guide - Caring Contacts Update <p>*Define what quorum is on each agenda moving forward for all Subcommittees</p>
	Announcements	
	Vote on Subcommittee Co-Chair Nomination	Galli Murray nominated as co-chair for TOC Committee. Rachel motioned, Jill seconded. Motion passed – Galli is now co-chair for TOC.
	ED Parent Guide Jill Baker	<p>The guide can be found here.</p> <p>Children’s System Advisory Committee (CSAC) asked for the guide to be reviewed and updated. CSAC asked if this group would like to be part of that process as a collaborator and to provide feedback and guidance.</p> <p>Jill asked for the guide to be translated with cultural relevance into at least Spanish.</p> <p>CSAC will contract with Oregon Family Support Network (OFSN) to update the guide.</p> <p>Galli asked if part of our role could be to look at the guide through the lens of what is missing.</p> <p>The group would like to look at and work on this in a future TOC meeting.</p>
	Caring Contacts Update Jill Baker	<p>Reminder: Since the caring contact legislation was passed in 2017, OHA has worked to try to have caring contact billing codes added for reimbursement.</p> <p>If Jenn doesn’t hear an update from Jill by the 24th, Jenn will email Jill asking her about it.</p>

Safety Plan Discussion

Galli shared data from a PEW study:
According to the survey, most hospitals have implemented one or two of these practices, but few apply all four concurrently.
Specifically:

- **61%** of accredited hospitals conduct formal safety planning.
- **37%** provide warm handoffs to outpatient care.
- **30%** follow up with patients after discharge.
- **28%** provide lethal means safety planning.

Rachel Howard asked, 'Can we someday have a conversation with hospitals about viability of safety plans in addition to just the existence of them?'

Rachel Ford wonders if connecting with the Joint Commission is a good next step around safety plans since they are in charge of accrediting places like hospitals.

Galli talked through possible partners with this work through the hospital association, OHA, and Joint Commission.

Keep an eye on the OHSU social work ED safety plan project. Ask for updates from Jill and Shanda.

Jenn asked about a previous idea from the subcommittee to have exemplar documents of MOUs, policies, and other items for transitions of care needs.

- Is this subcommittee interested in doing this?
- Where would it live?
- What documents would you want it to have?
- Who would it be shared with?
- Would this be a toolkit?

*Focus area for the group is around safety planning and this conversation here.

Item to consider:

- Asking UO for a lit review into the four areas of criteria the study listed. Who decided that these were the most important pieces?
61% of accredited hospitals conduct formal safety planning.
37% provide warm handoffs to outpatient care.

		<p>30% follow up with patients after discharge. 28% provide lethal means safety planning.</p>
	Big View, Review, Preview	<p>Themes from our last meeting.</p> <p>Finalizing committee scope, addressing initiatives around transitions of care.</p>
2:30	Announcements / Adjourn	<p>Action Steps:</p> <p>Reach out to Danielle Meyer for access to joint commission standards?</p> <p>For your ask to Danielle Meyer - looks like the specific Joint Commission standard is National Patient Safety Goal for suicide prevention (NPSG.15.01.01).</p> <p>Next meeting:</p> <ol style="list-style-type: none"> 1. What is our committee scope of work? Look at current responsibilities and finalize our role / scope / committee description. 2. Do we want an initiative specifically looking at transitions of care? <p>Ongoing topics we are interested in:</p> <ol style="list-style-type: none"> 1. Look at how we can have a voice around Medicaid billing codes 2. Bring in items around our structure for our committee <p>March meeting:</p> <ul style="list-style-type: none"> - Working session to review and give feedback on the ED Guide - What we want from the caring contact conversation

Where We Are Now

Implementation of 3090/3091 **has faltered** due to:

- limited oversight,
- siloed work,
- inadequate communication, and
- a lack of accountability.

October 19, 2020 | JM Presentation on Transitions of Care Committee History

Where We Are Now

Effective implementation would **benefit** from:

- a collaboration of the interconnected group of stakeholders,
- a convening authority,
- designated communication channels, and
- clarity of roles.

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Where We Are Now

The Transitions of Care Committee identified nine stakeholder entities that fill vital roles in effective implementation of rules

- 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).

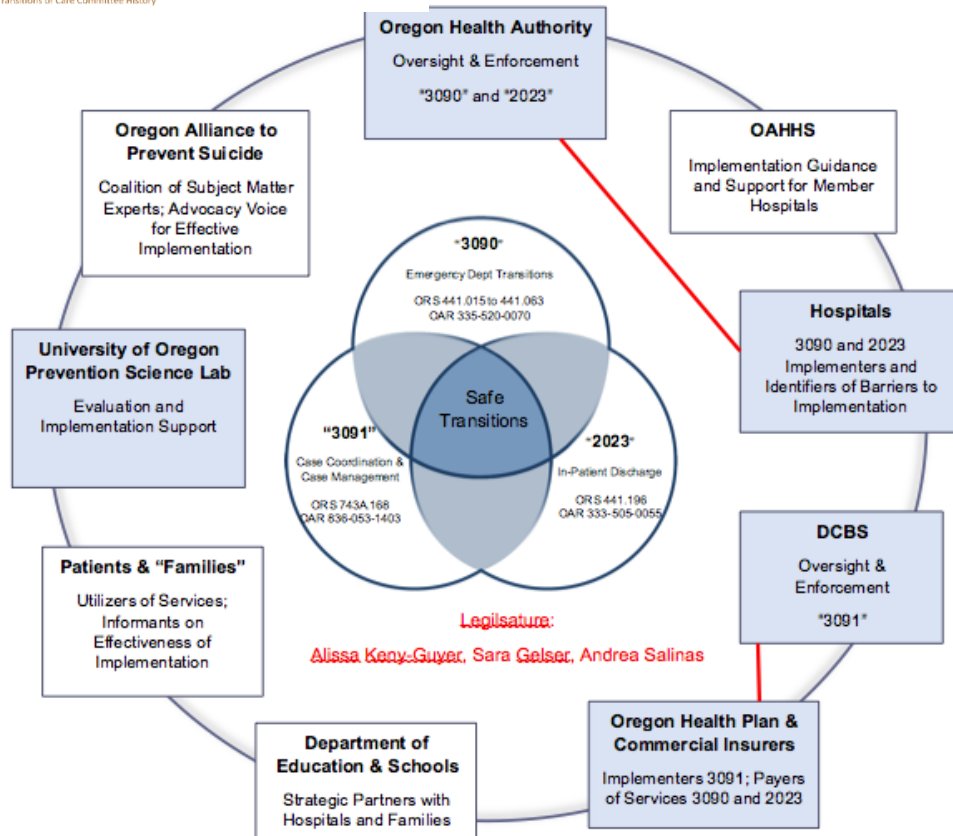
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Where We Are Now

Partners in the work:

“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.”

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Standing questions from group (revisit these as topics arise):

1. Does anyone know off hand how much hospitals are reimbursed for post-discharge caring contact work?
 - a. Are they reimbursed? based on early conversations with my hospital months ago I hadn't thought there was an expectation for reimbursement.
 - i. HB 3091 was created because hospitals said they weren't covered for those services. 3091 stated that case management and care coordination to be covered by both commercial health insurance plans and Oregon Health Plan (OHP).
2. Is there a way to know if the amount of reimbursement requests are consistent with the number of behavioral health crisis admissions/discharges? (Claims data?)
3. Should we include insurance providers to the list of groups to engage around billing codes? Hospitals make sense as the first entities to make sure they have access to them, just want to make sure that insurance providers are also aware since so many rely on them and it seems like small changes can sometimes interfere with costs they can cover.