

Alliance
Transitions of Care Committee Meeting
Second Thursdays 1:00pm – 2:30pm
March 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.

Quorum: 3 Alliance members including one subcommittee chair.

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: Craig Leets, Erin Porter, Gordon Clay, Mary Massey, Tanya Pritt

Absent Today: Co-Chair Liz Schwarz, Co-Chair Galli Murray, Meghan Crane, Rachel Ford, Rachel Howard

Alliance Staff Present: Jenn Fraga

Alliance Staff Absent: N/A

Guest(s): Jill Baker

Time	Agenda Item	Notes
1:00	Welcome Agenda Review	
	Announcements	No announcements.
	ED Parent Guide Working Session	<p>The guide can be found here.</p> <p>Feedback / comments on the guide:</p> <p>Resources –</p> <ul style="list-style-type: none"> - Available resources in the back of the guide need to be updated: <ul style="list-style-type: none"> 988 Línea 988 Culturally specific resources Mobile crisis numbers Local county crisis lines CallBlackline Crisis Text Line Save Lives Oregon Trans Lifeline Native and Strong Deaf and Hard of Hearing Loss Lines for Life Racial Equity Support Line List of emergency contacts - Packet is good and also a lot of information. Can the more important information be moved closer to the beginning of the packet? - Could the guide consider the Youth SAVE Safety Plan as an example? <p>Proposed table of contents:</p> <ul style="list-style-type: none"> - What to expect at ED - Safety planning at ED - Safety precautions at home and at school - Before you leave the hospital - Release to other levels of care

- Confidentiality – understanding the basics
- After the crisis – dealing with grief and trauma
- Talking to family and friends about the crisis
- When you are not satisfied with services
- Common myths
- What youth want parents and caregivers to know
- Resources and glossary of terms

Title Page: Why isn't it being called a mental health or behavioral health crisis?

Page 7: Complaint process is not updated with caring contacts language

Page 8: Add IIBHT and mobile crisis, stabilization services

Page 9: Add culturally specific resources

Page 11: Check / link to the minors rights documents, current link is broken

Page 13: Add sites that order safe storage items from AOCMHP to access firearm and medication lock boxes.

Page 13: Make the safety precautions a checklist instead; check with OCALM and OCALM conversation's documents.

Page 13: Add savelivesoregon

Page 15: Include youth feedback from HB 3139 focus groups (attached)

Page 19: Consider breaking it out into age ranges for children and not lump it all together.

Page 21: Caring contact language is not present

Page 23: Add Safe & Strong

Things to add:

- Could there be a flowchart or something visual that would show the process and not only in words?

		<ul style="list-style-type: none"> - Information on ‘alternatives to ED visits’ including mobile crisis and 988 - Throughout the document, include information on how I ask for a peer support or family support specialist. - Link relevant resources in the sections themselves and keep the bulk of them at the end. - Stories or vignettes about how to ask for help and support <p>When they leave the hospital, they should leave with a plan and who to call within the next 24 hours.</p> <p>Talk about signing ROI for school so they can collaborate with them with re-entry.</p> <p>Could this be multiple documents? Potentially divide the items into these three different buckets.</p> <ul style="list-style-type: none"> - What do I need right now in the moment? - What do I need as I’m leaving? - What do I need once we’re home? <p>Have a 1-pager:</p> <ul style="list-style-type: none"> - Here is what could happen within the next 24-hours. This could be in alignment with new crisis rules that have come out. - What to do if your child isn’t able to follow the safety plan created in the hospital.
	Caring Contacts	<p>Standing Agenda Item.</p> <p>Update from Jill:</p> <ul style="list-style-type: none"> - Team from Medicaid that have gathered 3 times to look at billing codes. Jill received a list of hospitals contracting with L4L to do Caring Contact outreach to determine fair market value for that work. - Difficult to figure out what billing codes to use - Working with hospital association as well
2:30	Next Agenda Items / Adjourn	

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).

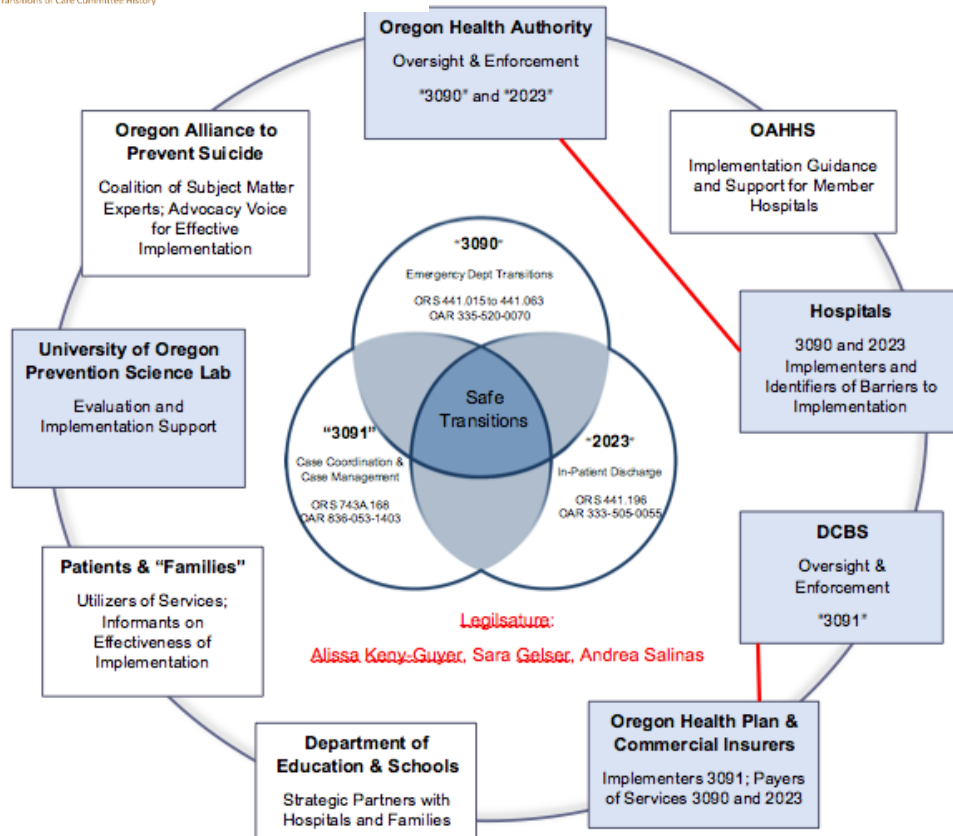
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Where We Are Now

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.