**Alliance**
**Transitions of Care Committee Meeting**
**10:00 AM – 11:30 AM**
**June 25, 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:** Co-Chair Liz Schwarz, Co-Chair Galli Murray, Craig Leets, Mary Massey, Meghan Crane, Rachel Ford, Tanya Pritt

**Absent Today:** Erin Porter, Rachel Howard

**Alliance Staff Present:** Jenn Fraga

**Alliance Staff Absent:** N/A

**Guest(s):** Gordon Clay, Lani Williams

| Time | Agenda Item | Notes |
|---|---|---|
| 10:00 | **Welcome** Agenda Review | |
| | **Announcements** | Liz announced her move back to Maine and introduced Lani as a potential replacement for an OYA connection on the Subcommittee.<br><br>Jill shared that she is preparing two key items for a webinar on July 15th: a qualitative analysis of feedback from the Oregon Suicide Prevention Conference and the Alliance, which will help refine their framework for youth suicide prevention, and a final report on cultural infusion from Joyce Chu.<br><br>Jenn announced that Alliance meetings will be paused in July and reminded attendees to complete the Alliance's annual survey.<br><br>Meghan shared that they held another Zero Suicide Academy with eight health systems participating, including some focused on youth, and announced the start of a second cohort of the Suicide Prevention Echo network in September. |
| | **YSIPP Initiative Discussion** | The meeting focused on the YSIPP initiative discussion, where Jenn presented a draft document outlining proposed initiatives for the 5-year plan (2026-2030). She explained that subcommittee members would receive a link to provide feedback on specific initiatives by next Wednesday, with final submissions to Jill due by July 3rd. The first initiative discussed involved monitoring recommendations from OHA's House Bill 3090 Resurvey Project and potentially conducting a follow-up survey to assess barriers to implementation.<br><br>The group discussed two main goals related to patient safety and healthcare practices. They agreed to monitor recommendations from a recent survey report and work with OHA to conduct a follow-up survey focusing on culturally infused strategies. They also reviewed a proposal to survey hospitals about the current usage of safety plans for patients discharged from higher levels of care, using a previous Pew study as a template. Galli shared a link to the Pew study, which showed concerning low rates of safety plan use nationwide. The group considered this a 5-year goal with potential focuses in 2026 and 2026-2027. |

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| | | The group discusses focusing on safety planning and lethal means counseling in hospitals. They consider surveying hospitals to understand current practices and barriers to implementation. Galli suggests this focus is within their scope and more tangible than other interventions like warm handoffs. The discussion also touches on the importance of culturally appropriate safety planning, including considerations for firearm owners and non-white populations. Jill notes that for non-white individuals, hanging and suffocation are more prevalent than firearms in lethal means.<br><br>The subcommittees discussed working more collaboratively and potentially combining efforts, with a focus on partnerships with schools. The group agreed that a survey of hospitals regarding lethal means counseling and safety plans fit within the committee's structure and scope, with plans to develop recommendations based on the findings. They also reviewed a proposal to conduct a scan of Oregon's landscape to better understand the needs of 18-24 year olds, with the goal of developing recommendations for OHA.<br><br>The group discussed transitioning focus from a five-year plan to a 2026 plan, with Jenn clarifying that this would allow for more flexible, bite-sized initiatives rather than a complete plan. They agreed to create a work plan to assess the landscape and develop recommendations for 18-24 year olds regarding transitions between systems of care, as suggested by Jill.<br><br>Gordon highlighted the significant increase in suicide rates among 18-24 year olds and raised questions about service transitions at this age. The group agreed to ask OHA's Child and Family Behavioral Health team to present on services for this age group, and Galli emphasized the need to clarify the committee's role in addressing these issues, suggesting a focus on developing recommendations or policy changes based on the data collected. |
| | **Caring Contacts** | The meeting focused on the progress of implementing a billing code for "caring contacts," a suicide prevention intervention strategy. Meghan and Jill reported that a promising billing code has been identified and tested, with further rulemaking needed to ensure Medicaid funding. They emphasized the importance of maintaining momentum. |

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| 11:30 | **Next Agenda Items / Adjourn** | Reconvene in August. |

## Where We Are Now

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

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



## 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.



## 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).



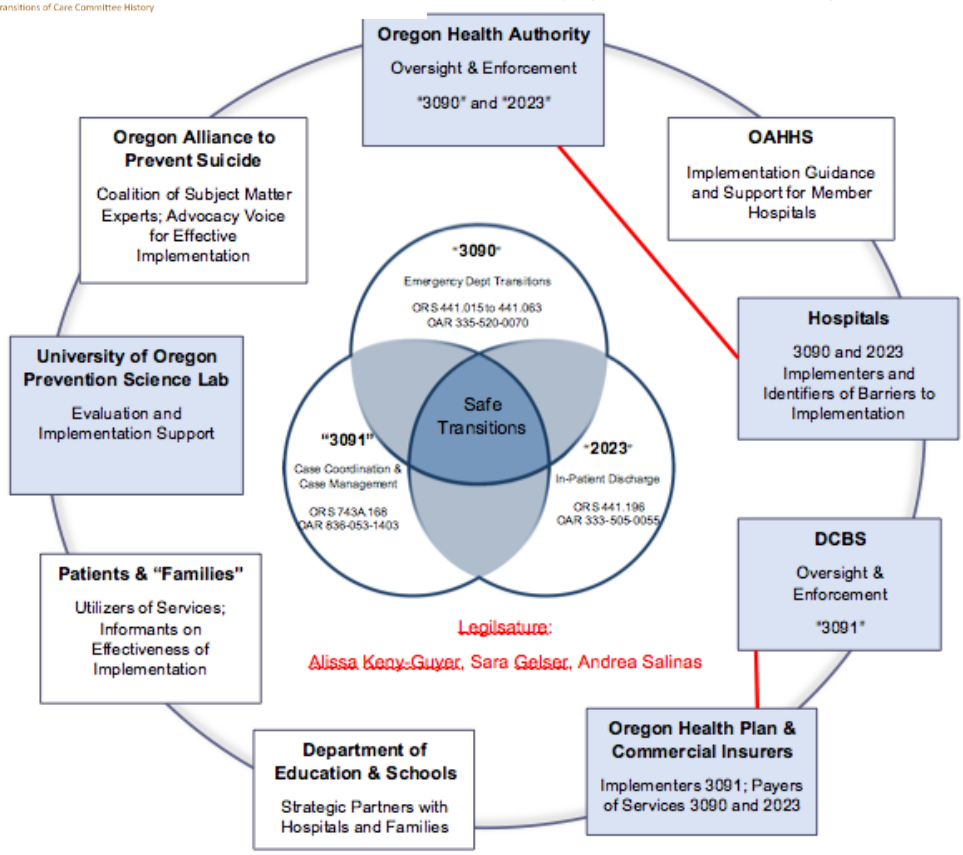
## Where We Are Now

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."*







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.