

Oregon Alliance to Prevent Suicide
Transitions of Care Subcommittee Meeting Agenda & Action Planning

Date & Time: August 14, 2025 * 1:00 PM – 2:30 PM

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

Subcommittee Voting Members in Attendance: Co-Chair Galli Murray, Erin Porter, Gordon Clay, Jill Baker, Rachel Ford

Subcommittee Voting Members Not in Attendance: Mary Massey, Rachel Howard

Subcommittee Non-Voting Members in Attendance: Lani Williams, Meghan Crane

Staff: Jenn Fraga

Subcommittee Decision Making: A quorum is defined as three voting members of the Alliance, and must include a Subcommittee Chair or Co-chair. Decisions will be made by majority vote of the total number of members on that Subcommittee that are present. Any member may submit motions for vote to the Subcommittee and at quarterly meetings.

Main Objective of Meeting: The meeting focused on organizational changes at AOCMHP, including discussions about new structure and leadership transitions, as well as updates on Medicaid billing and funding status for various initiatives. The group explored challenges and transitions faced by youth and young adults in behavioral health care, particularly focusing on mental health services, insurance coverage, and support systems during life changes. They concluded by discussing strategies to better prepare students for post-high school life and agreed to create action items and checklists for improving mental health resources and transitions in schools.

Agenda Item: OHA 5-Minute Update

Notes: Jill reported progress on identifying a Medicaid billing code for caring contacts, which has been tested and works, though they need to declare an emergency to change administrative rules due to the 6-9 month wait time otherwise. The team has a work plan in place and continues to make progress, with Dr. Hossey's support, though Jill acknowledged the slow pace of bureaucracy. Jill then presented a detailed YSIPP 26-30 tracker document showing various initiatives and their funding status, noting that the Alliance's work is currently about 55% funded.

Action:

Agenda Item: Policy Priority Initiative Recommendation Discussion

Notes: The group discussed creating a work plan to assess challenges and transitions of care for 18-24 year olds, with Jill and Meghan assigned to implement recommendations and monitor progress in YSIPP. Jenn shared a previous work plan example from the lethal means safety group, which involved gathering expert input, collecting data, and developing recommendations over a 6-month period. The group agreed to use a similar approach, starting with broad topics and bringing in subject matter experts to inform their work, with Galli suggesting they could begin by sharing their current knowledge and expertise.

The group discussed challenges in supporting youth transitions, particularly focusing on mental health care and autonomy issues. Lani agreed to provide specific examples of transition difficulties, while Jenn suggested exploring areas

like detention facility transitions, insurance changes, foster care exits, and hospital discharges. Galli highlighted the complexity of transitions for high school students who become legal adults and the challenges faced by parents when young adults leave home, emphasizing the need to address both hospital and community transitions. The group agreed to brainstorm transition scenarios that cause suffering, with Jenn listing key areas including OYA, child welfare, insurance, and emergency department discharges.

The group discussed OHP (Oregon Health Plan) coverage rules for youth, particularly whether they can stay on their parents' insurance until age 26. They clarified that while children can remain on their parents' insurance under Obamacare until age 26, there was uncertainty about Medicaid rules for youth who leave home or become independent. Lani offered to investigate further and mentioned they have a staff member who helps youth navigate Medicaid transitions, while also noting a new MOU with community mental health programs to ensure continuous medication access even during Medicaid delays.

The group discussed various transitions faced by youth and adults, including those leaving high school, residential care, or employment, as well as transitions into or out of custody, military service, or treatment programs. Rachel raised the issue of transitioning from pediatric to adult care teams, which can be daunting for patients.

The group discussed challenges in behavioral health care, particularly focusing on disruptions in service due to insurance changes, therapist turnover, and transitions in care. The discussion concluded with suggestions to categorize life changes and behavioral health transitions, with Jill proposing a subcategory for disruptions in care when seeking psychiatry services.

The group discussed categorizing behavioral health transitions and life changes, with Rachel suggesting a three-column table format to track current actions and next steps for each category. They agreed to analyze current practices and identify gaps in September's meeting, with the possibility of bringing in outside experts for unclear areas. The conversation also touched on a potential high school graduation requirement for mapping mental health resources, which Jill noted was previously considered but not implemented.

The group discussed the high rate of suicide among 18-24 year olds and agreed that schools need to better prepare students for life after high school, beyond just academic skills. Galli shared examples of successful mental health initiatives

in schools, including Sources of Strength programs, while Lani described how her daughter's school integrates mental health education into music and health classes. The group concluded by agreeing to create a checklist of action items, with Jenn tasked to convert a document into table format for review at the next meeting, and Jill suggested approaching the Oregon Department of Education about piloting these initiatives in schools.