

**Alliance**  
**Transitions of Care Committee Meeting**  
**Second Thursdays 1pm – 2:30pm**  
**Thursday, May 12, 2022**

<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 Joseph Stepanenko, Co-Chair Charlette Lumby, Alex Considine, Anders Kass, Angi Meyer, Caroline Suiter, Jill Baker, Jonathan Rochelle, Julie Magers, Kristin Fettig, Liz Schwarz, Mary Massey, Meghan Crane, Rachel Ford, Shanda Hochstetler, Tanya Pritt

**Staff:** Annette Marcus (Alliance), Jennifer Fraga (Alliance)

**Present Today:** Co-Chair Charlette Lumby, Angi Meyer, Caroline Suiter, Julie Magers, Meghan Crane, Tanya Pritt

**Absent Today:** Co-Chair Joseph Stepanenko, Alex Considine, Anders Kass, Jill Baker, Jonathan Rochelle, Kara Boulahanis, Kristin Fettig, Liz Schwarz, Mary Massey, Rachel Ford, Shanda Hochstetler

**Alliance Staff Present:** Annette Marcus (Alliance), Jennifer Fraga (Alliance)

**Alliance Staff Absent:**

**Guest(s):** Claire Kille, Gordon Clay, Nicole Fundak

**Meeting Attachments:**

- PowerPoint from Transitions of Care Committee Orientation

Time	Agenda Item	What / Update Action Item(s)	Notes
1:00	<b>Welcome</b> Introductions, Announcements, Agenda Review – Charlette	<i>Introduce new members.</i>  <u><a href="#">Group Agreements</a></u>  <u><a href="http://oregonalliancetopreventsuicide.org/transitions-of-care-committee/">oregonalliancetopreventsuicide.org/transitions-of-care-committee/</a></u>  <u><a href="https://drive.google.com/file/d/1kpgT88ezlcwBZOczS3_X7O2bwdAJ2vX5/view?usp=sharing">https://drive.google.com/file/d/1kpgT88ezlcwBZOczS3_X7O2bwdAJ2vX5/view?usp=sharing</a></u>	
1:10	<b>Updated on Action Items from April</b>		Workplan information entered into a template for this group to review.
1:30	<b>Workplan / Current Committee Responsibilities and HB 3090 Monitoring Plan</b>		<p>Meghan updated group on HB 3090 Findings Report:</p> <ul style="list-style-type: none"> <li>-Report still sitting with Publications department at OHA</li> <li>-No set deadline for when this will be finalized and Meghan is unable to share the report with us until this document is finalized by OHA</li> <li>-Meghan does not believe that any major changes were made to recommendations submitted to OHA but she wants to confirm this</li> </ul> <p>HB 3090 work is being discussed on who can do the work that was listed in the legislation. Who is able to complete a caring contact? What specific roles / education is needed? If there are specific changes that need to be made, a RAC may be needed and Meghan will keep us updated with any changes and updates as things progress.</p>

		<p>Work on getting caring contacts into Medicare billing codes. Work is still happening in the state and progress is being made incrementally.</p> <p>Workplan – Color code what we’re responsible for as a committee in a different color so it stands out.</p> <p>Status – how can we update the status for items we’re not responsible for? Jenn can pull YSIPP Initiative status updates from the OHA SmartSheet.</p> <p>Things we are informed about – have something on our timeline to say when we’re going to be informed about.</p> <p>Have a column that states how we are going to do our RASCIM-AD.</p> <p>one letter in each of those action items under the description would be helpful. Then with the colors, one meaning per color makes sense to me.</p>
2:30	<b>Round Table / Adjourn</b>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>-Julie send draft letter to Charlette, Joseph, and Jenn on request to OHA for 3090 publication date. Deadline is for letter to be sent to Executive by May 27<sup>th</sup> for them to review during June meeting</li> <li>-June meeting – continue working on committee workplan by defining RASCIM-AD roles for YSIPP ’21-’22 initiatives</li> </ul>

## 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).

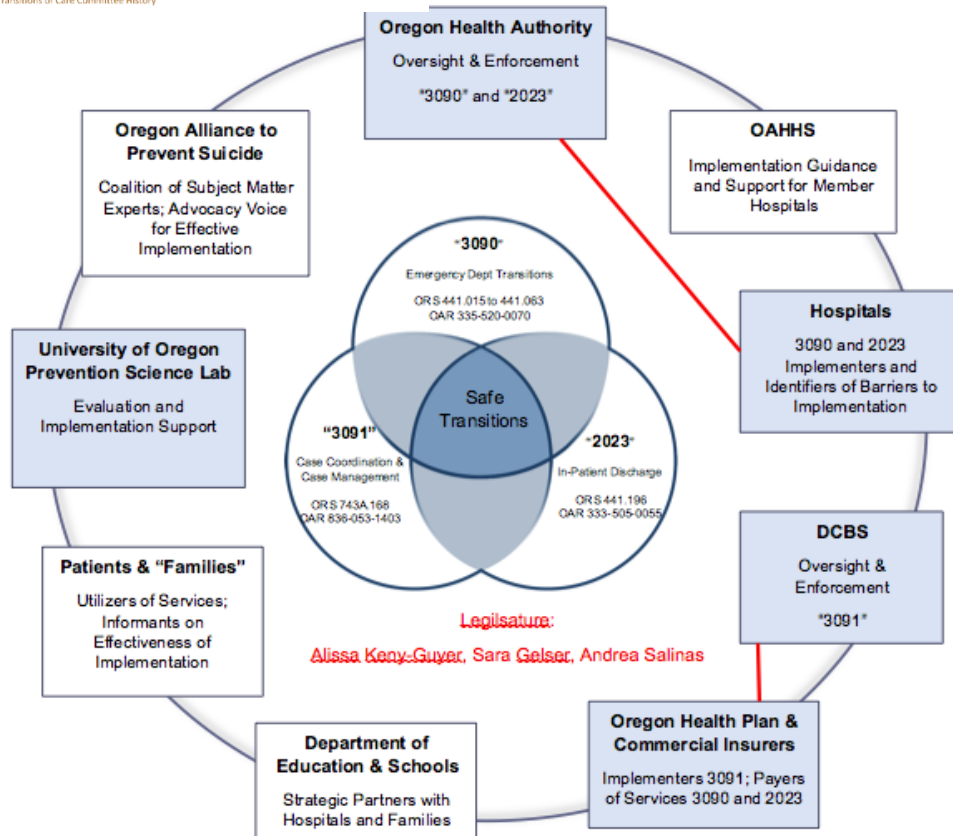
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## Where We Are Now

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.