

Alliance
Transitions of Care Committee Meeting
Second Thursdays 1pm – 2:30pm
Thursday, August 11, 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, 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, Julie Magers, Liz Schwarz, Meghan Crane, Tanya Pritt

Absent Today: Co-Chair Joseph Stepanenko, Alex Considine, Anders Kass, Angi Meyer, Caroline Suiter, Jill Baker, Jonathan Rochelle, Kristin Fettig, Mary Massey, Rachel Ford, Shanda Hochstetler

Alliance Staff Present: Jennifer Fraga (Alliance)

Alliance Staff Absent: Annette Marcus (Alliance)

Guest(s): Gordon Clay

Meeting Attachments:

Time	Agenda Item	What / Update Action Item(s)	Notes
1:00	Welcome Introductions, Announcements, Agenda Review – Charlette	<i>Introduce new members.</i> <u>Group Agreements</u> <u>oregonalliancetopreventsuicide.org/transitions-of-care-committee/</u> <u>https://drive.google.com/file/d/1kpgT88ezlcwBZOczS3_X7O2bwdAJ2vX5/view?usp=sharing</u>	Committee attendees introduced themselves.
1:10	Refocus Group	Reminder of what we are working on Update on 988 RAC	Looking at the recently published HB 3090 report from OHA and finishing our committee workplan. RAC for 988 / MRSS took place last month and it was decided additional meetings dates were needed to gather more feedback and input. These additional dates for Mobile Crisis Chapter 309 RAC is scheduled for August 24 and 31 1-3pm. <u>988 Crisis System Advisory Workgroup Steering Committee info</u> . Alliance member Laura Rose is a current member of this steering committee. Community Based Mobile Crisis Emergency Response Services (covers lifespan) Example of how 988 / MRSS could work: <ul style="list-style-type: none"> - Call to 988. It's determined that a higher level response is needed, call will be transferred to county crisis lines.

- This connects them to mobile services. These mobile services have already existing but are changing to be the new community based services.
- Youth up to age 20, with families, if need is determined with an assessment, services can be extended so support can be provided longer.

RAC happened and there was not consensus among the rules process which led to an extended RAC on the 24th and 31st. Updated and edited rules will be sent out by August 17th to be reviewed before the extended RAC. Julie will send these updated rules to Jenn who will send them to the committee.

This service is available to anyone regardless of insurance which means that Community Mental Health Programs (CMHPs), who typically only work with OHP insurance holders, will now have to figure out how to help with and work with private insurance holders.

Charlette asked if July could put top 3 ways that the 988 / MRSS work intersects with our committee so we can review it and figure out how to incorporate this into our scope. Julie asked if we could have one item from this work that is most relevant to this committee.

Questions / pieces for us to look at:
advocacy for hospitals to access these

			<p>services without clients having to call 988.</p> <p>Insurance equity: OHP and private insurance having access to the same services.</p> <p>Future meetings: September follow-up on committee homework of looking at HB 3090 report and recommendations. October look closer at 988 / MRSS work intersecting with our committee.</p>
1:30	HB 3090 Report Review		<p>Report available online here.</p> <p>This report is a second one in relation to HB 3090. The first one did not receive high response rates so the Alliance and other advocates asked for a second survey to be conducted.</p> <p>Next steps: Identify where any HB 3090 recommendations / initiatives are in the YSIPP and see if there are any changes. Review report barriers and recommendations. Label where the recommendations are in the report when action item email is sent out. Think about any potential legislative changes / asks for future work related to this legislation. Identify legislative champion to move some of the recommendations forward.</p> <p>Julie, Charlette, Meghan, and Jenn will look through</p>
2:30	Round Table / 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).

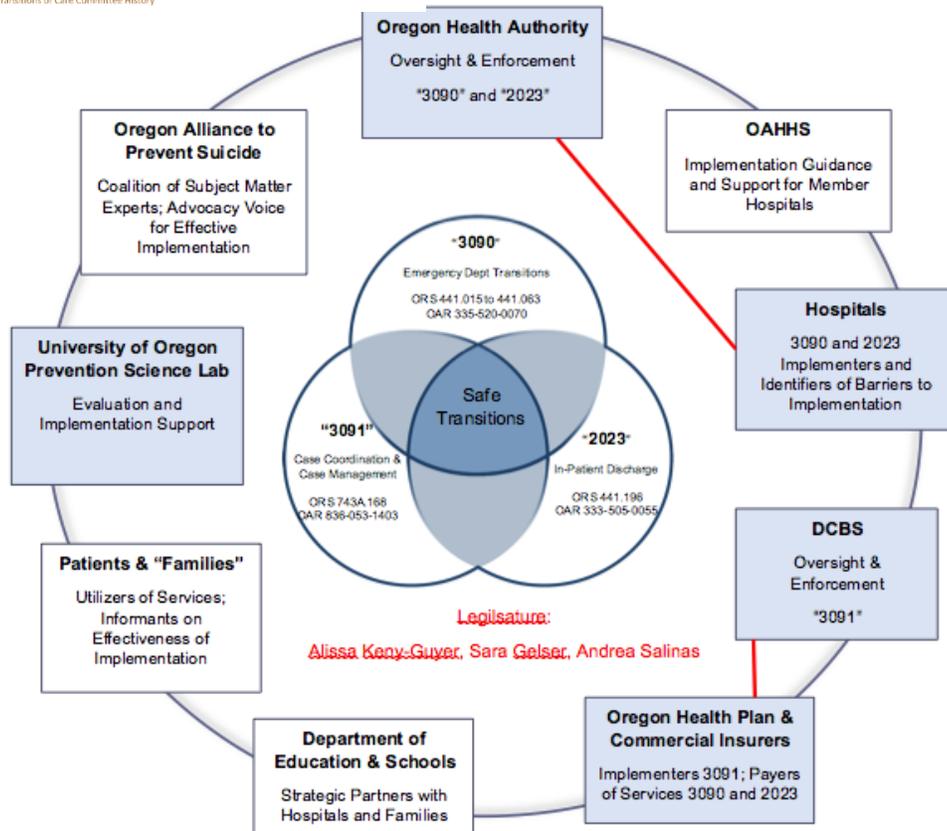
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Where We Are Now

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.