

Alliance
Transitions of Care Committee Meeting
Second Thursdays 1:00pm – 2:30pm
Thursday, September 29, 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, Angi Meyer, Jonathan Rochelle, Julie Magers, Kristin Fettig, Liz Schwarz, Mary Massey, Meghan Crane, Rachel Ford, Tanya Pritt

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

Present Today: Julie Magers, Liz Schwarz, Meghan Crane, Rachel Ford, Tanya Pritt

Absent Today: Co-Chair Joseph Stepanenko, Co-Chair Charlette Lumby, Alex Considine, Angi Meyer, Jonathan Rochelle, Kristin Fettig, Mary Massey,

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

Alliance Staff Absent: N/A

Guest(s): Gordon Clay

Meeting Attachments: TOC Workplan Draft

Time	Agenda Item	What / Update Action Item(s)	Notes
1:00	Welcome Introductions, Announcements, Agenda Review	<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>	Julie led us in a group check-in. Annette reminded the group that the Equity Advisory Group created group agreements for the full Alliance from an equity lens. These were previously approved by the full Alliance during the June Quarterly meeting.
1:10	Review HB 3090 Breakout Group		Julie provided a quick overview of what this Committee has worked on: <ul style="list-style-type: none"> - Looking through the HB 3090 Recommendations Report from OHA. - Meghan, Julie, Jenn, and Danielle from OAHHS met early September and looked through the final report to compare it to our draft HB 3090 monitoring plan to note any differences, if any were not included in the final version, and what recommendations do we as a committee want to have a close role in. - Today, we want to present the edits made to the monitoring plan and committee workplan.
1:30	Complete HB 3090 Monitoring Workplan and Committee Workplan		Report available online here . See attached workplan and HB 3090 monitoring plan in meeting materials for notes.
2:30	Round Table / Adjourn		Homework for while committee isn't meeting. See details below. Areas you are interested in

			<p>What topics do you want to have our committee start working on Anyone in particular to join our committee?</p>
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Email send to Committee members:

Good evening Transitions of Care Committee

Below is a reminder / update for our committee and two asks of committee members for homework. Please let me know if you have any questions.

Reminder / Update:

- Today we met as a committee and this meeting was our rescheduled meeting October meeting since our regular meeting day / time falls during the Oregon Suicide Prevention Conference (OSPC)
- We do not meet as a committee in November and December
- We'll come back together in January to restart. This meeting falls on Thursday, January 12th.

Since we won't be meeting for the rest of this calendar year, we want to make sure we are still moving some pieces forward and receive input from committee members on future committee work. Below are the two pieces for how we would like to proceed.

Committee Homework:

1. Please email Jenn and Annette, jfraga@aocmhp.org AND amarcus@aocmhp.org, the following information:
 - a. What your interest areas are as it relates to transitions of care and our overall scope of committee work. Please see our committee scope of work and vision below to help stay grounded in the large umbrella of transitions of care.
 - i. Examples could be: transitioning out of higher levels of care (like inpatient, sub-acute, emergency departments) and back to the school setting, transitioning out of OYA (youth corrections) back into the community, transitioning out of a residential setting back to a lower level of care, etc.
 - b. What role you think the Transitions of Care Committee could play in this transition area.
 - i. Examples could be: advocating for specific legislation, etc.
 - c. If you know of anyone that works in your recommended area of work that would be a great addition to the committee as an ongoing member or someone who occasionally attends to serve as a subject matter expert and provide presentations.
2. Please complete [this survey](#) relating to YSIPP Initiative Priority Areas for the 2023 calendar year
 - a. The time has come to select new YSIPP Priority Areas for the 2023 calendar year. Jill with OHA is asking all advisory groups and organizations connected with the YSIPP to provide guidance and recommendations on what we think should stop, start, or continue into the new year. This survey asks these questions for initiatives that specifically relate to our work in Transitions of Care.
 - b. Examples of information asked for include:
 - i. Thinking of 2023 bandwidth and priorities:

1. - What do we want to keep working on?
 - a. - What do we think we'll have bandwidth for?
 - b. - Is there a project/initiative that we want to let go of?
 - c. - Are there projects/initiatives that we want to add?
 - d. - Are there projects/initiatives we want to recommend that OHA add?

c. Please complete this survey by October 30th, 2022

Let me know if you have any questions or concerns and thank you so much for all that you do. We couldn't do this without you.

Transitions of Care Committee vision statement to help keep us grounded when thinking of adding new YSIPP Initiatives to our scope of work: "This 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."

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.

October 19, 2020 | JM Presentation on Transitions of Care Committee History

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).

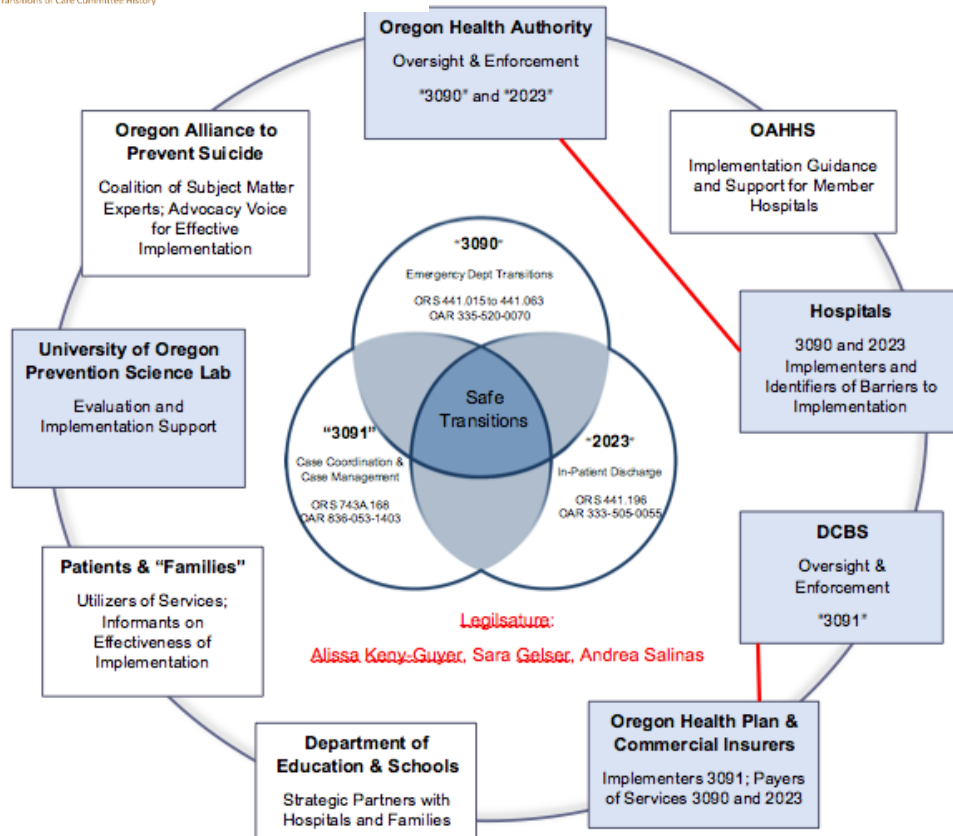
October 19, 2020 | JM Presentation on Transitions of Care Committee History

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.”

October 19, 2020 | JM Presentation on Transitions of Care Committee History



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.