

Alliance
Transitions of Care Committee Meeting
Second Thursdays 1:00pm – 2:30pm
Thursday, February 9, 2023

<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 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: Co-Chair Charlette Lumby, Co-Chair Liz Schwarz, Alex Considine, Angi Meyer, Jonathan Rochelle, Julie Magers, Kristin Fettig, **Mary Massey**, Meghan Crane, **Rachel Ford**, **Tanya Pritt**, Aaron Townsend, Gordon Clay

Absent Today:

Alliance Staff Present: Annette Marcus (Alliance),

Alliance Staff Absent: Jennifer Fraga (Alliance)

Guest(s):

Meeting Attachments:

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>	<p>Liz Schwarz will be stepping into the co-chair role for this committee.</p> <p>Welcome to new folks: Aaron Townsend and Erin Porter!</p>
1:10	Map Out Calendar		<p>Reviewed conversation from last month about what direction this group may want to go in the next year.</p> <p>Charlette walked group through the TOC workplan to review the items that we had agreed were initiatives and role the committee would take. And reviewed the TOC Committee Action Items document. These will be shared with committee members for further review.</p> <p>Action Items discussed: OHA's page that describes requirements of laws. Committee agreed that members should review what OHA has posted (as of October 2022) so that we can be prepared for future meeting topics: <u>https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/HEALTHCAREPROVIDERSFACILITIES/HEALTHCAREHEALTHCAREREGULATIONQUALITYIMPROVEMENT/Documents/HospitalDischargePlanningFactSheet.pdf</u></p>

			<p>Complaints process: https://www.oregon.gov/OHA/PH/ProviderPartnerResources/HealthcareProvidersFacilities/HealthcareHealthCareRegulationQualityImprovement/Pages/complaint.aspx</p> <p>DCBS and billing codes – Has been in the works for a long time but seems to have stalled out. Annette suggested we have someone from DCBS come talk where we are in that process. She will follow up about who that person might be. Jill will also relay this information to Megan.</p> <p>Oregon Health Policy Boards BH committee representation: Often discussed but hasn't moved forward. IF any members have a connection, please reach out to that person to see how we can get involved. And it may be worth having at least a regular presence if not membership. What is the context for this ask? Annette will follow up with Julie Magers about why this committee was particularly identified in this item, so that we are thoughtful about our time and what we are seeking from that group.</p> <p>Jill suggested that we compare the TOC action item document so that language reflects the new language in the YSIPP:</p> <p>From Jill in the chat:</p> <ul style="list-style-type: none">• YSIPP 2023 language - trans of care section <p>3.1.1.1 OHA will establish a plan to implement</p>
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			<p>recommendations of the HB 3090 Report in partnership with state partners (Oregon Association of Hospitals and Health Systems (OAHHS) and Oregon Alliance to Prevent Suicide (Alliance), etc.) and understanding of national partners.</p> <ul style="list-style-type: none">• 3.1.1.2 The Alliance will pursue involvement and seek representation on the Oregon Health Policy Board's Behavioral Health Committee and monitor OHA's efforts to implement recommendations of the HB 3090 report.• 3.1.1.3 OHA will support and expand availability of up to 8 weeks of stabilization services after a behavioral health crisis for Oregonians ages 0-20 statewide.• 3.1.1.4 OHA will support and enhance availability of 24/7 mobile crisis response for behavioral health statewide for all Oregonians.• 3.1.1.5 A Caring Contacts billing code will be activated in Medicaid.• 3.1.1.6 OHA will issue guidance to hospitals on reimbursement options for Caring Contacts and other activities listed in HB 3091 (2017).• 2.3.3.7 GLS-funded counties will develop continuity of care and follow-up plans for youth identified to be at risk of suicide.
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			<p>ODE and OHA publish a toolkit: There has been a subcontractor identified. Jill can present more information at a future meeting.</p> <p>Increasing partnership with the schools committee and the way that we plan around the high levels of car back to school. Mary Massey will serve as conduit between schools committee and TOC. Discussed priority area for this group is the transition in and out of school enrollment. When a student is out for 10 days their enrollment is dropped. When they are moving between treatment placements, etc., who is responsible for the education gets very complicated.</p> <p>Partnership with data & evaluation committee: what would we want from the data & evaluation committee. TOC has very little crossover with that committee at this point. May be some interest in the work D&E is doing with the System of Care dashboard: https://www.oregon.gov/dhs/Pages/SOC-Dashboard.aspx</p> <p>Annette will send out the information about a webinar that has been set up to orient folks to the dashboard.</p> <p>Gordon offered to do what they can to continue to push the priority of supporting the Transition Age Youth group – and areas that the data and evaluation group is focused on can be helpful moving that forward.</p>
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			<p>Jill shared the complete YSIPP document and discussed how there are several initiatives that address things that may be beyond the scope of the TOC. Also shared the ability to filter based by populations: https://app.smartsheet.com/b/public?EQBCT=d24bc54127804908b09a98d98642b4fe</p> <p>Co-occurring mental health and SUDs</p> <p>Lots of legislation that is adjacent to this work and we may want to dive deeper into some of those to see where there are places to demonstrate alliances position.</p> <p>Transitions into higher levels of care.</p> <p>Charlette, Liz and Jenn will connect and next meeting we will focus on how we want to address each of these things.</p>
1:40	Assigned YSIPP Initiative		<p>3.1.1.2 The Alliance will pursue involvement and seek representation on the Oregon Health Policy Board's Behavioral Health Committee and monitor OHA's efforts to implement recommendations of the HB 3090 report.</p>
2:30	Round Table / Adjourn		<p>Thanks, everyone!</p>

Where We Are Now

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

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

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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).

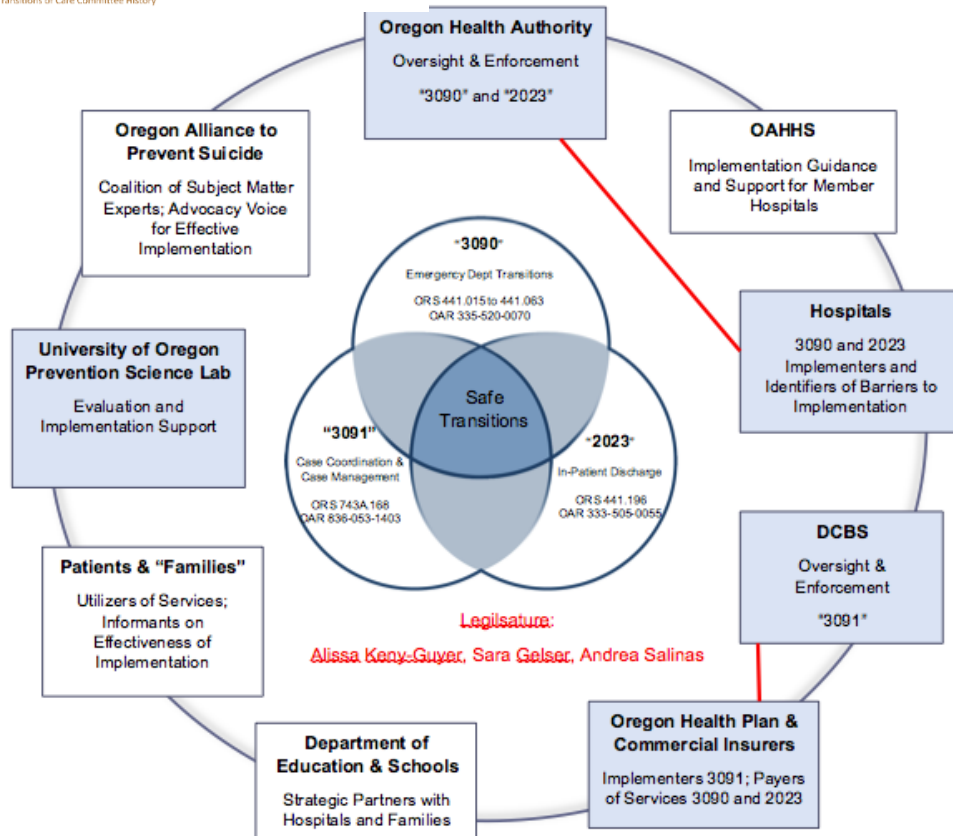
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Where We Are Now

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.