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, Co-Chair Liz Schwarz, Angi Meyer, Erin Porter, Jonathan Rochelle, Julie Magers, Kristin Fettig, Mary Massey, Meghan Crane, Rachel Ford, Tanya Pritt

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

Present Today: Co-Chair Liz Schwarz, Brooke, Erin Porter, Mary Massey, Meghan Crane, Rachel Ford, Tanya Pritt

Absent Today: Co-Chair Charlette Lumby, Angi Meyer, Julie Magers, Kristin Fettig

Alliance Staff Present: Jennifer Fraga (Alliance)

Alliance Staff Absent: Annette Marcus (Alliance)

Guest(s): Gordon Clay

Time	Agenda Item	What / Update Action Item(s)	Notes
1:00	**Welcome** Introductions, Announcements, Agenda Review	*Introduce new members.* **Group Agreements** oregonalliancetopreventsuicide.org/transitions-of-care-committee/ https://drive.google.com/file/d/1kpqT88ezlcwBZOczS3_X7O2bwdAJ2vX5/view?usp=sharing	Review group agreements for the new members.
1:10	**OHA Updates**	Megan and Jill	Legislative session has been very difficult this year, so things are moving slowly. Meghan is specifically looking into caring contact billing coding and working on making sure requirements are clear with HB 3090 and HB 3091 by clearly defining some definitions. Not much progress due to legislative session but she is working on this. ODE and OHA provide a toolkit to school if they want to look at either universal or broader screenings for students. This isn't a requirement, but schools have asked about this. OHA has a contract with Oregon Healing Collective. Lines for Life is currently contracting with multiple hospitals to provide caring contacts. OHA has met with L4L to hear what barriers they are experiencing around completing the caring contacts. Part of the barrier is around a payment / reimbursement for caring contacts which OHA has

			been working on. Purpose is to make sure the barriers OHA is aware of are the same as before or if things have changed, if there are new things to know about and provide support for.
1:20	**Transition of Care Committee Work Plan Development**	• Assign committee role • Assign what the implementation of committee role looks like • Identify the next step timeline for each item.	OHA is contracting with Oregon Healing Collective to develop a middle school and high school schoolwide screening for suicide and safety planning toolkit. This is not mandatory but to provide guidance for schools interested. The toolkit will include sample models, review of laws, literature review, equity considerations, detailed workflows, etc. Parents, students, school staff, and youth and adults from historically underserved communities will provide feedback on toolkit development. The toolkit is anticipated to be available by end of June 2023.
2:00	**Transition of Care Committee Work Plan Development**	• Assign committee role • Assign what the implementation of committee role looks like • Identify the next step timeline for each item.	How do we move from being an update committee to more action focused? Finding projects? Hearing what a need is in the community, finding out what could be done to address the need, that would become our project. Next meeting: schedule out presentation times for people to share their need and discuss what they think could fix it. What could be done to fix / address the need could be a group discussion / brainstorm session.
2:20	**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.

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.

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).

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."
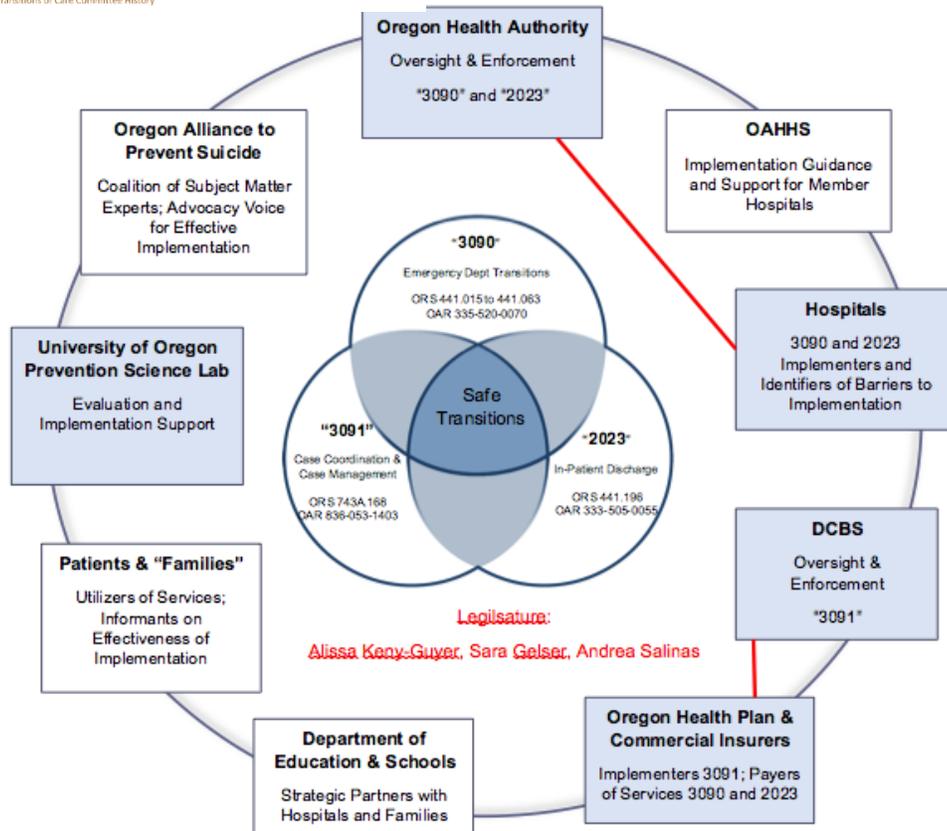
1. Does anyone know off hand how much hospitals are reimbursed for post-discharge caring contact work?
    a. Are they reimbursed? based on early conversations with my hospital months ago I hadn't thought there was an expectation for reimbursement.
        i. HB 3091 was created because hospitals said 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.