

**Alliance
Transitions of Care Committee Meeting
Second Thursdays 1:00pm – 2:30pm
Thursday, April 13, 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, Mary Massey, Meghan Crane

Absent Today: Co-Chair Liz Schwarz, Angi Meyer, Jonathan Rochelle, Julie Magers, Kristin Fettig, Rachel Ford, Tanya Pritt

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

Alliance Staff Absent: N/A

Guest(s): Gordon Clay, Jameela Stanton, Victoria Randle

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>	Victoria and Jameela joined as nursing students from OHSU. Group agreements were not reviewed today but were offered.
1:10	Updates	OHA – Meghan or Jill 988 / MRSS – Erin Porter Oregon Health Policy Board – Liz or Jenn	988 / MRSS updates not reviewed today. Will be looked at during the next meeting. OHA update from Meghan: no updates at this time. Liz and Jenn attended the Oregon Health Policy Board meeting last month. It was not a typical Board meeting as they were working on internal Board processes and structures. Liz and Jenn will attend again and reach out to Board staff to see about our potential role on the Board.
1:40	OHA Website Recommendations	Review website and see if we still have any recommendations we would like to make	<u>Recommendations</u> OHA Website Due to the small group today, it was asked that we hold off on this agenda item for when we have more committee members present. Those present agreed with this and this will be an agenda item next month.

1:55	Committee Focus / Projects	<p>Mary – school need Liz – OYA overview Elissa - Data & Evaluation Committee?</p>	<p>Last month, we discussed talking about this Committee’s focus and what we want to work on.</p> <p>Mary’s Proposal for committee:</p> <ul style="list-style-type: none"> - Student had to go into higher level of care which is not a school placement. School districts that don’t have online or alternative education options, the schooling has to be complete by the residential setting they are going to. - Mary connected with Fran at OHA about this concern and Mary was connected with contacts at ODE. - She wants to talk with them about the concern and will bring concrete items back to us so we know what needs to be done by schools, residential settings, and families. - She thinks that if she gets information from ODE we can work with OHA to make sure things are communicated correctly. - How we can help: Invite someone from ODE to attend this meeting to have conversations around this. Mary will continue working her side of things and will let us know when they can attend. Charlette asked if it would be helpful if Fran to attend a committee meeting as well. Examples of where youth can go: secure residential facilities, residential facilities, staying in the hospital itself, etc.
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			<p>Meghan said there are multiple contacts for the different programs. She can reach out to the hospital side to see who the contact would be. She can try to find who the contact would be for residential facilities. Once we find a contact, we would like to invite someone to this committee meeting to talk about the issue and how we can close the gap.</p> <p>Gordon asked about the process for those transitioning into adulthood and the services they receive. What age to they age out of youth services? At 19 or 25? What happens when the age out – are there connectors to other programs?</p> <p>Charlette talked about an Independent Living Program (ILP) that helps with these transitions and with the young adults learning life skills.</p>
1:50	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).

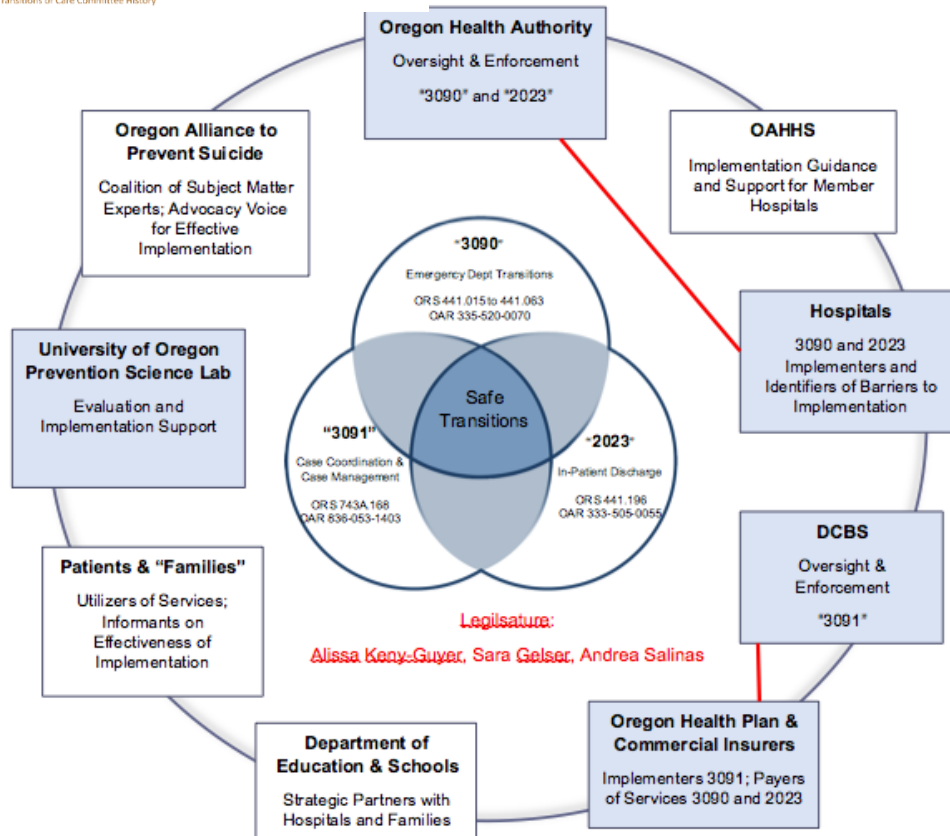
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Where We Are Now

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.