

Alliance
Transitions of Care Committee Meeting
Second Thursdays 1:00pm – 2:30pm
Thursday, May 11, 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 Charlette Lumby, Co-Chair Liz Schwarz, Erin Porter, Gordon Clay, Meghan Crane, Tanya Pritt

Absent Today: Angi Meyer, Jonathan Rochelle, Julie Magers, Kristin Fettig, Mary Massey, , Rachel Ford

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

Alliance Staff Absent: N/A

Guest(s): Maharai Camarena-Garcia, Siche Green-Mitchell, Zhihao Wang

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>	Announcements: Annette: June Quarterly meeting we will hear about some Zero Suicide Initiatives from different groups like CCS and Marion County. Are there any specific questions this committee can think to ask during the presentation? Questions: What things are they targeting relating to transitions? How does the Zero Suicide Initiative contribute and/or play a role in transitions of care work? How does this initiative show up differently in different settings – from EDs and hospitals to outpatient mental health programs? Meghan asked what time this topic may be on the agenda. Annette isn't sure as the agenda is filling up pretty quickly. She would like to have a conversation with Meghan and others at OHA to figure out timing as there are a handful of new things that we want to share at the Quarterly. Meghan was planning on giving a high-level overview of the initiative. Annette said she would like to connect with Meghan offline to talk more about planning.
1:10	Updates	OHA – Meghan or Jill 988 / MRSS – Erin Porter Oregon Health Policy Board – Liz or Jenn	OHA (Meghan) – No substantial updates at this time due to limited capacity with the legislative session actively happening. She hopes that as the session winds down, we can have

			<p>forward momentum on the billing codes action item we are following.</p> <p>Gordon question – transition of care from 988 to the local services has not been a warm handoff but more of a “here’s the number” and then the call ends. Gordon is working with the 988 board and is advocating that the 988 counselor stays on the phone with the person in crisis while the call is transferred to the local community crisis line.</p> <p>988 / MRSS (Erin) – 988 Workgroups are currently focused on funding and rate setting. Draft OHA proposal shown this past week and a lot of this was worked out. They haven’t heard that CMHPs are unhappy with the rates so it’s hoped that these rates will be able to meet the need. Erin is wondering if the rates that were proposed by OHA are good for the CMHPs. Annette said she could bring this back to Cheryl with AOCMHP.</p>
1:30	Group Task Proposal	Create recruitment flyer like Data & Evaluation Committee	Jenn shared the Data & Evaluation Committee recruitment flyer and asked if this committee would like to create one for this committee. The group was interested in doing this. Charlette, Liz, and Jenn will discuss a process for creating a draft and sharing it with the committee for feedback.
1:40	OHA Website Recommendations	Review website and see if we still have any recommendations we would like to make	<p>Recommendations</p> <p>Charlette reviewed our process leading up to this point and how a website was created by OHA.</p>

Meghan provided an overview of the websites she knows of that are associated with HB 3090. The group believes that this information is not easy to find, especially if you are a family member.

Links below:

[Health Facility Licensing & Certification](#)

– Shows Laws & Rules Governing Hospitals

[Fact Sheet](#) - Discharge Planning For Patients Presenting With Behavioral Health Crisis Or Hospitalized For Mental Health Treatment

Fact Sheet

[2022 HB 3090 Report](#) – Shows findings from most recent survey along with recommendations

Emergency Department Mental

[Health Discharge Survey Tool](#)

[How to File a Complaint or Request Records](#)

Liz asked if we know of how many complaints were made. Meghan doesn't know if this information was requested. Last she heard, there was one complaint made since the legislation was passed and it didn't meet the threshold to be followed-up on. She also recognized that those who may need to utilize the complaint process may not be able to do so due to being in a mental health crisis.

In addition to the information not being accessible, it is also not in a format that is easy to read and

			<p>process especially if you are experiencing a mental health crisis.</p> <p>ED Guide: Advocating for Your Loved One During a Crisis. There were physical copies and it has been translated into several language (I believe just language translation, not cultural translation).</p>
1:55	Committee Focus / Projects	<p>Mary – school need Liz – OYA overview</p>	<p>Mary is attending a child abuse symposium and is not here today.</p> <p>Liz briefly shared an overview of some areas of concern within OYA transitions. She will prepare for next meeting to have some targeted areas to share with us so the committee can determine our next area of focus.</p> <p>Meghan asked if Rachel Howard with DHS would be a good contact to bring into this conversation. Jenn will connect with Rachel to see if she can attend during the June committee meeting.</p>
2:30	Round Table / Adjourn		<p>Opportunity to Provide Feedback on Development of the 2024 National Strategy for Suicide Prevention The National Action Alliance for Suicide Prevention (Action Alliance) is conducting a national needs assessment to gather feedback from suicide prevention professionals, advocates, and volunteers about our nation's suicide prevention efforts and the National Strategy for Suicide Prevention (National Strategy). We will use this information to inform the suicide prevention goals, objectives, and actions that will appear in the updated 2024 National Strategy. As a recognized member of the suicide</p>

			<p>prevention community, we are asking you to help inform national suicide prevention efforts by (1) completing the needs assessment yourself, and (2) sharing the assessment link with your networks. SPRC is seeking feedback from individuals across the U.S. who represent diverse experiences, walks of life, and demographics. The needs assessment should take approximately 10 minutes to complete. It is completely anonymous and confidential. Responses will be used to inform the suicide prevention goals, objectives, and actions that will appear in the 2024 National Strategy. The needs assessment will remain open through May 12th, 2023. Use this link to access the needs assessment (and share the link with others): survey.alchemer.com/s3/7302597/nationalstrategy-assessment. See the attached PDF document of the survey to help prepare your responses. The National Strategy was originally released in 2001 and updated in 2012 by the U.S. Surgeon General and the Action Alliance. The National Strategy provided four strategic directions and included 13 goals and 60 objectives intended to guide suicide prevention efforts in the United States through 2022. By completing this assessment, you will help us to ensure that an updated National Strategy is representative of the changing landscape and trends in suicide prevention. If you have any questions on the needs assessment, email nationalstrategy2024@gmail.com. Please include "National Strategy</p>
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			2024 Needs Assessment” in the email subject line. Thank you so much for your commitment to saving lives!
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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).

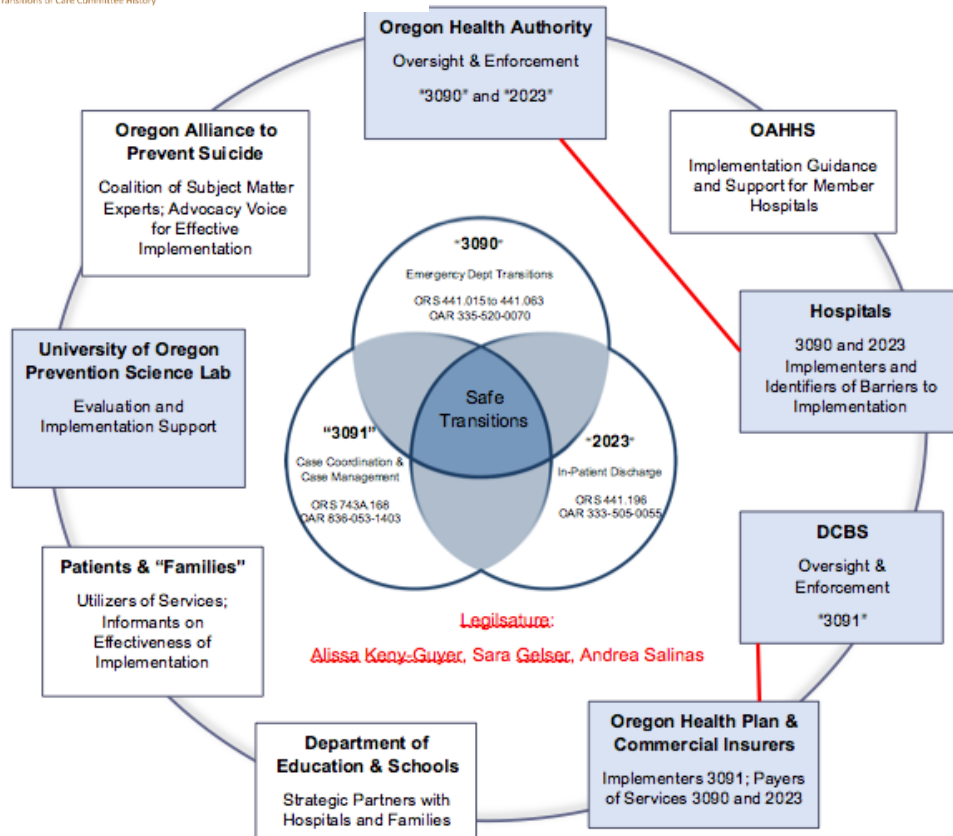
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Where We Are Now

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.