

**Alliance**  
**Transitions of Care Committee Meeting**  
**Second Thursdays 1:00pm – 2:30pm**  
**Thursday, December 14, 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, Erin Porter, Mary Massey, Meghan Crane, Rachel Ford, Rachel Howard, Tanya Pritt

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

**Present Today:** Co-Chair Charlette Lumby, Erin Porter, Mary Massey, Meghan Crane, Rachel Ford, Rachel Howard, Tanya Pritt

**Absent Today:** Co-Chair Liz Schwarz,

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

**Alliance Staff Absent:** N/A

**Guest(s):** Jill Baker

Time	Agenda Item	What / Update Action Item(s)	Notes
1:00	<b>Welcome</b> Agenda Review	<i>Introduce new members.</i>  <a href="#">Group Agreements</a>	
	<b>Announcements</b>		CHC Health Advisory was shared by Rachel Ford. RSV and COVID numbers are increasing and moving across the US. Health Advisory can be reviewed <a href="#">here</a> .
	<b>Committee Strategic Plan</b>	Review Action Steps to be completed by January 2024	<p>1. YSIPP Initiatives Jenn reviewed the YSIPP Initiative that this committee identified as their main priority for 2024 calendar year.</p> <p>Jill talked about the Medicaid billing code initiative which has been difficult to move forward as this work lives in many divisions of OHA. She recognized that this committee helped the survey to be redone which resulted in the HB 3090 report and she asked if the billing code initiative could stay on the committee’s radar moving forward as this has been difficult. Jill shared that OHA has tried to figure this out since 2017 since Meghan started with OHA and it’s just been difficult to move forward.</p> <p>Options for a direct way that we can help with this work:</p> <ul style="list-style-type: none"> <li>- Letter to the governor asking for a task force to be created with key players and reports to the legislature</li> <li>- Finding a legislative champion could be helpful to lead our work forward</li> <li>- Connecting with the Hospital Association of Oregon (previously OAHHS) to see if Danielle Meyers is still there and also to review the website</li> </ul>

			<p>Jill said there will be some YSIPP Initiatives around 988 in the new calendar year and asked if this committee would be interested in any of that work. Rachel Ford shared that <a href="#">Brian Pitkin</a> from OHA's 988 team gave a presentation to the EMS team and that it was helpful to hear from him about the work and to have a Q&amp;A. A presentation could also help us to see how we can incorporate that into our work.</p> <p>Options for how we can move forward:</p> <ol style="list-style-type: none"> <li>1. TOC Representation List</li> <li>2. Write letter to OHA around HB 3090 items we are monitoring and HB 3090 website needs</li> </ol>
	<b>Review May 2024 Action Steps</b>		Jenn reviewed the project plan and shared progress on action items to be completed by both January and May 2024.
2:30	<b>Round Table / Announcements / Adjourn</b>		<p>Next steps for Committee:</p> <ol style="list-style-type: none"> <li>1. Look at how we can have a voice around Medicaid billing codes</li> <li>2. Hearing presentation from Brian Pitkin on 988</li> <li>3. Bring in items around our structure for our committee</li> </ol>

## 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).

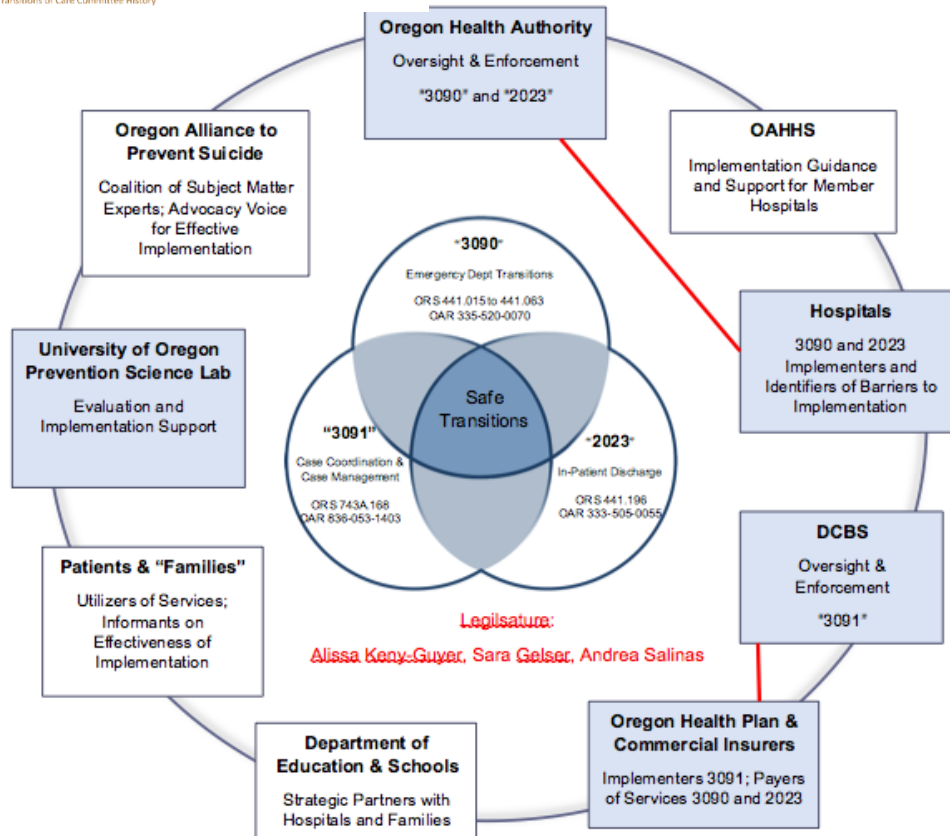
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## Where We Are Now

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.