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

Absent Today:

Alliance Staff Present:

Alliance Staff Absent:

Guest(s):

Time	Agenda Item	What / Update Action Item(s)	Notes
1:00	**Welcome** Agenda Review	*Introduce new members.* Group Agreements	
	Announcements		
	988 Presentation		
	988 Presentation Q&A		
	Committee discussion to determine what the Committee's role is when receiving a monitoring update	How do we want to respond to updates? What about OHA written reports? (D&E example)	
2:30	**Round Table / Announcements / Adjourn**		Look at how we can have a voice around Medicaid billing codes Bring in items around our structure for our committee

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

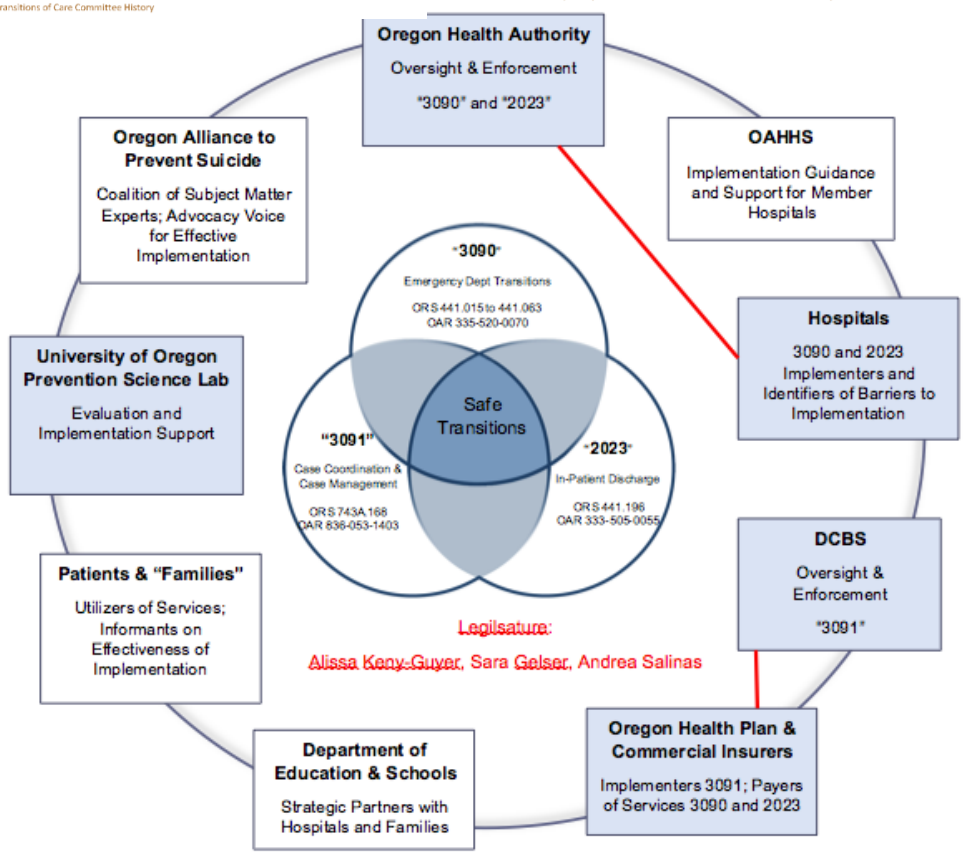
The Transitions of Care Committee identified nine stakeholder entities that fill vital roles in effective implementation of rules

- 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."



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.