

Alliance
Transitions of Care Committee Meeting
Second Thursdays 1:00pm – 2:30pm
Thursday, April 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, 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	<p><i>Introduce new members.</i></p> <p><u>Group Agreements</u></p>	
	Announcements		
	Committee Logistics	Leadership Meeting frequency	
	Committee Role in 988 Work		<p>Discussion from March meeting around this:</p> <ul style="list-style-type: none"> - Ongoing contact after a 988 call or in-person response – what does that look like? How are we keeping folks accountable? - Stabilization may be the weaker point of the system at this point. These services don't exist really in the state. The centers can be so key to give someone space to stabilize and support for those could be really helpful. - Some counties don't have 24/7 response, not even 1 person response. What are the consequences of not being able to meet the staffing requirement for this?
	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		<p>Next meeting:</p> <ol style="list-style-type: none"> 1. What is our committee scope of work? Look at current responsibilities and finalize our role / scope / committee description.

			Ongoing topics we are interested in:
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1. Look at how we can have a voice around Medicaid billing codes
2. 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.

October 19, 2020 | JM Presentation on Transitions of Care Committee History

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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).

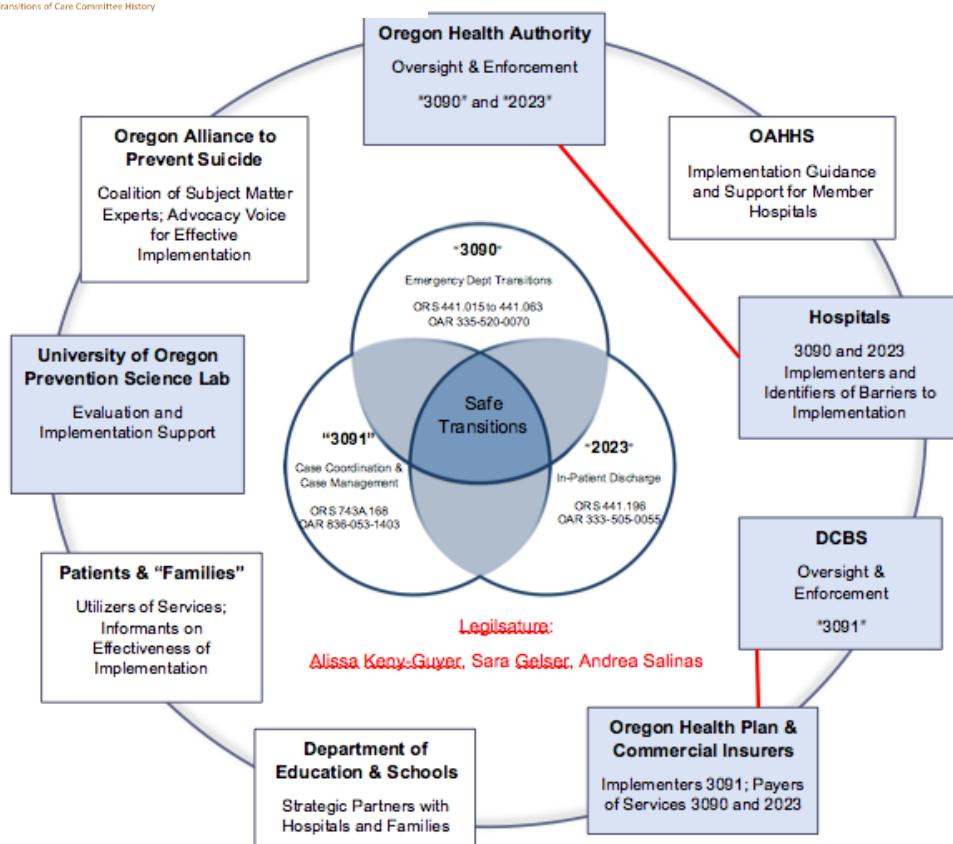
Where We Are Now

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.