Alliance
MINUTES Transitions of Care Committee Meeting
Second Thursdays 1:00pm – 2:30pm
November 14, 2024

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 Liz Schwarz, Erin Porter, Mary Massey, Meghan Crane, Rachel Ford, Rachel Howard, Tanya Pritt

Staff: Annette Marcus (Alliance)

Present:
Liz Schwarz (Co-Chair), Gordon Clay, Suzie Stadelman, Meghan Crane, Rachel Howard, Erin Porter, Tanya Pritt

Absent:
Mary Massey

Alliance Staff Present:
Annette Marcus, Kris Bifulco

Agenda Review and Welcome

- New members were introduced.
- The group reviewed the agenda and discussed group agreements.

Announcements and Discussion Topics

Key Issues in Transitions of Care

The subcommittee explored several critical transition challenges affecting youth and young adults:

1. **Continuity of Care**:
    - Issues surrounding consent for care, particularly when youth do not consent to treatment, and parents may be unable to intervene.
    - Challenges during transitions between Coordinated Care Organizations (CCOs) and within higher levels of behavioral health (BH) care, including discharge and county service area coordination.
2. **Mental Health Provider Changes**:
    - Barriers related to transferring care providers due to insurance or CCO rules.
3. **Legislative and Systemic Gaps**:
    - Existing statutes on continuity of care, including a required 90-day collaboration period between transitioning providers, and their implementation challenges.
    - Opportunities to advocate for statutory language changes to better address care transitions.
4. **Youth Suicide Rates**:
    - Significant increases in suicide rates for individuals aged 18-24 compared to under-18 groups.

Committee Priorities and Next Steps

- Agreement on the importance of focusing on **continuity of care** and the **consent for care** process.
- Identified need to explore existing research and data on systems impacting youth and young adult suicide.
- Potential collaborations with sectors like ODHS and OYA were discussed to align with broader efforts.

Six-Month Focus Discussion

The committee discussed focusing on the following areas in the next six months:

- Creating an articulated approach to transitions of care.
- Developing connections with other systems and agencies to learn from existing work.
- Addressing gaps in services for the 18-24 age group, particularly around college student transitions and insurance limitations on mental health treatment.

Roundtable and Announcements

- The group decided to finalize the subcommittee's scope of work and responsibilities in the next meeting.
- Standing topics like Medicaid billing codes and HB 3091 reimbursement for post-discharge care were flagged for future exploration.

Next Meeting:
Date: Thursday, January 9th
Time: 1:00 PM – 2:30 PM
Focus: Finalizing committee scope, addressing initiatives around transitions of care.

Adjournment: The meeting concluded at 2:30 PM.

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

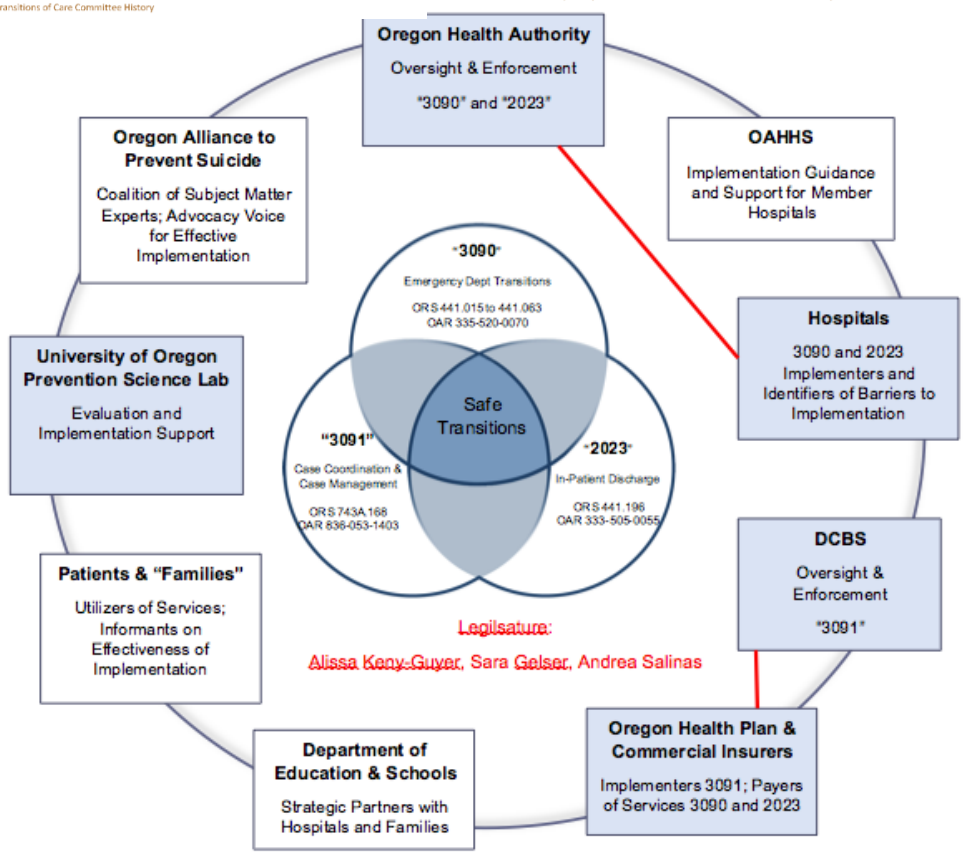
The Transitions of Care Committee identified nine stakeholder entities that fill vital roles in effective implementation of rules

- 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.