

**Alliance**  
**Transitions of Care Committee Meeting**  
Thursday, December 10, 2020  
10:00 AM – 12:00 PM

<https://www.gotomeet.me/AnnetteMarcus/alliancetransitions>

Join the conference call: 646.749.3129, Access Code: 116-041-3129

**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.

**Committee Members in Attendance:** Co-Chair Julie Magers, Anders Kass, Charlette Lumby, Jill Baker, Rachel Ford, Rebecca Marshall, Shanda Hochstetler

**Committee Members not in Attendance:** Co-Chair-Galli Murray, John Seeley, Jonathan Rochelle, Joseph Stepanenko, Kaliq Fulton-Mathis, Lon Staub, Tanya Pritt

**Staff:** Annette Marcus (Alliance), Kris Bifulco (AOCMHP)

**Staff not in Attendance:** Jennifer Fraga (Alliance),

**Guest(s):**

**Meeting Attachments:** PowerPoint from Transitions of Care Committee Orientation

Time	Agenda Item	What / Update Action Item(s)	Notes
10:00 AM	Welcome, Introductions, Announcements, Agenda Review, Consent Agenda		<p>Committee members did not have anything to add to the agenda. Julie led the group through introductions.</p> <p>The group decided that the previous month's minutes would be slimmed down and simplified before approving.</p>
10:10 AM	<b>Review recent accomplishments</b>	<ul style="list-style-type: none"> <li>✓ Orientation slides</li> <li>✓ Docs – Google Folder</li> <li>✓ Meet for deep dive into the details of our work so we can move forward</li> <li>✓ Invite OHA update on 3090/2023 efforts (Jill Baker)</li> <li>✓ Decide meeting schedule, roles, our new group's process</li> <li>✓ Identify interested leaders to learn beside co-chairs</li> </ul>	<p>An overview of the Transitions of Care <a href="#">page</a> on the Alliance website and showed the “materials” spot for folks to access shared documents was provided.</p>
10:25 AM	<b>Reflect on new members' needs for “learning the story” of the committee's efforts</b>	<p>What's your process for learning and being able to identify your part in the work?</p>	<p>It was acknowledged that re-forming this committee is a process; it is about learning the story of this committee and seeing where we all fit.</p> <p>It would be helpful to gather thought and understand the projection of where this committee is going.</p> <p>Not only is TOC happening but is it happening in an appropriate way</p>

			and are the appropriate services available.
	<b>Committee Recruitment</b> <i>(do we have a good mix of people now?)</i>	Are there systems or individuals missing from the table that we want to invite? *see chart	Note: We have recruited via Alliance listserv twice and have done individual asks  This agenda item was not discussed this meeting.
10:55 AM	<b>Discuss how committee wants to proceed to action on priorities</b>	Based on what is in our action priorities, are we a workgroup? Do we track others' efforts? Something else? *see list	See list below agenda and graphics.
11:10 AM	<b>OHA Update on 3090/2023 efforts (Jill Baker)</b>	Standing agenda item	OHA survey group has a stakeholder list (item #2 on list below). This could help us with starting item #2  A group within OHA met and when Jill receives the report, she will send this to Jenn  A feedback session is scheduled for Jan 15 from 10:00 – 12:00 to name and refine the stakeholders and to get consensus on analysis goals. One opportunity to provide feedback is written and then the meeting listed above.  Everything else is on track as listed in the letter from Jill.  Meghan Crane's position is switching to completely Zero Suicide work so Jill said at some point it may make more sense for her to hold the OHA contact position instead of Jill. This position is still in Public Health but will only focus on Zero Suicide and Healthcare so Jill hopes that

			<p>Meghan will become another representative for this committee.</p> <p>S-PIP (OHAs internal suicide prevention team) working on and emergency department project. Goal is to produce documents about what caring contacts mean for discharge from inpatient and emergency departments. Make direct messaging to ED directors about caring contacts to let them know exactly what those are and about the logistics for them. They have a meeting scheduled January 14<sup>th</sup> to meet with a subcommittee with the Oregon Hospitals Association to talk more.</p> <p>Julie will ask DCBS to come to this committee to give a presentation and answer questions.</p> <p>Jill asked if there is a way to check how many BH admissions and d/c matched how many claims for payment. One indicator that hospitals are doing this work. The data that S-PIP receives is voluntarily reported by hospitals to ESSENCE so they cannot use it for monitoring. She hopes that there is some other way that this can be monitored.</p>
11:30 AM	<p><b>Committee Decisions and Next Steps:</b></p>	<ul style="list-style-type: none"> <li>• Continue process with AKG letter(s)?</li> <li>• <del>Re-engage hospital association?</del></li> <li>• Stay informed with S-PIP activities with OAHHS</li> </ul>	<p>Do we want to have a TOC member attend one of OHA/OAHHS meetings?</p>

		<ul style="list-style-type: none"> <li>• Julie will reach out to DCBS for a presentation in January or February meeting</li> <li>• Set agenda for next meeting</li> </ul>	January – review survey to provide feedback for the meeting on the 15 <sup>th</sup>
12:00 PM	<b>Adjourn</b>		

Questions from group:

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. Questions for Gail: what are the reimbursement rates for EACH piece of 3091, is there a way to know whether hospitals are billing for these pieces?
3. Is there a way to know if the amount of reimbursement requests are consistent with the number of behavioral health crisis admissions/discharges?
4. 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.

## 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

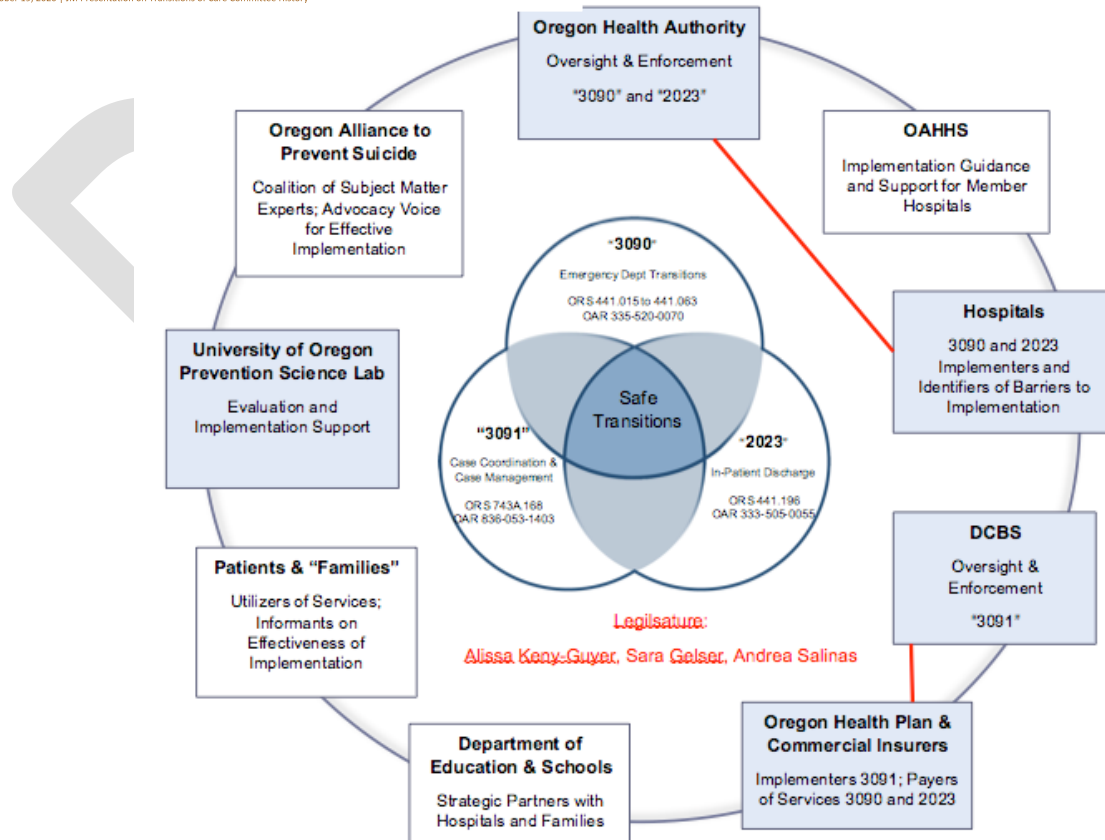
Partners in the work:

□

*"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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<b>Transition of Care Committee Priorities</b> – from letter submitted to Rep Keny Guyer, Spring 2020	
<b>(1)</b> Development of a convening body to create a community of practice around implementation policies related to ORS 441.015 to 441.063 and ORS 441.196 (HB3090, HB2023);	
<b>(2)</b> Identify a point of contact within each stakeholder group for all work related to ORS 441.015 to 441.063 and ORS 441.196 (HB3090, HB2023);	<p>This point could be a good one for this committee to do – the Alliance is a field connector and this item, along with (3), are ways we can connect the field and also watchdogging the different entities to make sure that things are implemented.</p> <p>OHA internal group for re-survey individuals list. Jill said she can send this to us.</p>
<b>(3)</b> Establish a reference document of the interrelationships among the stakeholders, identifying their responsibilities, current and future implementation efforts, and points of interdependence, using the attached draft document as a starting point;	<p>This point could be a good one for this committee to do – the Alliance is a field connector and this item, along with (2), are ways we can connect the field and also watchdogging the different entities to make sure that things are implemented</p>
<b>(4)</b> Create a forum for the sharing of completed work, including audit forms, implementation tools, and contact lists;	
<b>(5)</b> Develop a plan for dissemination and use of existing tools and documents (such as OAHHS’ Interpretative Guidelines for Oregon Hospitals regarding discharge planning from hospitals, OHA HB3090 Reports resulting from hospital surveys, etc.);	<p>This could be a second step for this committee after items (2) and (3) are done. It’s another connecting the field piece.</p>
<b>(6)</b> OHA to establish a page on its website, easily accessible to the public, that describes the requirements associated with these laws and a defined procedure for grievance or complaint submissions;	

<p><b>(7)</b> DCBS to report on any efforts and findings in regard to implementation, enforcement and complaint procedures associated with ORS 743A.168 (HB3091)</p>	
<p><b>(8)</b> The Legislative Assembly to hold hearings on implementation, enforcement, complaints and barriers to implementation and develop any follow up actions based on reports made during the hearings.</p>	

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