

**Alliance**  
**Transitions of Care Committee Meeting**

Thursday, January 14, 2021

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, Co-Chair-Galli Murray, , Joseph Stepanenko, Charlette Lumby, Anders Kass, John Seeley, Jonathan Rochelle, Kaliq Fulton-Mathis, Lon Staub, Rachel Ford, Rebecca Marshall, Shanda Hochstetler, Tanya Pritt

**Committee Members not in Attendance:**

**Staff:** Annette Marcus (Alliance), Jennifer Fraga (Alliance), Kris Bifulco (AOCMHP), Jill Baker (OHA)

**Staff not in Attendance:**

**Guest(s):**

**Meeting Attachments:**

- PowerPoint from Transitions of Care Committee Orientation
- Draft questions for hospital survey
- Jill Baker stakeholder list

Time	Agenda Item	What / Update Action Item(s)	Notes
10:00 AM	Welcome, Introductions, Announcements, Agenda Review, Consent Agenda	Update on Nov/Dec minutes  Structure of our notes/agendas	
10:05 AM	<p><b>Review recent accomplishments</b></p> <p><i>Transitions of Care <a href="#">page</a> on the Alliance website and showed the “materials” spot for folks to access shared documents.</i></p>	<ul style="list-style-type: none"> <li>✓ Docs – Google Folder</li> <li>✓ Orientation slides</li> <li>✓ Deep dive into the details of our work – <i>ongoing</i></li> <li>✓ Invite OHA update on 3090/2023 efforts (Jill Baker) – <i>standing item</i></li> <li>✓ Meeting schedule, roles, our new group’s process</li> <li>✓ Identify interested leaders to learn beside co-chairs (<i>in process</i>)</li> </ul>	Decisions needed?
10:15 AM	<p><b>Reflect on new members’ needs for “learning the story” of the committee’s efforts</b></p>	<p>What’s your process for learning and being able to identify your part in the work?</p> <p><i>Re-forming this committee is a process; it is about learning the story of this committee and seeing where we all fit.</i></p>	
	<b>Committee Recruitment</b>	Revisit if gaps are identified.	Consensus?
	<b>Discuss how committee wants to proceed to action on priorities</b>	Continue to track the listed actions and weave into the work as we proceed.	Consensus?

<p>10:40 AM</p>	<p><b>Guest Speaker: Gayle Woods, DCBS</b></p>	<p>To discuss HB3091 (the payer part of the discharge efforts)</p> <p><i>General updates/thoughts.</i></p> <p><i>Is there a way to check how many BH admissions or ED encounters and discharges match claims for payment? Is this a possible 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. Is there some other way that this can be monitored?</i></p>	
<p>11:15 AM</p>	<p><b>OHA Update on 3090/2023 efforts (Jill Baker)</b></p> <p><i>Currently, enforcement is happening through a complaints-driven process because no funding attached for proactive enforcement</i></p>	<p><i>OHA survey group stakeholder list – can it assist with starting item #2</i></p> <p><i>A group within OHA met and when Jill receives the report, she will send this to Jenn</i></p> <p><i>OHA Feedback Session: Jan 15 from 10:00 – 12:00 to:</i></p> <ul style="list-style-type: none"> <li><i>-Identify stakeholder list</i></li> <li><i>-Update survey questions</i></li> <li><i>-Determine analysis goals</i></li> <li><i>*Opportunity to provide feedback</i></li> </ul> <p><i>Meghan Crane (Zero Suicide position; member of TOC) – youth, adult, lifespan? Any updates?</i></p>	

		<i>S-PIP (OHAs internal suicide prevention team) focus on EDs and Caring Contacts. Meeting with OAHHS 1/14 – update?</i>	
11:30 AM	<b>Activity:</b>	<b>Review OHA hospital survey questions and decide if written input is needed</b> (draft attached)	Actions:
11:50 AM	<b>Committee Decisions and Next Steps:</b>	<ul style="list-style-type: none"> <li>• Continue process with AKG letter(s) – use as guiding activities?</li> <li>• Stay informed with S-PIP activities with OAHHS (Do we want to have a TOC member attend one of OHA/OAHHS meetings?)</li> <li>• Set agenda for next meeting</li> </ul>	
12:00 PM	<b>Adjourn</b>		

**Standing 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 Gayle Woods: 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.

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

## 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).

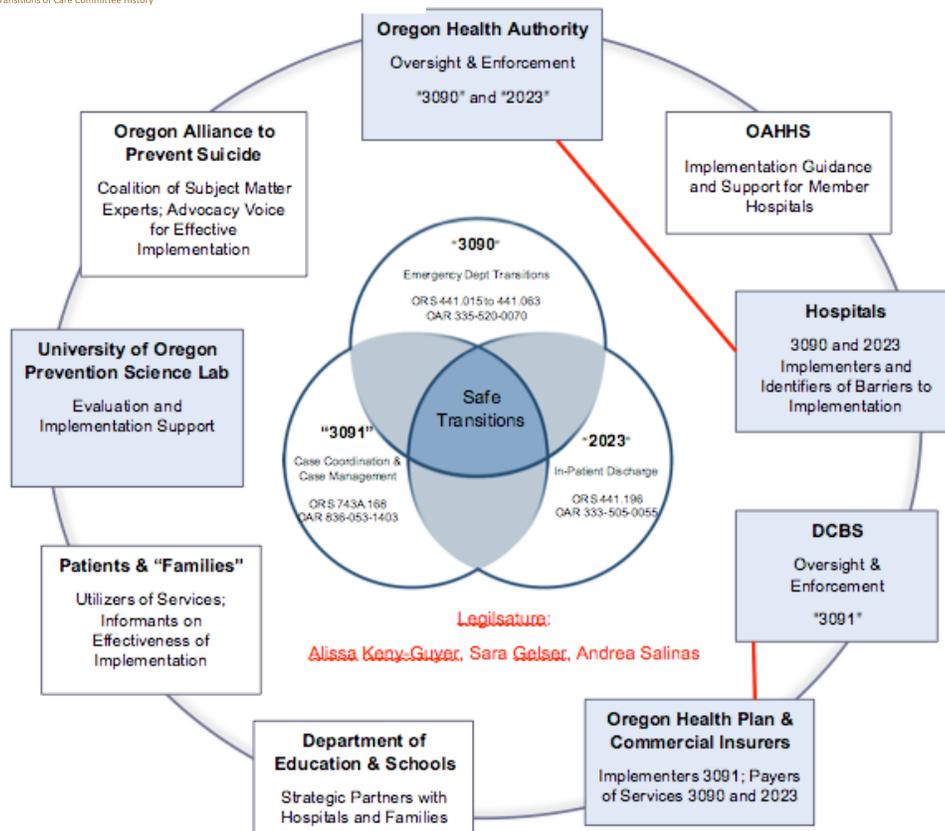
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## Where We Are Now

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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**Transition of Care Committee Priorities** – from letter submitted to Rep Keny Guyer, Spring 2020

**(1)** 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);

**(2)** 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);

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 “watchdog” the different entities to make sure that things are implemented.

**(3)** 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;

\*see above note

**(4)** Create a forum for the sharing of completed work, including audit forms, implementation tools, and contact lists;

**(5)** 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.);

This could be a second step for this committee after items (2) and (3) are done. It’s another connecting the field piece.

**(6)** 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;

**(7)** DCBS to report on any efforts and findings in regard to implementation, enforcement and complaint procedures associated with ORS 743A.168 (HB3091)

**(8)** 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.