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, Charlette Lumby, Jill Baker, Jonathan Rochelle, Joseph Stepanenko, Rachel Ford, Shanda Hochstetler, Tanya Pritt

Committee Members not in Attendance: Kaliq Fulton-Mathis, Lon Staub, Rebecca Marshall

Staff: Annette Marcus (Alliance), Jennifer Fraga (Alliance), Nikobi Petronelli (YYEA)

Staff not in Attendance: Kris Bifulco (AOCMHP)

Guest(s): Gayle Woods, Gordon Clay

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	Notes from last month were approved as is.
10:05 AM	**Review recent accomplishments** *Transitions of Care page on the Alliance website and showed the "materials" spot for folks to access shared documents.*	✓ Docs – Google Folder ✓ Orientation slides ✓ Deep dive into the details of our work – *ongoing* ✓ Invite OHA update on 3090/2023 efforts (Jill Baker) – *standing item* ✓ *Meeting* schedule, roles, our new group's process ✓ Identify interested leaders to learn beside co-chairs *(in process)*	Julie reviewed the committee page on the website as well as the link to the Google folder that houses committee documents. Julie met with new co-chairs, Charlette and Joseph, individually and will continue to work with them to help the transition of committee leadership be a smooth process. Galli will be stepping down in March and Julie will step down in June. Decisions needed?
10:15 AM	**Reflect on new members' needs for "learning the story" of the committee's efforts**	What's your process for learning and being able to identify your part in the work? *Re-forming this committee is a process; it is about learning the story of this committee and seeing where we all fit.*	Annette and Joseph talked about the overlap with this committee with other Alliance committees. Julie said that she and other committee leadership will be relying on Alliance staff to point out when work overlaps and to be the touch point between this group and other Alliance work.
	Committee Recruitment	Revisit if gaps are identified.	Consensus? As gaps are identified in representation on the committee, send requests to recruit for those to Jenn. Current gaps are in both the CCO and OHP insurance world.

			Julie also said that if someone from the Schools Committee is interested in attending occasionally that would be a good addition. Jenn will send an invite to Kristin Fettig, who is from Jefferson County and is a suicide prevention coordinator.
	Discuss how committee wants to proceed to action on priorities	Continue to track the listed actions and weave into the work as we proceed.	Consensus? The group decided that continuing to track the listed action items below is how they want to proceed.
10:40 AM	**Guest Speaker: Gayle Woods, DCBS**	To discuss HB3091 (the payer part of the discharge efforts) *General updates/thoughts.* *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?*	Gayle is with the organization that oversees and enforces policies with insurance companies. Not within DCBS realm to identify reimbursement rates or come up with billing codes. Mental health parity – have to comply with federal requirements. Didn't put anything in data collection requirements about this. DCBS define what coordination of care and case management are. More information about what services that are required to be paid for can be found here. DSBC does not see claims for payment. Jill said that if it would be useful to have the all claims database data to know how many claims have come in, we can request that. It'll not be fast, but we know how to do that

			now. We would need to know which codes we are looking for specifically. Medicaid codes have a 6 month lag time for semi-accurate data. All claims (commercial and Medicaid) will be about a 12-18 month lag time. So we could ask for up to June 2019 all claims and be confident that its mostly accurate data In order for hospitals to correctly complete an assessment for a patient and be reimbursed for it and follow state rules (OARs), the assessor has to be qualified like a QMHP – Qualified Mental Health Professional. DCBS audit 3090 – Gayle isn't sure if they have the department to complete this. Gordon brought up that Curry County hospital doesn't have anyone licensed in behavioral health and people need to go elsewhere to get an assessment completed / someone has to be brought into the hospital to complete it. Julie said that it doesn't have to be hospital staff to complete the assessment and that assessments can be completed via telehealth. Julie said that, if the assessment is not being completed and if other parts of 3091 aren't being met that this is when a complaint could be made and OHA can then look into this. Jill said that they have to receive two complaints before looking into it.

11:15 AM	**OHA Update on 3090/2023 efforts (Jill Baker)** *Currently, enforcement is happening through a complaints-driven process because no funding attached for proactive enforcement*	*OHA survey group stakeholder list – can it assist with starting item #2* *A group within OHA met and when Jill receives the report, she will send this to Jenn* *OHA Feedback Session: Jan 15 from 10:00 – 12:00 to:* *-Identify stakeholder list* *-Update survey questions* *-Determine analysis goals* **Opportunity to provide feedback* *Meghan Crane (Zero Suicide position; member of TOC) – youth, adult, lifespan? Any updates?* *S-PIP (OHAs internal suicide prevention team) focus on EDs and Caring Contacts. Meeting with OAHHS 1/14 – update?*	Stakeholder feedback session is 01.15 and is going to be facilitated by Meghan Crane and Jill Baker. There are 4 divisions in OHA that are attached to the TOC related legislation. Goals for tomorrow for Assess adoption of policies, Assess barriers to adopting policies, Make recommendations based on those two things. Reminder that the goal of the survey is to assess adoption and barriers not punitive. Later today, the OHA S-PIP team and someone from government relations will present to the hospital association sub-committee with where they are at with the 3090 re-survey, to highlight hospital resources, and will highlight how other hospitals are doing caring contacts.
11:30 AM	**Activity:**	**Review OHA hospital survey questions and decide if written input is needed** (draft attached)	2019 HB 3090 Report from OHA. Actions:
11:50 AM	**Committee Decisions and Next Steps:**	• Continue process with AKG letter(s) – use as guiding activities? • Stay informed with S-PIP activities with OAHHS (Do we want to have a TOC member attend one of OHA/OAHHS meetings?)	Action Items: • Find links to legislature committee testimony to send to this committee and post to the website • Jon offered to provide an overview / recap of the root cause analysis for this committee.

		• Set agenda for next meeting	• Julie will send Jenn the updated survey questions to be included with minutes.
12:00 PM	**Adjourn**		

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.

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

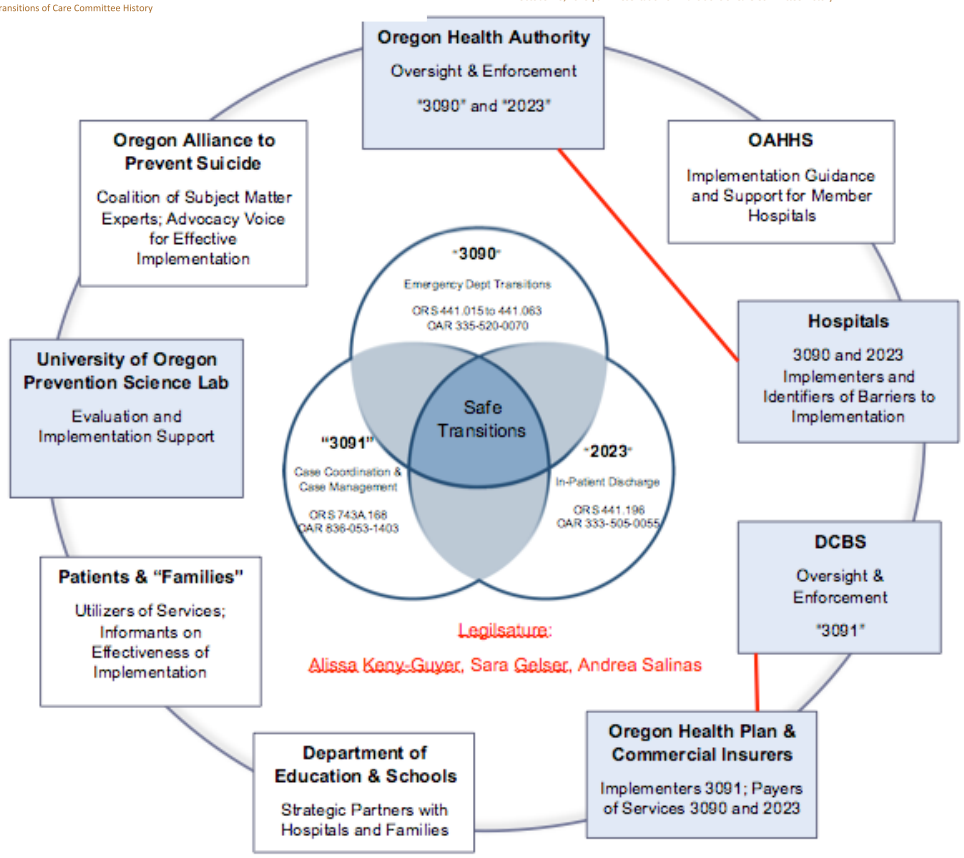
The Transitions of Care Committee identified nine stakeholder entities that fill vital roles in effective implementation of rules

- 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."



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.	