

Alliance
Transitions of Care Committee Meeting Notes

Thursday, April 8, 2021
1:00 PM – 3:00 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.

Members List: Co-Chair Julie Magers, Co-Chair Joseph Stepanenko, Co-Chair Charlette Lumby, Galli Murray, Jill Baker, Jonathan Rochelle, Rachel Ford, Shanda Hochstetler, Tanya Pritt, Kaliq Fulton-Mathis, Lon Staub, Anders Kass, Kristin Fettig, Alex Considine, Liz Schwartz, Meghan Crane

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

Members Present Today: Co-Chair Julie Magers, Co-Chair Joseph Stepanenko, Co-Chair Charlette Lumby, Rachel Ford, Tanya Pritt, Anders Kass, Liz Schwartz, Jonathan Rochelle, Meghan Crane, Alex Considine,

Members Absent Today: Jill Baker, Shanda Hochstetler, Kaliq Fulton-Mathis, Lon Staub, Galli Murray, Kristin Fettig

Alliance Staff Present: Annette Marcus, Jenn Fraga

Alliance Staff Absent: Nikobi Petronelli (YYEA), Kris Bifulco (AOCMHP)

Guest(s): Gordon Clay

Meeting Attachments:

- PowerPoint from Transitions of Care Committee Orientation
- TOC Committee Representation Worksheet

Time	Agenda Item	What / Update Action Item(s)	Notes
1:00 PM	Welcome, Introductions, Announcements, Agenda Review	<p><i>Introduce new members.</i></p> <p><i>Reminder about where to find minutes.</i></p>	<p>https://oregonalliancetopreventsui.cide.org/transitions-of-care-committee/</p> <p>Welcome our new members Liz and Alex!!</p> <p>https://oregonalliancetopreventsui.cide.org/transitions-of-care-committee/</p>
1:05 PM	<p>Review recent accomplishments</p> <p><i>Transitions of Care page on the Alliance website and showed the “materials” spot for folks to access shared documents.</i></p>	<ul style="list-style-type: none"> ✓ Docs – Google Folder ✓ Orientation slides ✓ Deep dive into the details of our work – <i>ongoing</i> ✓ OHA update on 3090/2023 efforts (Jill Baker, Meghan Crane) – <i>standing item</i> ✓ Identify interested leaders to learn beside co-chairs (<i>Joseph, Charlette</i>) ✓ DCBS Gayle Woods guest spoke in Jan to discuss 3091 (payment rules) 	<p>Joseph and Charlette will be officially stepping into the Co-Chair roles in June.</p>
1:15 PM	<p>“Learning the story” of the committee’s efforts - ongoing</p>	<p><i>Committee is learning the story of our committee and seeing where we all fit.</i></p> <p><i>Revisit the orientation slides at any time. Do you have any questions?</i></p>	<p>Ongoing.</p>

1:20	Committee Makeup Discussion – Joseph	Committee Assets List <ul style="list-style-type: none"> • Discussion (<i>using the handout</i>) 	Refer to handout attachment. https://drive.google.com/file/d/1kpqT88ezlcwBZOczS3_X7O2bwdAJ2vX5/view?usp=sharing
2:00	Committee Recruitment – Joseph	Revisit if gaps are identified. Is committee seating the best use of their time or perhaps reps on whatever we do with the stakeholders identified in the stakeholder map (circle)? 1. Jenn – update on any new members’ status OYA? 2. Jonathan – update on schools crossover? 3. Anyone update on prospects? <ol style="list-style-type: none"> Danielle Meyers OAHHS? A hospital staff person or rep. Private insurance rep 	The group would like to frame each stakeholder identified in the map as Subject Matter Experts, not necessarily needed as committee members. Perhaps they can come as guest speakers. Update is that Liz is the new member to the committee representing OYA 😊; attended orientation. Alex Considine at Lines for Life is also new member; attended orientation. No other new members are in the queue for joining the committee. Insurance representative: Exec Com is looking for someone from commercial insurance. Annette stated that this is a requirement for the Alliance. Hospital representative: Charlette has connection at Salem Hospital to potentially invite a member to represent hospital perspective (later discussion for who and what role might be helpful, such as social worker, psych dept, frontline,

			<p>administrative, who are directly involved in transitions)</p> <p>Committee to discuss what we want to know and then determine guest speaker or member recruitment.</p> <p>Jonathan does not have a schools cross over update; schools committee is focused on implementation of Adi's Act and YSIPP 2.0 Input</p>
	<p>ONGOING PROCESS: action items from AKG letter</p>	<p>Continue to track the actions outlined and utilize these to guide our work.</p>	
<p>2:15 PM</p>	<p>OHA Update on 3090/2023 efforts (Jill Baker, Meghan Crane)</p> <p>And group discussion.</p> <p><i>Currently, enforcement is happening through a complaints-driven process because no funding attached for proactive enforcement</i></p>	<ol style="list-style-type: none"> 1. Updates on hospital survey process and timeline 2. Update on S-PIP activities with OAHHS <i>(Do we want to have a TOC member attend one of OHA/OAHHS meetings?)</i> 3. Update on: Caring Contacts information (covered as reimbursable under 3091? What are the billing codes in commercial/Medicaid)? 4. Group discussion 	<ol style="list-style-type: none"> 1. Per Meghan Crane; Survey completed with input from stakeholders; Danielle M identified who to send survey to; Monday, April 26th to be sent and get accurate responses with a month to respond (Deadline May 21st); OHA will do periodic calls with Danielle to ensure and encourage high rate of response; OHA goal to have findings by end of July to review with stakeholder groups to develop recommendations to be included in the report; to be ready for release for 2022 legislative days in Jan 2022.

			This committee may utilize the report that identifies successes and barriers
2:40	YSIPP 2.0 development	Jenn share survey process	Jenn to customize a survey for TOC to provide input to 2.0 YSIPP; May timeline; this process can refine the work plan SMART goals for the committee for the coming year. Jen will send chairs to review prior to sending out to the group. Goal is for folks to complete this individually and then review as a group in May meeting to refine recommendations for YSIPP 2.0 and Committee SMART Goals. We encourage the group to complete this as soon as possible.
2:50 PM	Committee Decisions and Next Steps:	<p>Reminder:</p> <p>Group Decision: Moved the meeting time from 2nd Thursday at 10:00 – 12:00 to the 2nd Thursday 1:00 – 3:00pm</p> <ul style="list-style-type: none"> <input type="checkbox"/> Set agenda for next meeting. <input type="checkbox"/> Anything else? 	<p>Agenda Items:</p> <ul style="list-style-type: none"> ● YSIPP 2.0 input survey ● SMART Goals ● Brainstorm content for an OHA webpage (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>Future Agenda Items:</p> <ul style="list-style-type: none"> ● Julie – Review: the docs in the google folder ● 988 crisis system task force information
3:00 PM	Adjourn		

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).

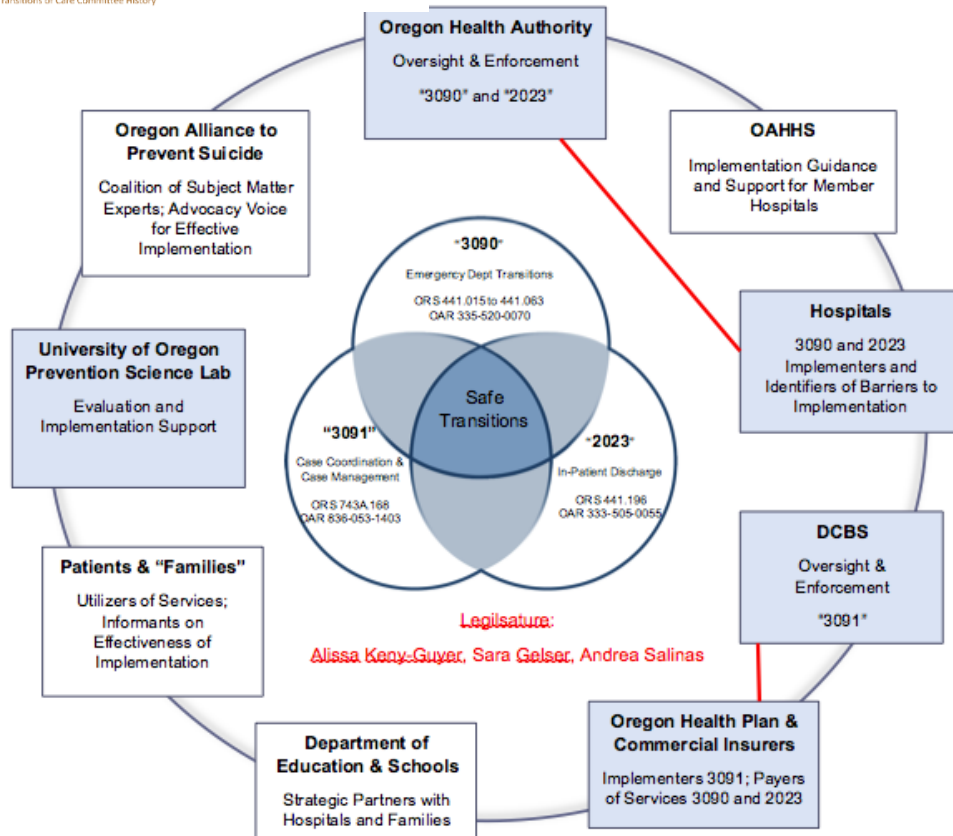
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Where We Are Now

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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Transition of Care Committee Priorities –

Action recommendations from letter submitted to Rep Keny Guyer, Spring 2020

<p>(1) Develop 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);</p>	
<p>(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);</p>	<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 “watchdog” the different entities to make sure that things are implemented.</p>
<p>(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;</p>	<p>*see above note</p>
<p>(4) Create a forum for the sharing of completed work, including audit forms, implementation tools, and contact lists;</p>	
<p>(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.);</p>	<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>
<p>(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;</p>	

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

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.