

**Alliance**  
**Transitions of Care Committee Meeting Notes**  
**Second Thursdays 1pm - 3pm**  
**Thursday, May 13, 2021**

<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, Anders Kass, Galli Murray, Jill Baker, Jonathan Rochelle, Kalique Fulton-Mathis, Kristin Fettig, Liz Schwartz, Lon Staub, Rachel Ford, Shanda Hochstetler, Tanya Pritt

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

**Present Today:** Co-Chair Julie Magers, Co-Chair Charlette Lumby, Co-Chair Joseph Stepanenko, Alex Considine, Anders Kass, Kristin Fettig, Meghan Crane, Rachel Ford

**Absent Today:** Galli Murray, Jill Baker, Kristin Fettig, Liz Schwartz, Rachel Ford

**Alliance Staff Present:** Jennifer Fraga (Alliance)

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

**Guest(s):** Gordon Clay

**Meeting Attachments:**

- PowerPoint from Transitions of Care Committee Orientation

Time	Agenda Item	What / Update Action Item(s)	Notes
1:00 PM	<b>Welcome,</b> Introductions, Announcements, Agenda Review - Julie	<i>Introduce new members.</i>  <i>Remind about where to find minutes</i>  <a href="https://oregonalliancetopreventsuicide.org/transitions-of-care-committee/">oregonalliancetopreventsuicide.org/transitions-of-care-committee/</a>	Minutes were reviewed by the committee and no changes were requested.
1:05 PM	<b>Review Recent Accomplishments</b> - Julie  <i>Transitions of Care <a href="#">page</a> on the Alliance Website</i>	<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>➤ OHA update on 3090/2023 efforts (Jill Baker, Meghan Crane)</li> <li>➤ DCBS Gayle Woods guest spoke in Jan to discuss 3091 (payment rules)</li> </ul>	Long-term systems work.
1:15 PM	<b>Learning the story” of the committee’s efforts – Ongoing</b> Julie	<i>Committee is learning the story of our committee and seeing where we all fit.</i>  <i>Revisit the orientation slides at any time. Do you have any questions?</i>	Julie updated the group on changes to leadership and said that she will stay on to help with Committee orientation for new members with Charlette, Joseph, and Jenn.  The Chair torch has officially been passed from Julie and Galli to Charlette and Joseph.
1:20 PM	<b>Committee Makeup Discussion –</b> Joseph	Committee Assets List <ul style="list-style-type: none"> <li>● Revisit</li> </ul>	<a href="https://drive.google.com/file/d/1kpgT88ezlcwBZOczS3_X7O2bw_dAJ2vX5/view?usp=sharing">https://drive.google.com/file/d/1kpgT88ezlcwBZOczS3_X7O2bw_dAJ2vX5/view?usp=sharing</a>
1:30 PM	<b>Committee Recruitment –</b> Joseph	<b>Revisit if Gaps:</b> <i>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)?</i>	Gayle reached out to her network to try and identify an Alliance private insurance member. Someone was identified and I believe Annette was going to touch base with

		<p>➤ 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. <b>(Reference #2)</b></p> <ol style="list-style-type: none"><li>1. Does Jonathan have a schools cross over update; schools committee is focused on implementation of Adi's Act?</li><li>2. Committee to discuss what we want to know and then determine guest speaker or member recruitment.<ol style="list-style-type: none"><li>a. Danielle Meyers OAHHS</li><li>b. A hospital staff person or rep.</li><li>c. Private insurance rep</li></ol></li></ol>	<p>them on Alliance membership and roles.</p> <p>Schools Committee has focused on YSIPP recommendations and committee focus for the past couple months. In these discussions, they have talked about what they mean by advise and how they hope to provide guidance and who they want to provide guidance to. In thinking about these different aspects, they want to no duplicate efforts, don't want to overwhelm schools with too much information, and also want to provide information that is helpful and necessary.</p> <p>Danielle could provide presentations / show up to committee meetings on an as needed basis instead of a standing committee member. Could she be an advisor to this committee from OAHHS?!</p> <p>What type of hospital staff would be helpful for this committee? Social worker? Care coordinator?</p> <p>Charlette will reach out to her ER Manager at Salem Hospital to see if they know of anyone that would be a good fit.</p>
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			<p>Jenn and Meghan to reach out to Danielle at some point. Invite Danielle to attend this meeting either when surveys are out or when they are returning to talk about how hospitals are engaged in the process. Is there someone she can identify that can be a member of the committee? Is she interested in that role?</p> <p>Behavioral Health Technical Advisory within OAHHS – do we want to get in front of this group to share about this committee?</p> <p>Kristin can reach out to Jennifer on the Jackson County Coalition who is the Resilience Coordinator with Asante to see if she would be interested in joining this committee. This would provide a coalition connection as well.</p>
	<p><b>ONGOING PROCESS:</b> Action items from AKG letter Joseph</p>	<p>Continue to track the actions outlined and utilize these to guide our work.</p> <ul style="list-style-type: none"> <li>➤ <i>TOC Priorities Spreadsheet</i></li> </ul>	
1:55 PM	<p><b>OHA Website –</b> Charlette &amp; Joseph</p>	<p>Brainstorm content for an OHA webpage:</p> <ul style="list-style-type: none"> <li>• Requirements associated with Laws and a defined procedure for grievance or complaint submission</li> <li>• Ideas: Design, accessibility, audience, purpose</li> </ul>	<p>-Addressing language -Labeling which resources are specific to providers vs. specific to families (Provider resources can have technical language used) -What is the hospital required to do for my loved one in crisis -If they aren't doing what they are supposed to do, how can this be reported?</p>

			<p>- Danielle OAHHS and our group once upon a time worked on outreach materials for providers, for support "lay caregivers," and for patients.</p> <p>-Information also to be able to be read / understood by youth that may end up being caregivers</p> <p>-Are these also written in cultural context? Is this necessary? How would that be done?</p> <p>-What can I expect when I go to a hospital for a crisis situation, what should happen when I discharge, and what happens afterwards? This answered for different audiences / perspectives</p>
2:10 PM	<b>BREAK</b>		
2:20 PM	<p><b>OHA Update on 3090/2023 efforts</b> (Jill Baker, Meghan Crane)</p> <p><b>And group discussion.</b></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"> <li>1. Continue Updates on hospital survey process and timeline</li> <li>2. Update on S-PIP activities with OAHHS (<i>Do we want to have a TOC member attend one of OHA/OAHHS meetings?</i>)</li> <li>3. Update on: Caring Contacts information (covered as reimbursable under 3091? What are the billing codes in commercial/Medicaid)?</li> <li>4. 988 crisis system task force information – Meghan</li> </ol>	<p>Survey was sent out to hospitals at the beginning of May. At least half of the hospitals started or completed this survey. The current close date for this is May 21<sup>st</sup> and targeted emails / phone calls will go out to hospitals next week to make sure people complete this. If OHA does not hear back from all hospitals, this date can be extended. The current goal is to have initial findings by the end of this fiscal year, June 30<sup>th</sup>, and a report sent out by the end of this year. This report will include both an analysis of information and recommendations that will be</p>

		<p>Crane (Workgroup Information?)</p> <p>5. Questions?</p>	<p>gathered from OHA, hospitals, and stakeholders like this committee.</p> <p>Invitation to Join 988 Lived Experience and Equity Subgroups</p> <p>Message from Brandy Hemsley, OHA Director of Consumer Activities: Many of you may have heard about “988,” the new three-digit number that will be available beginning July 16, 2022 for people experiencing a behavioral health crisis. OHA is partnering with the Governor’s office to implement this number and related community-based supports statewide. As we move forward, we will be partnering with communities to ensure that the new system is grounded in equity and centered on the needs of the people who will access it. To that end, OHA is creating two workgroups focused on equity and lived experience. The lived experience subgroup will be led by me and is open to any interested community member who has lived experience with behavioral health needs or crisis care – including youth, families of youth, and adults.</p> <p>The 988 lived experience committee will meet every Tuesday from 10am – 11am. The 988 equity committee will meet every Wednesday from 11am – 12pm. Any level of</p>
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			<p>participation is welcomed and appreciated. If you're interested in joining either or both groups, please reply to this email and I will add you to my member list. Please also feel free to pass this information &amp; my contact details to anyone you think might be interested in joining us. Please reach out to me with any questions or concerns you may have:</p> <p><a href="mailto:BRANDY.L.HEMSLEY@dhsola.state.or.us">BRANDY.L.HEMSLEY@dhsola.state.or.us</a> or 971-239-2942</p> <p><a href="#">988 Legislation</a></p>
2:35 PM	<p><b>YSIPP 2.0 development and SMART Goals</b> - Jenn</p>	<p>Update SMART Goals &amp; YSIPP Survey</p>	<p>A <a href="#">survey</a> was sent out to Committee members to receive input on Committee SMART Goals and initial YSIPP Recommendations. Results were reviewed as a group. Jenn will put SMART Goals and work plan items into the SMART Goal template for this group before the next meeting.</p> <p>June committee meeting will have 30-minutes dedicated to reviewing / creating SMART Goals and July will have 20 minutes dedicated to this topic. The draft template for this will be sent before meetings for members to review.</p>
2:50 PM	<p><b>Committee Decisions and Next Steps:</b> Charlette</p>	<p>Reminder: <b>Group Decision:</b> Moved the meeting time from 2<sup>nd</sup> Thursday at 10:00 – 12:00 to the 2<sup>nd</sup> Thursday 1:00 – 3:00pm</p>	

		<b>Future Agenda Items:</b> <ul style="list-style-type: none"><li>● Julie – Review: the docs in the google folder</li></ul>	
2:52 PM	<b>Adjourn</b>		



## 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).

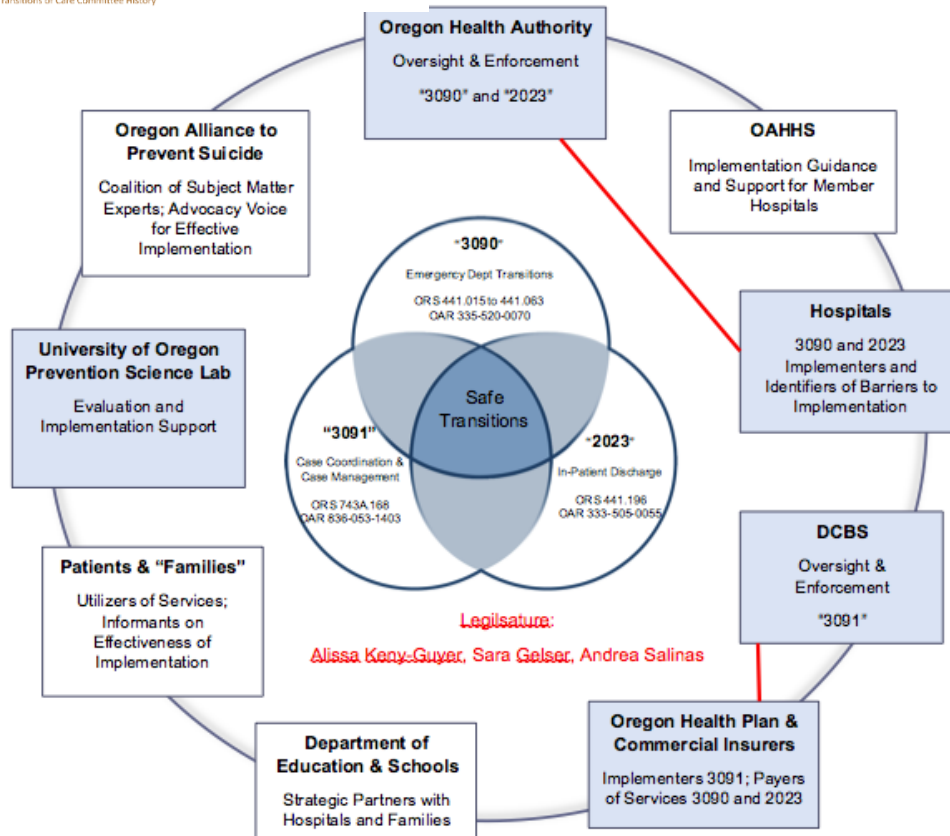
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## Where We Are Now

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><b>(1)</b> 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><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>	<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><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>	<p>*see above note</p>
<p><b>(4)</b> Create a forum for the sharing of completed work, including audit forms, implementation tools, and contact lists;</p>	
<p><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>	<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><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>	

<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>	

**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.