

**Alliance**  
**Transitions of Care Committee Meeting Notes**  
**Second Thursdays 1pm - 3pm**  
**Thursday, June 10, 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, Lon Staub, Meghan Crane, Rachel Ford, Shanda Hochstetler, Tanya Pritt,

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

**Present Today:** Co-Chair Joseph Stepanenko, Co-Chair Charlette Lumby, Anders Kass, Liz Schwartz, Meghan Crane, Rachel Ford,

**Absent Today:**

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

**Alliance Staff Absent:**

**Guest(s):** Ayan Salat, Hayat Hassan

**Meeting Attachments:**

- PowerPoint from Transitions of Care Committee Orientation

| Time    | Agenda Item  | What / Update Action Item(s)  | Notes  |
|---------|--|---|--|
| 1:00 PM | <b>Welcome,</b><br>Introductions,<br>Announcements,<br>Agenda Review –<br>Joseph &<br>Charlette  | <i>Introduce new members.</i><br><br><i>Remind about where to find minutes.</i><br><br><a href="http://oregonalliancetopreventsuicide.org/transitions-of-care-committee/">oregonalliancetopreventsuicide.org/transitions-of-care-committee/</a>   | The group shared their name, pronouns, agency affiliation if any, favorite animal.   |
| 1:05 PM | <b>Review Recent Accomplishments</b><br>- Joseph &<br>Charlette<br><br><i>Transitions of Care <a href="#">page</a> on the Alliance Website</i> | ➤ Docs – Google Folder<br>➤ Orientation slides  |  |
| 1:10 PM | <b>Learning the story of the committee's efforts</b> – Ongoing<br>Joseph &<br>Charlette  | <i>Committee is learning the story of our committee and seeing where we all fit.</i><br><br><i>Revisit the orientation slides at any time. Do you have any questions?</i>   |  |
| 1:15 PM | <b>Committee Makeup Discussion</b> –<br>Joseph   | Committee Assets List<br>● Revisit  | <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>  |
| 1:25 PM | <b>Committee Recruitment</b> –<br>Joseph   | <b>Revisit if Gaps:</b><br><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><br>➤ The group would like to frame each stakeholder identified in the map as Subject Matter Experts, not necessarily needed as committee members. | Charlette is waiting for an answer from ED staff to see if they would be able to join.<br><br>Jenn will follow-up with Annette next week about the private insurance rep.<br><br>Danielle Meyer could be an as needed attendee for presentations and as subject matter expert. |

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|         |  | <p>Perhaps they can come as guest speakers.<br/> <a href="#">(Reference #2)</a></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 Meyer<br/>OAHHS</li> <li>b. A hospital staff person or rep. – Charlette update?</li> <li>c. Private insurance rep – Update from Jenn?</li> </ol> </li> </ol> | <p>Jenn will connect with Alliance School's Committee to see if anyone is able to attend this committee irregularly for input or on a regular basis.</p>   |
|         | <p><b>ONGOING PROCESS:</b> Action items from AKG letter<br/>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>   |  |
| 1:35 PM | <p><b>OHA Website –</b><br/>Charlette &amp; Joseph</p>                 | <p>Brainstorm content for an OHA webpage:</p> <ul style="list-style-type: none"> <li>• Language</li> <li>• Providers vs. Families</li> <li>• Hospital Required Response for Crisis <ul style="list-style-type: none"> <li>• Patient reporting process</li> </ul> </li> <li>• Outreach Materials <ul style="list-style-type: none"> <li>• Providers</li> <li>• Lay Caregivers</li> <li>• Patients</li> </ul> </li> <li>• Youth Materials</li> <li>• Cultural Context</li> </ul>   | <p>Where is the best place to house this website? It may be difficult to have it on the OHA site for a variety of reasons. Would it be better to have on the Lines for Life Suicide Prevention website or the Alliance website?</p> <p>Connect with school health resource centers or school nurses that may have experience working with youth in schools on behavioral health. They may have resources to share / provide.</p> |

- Patient Expectations from Hospital Experience

**Language**

-Glossary of terms / definitions  
-Accessibility – different languages, visual impairments. Hospitals contract with translation services. (OHA has 10 identified languages to translate documents into that are direct translations but not with cultural nuances. OHA will eventually have this on the website as a whole one day.) *Is someone able to research where people can go to find free / low cost translation services? Joseph will do this.*  
-Put the law into easy to understand language / terms so it is more easily translated and interpreted.

**Providers vs. Families**

-Work with OAHHS when figuring out this section for input.

**Hospital Required Response for Crisis**

-Provide rules / statutes in an organized and broken down manner.  
-Discharge education related to situation / relevant diagnosis. (using non-clinical language. Example: not lethal means language but a strengths-based approach language – what can keep you safe?)

**Patient Reporting Process or Hospital Required Response for**

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|         |              |  | <p><b>Crisis Sections</b></p> <ul style="list-style-type: none"> <li>-Link hospital policies to website or laws related to transitions of care</li> <li>-Forms for filing a complaint</li> <li>-Forms used by OHA staff to evaluate a complaint. <a href="#">Like this survey tool.</a></li> </ul> <p><b>Patient Expectations from Hospital Experience:</b></p> <ul style="list-style-type: none"> <li>-If I file a complaint, what can I expect?</li> <li>-Peer based programs in the ER. Can we provide information on the peer-based programs?</li> </ul> <p><b>Youth Materials</b></p> <ul style="list-style-type: none"> <li>-Connect with school resource centers / nurses for any materials they can share.</li> <li>-Crossover with Alliance schools committee?</li> </ul> <p>Do we want a Resource Tab for things like:</p> <ul style="list-style-type: none"> <li>-ED guide for families navigating the ED</li> <li><a href="#">English version</a></li> <li><a href="#">Spanish version</a></li> <li>-Links to crisis lines / warmlines</li> </ul> <p>Have resources listed under the applicable section / tab and not a resource specific tab.</p> |
| 2:05 PM | <b>BREAK</b> |  |  |

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| <p>2:10 PM</p> | <p><b>OHA Update on 3090/2023 efforts</b> (Meghan Crane &amp; Jill Baker)</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>) – Jill Baker</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 – <a href="#">Email Brandy</a> for more information or call 971-239-2942</li> <li>5. Questions?</li> </ol> | <p>OHA redid the HB 3090 survey. This was out in May, closed at the end of May, and a lot of prep work was done beforehand. All 60 hospitals provided responses this time. <i>Huzzah!</i> OAHHS and OHA worked hard together to help this happen.</p> <p>Preliminary data later in Summer 2021. Once the data is collected and analyzed, OHA will look for recommendations from stakeholders like this Committee.</p> <p>This survey will help us see how implementation of HB 3090 is going and next steps.</p> <p>Should have a clear timeline by next Committee meeting.</p> <p>Jill is slowly coming back from medical leave and is focused on YSIPP 2.0 right now.</p> <p>No updates on Caring Contacts information at this time.</p> |
| <p>2:20 PM</p> | <p><b>Committee SMART Goals - Jenn</b></p>  | <p>Update SMART Goals</p>  | <p>Per Committee vote, we will wait to create SMART Goals until the YSIPP is finished and available for review.</p> <p>Charlette, Joseph, Anders, and Jenn will connect to review the YSIPP and pull out which ones apply to our committee.</p>  |

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| 2:55<br>PM | <b>Committee Decisions and Next Steps:</b><br>Charlette | Reminder:<br><b>Group Decision:</b><br>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<br><br><b>Future Agenda Items:</b> <ul style="list-style-type: none"> <li>● Julie – Review: the docs in the google folder</li> </ul> |  |
| 3:00<br>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).

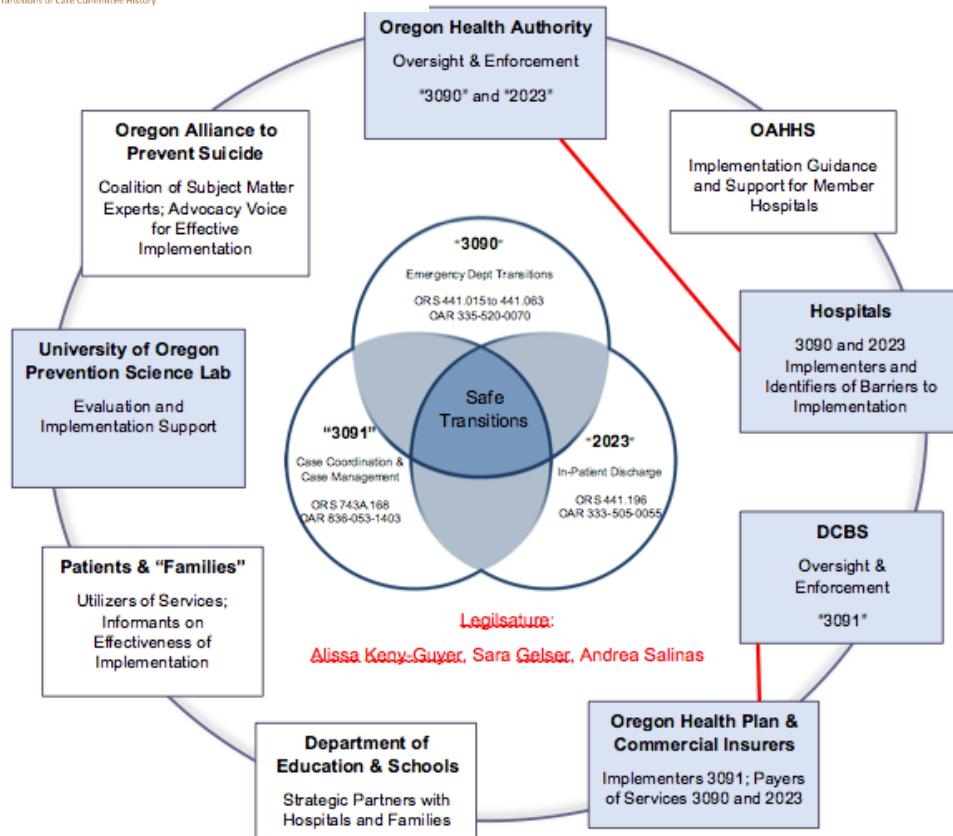
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## Where We Are Now

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

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|---|--|
| <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>This process is starting June 10, 2021.</p>   |

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| <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.