

**Alliance**  
**Transitions of Care Committee Meeting Agenda**  
**Second Thursdays 1pm - 3pm**  
**Thursday, July 8, 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 Joseph Stepanenko, Co-Chair Charlette Lumby, Anders Kass, Galli Murray, Jill Baker, Jonathan Rochelle, Julie Magers, Kaliq 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 Charlette Lumby, Co-Chair Joseph Stepanenko, Alex Considine, Anders Kass, Julie Magers, Kristin Fettig, Meghan Crane, Tanya Pritt

**Absent Today:** Liz Schwartz, Rachel Ford

**Alliance Staff Present:** Annette Marcus, Jenn Fraga

**Alliance Staff Absent:** Kris Bifulco, Nikobi Petronelli

**Guest(s):** Abby, Gordon Clay, Herschel, Madelyn, Ruby N., Yuna Sunagawa

**Meeting Attachments:**

- PowerPoint from Transitions of Care Committee Orientation

Time	Agenda Item	What / Update Action Item(s)	Notes
1:00	<b>Welcome,</b> Introductions, Announcements, Agenda Review – Joseph & Charlette	<i>Introduce new members.</i>  <i>Remind about where to find minutes.</i>  <a href="http://oregonalliancetopreventsuicide.org/transitions-of-care-committee/">oregonalliancetopreventsuicide.org/transitions-of-care-committee/</a>	Introductions – name, pronouns, what drives you to be part of this committee?
1:05	<b>Review Recent Accomplishments</b> - Joseph & Charlette  <i>Transitions of Care page on the Alliance Website</i>	<ul style="list-style-type: none"> <li>➤ Docs – Google Folder</li> <li>➤ Orientation slides</li> </ul>	
1:10	<b>Learning the story of the committee's efforts</b> – Ongoing Joseph & Charlette	<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>	
1:15	<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_X7O2bwdAJ2vX5/view?usp=sharing">https://drive.google.com/file/d/1kpgT88ezlcwBZOczS3_X7O2bwdAJ2vX5/view?usp=sharing</a>  Current list reviewed and no information was added at this time. Jenn will connect with those who we haven't filled in information for to see if attending this committee going forward.
1:25	<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>	

➤ 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.  
(Reference #2)

1. Does Jonathan have a schools cross over update; schools committee is focused on implementation of Adi's Act?
2. Committee to discuss what we want to know and then determine guest speaker or member recruitment.
  - a. Danielle Meyer  
OAHHS – possible presentation and support in future
  - b. A hospital staff person or rep. – Charlette waiting on an answer.
  - c. Private insurance rep – Update from Jenn?

Charlette reached out to a manager in the ED setting. There is currently turnover in this setting so she will continue working on this to find someone who is a little more settled in their role to attend this Committee. Due to this, this will take some time to find a representative.

Annette will review her notes to find the name of the person recommended to her. If anyone else knows of someone in the private insurance world that would be a good fit, please send the name to Jenn / Annette.

			Julie is working with commercial services to see if they could expand services they cover for behavioral health – MODA, Pacific Source, Kaiser, and potentially someone from Providence. Julie will connect with this group to see if anyone will be able to attend this Committee going forward.
	<b>ONGOING PROCESS:</b> Action items from AKG letter Joseph	Continue to track the actions outlined and utilize these to guide our work. ➤ <i>TOC Priorities Spreadsheet</i>	
1:35	<b>OHA Website Work</b> – Charlette & Joseph	Verification of appropriate hosting and site work.	See attached document in meeting materials.
2:05	<b>BREAK</b>		
2:15	<b>Continue OHA Website Work</b> – Charlette & Joseph		See attached document in meeting materials.
2:35	<b>OHA Update on 3090/2023 efforts</b> (Meghan Crane & Jill Baker)  <b>And group discussion.</b>  <i>Currently, enforcement is happening through a complaints-driven process because no funding attached for</i>	<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> </ol>	<p>Survey was completed with 100% completion rate. Thank you to OAHHS for your great support and OHA for taking the time to do this.</p> <p>OHA staff are compiling and analyzing results for it to be presented. Tentative date for stakeholder meeting was set for feedback as a first step in presenting initial findings and identifying barriers and including recommendations to go out with results. This date is Friday, July 30<sup>th</sup> from 10:00 AM – 12:00 PM. Meghan will send an invite out as soon as</p>

<p><i>proactive enforcement</i></p>	<p>4. 988 crisis system task force information – <a href="#">Email Brandy</a> for more information or call 971-239-2942</p> <p>5. Questions?</p>	<p>possible. Next step is engaging the stakeholders involved in this work.</p> <p>Goal is to have report ready for legislature before the next Legislative Session to share findings and next steps in implementing the rules as they were passed. Will also discuss how rules may be revised depending on need.</p> <p>What are you hoping to get out of this initial stakeholder meeting?</p> <p>988 Update: there was a big effort to have 988 Legislation passed in the 2021 Legislative Session that originally had a telephone tax attached. This tax was too big of a lift this time around and did not pass with the fiscal attached. The foundation for federal requirements did pass to allow Oregon to prepare for the federal requirement of having a 2022 start date.</p> <p>988 is more than a phone number – it’s meant to fundamentally change how we work with mental health concerns. “Anyone in the US who has a mental health concern can find the right help at the right time.” HB 3069 passed and includes 988 and other crisis response programs / funding. In the future, what does this group want to minimally provide input on regarding crisis response programs.</p> <p>There is a small workgroup for 988 focusing on youth / family systems. There is leadership in this group talking about developing a parallel</p>
-------------------------------------	--	--

			structure thinking that there are particular set of skills needed when responding to youth / young adults.
2:45	<b>YSIPP Update</b> Jenn Fraga or OHA Rep		As a reminder, this Committee decided to narrow down specific SMART Goals and a workplan once YSIPP 2.0 is published and that a smaller group of folks want to meet before to pull out TOC specific items and then the Committee as a whole will look at them. The earliest Jenn thinks this Committee will review items as a whole is September. Jenn will keep everyone updated on the status of the release date.
2:50	<b>Committee Decisions and Next Steps:</b> Charlette	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	
3:00	<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.

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.

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

## 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).

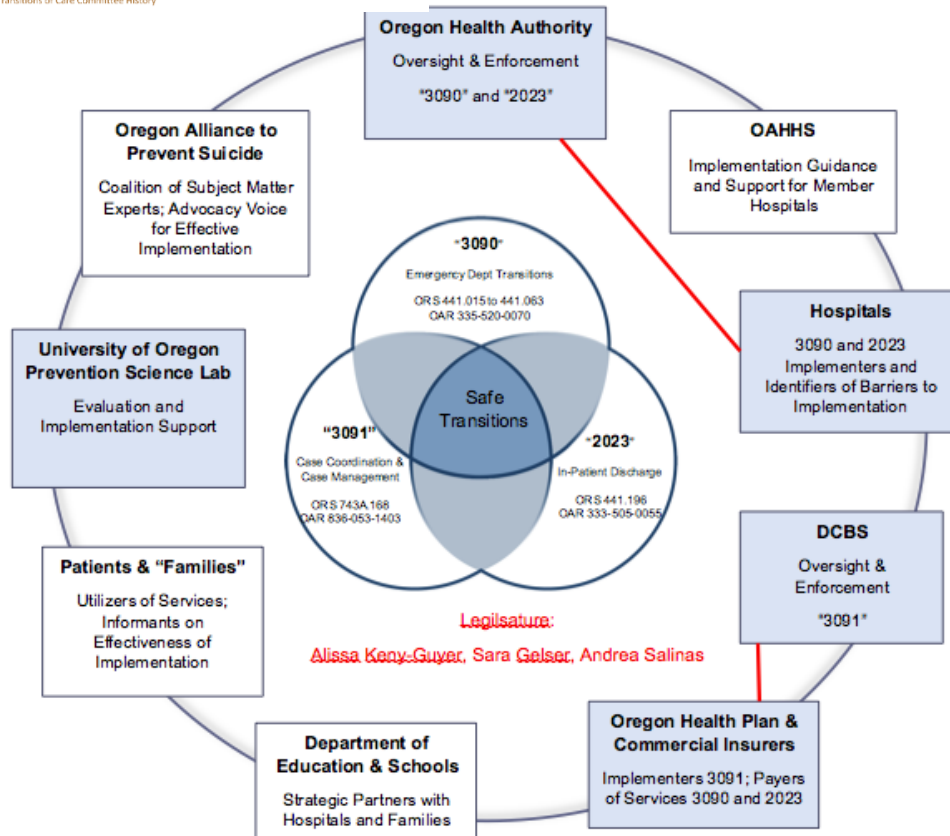
October 19, 2020 | JM Presentation on Transitions of Care Committee History

## 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.”*

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



**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>This process is starting June 10, 2021.</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.