

Alliance
Transitions of Care Committee Meeting Agenda
Second Thursdays 1pm - 3pm
Thursday, September 9, 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:

Absent Today:

Alliance Staff Present:

Alliance Staff Absent:

Guest(s):

Meeting Attachments:

- PowerPoint from Transitions of Care Committee Orientation

Time	Agenda Item	What / Update Action Item(s)	Notes
1:00	Welcome, Introductions, Announcements, Agenda Review – Joseph & Charlette	<i>Introduce new members.</i> <i>Remind about where to find minutes.</i> oregonalliancetopreventsuicide.org/transitions-of-care-committee/	Introductions – name, pronouns, what drives you to be part of this committee?
	-Review Recent Accomplishment -Learning the story of the committee's efforts -Committee Makeup Discussion <i>Transitions of Care page on the Alliance Website</i>	<ul style="list-style-type: none"> ➤ Docs – Google Folder ➤ Orientation slide ➤ <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> ➤ <i>Committee Assets List, Revisit if needed</i> 	https://drive.google.com/file/d/1kpgT88ezlcwBZOczS3_X7O2bwdAJ2vX5/view?usp=sharing
	Committee Recruitment	Revisit if Gaps: <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> <ul style="list-style-type: none"> ➤ 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. <ol style="list-style-type: none"> 1. Schools cross over update? Adi's Act, etc. 2. Potential recruitment: <ol style="list-style-type: none"> a. Charlette waiting on an answer from a hospital staff person or rep. 	

		b. Jenn to reach out to potential private insurance rep.	
	ONGOING PROCESS: Action items from AKG letter	Continue to track the actions outlined and utilize these to guide our work. ➤ <i>TOC Priorities Spreadsheet</i>	
1:10	Discuss Ground Rules / Having larger group discussions. Joseph	As our group has continued to grow and we prepare to get into deeper discussions, we'd like to co-create some group agreements list of 1-10 that we agree to adhere to during meeting. Charlette to create a Jamboard and the group will prioritize options.	
1:40	OHA Website Work Charlette & Joseph	Verification of appropriate hosting and site work.	Continue from last meeting. See attached document in meeting materials.
2:05	BREAK		
2:15	Continue OHA Website Work – Charlette & Joseph		
2:35	OHA Update on 3090/2023 efforts (Meghan Crane & Jill Baker) Group discussion.	<ol style="list-style-type: none"> 1. Continue 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>) – Jill Baker 3. Update on: Caring Contacts information (covered as reimbursable under 3091? What are the billing codes in commercial/Medicaid)? 	

		<p>4. 988 crisis system task force information – Email Brandy for more information or call 971-239-2942</p> <p>5. Questions?</p>	
2:40	<p>YSIPP Update Jenn Fraga or OHA Rep</p>		
2:45	<p>Committee Decisions and Next Steps: Charlette</p>		
2:50	<p>Round Table</p>		
3:00	<p>Adjourn</p>		

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).

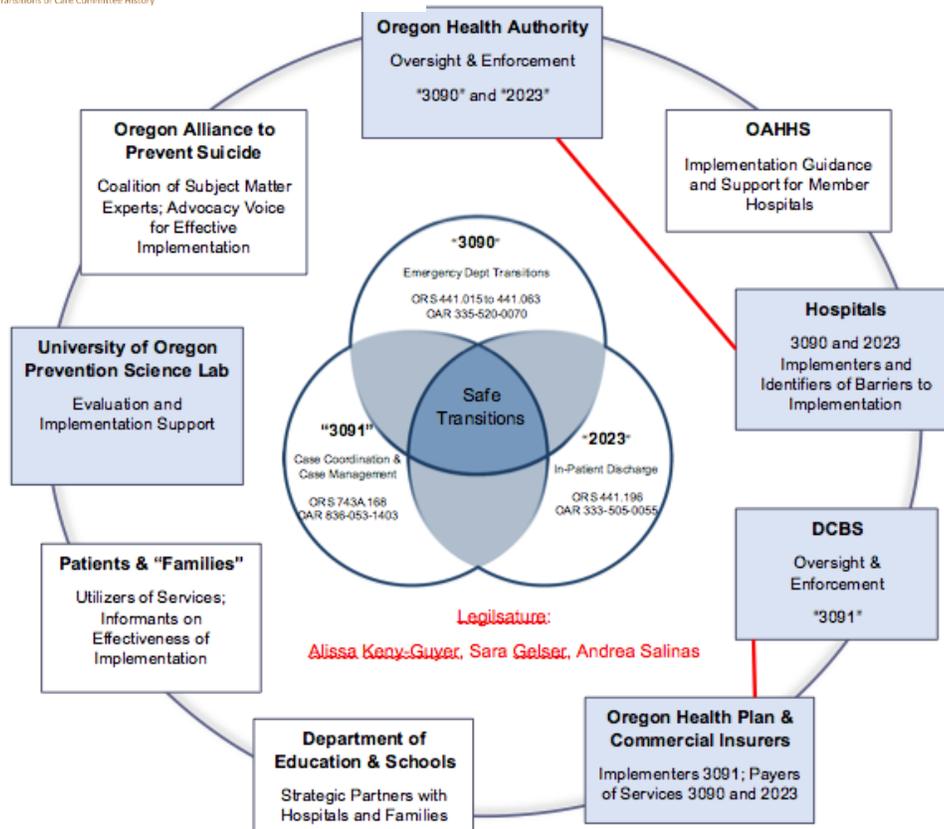
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Where We Are Now

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