

**Alliance**  
**Transitions of Care Committee Meeting Minutes**  
**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, Alex Considine, 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 Joseph Stepanenko, Co-Chair Charlette Lumby, Alex Considine, Anders Kass, Julie Magers, Kristin Fettig, Liz Schwarz, Meghan Crane, Tanya Pritt

**Absent Today:** Galli Murray, Jill Baker, Jonathan Rochelle, Julie Magers, Kaliq Fulton-Mathis, Lon Staub, Rachel Ford, Shanda Hochstetler

**Alliance Staff Present:** Annette Marcus, Kris Bifulco, Nikobi Petronelli

**Alliance Staff Absent:**

**Guest(s):** Claire Kille, Gordon Clay

**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="https://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?  Claire Kille is joining for the first time and is a staff at Life for Life with the School Suicide Prevention and Wellness Program.
	<b>-Review Recent Accomplishment</b> <b>-Learning the story of the committee’s efforts</b> <b>-Committee Makeup Discussion</b>  <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 slide</li> <li>➤ <i>Committee is learning the story of our committee and seeing where we all fit.</i></li> <li>➤ <i>Revisit the orientation slides at any time. Do you have any questions?</i></li> <li>➤ <i>Committee Assets List, Revisit if needed</i></li> </ul>	<a href="https://drive.google.com/file/d/1kpgT88ezlcwBZOczS3_X702bwdAJ2vX5/view?usp=sharing">https://drive.google.com/file/d/1kpgT88ezlcwBZOczS3_X702bwdAJ2vX5/view?usp=sharing</a>
	<b>Committee Recruitment</b>	<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> <ul style="list-style-type: none"> <li>➤ 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.</li> </ul> <ol style="list-style-type: none"> <li>1. Schools cross over update? Adi’s Act, etc.</li> <li>2. Potential recruitment:             <ol style="list-style-type: none"> <li>a. Charlette waiting on an answer from</li> </ol> </li> </ol>	Committee member assets list is included in meeting materials attachment.  Jenn connected with Dr. Jim Polo, an insurance representative, about joining this committee and will hear more. Thank you Meghan for this connection!  Claire Kille also attends the Schools Committee and may be able to serve as a School’s liaison between that and this committee.

		<p>a hospital staff person or rep.</p> <p>b. Jenn to reach out to potential private insurance rep.</p>	
	<p><b>ONGOING PROCESS:</b> Action items from AKG letter</p>	<p>Continue to track the actions outlined and utilize these to guide our work.</p> <p>➤ <i>TOC Priorities Spreadsheet</i></p>	<p>Quickly reviewed.</p>
1:10	<p><b>Discuss Ground Rules / Having larger group discussions.</b> Joseph</p>	<p>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.</p> <p>Charlette to create a Jamboard and the group will prioritize options.</p>	<p>Group created some Group Agreements. See meeting materials attachment for details.</p> <p>These were passed as is and will be a living document going forward.</p>
1:40	<p><b>OHA Website Work</b> Charlette &amp; Joseph</p>	<p>Verification of appropriate hosting and site work.</p>	<p>Continue from last meeting. See attached document in meeting materials.</p>
2:12	<p><b>BREAK</b></p>	<p><b>Back at 2:22 PM</b></p>	
2:22	<p><b>OHA Update on 3090/2023 efforts</b> (Meghan Crane &amp; Jill Baker)</p> <p><b>Group discussion.</b></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</li> </ol>	<p>Survey on HB 3090 sent to hospitals in May 2021 and all completed the survey. July 2021, survey results and feedback meeting was held with an overview of survey data provided. Major themes of barriers: staff compliance and clearer documentation in place related to policies; patient compliance / willingness to comply with policy, like bringing in family member or care provider (hospitals may have misinterpreted what this part of the rule meant so providing education on</p>

		<p>under 3091? What are the billing codes in commercial/Medicaid)?</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>this); community resources outside of the hospital – not very many; staff training to help understand terms and definitions, both new and existing; most hospitals were working on a policy but didn't have one finalized or it's currently a practice and there isn't a published policy; funding of the requirements (not enough time, staff, funding to support); legal questions around rules.</p> <p>Others also said there were no barriers with aspects of the bill. This provides space to learn how the bill is being implemented for others.</p> <p>Caring contacts: range of how this is being done – in house, contracted work, etc.</p> <p>Data: hospitals are divided by rural and urban.</p> <p>Results: lots of quantitative questions (yes / no) but also room for qualitative responses (written feedback).</p> <p>Reminder: survey results will be de-identified and not meant for compliance measures but to see where additional support is needed.</p> <p>Recommendations: based on survey results that will be included in the OHA report; clarifying misunderstandings in the laws; think about an advisory group that would be legislatively mandated and would look at next steps; ensuring hospitals</p>
--	--	---	--

		<p>contract with outside sources to help with caring contacts.</p> <p>OHA is currently drafting a report: summarizing results of survey and findings; framing of why the survey happened and happened again; crafting of recommendations from both OHA and stakeholders / partners. Commitment stated in meeting – recommendations of report will be provided to partners / stakeholders and give feedback on, with a two-week period to provide that feedback.</p> <p>Hope is for recommendations sent out to folks this month for that feedback. Want final report given to legislature before 2022 Legislative Session.</p> <p>Depending on when recommendations come out, have a separate committee meeting to review those? Our next committee is scheduled to meet October 14<sup>th</sup>.</p> <p>If our committee wants to submit a letter from a process point, it would <i>need to be</i> sent to the Executive Committee for review and approval.</p>
2:40	<p><b>YSIPP Update</b> Jenn Fraga or OHA Rep</p>	<p>YSIPP hasn't been set to publications yet. OHA has sent it out for a tribal consultation which needs to be completed before it goes out to be published.</p> <p>Quarterly meeting tomorrow will review initiatives and what these may look like.</p>

			<p>As a reminder, we will have a separate meeting to look at initiatives that pertain to this specific committee. Those specific ones will then come back to the larger committee for us to prioritize upcoming work.</p> <p>Jenn will work to get that small group together once it's published.</p>
2:45	<p><b>Committee Decisions and Next Steps:</b> Charlette</p>		<p>Group agreements started and voted on what those are at this time.</p> <p>OHA Website worked on and some tasks were assigned to specific committee members.</p> <p>Recommendations for HB 3090 report will be on the October agenda. There may be a smaller workgroup that meets outside of the larger monthly meeting or we may discuss it during our monthly meeting – it all depends on the timing of the recommendations and the two-week response period.</p>
2:50	<b>Round Table</b>		
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).

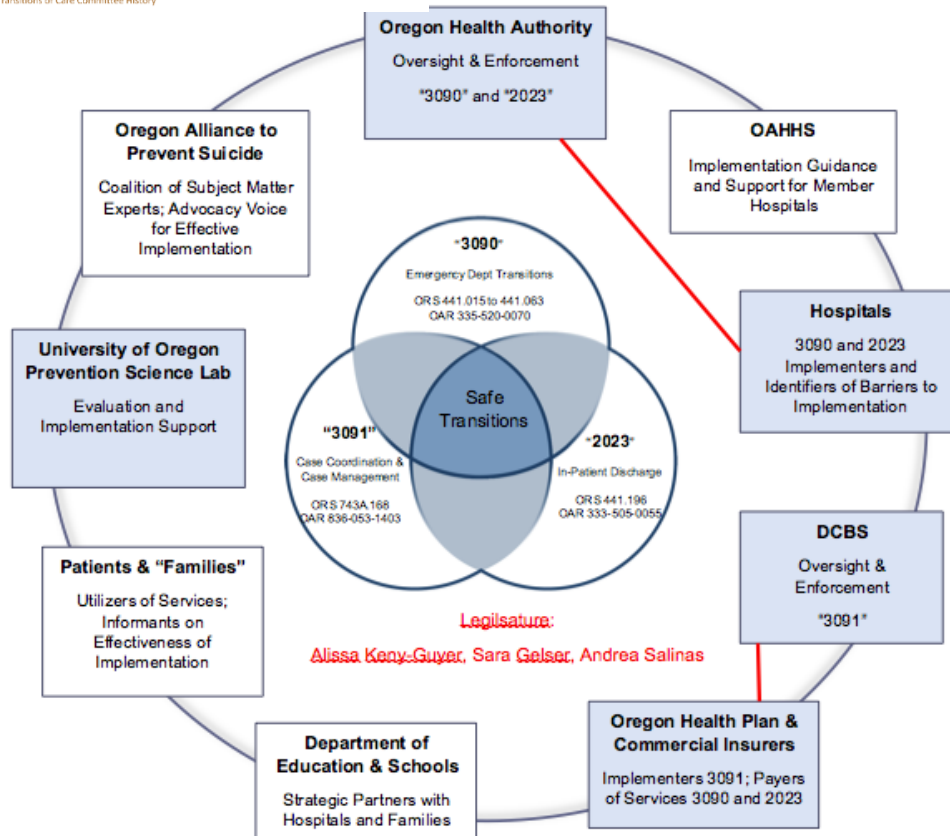
October 19, 2020 | JM Presentation on Transitions of Care Committee History

## 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.