Alliance
Transitions of Care Committee Meeting Minutes
Second Thursdays 1pm - 3pm
Thursday, December 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, Liz Schwarz, Meghan Crane, Rachel Ford, Shanda Hochstetler, Tanya Pritt

Staff: Annette Marcus (Alliance), Jennifer Fraga (Alliance), Kris Bifulco (AOCMHP)

Present Today: Co-Chair Joseph Stepanenko, Caroline Suiter, Julie Magers, Liz Schwarz, Meghan Crane

Absent Today: Co-Chair Charlette Lumby, Alex Considine, Anders Kass, Galli Murray, Jill Baker, Jonathan Rochelle, Kaliq Fulton-Mathis, Kristin Fettig, Rachel Ford, Shanda Hochstetler, Tanya Pritt

Alliance Staff Present: Annette Marcus, Jenn Fraga

Alliance Staff Absent: Kris Bifulco (AOCMHP)

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 & Jenn	*Introduce new members.* *Remind about where to find minutes.* oregonalliancetopreventsuicide.org/transitions-of-care-committee/	Introductions – name, pronouns
1:20	**HB 3090 Survey Recommendations** Meghan Crane	➢ Any updates since last month's meeting?	Letter of recommendations from this committee was reviewed and accepted by Executive Committee and sent to OHA. OHA will review feedback before holidays begin and determine a timeline and next steps. Report will then be finalized and sent to publications. Does there need to be an involved legislator for HB 3090 work moving forward like Keny-Guyer was? If we continue to see that work isn't being done, it may be forgotten about. It would be important to have that liaison to keep a pulse on the work. Specifically having a legislative champion – unknown if a need. Need to think about having a leg champion. The committee is pleased with OHA's recent survey and report, OHA may be limited in how much enforcement they can do in seeing recommendations put in action. A legislative champion can also empower OHA and this committee can speak to the needs. This

			committee may play a role in an ask on a legislative champion to help.
	-Review Recent Accomplishment **-Learning the story of the committee's efforts** **-Committee Makeup Discussion** *Transitions of Care* *page on the Alliance Website*	➢ Docs – Google Folder ➢ Orientation slide ➢ *Committee is learning the story of our committee and seeing where we all fit.* ➢ *Revisit the orientation slides at any time. Do you have any questions?* ➢ *Committee Assets List, Revisit if needed*	https://drive.google.com/file/d/1kpqT88ezlcwBZOczS3_X7O2bwdAJ2vX5/view?usp=sharing
	ONGOING PROCESS: Action items from AKG letter	Continue to track the actions outlined and utilize these to guide our work. ➢ *TOC Priorities Spreadsheet*	
1:10	**Review Group Agreements** Joseph	Review, see if there are any updates / changes	
	YSIPP Update Jenn	Review YSIPP Initiatives	YSIPP was published this week and will be shared in the near future.
	Committee Decisions and Next Steps: Joseph		Have 988 / MRSS work be a standing item moving forward? Information would be shared by Julie and Meghan. Jenn: Do crosswalk with YSIPP initiatives and HB 3090 recommendations letter before January meeting, specifically around the workgroup that was mentioned in the recommendations.

			We should invite someone to come talk with this committee and even the whole Alliance on 988 / MRSS. Ask could be directed to Chelsea H. and / or Rusha with OHA.
			988 / MRSS – Big project and can be difficult finding where to plug in with an advocacy perspective. Planning structure is unknown.
			988 will be the call line; Lines for Life will be the contractor. Anyone can call 988 like you do other crisis lines. If the needs can't be resolved with 988 phone call, a mobile crisis response team may be sent to respond in the community. Mobile Response, Stabilization Services = MRSS.
			988: MRSS on adult side. May follow CAHOOTS model. Children, youth, young adult, families (CYFF): different model of MRSS.
			Counties will be asked to develop teams for these models with the CYYF model including clinical therapists, QMHA (skills trainer), youth peer and family peer support specialist. Can respond within 72 hours after MRSS to help in the community, assess, meet needs, etc. if it can't be resolved within first couple of days, they will continue with the 2nd portion of the Stabilization Services which can take about 8 weeks. Everyone in the state should be served with MRSS.
			Post MRSS: will look like modified model of CATS. Standard CATS required you to go to hospital and

| | | | there are limited spots and it's only in 10 counties.

Potential barrier: commercial insurance, what do county programs do? How can they connect you with services? For OHP, can they get you into publicly funded programs?

OHA is the project lead in developing 988. There are a variety of opportunities for people to provide input:
-Every Monday, 5-6pm is a lived experience (SESAW) think tank. Anyone can attend. Group responds to OHA facilitated questions.
-Policies and hospitals group.
-Provider input sessions.
-Think tanks specifically for youth around MRSS are happening as well.
-Community input sessions (folks with multiple lenses)
-Wednesday mornings national learning collaborative

988 is launching July 2022, MRSS isn't launching until January 2023.

Lived Experience:
Join the 988 Crisis System Community Advisory Workgroup! 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 communities to ensure that the new system is grounded in equity and centered on the needs of the people who will access it. Over the summer, we began meeting with community |

			members to design this new system together. I'm reaching out again to extend an invitation to interested community members who would like to join us in this work. Our group meets every Monday from 5-6pm. We are a very casual and friendly group and any level of participation in this work is welcomed and appreciated. If you'd like to be added to the email and meeting invitation list, please contact me (Brandy Hemsley) at brandy.l.hemsley@dhsoha.state.or.us or 971-239-2942. I've also included a link to the weekly zoom meeting below, for those who would like to just drop in and check it out: Join ZoomGov Meeting: https://www.zoomgov.com/j/1614726720?pwd=Q3dPSldadUNGd25pcnZuR2VIYTAvUT09 Meeting ID: 161 472 6720 Passcode: 727280 One tap mobile: +16692545252,,1614726720# US (San Jose)
2:20	**Adjourn**		

Where We Are Now

Implementation of 3090/3091 **has faltered** due to:

- limited oversight,
- siloed work,
- inadequate communication, and
- a lack of accountability.

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.

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).

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."
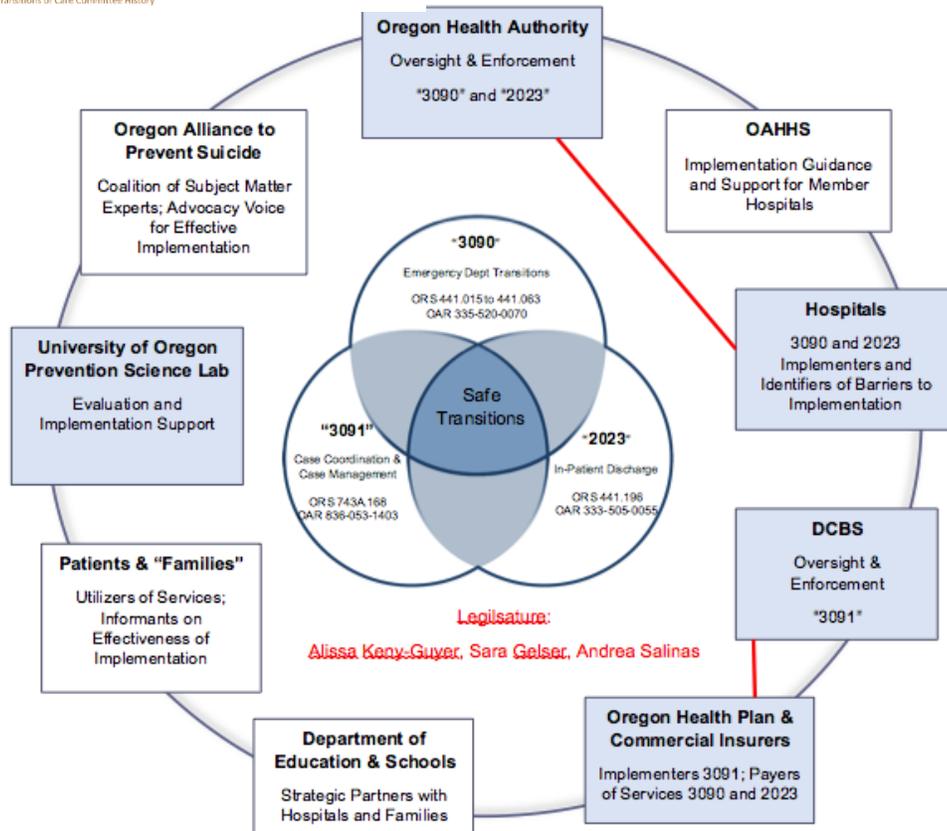
Transition of Care Committee Priorities – Action recommendations from letter submitted to Rep Keny Guyer, Spring 2020	
(1) Develop a convening body to create a community of practice around implementation policies related to ORS 441.015 to 441.063 and ORS 441.196 (HB3090, HB2023);	Mentioned in HB 3090 report recommendations. Want to be part of the workgroup: Joseph,
(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);	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.
(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;	*see above note
(4) Create a forum for the sharing of completed work, including audit forms, implementation tools, and contact lists;	
(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.);	This could be a second step for this committee after items (2) and (3) are done. It's another connecting the field piece.
(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;	This process is starting June 10, 2021.

(7) DCBS to report on any efforts and findings in regard to implementation, enforcement and complaint procedures associated with ORS 743A.168 (HB3091)	
(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.	

<mark>Standing questions from group (revisit these as topics arise):</mark>

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.