

Alliance
Transitions of Care Committee Meeting Minutes
Second Thursdays 1pm - 3pm
Thursday, January 13, 2022

<https://us02web.zoom.us/j/82424862626?pwd=WFMrTHRWajczZlpMNkIrVm5yV2gzZz09>

Can also be joined by calling 346.248.7799, Meeting ID: 824 2486 2626

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, 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 Charlette Lumby, Co-Chair Joseph Stepanenko, Caroline Suiter, Jill Baker, Meghan Crane, Rachel Ford

Absent Today: Alex Considine, Anders Kass, Jonathan Rochelle, Julie Magers, Kaliq Fulton-Mathis, Kristin Fettig, Liz Schwarz, Shanda Hochstetler, Tanya Pritt

Alliance Staff Present: Annette Marcus, Jenn Fraga

Alliance Staff Absent:

Guest(s): Gordon Clay, Khalid Al Rukhami

Meeting Attachments:

- PowerPoint from Transitions of Care Committee Orientation

Time	Agenda Item	What / Update Action Item(s)	Notes
1:00	<p>Welcome Introductions, Announcements, Agenda Review – Joseph & Jenn</p>	<p><i>Introduce new members.</i></p> <p><i>Remind about where to find minutes.</i></p> <p>oregonalliancetopreventsuicide.org/transitions-of-care-committee/</p>	<p>Introductions – name, pronouns</p> <p>ED Guide update by Frances Purdy – Jenn connect with them</p> <p>SAMSHA health systems and zero suicide grant was received. This has been difficult to move forward due to capacity issues with COVID. Webinars for zero suicide coming up to prepare for the Oregon Zero Suicide Academy that is scheduled at the end of March. Grant is focused on ages 25+ but public health is committed to a lifespan approach. Hope is to also hold more advanced courses for systems. Want more info? Email Meghan Crane.</p> <p>Systems – broad definition that includes more than behavioral health systems. Examples of organizations that have participated include: Youth Villages, Trillium, emergency departments, Clackamas County health and behavioral health, NARA, primary care settings, Deschutes County Health Services. There are many partners currently involved.</p> <p>Zero suicide – should this committee have a more formal link with these groups and the initiatives across the state? Annette asked if we can receive a list of folks who are participating in Zero Suicide / completed the academy.</p>

1:10	Review <u>Group Agreements</u> Joseph	Review, see if there are any updates / changes	No changes made to the group agreements.
1:15	Big View, Review, Preview		https://drive.google.com/file/d/1kpgT88ezlcwBZOczS3_X7O2bwdAJ2vX5/v/iew?usp=sharing
1:20	HB 3090 Survey Recommendations Meghan Crane	➤ Any updates since last month's meeting?	Report is being finalized within OHA. Feedback was received from stakeholders, including the Alliance. Changes were made based on this feedback. After final changes are made, this document will be sent to the publications department. Meghan thanks this committee for ongoing patience as the COVID surge and upcoming session may delay publications. Hope is it can come out before the legislative session starts but this is not a guarantee.
	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>	
1:30	YSIPP Update Jill Baker	Review TOC Specific Initiatives	YSIPP was published mid December – YAY!! This is the 2021-2025 version and includes specific initiatives for 21-22 cycle. Some goals / pathways in the bucket of the YSIPP may not change but the active inventory of what we are working on will likely grow and flow each year. Hope now: Alliance committees can see themselves in the initiatives and statewide targets for this coming year. YSIPP 21-22 has 115 action items that we are doing great work on already.

2:00	BREAK		
2:10	Committee Decisions and Next Steps: Joseph		<p>Have 988 / MRSS work be a standing item moving forward? Information would be shared by Julie and Meghan.</p> <p>Jenn combine all the action items and send to committee within the week</p> <p>ED Guide update by Frances Purdy – Jenn connect with them</p> <p>Annette will connect with Brandy about doing a presentation for 988</p> <p>This committee will review action items and workplan template to be ready to discuss in February</p> <p>Continue OHA website discussion in February (what to include on OHA website for transitions)</p>
	Start Creating Workplan		Tabled for February
3:00	Adjourn		

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.

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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).

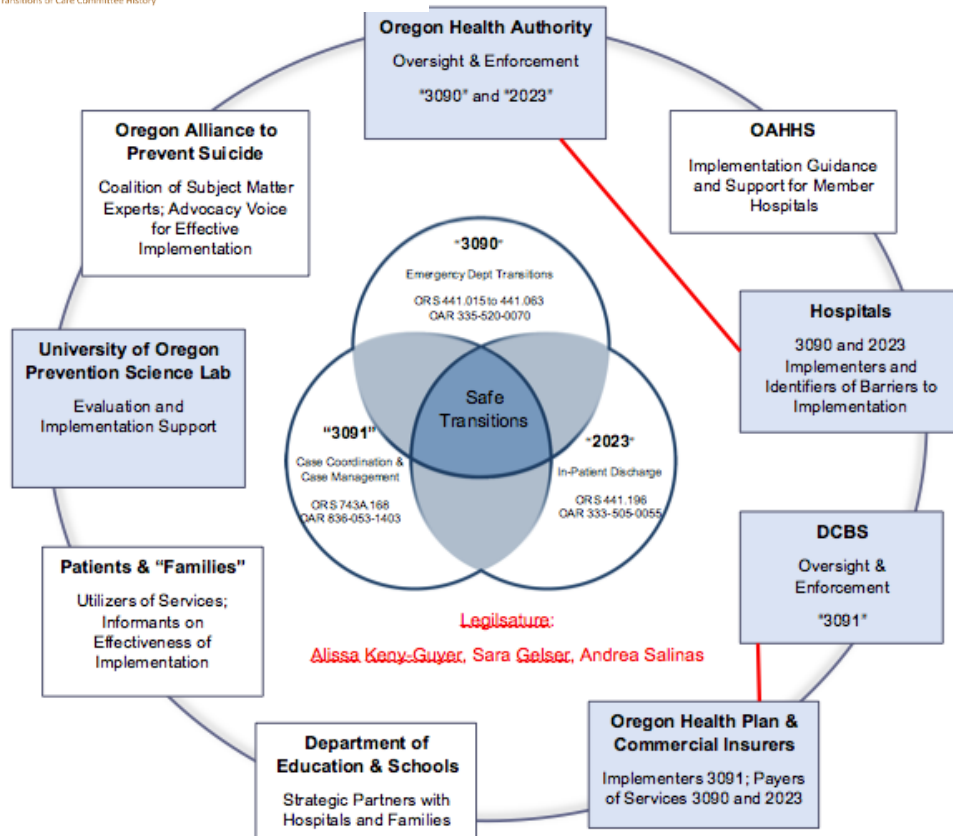
October 19, 2020 | JM Presentation on Transitions of Care Committee History

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>(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>Mentioned in HB 3090 report recommendations. Want to be part of the workgroup: Joseph,</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.