

Alliance
Transitions of Care Committee Meeting Minutes
Second Thursdays 1pm - 3pm
Thursday, February 10, 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, Caroline Suiter, 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, Meghan Crane, Rachel Ford, Tanya Pritt

Absent Today:

Alliance Staff Present: Annette Marcus (Alliance), Jennifer Fraga (Alliance)

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 & Jenn	<i>Introduce new members.</i> <i>Remind about where to find minutes.</i> <u>Group Agreements</u> oregonalliancetopreventsuicide.org/transitions-of-care-committee/ https://drive.google.com/file/d/1kpqT88ezlcwBZOczS3_X7O2bwdAJ2vX5/view?usp=sharing	Introductions – name, pronouns
1:10	Updated on Action Items from January	ED Guide status	Jenn connected with Fran Pearson through Meghan at OHA. Fran has this committee on her list of stakeholders to connect with for input and review of the updated guide.
1:20	HB 3090 Survey Recommendations Meghan Crane	➤ Any updates since last month's meeting?	Meghan does not have any major updates on this this project. It is almost to publications within OHA. How often do we want updates from Meghan on this agenda item? Do we want to continue to have them monthly or less? Meghan is happy to continue providing updates monthly. Action Item: Add the following as an agenda item for March: What do transitions of care look like in settings, such as hospitals, when communicating with schools? What does this group think should happen?

			<p>What are some action items / steps we can take or suggest?</p> <p>Charlette motioned for the above action item to be included in March’s committee agenda. Committee members voted to included this on March’s agenda with one person saying they have questions about this agenda item.</p> <p>Action Item: Jenn will ask the Schools Committee next week if folks would like to attend March’s TOC Committee meeting for this discussion.</p>
1:25	<p>988 / MRSS Updates Joseph Stepanenko</p>		<p>Joseph attended an MRSS meeting last week and they are open to presenting at a future Transitions of Care Committee meeting.</p> <p>Annette will be reaching out to the MRSS group for a presentation at the full Alliance Quarterly Meeting.</p> <p>Julie Magers created a list of opportunities for engagement in this work. Annette will check with Julie to see if this can be shared out.</p> <p>Oregon Health Authority (OHA) is seeking applicants to serve on the Crisis system Advisory Workgroup (CSAW) Steering Committee. In July 2021, the Oregon Legislature passed House Bill 2417. The goal of the legislation is to implement an enhanced behavioral health crisis response system in Oregon with the dawn of 988 as the 3-digit phone number to seek behavioral health crisis services. The CSAW committee</p>

			<p>will lead the initiative’s work to make recommendations to OHA on how to design this system so communities experience behavioral health crisis response the way it fits the need of Oregonians. OHA will provide technical, logistical and all other necessary supports to the committee. OHA is committed to sharing power with the communities we serve and working together to transform our behavioral health system. By co-creating solutions alongside community members, we will achieve our goal of eliminating health inequities by the year 2030. People with lived experience of behavioral health needs and people from communities disproportionately impacted by health inequities will be central to this work and are eagerly encouraged to apply.</p> <p>Members of the committee will serve for at least two years.</p> <p>Please fill out the following application by March 7, 2022. A team at OHA will review applications and inform applicants of appointments by March 30, 2022.</p> <p>Here is the link for the application: https://forms.office.com/g/mzR2QcU51U.</p>
1:30	<p>OHA Website Discussion Charlette Lumby</p>	<p>Reminder of this project -What’s been done -Where we currently are -Decide next steps</p>	<p>Jenn will send the spreadsheet of what has been accomplished so far to the committee.</p> <p>Charlette asks the committee to review the spreadsheet. If you have a section, please bring anything you</p>

			think should be included during the March meeting. If you don't have a section and want one, let Charlette know.
2:10	BREAK		
2:20	Work Plan and HB 3090 Monitoring Plan	Review combined action items	Action Item: Jenn will look through the HB 3090 Resurvey Report and pull action items / timelines into a chart for this committee to have in March.
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).

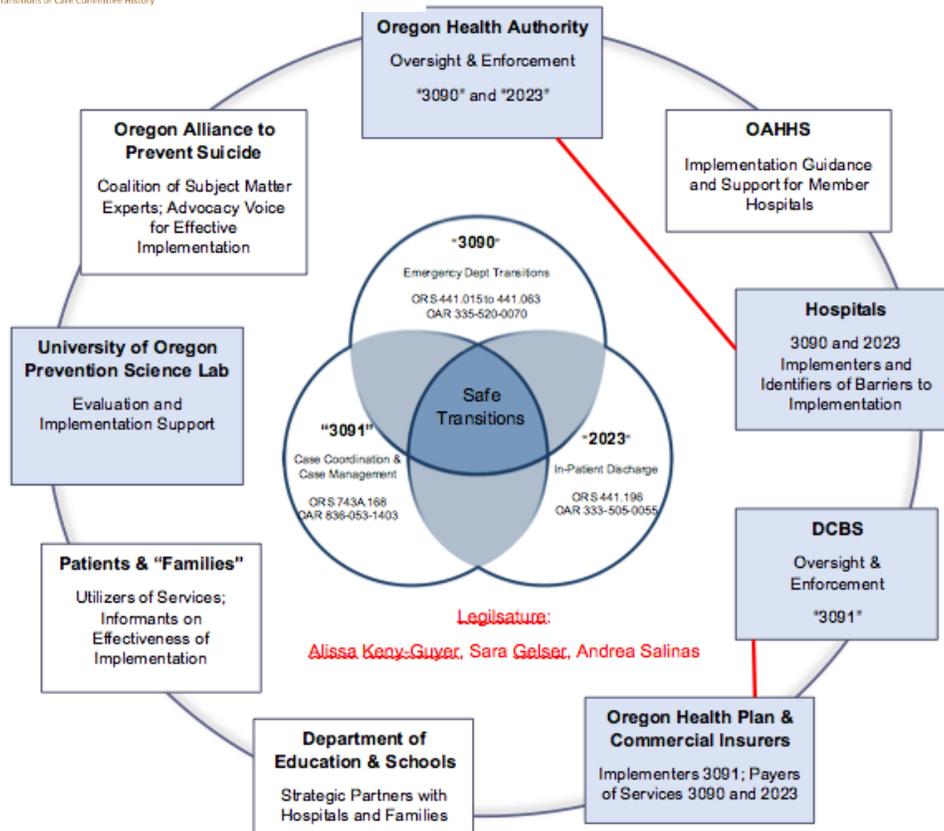
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Where We Are Now

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>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.