

**Alliance**  
**Transitions of Care Committee Meeting Minutes**  
**Second Thursdays 1pm - 3pm**  
**Thursday, March 10, 2022**

<https://us02web.zoom.us/j/82424862626?pwd=WFMrTHRWajczZlpMNklrVm5yV2gzZz09>

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:** Anders Kass, Angi Meyer, Caroline Suiter, Julie Magers, Liz Schwarz, Mary Massey, Meghan Crane, Rachel Ford,

**Absent Today:** Co-Chair Joseph Stepanenko, Co-Chair Charlette Lumby, Alex Considine, Jill Baker, Jonathan Rochelle, Kaliq Fulton-Mathis, Kristin Fettig, Shanda Hochstetler, Tanya Pritt

**Alliance Staff Present:** Jennifer Fraga (Alliance)

**Alliance Staff Absent:** Annette Marcus (Alliance), Kris Bifulco (AOCMHP)

**Guest(s):** Gordon Clay, Kara Boulahanis

**Meeting Attachments below Agenda:**

- 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 & Jenn	<i>Introduce new members.</i>  <i>Remind about where to find minutes.</i>  <b><u>Group Agreements</u></b>  <a href="http://oregonalliancetopreventsuicide.org/transitions-of-care-committee/">oregonalliancetopreventsuicide.org/transitions-of-care-committee/</a>  <a href="https://drive.google.com/file/d/1kpgT88ezlcwBZOczS3_X7O2bwdAJ2vX5/view?usp=sharing">https://drive.google.com/file/d/1kpgT88ezlcwBZOczS3_X7O2bwdAJ2vX5/view?usp=sharing</a>	Introductions – name, pronouns
1:10	<b>Work Plan and HB 3090 Monitoring Plan</b>		Group reviewed existing committee responsibilities and compared AKG Responsibilities with HB 3090 Recommendations report to remove duplicates and update areas as needed. Group decided that it would be best to have a work plan / monitoring plan to start with so they can provide feedback instead of starting one from scratch. Stall will work on creating this draft so the committee can work on this next month.
2:00	<b>Meeting Times – Change duration and when we meet?</b>		Staff let the group know that there may be an ask from committee chairs to adjust the time of the meeting to be later in the day and told folks that they would pass on more specifics after hearing from the chairs.
2:05	<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.

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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).

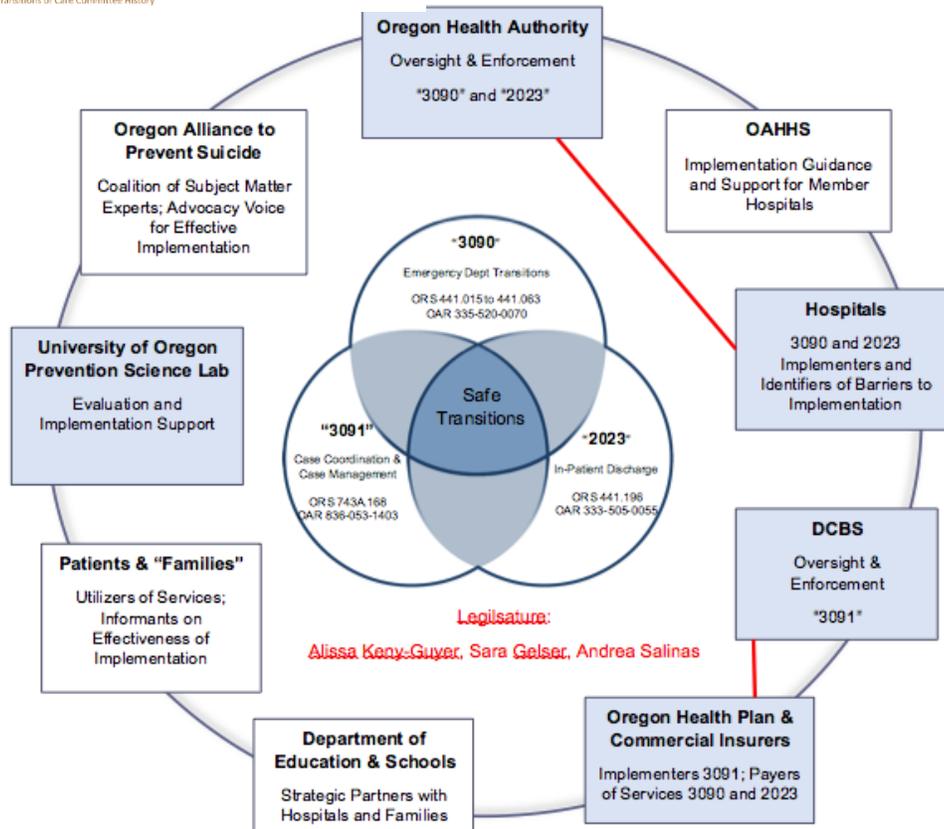
October 19, 2020 | JM Presentation on Transitions of Care Committee History

## 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.”*

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### 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>In 3090 recommendations.</p>	<p>Mentioned in HB 3090 report recommendations. Want to be part of the workgroup: Joseph</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>The was accomplished in the re-survey process by OHA in collaboration with OAHHS for health systems that were identified as needing to be required to be part of the process. Need to identify folks from -----</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>Accomplished – above graphic to be referenced</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>Still need to identify a place to store these items.</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>This is addressed in the HB 3090 recommendations under the, “to address misinterpretation of rules...” section and additional sections that address lack of understanding.</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 Committee is drafting guidance / recommendations for the website but it’s up to OHA to finalize and host the website</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>Stay as a monitoring effort for TOC as this talks more about billing issues / confusion / lack of billing codes in place for hospitals to be reimbursed for the bills.</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> <p>Who would be our champion for this with AKG gone? Would the Alliance staff reach out / TOC send a letter to the chair?</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.