

Alliance
Transitions of Care Committee Meeting
Second Thursdays 1pm - 3pm
Thursday, April 14, 2022

<https://us02web.zoom.us/j/89796541408?pwd=OGpPRVArcDhTS1MzWml3YUhaZHV3dz09>

Can also be joined by calling 669.900.9128,,89796541408#,,,,*651946#

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, Angi Meyer, Caroline Suiter, Jill Baker, Jonathan Rochelle, Julie Magers, Kristin Fettig, Liz Schwarz, Mary Massey, Meghan Crane, Rachel Ford, Shanda Hochstetler, Tanya Pritt

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

Present Today: Co-Chair Charlette Lumby, Angi Meyer, Julie Magers, Kara Boulahanis, Liz Schwarz, Mary Massey

Absent Today: Co-Chair Joseph Stepanenko, Alex Considine, Anders Kass, Caroline Suiter, Jill Baker, Jonathan Rochelle, Kristin Fettig, Meghan Crane, Rachel Ford, Shanda Hochstetler, Tanya Pritt

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

Alliance Staff Absent: Kris Bifulco (AOCMHP)

Guest(s): Gordon Clay

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 – Charlette	<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/1kpgT88ezlcwBZOczS3_X7O2bwdAJ2vX5/view?usp=sharing	Introductions – name, pronouns C-SAW – group of people with lived experience providing ongoing input to 988/MRSS work. They currently meet Monday evenings from 5:00 PM – 6:00 PM. One piece they have looked at is how to move 988/MRSS work forward. Association of Oregon Community Mental Health Programs (AOCMHP) are the ones who will end up doing the crisis response work and are also providing their input. ACTION: Annette would love for this group to review that working document and provide an opportunity for this group to give input on the document for Annette to share with the workgroup. MRSS Rules Advisory Committee (RAC) is going to be formed soon-ish. OHA is going to draft the rules for MRSS and the RAC will review already written rules. Draft rules will have a 30-day community input period. Next meeting: This group will come to a decision on how they want to be involved in 988/MRSS work moving forward.
1:10	Updated on Action Items from March		Workplan information entered into a template for this group to review.

<p>1:15</p>	<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>Charlette thanks this group for your initiative in reaching out to her about this project.</p> <p>The ask is to use the created matrix and see if there are additional ideas that you think should be included on the OHA website. Website should be thought of through the lens of a community member accessing the website for information.</p> <p>As a reminder, this is the specific language from the AKG letter where this task lives: "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>1:30</p>	<p>Workplan / Current Committee Responsibilities and HB 3090 Monitoring Plan</p>		<p>Update from Meghan on HB 3090 Report: The report continues to go through leadership approval. She hopes to have it submitted to our publications department sometime next week, but there continue to be small tweaks as additional folks review. Once she submits to our publications department, she'll be able to provide a timeline on when we anticipate it will be published based on their workload.</p> <p>Workplan – Color code what we're responsible for as a committee in a different color so it stands out.</p> <p>Status – how can we update the status for items we're not responsible for? Jenn can pull YSIPP Initiative status updates from the OHA SmartSheet.</p>

			<p>Things we are informed about – have something on our timeline to say when we’re going to be informed about.</p> <p>Have a column that states how we are going to do our RASCIM-AD.</p> <p>one letter in each of those action items under the description would be helpful. Then with the colors, one meaning per color makes sense to me.</p>
2:10	BREAK		
2:20	Continue Workplan?		
3:00	Round Table / Adjourn		<p>C-SAW will be sent out by Friday, April 15th to the group. Annette requests feedback by May 1st.</p> <p>Annette sent an email for us to be included in the 988/MRSS RAC.</p> <p>Charlette and Jenn to meet to integrate feedback from the group about workplan template before May meeting.</p> <p>Members look at our guidance on OHA website which can be found here. Keeping in mind to stay within what the law requires.</p> <p>Alliance staff received policy proposals from membership. Annette wants to share ones that directly relate to TOC with us. Executive Committee will take all ideas and will</p>

			<p>categorize where different proposals could live with Alliance being a lead, exploring, collaborating, or tabling. Our June Quarterly meeting will vote on proposals they want to move forward with. Annette would like this committee to glance over the proposals, specifically the policy proposal and problem statement, and give feedback to Annette. Feedback due by April 25th. Jenn will put proposals into a Google doc to share with the group.</p>
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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).

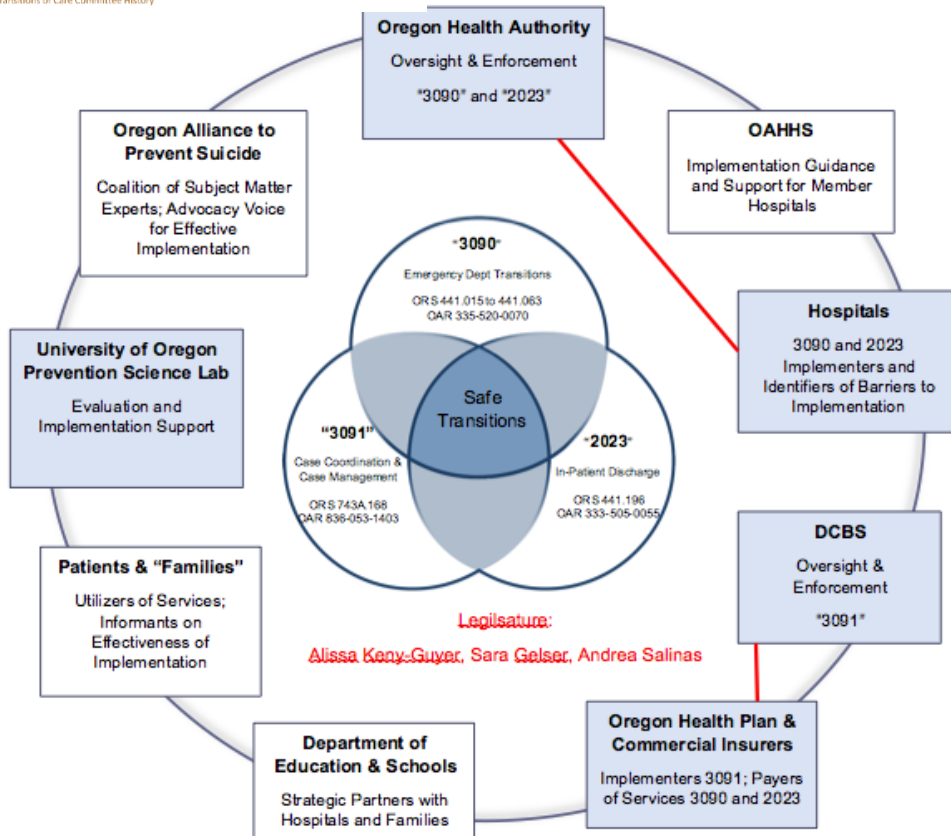
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Where We Are Now

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.