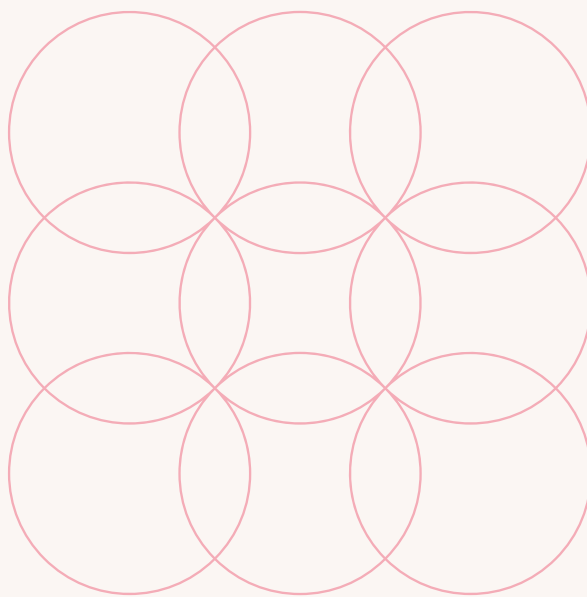


# Strategic Plan

## TRANSITIONS OF CARE COMMITTEE

September 2023

Committee Chairs: Charlette Lumby & Liz Schwarz  
Alliance Staff: Annette Marcus & Jenn Fraga



# Background

The Transitions of Care Committee (TOC) initially focused on safer transitions out of emergency departments after presenting for a behavioral health or mental health crisis. Efforts to improve these transitions were led by volunteers Julie Magers, Jerry Gabay, Tanya Pritt, Gary McConahay, Stephanie Willard, Galli Murray, Jonathan Rochelle, OHA staff Ann Kirkwood, and Alliance staff Annette Marcus.



Committee members advocated for and helped to pass the following legislation:

- 1.HB 2023 (2015) - Requiring hospitals to provide caring contact follow-ups once people discharge from the hospital for a behavioral health or mental health concern and that hospitals will have policies for the discharge of a patient who is hospitalized for mental health treatment.
- 2.HB 2948 (2015) - Allows healthcare providers to disclose protected health information to someone without authorization in the case of safety concerns.
- 3.HB 3090 (2017) - Requires that a hospital with an emergency department shall adopt and implement policies for the release from the emergency department of a patient presenting with a behavioral health crisis including suicide prevention measures, if any, that must be taken.
- 4.HB 3091 (2017) - Expands the Scope of Emergency Services covered by Group Health Insurance Policies to cover Specified Behavioral Health Services.

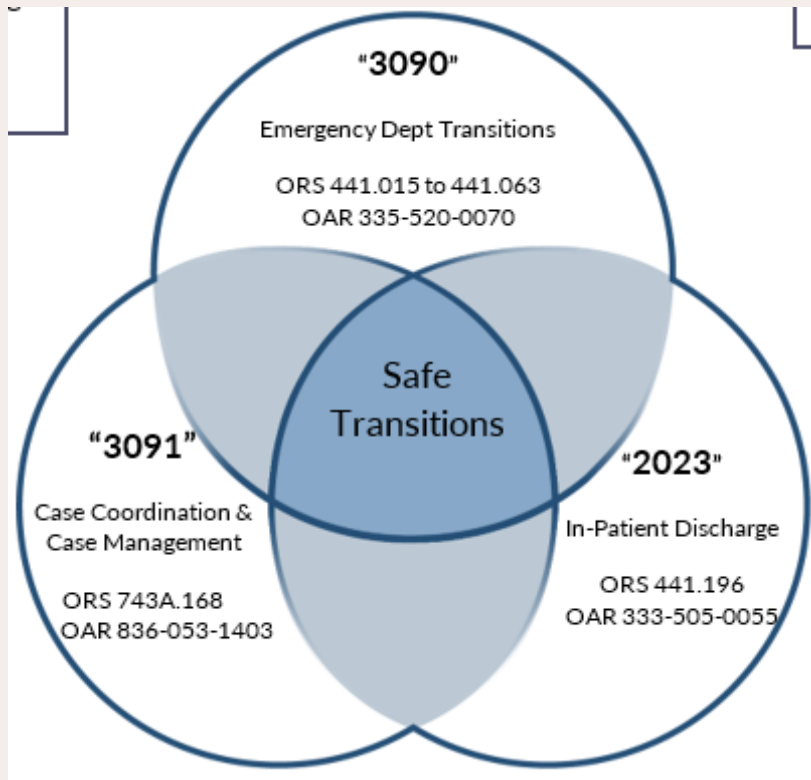


Image 1: Shows how the transition legislation works towards safer transitions which reduces the risk of a suicide attempt and suicide death.

With the passage of new legislation came the task of monitoring and Committee members worked closely to ensure the legislation they advocated for was implemented how it was intended to be. The main focus of the Committee was to monitor HB 3090 which requires hospitals with an emergency department to adopt a policy for the release of patients from the hospital's emergency department following treatment for a behavioral health crisis, including suicide prevention measures.

Hospitals are also required to provide information regarding the adoption and implementation of these policies in accordance with HB 3090 to the Oregon Health Authority (OHA). OHA is required to report on the status of hospital policies, progress and barriers to implementation of the policies and to provide recommendations for legislative changes to improve behavioral health outcomes for patients.

OHA released an emergency department release survey of hospitals HB 3090 report in March 2019. This report was prepared by OHA-Health Analytics through online surveys from listed contacts at each hospital in Oregon. The questionnaires were delivered through emails addressed to "Oregon Hospital Preparedness Coordinators" through OHA-Public Health's list of ED-Emergency contacts. The email message requested to be completed by the Emergency Department Administrator most knowledgeable about hospital protocols.

Results showed very low compliance rates - only 21 out of 59 (36%) total hospitals in Oregon with emergency departments responded to the questionnaire. Committee members advocated for a new survey to be completed and sent recommendations to Oregon legislator Representative Alissa Keny-Guyer who was a key advocate in passing the original legislation.

Successful advocacy efforts and partnerships with OHA and Oregon Association of Hospitals and Health Systems (OAHHS) provided space for a new survey to be administered to hospitals. This re-survey had 100% completion rates and provided important insight on compliance difficulties within the hospitals.

The Committee provided feedback to OHA on the new survey results and submitted recommendations both to OAHHS and OHA on the barriers reported by hospital systems.

While there is still ongoing monitoring for the Transitions of Care Committee to do, this will take a more passive role as the bulk of the work is completed. This means that the Committee is able to take a look at the world of transitions and decide where they want to take their advocacy efforts next.

# Committee Leadership Strategic Planning

## What should be happening in the committee?

1. Committee leadership and members should have a clear idea of what we are doing and where we are going.
2. The committee should have a clear line of communication between the committee and partner agencies / representatives from other community groups.
3. Good engagement from members.
4. A defined scope of work and clear action items.
5. A directory of who to reach out to for different areas of transitions.

## What is happening?

1. We are figuring out our identity as a group.
2. Caretaking of members and member relationships.

## What are barriers or areas of adjustment?

### 1. Barriers:

- a. We don't have a current framework for our work.
- b. Transitions don't belong to any one entity.
- c. Transitions are a huge area that many groups are already working on and we don't want to duplicate work or step on toes.
- d. Data - what data exists, where is it coming from, how it is tracked, what data do we want as a committee?

### 2. Areas of adjustment:

- a. Need to be intentional about what upcoming meetings will cover, topics to be discussed, updates to provide or receive.
- b. Need to create our problem statement - what are the key transition problems?
- c. Need to figure out what level of impact we want to have.

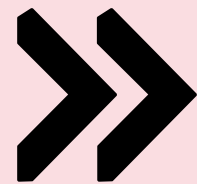
# Committee Member Areas of Interest

Transitions of Care Committee members shared their interest areas and which transition area they think the Committee should focus on next.

1. Advocacy for increased access to outpatient services in rural areas like Douglas County.
2. Recidivism rates and what works / what doesn't work when people discharge from care.
3. Transitions into inpatient services from schools.
4. Advocacy for better training for hospital staff around suicide intervention and prevention strategies.
5. Transitions out of Oregon Youth Authority (OYA) into the community and lower levels of care.

## Interest Area Themes

When looking at the 5 areas of interest, two key themes emerged:



What does access to different levels of care look like? (In-home services, outpatient, inpatient, residential, SUD)

What does communication while transitioning in and out or to different levels of care look like?

# Action Steps to be completed by January 2024

## General Committee Tasks:

1. By October meeting, identify what YSIPP initiatives TOC wants to stop, start, or adjust and send to OHA - Committee
2. Recommend a new long-term YSIPP Initiative around communication during transitions between levels of care - TOC
3. Update TOC Committee representation list - Jenn

## HB 3090 related tasks:

1. Share spreadsheet of HB 3090 items that TOC Committee is monitoring with Committee leadership - Jenn
2. Write and send letter to OHA requesting updates on HB 3090 items TOC is monitoring; create a timeline for when TOC wants updates - Charlette, Liz, Jenn
3. Write and send letter to OHA about the OHA HB 3090 website needs and request - Charlette, Liz, Jenn

# Action Steps to be completed by May 2024

## General Committee Tasks:

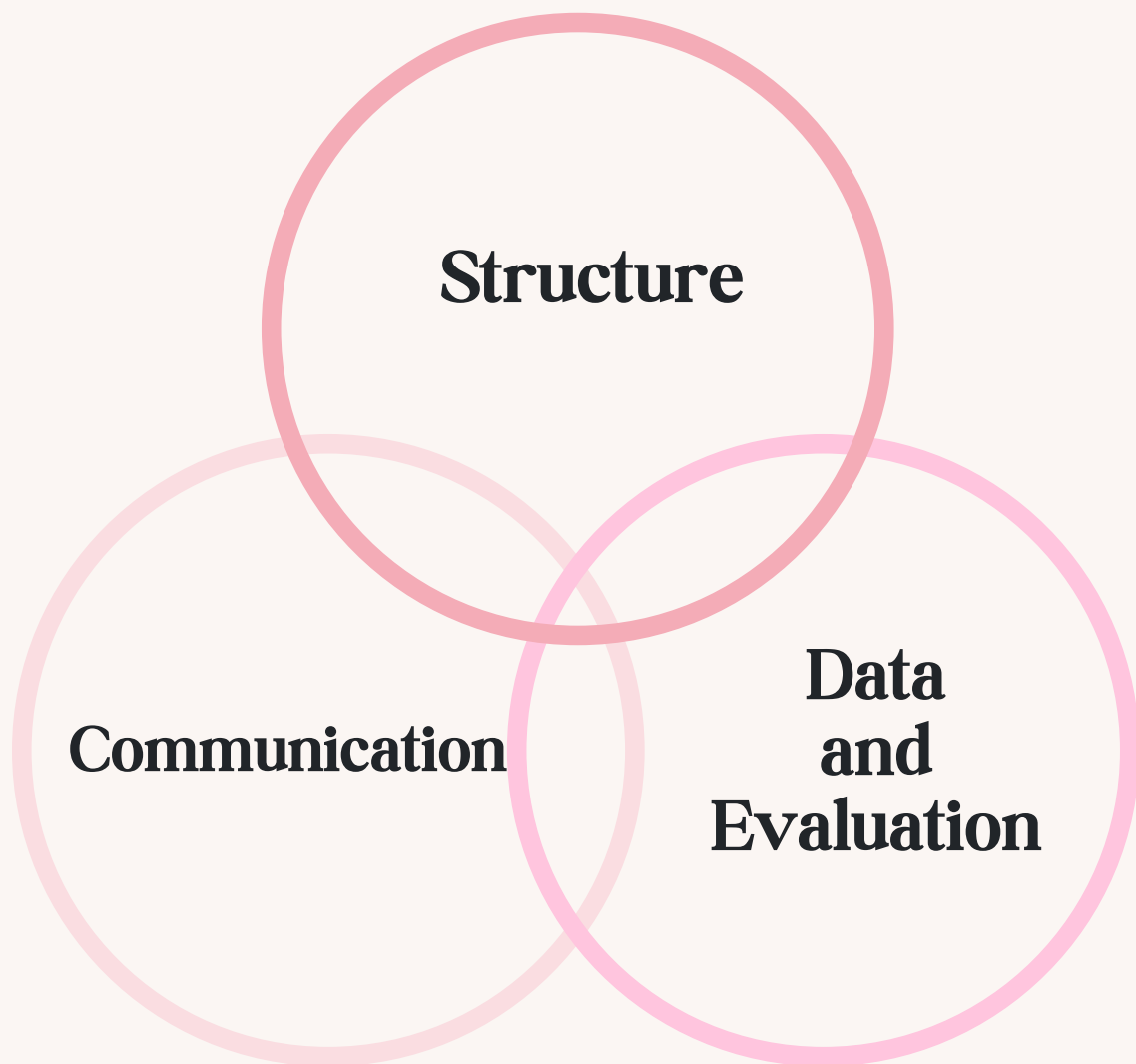
1. Request a presentation on CATS from Julie Magers.
2. Committee discussion to determine what the Committee's role is when receiving a monitoring update.

## HB 3090 related tasks:

1. Review Oregon Administrative Rules (OARS) for HB 3090 / 3091:
  - a. Do we need to reopen them?
  - b. Do they need to be updated?
  - c. Is there a legislative ask we need to make to address anything?



# Committee Areas of Improvement







# Structure

1. Look at the mission statement - does this match our current goals and focus areas?
2. Define group identity.
3. Define the overall structure of the Committee - where in transitions do we want to focus?
4. Review Committee description and update as appropriate.
5. Create a directory for who to reach out to for different subjects and areas of expertise.
6. Look at who is currently at the table in the Committee and who are we missing.



# Communication

1. Define different barriers:
  - a. Committee specific barriers
  - b. Systemic barriers
2. Define what is regulatorily happening and where there are gaps.
3. Define larger scope of communication issues to use as a guiding tool (part of committee description) and then select a focus area from that.
4. Scan other states that have policies to address HIPPA / FERPA barriers.
5. Review HB 3090 rules to see if there needs to be a legislative fix.
6. Decide how we can have impact across the board.
7. Systems of Care community members, staff, and others come together to create an exemplar model or decide if we have to push for a legislative change.
8. Transition Challenges Presentation(s) from key staff at residential placements like OHSU and Farm Home.
9. Select one system to explore - learn their barriers and gaps in services, what works for them, and how to improve transitions. Create a model off of the approach to share with others.
10. Identify any exemplars of school and hospital agreements to share.
11. Create sample agreements based off of the exemplars and after identifying any gaps / areas that don't have agreements to use.
12. Advocate for the Handle with Care model to be used for hospitals behavioral health and emergency rooms and schools.
13. Potential legislative ask for Oregon Department of Education to address behavioral health absences and continued education.
14. Research / complete a scan of relationships with schools and hospitals to create a model for others to use. Specifically look at what worked and what didn't work.
15. Legislative ask to mandate communication between ERs and schools.
16. Create and share information for parents whose youth go to the ER on how to connect to school and community resources.
17. Collaborate on toolkit for parents to navigate systems of care.



# Data & Evaluation

1. Project our purpose.
2. Decide what data we want and need to measure our impact.
3. Scan for what data currently exists, where it exists, and how to access it.
4. Scan for what data we currently have that can help to guide our priority areas.
5. Determine if we need to have a long-term legislative project that would ask hospitals to have uniform systems in data collection and reporting.
6. Request presentations from different hospitals on their data - how it's used, how it's collected, and any gaps they can identify in their systems.
7. Find case studies to have prepared to bring to the legislature when needed.
8. Create a directory of where we can pull needed data from and also a wish list of data that we want.

# Evaluation of Strategic Plan

## Three Months

Committee leadership will meet in January 2024 to see what goals were achieved and what was missed.

Priority areas and action items will come from this evaluation for how to move forward.

## Six Months

Committee leadership will meet in May 2024 to see what goals were achieved and what was missed.

Priority areas and action items will come from this evaluation for how to move forward.

Leadership may decide to hold another longer strategic planning meeting based on progress.



# Thank you

This strategic plan could not have been completed without the work of :

- Charlette Lumby - Committee Co-Chair, Staff to incite Agency for Change
- Liz Schwarz - Committee Co-Chair, Staff to OYA
- Annette Marcus - Staff to the Alliance
- Jenn Fraga - Staff to the Alliance
- Lucina Michaud - Staff to AOCMHP

**Questions? Reach out to Jenn**

**[jfraga@aocmhp.org](mailto:jfraga@aocmhp.org)**