

Organization

Oregon Alliance to Prevent Suicide

Primary Contact

Ryan Price, Vice Chair

Galli Murray, Chair

John Seely, U of O

Julie Magers

Associaition of Oregon County Mental Health Prog

Cherryl Ramirez

NAMI

Chris Bouneff

OAHHS

Danielle Meyer

Disability Rights Oregon

Sarah Radcliffe

Schools

Nick Jensen, Mult ESD

OAHHS

Danielle Meyer

HB 3090 RAC participants

OR-ACEP

Bob Barriatua

DRO

Sarah Radcliff

Oregon Family Support Network

Sandy Bumpus

NAMI

Chris Bouneff

Asante

Josh Cott

Good Shepherd Hermiston

Judy Gabriel

Kaiser Permanente

John Custer

Jackie Ryan

Elisa Uris

Gene O'Neill

Legacy Health

Lynnea Lindsey

Moda

Dan Thoma

OHSU

Ajit Jetmalani

Kyle Johnson

Pacific Source

Geoff Knapp

Providence

Robin Henderson

Kristen Downey

Bonnie Wilson

Salem Health

Molly Druliner

Samaritan Health North Lincoln Hosp

Rick Rhoton

St. Charles

Molly Wells-Darling

Parent advocate

Laura Rose Misaras

Stehanie Willard

DCBS

Gail Woods

Independent Mental Health Consultant

Jacek Haciak

Email Address

RPrice@afsp.org

gallimur@clackamas.us

jseeley@uoregon.edu

juliemagers@gmail.com

cramirez@aocmhp.org

Chris@namior.org

dmeyer@oahhs.org

njensen@mesd.k12.or.us

dmeyer@oahhs.org

*works with hospitals and with the schools in the metro

barriatua@gmail.com

sradcliffe@droregon.org

sandy.bumpus@ofsn.net

chris@namior.org

jcott@asante.org

jgabriel@gshealth.org

john.m.custer@kp.org

Jacqueline.m.ryan@kp.org

elisa.a.uris@kp.org

gene.m.o'neill@kp.org

leindse@lhs.org

dan.thoma@modahealth.org

jetmalaa@ohsu.edu

johnsoky@ohsu.edu

geoffrey.knapp@pacificsource.com

robin.henderson@providence.org

kristen.downey@providence.org

bonnie.forsh@providence.org

molly.drulinre@salemhealth.org

rrhoton@samhealth.org

Mwells@stcharleshealthcare.org

laurarosemisaras@yahoo.com

acupetix@gmail.com

gayle.woods@state.or.us

hja4@msn.com

QUESTIONS:

Introduction

In follow-up to passage of HB 3090 (2017 Oregon Laws, Chapter 272), the Oregon Health Authority is conducting a quality improvement activity to determine each hospital's progress towards adopting and implementing policies and barriers faced to implementing policies relating to releasing patients from the emergency department who have experienced a behavioral health crisis. Information obtained from this survey will be analyzed in the aggregate and shared in a report to the Legislature to identify what additional action is needed to improve behavioral health outcomes for patients experiencing behavioral health crisis. Answers obtained from this survey will not be used for compliance or enforcement purposes.

In accordance with OAR 333-520-0070(4), a hospital is required to adopt, maintain and follow written policies that pertain to the release of a patient from the emergency department (ED) who is being seen for a behavioral health crisis. The following questions relate to this policy.

1. Does the ED encourage the patient to designate a lay caregiver? (Yes/No)
 - If no, what are the barriers to implementation? (Open answer)
2. Does the ED encourage a patient to sign an authorization form for the disclosure of information that is necessary for a lay caregiver to participate in the patient's discharge planning and provide appropriate support? (Yes/No)
 - If no, what are the barriers to implementation? (Open answer)
3. Does the ED conduct an evaluation using a behavioral health clinician to determine a patient's need for immediate crisis stabilization? (Yes/No)
 - If no, what are the barriers to implementation? (Open answer)
4. Does the ED conduct a best practices suicide risk assessment when indicated? (Yes/No)
 - If the suicide risk assessment indicates that a safety plan is needed, does the provider in the ED develop a safety plan and conduct lethal means counseling with the patient and designated caregiver, if applicable? (Yes/No)
 - If no, what are the barriers to implementation? (Open answer)
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5. What best practices are used to assess the risk of suicide? (Open answer)
6. Does the ED assess the patient's long-term needs:
 - a. for community-based services? (Yes/No)
 - i. If no, what are the barriers to implementation? (Open answer)
 - b. capacity for self-care following release? (Yes/No)
 - i. If no, what are the barriers to implementation? (Open answer)
 - c. whether the patient can be properly cared for in the place where the patient resided at the time the patient presented at the ED? (Yes/No)
 - i. If no, what are the barriers to implementation? (Open answer)
7. Does the ED coordinate the following patient care activities:
 - a. Notifying the patient's primary care provider? (Yes/No)
 - i. If no, what are the barriers to implementation? (Open answer)
 - b. Providing referrals to providers including peer support? (Yes/No)
 - i. If no, what are the barriers to implementation? (Open answer)
 - c. Following-up with the patient after release from the emergency department? (Yes/No)
 - i. If no, what are the barriers to implementation? (Open answer)
 - d. Creating and transmitting a plan of care with the patient and other provider? (Yes/No)
 - i. If no, what are the barriers to implementation? (Open answer)
8. Does the ED conduct an assessment of the patient's medical, functional and psychosocial needs? (Yes/No)
 - a. If no, what are the barriers to implementation? (Open answer)
 - b. If yes, does the assessment of the patient's medical, functional and psychosocial needs include an inventory of resources and supports recommended by a behavioral health clinician and agreed upon by the patient? (Yes/No)
 - i. If no, what are the barriers to implementation?
 - ii. If yes, what types of resources and supports may be recommended? (Open answer)
9. Does the ED arrange caring contacts between a patient and a provider or follow-up services for the patient to successfully transition a patient to outpatient services? (Yes/No)
 - a. If no, what are the barriers to implementation? (Open answer)
 - b. If yes, how are caring contacts facilitated? (check all that apply):
 - i. Through a contract with community-based behavioral health provider?
 - ii. Through a contract with a suicide prevention hotline?
 - iii. In-person?
 - iv. By phone?

v. Via telemedicine?

10. Does the ED require a caring contact within 48 hours of release for patients that have attempted suicide or have experienced suicidal ideation? (Yes/No)
 - a. If no, what are the barriers to implementation? (Open answer)

11. Does the ED require a follow-up appointment be scheduled for not later than seven calendar days of the patient's release from the ED? (Yes/No)
 - a. If no, what are the barriers to implementation? (Open answer)
 - b. If a follow-up appointment cannot be scheduled within seven days, does the hospital document why? (Yes/No)
 - i. If no, what is the barrier to documentation? (Open answer)

12. Is the policy posted on the hospital's website? (Yes/No)
 - a. If no, what are the barriers to implementation? (Open answer)
 - b. If yes, provide link. (Open answer)
 - c. Is a written copy of the policy or a summarized version of the policy provided to the patient upon admission to the ED? (Yes/No)
 - i. If no, what are the barriers to implementation? (Open answer)
 - d. Is a written copy of the policy or a summarized version of the policy provided to the patient upon release from the ED? (Yes/No)
 - i. If no, what are the barriers to implementation? (Open answer)
 - e. Have staff been able to access training on the policy? (Yes/No)
 - i. If no, what are the barriers to implementation? (Open answer)
 - ii. If yes, describe how: (check all that apply)
 1. In-person
 2. Web-based
 3. Written only

TRANSITIONS OF CARE COMMITTEE

Origin | Where We Are Now | Where To Go Next

October 19, 2020

ORIGIN – In a nutshell

In 2014

Julie and Jerry invited by Rep Alissa Keny-Guyer to testify in the fall pre-legislative session hearings

Topic:

- Our experiences with unsafe transitions from health care system where our daughters sought emergency care for mental health crisis
- Our ideas about what we (and other parents/families/individuals) believed would create safe transitions

ORIGIN – In a nutshell

2015 Session

Rep Alissa Keny-Guyer

1. Championed our bills
2. Engaged stakeholders

And we:

- Brought other families and individuals with lived experiences to testify

ORIGIN – In a nutshell

2015 Session

Passed:

- ✓ HB2023 – inpatient discharge protocol
- ✓ HB2948 – HIPAA clarifications about disclosures
- ✗ Did NOT pass safe transitions from emergency depts.

ORIGIN – In a nutshell

2015-16 – YSIPP

Because we could not get our bills covering safer discharges from emergency departments passed, we advocated for inserting the concepts into the YSIPP

Continuity of Care Committee formed

ORIGIN – In a nutshell

Continuity of Care Committee

Focused our work on what safe transitions as described in the bills would entail and how to influence the practices of EDs to facilitate safer discharges.

ORIGIN – In a nutshell

2017 Session

Passed

- ✓ HB3090 – ED discharge protocol
- ✓ HB3091 – Payment requirements to enable 3090, 2023

Where We Are Now

Once the full suite of bills were passed as statutes and rules were established in OARs:

Committee went on hiatus for a brief time.

Leadership changes were taking place with Alliance.

Then we reconvened – *Galli and Julie as Co-Chairs*

Where We Are Now

Looked at description and name of committee – updated our vision and charge:

Transitions 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.

Where We Are Now

Explored a process to look at root-cause analysis of unsafe transitions and safe transitions to decide next steps as a committee.

- brief review of google doc -

Where We Are Now

Development of an intentional collaboration among the stakeholders impacted by these laws for implementation, tracking, enforcement, and data around barriers to implementation:

- ORS 441.015 to 441.063 (HB3090) and ORS 441.196 (HB2023) - transition requirements
- ORS 743A.168 (HB3091) - payment requirements for care coordination and case management

Where We Are Now

Alliance submitted letters to Rep Alissa Keny-Guyer

1. About data and reporting on 3090 implementation
2. About fragmented efforts around all four laws.

Where We Are Now

Implementation of 3090/3091 **has faltered** due to:

- limited oversight,
- siloed work,
- inadequate communication, and
- a lack of accountability.

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.

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).

Where We Are Now

Alliance is asking AKG to assist in urging forward the following actions:

(1) Development of 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);

Where We Are Now

Alliance is asking AKG to assist in urging:

(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);

Where We Are Now

Alliance is asking AKG to assist in urging:

(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;

Where We Are Now

Alliance is asking AKG to assist in urging forward

(4) Create a forum for the sharing of completed work, including audit forms, implementation tools, and contact lists;

Where We Are Now

Alliance is asking AKG to assist in urging forward:

(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.);

Where We Are Now

Alliance is asking AKG to assist in urging forward:

(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;

Where We Are Now

Alliance is asking AKG to assist in urging forward:

(7) DCBS to report on any efforts and findings in regard to implementation, enforcement and complaint procedures associated with ORS 743A.168 (HB3091)

Where We Are Now

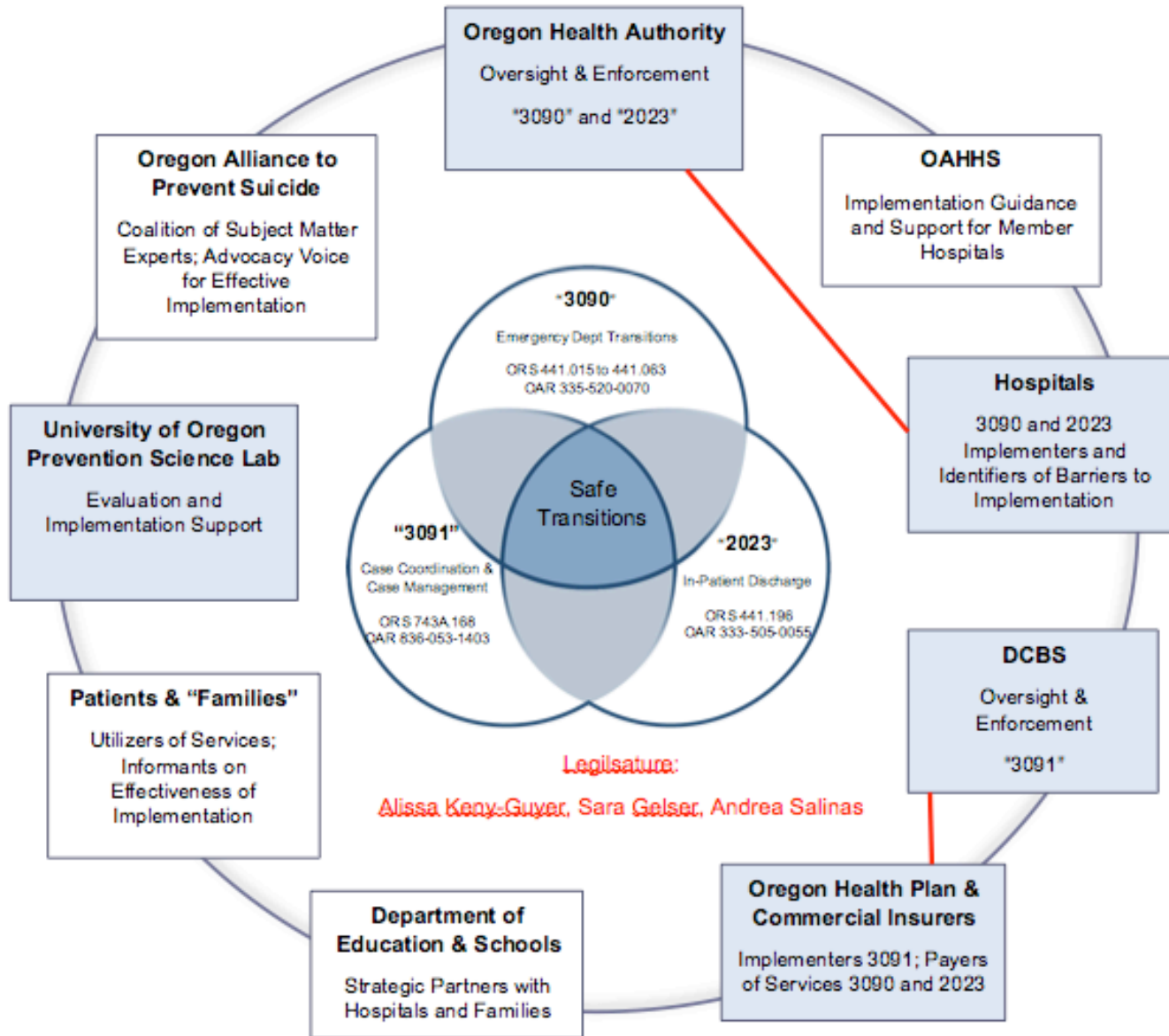
Alliance is asking AKG to assist in urging forward:

(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.

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.”



Where Are We Going?

- Changes in leadership and membership of the committee.
- Pause due to pandemic, impact on health systems, changes in practices.
- Need for building committee membership.
- Determining strategies to do this work as pandemic lingers indefinitely (ie. no return to *pre-pandemic normal* in sight).

Agreed Upon Next Steps

- Email to the group: these slides, related docs/links
- Set meeting for a deep dive into the details and the work that impacts our movement forward (90mins)
- Invite OHA update on 3090/2023 efforts (Jill Baker)
- Decide meeting schedule, roles, new group process
- Identify interested leaders to learn beside co-chairs

Compiled documents and efforts

HB3090 and HB2023 Implementation Related Documents:

- OHA Psychiatric ED Boarding Report Brief Final
- 3090 ED Brochure DRAFT Parent-Guardian-Lay Caregiver
- OHA Health Analytics Final ED Release Report
- OAHHS Hospital Discharge Planning Fact Sheet
- OHA Hospital Emergency Department Mental Health Survey Discharge Tool
- OHA Hospital Inpatient Departments Mental Health Survey Discharge Tool
- Two letters to Rep A Keny-Guyer
- Questions for Hospitals to Report on 3090 (Julie/Jerry to AKG)
- Survey Monkey_HB 3090 (OHA?)

Compiled documents and efforts

Hospital Discharge Policies for HB 3090:

- Discharge Summary_Peace Health
- Discharge_Providence St. Joseph Health
- Discharge_Salem Health Hospitals and Clinics
- Discharge_OHSU

Gratitude to those who have participated in this committee:

Galli Murray, Co-Chair

Julie Magers, Co-Chair

Jerry Gabay

Rene Smith Sumpter

Tanya Pritt

Gary McConahay

Amber Ziring

Jonathan Rochelle

Kaliq Fulton-Mathis

Ann Kirkwood

Annette Marcus

Jen Fraga

Amy Baker, Co-Chair

Cherryl Ramirez

Stephanie Willard

Kristi Nix

and anyone from the early years that I missed...