HB 3090 – SURVEY

In accordance with 2017 Oregon Laws, Chapter 272, your participation in this survey is required. Hospitals are required to provide to the Oregon Health Authority (OHA) information in the form and manner prescribed by OHA about the adoption and implementation of policies relating to releasing patients from the emergency department who have experienced a behavioral health crisis.

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. Pursuant to OAR 333-520-0070(4)(a), does the ED policy include a process to encourage the patient to designate a lay caregiver? (Yes/No)
   - If yes, what were the barriers encountered that had to be addressed to successfully implement the policy? (Open answer)
   - If no, what are the barriers to be able to successfully implement the policy? (Open answer)

2. Pursuant to OAR 333-520-0070(4)(a), does the ED policy include a process to 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 yes, what were the barriers encountered that had to be addressed to successfully implement the policy? (Open answer)

Commented [MCB1]: ORS 441.053
Behavioral health crisis means a disruption in an individual's mental or emotional stability or functioning resulting in an urgent need for immediate treatment to prevent a serious deterioration in the individual's mental or physical health.

Commented [MCB2]: ORS 441.053
Behavioral health crisis means a disruption in an individual's mental or emotional stability or functioning resulting in an urgent need for immediate treatment to prevent a serious deterioration in the individual's mental or physical health.

Commented [MCB3]: 333-520-0070(1)(e)(A)
For a patient who is younger than 14 years of age, a parent or legal guardian of the patient;

333-520-0070(1)(e)(B)
For a patient who is 14 years of age or older, an individual designated by the patient or a parent or legal guardian of the patient to the extent permitted under ORS 109.640 and 109.675.

Commented [MCB4]: 333-520-0070(1)(e)(A)
For a patient who is younger than 14 years of age, a parent or legal guardian of the patient;

333-520-0070(1)(e)(B)
For a patient who is 14 years of age or older, an individual designated by the patient or a parent or legal guardian of the patient to the extent permitted under ORS 109.640 and 109.675.

- If no, what are the barriers to be able to successfully implement the policy? (Open answer)

3. Pursuant to OAR 333-520-0070(4)(b), does the ED policy include a requirement that the ED conduct a behavioral health assessment using a behavioral health clinician to determine a patient's need for immediate crisis stabilization? (Yes/No)
   - If yes, what were the barriers encountered that had to be addressed to successfully implement the policy? (Open answer)
   - If no, what are the barriers to successfully implement the policy? (Open answer)

4. Pursuant to OAR 333-520-0070(4)(c), does the ED policy include a requirement that the ED conduct a best practices suicide risk assessment when indicated? (Yes/No)
   If no, what are the barriers to successfully implement the policy? (Open answer)
   - If yes, what best practices or tool(s) are used to assess the risk of suicide?
     - C-SSRS
     - ASQ
     - PHQ-9
     - Internally designed tool
     - Other? (Open answer)
   - 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 yes, what were the barriers encountered that had to be addressed to successfully implement? (Open answer)
   - If no, what are the barriers to successfully implement? (Open answer)

5. Pursuant to OAR 333-520-0070(4)(d)(A)-(C), does the ED policy have a process to assess the patient's long-term needs:
   a. for community-based services? (Yes/No)
      i. If yes, what were the barriers encountered that had to be addressed to successfully implement? (Open answer)
      ii. If no, what are the barriers to successfully implement the policy? (Open answer)
   b. capacity for self-care following release? (Yes/No)
      i. If yes, what were the barriers encountered that had to be addressed to successfully implement? (Open answer)

Commented [MCB5]: ORS 743A.012 (1)(a)
"Behavioral health assessment" means an evaluation by a behavioral health clinician, in person or using telemedicine, to determine a patient's need for immediate crisis stabilization.

Commented [MCB6]: ORS 743A.012(1)(b):
"Behavioral health clinician" means:
(A) A licensed psychiatrist;
(B) A licensed psychologist;
(C) A licensed nurse practitioner with a specialty in psychiatric mental health;
(D) A licensed clinical social worker;
(E) A licensed professional counselor or licensed marriage and family therapist;
(F) A certified clinical social work associate;
(G) An intern or resident who is working under a board-approved supervisory contract in a clinical mental health field; or
(H) Any other clinician whose authorized scope of practice includes mental health diagnosis and treatment.

ii. If no, what are the barriers to successfully implement the policy? (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 yes, what were the barriers encountered that had to be addressed to successfully implement? (Open answer)
   ii. If no, what are the barriers to successfully implement the policy? (Open answer)

6. Pursuant to OAR 333-520-0070(4)(g)(A) and (B), does the ED policy identify a process to 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 successfully implement the policy? (Open answer)

   b. If yes, how are caring contacts facilitated? (check all that apply):

      i. Through a contract with community-based behavioral health provider that are conducted in-person

      ii. Through a contract with community-based behavioral health provider that are conducted by phone

      iii. Through a contract with community-based behavioral health provider that are conducted via telehealth

      iv. Through a contract with a suicide prevention hotline that are conducted in-person

      v. Through a contract with a suicide prevention hotline that are conducted by phone

      vi. Through a contract with a suicide prevention hotline that are conducted via telehealth

      vii. Other (open answer)

   c. What were the barriers encountered that had to be addressed to successfully implement? (Open answer)

7. Pursuant to OAR 333-520-0070(4)(e), does the ED have a policy to develop a process to coordinate care through the deliberate organization of patient care activities? Yes/No

   a. If no, what are the barriers to implementation?

Commented [MCB7]: OAR 333-520-0070 (1)(d): "Caring contacts" mean brief communications with a patient that starts during care transition such as discharge or release from treatment, or when a patient misses an appointment or drops out of treatment, and continues as long as a qualified mental health professional deems necessary

Commented [MCB8]: OAR 333-520-0070 (1)(d): "Caring contacts" mean brief communications with a patient that starts during care transition such as discharge or release from treatment, or when a patient misses an appointment or drops out of treatment, and continues as long as a qualified mental health professional deems necessary

b. If yes, indicate which of the following patient care coordination activities are included in the EDs process (check all that apply):

   i. Notifying the patient's primary care provider?

   ii. Providing referrals to providers including peer support?

   iii. Following-up with the patient after release from the emergency department?

   iv. Creating and transmitting a plan of care with the patient and other provider?

8. Pursuant to OAR 333-520-0070(4)(f), does the ED policy include a requirement to 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 yes, what types of resources and supports may be recommended (open answer)
      ii. If yes, were any barriers encountered that had to be addressed to successfully implement? (Open answer)
      iii. If no, what are the barriers to successfully implement?

9. Pursuant to OAR 333-520-0070(4)(g)(C), does the ED policy include a requirement that a caring contact is conducted within 48 hours of release for patients that have attempted suicide or have experienced suicidal ideation? (Yes/No)
   a. If yes, what were the barriers encountered that had to be addressed to successfully implement? (Open answer)
   b. If no, what are the barriers to successfully implement the policy? (Open answer)

10. Pursuant to OAR 333-520-0070(4)(h), does the ED policy include a requirement that 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 yes, what were the barriers encountered that had to be addressed to successfully implement? (Open answer)
   b. If no, what are the barriers to successfully implement the policy? (Open answer)

Commented [MCB9]: OAR 333-505-0055(1)(d): Peer support means a peer support specialist, peer wellness specialist, family support specialist or youth support specialist as those terms are defined in ORS 414.025 and who are certified in accordance with OAR chapter 410, division 180.

Commented [MCB10]: OAR 333-520-0070 (1)(d): "Caring contacts" mean brief communications with a patient that starts during care transition such as discharge or release from treatment, or when a patient misses an appointment or drops out of treatment, and continues as long as a qualified mental health professional deems necessary

c. If a follow-up appointment cannot be scheduled within seven days, does the hospital document why? (Yes/No)
    i. If yes, what were the barriers encountered that had to be addressed to successfully implement? (Open answer)
    ii. If no, what is the barrier to successfully document the information? (Open answer)

11. Pursuant to OAR 333-520-0070(5) and OAR 333-505-0055(2)(a)(B)-(D) and (3), is the policy posted on the hospital's website? (Yes/No)
    a. If no, what are the barriers to successfully implement the policy? (Open answer)
    b. If yes, check all that apply
        i. A written copy of the policy or a summarized version of the policy is provided to the patient upon admission to the ED?
        ii. A written copy of the policy or a summarized version of the policy provided to the patient upon release from the ED?
        iii. What were the barriers encountered that had to be addressed to successfully implement? (Open answer)

12. **OPTIONAL:** Have staff been able to access training on the policy? (Open Answer)

13. **OPTIONAL:** Do you have issues or concerns with billing for these services? If so, please explain (open answer)

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 on3090 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

<u>Alliance is asking AKG to assist in urging forward</u>

(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

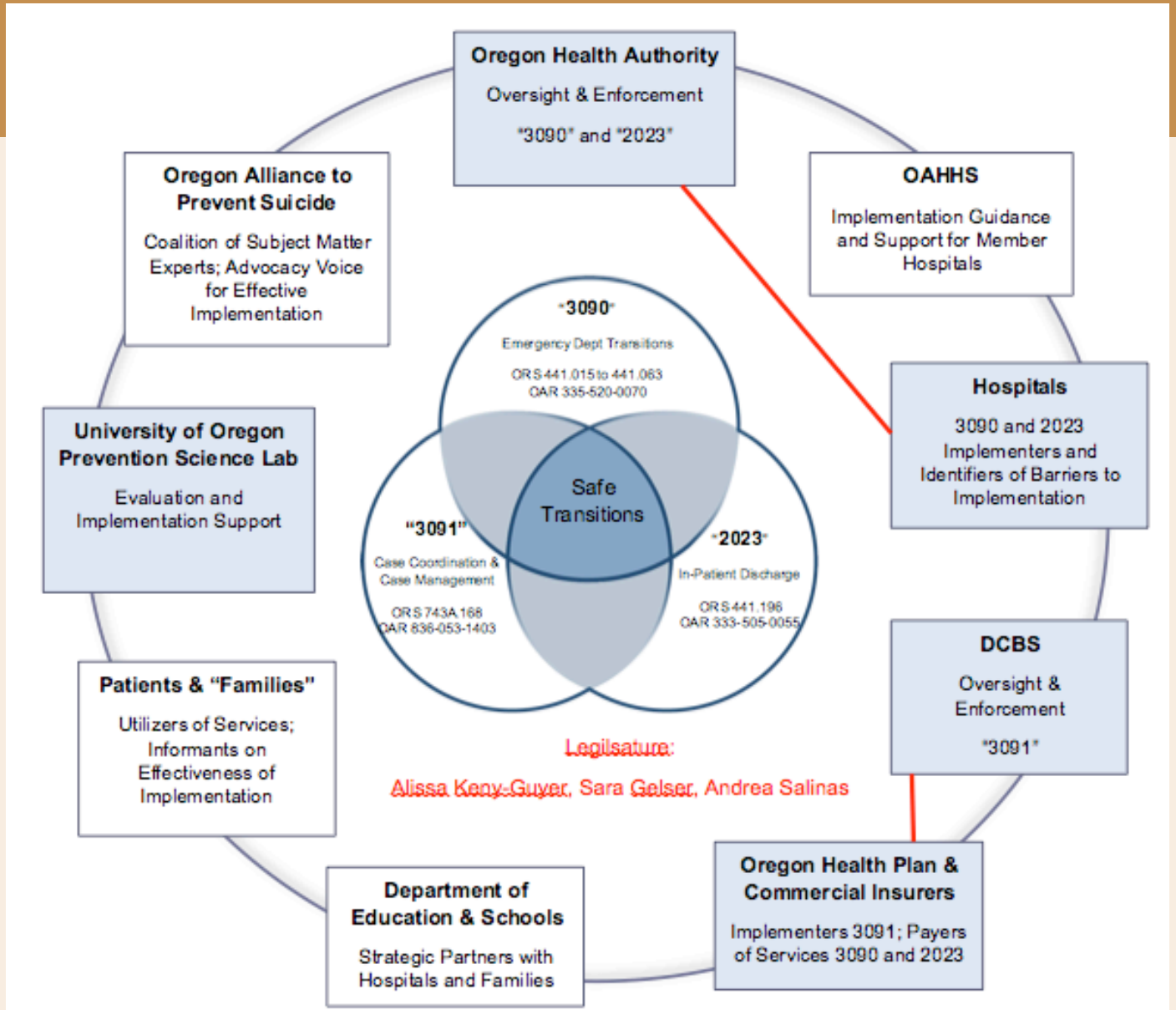
Alliance is asking AKG to assist in urging forward:

(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."


Oregon Health Authority
Oversight & Enforcement
"3090" and "2023"
OAHHS
Implementation Guidance and Support for Member Hospitals
Hospitals
3090 and 2023 Implementers and Identifiers of Barriers to Implementation
DCBS
Oversight & Enforcement
"3091"
Oregon Health Plan & Commercial Insurers
Implementers 3091; Payers of Services 3090 and 2023
Department of Education & Schools
Strategic Partners with Hospitals and Families
Patients & "Families"
Utilizers of Services; Informants on Effectiveness of Implementation
University of Oregon Prevention Science Lab
Evaluation and Implementation Support
Oregon Alliance to Prevent Suicide
Coalition of Subject Matter Experts; Advocacy Voice for Effective Implementation
"3090"
Emergency Dept Transitions
ORS 441.015 to 441.063
OAR 335-520-0070
Safe Transitions
"3091"
Case Coordination & Case Management
ORS 743A.168
OAR 836-053-1403
"2023"
In-Patient Discharge
ORS 441.196
OAR 333-505-0055
Legislature:
Alissa Keny-Guyer, Sara Gelser, Andrea Salinas

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…