

30 November 2021

To: Oregon Health Authority

From: Transitions of Care Committee within the Oregon Alliance to Prevent Suicide

RE: HB 3090 Emergency Department Release Survey of Hospitals 2021 Legislative Report

After reviewing the legislative report of the HB 3090 survey, the Transitions of Care Committee within the Oregon Alliance to Prevent Suicide has the following feedback:

Overall feedback:

- It was noted that resources were a barrier to different requirements being implemented. This could be addressed and a positive impact could be made depending on where responsibility lies in the system. It would be important to see where specific infrastructure already exists in the system to build on processes that already exist.
- This report should be used everywhere that it can be leveraged to address the behavioral health workforce shortage.

Lack of Hospital Policies Available on Public Facing Websites or Provided to Patients:

- Policy summaries should be provided to patients and lay caregivers in plain language upon admit AND discharge to ensure patient and lay caregiver understand these requirements.
- It is suggested that policy summaries should also be available on hospital websites. We understand that the survey asks if the requirements are being met and not how they are being met however, when a scan was done of public information on hospital websites, we were unable to find any information. This would increase accessibility to patients and lay caregivers.

Misinterpretation of Rules by Hospitals:

- The review of current guidance to hospitals, patients, families, and caregivers should be completed by December 2022.
- When policies are finalized, staff need to be trained on them: that they exist and what they entail.

Responsibility of Hospitals When Contracting Out Rule Requirements:

- Regular quality improvement assessments should be completed every two years.
- The mental health workgroup should consider the unique barriers for houseless adults AND when patients experience substance use disorders (SUD) and co-occurring disorders.

Lack of Understanding on How Companion Bill, HB 3091, Supports Implementation Efforts:

- This should also look at how rules align with HB 3019 (2021).

Lack of Referral Options for Hospitals to Support Patients in Care Coordination:

- Add specificity regarding Crisis Psychiatric Emergency Programs
- We suggest that recommendation 3 should read as follow, “Develop AND enhance community resources in rural communities to support rural hospital execution of care coordination rules.” This should also be funded.

Need to Review Staff Appropriate to Provide Services:

- “Some mental health training” is not specific enough for this section. Examples of topics and areas of focus should be included.

DRAFT