

Transitions of Care

Things we are currently working on / in our workplan:

1. Continuing to monitor HB 3090 implementation, specifically the following recommendations. We decided we wanted to take a *monitoring role* with these and ask for updates from OHA and other responsible parties on a regular basis, but haven't specified a timeline yet:
 - a. To address the Lack of Understanding about how policies are meeting intended goals, The Legislature should integrate these requirements into larger behavioral health improvement efforts, such as the Behavioral Health Committee required by HB 2086 (2021), to support robust accountability metrics. This outcome and performance management should consider the unique barriers of and for the following:
 - » Hospitals in different regions of the state
 - » Populations, including children
 - » Houseless adults, and
 - » Patients who experience substance use disorders (SUD) with co-occurring disorders.
 - b. To address the Lack of Understanding on How Companion Bill, HB 3091, OHA will issue guidance for hospitals on how to receive reimbursement for required services. OHA will also recommend administrative rule changes needed to address reimbursement challenges.
 - c. To address the Lack of approved staff to provide services, OHA will propose changes to OARs to set criteria for what types of personnel can be trained to provide caring contacts.
 - d. To address the Lack of approved staff to provide services, Hospitals should provide training to nurses and nurse case managers on:
 - » Use of a person's pronoun
 - » Use of person-centered language, and
 - » Techniques to identify psychosocial issues in a nonjudgmental way.

- e. To address the Lack of approved staff to provide services, Hospitals should provide sufficient mental health training for staff, especially in rural areas. This training needs to be culturally responsive and trauma-informed.
2. Things from the Alissa Keny-Guyer letter still on our to-do list. The roles we want to have with each one are different so I marked the specific role next to the action item:
- a. *Consult on*: Identify and Create a forum for the sharing of completed work, including audit forms, implementation tools, and contact lists
 - b. *Consult on*: 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. TOC draft guidance and OHA implement.
 - c. *Stay informed of*: DCBS to report on any efforts and findings in regard to implementation, enforcement and complaint procedures associated with ORS 743A.168 (HB3091). This discusses billing issues and a lack of billing codes for hospital reimbursements.
 - d. *Consult on, monitor, and advocate for*: 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. Who could be a new legislative champion for this work? Someone in the house health committee? Duplicate action to the AKG letter could come from TOC?
3. 2023 YSIPP Initiative we are responsible for:
- a. 3.1.1.2 The Alliance will pursue involvement and seek representation on the Oregon Health Policy Board's Behavioral Health Committee and monitor OHA's efforts to implement recommendations of the HB 3090 report.

Things we the committee has thought about adding:

1. YSIPP Initiatives:

- a. Mobile Response and Support Services (MRSS) system is being developed in Oregon, including a children's specific system.
- b. Identify infrastructure needs for mobile crisis response and stabilization services for statewide access.
- c. Caring Contacts billing code activated in Medicaid
- d. ODE and OHA will publish a toolkit for universal suicide risk assessment, screenings, and safety planning.
- e. HB 2315 Rulemaking process will include recommendations from OHA defining continuing education opportunities that are applicable and relevant to meet the suicide prevention training requirement for re-licensure.

2. Committee member ideas:

- a. Look at transitions from
 - i. Residential care
 - ii. Corrections (OYA)
 - iii. Could partner with Schools committee: Higher levels of care back into schools
 1. Transitions from care (ED, inpatient, sub- acute, residential) back into schools.
 2. As a school district we have run into challenges with treatment providers telling families inaccuracies of what the Schools can do when students enter programs. No all districts have online options and are requires to drop a student after 10 days of absence.
 - iv. Could partner with Data & Evaluation Committee: Look closer at suicide attempt data for help with better transitions
 - v. Transitional Age Youth (18-24)
 - vi. Co-occurring disorders (MH and SUD)
 - vii. Transitions into higher levels of care not just out of