

>> Emergency Department
Discharge Practices
for Behavioral Health
Crisis Care: A Statewide
Survey of Hospitals

Legislative Report

Contents

» Acknowledgments.....	3
» Executive summary.....	4
» Background	6
» Methods	9
» Key findings.....	12
» Implementation rate	12
» Table 1: Statewide implementation rate	12
» Figure 1: Implementation rate by hospital type	14
» Figure 2: Implementation rate by health system status	14
» Barriers to implementation.....	14
» Table 2: Statewide barriers to implementation	15
» Table 3: Barriers to implementation by urban or rural hospital status	16
» Table 4: Barriers to implementation by health system status	17
» Summary.....	19
» Barriers and recommendations.....	20
» Appendix 1: Summary of HB 3090 Survey Responses	24

Acknowledgments

This survey implementation, findings and recommendations were a collaborative effort between the:

Oregon Health Authority (OHA)

- Public Health Division
- Health Policy and Analytics Division
- Health Systems Division

Oregon Alliance to Prevent Suicide (the Alliance)

Oregon Association of Hospital and Health Systems (OAHHS)

OHA would like to thank Oregon's hospital and health systems, OAHHS, the Alliance and suicide prevention advocates that supported the survey development, implementation and recommendation development.

Executive summary

To comply with House Bill (HB) 3090 (2017), the Oregon Health Authority (OHA) conducted a second survey in 2021 among the 60 Oregon hospitals with emergency departments (EDs). The purpose was to compile information on the progress of implementing discharge policies for patients released from a hospital ED following treatment for a behavioral health crisis. Also, to identify barriers hospitals faced to successfully implementing these policies in the ED. The survey collected information on the implementation of the administrative rule requirements to inform technical assistance to hospitals, not to measure compliance.

Multiple partners, including the Oregon Association of Hospital and Health Systems (OAHHS) and the Oregon Alliance to Prevent Suicide (the Alliance) identified the need to conduct this additional survey to:

- Ensure a higher response rate from all 60 hospitals
- Target hospital staff familiar with the development and implementation of HB 3090 requirements to gather informed responses
- Gather partner feedback on survey development, and
- Inform recommendations based on survey results.

At the close of the survey, all 60 hospitals had given a response. Hospital responses were de-identified.

The survey consisted of 17 questions developed using the policy requirements in:

- OAR 333-520-0070(4)
- OAR 333-520-0070(5), and
- OAR 333-505-0055(2)(a)(B)-(D) and (3).

Two additional optional questions were about:

- Access to training on policies and issues, or
- Concerns about billing and reimbursement.

OHA gave partners several opportunities to inform survey and report development through partner meetings and written comments. Partners, including OAHHS and the Alliance, were vital to ensure the survey led to useful responses to inform report recommendations.

Survey findings include:

- The average statewide implementation of required components among hospitals was 84%
- Overall, urban hospitals had higher implementation percentages compared with rural hospitals
- Hospitals in a multi-hospital health system showed higher overall implementation percentages compared with those in a single hospital health system
- The most cited barrier to implementation was the lack of hospital resources; the primary barriers were issues with budget, funding or staff availability
- Rural hospitals cited more varied barriers than urban hospitals
- Availability of community resources was a greater problem for rural hospitals than for urban hospitals
- Hospitals in multi-hospital health systems were more likely to note the policy requirement as part of contracted services of another entity, and
- Almost half (26) of the hospitals indicated they either did not know they could bill for these services or were facing challenges in billing for services.

The responses to the survey identified the following barriers preventing full implementation:

- Lack of hospital policies available on public-facing websites or provided to patients
- Misinterpretation of rules by hospitals
- Responsibility of hospitals when contracting out rule requirements
- Lack of understanding of how policies meet intended goals
- Lack of understanding of how companion bill HB 3091 supports implementation efforts
- Lack of referral options for hospitals to support patients with care coordination, and
- Lack of approved staff to provide services.

Recommended action steps based on these barriers will require capacity and funding to implement beyond that defined in HB 3090 and corresponding rules and statutes. Recommendation implementation will also require a broad set of partners to ensure that needs are fully addressed.

Background

In 2015, the Oregon Legislature passed HB 2023 directing hospitals to adopt and enforce discharge policies for patients admitted to a hospital for mental health treatment. The legislation required the policies to be publicly available and contain several requirements including:

- Encouraging the patient to sign an authorization for the disclosure of information so a lay caregiver may:
 - » Take part in the patient's discharge planning, and
 - » Provide the right support to the patient following discharge
- Suicide risk assessment
- Assessment of:
 - » Long-term needs
 - » Community-based services, and
 - » Patient's capacity for self-care
- A process to coordinate the patient's care and transition the patient from inpatient to outpatient treatment, and
- Scheduling a follow-up appointment for no later than seven days after discharge or documenting why the goal could not be met.

In 2017, HB 3090 was put into law by the Oregon Legislature. This bill requires hospitals with emergency departments (EDs) to adopt and enforce the same policy requirements for the release of patients from the hospital's ED following treatment for a behavioral health crisis. This includes suicide prevention and intervention measures that must be taken, if necessary. Measures include:

- Behavioral health assessment conducted by a behavioral health clinician
- Patient risk assessment and if indicated, development of a safety plan and lethal means counseling
- A process for case management, and
- A process to arrange caring contacts to transition a patient to outpatient services. Caring contacts must be attempted within 48 hours of release.

In August 2018, the Oregon Health Authority (OHA) amended Oregon Administrative Rules (OARs) related to hospitals in response to requests seeking clarification on:

- Inpatient discharge planning requirements, and
- Implementing requirements of HB 3090, codified under ORS 441.053.

The legislation further required OHA to:

- Compile information about hospitals' progress on and barriers to adopting and implementing policies, and
- Recommend legislative changes necessary to improve behavioral outcomes for persons released from the ED following treatment for a behavioral health crisis.

A survey conducted in March 2019 had a low response rate. Therefore, the findings were not conclusive. OHA received requests from the Oregon Alliance to Prevent Suicide (the Alliance) and the Oregon Association of Hospital and Health Systems (OAHHS) to repeat the survey with partner input and better coordination with appropriate hospital representatives familiar with implementation work.

Multiple partners, including OAHHS and the Alliance, identified the need to conduct this additional survey to:

- Ensure a higher response rate from all 60 hospitals
- Target hospital staff familiar with developing and implementing HB 3090 requirements, to gather informed responses
- Gather partner feedback on survey development, and
- Inform recommendations based on survey results.

In response, OHA conducted another survey, which resulted in this revised report. The purpose of the survey was to collect information on the implementation of the administrative rule requirements to inform technical assistance to hospitals, not for compliance.

The survey had 14 questions developed using the policy requirements in:

- OAR 333-520-0070(4)
- OAR 333-520-0070(5), and
- OAR 333-505-0055(2)(a)(B)-(D) and (3).

Two additional optional questions were about:

- Access to training on the policies, and
- Concerns about billing and reimbursement.

OHA gave several opportunities for partners to inform survey and report development including:

- Provided draft survey questions for review on Dec. 17, 2020, with a deadline to give written feedback by Jan. 8, 2021
- Held a Jan. 8, 2021 meeting to review draft survey questions and give feedback
- Provided revised survey questions for review on Feb. 11, 2021, with a deadline to give written feedback by Feb. 25, 2021
- Provided a summary of survey results on July 12, 2021
- Held a July 30, 2021 meeting to review survey results and discuss recommendations to include in this report, and
- Provided draft recommendations to the partner group on Nov. 5, 2021, with a deadline to give written feedback by Nov. 19, 2021.

Partners have been vital to ensure the survey led to a high response rate and inform survey recommendations and corresponding action steps.

HB 3091, a companion bill to HB 3090, also passed in 2017, requires coordinated care organizations to provide and prioritize behavioral health services for members. This includes behavioral health assessments and medically necessary treatments for members experiencing a behavioral health crisis. The measure also requires group health insurance policies to include behavioral health and related treatments. The Department of Consumer and Business Services under OAR chapter 836, division 053, defines coverage per requirements in HB 3090 and rules adopted by OHA under OAR chapter 333, division 520. A question about billing practices specified in HB 3091 was included in the survey. The relationship between HB 3090 and HB 3091 is considered in the recommendations section of this report.

Methods

OHA fielded a survey based on administrative rule requirements to assess hospitals' implementation status and barriers. Each of the 17 distinct policy requirements in the administrative rule was in a separate survey question to determine whether a hospital was implementing the required policy and, if not, to identify the barriers to implementation.

Implementation status was determined by a yes or no response for 16 of the 17 policy requirements. The final implementation requirement allowed the hospital to select multiple responses and is not in this final analysis. However, responses are in the data appendix.

Hospitals were notified in advance that OHA would collect survey data using an online survey tool. The questions for the survey were also provided. Hospitals were encouraged to prepare material and responses before releasing the survey link to shorten the time to complete the survey. Taking part in the survey was required. Responses to the survey were not used to assess compliance. Hospital responses were de-identified.

Weekly reminders were sent to hospital contacts encouraging the completion of the online survey. At the close of the survey, all 60 eligible hospitals had submitted a response to the survey.

The percentage of hospitals responding “yes” to each question was derived at a statewide level and by hospital characteristics, including hospital type and health system status. Hospital types (diagnosis-related group (DRG), type A, and type B) are Oregon-specific and defined by statute.

Type A and B hospitals are terms for rural hospitals, as noted in 442.470(6)(a):

(6)(a) “Rural hospital” means a hospital characterized as one of the following:

(A) A type A hospital, which is a small and remote hospital that has 50 or fewer beds and is more than 30 miles from another acute inpatient care facility;

(B) A type B hospital, which is a small and rural hospital that has 50 or fewer beds and is 30 miles or less from another acute inpatient care facility;

DRG hospitals are defined in ORS 442.361(2):

(2) “DRG hospital” means a hospital that is not a type A or type B hospital and that receives Medicare reimbursement based upon diagnostic related groups.

For this report, health system status includes two classifications:

- A single hospital system, and
- A multiple hospital system.

A single hospital system is defined as either:

- A hospital that is not part of an organized health system, or
- A sole hospital in a health system.

A multiple hospital system is defined as:

- A hospital that has two or more hospitals.

These classifications are noted as “single” and “multi” in charts and tables. Forty-two hospitals are part of a multi-hospital system, 24 are urban (DRG) hospitals and 18 are rural (type A or type B). Eighteen hospitals are part of a single hospital system, three are urban and 15 are rural.

Barriers to implementation were assessed through open text entry by hospitals. The information was then reviewed and coded into a series of **common themes**:

Staff compliance: any issues with hospital staff following published policies or adapting to newly created policies.

Patient compliance: any issues with the patient’s willingness or competence to comply with discharge policies.

Electronic health record (EHR) barriers: any issues about making necessary adaptations or changes to electronic health record systems and workflows.

Community resources: any issues about the lack of community services necessary for either assessment or evaluation while in the hospital, or lack of services necessary to provide for follow-up care after discharge.

Staff training: any issues about the ability to train staff on new policies or procedures or the ability for staff to access training.

Policy in draft: the hospital is developing policies. However, they have not yet implemented them.

Current practice or no policy: the hospital follows the required policy as a standard operating procedure. However, they have not formalized or documented the practice in their policy.

Hospital resources: any issues due to the hospital lacking the funds or staffing necessary to implement.

Legal barriers: any issues with the legal interpretation of the policy, or concerns about legal liability due to policy requirements.

No barriers: hospital noted they faced no significant issues in implementation.

No reason given: any response left blank.

Contracted duty: any response that indicated the hospital uses contract services responsible for the care. Therefore, they do not have policies for their staff.

Hospitals were free to cite more than one issue. The number of cited issues varied by the policy. Top barriers to implementation are ranked on frequency.

Key findings

Implementation rate

Table 1 below is a summary of the statewide implementation rate for each policy requirement.

Table 1: Statewide implementation rate

<i>Policy number</i>	Policy requirement implementation indicator	Percentage yes
<i>P1</i>	Under OAR 333-520-0070(4)(a), does the ED policy include a process to encourage the patient to designate a lay caregiver?	90%
<i>P2</i>	Under 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?	85%
<i>P3</i>	Under 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?	97%
<i>P4a</i>	Under 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?	93%
<i>P4b</i>	If the suicide risk assessment indicates that a safety plan is needed, does the ED policy include a requirement that the ED provider develops a safety plan and conduct lethal means counseling with the patient and designated caregiver, if applicable?	85%
<i>P5a</i>	Under OAR 333-520-0070(4)(d)(A)-(C), does the ED policy have a process to assess the patient's long-term needs for community-based services?	88%
<i>P5b</i>	Under OAR 333-520-0070(4)(d)(A)-(C), does the ED policy have a process to assess the patient's long-term needs for capacity for self-care following release?	82%
<i>P5c</i>	Under OAR 333-520-0070(4)(d)(A)-(C), does the ED policy have a process to assess the patient's long-term needs for whether the patient can be properly cared for in the place where the patient resided at the time the patient presented at the ED?	82%

P6	Under OAR 333-520-0070(4)(g)(A) and (B), does the ED policy identify a process to arrange a caring contact between a patient and a provider or follow-up services for the patient to successfully transition a patient to outpatient services?	82%
P7	Under OAR 333-520-0070(4)(e), does the ED have a policy related to coordinated care as a part of discharge planning for release from the ED?	85%
P8a	Under 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?	88%
P8b	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?	78%
P9	Under 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?	80%
P10a	Under OAR 333-520-0070(4)(h), does the ED policy include a requirement that a follow-up appointment be scheduled for no later than seven calendar days of the patient's release from the ED?	85%
P10b	If a follow-up appointment cannot be scheduled within seven days, does the hospital document why?	85%
P11	Under OAR 333-520-0070(5) and OAR 333-505-0055(2)(a)(B)-(D) and (3), is the ED's Behavioral Health Crisis Discharge Planning policy posted on the hospital's website?	62%

The average statewide policy implementation percentage was 84%. The policy requirements with the lowest overall implementation percentage were:

1. Policy 8b, “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?”
2. Policy 11, “Under OAR 333-520-0070(5) and OAR 333-505-0055(2)(a)(B)-(D) is the ED’s behavioral health crisis discharge planning policy posted on the hospital’s website?”

Implementation rate varied by both hospital type and health system status. Overall, urban (DRG) hospitals had higher implementation percentages compared with rural hospitals. (Figure 1)

Figure 1: Implementation rate by hospital type



Hospitals associated with a multi-hospital health system also showed a higher overall implementation percentage compared with hospitals in a single hospital health system. (Figure 2)

Figure 2: Implementation rate by health system status



Barriers to implementation

As noted in the methods section, hospitals in a single hospital health system are predominately rural hospitals (15 rural hospitals compared to three urban hospitals). This is consistent with the finding that urban hospitals show overall higher average implementation percentages.

A review of open text responses when a response was “No” revealed 137 responses to implementation statewide. Urban hospitals provided 43 responses, while rural hospitals provided 94 responses. The 137 individual “No” responses were grouped into 12 broad themes, as described in the Methods section and the summary below. (Table 2)

Table 2: Statewide barriers to implementation

<i>Barriers preventing implementation</i>	Frequency	Percentage
<i>Hospital resources</i>	37	27%
<i>Current practice or no policy</i>	23	17%
<i>Community resources</i>	18	13%
<i>Policy in draft</i>	16	12%
<i>No reason given</i>	15	11%
<i>Contracted duty</i>	13	9%
<i>Staff compliance</i>	5	4%
<i>Staff training</i>	3	2%
<i>Legal barriers</i>	3	2%
<i>No barriers</i>	2	1%
<i>Patient compliance</i>	1	1%
<i>EHR barriers</i>	1	1%

The most cited barrier is lack of implementation was “hospital resources” which indicated issues with budget, funding or staff availability. This finding is differentiated by hospital type and health system status. Urban (DRG) hospitals account for 54% (n=20) of statewide cited hospital resources barriers. Rural (type A or B) hospitals account for 46% (n=17). Among only urban hospitals, hospital resources accounted for 47% (n=20 of 43 cited barriers) of all cited barriers to implementation. Rural hospitals accounted for 18% (n=17 of 93 cited barriers).

There is a summary in the table below of barriers by hospital type, condensed as urban (DRG) and rural (type A and type B).

Table 3: Barriers to implementation by urban or rural hospital status

<i>Barriers preventing implementation</i>	Urban	Rural
<i>Hospital resources</i>	47%	18%
<i>Current practice or no policy</i>	19%	16%
<i>Community resources</i>	9%	15%
<i>Policy in draft</i>	7%	14%
<i>Contracted duty</i>	7%	11%
<i>No reason given</i>	5%	14%
<i>Staff compliance</i>	0%	5%
<i>Staff training</i>	2%	2%
<i>Legal barriers</i>	2%	2%
<i>No barriers</i>	2%	1%
<i>Patient compliance</i>	0%	1%
<i>EHR barriers</i>	0%	1%

Rural hospitals named more varied barriers than urban hospitals. Of note, rural hospitals more often cited a lack of community resources as a barrier to implementation. This reflects their location in smaller towns outside of major population centers. Rural hospitals were also more likely to not provide a reason for a lack of implementation.

Generally, there were less varied barriers by health system status than by urban or rural status. That may be due to both multi- and single-hospital systems being a blend of both types. However, as described in the Methods section, urban hospitals are heavily skewed toward multi-hospital systems. Multi-hospital systems have an 88% share of all urban hospitals in the state, with 24 of 27 urban hospitals in the state. Meanwhile, single hospital systems only account for the remaining three urban hospitals. Multi-hospital systems are also more balanced, with 58% (24 of 42 hospitals) urban and 42% (18 of 42 hospitals) rural. Single hospital systems are skewed to rural hospitals, with 15 of 18 (83%) single hospital systems being type A or B hospitals.

Table 4: Barriers to implementation by health system status

<i>Barriers preventing implementation</i>	Multi hospital	Single hospital
<i>Hospital resources</i>	28%	26%
<i>Current practice or no policy</i>	19%	14%
<i>Community resources</i>	15%	12%
<i>Policy in draft</i>	13%	10%
<i>Contracted duty</i>	13%	6%
<i>No reason given</i>	1%	20%
<i>Staff compliance</i>	6%	1%
<i>Staff training</i>	1%	3%
<i>Legal barriers</i>	1%	3%
<i>No barriers</i>	0%	3%
<i>Patient compliance</i>	1%	0%
<i>EHR barriers</i>	0%	1%

Single-hospital systems were far more likely to provide no reason for their lack of implementation. Overall, they accounted for 14 of the 15 “no reason given” responses. Hospitals in a multi-hospital health system were more likely to have noted the policy requirement was part of the contracted services of another entity.

OHA asked two optional questions to inquire about the implementation status of discharge policies:

Have [sic] staff been able to access training on the policy?

Do you have issues or concerns with billing for these services required in HB 3090 and specifically the caring contact services as HB 3091 of 2017 states that the caring contacts and the case management services are reimbursable?

Forty hospitals responded to the question on access to training:

- Thirty-seven hospitals indicated staff had access to training, and
- Three hospitals indicated no training access for staff.

Thirty-eight hospitals responded to the question about issues or concerns about billing for services required in HB 3090:

- Twelve responded they had no issues or concerns, and
- Twenty-six responded they either did not know they could bill for these services or were facing challenges in billing for the services.
 - » Fifteen were DRG hospitals
 - » Nine were type B, and
 - » Two were type A.

Hospitals not billing for services most often commented they were unaware they could bill for the services. Other comments indicated hospitals were contracting for the services and thus not billing the service.

Detailed analysis and data findings are in the data appendix.

Summary

Overall, OHA found a high level of implementation of discharge policies required by HB 3090. Statewide, implementation status averaged 84% overall. The bill requires formal, documented policies. However, real-world execution of the required discharge practices likely exceeds 84%. The second most cited reason for a lack of implementation was that discharge requirements were current practice without a formal policy in place.

Barriers to implementation showed differences in hospital type and health system structure. Rural hospitals had a lower average implementation percentage: 73% for type A and 82% for type B hospitals. Rural hospitals cited more barriers to implementation than urban hospitals, accounting for 93 of the 137 (68%) of the responses recorded. Multi-hospital health systems had a 90% average implementation compared with a 69% average for single-hospital systems.

Lack of hospital resources was the most cited barrier to implementation. Counterintuitively, urban hospitals most often cited a lack of hospital resources as a barrier to implementation. This is a surprise since urban hospitals in Oregon are overall more financially stable and record greater operating margins than rural hospitals.¹ One possible explanation is that urban hospitals have a much higher burden of behavioral and mental health visits in their ED compared with rural hospitals. Rural hospitals also cited hospital resources as a leading cause. However, they generally indicated a broader set of challenges. The cost to implement HB 3090 in urban hospitals may be disproportionately larger than for rural hospitals. This finding should be explored further.

Community behavioral health resources were a greater problem for rural hospitals. Rural hospitals cited this in 77% of the instances. Overall, issues related to community resources made up 15% of all cited barriers to implementation for rural hospitals. This finding reflects the influence of hospital location and the lack of behavioral and mental health services outside Oregon's major population centers.

The optional questions, while incomplete, indicated a lack of awareness and support around:

- Billing and reimbursement options for services required under HB 3090, and
- The resources created under the companion bill, HB 3091.

Findings indicate that some hospitals still face challenges in fully using reimbursement opportunities created by the companion bill.

¹ See Oregon Health Authority Office of Health Analytics [Hospital Reporting Program](#) for more information on hospital financials.

Barriers and recommendations

Partner input informed the barriers and corresponding recommendations listed below, including:

- A meeting to discuss recommendations, and
- An opportunity to provide written feedback on draft recommendations.

The list also includes recommendations from OHA. Many recommendations will require capacity and funding to implement beyond what is defined in HB 3090.

Below are categories of barriers and recommended action steps to address these barriers:

Barrier: Lack of hospital policies available on public-facing websites or given to patients. Some hospitals had policies posted on their websites. However, many did not have policies at the ready. More than one-third of hospital respondents reported they do not give a summary of the ED's behavioral health crisis discharge planning policy to the patient and their lay caregiver upon admission or release from the ED.

Recommendations:

- OHA will issue a revised memo to hospitals about this requirement by summer 2022.
- Hospitals should develop policy summaries to give patients and lay caregivers upon admission and release from the ED.
- OHA and partners should review current guidance to hospitals from OHA² and OAHHS³ and identify where more guidance is necessary.
- OHA and partners should review current information from OHA⁴ and OAHHS⁵ to patients, families and caregivers and identify where there is a need for more guidance.

² Existing Guidance and Resources from Oregon Health Authority Health Care Regulation and Quality Improvement (found on the OHA website here: www.healthoregon.org/hflic/):

- [Fact sheet: Discharge planning for patients presenting with behavioral health crisis or hospitalization for mental health treatment](#)
- [Mental Health Discharge Survey Tool – Emergency Department and Mental Health Discharge Survey Tool – Inpatient Department: These tools](#), developed based on OARs, are used by surveyors when out on a complaint investigation. These tools identify what surveyors will measure and hospitals may use this information to develop appropriate policies and procedures.
- [Current List of Hospitals](#) (updated quarterly)

³ Existing Guidance and Resources from Oregon Association of Hospitals and Health Systems found on the OAHHS Behavioral Health website here, <https://www.oahhs.org/state/behavioral-health.html>:

- [OAHHS Emergency Department Mental Health Release Guidelines](#) and [OAHHS Emergency Dept. Mental Health Release Checklist](#)
- [OAHHS Inpatient Psychiatric Discharge Guidelines](#) and [OAHHS Inpatient Psychiatric Discharge Checklist](#)

⁴ Oregon Health Authority: File a Complaint or Request Record: www.healthoregon.org/facilitycomplaints: Information about the complaint process including frequently asked questions and [health care facility compliant intake form](#)

⁵ OAHHS Lay Caregiver Brochures found on the OAHHS Behavioral Health website here, <https://www.oahhs.org/state/behavioral-health.html>:

- [OAHHS Lay Caregiver Emergency Department Brochure](#) and [OAHHS Lay Caregiver Hospital Inpatient Brochure](#)

Barrier: Misinterpretation of rules by hospitals. Multiple comments in the survey alluded to some elements not being implemented due to a lack of patient compliance. An example given was the challenge of conducting a caring contact when the patient does not have a phone or is houseless. This is a misinterpretation of the rules by hospitals. Rules require hospitals to create a process that seeks to improve safer transitions outside of the hospital. These rules are about what the hospital needs to do with and for the patient as opposed to patient compliance with rules.

Recommendation:

- OHA will issue a revised memo to hospitals of this requirement and provide active outreach by summer 2022.

Barrier: Responsibility of hospitals when contracting out rule requirements.

Several hospitals identified that performing certain requirements is contracted out, such as performing caring contacts, to other service providers. This is allowable and appropriate in some cases. However, hospitals must maintain the responsibility to ensure that any contracted care activities are fulfilled.

Recommendation:

- Hospitals should ensure that contracts with vendors clearly define responsibilities, expectations and deliverables such as the vendor reporting process measures and outcomes. This accountability mechanism will ensure requirements are met by the vendor.

Barrier: Lack of understanding about how policies are meeting intended goals.

This legislation intended to ensure support for patients, families and caregivers who go to an ED with a behavioral health crisis. It is not currently well understood whether these policy changes are improving the support hospitals provide to patients and families.

Recommendations:

- The Legislature should integrate these requirements into larger behavioral health improvement efforts, such as the Behavioral Health Committee required by HB 2086, 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.

Barrier: Lack of understanding about how companion bill HB 3091 supports implementation efforts. HB 3091 (defined under ORS 441.053) was a companion bill passed with HB 3090 to address elements of care and services related to case management and care coordination that were not reimbursable. HB 3091 was developed by a workgroup representing commercial insurers and Medicaid to ensure each insurer is reimbursed at the same rate as defined in the rule. Almost half of the hospitals indicated they did not know about or are not receiving, reimbursement for services required by HB 3090/3091 and administrative rules since the rules have been in place (December 2019).

Recommendations:

- 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.
- OHA should consider convening partners to address HB 3091 barriers and identify solutions to current reimbursement issues. To inform and implement proposed solutions to identified reimbursement issues the following should be involved:
 - » The Department of Consumer and Business Services, which oversees rules related to HB 3091
 - » Hospitals, and
 - » OHA's Medicaid fee-for-service partners.
- State and local behavioral health services should leverage current mental health and behavioral health efforts such as HB 3046 (2021). This behavioral health bill defines parity. It requires insurers to cover both immediate crisis and underlying conditions and treatments.

Barriers: Lack of referral options for hospitals to support patients with care coordination. Hospitals identified a lack of organizations and agencies to refer patients to as the result of an under-resourced behavioral health system. Services continue to be underfunded or nonexistent. This was particularly identified by rural hospitals. Of hospitals that identified having strong connections to the community, a challenge was a smaller subset of people who do not engage in care coordination efforts due to a history of trauma or dislike of institutions. Barriers were identified for patients experiencing homelessness. Also, for patients who may not have phone or internet access.

Recommendations:

- Align with current state efforts to address workforce staff shortages and crisis system improvements. This includes developing the statewide crisis care system and supporting infrastructure.
- The Legislature should consider leveraging the significant behavioral health funding initiatives passed during the 2021 and 2022 legislative sessions to support the intent of HB 3090 rules.

- Hospitals should develop and enhance community resources in rural communities to support rural hospital execution of care coordination rules as a part of their:
 - » Community Health Needs Assessments, and
 - » Community Health Improvement Plans.
- Hospitals should consider the unique needs of people who have a history of trauma and dislike engagement with institutions. Also, hospitals should develop strategies and systems to support these people.
- OHA should engage coordinated care organizations to determine how community-based outpatient programs for Medicaid beneficiaries can be better used.
- Hospitals should develop creative ways to contact hard-to-reach people, including those experiencing houselessness and those who may not have a phone or internet access.
- Hospitals should encourage the use of statewide supports such as warmlines⁶ to bridge gaps in services.

Barriers: Lack of approved staff to provide services. Nurse case managers are often used to follow up with patients. Although, under the current OARs, registered nurses are not allowed to conduct caring contacts. However, not all case managers are social workers who are allowed to provide caring contacts per OARs. Nurse case managers often have the best relationship with the patient and are best to provide follow-up after an ED visit.

Recommendations:

- OHA will propose changes to OARs to set criteria for what types of personnel can be trained to provide caring contacts.
- 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.
- Hospitals should provide sufficient mental health training for staff, especially in rural areas. This training needs to be culturally responsive and trauma-informed.

⁶ A warmline is a peer-run listening line staffed by people in mental health recovery themselves or caregivers supporting people in mental health recovery. Examples in Oregon include: the [David Romprey Oregon Warmline](#), and the [Reach Out Oregon Family Support Warmline](#).

Appendix 1:

Summary of HB 3090 Survey Responses

Policy Requirement 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?

	Statewide	DRG	Type A	Type B	Multi	Single
Yes	54	25	11	18	39	15
No	4	1	1	2	2	2
No Response	2	1	0	1	1	1

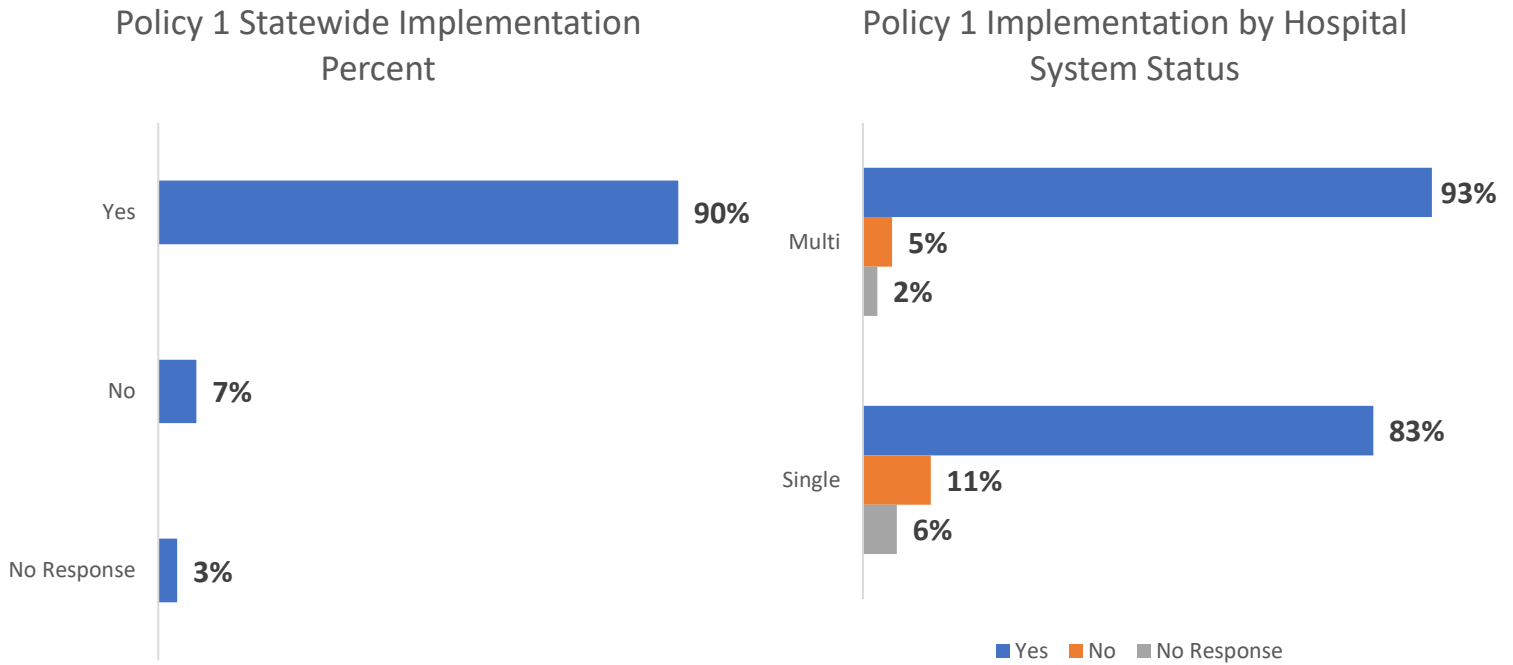
	Statewide	DRG	Type A	Type B	Multi	Single
Yes	90%	93%	92%	86%	93%	83%
No	7%	4%	8%	10%	5%	11%
No Response	3%	4%	0%	5%	2%	6%

Barriers overcome	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	7	2	2	3	5	2
Patient compliance	11	6	3	2	7	4
EHR barriers	13	9	2	2	12	1
Community resources	3	1	1	1	2	1
Staff training	8	4	1	3	7	1
Policy in draft	0	0	0	0	0	0
Current practice/No policy	0	0	0	0	0	0
Hospital resources	9	6	1	2	9	0
Legal barriers	1	1	0	0	0	1
No barriers	15	7	2	6	9	6
No reason given	0	0	0	0	0	0
Contracted duty	0	0	0	0	0	0

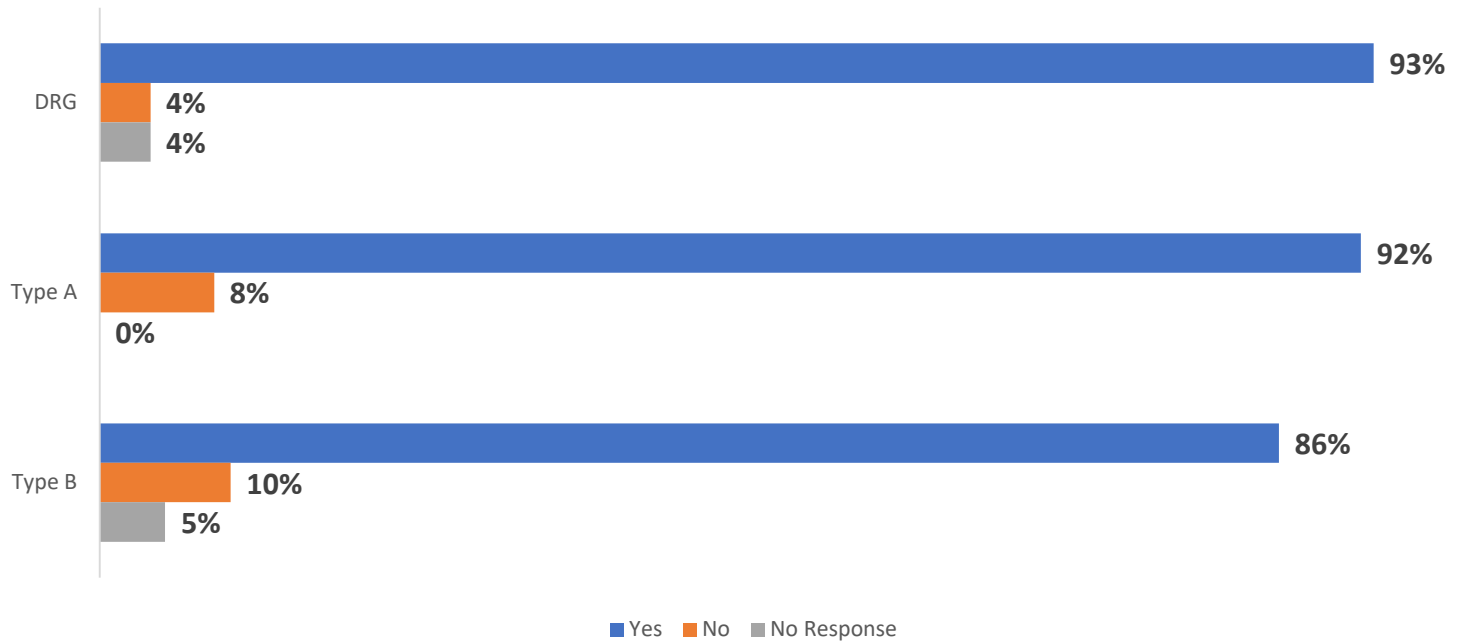
Barriers preventing implementation	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	0	0	0	0	0	0
Patient compliance	0	0	0	0	0	0
EHR barriers	0	0	0	0	0	0
Community resources	0	0	0	0	0	0
Staff training	0	0	0	0	0	0
Policy in draft	1	0	0	1	1	0
Current practice/No policy	2	1	1	0	1	1
Hospital resources	1	0	0	1	0	1
Legal barriers	0	0	0	0	0	0
No barriers	0	0	0	0	0	0
No reason given	0	0	0	0	0	0
Contracted duty	0	0	0	0	0	0

Policy Requirement 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?



Policy 1 Implementation by Hospital Type



Policy Requirement 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?

	Statewide	DRG	Type A	Type B	Multi	Single
Yes	51	24	10	17	38	13
No	9	3	2	4	4	5
No Response	0	0	0	0	0	0

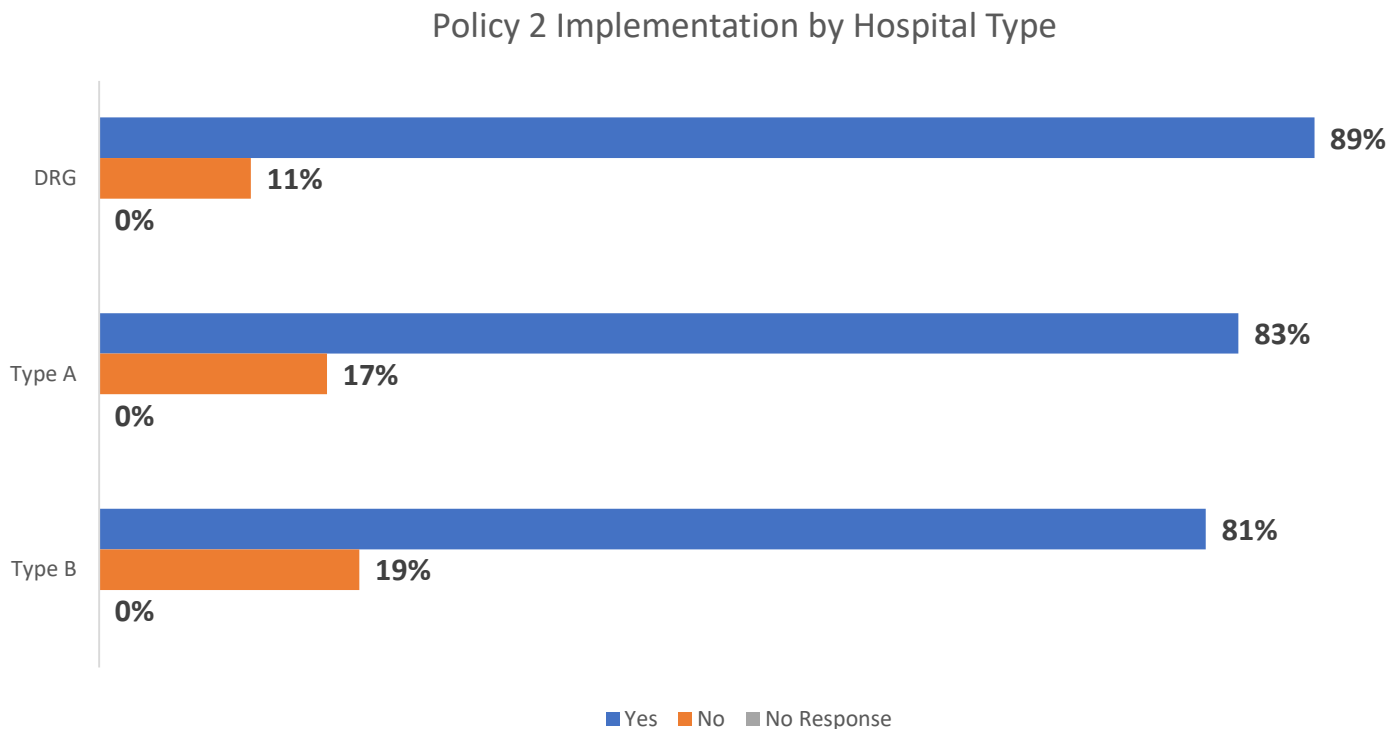
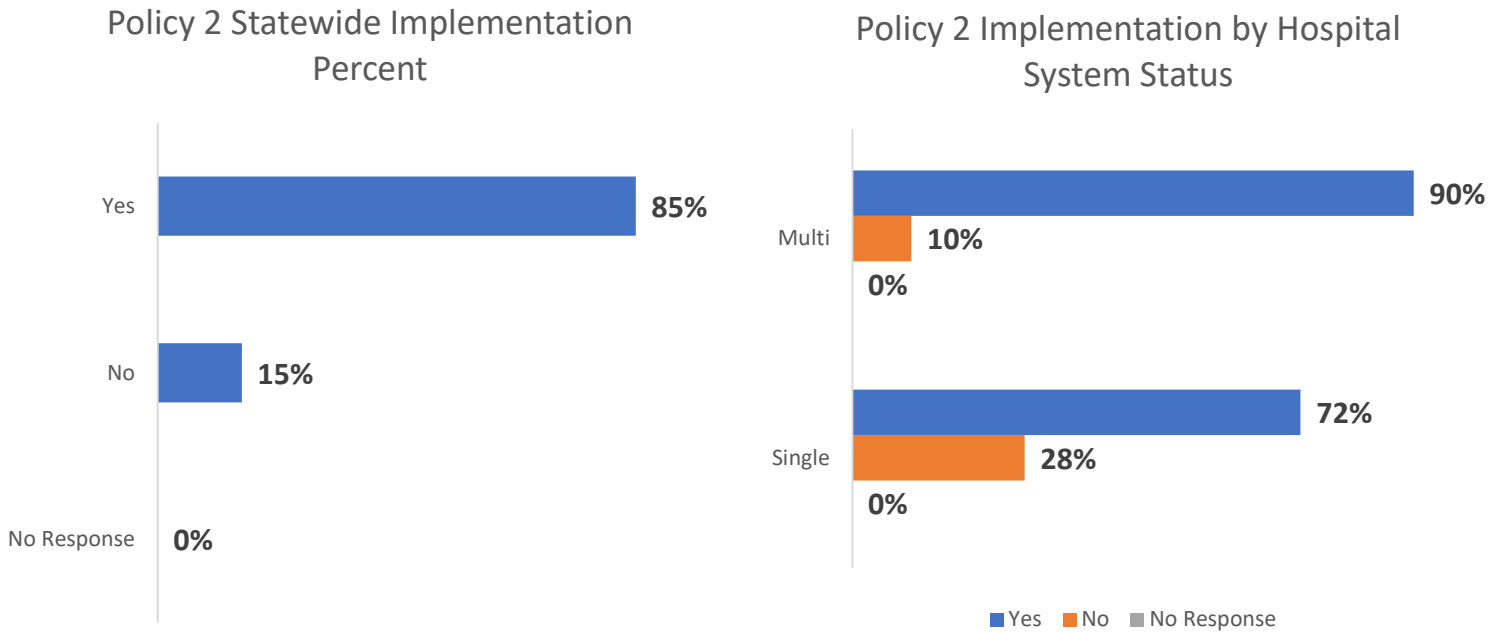
	Statewide	DRG	Type A	Type B	Multi	Single
Yes	85%	89%	83%	81%	90%	72%
No	15%	11%	17%	19%	10%	28%
No Response	0%	0%	0%	0%	0%	0%

Barriers overcome	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	8	4	2	2	6	2
Patient compliance	15	8	4	3	12	3
EHR barriers	3	2	0	1	3	0
Community resources	3	0	1	2	2	1
Staff training	4	2	0	2	2	2
Policy in draft	0	0	0	0	0	0
Current practice/No policy	0	0	0	0	0	0
Hospital resources	10	4	2	4	8	2
Legal barriers	5	3	1	1	4	1
No barriers	15	7	2	6	11	4
No reason given	0	0	0	0	0	0
Contracted duty	0	0	0	0	0	0

Barriers preventing implementation	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	0	0	0	0	0	0
Patient compliance	0	0	0	0	0	0
EHR barriers	0	0	0	0	0	0
Community resources	0	0	0	0	0	0
Staff training	0	0	0	0	0	0
Policy in draft	1	0	0	1	1	0
Current practice/No policy	4	1	1	2	2	2
Hospital resources	2	0	1	1	0	2
Legal barriers	1	1	0	0	1	0
No barriers	1	1	0	0	0	1
No reason given	0	0	0	0	0	0
Contracted duty	0	0	0	0	0	0

Policy Requirement 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?



Policy Requirement 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?

	Statewide	DRG	Type A	Type B	Multi	Single
Yes	58	27	10	21	42	16
No	2	0	2	0	0	2
No Response	0	0	0	0	0	0

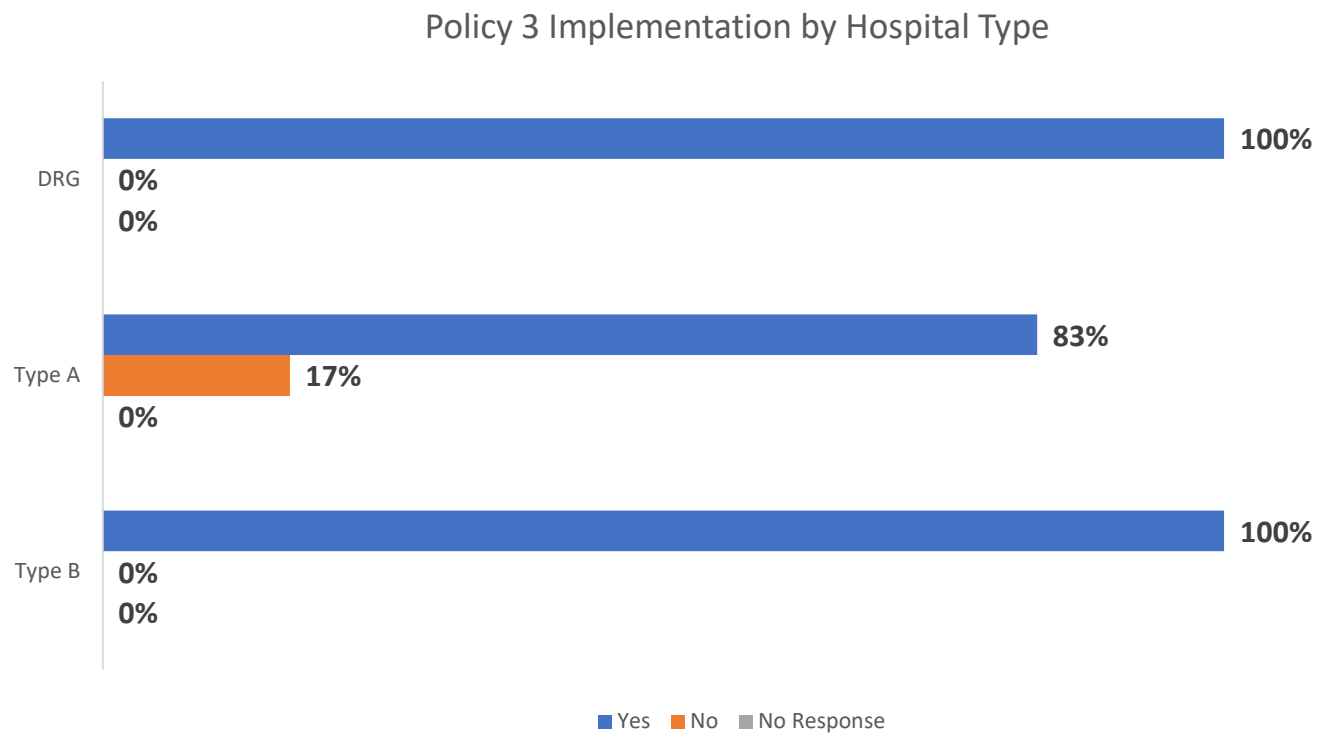
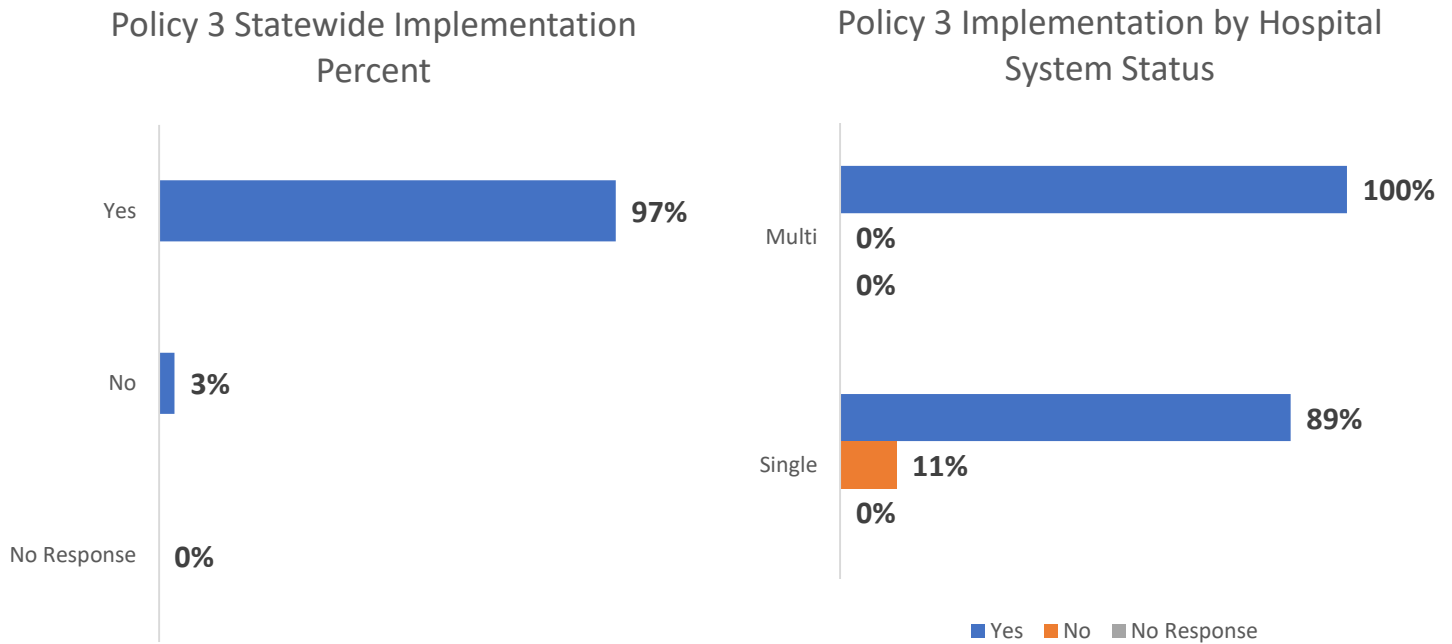
	Statewide	DRG	Type A	Type B	Multi	Single
Yes	97%	100%	83%	100%	100%	89%
No	3%	0%	17%	0%	0%	11%
No Response	0%	0%	0%	0%	0%	0%

Barriers overcome	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	0	0	0	0	0	0
Patient compliance	1	0	1	0	0	1
EHR barriers	1	0	1	0	0	1
Community resources	18	4	4	10	10	8
Staff training	8	6	1	1	8	0
Policy in draft	0	0	0	0	0	0
Current practice/No policy	0	0	0	0	0	0
Hospital resources	9	6	1	2	6	3
Legal barriers	0	0	0	0	0	0
No barriers	28	13	5	10	21	7
No reason given	0	0	0	0	0	0
Contracted duty	0	0	0	0	0	0

Barriers preventing implementation	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	0	0	0	0	0	0
Patient compliance	0	0	0	0	0	0
EHR barriers	0	0	0	0	0	0
Community resources	1	0	1	0	0	1
Staff training	0	0	0	0	0	0
Policy in draft	0	0	0	0	0	0
Current practice/No policy	1	0	1	0	0	1
Hospital resources	0	0	0	0	0	0
Legal barriers	0	0	0	0	0	0
No barriers	0	0	0	0	0	0
No reason given	0	0	0	0	0	0
Contracted duty	0	0	0	0	0	0

Policy Requirement 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?



Policy Requirement 4a

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?

	Statewide	DRG	Type A	Type B	Multi	Single
Yes	56	27	10	19	42	14
No	3	0	2	1	0	3
No Response	1	0	0	1	0	1

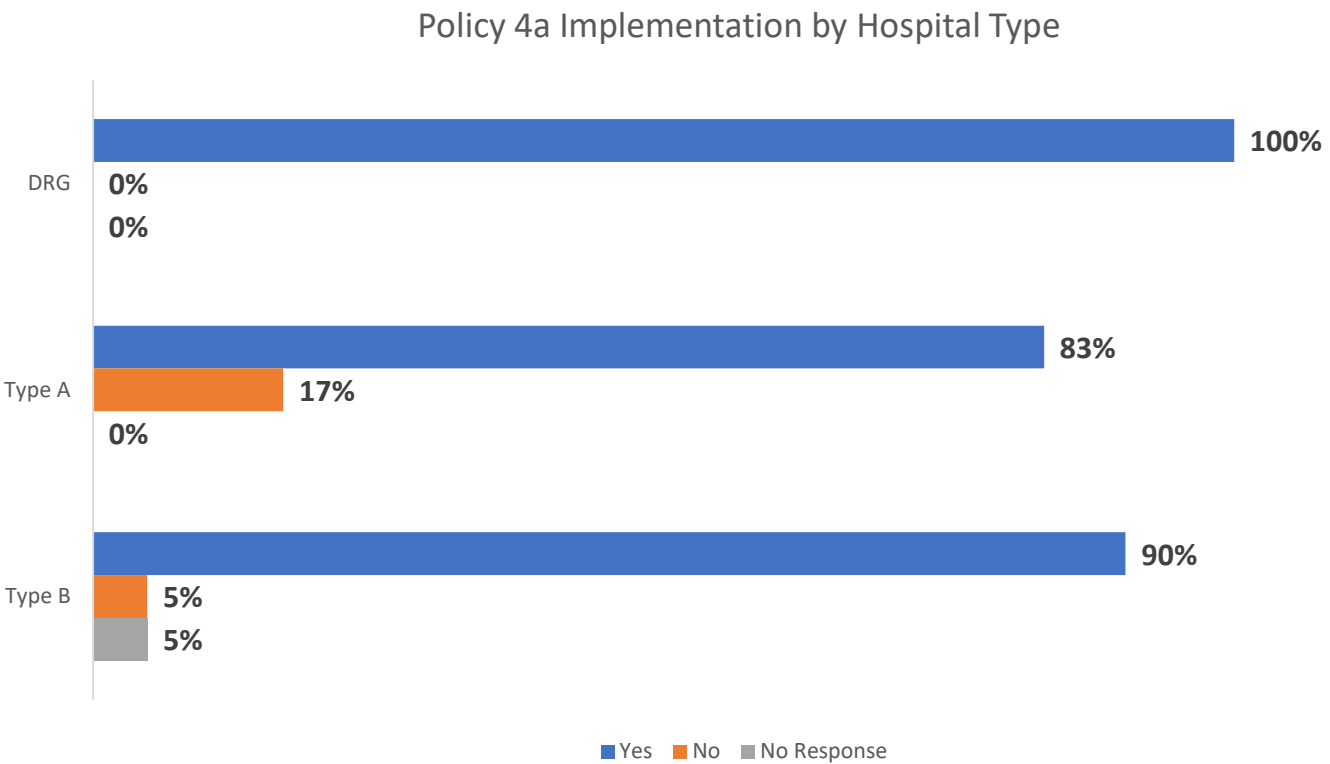
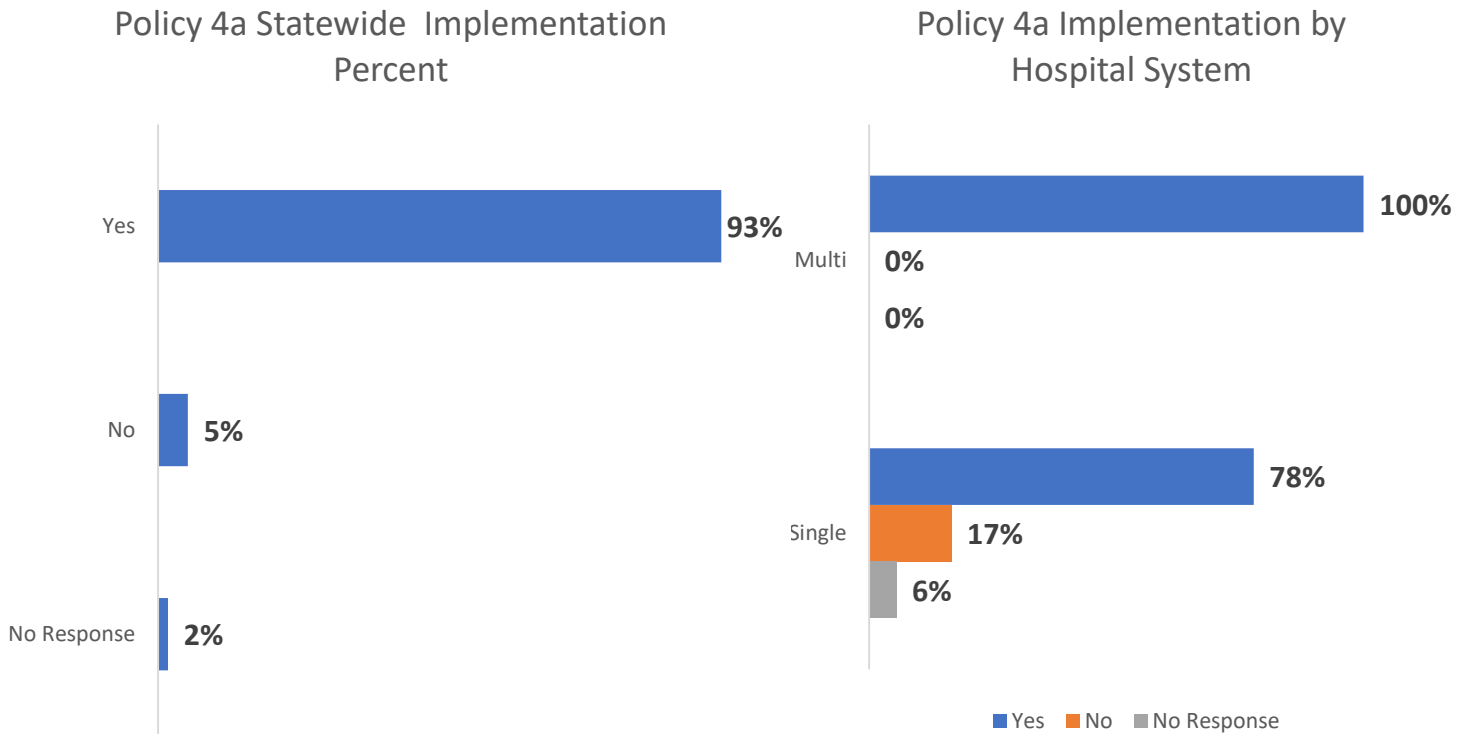
	Statewide	DRG	Type A	Type B	Multi	Single
Yes	93%	100%	83%	90%	100%	78%
No	5%	0%	17%	5%	0%	17%
No Response	2%	0%	0%	5%	0%	6%

Best Practice Tools (multiple choice allowed)

C-SSRS	50
ASQ	13
PHQ-9	3
Internally designed tool	1
Other	6

Policy Requirement 4a

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?



Policy Requirement 4b

If the suicide risk assessment indicates that a safety plan is needed, does the ED policy include a requirement that the ED provider develop a safety plan and conduct lethal means counseling with the patient and designated caregiver, if applicable?

	Statewide	DRG	Type A	Type B	Multi	Single
Yes	51	25	7	19	40	11
No	5	2	3	0	2	3
No Response	4	0	2	2	0	4

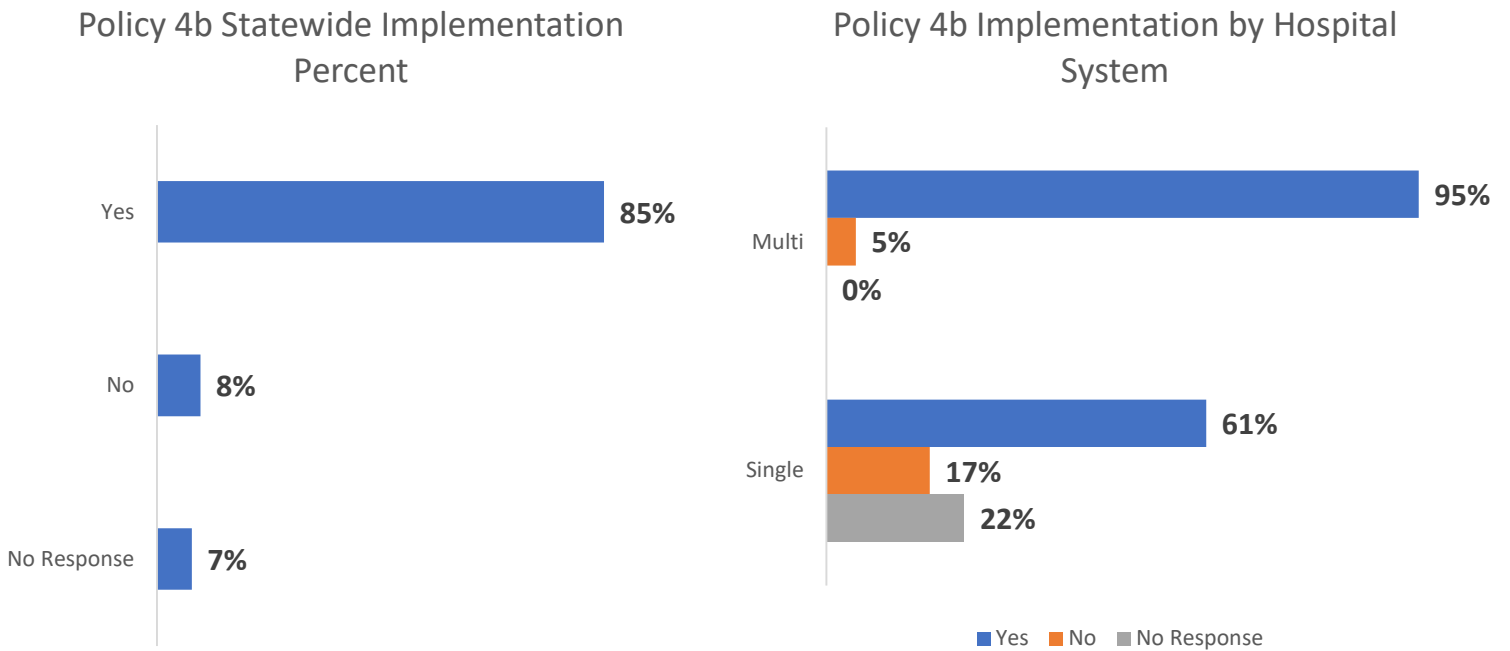
	Statewide	DRG	Type A	Type B	Multi	Single
Yes	85%	93%	58%	90%	95%	61%
No	8%	7%	25%	0%	5%	17%
No Response	7%	0%	17%	10%	0%	22%

Barriers overcome	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	1	0	1	0	0	1
Patient compliance	0	0	0	0	0	0
EHR barriers	5	2	2	1	3	2
Community resources	6	3	2	1	5	1
Staff training	3	2	0	1	3	0
Policy in draft	0	0	0	0	0	0
Current practice/No policy	0	0	0	0	0	0
Hospital resources	3	1	0	2	2	1
Legal barriers	0	0	0	0	0	0
No barriers	35	17	4	14	27	8
No reason given	0	0	0	0	0	0
Contracted duty	0	0	0	0	0	0

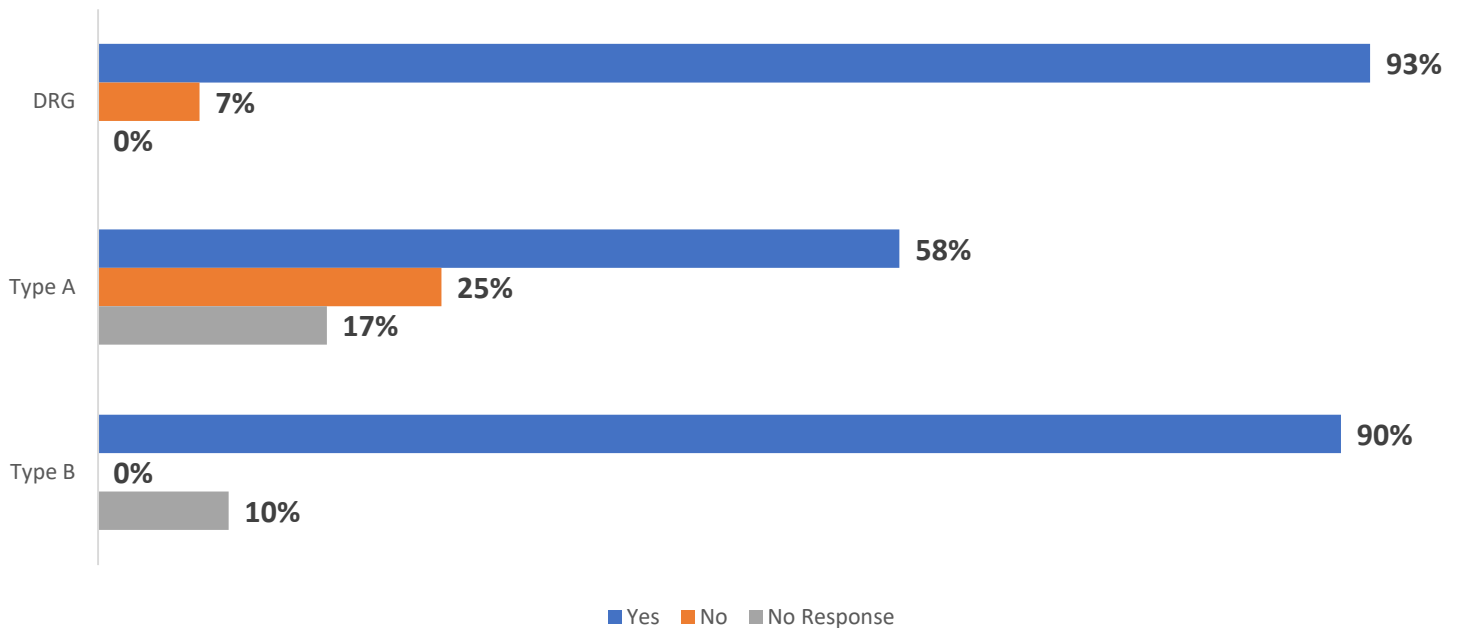
Barriers preventing implementation	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	0	0	0	0	0	0
Patient compliance	0	0	0	0	0	0
EHR barriers	0	0	0	0	0	0
Community resources	0	0	0	0	0	0
Staff training	0	0	0	0	0	0
Policy in draft	0	0	0	0	0	0
Current practice/No policy	0	0	0	0	0	0
Hospital resources	0	0	0	0	0	0
Legal barriers	1	0	1	0	0	1
No barriers	0	0	0	0	0	0
No reason given	1	1	0	0	0	1
Contracted duty	3	1	2	0	2	1

Policy Requirement 4b

If the suicide risk assessment indicates that a safety plan is needed, does the ED policy include a requirement that the ED provider develop a safety plan and conduct lethal means counseling with the patient and designated caregiver, if applicable?



Policy 4b Implementation by Hospital Type



Policy Requirement 5a

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 for community-based services?

	Statewide	DRG	Type A	Type B	Multi	Single
Yes	53	26	9	18	40	13
No	6	1	3	2	2	4
No Response	1	0	0	1	0	1

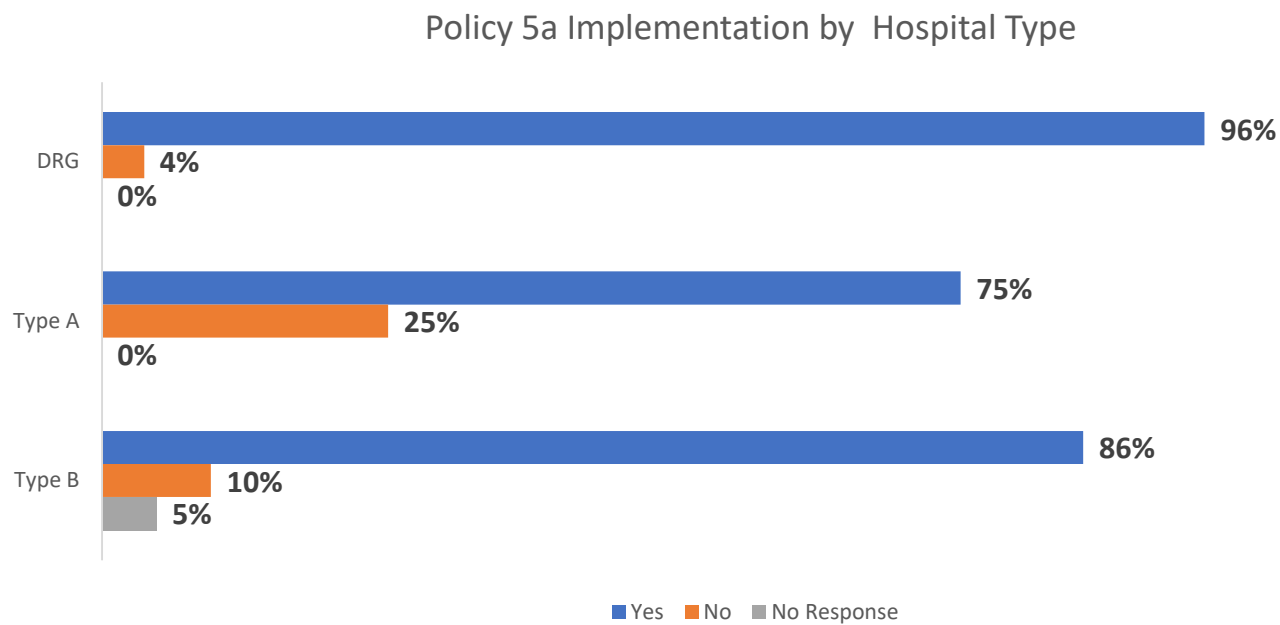
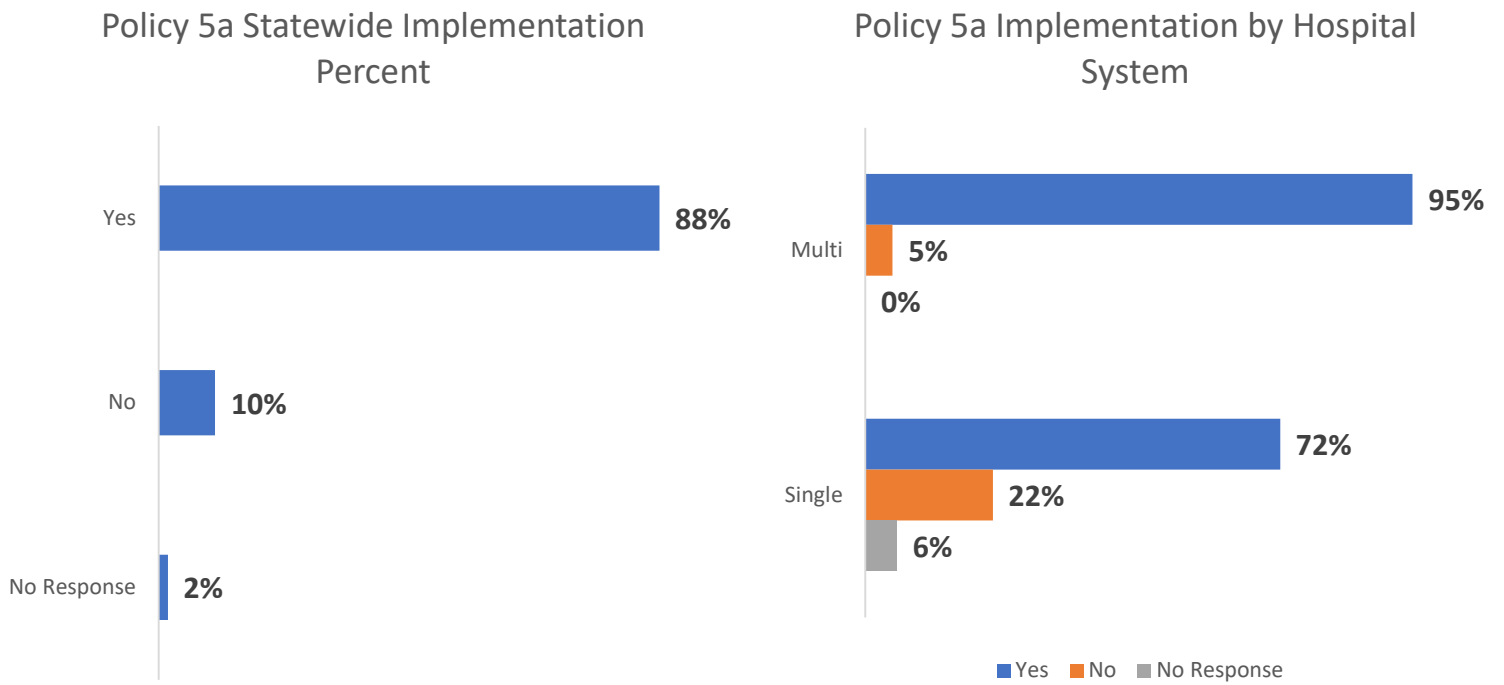
	Statewide	DRG	Type A	Type B	Multi	Single
Yes	88%	96%	75%	86%	95%	72%
No	10%	4%	25%	10%	5%	22%
No Response	2%	0%	0%	5%	0%	6%

Barriers overcome	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	0	0	0	0	0	0
Patient compliance	8	3	2	3	6	2
EHR barriers	0	0	0	0	0	0
Community resources	29	15	3	11	21	8
Staff training	3	1	0	2	3	0
Policy in draft	0	0	0	0	0	0
Current practice/No policy	0	0	0	0	0	0
Hospital resources	4	2	1	1	3	1
Legal barriers	0	0	0	0	0	0
No barriers	19	9	4	6	15	4
No reason given	0	0	0	0	0	0
Contracted duty	0	0	0	0	0	0

Barriers preventing implementation	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	0	0	0	0	0	0
Patient compliance	0	0	0	0	0	0
EHR barriers	0	0	0	0	0	0
Community resources	3	0	2	1	0	3
Staff training	0	0	0	0	0	0
Policy in draft	0	0	0	0	0	0
Current practice/No policy	3	1	1	1	2	1
Hospital resources	0	0	0	0	0	0
Legal barriers	0	0	0	0	0	0
No barriers	0	0	0	0	0	0
No reason given	0	0	0	0	0	0
Contracted duty	0	0	0	0	0	0

Policy Requirement 5a

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 for community-based services?



Policy Requirement 5b

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 for capacity for self-care following release?

	Statewide	DRG	Type A	Type B	Multi	Single
Yes	49	23	9	17	36	13
No	10	4	3	3	6	4
No Response	1	0	0	1	0	1

	Statewide	DRG	Type A	Type B	Multi	Single
Yes	82%	85%	75%	81%	86%	72%
No	17%	15%	25%	14%	14%	22%
No Response	2%	0%	0%	5%	0%	6%

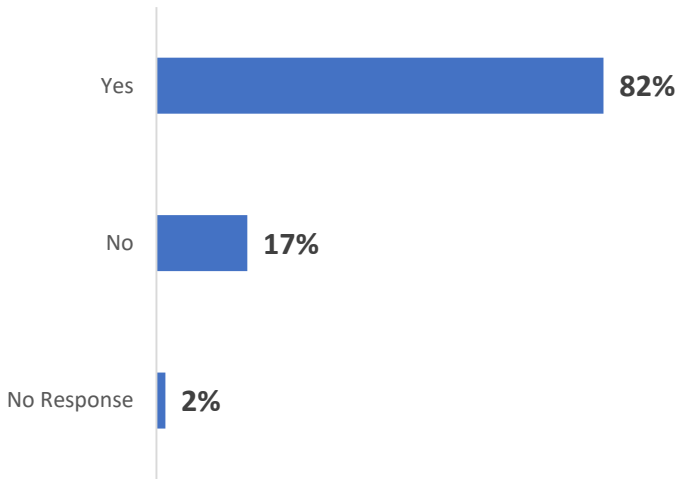
Barriers overcome	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	2	0	1	1	1	1
Patient compliance	7	3	1	3	4	3
EHR barriers	0	0	0	0	0	0
Community resources	8	4	2	2	5	3
Staff training	1	1	0	0	1	0
Policy in draft	0	0	0	0	0	0
Current practice/No policy	0	0	0	0	0	0
Hospital resources	2	2	0	0	1	1
Legal barriers	0	0	0	0	0	0
No barriers	32	15	6	11	25	7
No reason given	0	0	0	0	0	0
Contracted duty	0	0	0	0	0	0

Barriers preventing implementation	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	0	0	0	0	0	0
Patient compliance	0	0	0	0	0	0
EHR barriers	0	0	0	0	0	0
Community resources	4	1	1	2	3	1
Staff training	0	0	0	0	0	0
Policy in draft	0	0	0	0	0	0
Current practice/No policy	3	1	1	1	2	1
Hospital resources	5	3	1	1	3	2
Legal barriers	0	0	0	0	0	0
No barriers	0	0	0	0	0	0
No reason given	0	0	0	0	0	0
Contracted duty	0	0	0	0	0	0

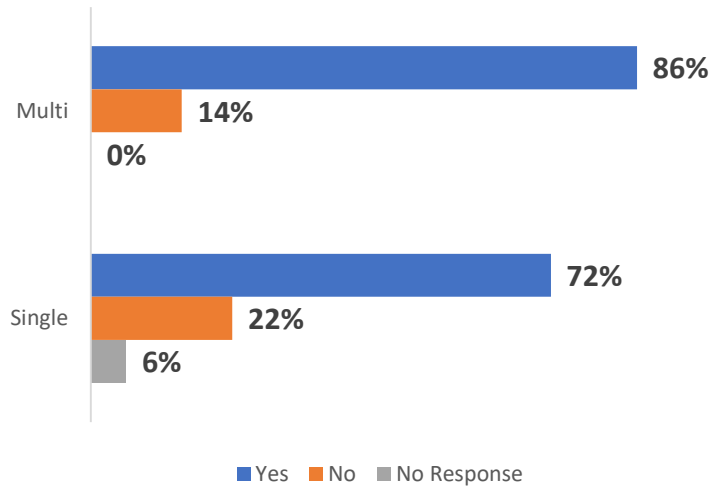
Policy Requirement 5b

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 for capacity for self-care following release?

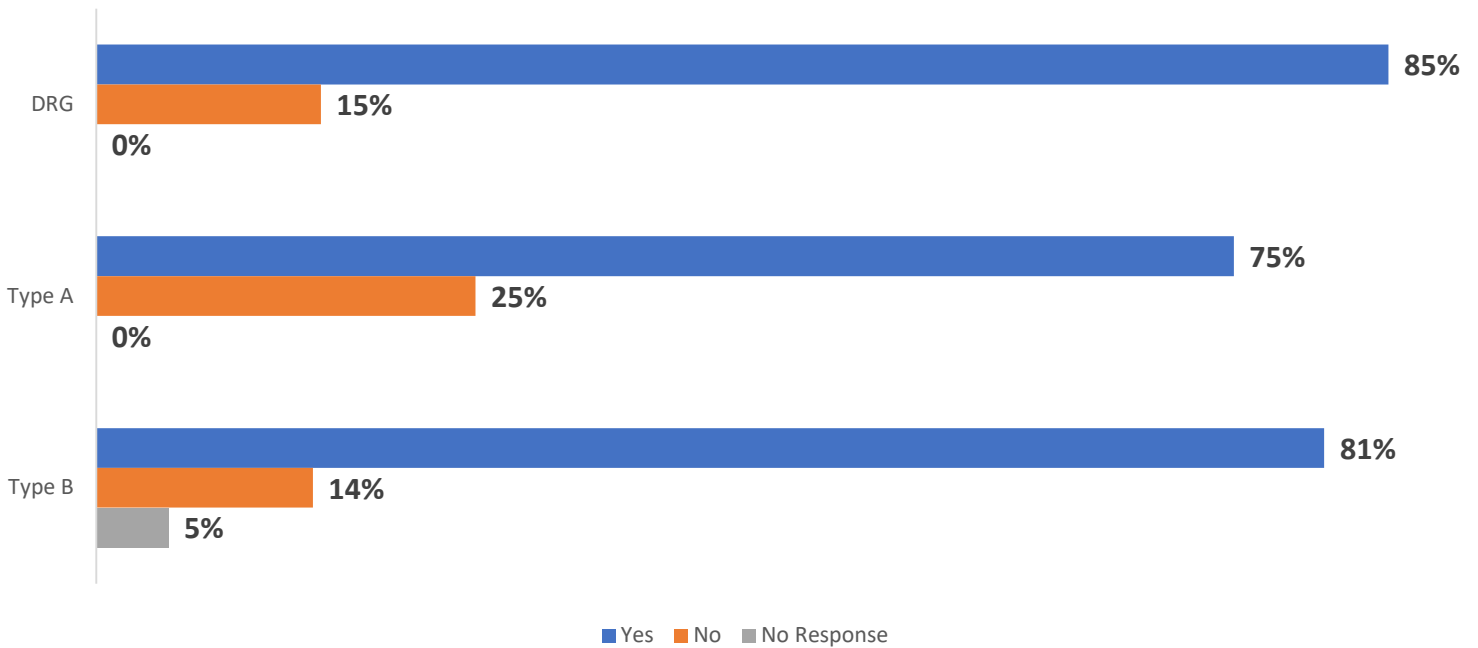
Policy 5b Statewide Implementation Percent



Policy 5b Implementation by Hospital System



Policy 5b Implementation by Hospital Type



Policy Requirement 5c

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 for whether the patient can be properly cared for in the place where the patient resided at the time the patient presented at the ED?

	Statewide	DRG	Type A	Type B	Multi	Single
Yes	49	23	9	17	37	12
No	10	4	3	3	5	5
No Response	1	0	0	1	0	1

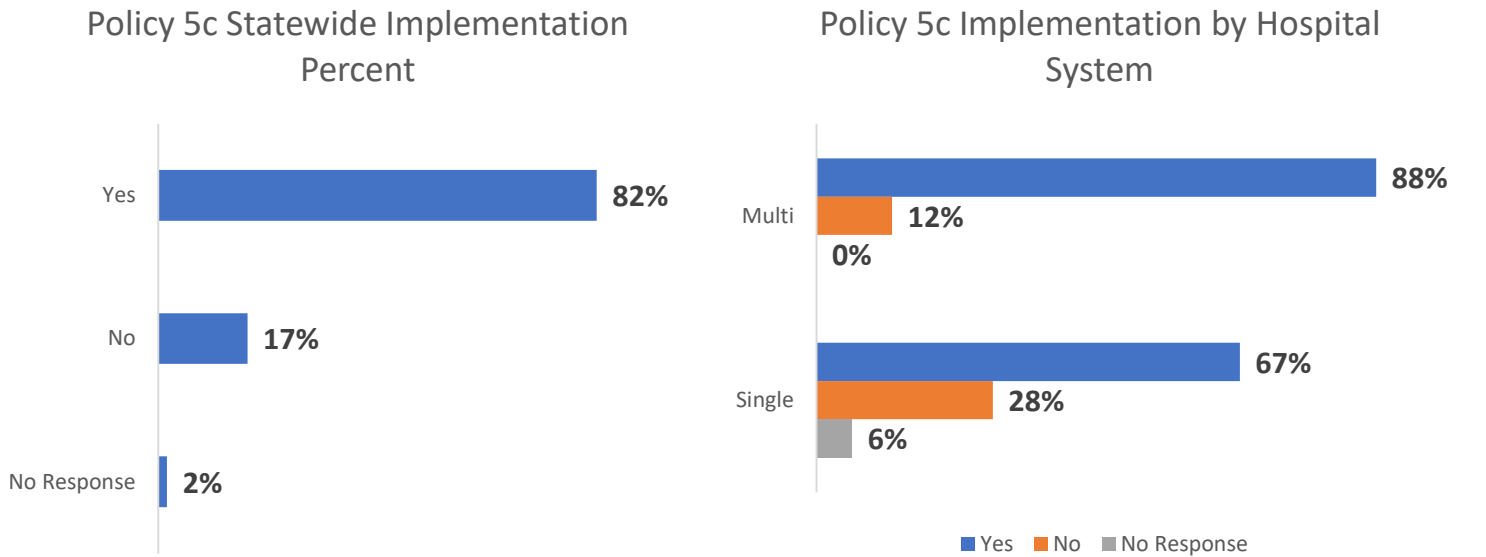
	Statewide	DRG	Type A	Type B	Multi	Single
Yes	82%	85%	75%	81%	88%	67%
No	17%	15%	25%	14%	12%	28%
No Response	2%	0%	0%	5%	0%	6%

Barriers overcome	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	3	0	1	2	1	2
Patient compliance	2	1	0	3	2	0
EHR barriers	0	0	0	0	0	0
Community resources	12	4	4	2	7	5
Staff training	1	1	0	0	1	0
Policy in draft	0	0	0	0	0	0
Current practice/No policy	0	0	0	0	0	0
Hospital resources	1	0	0	0	0	1
Legal barriers	0	0	0	0	0	0
No barriers	34	18	5	11	28	6
No reason given	0	0	0	0	0	0
Contracted duty	0	0	0	0	0	0

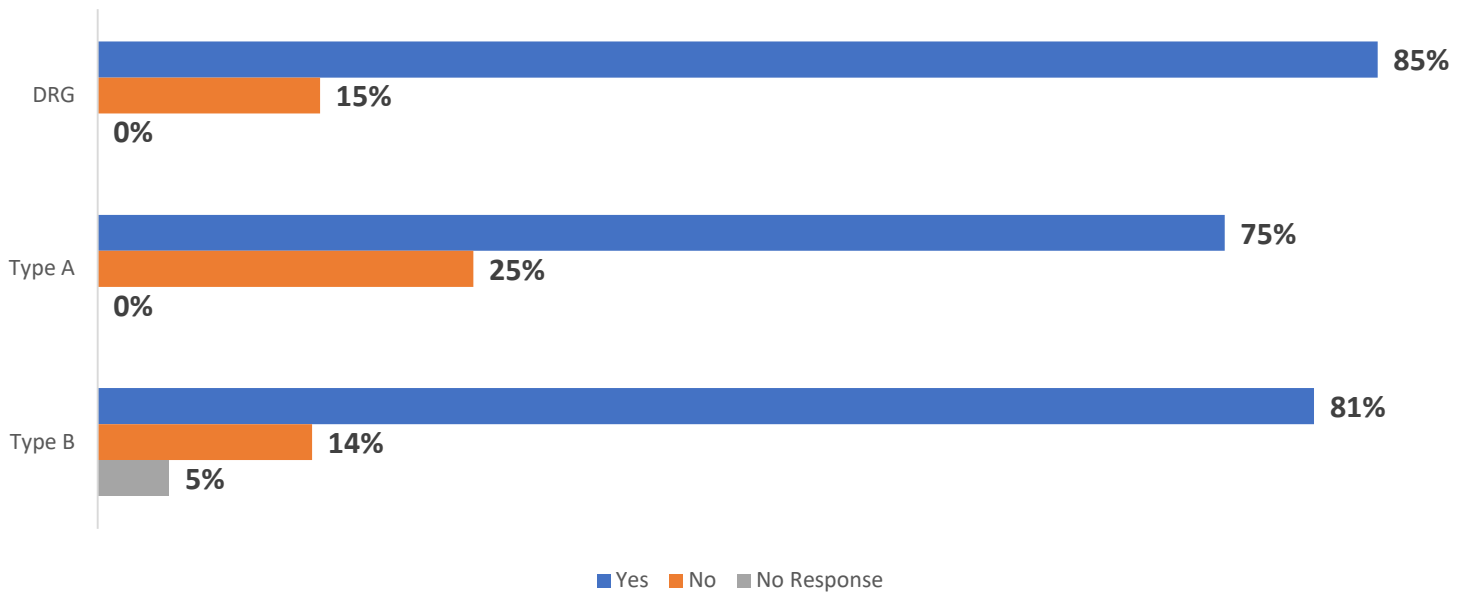
Barriers preventing implementation	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	0	0	0	0	0	0
Patient compliance	0	0	0	0	0	0
EHR barriers	0	0	0	0	0	0
Community resources	1	0	0	1	1	0
Staff training	1	1	0	0	1	0
Policy in draft	0	0	0	0	0	0
Current practice/No policy	2	1	0	1	1	1
Hospital resources	7	3	2	2	4	3
Legal barriers	0	0	0	0	0	0
No barriers	0	0	0	0	0	0
No reason given	1	0	1	0	0	1
Contracted duty	0	0	0	0	0	0

Policy Requirement 5c

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 for whether the patient can be properly cared for in the place where the patient resided at the time the patient presented at the ED?



Policy 5c Implementation Hospital Type



Policy Requirement 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

	Statewide	DRG	Type A	Type B	Multi	Single
Yes	49	23	10	16	36	13
No	10	4	2	4	6	4
No Response	1	0	0	1	0	1

	Statewide	DRG	Type A	Type B	Multi	Single
Yes	82%	85%	83%	76%	86%	72%
No	17%	15%	17%	19%	14%	22%
No Response	2%	0%	0%	5%	0%	6%

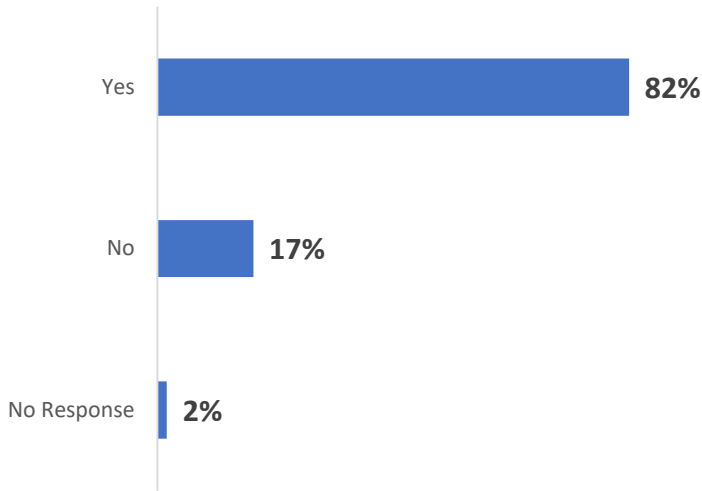
Barriers overcome	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	2	1	0	1	2	0
Patient compliance	8	2	4	2	5	3
EHR barriers	1	1	0	0	1	0
Community resources	6	2	0	4	4	2
Staff training	0	0	0	0	0	0
Policy in draft	0	0	0	0	0	0
Current practice/No policy	0	0	0	0	0	0
Hospital resources	15	9	2	4	13	2
Legal barriers	0	0	0	0	0	0
No barriers	20	10	4	6	14	6
No reason given	0	0	0	0	0	0
Contracted duty	0	0	0	0	0	0

Barriers preventing implementation	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	0	0	0	0	0	0
Patient compliance	0	0	0	0	0	0
EHR barriers	0	0	0	0	0	0
Community resources	3	2	0	1	1	2
Staff training	0	0	0	0	0	0
Policy in draft	0	0	0	0	0	0
Current practice/No policy	2	0	1	1	2	0
Hospital resources	3	2	0	1	3	0
Legal barriers	0	0	0	0	0	0
No barriers	0	0	0	0	0	0
No reason given	2	0	1	1	0	2
Contracted duty	0	0	0	0	0	0

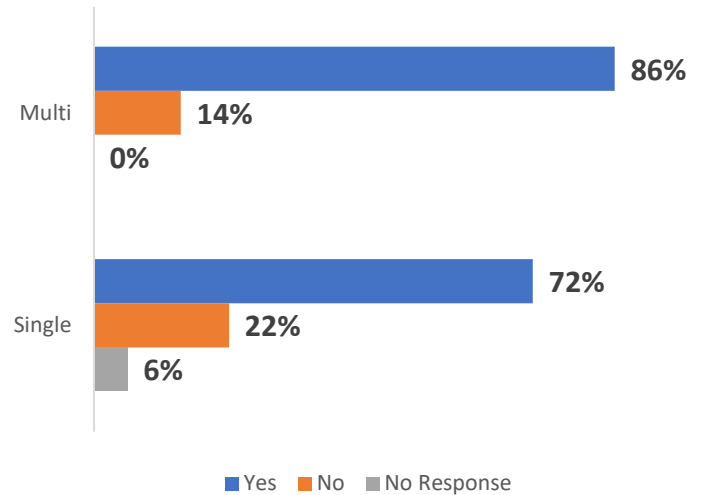
Policy Requirement 6

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

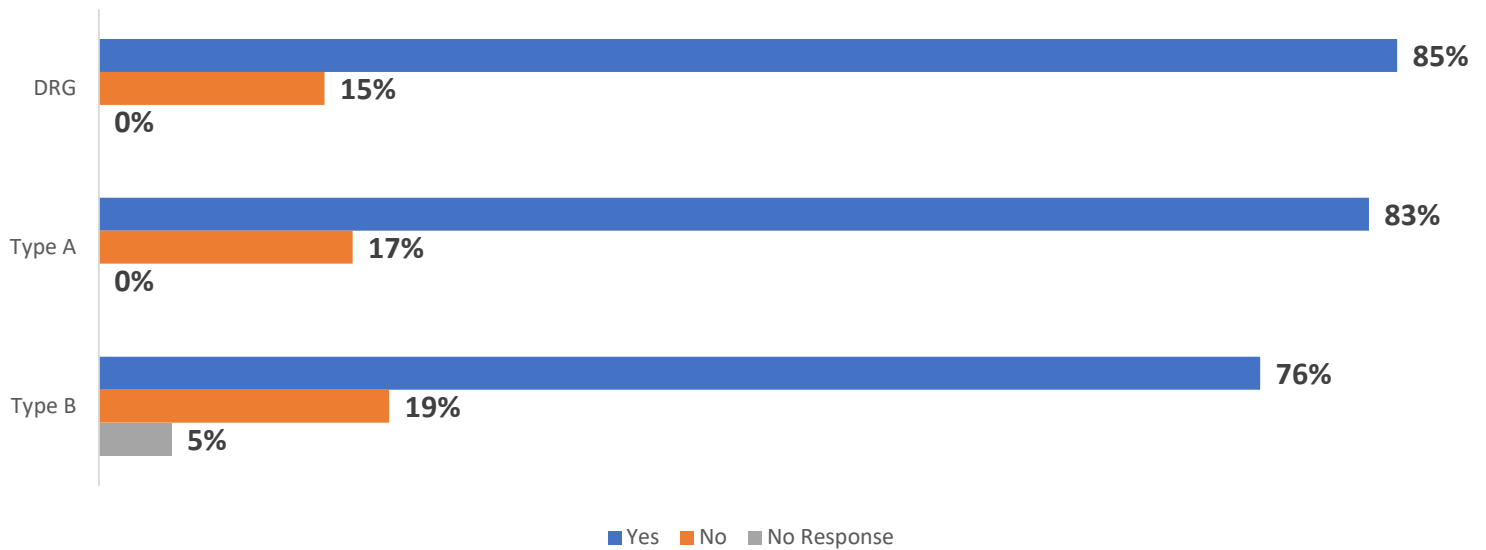
Policy 6 Statewide Implementation
Percent



Policy 6 Implementation by Hospital System



Policy 6 Implementation by Hospital Type



How are caring contacts facilitated?

Through a contract with community-based behavioral health provider that are conducted in-person	14
Through a contract with community-based behavioral health provider that are conducted by phone	13
Through a contract with community-based behavioral health provider that are conducted via telehealth	4
Through a contract with a suicide prevention hotline that are conducted in-person	0
Through a contract with a suicide prevention hotline that are conducted by phone	9
Through a contract with a suicide prevention hotline that are conducted via telehealth	0
Other	27

Policy Requirement 7

Pursuant to OAR 333-520-0070(4)(e), does the ED have a policy related to coordinated care as a part of discharge planning for release from the ED?

	Statewide	DRG	Type A	Type B	Multi	Single
Yes	51	24	10	17	39	12
No	8	3	2	3	3	5
No Response	1	0	0	1	0	1

	Statewide	DRG	Type A	Type B	Multi	Single
Yes	85%	89%	83%	81%	93%	67%
No	13%	11%	17%	14%	7%	28%
No Response	2%	0%	0%	5%	0%	6%

Patient Coordinating activities

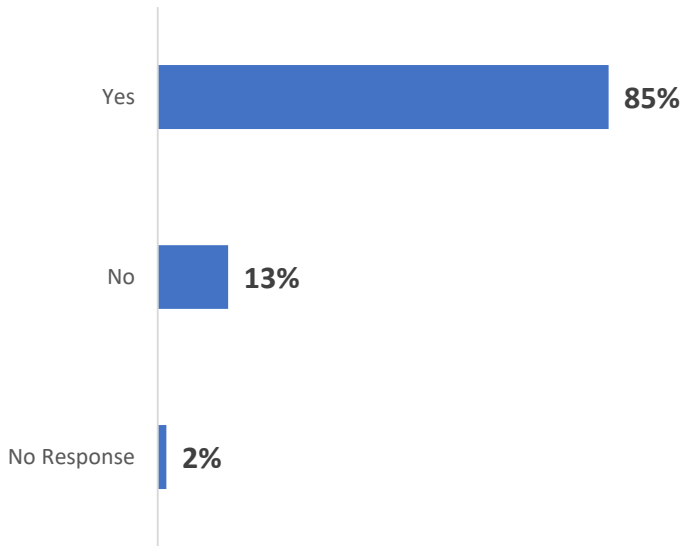
Notifying the patient's primary care provider or notes in the Emergency Department Information Exchange (EDIE), that automatically notifies the primary care provider	40
Providing referrals to providers including peer support	33
Following-up with the patient after release from the emergency department	38
Creating and transmitting a plan of care with the patient and other provider	31
Other	34

Barriers overcome	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	0	0	0	0	0	0
Patient compliance	0	0	0	0	0	0
EHR barriers	0	0	0	0	0	0
Community resources	2	1	0	1	2	0
Staff training	0	0	0	0	0	0
Policy in draft	0	0	0	0	0	0
Current practice/No policy	2	1	1	0	1	1
Hospital resources	2	1	0	1	0	2
Legal barriers	1	0	1	0	0	1
No barriers	0	0	0	0	0	0
No reason given	1	0	0	1	0	1
Contracted duty	0	0	0	0	0	0

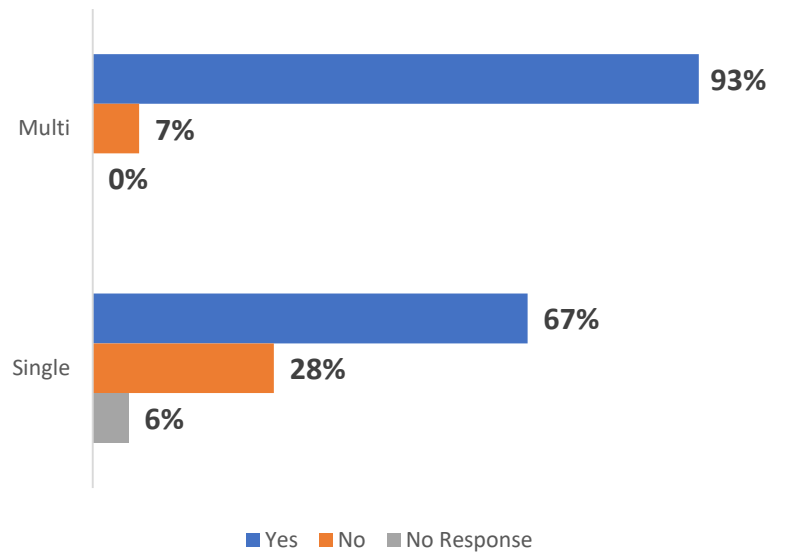
Policy Requirement 7

Pursuant to OAR 333-520-0070(4)(e), does the ED have a policy related to coordinated care as a part of discharge planning for release from the ED?

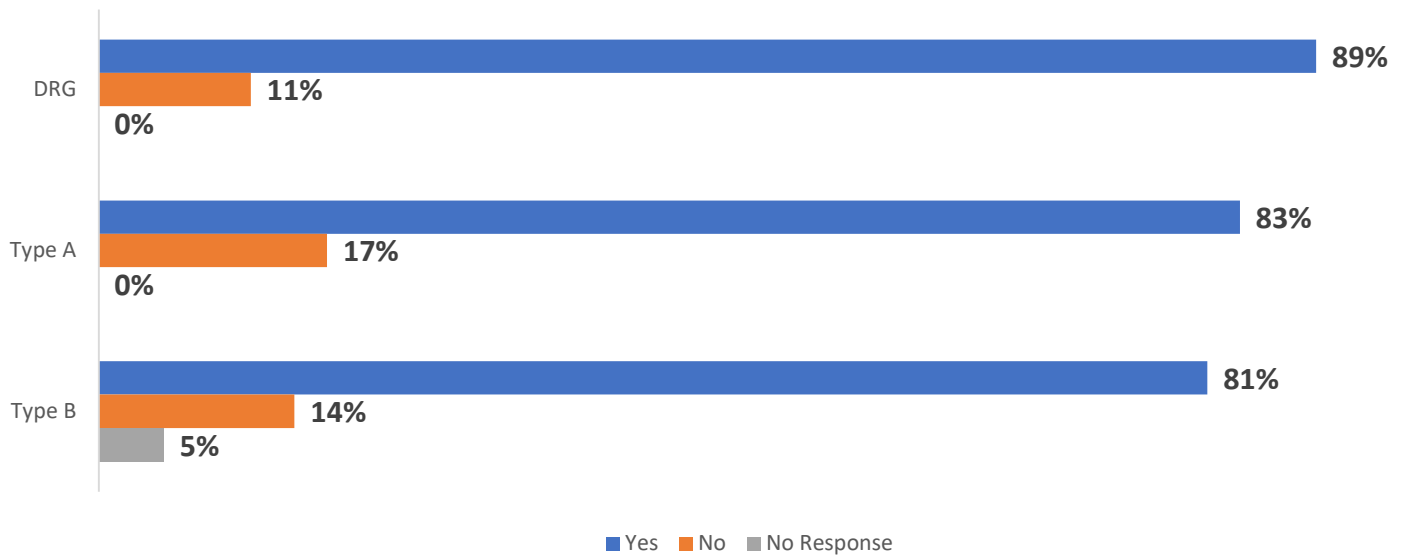
Policy 7 Statewide Implementation Percent



Policy 7 Implementation by Hospital System



Policy 7 Implementation Hospital Type



Policy Requirement 8a

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?

	Statewide	DRG	Type A	Type B	Multi	Single
Yes	53	23	11	19	38	15
No	6	4	1	1	4	2
No Response	1	0	0	1	0	1

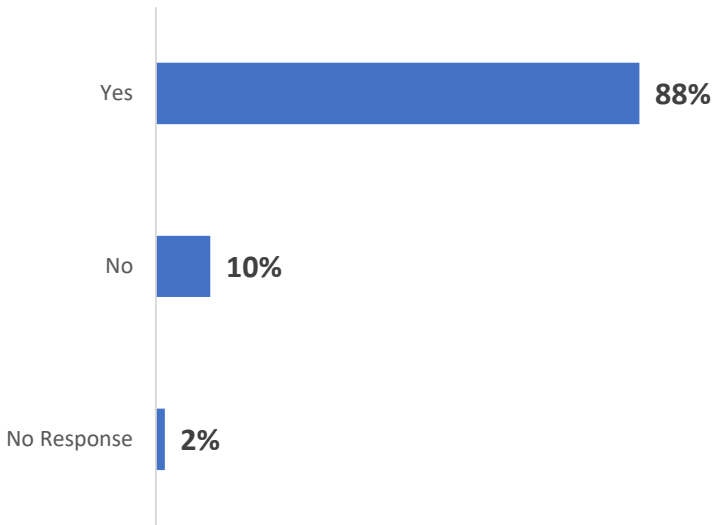
	Statewide	DRG	Type A	Type B	Multi	Single
Yes	88%	85%	92%	90%	90%	83%
No	10%	15%	8%	5%	10%	11%
No Response	2%	0%	0%	5%	0%	6%

Barriers overcome	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	0	0	0	0	0	0
Patient compliance	0	0	0	0	0	0
EHR barriers	0	0	0	0	0	0
Community resources	0	0	0	0	0	0
Staff training	0	0	0	0	0	0
Policy in draft	0	0	0	0	0	0
Current practice/No policy	1	1	0	0	1	0
Hospital resources	4	3	0	1	3	1
Legal barriers	0	0	0	0	0	0
No barriers	0	0	0	0	0	0
No reason given	1	0	1	0	0	1
Contracted duty	0	0	0	0	0	0

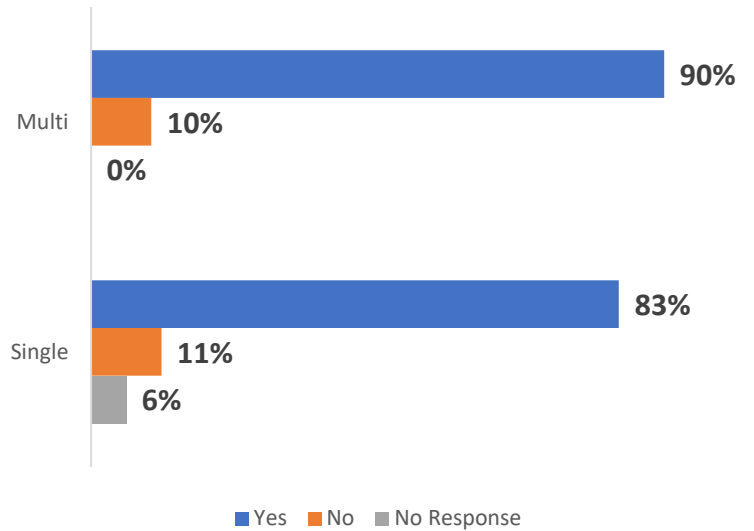
Policy Requirement 8a

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?

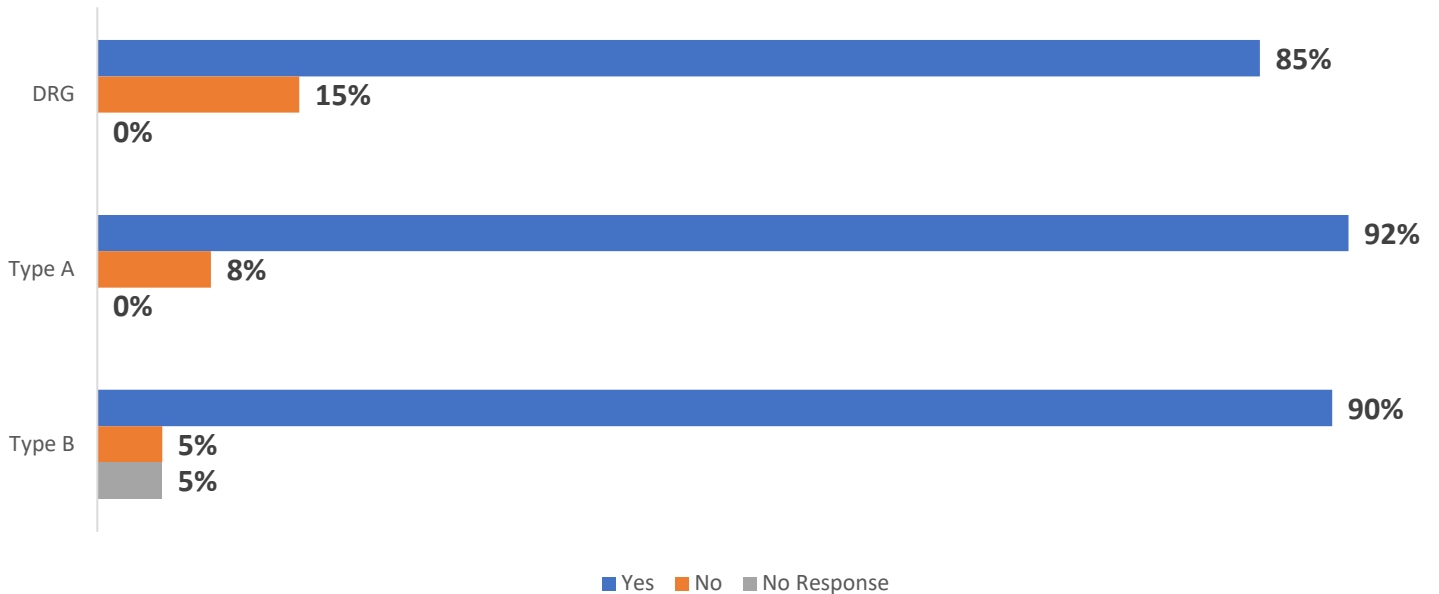
Policy 8a Statewide Implementation Percent



Policy 8a Implementation by Hospital System



Policy 8a Implementation by Hospital Type



Policy Requirement 8b

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?

	Statewide	DRG	Type A	Type B	Multi	Single
Yes	47	23	8	16	35	12
No	6	0	3	3	3	3
No Response	7	4	1	2	4	3

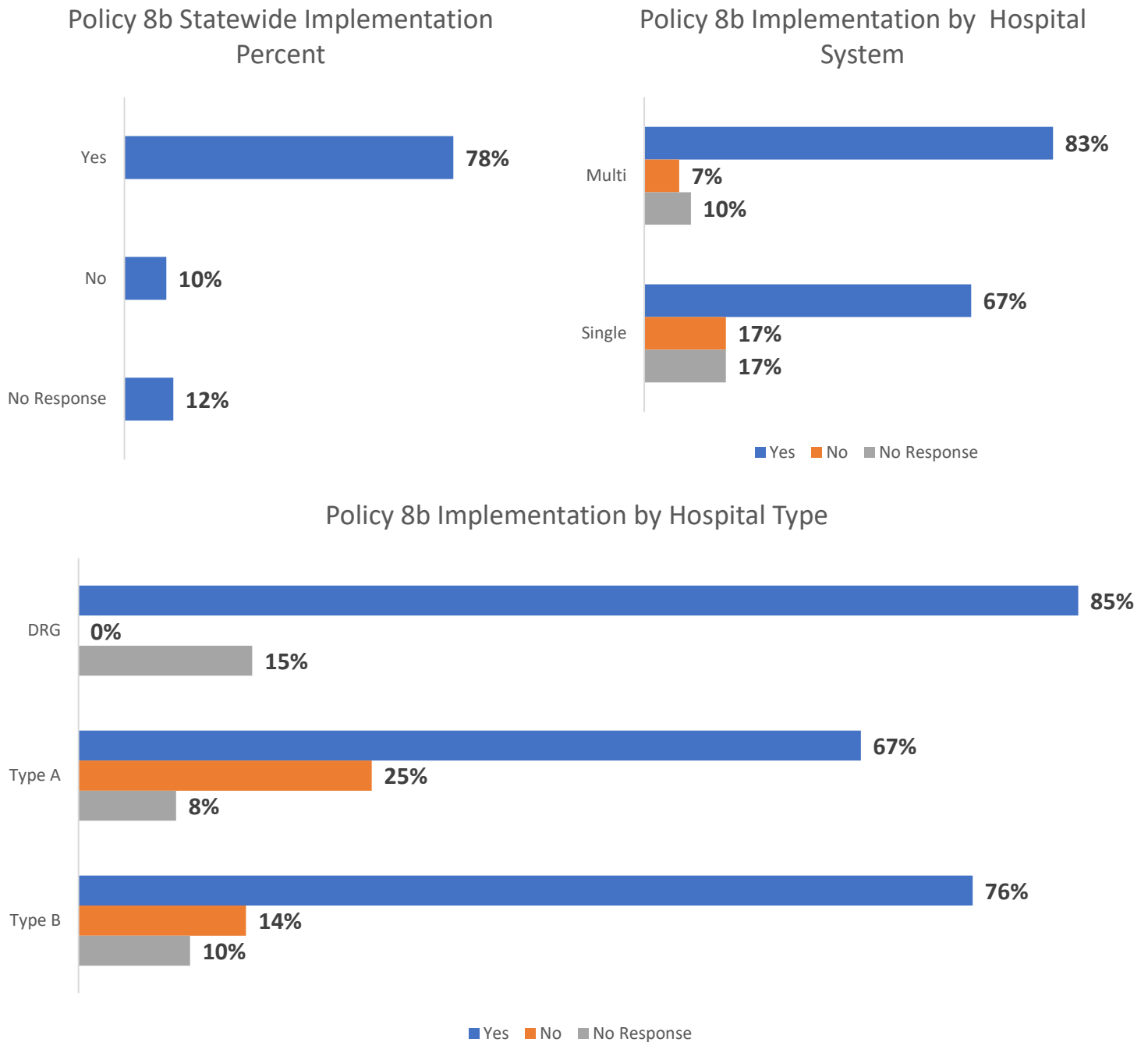
	Statewide	DRG	Type A	Type B	Multi	Single
Yes	78%	85%	67%	76%	83%	67%
No	10%	0%	25%	14%	7%	17%
No Response	12%	15%	8%	10%	10%	17%

Barriers overcome	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	3	0	3	0	0	3
Patient compliance	6	2	1	3	5	1
EHR barriers	0	0	0	0	0	0
Community resources	20	9	4	7	14	6
Staff training	0	0	0	0	0	0
Policy in draft	0	0	0	0	0	0
Current practice/No policy	0	0	0	0	0	0
Hospital resources	4	2	1	1	2	2
Legal barriers	0	0	0	0	0	0
No barriers	22	11	3	8	19	3
No reason given	0	0	0	0	0	0
Contracted duty	0	0	0	0	0	0

Barriers preventing implementation	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	0	0	0	0	0	0
Patient compliance	0	0	0	0	0	0
EHR barriers	0	0	0	0	0	0
Community resources	1	0	1	0	1	0
Staff training	1	0	0	1	0	1
Policy in draft	1	0	0	1	1	0
Current practice/No policy	2	0	1	1	1	1
Hospital resources	1	0	1	0	0	1
Legal barriers	0	0	0	0	0	0
No barriers	0	0	0	0	0	0
No reason given	0	0	0	0	0	0
Contracted duty	0	0	0	0	0	0

Policy Requirement 8b

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?



Policy Requirement 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?

	Statewide	DRG	Type A	Type B	Multi	Single
Yes	48	22	7	19	36	12
No	12	5	5	2	6	6
No Response	0	0	0	0	0	0

	Statewide	DRG	Type A	Type B	Multi	Single
Yes	80%	81%	58%	90%	86%	67%
No	20%	19%	42%	10%	14%	33%
No Response	0%	0%	0%	0%	0%	0%

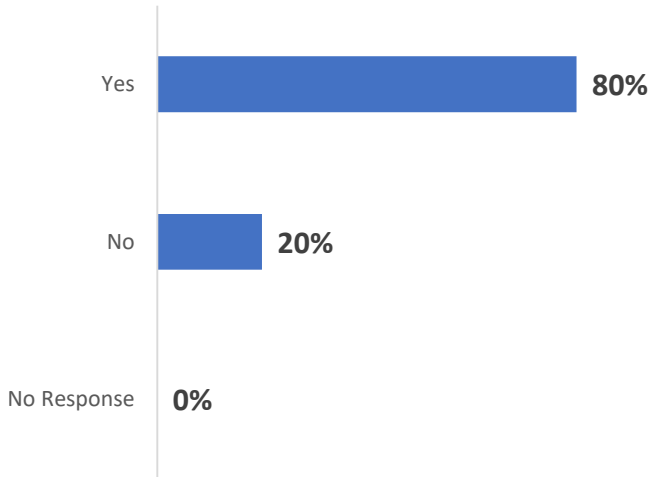
Barriers overcome	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	3	0	1	2	2	1
Patient compliance	10	6	1	3	8	2
EHR barriers	0	0	0	0	0	0
Community resources	6	3	0	3	4	2
Staff training	0	0	0	0	0	0
Policy in draft	0	0	0	0	0	0
Current practice/No policy	0	0	0	0	0	0
Hospital resources	14	9	1	4	12	2
Legal barriers	0	0	0	0	0	0
No barriers	21	9	4	8	16	5
No reason given	0	0	0	0	0	0
Contracted duty	0	0	0	0	0	0

Barriers preventing implementation	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	0	0	0	0	0	0
Patient compliance	1	0	1	0	1	0
EHR barriers	0	0	0	0	0	0
Community resources	0	0	0	0	0	0
Staff training	0	0	0	0	0	0
Policy in draft	0	0	0	0	0	0
Current practice/No policy	1	1	0	0	0	1
Hospital resources	5	3	0	2	3	2
Legal barriers	0	0	0	0	0	0
No barriers	1	0	1	0	0	1
No reason given	1	0	1	0	0	1
Contracted duty	3	1	2	0	2	1

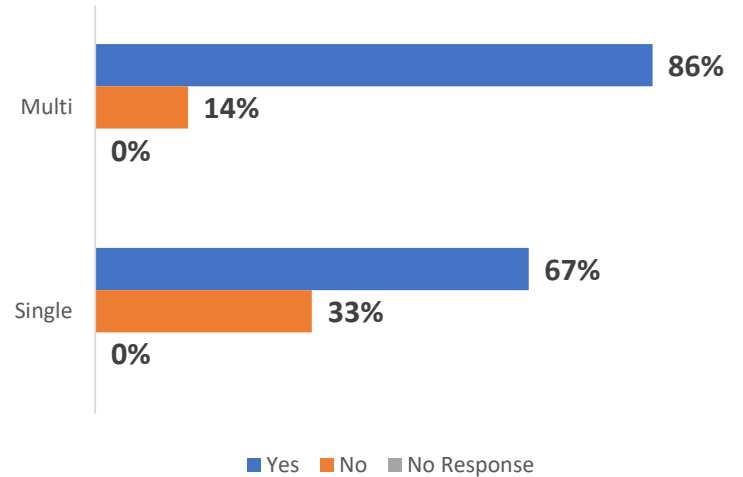
Policy Requirement 9

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?

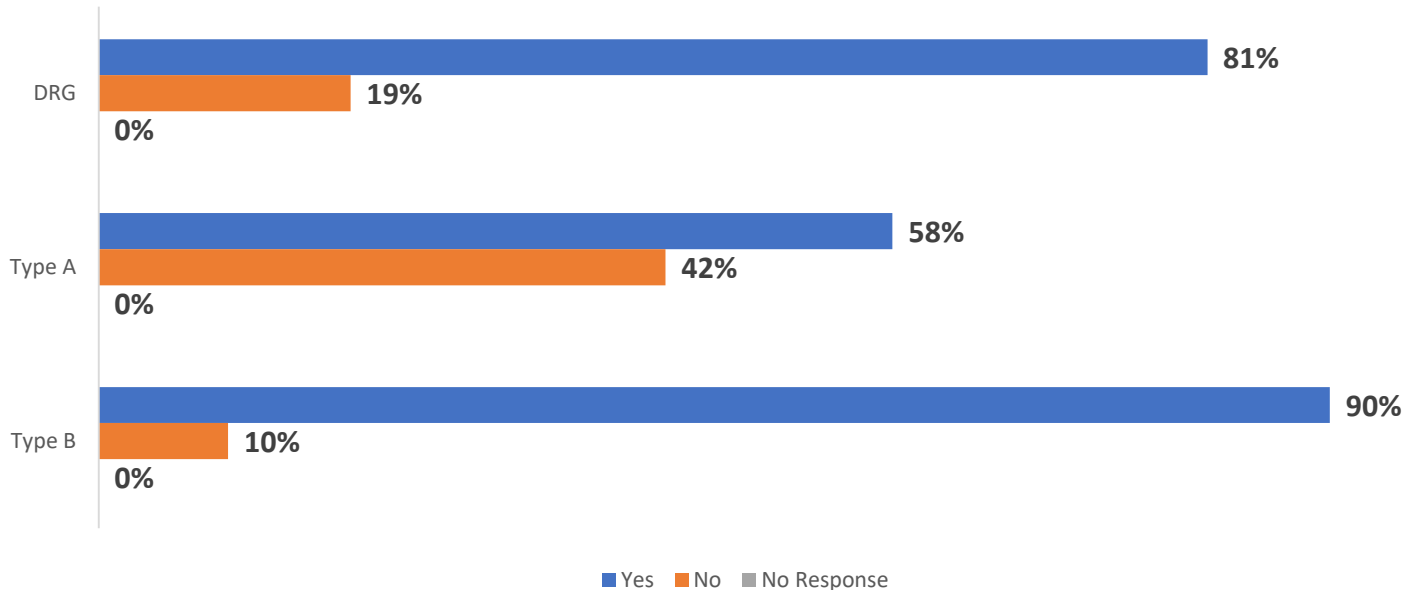
Policy 9 Statewide Implementation Percent



Policy 9 Implementation by Hospital System



Policy 9 Implementation by Hospital Type



Policy Requirement 10a

Pursuant to OAR 333-520-0070(4)(h), does the ED policy include a requirement that a follow-up appointment be scheduled for no later than seven calendar days of the patient’s release from the ED?

	Statewide	DRG	Type A	Type B	Multi	Single
Yes	51	24	10	17	38	13
No	9	3	2	4	4	5
No Response	0	0	0	0	0	0

	Statewide	DRG	Type A	Type B	Multi	Single
Yes	85%	89%	83%	81%	90%	72%
No	15%	11%	17%	19%	10%	28%
No Response	0%	0%	0%	0%	0%	0%

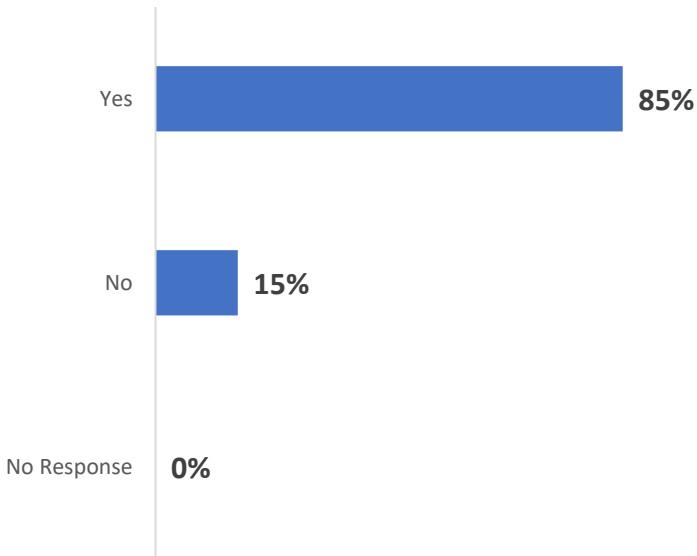
Barriers overcome	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	0	0	0	0	0	0
Patient compliance	6	2	1	3	4	2
EHR barriers	1	1	0	0	1	0
Community resources	23	14	1	8	18	5
Staff training	0	0	0	0	0	0
Policy in draft	0	0	0	0	0	0
Current practice/No policy	0	0	0	0	0	0
Hospital resources	2	2	0	0	1	1
Legal barriers	0	0	0	0	0	0
No barriers	17	6	6	5	12	5
No reason given	0	0	0	0	0	0
Contracted duty	3	0	2	1	2	1

Barriers preventing implementation	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	0	0	0	0	0	0
Patient compliance	0	0	0	0	0	0
EHR barriers	0	0	0	0	0	0
Community resources	3	0	1	2	2	1
Staff training	0	0	0	0	0	0
Policy in draft	1	0	0	1	0	1
Current practice/No policy	0	0	0	0	0	0
Hospital resources	2	2	0	0	1	1
Legal barriers	0	0	0	0	0	0
No barriers	0	0	0	0	0	0
No reason given	3	1	1	1	1	2
Contracted duty	0	0	0	0	0	0

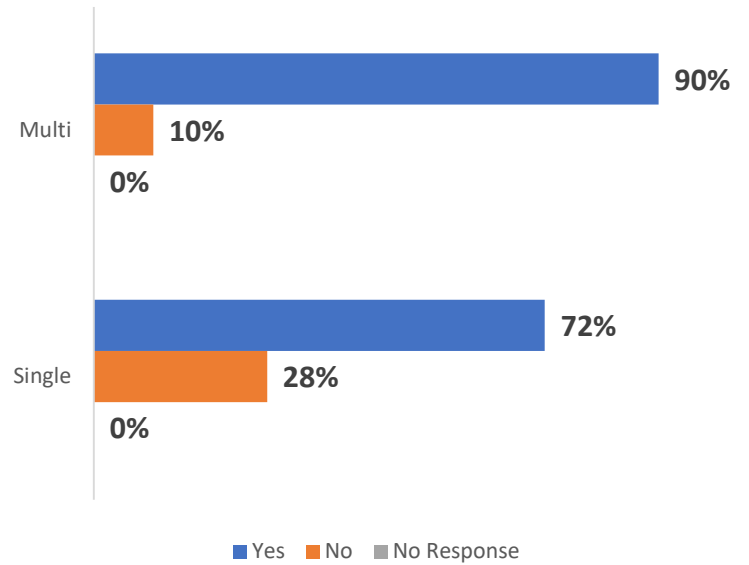
Policy Requirement 10a

Pursuant to OAR 333-520-0070(4)(h), does the ED policy include a requirement that a follow-up appointment be scheduled for no later than seven calendar days of the patient's release from the ED?

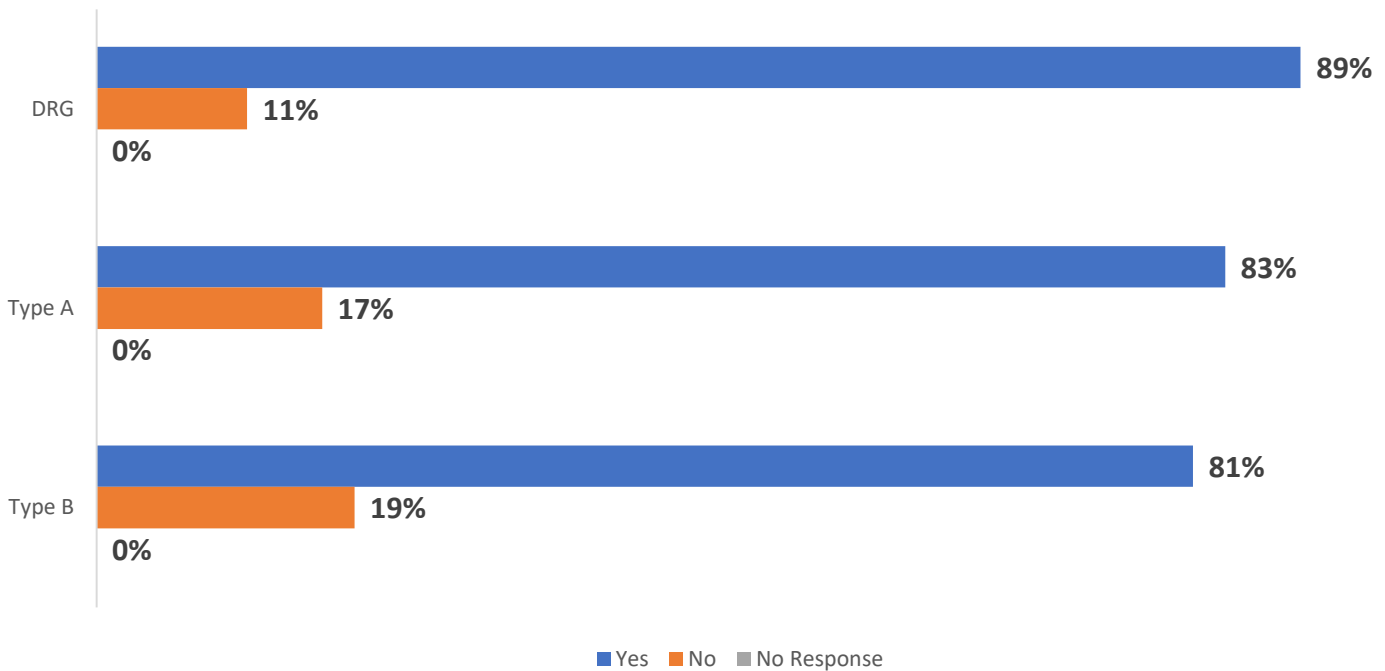
Policy 10a Statewide Implementation Percent



Policy 10a Implementation by Hospital System



Policy 10a Implementation by Hospital Type



Policy Requirement 10b

If a follow-up appointment cannot be scheduled within seven days, does the hospital document why?

	Statewide	DRG	Type A	Type B	Multi	Single
Yes	46	25	7	14	36	10
No	14	2	5	7	6	8
No Response	0	0	0	0	0	0

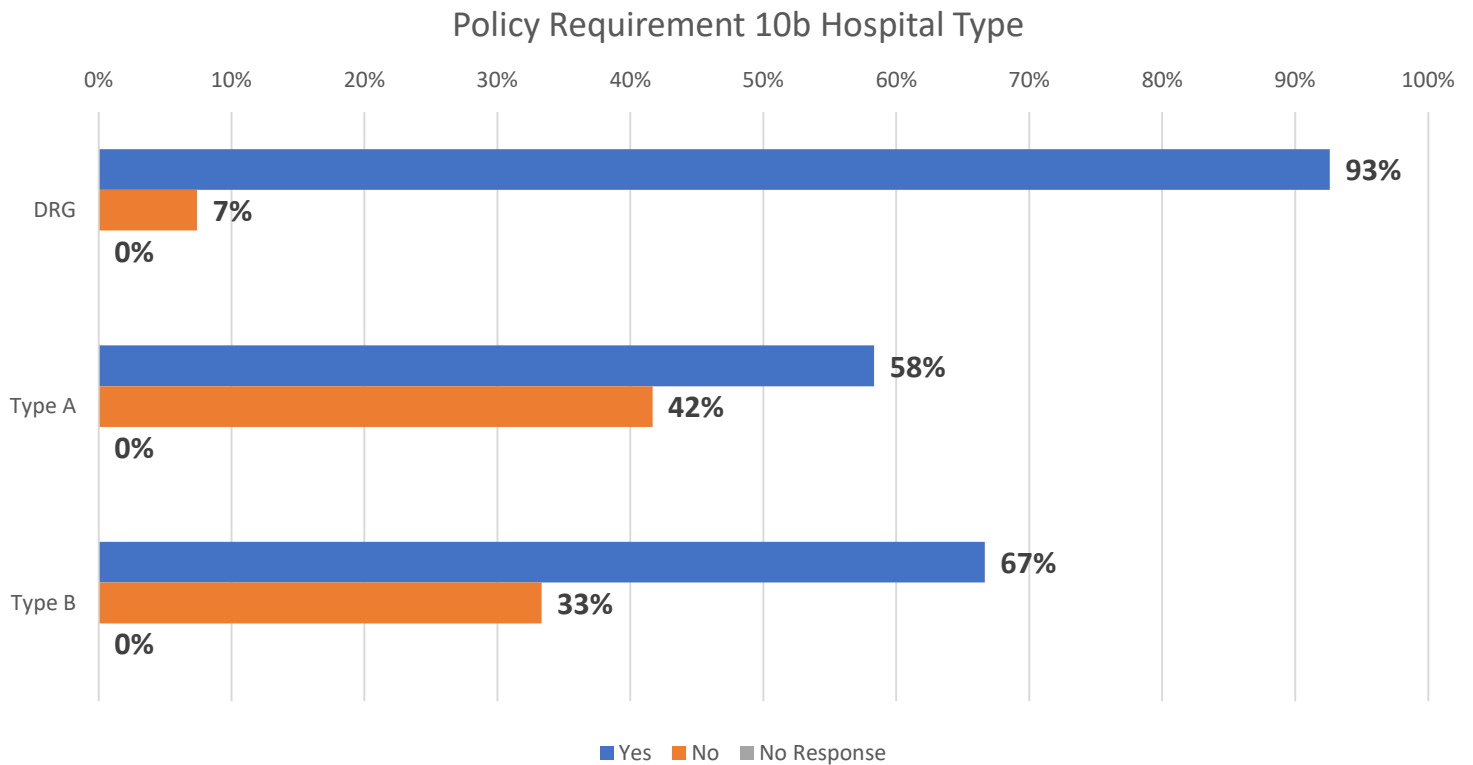
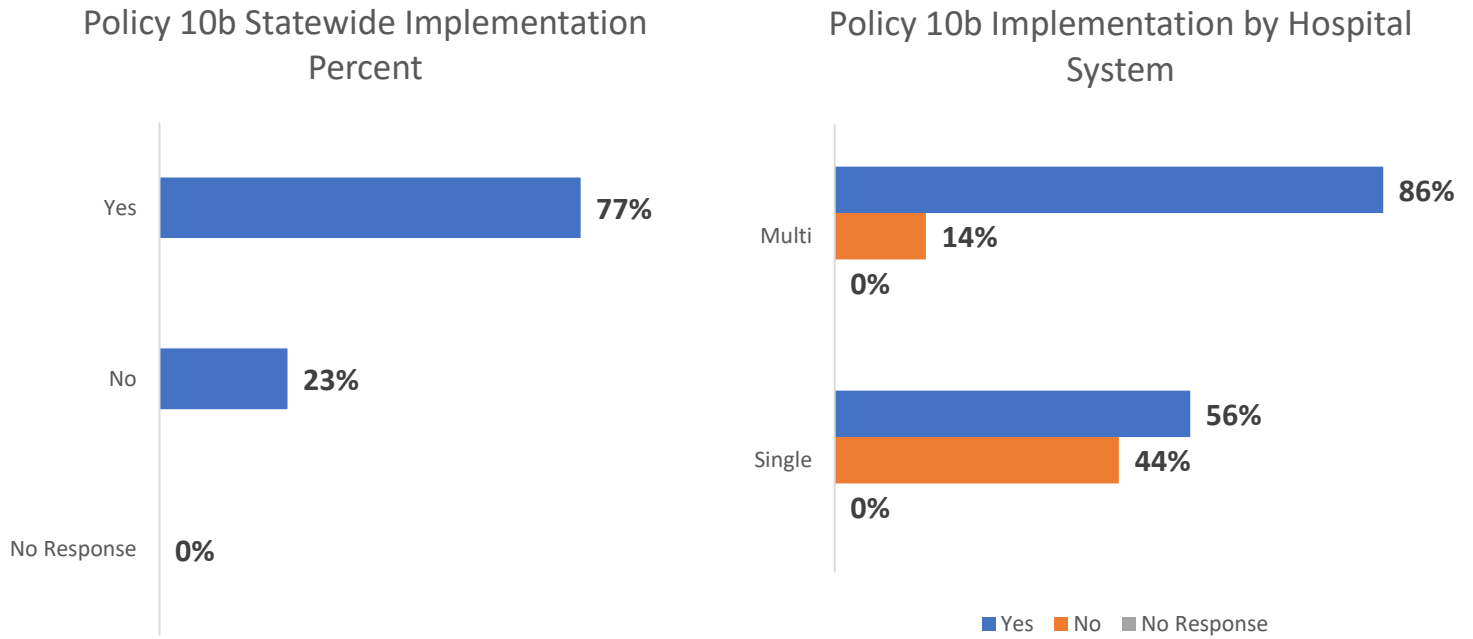
	Statewide	DRG	Type A	Type B	Multi	Single
Yes	77%	93%	58%	67%	86%	56%
No	23%	7%	42%	33%	14%	44%
No Response	0%	0%	0%	0%	0%	0%

Barriers overcome	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	5	1	1	3	3	2
Patient compliance	2	1	0	1	2	0
EHR barriers	1	0	1	0	1	0
Community resources	3	2	0	1	3	0
Staff training	0	0	0	0	0	0
Policy in draft	0	0	0	0	0	0
Current practice/No policy	0	0	0	0	0	0
Hospital resources	1	1	0	0	0	1
Legal barriers	0	0	0	0	0	0
No barriers	31	19	5	7	26	5
No reason given	0	0	0	0	0	0
Contracted duty	1	0	0	1	0	1

Barriers preventing implementation	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	1	0	0	1	1	0
Patient compliance	0	0	0	0	0	0
EHR barriers	1	0	1	0	0	1
Community resources	0	0	0	0	0	0
Staff training	0	0	0	0	0	0
Policy in draft	1	0	0	1	0	1
Current practice/No policy	0	0	0	0	0	0
Hospital resources	2	1	0	1	0	2
Legal barriers	0	0	0	0	0	0
No barriers	0	0	0	0	0	0
No reason given	1	0	1	0	0	1
Contracted duty	7	1	2	4	5	2

Policy Requirement 10b

If a follow-up appointment cannot be scheduled within seven days, does the hospital document why?



Policy Requirement 11

Pursuant to OAR 333-520-0070(5) and OAR 333-505-0055(2)(a)(B)-(D) and (3), is the ED’s Behavioral Health Crisis Discharge Planning policy posted on the hospital’s website?

	Statewide	DRG	Type A	Type B	Multi	Single
Yes	37	22	3	12	31	6
No	23	5	9	9	11	12
No Response	0	0	0	0	0	0

	Statewide	DRG	Type A	Type B	Multi	Single
Yes	62%	81%	25%	57%	74%	33%
No	38%	19%	75%	43%	26%	67%
No Response	0%	0%	0%	0%	0%	0%

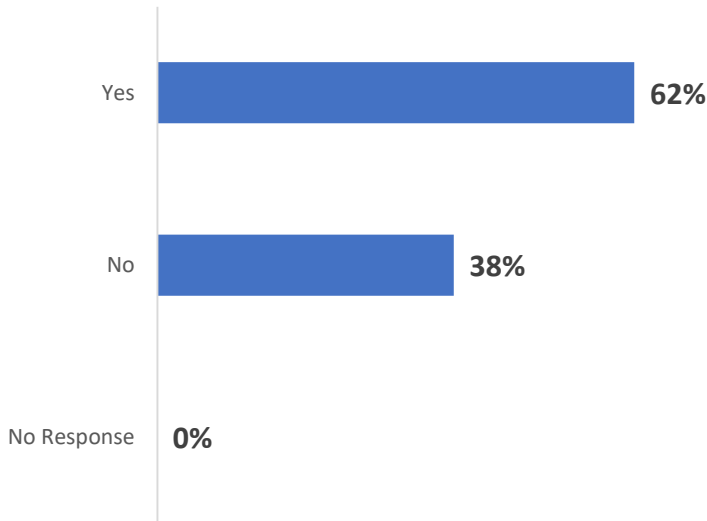
Barriers overcome	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	0	0	0	0	0	0
Patient compliance	1	0	0	1	1	0
EHR barriers	0	0	0	0	0	0
Community resources	0	0	0	0	0	0
Staff training	2	2	0	0	1	1
Policy in draft	0	0	0	0	0	0
Current practice/No policy	0	0	0	0	0	0
Hospital resources	0	0	0	0	0	0
Legal barriers	0	0	0	0	0	0
No barriers	34	20	3	11	29	5
No reason given	0	0	0	0	0	0
Contracted duty	0	0	0	0	0	0

Barriers preventing implementation	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	4	0	0	4	3	1
Patient compliance	0	0	0	0	0	0
EHR barriers	0	0	0	0	0	0
Community resources	0	0	0	0	0	0
Staff training	1	0	1	0	0	1
Policy in draft	11	3	5	3	6	5
Current practice/No policy	0	0	0	0	0	0
Hospital resources	3	2	1	0	2	1
Legal barriers	0	0	0	0	0	0
No barriers	0	0	0	0	0	0
No reason given	4	0	2	2	0	4
Contracted duty	0	0	0	0	0	0

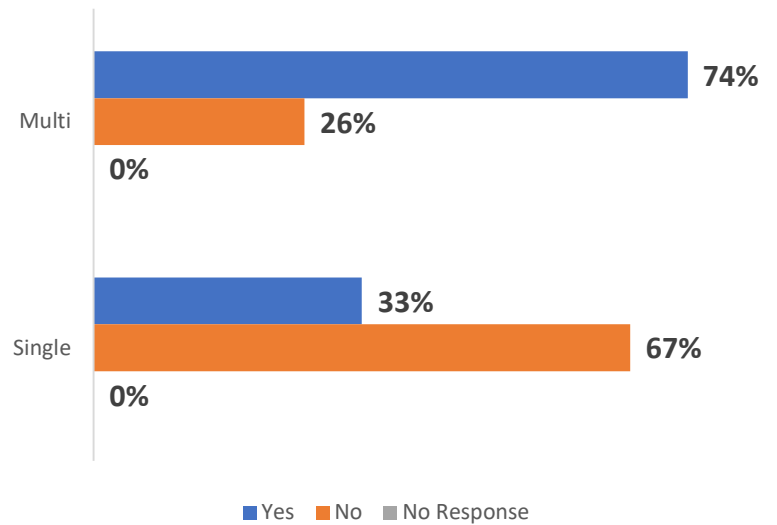
Policy Requirement 11

Pursuant to OAR 333-520-0070(5) and OAR 333-505-0055(2)(a)(B)-(D) and (3), is the ED's Behavioral Health Crisis Discharge Planning policy posted on the hospital's website?

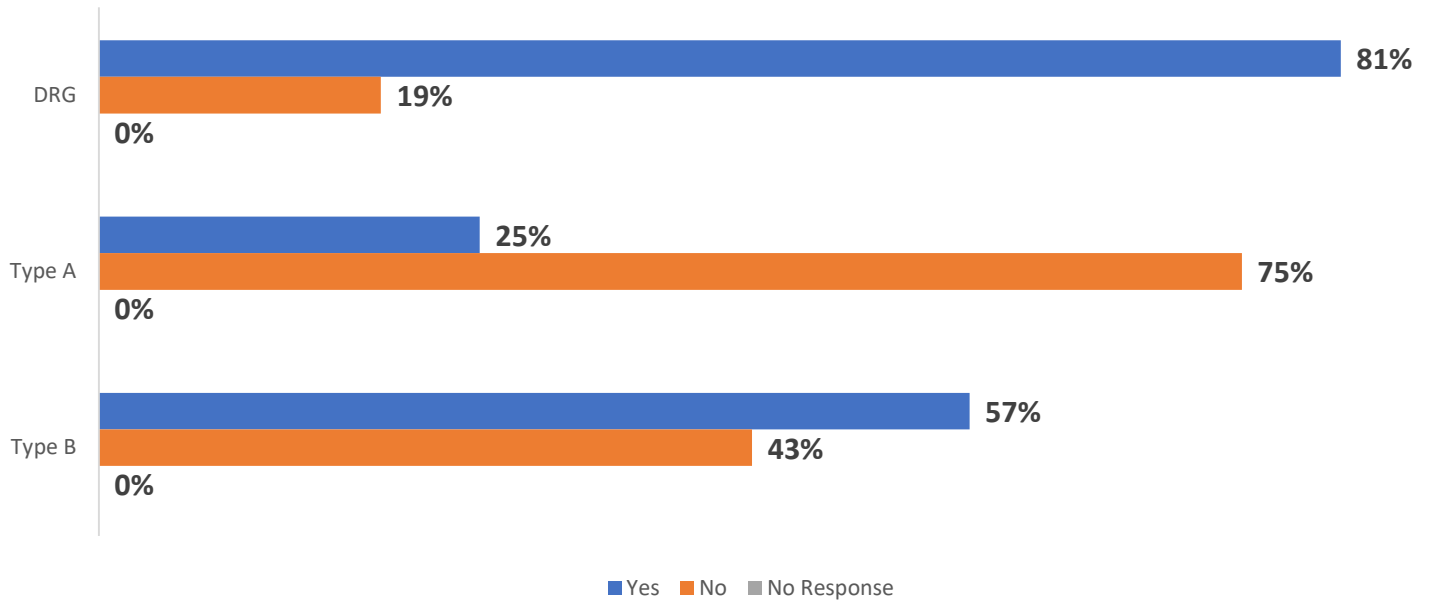
Policy 11 Statewide Implementation Percent



Policy 11 Implementation by Hospital System



Policy 11 Implementation by Hospital Type



Policy Requirement 12

Pursuant to OAR 333-520-0070(5) and OAR 333-505-0055(2)(a)(B)-(D) and (3), is a summary of the ED’s Behavioral Health Crisis Discharge Planning policy provided to the patient and the patient’s lay caregiver upon admission and upon release from the ED?

Yes, A written copy of the policy or a summarized version (for example in the form of a brochure) of the policy is provided to the patient upon admission to the ED.	26
Yes, A written copy of the policy or a summarized version (for example in the form of a brochure) of the policy provided to the patient upon release from the ED.	26
No, a written copy of the policy or a summarized version of the policy is not provided to the patient upon admission or discharge	30

Barriers preventing implementation	Statewide	DRG	Type A	Type B	Multi	Single
Staff compliance	2	0	0	2	1	1
Patient compliance	1	1	0	0	1	0
EHR barriers	1	0	1	0	1	0
Community resources	0	0	0	0	0	0
Staff training	0	0	0	0	0	0
Policy in draft	15	5	4	6	8	7
Current practice/No policy	0	0	0	0	0	0
Hospital resources	0	0	0	0	0	0
Legal barriers	0	0	0	0	0	0
No barriers	2	0	1	1	0	2
No reason given	2	0	1	1	0	2
Contracted duty	2	2	0	0	1	1



PUBLIC HEALTH DIVISION
Injury and Violence Prevention Program

800 NE Oregon St., Suite 705
Portland, OR 97232
IVPP.General@odhsoha.oregon.gov
971-221-1553

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Injury and Violence Prevention Program at IVPP.General@odhsoha.oregon.gov or 971-221-1553. We accept all relay calls