DISCHARGE PLANNING FOR PATIENTS PRESENTING WITH BEHAVIORAL HEALTH CRISIS OR HOSPITALIZED FOR MENTAL HEALTH TREATMENT FACT SHEET

Oregon Administrative Rules:
333-500-0010; 333-505-0030, 0050, and 0055; 333-520-0070 and 333-535-0000

In August 2018, the Oregon Health Authority, Public Health Division amended hospital administrative rules in response to requests seeking clarification on inpatient discharge planning requirements as well as implementing requirements given passage of HB 3090 (2017), codified in ORS 441.053. These rule changes address general discharge planning requirements including specific requirements for discharging a patient hospitalized for mental health treatment or releasing a patient from the emergency department who presented with a behavioral health crisis.

About this law

Pursuant to ORS 441.053, a hospital must adopt and implement policies for the release of a patient from the emergency department who presented with a behavioral health crisis. The law requires the policy, at a minimum, to meet the same policy requirements for a patient being discharged who was hospitalized for mental health treatment. Additionally, discharge requirements for patients hospitalized for mental health treatment were revised in 2018 to include definitions and clarify the responsibilities of a member of the patient's care team. The 2018 changes did not affect discharge planning requirements necessary for all patients.

Inpatient Discharge Policy Requirements

- Encourage patient to sign authorization form and identify lay caregiver to participate in discharge planning;
- Provide information on benefits of involving lay caregiver and disclosing health information and limits to disclosure;
- Patient risk assessment;
- Patient long-term needs assessment;
- Care coordination including transitioning to outpatient treatment that includes one or more of the following: community-based providers, peer support, lay caregivers or others who can implement the patient's plan of care;
- Schedule follow-up appointment that occurs within 7 days of discharge. If a follow-up appointment cannot be scheduled within 7 days, document why;
- Policy must be publicly available by posting on the hospitals website and providing a copy to the patient upon admission and discharge. The policy may be in the form of a brochure or written summary of the policy that is easily understood.

Release from Emergency Department Policy Requirements

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

Compliance deadline

Hospitals were required to be in compliance with these discharge requirements by December 1, 2018.

Caring contacts

Caring contacts are brief communications between the patient and a provider to successfully transition the patient to outpatient services. Following the release of the 2022 Legislative Report, "Emergency Department Discharge Practices for Behavioral Health Crisis Care: A Statewide Survey of Hospitals," administrative rules were amended to address the barrier noted in the report that there is a lack of approved staff to provide caring contacts. Effective, January 29, 2024, the provider can be a behavioral health clinician, a supervised qualified mental health associate, peer support specialist, peer wellness specialist, family support specialist, youth support specialist, or a registered nurse with training, experience, and competency in conducting a suicide risk assessment, lethal means counseling, and safety planning. A provider may also be a hotline crisis counselor supervised by or working under the direction of a clinician. Peer support, peer wellness, family support and youth support specialists are persons certified by the Oregon Health Authority, Health Systems Division who provide supportive services to persons receiving mental health or addiction treatment.

- Caring contacts can be facilitated through a contract with a qualified community based behavioral health provider or through a suicide prevention hotline;
- A caring contact may be conducted in person, telemedicine or by phone; and
- A caring contact must be attempted within 48 hours of release from the emergency department if a patient has attempted suicide or experienced suicidal ideation.

A hospital must consider the needs and resources of the patient when determining the best means to contact the patient to ensure a safe transition. For example, if a patient is houseless or does not have access to a phone, discuss with the patient what may be the best way to contact them for follow-up care.

Caring contacts after a behavioral health crisis patient released from the emergency department

A caring contact process is REQUIRED for patients who attempted suicide or experienced suicidal ideation and must occur within 48 hours of release.

Not all patients that present to the emergency department with a behavioral crisis are required to have a caring contact after release. Caring contacts is one evidenced-based practice supported by many mental health organizations. OAR 333-520-0070(4)(g) allows a hospital to arrange for caring

contacts **or** other process to arrange for follow-up services to transition the patient to outpatient services. The intent of ORS 441.053 is to ensure that hospitals develop a process to ensure that patients seen in the emergency department for a behavioral health crisis are connected to appropriate follow-up services after release. Connection to follow-up services may take a few days or even weeks so hospitals must ensure that the processes developed include appropriate follow-up with the patient until the transition to outpatient services occurs.

Providers that conduct caring contacts

The following providers may conduct caring contacts:

- Certified by DHS as a:
  - Peer support specialist;
  - Peer wellness specialist;
  - Family support specialist;
  - Youth support specialist; or
- Hotline counselor supervised or working under the direction of a clinician; or
- Qualified Mental Health Associate (QMHA) who is delivering services under the direct supervision of a Qualified Mental Health Professional (QMHP).
- Clinician whose authorized scope of practice includes mental health diagnosis AND treatment.
- A registered nurse with training, experience, and competency in conducting a suicide risk assessment, lethal means counseling, and safety planning.

Connecting a patient to follow-up services

Hospitals may use other staff, including registered nurses, to conduct a process to arrange for follow-up services to provide necessary connections and supports to patients until the patient is transitioned to and receives follow-up outpatient services.

Required follow-up appointments

Hospitals must attempt to schedule a follow-up appointment that occurs within 7 calendar days from inpatient discharge or release from the emergency department. If the hospital is unable to meet this time frame, it must identify why. It is the hospital's responsibility to determine the best means of recording this information.

Specific training courses for a registered nurse to conduct a caring contact

Each hospital is responsible for identifying in its policy what training, experience, or competence is necessary to determine a RN's ability to conduct a suicide risk assessment, lethal means counseling, and safety planning. Compliance must be documented in the RN's personnel record.

Qualified Mental Health Associate (QMHA) and Qualified Mental Health Professional (QMHP)

In accordance with OAR 309-019-0105 and 0125:

A **Qualified Mental Health Associate** (QMHA) is an individual delivering services under the direct supervision of a QMHP who meets the following minimum qualifications as authorized by the Local Mental Health Authority or designee:

- Bachelor's degree in a behavioral science field; or
- A combination of at least three years of relevant work, education, training, or experience; or
- A qualified Mental Health Intern, as defined in OAR 309-019-0105.

The QMHA must be able to demonstrate the minimum competencies specified under OAR 309-019-0125.

A **Qualified Mental Health Professional** (QMHP) is a licensed medical practitioner including an Oregon licensed physician, nurse practitioner, or physician assistant whose training, experience, and competence demonstrates the ability to conduct a mental health assessment and provide medication management as documented by the Local Mental Health Authority (LMHA). A QMHP must meet the following minimum qualification:

- Bachelor's degree in nursing and licensed by the State of Oregon;
- Bachelor's degree in occupational therapy and licensed by the State of Oregon;
- Graduate degree in psychology, social work, recreational art or music therapy, or behavioral science field;
- An equivalent degree as evidenced by providing transcripts indicating applicable coursework meeting the required competencies and approved by a Division certified behavioral health provider; or
- A qualified Mental Health Intern, as defined in OAR 309-019-0105.

A QMHP must be able to demonstrate the minimum competencies specified under OAR 309-019-0125.

Coordination of care and case management

The Department of Consumer and Business Services has promulgated administrative rules to address deficiencies in services provided to patients experiencing behavioral health crises and who are transitioning from hospital care to community-based care. The scope of services that must be provided can be found in OAR 836-053-1403. Please contact Brooke Hall with questions about this rule provision at brooke.m.hall@dcbs.oregon.gov. Both commercial carriers and coordinated care organizations will be required to provide the services identified. Hospitals should contact insurers directly to learn what billing requirements have been established to ensure there is a mechanism for reimbursement for these services.

Oregon Health Authority – Contact Information:

Compliance requirements & Complaints - Public Health Division, Health Care Regulation & Quality Improvement

Please contact the Oregon Health Authority, Public Health Division for information about hospital compliance requirements at mailbox.hclc@odhsoha.oregon.gov or 971-673-0540. To make a complaint about hospital services go to www.healthoregon.org/facilitycomplaints

Local Behavioral Health Resources - Health Systems Division Please contact the Oregon Health Authority, Health Systems Division for information about local behavioral health resources at (503) 945-5772 or visit the following website: https://www.oregon.gov/oha/HSD/AMH/Pages/CMH-Programs.aspx

HB 3090 Legislative Reports - Health Policy and Analytics Division
HB 3090 (2017 Oregon Laws, Chapter 272 - Section 3) also requires hospitals to provide to the Oregon Health Authority information about the adoption and implementation of policies in order to prepare a report to the Oregon Legislative Assembly. The Oregon Health Authority, Health Policy and Analytics Division conducted an online survey of hospitals in 2019 and again in 2021. The legislative report is available at https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le4272.pdf.