# Oregon House Bill 4045 Technical Advisory Group Progress Summary

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## Introduction

Passed in 2022, Oregon House Bill 4045 supports the accomplishment of three main goals:

1. Expand capacity and establish a consistent source of funding to hospital-based programs that prevent trauma and retaliatory violence following incidents of community violence
2. Establish a professional pathway for hospital-based violence intervention peers
3. Address risk factors and support protective factors related to community violence

HB 4045 tasked the Oregon Health Authority (OHA) with convening a technical advisory group (TAG) to support implementation of the following statutory requirements:

1. By October 1, 2022, approve at least one national training and certification program for certified violence intervention professionals.
2. By November 15, 2022, establish a process to approve community-based training and certification programs for violence intervention professionals.
3. By October 1, 2022, submit of a State Plan Amendment to the Centers for Medicaid and Medicare Services (CMS) to request permission for medical assistance program coverage for community violence prevention, including
    a. Scope of benefits for medical assistance program coverage (e.g., limitations, coding, services covered, billing criteria),
    b. Provider definition, including identifying the national training necessary to bill for these services, and
    c. Rate structure.

This summary describes progress to date on TAG activities. It also compiles input received from the TAG to inform future program and policy initiatives related to implementation of hospital-based violence intervention programs in Oregon.

## Purpose and Scope

As set forth in statute, the TAG's role is advisory. This group provided OHA with advice and recommendations to inform the agency's approval of a national training and certification program, development of process for approval of

community-based training programs, and implementation of medical assistance program coverage. In accordance with this role, OHA considered the TAG's input and used it to inform work related to HB 4045 to the greatest extent feasible. This report represents OHA's commitment to transparency regarding how HB 4045 acted upon the TAG's input or advice.

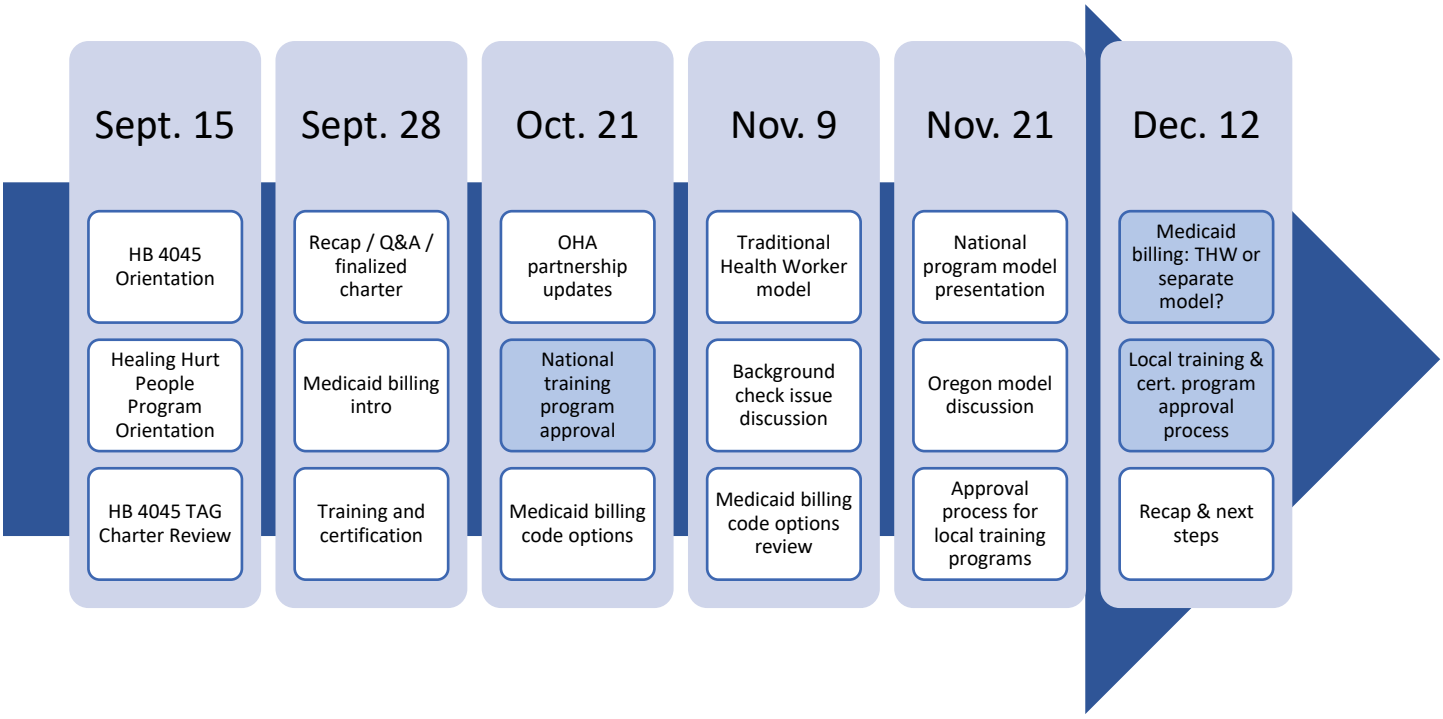
## Process

The TAG met virtually over Zoom and/or Microsoft Teams six times between September 15 and December 12, 2022. A TAG roster is available in Appendix A. One position remained unfilled due to challenges with recruiting providers as a result of the continuing pandemic. Meetings of the TAG were open to the public but were not subject to Oregon public meeting law. All documents resulting from TAG discussions are available to the public upon request.

The graphic below shows the topics covered. At its final meeting, group expressed openness to being contacted by OHA to support additional work toward HB 4045 implementation, including participation in funding proposal review panels, review of the State Plan Amendment final draft, and development of materials to support future training program and curriculum review processes.

TAG input and feedback regarding hospital-based violence intervention program implementation considerations is summarized in Appendix B.

*2022 HB 4045 Technical Advisory Group – Meeting and Topic Schedule*




Items shaded in blue above represent HB 4045 OHA deliverables accomplished with the support of the TAG.

## Outputs

The TAG successfully completed the three requirements set forth in HB 4045.

*1. Approval of national training program:*
Following several informational presentations and robust discussions, the group unanimously agreed to recommend the Health Alliance for Violence Intervention (HAVI) as the national training and certification for OHA approval. Acting upon this guidance, OHA approved the HAVI as a national training and certification program for violence intervention professionals in Oregon.

*2. Establish an approval process for community-based training and certification programs*:
The TAG reviewed and identified no major concerns with a draft approval process suggested by OHA (appendix C). This process is based closely upon the process for

approving Traditional Health Worker training curricula set forth in OAR 410-180-0355, and includes steps for intake, curriculum review, decision making, and renewal and monitoring. To put this process in place, OHA will need to develop an intake form, develop standards for curriculum documentation, develop a scoring rubric for curriculum review, develop a renewal process and develop a form by which applicants can summarize changes to curricula when applying for renewal. TAG members expressed willingness to be contacted in future to advise these processes as needed.

*3. Provide input to guide OHA's submission of a State Plan Amendment to the Centers for Medicaid and Medicare Services (CMS) to request permission for medical assistance program coverage for community violence prevention.*
The TAG provided valuable input to support the agency's preparation of specifications for provider definitions, rate structure, and scope of benefits for medical assistance program coverage. TAG members also shared information to advise program implementation that will be rolled into a request for proposals, awardee guidance and training and technical assistance provided for hospitals and community-based organizations that apply for OHA funds to establish HVIPs outside of the Portland metro area. Recommendations from the TAG are described below in Appendix B.

# Appendix A.
# HB 4045 Technical Advisory Group Roster

| Role | Contact | Role | Organization |
|---|---|---|---|
| Three members representing a community-based organization that currently supports a hospital-based violence prevention program in Oregon | Roy Moore | Healing Hurt People Director | Portland Opportunities Industrialization Center (POIC) |
| | Julia Mitchell | Chief Operations Officer | POIC |
| | Royal Harris | Program Coordinator, Male & Father Involvement Program | Multnomah County Healthy Birth Initiative (nominated by POIC) |
| One member representing a national organization that provides technical assistance for emerging hospital-based violence prevention programs | Kyle Fischer | Policy Director | Health Alliance for Violence Intervention |
| One member representing a hospital that currently operates a hospital-based violence prevention program in Oregon | Corena Bray | Assistant Nurse Manager | Legacy Emanuel Hospital |
| One member representing a hospital or hospitals in Oregon that do not currently operate a hospital-based violence prevention program | Barb Merrifield | Director of Clinical Practice Support & Magnet | Salem Health (Salem Hospital) |
| One member of an Oregon-based academic institution with knowledge of hospital-based violence prevention programs | Kathleen Carlson | Associate Professor, School of Public Health | OHSU |
| Four members representing coordinated care organizations in | Bill Bouska | Director of Government Relations | Samaritan Health Services |

| Role | Contact | Role | Organization |
|---|---|---|---|
| geographically diverse areas of Oregon, three of which must be outside of Multnomah County | Leslie Neugebauer | Senior Director of Medicaid Governance | PacificSource |
| | Jacob Parks | Contracts Manager | HealthShare |
| | Sean Connolly | Population Health Specialist | CareOregon (embedded with Jackson Care Connect) |
| Two members representing health care clinicians with experience in Medicaid billing and experience providing trauma care as a result of community violence. | Heather Wong | Trauma Director | OHSU Hospital |
| | TBD | | TBD |

## OHA/Support Staff

| Name | Role | Organization |
|---|---|---|
| Nhu To-Haynes | Meeting facilitator | NTH Consulting |
| Laura Chisholm | Injury & Violence Prevention Section Manager | OHA Public Health Division |
| Catherine Bennett | Injury & Violence Prevention Programs Manager | OHA Public Health Division |
| Cynthia Branger-Muñoz | Government Relations | OHA Public Health Division |
| Donald Jardine | Medicaid Health Policy & Program Manager | OHA Health Systems Division |
| Molly Taylor | Operations & Policy Analyst | OHA Health Systems Division |

# Appendix B.
# Summary of TAG Input and Recommendations

**HB 4045 Process**

- Make sure TAG input is documented, shared, and used to inform decision making.
- Consider developing an implementation manual and evaluative work to document our progress to show accountability and to help other states

**Scope of benefits for program coverage**

- Healing Hurt people peers need to respond 4 hours following incidents of violence to take advantage of the "golden window" for victims to make life-changing decisions
- Consider the need for culturally appropriate mental health providers for referral; the POIC model refers to Trillium MH Services (this is paid through grant/contract funding from the City of Portland, not billed through Medicaid)

**Provider definition**

- Consider the Oregon Traditional Health Worker model in selecting HHP peers, who are trusted members of, or with an unusually close understanding of, the community served.
- If Violence Prevention Professionals were to practice under the auspices of the Traditional Health Worker (THW) model, OHA needs to work through multiple considerations of significant concern:
    - The potential exclusion of many credible messengers from this career path due to prior record of "big six" crimes
    - Cost and time required for completion of Community Health Worker and ancillary training

    - Education requirements for the billing entity (when a THW is the rendering provider, an agency will need a medical professional to sign off on billing)
    - Possible increased burden on credible messengers due to billing requirements – they would need specific training on what to bill for and how

**Coding and rate structure**

- Look to the THW model i.e., doulas or diabetes prevention as similar health related service model.
    - If the H205 code were to be used for billing, it would need to be added to the CHW billing guide (it's not there now)
- Reimbursement codes and rates:
    - Consider travel time and expenses in the payment model – costs and time can be significant, especially in rural Oregon
    - Whatever code is used, ensure that there is a unique modifier that will enable the Medicaid program to pull and analyze data specific to hospital-based violence intervention programs
    - Consider the need for culturally appropriate service providers within the model – POIC currently covers these costs in house using grant funds
- When thinking about capacity for Violence Prevention Professionals consider what is needed, rather than what has been done, to establish realistic expectations about how many staff are needed to operate 24/7 services.
- Procedure code used in Connecticut – H0046, Mental Health Services, not otherwise specified doesn't provide much specificity. Find a more specific code and or add a modifier to enable tracking of provision of this specific service.
- Procedure Code H0038, Peer Support Services, used for services rendered by persons with lived experience, could be an option.
- Consider other creative funding models: fee for service (FFS), In Lieu of Services (ILOS), Health Related Services (HRS). FFS would involve a

supervision issue, but CCOs can often figure a way around this. Unfortunately, no state has yet established bundled or alternative billing mechanisms.

**Program implementation considerations**

- Look to other states (CA and CT) to "adopt and adapt" their established systems
- It is important for hospitals and community organizations implementing HHP to collaborate closely with public safety regarding background check requirements. Otherwise, credible messengers/peers may not be granted necessary access to non-public spaces in the hospital and emergency room.
- Consider how transferrable the model and training in the metro area are to other areas in the state
- We need to continue to creatively think about how to meet needs in areas other than the Portland metro area, also considering self-harm.
- It is important to understand the communities experiencing violence and respond to their culturally specific needs with credible messengers.
- Review data to identify areas of the state with high numbers of gunshot and stab wounds to see where (outside of the metro area) additional programs should first roll out. What areas outside of Portland have a high number of incidents of community violence?
- HVIPs should work to decrease risk factors and increase protective factors, and to intervene at multiple layers of the social ecological model.
- Do a risk assessment to identify those who need the highest levels of outreach and proactive engagement with a client with high risk for re-injury. What are needs? Food, access to housing, legal resources?
- Provide HHP services for victims of gun violence at non L1 Trauma hospitals since many victims of violence are taken there before being transferred to a higher level of care.
- Consider case load – each community will need to identify a population of focus and establish inclusion criteria

- Look at local data; for example, the City of Portland Office of Violence Prevention - hired group from CA to do a problem analysis and cost of violence analysis in 2020.
- Recommended staffing infrastructure for 100 clients a year is based on the learning that the "juice isn't worth the squeeze" if the client base will be smaller, due to the need to build up a very large array of services.
- According to POIC and the HAVI, it will take at least two years for local partnerships to establish new programs.
- Ensure programs have built-in measures for evaluating program relevancy. While there is no specific list of evaluation measures, the HAVI can share the menu of options that have been used.

**Training & Certification**

- All Healing Hurt People staff need to have received Trauma Informed Care, de-escalation training and case management training. All responders have at least one month of training and 2-3 weeks of shadowing before they are allowed to respond independently.
- Regarding peer training, include information about the intersectionality of community violence with domestic violence, especially as DV is a risk factor for CV.
- Consider cost of attending the national HAVI conference as well as for attending continuing education

**Partners**

- Ensure that the voices of communities experiencing violence are heard and considered in the implementation of HB 4045 outside the Portland metro area (shared following the meeting)
- Community Based Organizations are a potential option to bill for this service; individuals would not likely be able to do this on their own behalf and it is unlikely that hospitals would be able to bill for a service that continues beyond discharge from the hospital.

- Counties and Coordinated Care Organizations may be important partners as they may be able play a role in billing Medicaid since they are already set up for that.

- Relationships between community-based organizations and hospitals are very important. Successful programs require a level of investment from the hospital – they need to be a real partner for this to work.
- Partnerships establishing programs need to consider capacity to provide services for people in rural communities – these programs rely on face-to-face, multiple contacts per week. What is capacity to drive, do a home visit? What services do we hope to connect people to, what can be offered if they're not available?
- Although a Medical Director is not a crucial element, in many places the partnership will need institutional power (positional) to bust through red tape - can be someone from Mayor's office, shifting systems that need to move, or someone in hospital leadership as a sponsor. For example, someone who can get checks cut immediately, get security to the table, come to team meetings.

# Appendix C: OHA-Certified Violence Prevention Professional Training & Certification Approval Process

**Intake**

- Applicant reviews OHA training program application website
- Applicant completes standardized **form** modeled on OHA Traditional Health Worker Online Training Intake (90 days in advance of first class day)
- Applicant submits intake form and **curriculum documentation** to OHA

**Curriculum review**

- OHA convenes **curriculum review panel**
- Panel members independently review curriculum and complete **scoring rubric**
- OHA facilitates panel meeting to discuss and compare scores and make determination

**Decision**

- No concerns ➔ written notice of full approval, listed as approved on OHA website
- Minor concerns ➔ written notice of provisional approval, request further documentation, adjuncts to curriculum, etc.
- Major concerns or incomplete application ➔ written notice of request to address documented issues/concerns and resubmit by stated deadline

**Renewal & Monitoring**

- Must apply for **renewal** every three years, no less than 6 months prior to expiration (waivers possible)
- Applicant provides **summary** of proposed changes, # students trained
- OHA may conduct site visits, collect evaluation data / trainee follow-up surveys & investigate complaints
- Changes must be reported within 30 days (primary contact, methodology, curriculum, instructor info, content)