[[AS RELATED TO LC 2636]]
[concepts to amend HB 2023]

Relating to patients who have been seen for a behavioral health crisis and who are-being discharged from either an emergency department setting directly into the community or from an acute care setting:

(1) As used in this section, "patient" means a person being discharged from an ER or acute care setting for behavioral health crisis and/or suicide risk; but does not apply where the emergency department admits a person directly into an inpatient hospital setting.
(2) As used in this section, caregiver includes the patient's family, legal guardian or other support persons as identified by the patient who is willing and able to support the patient after discharge and through transitions in care;
(3) For a patient presenting at an emergency department or admitted to a hospital with a behavioral health crisis and/or suicide risk, minimum discharge standards related to a safety risk assessment and ongoing care management shall include, but not be limited to, the following:
   (a) A meaningful discussion with patient to identify a caregiver(s) and to discuss *the benefits of signing a* release of protected health information to the caregiver;
   (b) A mental health evaluation and risk analysis for suicide, seeking caregiver's input where possible
   (c) Develop and discuss the clinically informed plan for the patient to address immediate and future risk, capitalizing on protective factors, and discussing known risk factors
   (d) and facilitating the patient/caregiver relationship to reduce risk for self-inflicted injury, death and/or risk of re-hospitalization for a mental health or suicide crisis, including *follow up care to address conditions that precipitated need for emergency services.*
   (e) Dissemination of *literacy-appropriate* resources developed by the Oregon Health Authority to:
      i. support patients and caregivers in a behavioral health **crisis***;*
      ii. *help the patient and caregiver with information needed to understand and manage patient's condition and treatment options following discharge;*

(discussion about continuum of "crisis" planning and understanding/managing condition that leads to crisis when untreated

iii. *refer patient and family to community-based Peer Support Services, where available.*

(f) Information and meaningful discussion with patient and caregiver regarding prescribed medications, including contraindications, side effects, overdose, and circumstances that warrant when to immediately contact provider*;*

(g) Description of transition plan to care management team or other provider responsible for ongoing care, including scheduling of follow-up appointment;

(h) *Ensure that* inability to engage the caregiver *will not prevent or delay medically appropriate treatment(s) and/or the discharge of patient.*

(4) The Oregon Health Authority shall convene a task force to address obstacles experienced by patients and caregivers as they navigate service and treatment options.

(a) The task force should include the following representatives:

i. Patients (representing multiple age groups)
ii. Families and caregivers
iii. Peer support specialists
iv. Providers of mental health in-patient services
v. Representative from the Oregon Office of Developmental Disability Services
vi. Representative from Emergency Medical Systems for Children (EMSC)
vii. Providers in emergency departments
viii. Case management specialists
ix. County mental health representatives
x. Primary care clinicians
xi. Outpatient community provider
xii. Private insurance representative
xiii. Medicaid insurance representative

(b) The task force shall identify and recommend to the authority best practices for reducing the risk of future mental health and suicide crises during transitions of care within the current health care system; when possible, these recommendations should be

incorporated into existing transformation efforts, including patient-centered primary care medical home certification and health information exchange efforts.

(c) The task force shall identify barriers and solutions to appropriate step-down care, including cultural, linguistic, financial, and the capacity of current systems.

(d) The task force shall recommend opportunities for continuing education on mental and developmental conditions, as well as suicide risk awareness and best practices for risk assessment, intervention, treatment and management of patients at risk of suicide that OHA will make available to health professional licensing boards.

(e) The task force shall define needs of varying stages of life (children, transition youth, adults, and the elderly).

(f) The task force shall identify a plan for involving peer delivered service supports to assist patient and their families.

(g) The task force shall advise OHA on how to develop and disseminate resources for patients, families, health care providers, case managers, community of care members to help strengthen the network of care providers and services available to support all stakeholders.

(h) The task force shall determine how to disseminate information regarding HIPAA and the exceptions to confidentiality contained therein.

(i) The task force shall report to the legislature no later than December of 2016 and then sunset.