

Continuity of Care Committee Updates for January 18, 2018 SPA Meeting

- Action item, “Suggest EBPs (to ODE/ESDs/school districts) for mental health awareness and suicide prevention training programs for staff and students” was transferred to Schools Committee.
- COC members volunteered for the RACs on **HB 3090 and 3091** implementation. Public comment period for 3091 is open until 1/2/2019. Visit <http://dfr.oregon.gov/laws-rules/Pages/proposed-rules.aspx> and click on section about Defining Coordinated Care and Case Management to see proposed rules and all comments submitted currently. Alliance Members have submitted comment letters although more comments are welcome. For 3090, any Alliance Members who would like to make comments, be informed of proposed rule filings, or other action can contact Mellony Bernal MELLONY.C.BERNAL@dhsosha.state.or.us to get on the mailing list.
- On January 5, 2018, COC members met with the Hospital Association (OAHHS) to outline and discuss requests for standards of care for people in behavioral health crisis who are discharged from hospitals and suicide risk assessments. This meeting resulted in agreement that OAHHS, Alliance members and other identified individuals will develop and work collaboratively on multiple brochures to speak to separate audiences (i.e. patients, families or lay caregivers, and providers) about standards of care for people in behavioral health crisis who are discharged from hospitals and suicide risk assessments. These brochures will be made available at multiple times in hospital settings. COC members have a follow up meeting with Alliance members on January 19, 2018 for continued collaboration.
- Samples of MOUs concerning transitions from acute care back to school to the ESDs. COC members will develop a plan for an environmental scan of existing samples.
- COC will move action item, “Recruit hospital to implement a Caring Contact intervention pilot in a non-ED pilot community” to 2019 timeline due to what is happening with 3090 and 3091.

HB2023 - requires hospitals to adopt and enforce policies for discharging patients who are hospitalized for mental health treatment, meaning patients admitted to a psychiatric inpatient hospital for treatment, and make the policies developed by each hospital publicly available.

HB 3091 - Although existing law requires health carriers to cover services in emergency settings and to adhere to mental health parity requirements, certain patients were not receiving behavioral health assessments as part of care during a behavioral health crisis and were not adequately transitioning from an acute care setting to community-based care. House Bill 3091 provides clarity regarding the services to be provided during these events and requires the Department of Consumer and Business Services to adopt rules defining coordinated care and case management to ensure patients with coverage through coordinated care organizations or the commercial health insurance market are properly assessed and receive the support necessary for transition to community-based care.

HB 3090 - states that hospitals shall adopt, maintain and follow written policies that pertain to the release of a patient from the emergency department who was seen for a behavioral health crisis.