



Emergency Department & Behavioral Health Crisis

What is a Lay Caregiver?

Oregon laws use the term “lay caregivers” when referring to parents, spouse, family member or an individual who is identified by the patient that will support them after leaving the hospital.

Providers will coordinate with patients and their lay caregiver to develop a plan for after leaving the hospital. A provider does not have to disclose health information if there is justifiable concern for the patient’s safety.

- Younger than 14 years of age, the lay caregiver is a parent or legal guardian of the patient.
- 14 and 18 years of age, the lay caregiver is the patient’s parent or legal guardian. If there are clinical indicators or evidence of emancipation the patient may designate a lay caregiver of their choice.
- Over 18 years of age, the individual should be encouraged to designate a lay caregiver of their choosing.

Lay caregivers, often friends or family, provide support and help lower the potential threat to the individual’s safety.

If the patient chooses to identify lay caregivers they will be included in care planning.

- The hospital will ask the patient to sign an authorization form
- Only the minimum information necessary will be shared with the lay caregiver
- The patient has the ability to take-back the authorization at any time

What is a behavioral health crisis?

Behavioral health crisis means a quick change in an individual’s mental or emotional well-being. This change results in the need for immediate medical attention. Without immediate medical attention the individual’s mental or physical health could get much worse.

What to expect in the hospital Emergency Department:

If an individual has a behavioral health crisis they will see a provider that understands mental health. The provider will ask questions to better understand the individual’s current condition and long-term needs. Questions that may be asked to help understand long-term needs:

- Can the individual care for themselves?
- Is there access to care and services where the individual lives?
- Are there community-based services that the individual could access?

The provider will work with the patient to:

- ✓ Identify friends and family (lay caregivers) that could support the individual
- ✓ Try to understand the individual’s risk of suicide
- ✓ Help make a safety plan with ideas about how to protect the individual from dangers including medications, weapons, alcohol, sharps, chemicals, etc.



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What to expect after leaving the Emergency Department:

If the individual attempted suicide, or has been thinking about suicide, the hospital will support the individual as they move to the next level of care.

Caring contacts will be attempted within 48 hours of a patient leaving the hospital. Depending on the hospital, an individual may be contacted by:

- Hospital employees
- Community-based providers
- Peer support providers
- Suicide prevention hotlines

The hospital will work to schedule a follow-up appointment for the individual within 7-days of leaving the hospital.

Care Coordination and Case Management

Before an individual is released from the hospital following a behavioral health crisis, the hospital will do a number of things to help support them. Depending on the patient's needs these may include:

- ✓ Notify the patient's primary care provider
- ✓ Refer to a specialty provider
- ✓ Refer to community-based resources
- ✓ Connect to peer support services
- ✓ Connect to crisis support services
- ✓ Initiate a caring contact follow-up
- ✓ Create and share a plan of care

Oregon Behavioral Health Laws

The Oregon legislature has passed many laws over the years that pertain to the treatment and care of individuals being treated for a mental or behavioral health crisis. This brochure is focusing on HB 3090 of 2017 that requires hospitals to adopt, maintain and follow written policies that pertain to the release of a patient from the emergency department who is experiencing a behavioral health crisis.

- ❖ HB 2023 of 2015 related to release requirements for patients hospitalized for mental health treatment
- ❖ HB 2948 of 2015 related to allowable disclosure of protected health information
- ❖ HB 3378 of 2015 related to general caregiver involvement in discharge planning
- ❖ HB 3091 of 2017 related to payer requirements for case management and care coordination