



NOTICE OF PROPOSED RULEMAKING

INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 291

DEPARTMENT OF CORRECTIONS

FILED: 05/26/2026 1:23 PM

ARCHIVES DIVISION SECRETARY OF STATE

FILING CAPTION: Mental Health Special Housing

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 07/20/2026 12:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

A public rulemaking hearing may be requested in writing by 10 or more people, or by a group with 10 or more members, within 21 days following the publication of the Notice of Proposed Rulemaking in the Oregon Bulletin or 28 days from the date the Notice was sent to people on the agency mailing list, whichever is later. If sufficient hearing requests are received, the notice of the date and time of the rulemaking hearing must be published in the Oregon Bulletin at least 14 days before the hearing.

CONTACT:

Julie Vaughn

971-701-0139

julie.a.vaughn@doc.oregon.gov

3723 Fairview Industrial Dr. SE, Ste 200

Salem, OR 97302

Filed By:

Julie Vaughn

Rules Coordinator

NEED FOR THE RULE(S):

The purpose of these rules is to establish department policy and procedures for the assignment of adults in custody to mental health special housing who, because of a mental illness or intellectual disability, are unable to manage safely in general population settings. These revisions:

- Improve consistency within these rules and with other department rules;
- Remove gendered language;
- Clarify the rules;
- Add, update, or clarify definitions to align more closely with therapeutic services;
- Update or further define process or align these rules with current process;
- Update "inmate" to "adult in custody"; and
- Adopt a new rule, OAR 291-048-0305 Programming Levels in a Behavioral Health Unit for managing movement and supervision of adults in custody within Behavioral Health Units.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

None.

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE:

The Department of Corrections anticipates that the proposed amendments to its Division 48 rules on Mental Health Special Housing, will have a positive impact on racial equity within this state.

The department's Division 48 rules establish the department's policy and procedures for the assignment of adults in custody to mental health special housing who, because of a mental illness or intellectual disability, are a danger to self or others, are unable to care for their basic needs, have a significant functional impairment, or need a diagnostic evaluation or medication adjustment such that they should be considered for assignment to a special housing setting.

Among the proposed amendments to the rules are non-substantive changes intended to improve consistency within these rules and with other department rules, as well as remove gendered language. Because these changes do not alter the substance of the rules, they are expected to have a neutral impact on racial equity in the state.

Additional proposed amendments clarify the rules; add, update, or clarify definitions to align more closely with therapeutic services; or update or further define process or align these rules with current process. These proposed changes aim to make the rule easier to understand and apply consistently, which can enable staff to provide better care to all adults in custody.

Another proposed amendment adopts a new rule, OAR 291-048-0305 Programming Levels in a Behavioral Health Unit. Establishing these rules provides clear guidance for managing movement and supervision of adults in custody within Behavioral Health Units. By basing authorization on risk, treatment plans, and individual progress, the rules promote safety, consistency, and therapeutic integrity. Requiring escort supervision further enhances security and accountability, ensuring staff can apply procedures uniformly while supporting effective care for individuals in treatment.

Other proposed amendments to these rules incorporate in the rules the new statutory term for individuals incarcerated in Department of Corrections institutions – "adult in custody," reflecting a significant and substantive change in the way Department of Corrections staff address and refer to individuals who are incarcerated in Department of Corrections facilities. These proposed rule amendments align with the Department of Corrections mission and guiding principles which seek to normalize and humanize the experience of adults in custody who are confined in Oregon's prisons. The Department of Corrections further understands that all adults in custody are positively impacted when a culture of inclusivity, normalization, and humanization is created, and that these proposed rule amendments represent another step toward creating this culture.

These amendments promote more clinical and individualized services that increase appropriate treatment and improve patient outcomes; establish clear, consistent, and inclusive standards that align with therapeutic practices; and reinforce a culture of normalization and humanization within correctional facilities. To the extent incarcerated persons are disproportionately represented based on race, the department anticipates that these proposed rule amendments will have a positive impact on racial equity in this state.

FISCAL AND ECONOMIC IMPACT:

Rule 291-048 updates programming levels in a Behavioral Health Unit for managing movement and supervision of adults in custody within Behavioral Health Units - basing authorization on risk, treatment plans, and individual progress, and requiring escort supervision - intending to further enhance security and accountability and ensuring staff can apply procedures uniformly while supporting effective care for individuals in treatment.

These rule updates will now align with current practice and are not anticipated to have an impact on DOC, AICs, other state agencies, local governments (the counties), or the general public.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the

rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

None.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Small businesses were not involved in the development of these rules as they will not be impacted by these rules.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

The department has determined that use of an advisory committee would not have provided any substantive assistance in drafting these rule revisions because of the technical nature of the revisions.

RULES PROPOSED:

291-048-0200, 291-048-0210, 291-048-0220, 291-048-0230, 291-048-0240, 291-048-0250, 291-048-0260, 291-048-0270, 291-048-0280, 291-048-0290, 291-048-0300, 291-048-0305, 291-048-0310, 291-048-0320, 291-048-0330

AMEND: 291-048-0200

RULE SUMMARY: Amends rule to change the term "inmate" to "adult in custody"; clarify the rules; and align language more closely with therapeutic services

CHANGES TO RULE:

291-048-0200

Authority, Purpose and Policy ¶

(1) Authority: The authority for ~~this~~these rules is granted to the Director of the Department of Corrections in accordance with ORS 179.040, 423.020, 423.030, and 423.075.¶

(2) Purpose: The purpose of ~~this~~these rules is to establish department policy and procedures for the assignment of ~~inmates~~adults in custody to mental health special housing who, because of a mental illness or ~~severe emotional disturbance, are unable to adjust satisfactorily~~intellectual disability, are unable to manage safely in the general inmate population settings.¶

(3) Policy: The department recognizes there are ~~a number of inmates~~adults in custody with significant mental health issues. It is the policy of the Department of Corrections to:¶

(a) Provide an environment ~~orient~~focused on mental health treatment for ~~inmates within the department who, because of adults in custody who, due to mental illness or severe emotional disturbance, are behaving in such a way as to en~~intellectual disability, exhibit behaviors that pose a danger to themselves or others, or are unable to provide for their basic needs; and¶

(b) ~~Adop~~Implement practices within this environment to safely manage ~~this~~high-risk inmate population where effectiveadult in custody population, promoting conditions that support effective mental health treatment and behavior management can occural therapy.

Statutory/Other Authority: ORS 179.040, 423.020, 423.030, 423.075

Statutes/Other Implemented: ORS 179.040, 423.020, 423.030, 423.075

AMEND: 291-048-0210

RULE SUMMARY: Amends rule to change the term "inmate" to "adult in custody"; add, update, or clarify definitions to align more closely with therapeutic services or with department-adopted standard definitions; clarify the rules; and improve consistency within these rules and with other department rules.

CHANGES TO RULE:

291-048-0210

Definitions ¶

(1) Adult in Custody: Any person under the supervision of the Department of Corrections who is not on parole, probation, or post-prison supervision status. ¶

(2) Behavioral Health Services (BHS): A Health Services unit with primary responsibility for the assessment and treatment of inmates/adults in custody with mental illness and development/intellectual disabilities. ¶

(23) Behavioral Health Unit: An intensive behavioral management and skills training unit for inmates with serious mental illness that have committed violent acts or disruptive behavior. ¶

(3) BHS Program Manager: That person/Services Program Manager: The employee or designee who reports to the Behavioral Health Services administrator or designee and has responsibility for delivery of program/treatment services or coordination of program operations in a mental health special housing unit. Whenever the term "BHS program manager" is used in this rule it means BHS program manager or designee. ¶

(4) Behavioral Health Unit: An intensive behavior therapy and skills training unit for adults in custody with a serious mental illness that have committed violent acts or engaged in significantly high-risk behavior. ¶

(45) Facility: The building/Any institution, facility, or staff office, including and the grounds-area, operated by the Department of Corrections which physically houses inmate. ¶

(6) Functional Unit: Any organizational component within the Department of Corrections responsible for the delivery of program services or coordination of program operations. ¶

(57) Functional Unit Manager: Any person within the Department of Corrections who reports to either the Director, the Deputy Director, an Assistant Director, or an administrator and has responsibility for the delivery of program services or coordination of program operations. Whenever the term "functional unit manager" is used in this rule it means functional unit manager or designee. In these rules for mental health special housing, in a correctional setting, the superintendent is the "functional unit manager" is the superintendent of the institution. ¶

(68) Intermediate Care Housing (ICH): A mental health special housing unit with a therapeutic environment for mental health step down from a Mental Health Infirmiry; a stabilization unit for inmates who cycle in and out of a Mental Health Infirmiry. ¶

(7) Inmate: Any person under the supervision of the Department of Corrections who is not on parole, post-prison supervision or probation status that provides an in-patient level of care and treatment and a therapeutic environment for adults in custody. ¶

(82) Mental Health Infirmiry (MHI): A crisis response unit that provides psychiatric care and a therapeutic environment for inmates that require intensive assessment, acute mental health care, and stabilization. ¶

(9) Mental Health Specialist: Any person who reports to the BHS administrator and has the responsibility for delivery of mental health program services in a facility a therapeutic environment for adults in custody. ¶

(10) Mental Health Special Housing: A housing assignment separate and apart from the general population, including facilities, rooms, or cells for inmates that are unable to adjust satisfactorily to the general inmate population because of a serious mental illness based on the admission criteria for each specific unit. Mental health special housing includes a Mental Health Infirmiry, Intermediate Care Housing, and Behavioral Health Units. ¶

(11) Mental Health Special Housing (MHS) Custody Manager: That person designated by the functional unit manager who is employee or designee responsible for security operations in a mental health special housing unit and for making operational decisions in accordance with rule, policy, rule, or procedure. Whenever the term "mental health special housing custody manager" is used, who is appointed in by this rule it means the mental health special housing custody manager or designee institution's functional unit manager. ¶

(12) Mental Health Treatment Team: A team that may consist of the unit Behavioral Health Services program manager(s), psychiatrist or nurse practitioner, nurse, qualified mental health special professionals and associates, psychologists, MHS mental health special housing custody manager, represented custody staff members security employees, and other designated staff/employees. The purpose of this group is to: ¶

(a) Assess the mental condition of inmates/status of adults in custody assigned to a mental health special housing unit. ¶

(b) Establish and update treatment plans for these inmates, individualized treatment plans. ¶

(c) Conduct meaningful reviews at a minimum of once every 30 days; and ¶

~~(ed)~~ Coordinate their discharge and mental health follow-up.¶

~~(13)~~ Prescribing Practitioner: A licensed psychiatrist or psychiatric mental health nurse practitioner.¶

~~(14)~~ Qualified Mental Health Associate: Any person who has been credentialed and has the responsibility for the delivery of mental health treatment services within the scope of certification.¶

~~(15)~~ Qualified Mental Health Professional: Any person who has been credentialed and has the responsibility for the delivery of mental health assessment and treatment services within the scope of certification.¶

~~(136)~~ Reasonable Grounds: Information that is of such credibility that it would induce a reasonably prudent person to use it in the conduct of their affairs.¶

~~(147)~~ Serious Mental Illness: An inmate that, in the judgment of the department, because of a mental disorder is one or more of the following:¶

~~(a)~~ Dangerous to self or others;¶

~~(b)~~ Unable to provide current or recent (within the preceding 6 months) diagnosis of: other specified schizophrenia and psychotic disorders, unspecified schizophrenia and psychotic disorders, schizophrenia, bipolar I disorder, bipolar II disorder or other specified bipolar disorder, unspecified bipolar disorder, schizoaffective disorder, schizophreniform disorder, major depressive disorder (single episode for basic personal needs and would likely benefit from receiving additional care for the inmate's health or safety);¶

~~(c)~~ Chronically mentally ill, as defined in ORS 426.495; or¶

~~(d)~~ Will continue, to a reasonable medical probability, to physically or mentally deteriorate so to become a person described in (c) above unless treated recurrently, brief psychotic disorder, psychotic disorder due to medical condition, or major neurocognitive disorder unless the treatment record clearly indicates that symptoms of the disorder(s) are (have been) in partial remission (with or without treatment); an IQ of 69 or below, with adaptive skills deficit; engagement in a recent (within the preceding year) serious suicide attempt; or any diagnosed mental disorder (excluding any disorder manifested solely by repeated criminal or otherwise antisocial conduct, substance use or induced disorders, and paraphilias) currently associated with significant impairment in cognitive, behavioral or emotional functioning that substantially interferes in a person's ability to function on a daily basis and that has a seriously adverse effect on life or on mental or physical health.¶

~~(158)~~ Special Population Management Committee (SPM): A committee that is composed of at least three department staff ~~to~~ employees, including a representative from institution operations, Behavioral Health Services, and the Office of Population Management.¶

~~(16)~~ Treating Practitioner: Any Health Services employee who, by licensure, is authorized to prescribe treatment, including but not limited to, physicians, nurse practitioners and physicians assistants.

Statutory/Other Authority: ORS 179.040, 423.020, 423.030, 423.075

Statutes/Other Implemented: ORS 179.040, 423.020, 423.030, 423.075

AMEND: 291-048-0220

RULE SUMMARY: Amends rule to change the term "inmate" to "adult in custody"; update to current department terminology; and clarify the rules.

CHANGES TO RULE:

291-048-0220

Selection and Training of ~~Staff~~Security Employees for Mental Health Special Housing ¶

(1) Selection Criteria: For positions that are solely assigned to mental health special housing: ¶

(a) ~~Custody staff~~Security employees must have successfully completed trial service; ¶

(b) All ~~staff~~employees requesting to work in mental health special housing will be reviewed and must receive a satisfactory appraisal by a committee designated ~~the~~by the institution's functional unit manager before assignment to the unit. At a minimum, the ~~staff member~~employee must meet the following criteria: ¶

(A) Have expressed a constructive interest in working with ~~inmates~~adults in custody in mental health special housing; ¶

(B) Have demonstrated the ability to work with ~~inmates~~adults in custody through conflict-reducing and conflict-control skills; and ¶

(C) Have demonstrated the ability to use good judgment. ¶

(2) ~~Position Availability: Decisions regarding the number of~~ mental health special housing positions will be made by the institution's functional unit manager and will be reviewed as needed. ¶

(3) Mental Health Special Housing Position Rotations: Rotation of ~~staff~~employees may occur ~~as it is found to be~~ in the best interest or well-being of the employee; or the operation of the unit, upon determination by a committee designated ~~the~~by the institution's functional unit manager. ¶

(4) Training of Assigned Personnel: All employees assigned to work in a mental health special housing unit are required to annually complete a minimum number of 12 training hours specific to mental health special housing, in addition to any other department training requirements.

Statutory/Other Authority: ORS 179.040, 423.020, 423.030, 423.075

Statutes/Other Implemented: ORS 179.040, 423.020, 423.030, 423.075

AMEND: 291-048-0230

RULE SUMMARY: Amends rule to change the term "inmate" to "adult in custody"; clarify the rules; remove gendered language; align these rules with current process; and align rule language more closely with therapeutic services.

CHANGES TO RULE:

291-048-0230

Recommendation and Referral ProcessEvaluation Criteria for Admission to a Mental Health Special Housing Unit

~~(1) An inmate~~An adult in custody that, in the judgment of ~~the department~~Behavioral Health Services, meets one or more of the following conditions because of a mental illness should be considered for ~~assignment~~admission to mental health special housing:

- ~~(a) 1~~1 A danger to others;
- ~~(b) 2~~2 A danger to self ~~(including all inmates who are acutely suicidal);~~
- ~~(c) 3~~3 Unable to care for ~~his/her~~their own basic needs;
- ~~(d) In an acute phase of mental or emotional disorder; or~~
- ~~(e) Needs a diagnostic evaluation or medication adjustment.~~

~~(2) If any staff member thinks an inmate is in need of mental health treatment in mental health special housing, the concerned staff member may submit a recommendation for a mental health evaluation.~~4) Significant functional impairment; or

~~(3) 5~~5 A mental health specialist shall complete an evaluation of the inmate within five calendar days.

~~(4) If the mental health specialist recommends placement, he/she will make the appropriate referral.~~

~~(5) Upon completion of the evaluation, the inmate will be assigned to a mental health special housing unit or be returned to his/her former status if assignment to mental health special housing is not needed.~~Needs a diagnostic evaluation or medication adjustment.

Statutory/Other Authority: ORS 179.040, 423.020, 423.030, 423.075

Statutes/Other Implemented: ORS 179.040, 423.020, 423.030, 423.075

AMEND: 291-048-0240

RULE SUMMARY: Amends rule to change the term “inmate” to “adult in custody”; clarify the rules; and align the rules more closely with therapeutic services.

CHANGES TO RULE:

291-048-0240

Assignment to Mental Health Special Housing ~~Assignment~~

(1) An ~~inmate~~ adult in custody will be assigned to a mental health special housing unit based on the least restrictive environment that satisfies the needed level of care.

(2) Mental health special housing includes Mental Health Infirmaries, Intermediate Care Housing, and the Behavioral Health Units. The assignment process varies dependent on the specific unit.

(a) Assignment to a Mental Health Infirmarium will be made in accordance with OAR 291-048-0250 to 0260.

(b) Assignment to Intermediate Care Housing will be made in accordance with OAR 291-048-0270.

(c) Assignment to a Behavioral Health Unit will be made in accordance with OAR 291-048-0280.

(3) Once an ~~inmate~~ adult in custody has been assigned to a mental health special housing unit, the ~~inmate~~ individual may be assigned to other mental health special housing units for treatment as deemed necessary or advisable by the mental health treatment team. However, an ~~inmate~~ individual may only be assigned to a Mental Health Infirmarium by order of the ~~treating~~ prescribing practitioner.

Statutory/Other Authority: ORS 179.040, 423.020, 423.030, 423.075

Statutes/Other Implemented: ORS 179.040, 423.020, 423.030, 423.075

AMEND: 291-048-0250

RULE SUMMARY: Amends rule to change the term “inmate” to “adult in custody”; clarify the rules; and align these rules with current process and more closely with therapeutic services.

CHANGES TO RULE:

291-048-0250

Voluntary Assignment to a Mental Health Infirmery ¶

(1) An ~~inmate~~adult in custody may be voluntarily placed in a Mental Health Infirmery when: ¶

(a) There is a referral from an institution qualified mental health specialist, nurse, or outside professional; ¶

~~(b) The Mental Health contractor; and ¶~~

~~(b) The Infirmery~~ mental health treatment team finds that the ~~inmate is in~~adult in custody need ~~of~~s mental health treatment; and ¶

(c) There is reasonable likelihood that treatment can be accomplished in a Mental Health Infirmery; and ¶

(d) The ~~inmate~~adult in custody consents to admission in writing. ¶

(2) The ~~treat~~Mental Health Infirmery prescribing practitioner shall make the final decision whether an ~~inmate~~adult in custody is admitted to a Mental Health Infirmery for treatment.

Statutory/Other Authority: ORS 179.040, 423.020, 423.030, 423.075

Statutes/Other Implemented: ORS 179.040, 423.020, 423.030, 423.075

AMEND: 291-048-0260

RULE SUMMARY: Amends the rule to change the term "inmate" to "adult in custody"; clarify the rules; align the rules more closely with therapeutic services; update or further define process; remove gendered language; remove language for non-emergency involuntary assignment to a mental health infirmary because the language was duplicative.

CHANGES TO RULE:

291-048-0260

Involuntary Assignment to a Mental Health Infirmary ¶

(1) Emergency:¶

~~(a) An inmate~~ An adult in custody may be involuntarily assigned to a Mental Health Infirmary for evaluation for a period not to exceed five working days, by ~~order~~ approval of the BHS program manager, treating practitioner, or functional unit manager, only upon a finding of reasonable grounds.¶

~~(b) The decision to~~ behavioral Health Services program manager, prescribing place an inmate in a Mental Health Infirmary will be based on the recommendation of the ~~mentitioner, or Behavioral h~~ Health staff, psychologist, the Medical Services manager, or available program staff. Other pertinent staff reports may also be considered.¶

~~(c) If the inmate is placed in a Mental Health Infirmary on an emergency basis, the functional unit manager shall inform the inmate in writing.~~ Services administrator for the Mental Health Infirmary or designee, only upon a finding of reasonable grounds.¶

~~(d)~~ 2 Assessment: Within five working days following assignment to a Mental Health Infirmary, the mental health treatment team will assess the need for treatment. The following mental health ~~data~~ information shall be considered by the ~~treating~~ prescribing practitioner in making the assessment:¶

~~(A)~~ a Existence and type of disorder; Mental health diagnoses.¶

~~(B)~~ b Potential therapeutic effect of a change in environment;¶

~~(C)~~ c Potential for development of a ~~comprehensive program for treatment of the inmate~~ individualized treatment plan for the adult in custody that is available within a Mental Health Infirmary and is likely to benefit the ~~inmate;~~ adult in custody.¶

~~(D)~~ d Ability to function in the general population; and¶

~~(E)~~ e Any other factors substantially related to the mental health of the ~~inmate~~ adult in custody, as applicable, including ~~staff observations~~ made by employees, individual diagnostic interviews, and tests assessing intellect and coping abilities.¶

~~(e)~~ 3 Upon completion of the assessment and compilation of the ~~inmate~~ adult in custody's mental health history:¶

~~(A)~~ a If the mental health treatment team determines the ~~inmate~~ adult in custody is not in need of the level of care in a Mental Health Infirmary, the ~~inmate~~ adult in custody will be returned to ~~his/their~~ former status or referred to mental health treatment, as appropriate.¶

~~(B)~~ b If the mental health treatment team determines the ~~inmate is in~~ adult in custody need ~~of~~ the level of care in a Mental Health Infirmary, an ~~overall~~ individualized treatment plan will be developed ~~with appropriate referral as needed.~~¶

~~(f)~~ 4 The ~~inmate~~ adult in custody will be given the opportunity to voluntarily admit ~~himself/herself~~ to a Mental Health Infirmary.¶

~~(g)~~ 5 If the ~~inmate~~ adult in custody is unwilling to be voluntarily admitted, the ~~treating~~ prescribing practitioner may admit the ~~inmate~~ adult in custody on an involuntary basis.¶

~~(A)~~ a The ~~treating~~ prescribing practitioner will ~~notify and deliver a copy of the~~ deliver notice of Emergency/Involuntary Assignment to Mental Health Special Housing (CD-1567) to the functional unit manager.¶

~~(B)~~ b The functional unit manager will notify the hearings officer.¶

~~(C)~~ c The hearings officer will make arrangements to conduct an involuntary assignment hearing as outlined in OAR 291-048-0290 within five working days after completion of the evaluation.¶

(2) Non-Emergency:¶

~~(a) If an inmate is thought by any staff member to be in need of mental health treatment in a Mental Health Infirmary, the concerned staff member may submit a recommendation for a mental health evaluation as described in OAR 291-048-0230.~~¶

~~(b) If the mental health specialist recommends placement in Mental Health Infirmary, admission consideration will follow as provided in section (1)(d)(A)-(E) of this rule, with notification to the functional unit manager.~~¶

~~(c) The inmate will be given the opportunity to voluntarily admit himself/herself to a Mental Health Infirmary. If the inmate is unwilling to be voluntarily admitted, the treating practitioner may admit the inmate on an involuntary basis.~~¶

~~(A) The treating practitioner will notify and deliver a copy of the Notice of Emergency/~~ institution's functional unit

manager. ¶

(b) The institution's functional unit manager will notify the Hearings Officer of the involuntary Assignment to Mental Health Special Housing (CD 1567) to the functional unit manager. ¶

(B) The functional unit manager will notify the hearings officer. ¶

(C. ¶

(c) The Hearings Officer will make arrangements to conduct an involuntary assignment hearing as outlined in OAR 291-048-0290 within five working days or as soon as practicable after completion of the evaluation. ¶

(3) Recommended Length of Stay: In all instances where involuntary assignment is recommended, the treating practitioner will include a recommendation for the length of stay in a Mental Health Infirmary, not to exceed 180 days.

Statutory/Other Authority: ORS 179.040, 423.020, 423.030, 423.075

Statutes/Other Implemented: ORS 179.040, 423.020, 423.030, 423.075

AMEND: 291-048-0270

RULE SUMMARY: Amends rule to change the term "inmate" to "adult in custody"; clarify the rules; update or further define process; remove gendered language; and align language more closely with therapeutic services.

CHANGES TO RULE:

291-048-0270

Assignment to Intermediate Care Housing ¶

(1) An ~~inmate~~adult in custody may be assigned to Intermediate Care Housing based on a referral from a qualified mental health specialist. An inmate professional. An adult in custody may be referred if: ¶

(a) It is determined at release from an ~~MHI~~ Mental Health Infirmiry that the adult in custody requires additional stabilization prior to placement into a less restrictive environment. ¶

(b) It is determined at release from a Behavioral Health Unit that the adult in custody requires additional stabilization prior to placement into a less restrictive environment; ¶

(~~b~~c) It is determined at intake that the ~~inmate~~adult in custody does not have the basic coping skills to be placed directly into a less restrictive environment; ¶

(~~c~~d) It is determined during the ~~inmate~~adult in custody's incarceration that ~~the or she~~ will have an increase in symptoms in a less restrictive environment if ~~the or she~~ adult in custody is not provided a higher level of treatment and support; or ¶

(~~d~~e) The ~~inmate~~adult in custody demonstrates high risk for suicide or frequent self-harm. ¶

(2) ~~An inmate~~directed violence. ¶

(2) ~~An inmate~~adult in custody may be ~~plac~~admitted in Intermediate Care Housing when: ¶

(a) ~~There is a referral from a mental health specialist, nurse, or Intermediate Care Hou~~outside mental health contractor; ¶

(b) ~~The~~ ng mental health treatment team finds that the ~~inmate is in~~adult in custody need ~~of~~s mental health treatment; and ¶

(~~b~~c) There is a reasonable likelihood that treatment can be accomplished in Intermediate Care Housing. ¶

(~~3~~3) The ~~BHS program manager~~ehavioral Health Services program manager for Intermediate Care Housing shall make the final decision whether an ~~inmate~~adult in custody is admitted to Intermediate Care Housing for treatment. ¶

(34) ~~Assessment:~~ Within five working days following assignment to Intermediate Care Housing, the mental health treatment team will assess the need for treatment. The following mental health ~~data~~information shall be considered by the ~~BHS program manager~~ehavioral Health Services program manager for Intermediate Care Housing in making the assessment: ¶

(a) ~~Existence and type of disorder;~~ Mental health diagnoses; ¶

(b) Potential therapeutic effect of a change in environment; ¶

(c) Potential for development of a ~~comprehensive program for treatment of the inmate~~ individualized treatment plan for the adult in custody that is available within Intermediate Care Housing and is likely to benefit the ~~inmate;~~ adult in custody; ¶

(d) Ability to function in the general population; and ¶

(e) Any other factors substantially related to the mental health of the ~~inmate~~adult in custody, as applicable, including ~~staff observations made by employees,~~ individual diagnostic interviews, and tests assessing intellect and coping abilities. ¶

(45) Upon completion of the assessment and compilation of the ~~inmate~~adult in custody's mental health history: ¶

(a) If the mental health treatment team determines the ~~inmate~~adult in custody is not in need of the level of care in Intermediate Care Housing, the ~~inmate~~adult in custody will be returned to ~~his/het~~their former status or referred to mental health treatment, as appropriate. ¶

(b) If the mental health treatment team determines the ~~inmate is in~~adult in custody need ~~of~~s the level of care in Intermediate Care Housing, an ~~overall~~ individualized treatment plan will be developed ~~with appropriate referral as needed.~~ ¶

(~~c~~) ~~The inmate.~~ ¶

(c) ~~The inmate~~ adult in custody will be given the opportunity to voluntarily admit ~~himself/herself~~ to Intermediate Care Housing. ¶

(d) If the ~~inmate~~adult in custody is unwilling to be voluntarily admitted, the ~~BHS~~ehavioral Health Services program manager may admit the ~~inmate~~adult in custody on an involuntary basis: ¶

(A) If the ~~inmate~~adult in custody has previously been assigned to a mental health special housing unit on an involuntary basis within the last 180 days, the ~~inmate~~adult in custody may be assigned to Intermediate Care

Housing without any further action.¶

(B) If the ~~inmate~~adult in custody has not previously been assigned to a mental health special housing unit on an involuntary basis, the ~~BHS program manager will notify and deliver a copy of the Behavioral Health Services program manager will deliver~~ notice of Emergency/Involuntary Assignment to Mental Health Special Housing (CD 1567) to the institution's functional unit manager.¶

(C) The institution's functional unit manager will notify the ~~H~~Hearings eOfficer.¶

(D) The ~~H~~Hearings eOfficer will ~~make arrangements~~ to conduct an involuntary assignment hearing as outlined in OAR 291-048-0290 within five working days, or as soon as practicable, after completion of the assessment.

Statutory/Other Authority: ORS 179.040, 423.020, 423.030, 423.075

Statutes/Other Implemented: ORS 179.040, 423.020, 423.030, 423.075

AMEND: 291-048-0280

RULE SUMMARY: Amends rule to change the term "inmate" to "adult in custody"; update or further define process or align these rules with current process; clarify the rules; update language to align more closely with therapeutic services; and remove gendered language.

CHANGES TO RULE:

291-048-0280

Assignment to a Behavioral Health Unit

- (1) An inmate adult in custody may be assigned to a Behavioral Health Unit:
 - (a) If the inmate has committed violent acts or disruptive behavior and individual is diagnosed with a serious mental illness. An inmate may be referred if:
 - (a) The inmate has committed violent or disruptive disciplinary actions in either general housing or special housing units and is placed in temporary disciplinary segregation in accordance with and is being considered for placement in an Intensive Management Unit in accordance with the department's rules on Intensive Management Unit (OAR 291-105.5) or
 - (b) A hearing officer recommends assignment to a Behavioral Health Unit as a diversion to a disciplinary placement in an Administrative Segregation sanction Unit in accordance with OAR 291-105; or
 - (c) The inmate is being considered for placement in an Intensive Management Unit in accordance with the department's rules on Segregation (Administrative) (OAR 291-055.46); and
 - (b) The Special Population Management (SPM) Committee recommends assignment to a Behavioral Health Unit.
- (2) An inmate adult in custody may be placed in a Behavioral Health Unit when:
 - (a) There is a referral from a mental health specialist, nurse, or outside qualified mental health contractor professional;
 - (b) The Behavioral Health Unit treatment team finds that the inmate is in need of mental health treatment reviews the referral; and
 - (c) There is a reasonable likelihood that treatment can be accomplished in a Behavioral Health Unit.
- (3) The BHS program manager Behavioral Health Services program manager for the Behavioral Health Unit shall make the final decision whether an inmate adult in custody is admitted to a Behavioral Health Unit for treatment.
- (4) Assessment: Within five working days following assignment to a Behavioral Health Unit, the Behavioral Health Unit treatment team will assess the need for treatment. The following mental health data shall be considered by the BHS program manager in making the assessment:
 - (a) Existence and type of disorder;
 - (a) Mental health diagnoses;
 - (b) Potential therapeutic effect of a change in environment;
 - (c) Potential for development of a comprehensive program for treatment of the inmate individualized treatment plan for the adult in custody that is available within a Behavioral Health Unit and is likely to benefit the inmate;
 - (d) Ability to function in an Intensive Management Unit or disciplinary segregation adult in custody; and
 - (e) Any other factors substantially related to the mental health of the inmate adult in custody, as applicable, including staff observations made by employees, individual diagnostic interviews, and tests assessing intellect and coping abilities.
- (5) Upon completion of the assessment and compilation of the inmate adult in custody's mental health history:
 - (a) If the Behavioral Health Unit treatment team determines the inmate adult in custody is not in need of the level of care in a Behavioral Health Unit, the inmate adult in custody will be returned to his/their former status, assigned to an Intensive Management Unit or assigned to disciplinary segregation, to Administrative Segregation, or placed as appropriate.
 - (b) If the Behavioral Health Unit treatment team determines the inmate is in adult in custody need of s the level of care in a Behavioral Health Unit, an overall individualized treatment plan will be developed with appropriate referral as needed.
 - (c) The inmate.
 - (c) The adult in custody will be given the opportunity to voluntarily admit himself/herself to a Behavioral Health Unit.
 - (d) If the inmate adult in custody is unwilling to be voluntarily admitted, the BHS program manager may admit the inmate Behavioral Health Services program manager for the Behavioral Health Unit may admit the adult in custody on an involuntary basis.
- (A) If the inmate adult in custody has previously been assigned to a mental health special housing unit on an involuntary basis within the last 180 days, the inmate adult in custody may be assigned to a Behavioral Health Unit

without any further action.¶

(B) If the ~~inmate~~adult in custody has not previously been assigned to a mental health special housing unit on an involuntary basis, the ~~BHS program manager will notify and deliver a copy of the Behavioral Health Services program manager for the Behavioral Health Unit will deliver~~ notice of Emergency/Involuntary Assignment to Mental Health Special Housing (CD-1567) to the institution's functional unit manager.¶

(C) The institution's functional unit manager will notify the ~~H~~Hearings eOfficer.¶

(D) The ~~H~~Hearings eOfficer will ~~make arrangements~~ to conduct an involuntary assignment hearing as outlined in OAR 291-048-0290 within five working days after completion of the assessment.

Statutory/Other Authority: ORS 179.040, 423.020, 423.030, 423.075

Statutes/Other Implemented: ORS 179.040, 423.020, 423.030, 423.075

AMEND: 291-048-0290

RULE SUMMARY: Amends rule to change the term "inmate" to "adult in custody"; clarify the rules; update or further define process; remove gendered language; improve consistency with other department rules; and update language to align more closely with therapeutic services.

CHANGES TO RULE:

291-048-0290

Involuntary Assignment to Mental Health Special Housing ¶

(1) Notice of Hearing:¶

~~(a) The inmate and Rights:¶~~

(a) The adult in custody shall be given written notice of the hearing by the hearings officer not less than 24 hours prior to the hearing.¶

(b) The notice shall include a statement of the inmateadult in custody's rights with respect to the hearing.¶

(2) The hearing shall be conducted by a H Hearings e Officer or other person trained in the hearings process; in the event the H Hearings e Officer is unavailable.¶

(3) The H Hearings e Officer shall not have participated in any previous way in the assessment process determining assignment to a Behavioral Health Unit.¶

(4) The H Hearings e Officer may pose questions during the hearing.¶

(5) Representation:¶

(a) In all cases, the inmateadult in custody is entitled to:¶

(A) Speak in his/hetheir own behalf; and ¶

(B) Be present at all stages of the hearing process, except when the H Hearings e Officer finds that to have the inmateadult in custody present would present an immediate threat to facility security or safety of its staffemployees or others. The reason(s) for the finding shall be a part of record.¶

(b) Assistance by a staff member, inmaten employee, other adult in custody, or other person approved by the H Hearings e Officer will be ordered for those individuals in cases where it is found that assistance is necessary based upon a visual, speech, or hearing disability, language barriers, or competence and capacity of the inmateadult in custody.¶

(6) Investigation: The inmateadult in custody has a right to request that an investigation be conducted. If an investigation is ordered, a designee of the H Hearings e Officer shall conduct the investigation. No person shall serve as an investigator who has participated in any previous way in the process of an involuntary placement of the specific adult in custody into mental health special housing.¶

(a) An investigation shall be conducted upon the inmate's request request by the adult in custody if an investigation will assist in the resolution of the proceedings and the information sought is within the ability of the facility to procure or the inmateadult in custody to provide with his/hetheir own resources.¶

(b) The H Hearings e Officer may order an investigation on his/herthe Hearings Officer's own motion.¶

(c) The H Hearings e Officer shall allow the inmateadult in custody access to the results of the investigation unless disclosure of the investigative results would constitute a threat to the safety and security of the facility, its staffemployees, or others.¶

(7) Witnesses: inmatesAdults in custody have the right to call witnesses to testify before the H Hearings e Officer. Witnesses may include inmates, staffother adults in custody, employees, or other persons.¶

(a) If witnesses will be called, the inmateadult in custody, prior to the hearing, must develop a list of witnesses and questions to be posed to each witness. The inmateadult in custody shall bring the list of questions and the list of witnesses to the hearing.¶

(b) The inmate or his/heradult in custody or the adult in custody's representative shall not have the right to cross-examine or directly pose questions to any witness.¶

(c) The H Hearings e Officer may exclude a specific inmate or staffadult in custody witness or employee witness upon finding that the witness' testimony would not assist in the resolution of the proceeding or presents an immediate undue hazard to facility security or the safety of its staffemployees or others. If a witness is excluded, the reason(s) or would not assist in the resolution of the proceeding. The reason(s) for the exclusion of a witness shall be made a part of the record.¶

(d) The H Hearings e Officer may exclude other persons as witnesses upon finding that their testifying is presents an undue hazardous to facility security or the safety of its staffemployees or others; not reasonably available; or would not assist in the resolution of the action proceeding, or the witness is not reasonably available. The reason(s) for the exclusion of a witness shall be made a part of the record.¶

(e) An inmate witness shall have the right to refuse to testify.¶

(f) ~~Persons other than inmates or staff~~ Persons other than adults in custody or employees requested as witnesses shall have the right to refuse to appear or testify.¶

(g) The ~~Hearings Officer~~ may, on ~~his/her~~ the Hearings Officer's own motion, call witnesses to testify.¶

(h) All questions which will assist in the resolution of the proceedings, as determined by the ~~Hearings Officer~~, shall be posed. The reason(s) for not posing a question will be made a part of the record.¶

(8) ~~Documentation~~ or Reports:¶

(a) ~~Inmates~~ Adults in custody shall have the right to present documents ~~or~~ reports during the hearing.¶

(b) ~~The Any~~ reporting ~~staff member~~ employees, or other agents of the facility who are knowledgeable, ~~may~~ shall submit documents ~~or~~ reports in advance of the hearing.¶

(c) The ~~Hearings Officer~~ may exclude documents ~~or~~ reports, making a finding that such would be unduly hazardous to facility security or the safety of its ~~staff~~ employees or others, or would not assist in the resolution of the proceeding. The reason(s) for ~~the~~ exclusion of documents or reports shall be made a part of the record.¶

(d) The ~~Hearings Officer~~ may classify documents ~~or~~ reports as confidential upon making a finding that revealing such would constitute a threat to the safety and security of the facility or violate statutory provisions regarding confidentiality. The reason(s) for classifying documents ~~or~~ reports as confidential shall be made a part of the record.¶

(9) Postponement:¶

(a) A hearing may be postponed by the ~~Hearings Officer~~ for "good cause" and for a reasonable period of time, ~~not to exceed three working days~~.¶

(b) "Good cause" includes, but is not limited to:¶

(A) Illness or unavailability of the ~~inmate~~ adult in custody;¶

(B) Gathering of additional evidence; or¶

(C) Gathering of additional documentation.¶

(c) The reason(s) for the postponement shall be made a part of the record.¶

(10) At the conclusion of the hearing, the ~~Hearings Officer~~ will deliberate and determine whether the information supports placement of the ~~inmate~~ adult in custody in mental health special housing, ~~taking into account~~ considering any contrary information submitted by the ~~inmate~~ individual. The ~~Hearings Officer~~ may postpone the rendering of a decision for a reasonable period of time, ~~not to exceed three working days~~, for the purpose of reviewing the information.¶

(a) No Justification: The ~~Hearings Officer~~ may find that the information does not support placement in mental health special housing, in which case the ~~Hearings Officer~~ will recommend that the ~~inmate~~ return to his/her adult in custody return to the adult in custody's former status with all rights and privileges of that status.¶

(b) Justification: The ~~Hearings Officer~~ may find the report does support placement in mental health special housing, in which case the ~~Hearings Officer~~ will so inform the ~~inmate~~ adult in custody and recommend the ~~inmate~~ individual be assigned to mental health special housing for a specified period of time, as recommended by the ~~treating~~ prescribing practitioner ~~and/or~~ and mental health treatment team, not to exceed 180 days.¶

(11) Hearing Record:¶

(a) Upon completion of a hearing, the ~~Hearings Officer~~ shall prepare a hearing record within ~~five~~ 10 days following the conclusion of the hearing.¶

(b) The record of the formal hearing shall include:¶

(A) ~~Examination reports~~ Notice of Emergency/Involuntary Assignment to the Mental Health Special Housing (CD 1567);¶

(B) Notice of ~~Hearing~~ and ~~Rights~~;¶

(C) Recording of hearing;¶

(D) Supporting material(s); and¶

(E) "Findings of Fact, Conclusion, and Recommendation" of the ~~Hearings Officer~~.¶

(c) The ~~Hearings Officer~~ will retain the recording and forward to the Behavioral Health Services Administrator items (A), (B), (D), and (E) of this section.

Statutory/Other Authority: ORS 179.040, 423.020, 423.030, 423.075
 Statutes/Other Implemented: ORS 179.040, 423.020, 423.030, 423.075

AMEND: 291-048-0300

RULE SUMMARY: Amends rule to change the term "inmate" to "adult in custody"; make grammatical edits or minor corrections; and clarify the rules.

CHANGES TO RULE:

291-048-0300

Administrative Review ¶

Administrative Review ¶

(1) The Behavioral Health AServices administrator or designee shall review the results of any hearing held to involuntarily place an inmateadult in custody in mental health special housing. ¶

(2) The Behavioral Health AServices administrator or designee shall review the Findings-of-Fact, Conclusion, and Recommendation of the Hearings eOfficer to determine whether: ¶

(a) There was substantial compliance with the procedural requirements of these rules; ¶

(b) The recommended decision was based on substantial information; and ¶

(c) The recommended decision was proportionate to the information and consistent with the provisions of the rule. ¶

(3) Within five days of the receipt of the Hearings eOfficer's report, the Behavioral Health AServices administrator or designee shall enter an order to: ¶

(a) Affirm the Hearings eOfficer's recommended decision; ¶

(b) Modify the Hearings eOfficer's recommended decision; or ¶

(c) Reverse the Hearings eOfficer's recommended decision. ¶

(4) If the Behavioral Health AServices administrator or designee modifies or reverses the Hearings eOfficer's recommended decision, the Behavioral Health AServices administrator or designee must state the reason(s) in writing and promptly notify the inmateadult in custody, Hearings eOfficer, mental health treatment team, and institution's functional unit managers of the action and reason. ¶

(5) A copy of the order shall be returned to the Hearings eOfficer and the inmateadult in custody.

Statutory/Other Authority: ORS 179.040, 423.020, 423.030, 423.075

Statutes/Other Implemented: ORS 179.040, 423.020, 423.030, 423.075

ADOPT: 291-048-0305

RULE SUMMARY: Adopts rule to establish guidelines for managing movement and supervision of adults in custody within Behavioral Health Units.

CHANGES TO RULE:

291-048-0305

Programming Levels in a Behavioral Health Unit

(1) Adults in custody assigned to a Behavioral Health Unit will be permitted to leave their cell for visits; exercise; recreational activities; showers; medical, dental, or mental health services; hearings; interviews; or other reasons, as authorized by the Behavioral Health Services program manager for the Behavioral Health Unit, as appropriate based on the adult in custody's risk to others, the adult in custody's individualized treatment plan, and the adult in custody's individual progress within the program. ¶

(2) The Assistant Superintendent of Security will assign escort supervision, as deemed appropriate.

Statutory/Other Authority: ORS 179.040, 423.020, 423.030, 423.075

Statutes/Other Implemented: ORS 179.040, 423.020, 423.030, 423.075

AMEND: 291-048-0310

RULE SUMMARY: Amends rule to change the term "inmate" to "adult in custody"; improve consistency within these rules or with other department rules; clarify the rules; update or further define process or align these rules with current process; update language to align more closely with therapeutic services; and remove gendered language.

CHANGES TO RULE:

291-048-0310

Provision of Basic Services and Programs in Mental Health Special Housing ¶

- (1) Mental health special housing shall be under the clinical supervision of the ~~BHS~~Behavioral Health Services program manager and the operational supervision of the ~~MHSH~~mental health special housing custody manager. ¶
- (2) An ~~inmate~~adult in custody in mental health special housing may be given special security housing upon recommendation of the mental health treatment team for a specified period of time, and may not be permitted out of their assigned cell/or room except when in the actual custody of a custody staff member security employee. ¶
- (3) Basic services and programs shall be determined by the mental health treatment team. The ~~manner in which~~way services and programs are provided may differ from the way they are provided to ~~inmates~~adults in custody in general population, if providing them in a routine manner would cause an immediate and continuing threat to the security of the facility or the safety of its ~~staff~~employee or others. ¶
- (4) The mental health treatment team will develop, implement, ~~or modify each individual inmate's treatment.~~ And review of the ~~inmate's~~individualized treatment plans ~~will occur as clinically indicated.~~ ¶
 - (a) ~~The~~ ¶
 - (a) ~~The individualized treatment plan will have a specific set of objectives to meet in a progression of increasing personal responsibility. The individualized treatment plan must be written, and a copy given to each inmate with whom the treatment plan is developed. A review of~~ adult in custody with whom the individualized treatment plan is developed. A meaningful review of individualized treatment plans will occur every 30 days or as clinically indicated. ¶
 - (b) ~~A~~ ¶
 - (b) ~~An individualized treatment plan may include, but is not limited to, a structured daily schedule for that individual inmate different from the unit schedule based on that inmate's individual needs based on that adult in custody's individual needs, an adult in custody's progression in a level system, and any specialized interventions, or provisions recommended for that adult in custody by the mental health treatment team.~~ ¶
 - (5) ~~MA~~ mental health special housing ~~staff~~employee may temporarily withhold a basic service previously approved to an ~~inmate~~adult in custody in mental health special housing if ~~the~~sh mental health special housing employee has sufficient reason to believe the security of the facility, its ~~staff~~employees, or others is in immediate danger. ¶
 - (a) The ~~MHSH~~mental health special housing custody manager shall be informed as soon as is reasonable of any service or program that is withheld. ¶
 - (b) All such actions directly affecting an ~~inmate~~adult in custody's individualized treatment must be reported to the ~~BHS program manager~~Behavioral Health Services program manager for the mental health special housing unit by the following work-day. ¶
 - (c) The mental health treatment team must review any basic service or program that is withheld continuously. ¶
 - (6) Psychiatric treatment or any type of psychotropic drugs administered to an ~~inmate~~adult in custody assigned to mental health special housing shall be in accordance with the ~~Department of Correction's~~ rules on Informed Consent to Treatment (OAR 291-064). ¶
 - (7) All psychotropic medication administered to ~~inmates~~adults in custody housed in mental health special housing shall be prescribed by a ~~licensed treat~~prescribing practitioner. All prescribed medication shall be administered by a nurse licensed to administer medication. ¶
 - (8) Personal Property: Items permitted will, in general, be in accordance with the adult in custody's individualized treatment plan, the adult in custody's individual progress within a treatment program, and the department's rules on Personal Property (Inmate) (OAR 291-117). Property in addition to items permitted shall be approved by the mental health treatment team. Personal property items may be withheld for security and treatment purposes, as determined by the mental health treatment team. ¶
 - (9) Visits: An ~~inmate~~adult in custody in mental health special housing will be permitted visits in accordance with the ~~Department of Correction~~adult in custody's individualized treatment plan, the adult in custody's individual progress within a treatment program, and the department's rules on ~~visiting (Inmate)~~ visiting (adults in custody assigned to the Mental Health Infirmary, OAR 291-127-0260) ~~(9).~~ ¶
 - (10) Recreation: An ~~inmate~~adult in custody will have an opportunity to participate in an ~~exercise period~~recreational activities in accordance with the ~~inmate's individual treatment plan~~adult in custody's

individualized treatment plan, the adult in custody's individual progress within a treatment program, the adult in custody's risk to others and the operational needs of the unit.

(11) The management of an ~~inmate~~ adult in custody placed in therapeutic restraints for medical or mental health treatment shall be in accordance with the department's rules on Therapeutic Restraints (Use of) (OAR 291-071).

(12) Suicide or Crisis:

(a) An ~~inmate~~ adult in custody assigned to mental health special housing ~~because of~~ with suicidal ideation, or attempt, may be placed on suicide precaution ~~as directed by program or custody manager(s) assigned to the unit.~~

~~(b) The inmate.~~

(b) The adult in custody will maintain this status until the assigned ~~BHS staff~~ qualified mental health professional determines that the suicide precaution is no longer necessary, in accordance with the ~~Department of Correction's~~ rules on Suicide Prevention in Correctional Facilities (OAR 291-076).

Statutory/Other Authority: ORS 179.040, 423.020, 423.030, 423.075

Statutes/Other Implemented: ORS 179.040, 423.020, 423.030, 423.075

AMEND: 291-048-0320

RULE SUMMARY: Amends rule to change the term "inmate" to "adult in custody"; and remove unnecessary language.

CHANGES TO RULE:

291-048-0320

Release From Mental Health Special Housing ¶

(1) Upon ~~inmate~~ petition, ~~by an inmate~~ adult in custody, an adult in custody assigned to mental health special housing on a voluntary basis will be reassigned to a less restrictive environment within five working days, unless the mental health treatment team determines continued treatment at the current level of care is necessary. In such instances, the mental health treatment team shall follow the procedures for involuntary assignment outlined in OAR 291-048-0290. ¶

(2) An ~~inmate~~ adult in custody assigned involuntarily to mental health special housing will remain so assigned for only the shortest length of time necessary to achieve the purpose(s) for which the assignment was prescribed. The assignment shall not exceed 180 days unless the assignment is renewed in a subsequent administrative hearing as outlined in OAR 291-048-0290. ¶

(3) When an ~~inmate~~ adult in custody is released from mental health special housing, the mental health treatment team, in collaboration with the Office of Population Management, will determine the appropriate housing assignment; ~~e.g., general population, Intensive Management Unit, disciplinary segregation, administrative housing, etc.~~

Statutory/Other Authority: ORS 179.040, 423.020, 423.030, 423.075

Statutes/Other Implemented: ORS 179.040, 423.020, 423.030, 423.075

AMEND: 291-048-0330

RULE SUMMARY: Amends rule to change the term "inmate" to "adult in custody"; clarify the rules; remove gendered language; and update or further define process or align these rules with current process.

CHANGES TO RULE:

291-048-0330

Administrative Hold Assignments ¶

(1) The ~~institution's~~ functional unit manager~~(s)~~ may temporarily assign an ~~inmate~~ adult in custody to mental health special housing on administrative hold status for other than mental health reasons ~~on adm~~ if the inistrative hold status if he/she ~~institution's functional unit manager~~ determines that the ~~inmate~~ adult in custody's assignment is necessary or advisable to protect the safety, security, ~~health, good order, and discipline~~ efficient operations of the facility, ~~its~~ the staff ~~ety or security of its employees,~~ visitors or other ~~inmates~~ adults in custody, or to further other legitimate correctional objectives. ¶

(2) Assignment to mental health special housing on administrative hold status shall not be an admission to the unit. An ~~inmate~~ adult in custody assigned to mental health special housing on administrative hold status ~~will~~ may be subject to all operational policies and procedures while assigned to the unit. ¶

(3) An ~~inmate~~ adult in custody may be involuntarily assigned to mental health special housing for a period ~~in excess of~~ more than 30 days in accordance with the notice and hearings process set forth in the department's rules on Administrative Housing (OAR 291-046).

Statutory/Other Authority: ORS 179.040, 423.020, 423.030, 423.075

Statutes/Other Implemented: ORS 179.040, 423.020, 423.030, 423.075