

OFFICE OF THE SECRETARY OF STATE  
DENNIS RICHARDSON  
SECRETARY OF STATE  
  
LESLIE CUMMINGS  
DEPUTY SECRETARY OF STATE



ARCHIVES DIVISION  
MARY BETH HERKERT  
DIRECTOR  
  
800 SUMMER STREET NE  
SALEM, OR 97310  
503-373-0701

## PERMANENT ADMINISTRATIVE ORDER

### ADS 1-2018

CHAPTER 415  
OREGON HEALTH AUTHORITY  
HEALTH SYSTEMS DIVISION: ADDICTION SERVICES

**FILED**

03/01/2018 4:08 PM  
ARCHIVES DIVISION  
SECRETARY OF STATE  
& LEGISLATIVE COUNSEL

FILING CAPTION: Remove Problem Gambling Prevention and General Housekeeping

EFFECTIVE DATE: 03/01/2018

AGENCY APPROVED DATE: 02/28/2018

CONTACT: Sandy Cafourek

500 Summer St. NE

503-945-6430

Salem, OR 97301

sandy.c.cafourek@dhsosha.state.or.us

Filed By:

Sandy Cafourek

Rules Coordinator

#### RULES:

415-056-0030, 415-056-0035, 415-056-0040, 415-056-0045

AMEND: 415-056-0030

RULE TITLE: Purpose and Scope

NOTICE FILED DATE: 01/10/2018

RULE SUMMARY: The Division needs to amend these rules as there is no Problem Gambling Prevention statutory authority in the rules. Therefore, the rules are not enforceable by Problem Gambling. Necessary requirements transferred to contractual agreements to allow for enforceability and accountability.

#### RULE TEXT:

These rules prescribe standards and procedures for substance abuse providers approved by the Division. These rules establish standards for community substance abuse prevention and provide that a full continuum of services be available to Oregonians either directly or through written agreements or contracts.

STATUTORY/OTHER AUTHORITY: ORS 430.256, 413.042

STATUTES/OTHER IMPLEMENTED: ORS 430.256 - 430.415

AMEND: 415-056-0035

RULE TITLE: Definitions

NOTICE FILED DATE: 01/10/2018

RULE SUMMARY: The Division needs to amend these rules as there is no Problem Gambling Prevention statutory authority in the rules. Therefore, the rules are not enforceable by Problem Gambling. Necessary requirements transferred to contractual agreements to allow for enforceability and accountability.

RULE TEXT:

- (1) "Approval" means the Letter of Approval issued by the Division to indicate that the substance abuse prevention program has been found in compliance with all relevant federal and Oregon laws and Oregon Administrative Rules.
- (2) "Community Mental Health Program (CMHP)" means the entity responsible for planning and delivery of services for individuals with substance use disorders or a mental health diagnosis, operated in a specific geographic area of the state under an intergovernmental agreement or direct contract with the Division.
- (3) "Coordinator" means the designated county or tribal program coordinator hired to oversee prevention services.
- (4) "Cultural Competence" means the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientation, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each.
- (5) "Director" means the Division Director or designee.
- (6) "Division" means Division of the Oregon Health Authority.
- (7) "Evidenced-Based Practices" (EBP) means practices for which there is consistent scientific evidence that produce positive outcomes. An EBP must meet the criteria set forth by the Division.
- (8) "Gender-Specific Services" means services that comprehensively address the needs of a gender group and foster positive gender identity development.
- (9) "Letter of Approval" means the "Approval" as defined in OAR 415-056-0035.
- (10) "Institute of Medicine Model" means the framework that defines the target groups and activities addressed by various prevention efforts and includes the following:
  - (a) Promotion: Strategies that typically address the entire population. Strategies are aimed to enhance individuals' ability to achieve developmentally appropriate tasks (competence) and a positive sense of self-esteem, mastery, well-being, and social inclusion and strengthen their ability to cope with adversity;
  - (b) Universal Prevention: Universal strategies address the entire population with messages and programs aimed at preventing or delaying the substance abuse.
  - (c) Selective Prevention: Selective prevention strategies target subsets of the total population that are deemed to be at-risk for substance abuse by virtue of the membership in a particular population segment; and
  - (d) Indicated Prevention: Indicated prevention strategies are designed to prevent the onset of substance abuse in individuals who do not meet criteria for addiction but who are showing early danger signs.
- (11) "Local Alcohol and Drug Planning Committee" (LADPC) means a committee appointed or designated by a board of county commissioners. The committee identifies needs and establishes priorities for substance abuse prevention, treatment, and recovery services in the county. Members of the committee must be representative of the geographic area and include a number of minority members to reasonably reflect the proportion of need for minority services in the community.
- (12) "Minority" means a participant who's cultural, ethnic, or racial characteristics constitute a distinct demographic population, including but not limited to members of differing cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, or sexual orientations.
- (13) "Minority Program" means a program that is designed to meet the unique prevention needs of a minority group and that provides services to individuals belonging to a minority population as defined in these rules.
- (14) "Participant" means an individual who receives services under these rules.

(15) "Prevention Provider" means a governmental entity, an organization or federally recognized tribe that undertakes to establish, operate, or contract for prevention services.

(16) "Prevention Service" means an integrated combination of strategies designed to prevent substance abuse and associated effects regardless of the age of participants.

(17) "Strategy" means activities targeted to a specific population or the larger community that are designed to be implemented before the onset of problems as a means to prevent substance abuse or detrimental effects from occurring. The Center for Substance Abuse Prevention's strategies are defined below:

(a) Information Dissemination: This strategy provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse and addiction, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the source to the audience with limited contact between the two;

(b) Education: This strategy builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication and systematic and judgmental abilities. There is more interaction between facilitators and participants than in the information dissemination strategy;

(c) Alternatives: This strategy provides participation in activities that exclude alcohol and other drugs. The purpose is to identify and offer healthy activities and to discourage the use of alcohol and drugs through these activities;

(d) Problem Identification and Referral: This strategy aims at identification of individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if the individual's behavior can be reversed through education;

(e) Community Based Processes: This strategy provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based or industry led, grassroots, empowerment models using action planning and collaborative systems planning; and

(f) Environmental: This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing alcohol and other drug use by the general population.

(18) "Tribal Authority" means an individual or group identified by the tribe that approves the prevention plan. Examples include a Tribal Council, Health Director, or Prevention Supervisor.

STATUTORY/OTHER AUTHORITY: ORS 430.256, 413.042

STATUTES/OTHER IMPLEMENTED: ORS 430.256 - 430.415

AMEND: 415-056-0040

RULE TITLE: Administrative Requirements

NOTICE FILED DATE: 01/10/2018

RULE SUMMARY: The Division needs to amend these rules as there is no Problem Gambling Prevention statutory authority in the rules. Therefore, the rules are not enforceable by Problem Gambling. Necessary requirements transferred to contractual agreements to allow for enforceability and accountability.

RULE TEXT:

- (1) A prevention provider that contracts directly or indirectly with the Division must comply with all related administrative rules.
- (2) Subcontracted agencies must be administered by staff in accordance with standards set forth in OAR 309-014-0000 through 0025 and OAR 309-014-0030(3) through 0040.
- (3) A fee schedule may be established that approximates actual cost of service delivery. The fee schedule must assess the cost to the participant for the service in accordance with the participant's ability to pay.
- (4) A prevention provider must establish comprehensive written policies and procedures that describe program operations and compliance with these rules and shall at minimum address the following:
  - (a) A mission, vision, and values statement;
  - (b) An organizational management chart;
  - (c) The prevention framework that guides the program's prevention efforts;
  - (d) An anti-discrimination policy;
  - (e) A cultural competency plan;
  - (f) Gender specific services;
  - (g) The use of substances by program participants and staff during program activities;
  - (h) The protection and safety of service recipients; and
  - (i) A process for referring individuals who are not appropriate for prevention services to more applicable resources such as emergency and crisis services, detoxification, mental health treatment, and other services within the continuum of care.
- (5) A request for certification shall be considered by the Division after the CMHP or tribal authority and the LADPC or other applicable committee have reviewed and commented on the request.
- (6) Prevention providers must provide services that incorporate evidence based practices as defined in OAR 415-056-0035.
- (7) Printed materials utilized by the program must be:
  - (a) Written with consideration to the demographic make-up of the program and in cultural competent language;
  - (b) In the participant's native language; and
  - (c) Reflective of current substance abuse research and practice.
- (8) The provider must report to the Division on approved standardized forms. All reporting must be done in accordance with Federal Confidentiality Regulations (42 CFR Part 2).
- (9) The provider must ensure the privacy and safety of participants where appropriate and necessary.
- (10) Providers must document coordination of activities with related community partners.

STATUTORY/OTHER AUTHORITY: ORS 430.256, 413.042

STATUTES/OTHER IMPLEMENTED: ORS 430.256 - 430.415

AMEND: 415-056-0045

RULE TITLE: Staff Requirements

NOTICE FILED DATE: 01/10/2018

RULE SUMMARY: The Division needs to amend these rules as there is no Problem Gambling Prevention statutory authority in the rules. Therefore, the rules are not enforceable by Problem Gambling. Necessary requirements transferred to contractual agreements to allow for enforceability and accountability.

RULE TEXT:

- (1) The substance abuse prevention program must be administered by staff in accordance with standards set forth in these rules.
- (2) The coordinator is qualified by virtue of knowledge, training, experience, and skills. The coordinator must be certified by the Addiction Counselor Certification Board of Oregon (ACCBO) as a Certified Prevention Specialist (CPS) or must acquire certification within two years from the date of hire.
- (3) The coordinator shall be employed greater than .50 FTE to carry out their responsibilities.
- (4) Roles and authorities of the coordinator include:
  - (a) Development, monitoring, and oversight of the Prevention Implementation Plan, which shall be in compliance with the requirements set forth by the Division;
  - (b) Implementation of the defined strategies;
  - (c) Management of the program staff;
  - (d) Administration of funds;
  - (e) Accountability for the oversight and quality of prevention services; and
  - (f) Supervision of other staff related to their skill level with the goal of achieving the objectives of the prevention program and assisting staff to increase their knowledge, skills, and abilities.
- (5) Program staff providing more than .5 FTE hours of direct prevention services must:
  - (a) Have a CPS certification or must acquire the certification within two years of hire;
  - (b) Have a workforce development plan utilized to assure compliance with these rules and to ensure each staff has opportunities to advance their prevention knowledge and skills; and
  - (c) Be culturally competent to serve the identified populations. Agencies who contract for the delivery of direct prevention services must ensure that the contractors meet the requirements for prevention staff described in these rules.
- (6) The number and responsibilities of the prevention staff must be sufficient to provide the services required under these rules for the number of participants the program intends to serve.

STATUTORY/OTHER AUTHORITY: ORS 430.256, 413.042

STATUTES/OTHER IMPLEMENTED: ORS 430.256 - 430.415