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NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 309
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: BEHAVIORAL HEALTH SERVICES

FILED
11/26/2025 7:10 AM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Remove "JPSRB" from OAR remove "J" from "JPSRB" due to HB 2804 (2024).

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 01/18/2026 5:00 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.

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Filed By:
JUAN RIVERA
Rules Coordinator

HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 12/15/2025
TIME: 11:00 AM - 11:30 AM
OFFICER: Juan Rivera

REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](#)
PHONE NUMBER: 1-669-254-5252
CONFERENCE ID: 1601687180
SPECIAL INSTRUCTIONS:
REMOTE HEARING DETAILS:
ZOOM LINK: <https://www.zoomgov.com/j/1601687180?pwd=U0BafpubDj9gDfvUj3TbfPViqlayEt.1>
Meeting ID: 1601687180
Passcode: 193004

PHONE NUMBER: 1 669 254 5252
CONFERENCE ID: 1601687180

NEED FOR THE RULE(S)

House Bill 2804 repealed the juvenile specific panel of the Psychiatric Security Review Board. All individuals under PSRB jurisdiction through adult or juvenile statutes will be under one board. Modifications are needed to OAR 309-019-0160 Psychiatric Security Review Board and Juvenile Psychiatric Security Review Board to reflect this change.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

HB 2804 (2024) No additional documents were relied upon for these rule amendments.

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

There is no anticipated racial or equity impact as this legislation does not have any impact to the ability for youth to utilize a Responsible Except for Insanity plea nor does it have any impact on the access of PSRB services for youth under PSRB jurisdiction through the juvenile statutes. The legislation has included provisions to ensure that there is experience with juveniles within the board membership or consultation with juvenile experience or expertise.

FISCAL AND ECONOMIC IMPACT:

There are no anticipated fiscal impacts as a result of the change to this OAR.

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).

Statement of 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).

There are no anticipated impacts in this area.

(2) Effect on Small Businesses:

There are no anticipated impacts in this area.

(a) Estimate the number and type of small businesses subject to the rule(s);

There are no anticipated impacts in this area.

(b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s);

There are no anticipated impacts in this area.

(c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

There are no anticipated impacts in this area.

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

No small businesses were involved in the development of these rules, as the rules were provided by House Bill 2804.

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

NO the changes that are being made are due to a HB, with no room for interpretation or changes to the HB language.

RULES PROPOSED:

309-019-0160, 309-022-0160, 309-022-0180

AMEND: 309-019-0160

RULE SUMMARY: Removing the letter "J" from "JPSRB" in the OAR text.

CHANGES TO RULE:

309-019-0160

Psychiatric Security Review Board and ~~Juvenile Psychiatric Security Review Board~~

- (1) Services and supports must include all appropriate services, including peer delivered services, determined necessary to assist the Individual in maintaining community placement that are consistent with Conditional Release Orders and the Agreement of Conditional Release.
- (2) Providers of PSRB and ~~JPSRB~~ services acting through the designated qualified Individual must submit reports to the PSRB or ~~JPSRB~~ as follows:
 - (a) For Individuals under the jurisdiction of the PSRB or the ~~JPSRB~~, providers must take the following action upon receipt of an Order for Evaluation of Conditional Release from the PSRB or ~~JPSRB~~:
 - (A) Must appoint a Qualified Mental Health Professional (QMHP) to schedule and complete the evaluation interview;
 - (B) Following completion of the evaluation interview, the QMHP must submit the Evaluation Report and, if the Individual is accepted to the placement, the Summary of Conditional Release Plan (SCRP), as follows:
 - (i) The Evaluation Report and the SCRP, when applicable, must be submitted to OHA, the Oregon State Hospital (OSH), or other treatment provider, and the PSRB or ~~JPSRB~~;
 - (ii) When submitting the Evaluation Report and the SCRP when applicable to OHA, the provider must use the cover sheet provided by OHA and;
 - (iii) The Evaluation Report and the SCRP, when applicable, must be complete and submitted within 30 days of the receipt of the PSRB Order for Evaluation of Conditional Release.
 - (C) If supervision by the provider is recommended, notify the PSRB or ~~JPSRB~~ of the name of the Individual designated to serve as the Individual's qualified person who will be primarily responsible for delivering or arranging for the delivery of services and the submission of reports under these rules.
 - (b) Monthly reports consistent with PSRB or ~~JPSRB~~ reporting requirements as specified in the Conditional Release Order that summarize the Individual's adherence to Conditional Release requirements and general progress; and
 - (c) Interim reports including immediate reports by phone, if necessary, to ensure the public or Individual's safety including:
 - (A) At the time of any significant change in the Individual's health, legal, employment, or other status that may affect compliance with Conditional Release orders;
 - (B) Upon noting major symptoms requiring psychiatric stabilization or hospitalization;
 - (C) Upon noting any other major change in the Individual's service plan;
 - (D) Upon learning of any violations of the Conditional Release Order; and
 - (E) At any other time when in the opinion of the qualified person, such an interim report is needed to assist the Individual.
- (3) An Annual Comprehensive Review must be completed each 364 days to determine if an Individual's current Conditional Release Order is in alignment with the Individual's current level of care. If upon completion of the Annual Comprehensive Review it is determined the current Conditional Release Order is not in alignment with the Individuals current level of care, a modification request must be submitted to the PSRB.
- (4) Providers must submit copies of interim reports to the PSRB or ~~JPSRB~~.
- (5) Providers must submit copies of interim reports to the Division upon request.
- (6) Providers must include the following documents as part of the Individual's service record:
 - (a) Monthly reports;
 - (b) Interim reports;
 - (c) Serious Incident Reports as described in OAR 859-010-0005(11)(a)(b)(c)(d);
 - (d) The Individual's most recent Conditional Release Evaluation; and
 - (e) The Individual's most recent Conditional Release Order.
 - (f) All copies of submissions to the PSRB for modifications of the Conditional Release Order.
 - (g) The electronic submission of the Annual Comprehensive Review that includes an attestation from the provider that verifies the required Collateral Documentation has been reviewed when completing the annual review. The following is the list of Collateral Documentation that must be in the Individual's service record for each year the Annual Comprehensive Review is completed.
 - (A) Mental Health Treatment Plan that must have not been completed more than 364 days prior to the date of the Annual Comprehensive Review.
 - (B) Conditional Release Order that has been approved by the PSRB.
 - (C) Short-Term Assessment of Risk and Treatability (START) that has been completed no more than 180 days prior to the date of the Annual Comprehensive Review.

Statutory/Other Authority: 430.640, 443.450, 426.490 - 426.500, ORS 161.390, 413.042, 430.256, 426.490 - 426.500, HB 2804 (2024)

Statutes/Other Implemented: ORS 161.390 - 161.400, 179.505, 426.380 - 426.395, 426.490 - 426.500, 428.205 - 428.270, 430.010, 430.205 - 430.210, 430.254 - 430.640, 430.850 - 430.955, 443.400 - 443.460

AMEND: 309-022-0160

RULE SUMMARY: Removing the letter "J" from "JPSRB" in the OAR text.

CHANGES TO RULE:

309-022-0160

Program Specific Requirements ¶¶

In addition to the general requirements for all ITS providers set forth in OAR 309-022-0150 and 0155, the facilities and programs shall meet the following requirements:¶¶

(1) Psychiatric Residential Treatment Facilities (PRTF):¶¶

(a) Children shall either have or be screened for an Individual Education Plan, Personal Education Plan, or an Individual Family Service Plan;¶¶

(b) PRTFs shall maintain one or more linkages with acute care hospitals or CCOs to coordinate necessary inpatient care;¶¶

(c) Psychiatric residential clinical care and treatment shall be under the direction of a psychiatrist and delivered by an interdisciplinary team of board-certified or board-eligible child and adolescent psychiatrists, registered nurses, psychologists, other qualified mental health professionals, and other relevant program staff. A psychiatrist shall be available to the unit 24-hours per day, seven days per week; and¶¶

(d) PRTFs shall be staffed at a clinical staffing ratio of not less than one program staff for three children during the day and evening shifts at all times. At least one program staff for every three program staff members during the day and evening shifts shall be a QMHP or QMHA. For overnight program staff there shall be a staffing ratio of at least one program staff for six children at all times for each program unit. At least one of the overnight program staff shall be a QMHA. For units that by this ratio have only one overnight program staff, there shall be additional program staff immediately available within the facility or on the premises. At least one QMHP shall be on site or on call at all times. At least one program staff with designated clinical leadership responsibilities shall be on site at all times.¶¶

(2) Programs providing PRTS shall meet the requirements for PRTF's listed in section (1)(a).¶¶

(3) Programs providing SCIP and SAIP services shall meet the requirements for PRTFs listed in section (1). They shall also establish policies and practices to meet the following:¶¶

(a) The staffing model shall allow for the child's frequent contact with the child psychiatrist a minimum of one hour per week;¶¶

(b) Psychiatric nursing staff shall be provided in the program 24 hours per day;¶¶

(c) A psychologist, psychiatric social worker, rehabilitation therapist, and psychologist with documented training in forensic evaluations shall be available 24 hours per day as appropriate; and¶¶

(d) Program staff with specialized training in SCIP or SAIP shall be available 24 hours per day;¶¶

(e) The program shall provide all medically appropriate psychiatric services necessary to meet the child's psychiatric care needs;¶¶

(f) The program shall provide secure psychiatric treatment services in a manner that ensures public safety to youth who are under the care and custody of the Oregon Youth Authority, court ordered for psychiatric evaluation, or admitted by the authority of the JPSRB; and(g) The program may not rely on external entities such as law enforcement or acute hospital care to assist in the management of the SCIP or SAIP setting.¶¶

(4) In addition to the services provided as indicated by the assessment and specified in the service plan, Sub-Acute Psychiatric Care providers shall:¶¶

(a) Provide psychiatric nursing staffing at least 16 hours per day;¶¶

(b) Provide nursing supervision and monitoring and psychiatric supervision at least once per week; and¶¶

(c) Work actively with the child and family team and multi-disciplinary community partners to plan for the long-term emotional, behavioral, physical, and social needs of the child to be met in the most integrated setting in the community.¶¶

(5) Residential Adolescent Substance Use Disorders Treatment and Recovery Services Programs approved to provide adolescent substance use disorders treatment services or those with adolescent-designated service funding shall meet the following standards:¶¶

(a) Development of service plans, and case management services shall include participation of parents, other family members, schools, children's services agencies, and juvenile corrections, as appropriate;¶¶

(b) Services or appropriate referrals shall include:¶¶

(A) Family counseling;¶¶

(B) Education services;¶¶

(C) Community and social skills training; and¶¶

(D) Smoking cessation service.¶¶

(c) Continuing care services shall be of appropriate duration and designed to maximize recovery opportunities.

The services shall include:¶¶

(A) Reintegration services and coordination with family and schools;¶¶

(B) Youth dominated self-help groups where available;¶¶

(C) Linkage to emancipation services when appropriate; and¶¶

(D) Linkage to physical or sexual abuse counseling and support services when appropriate.¶¶

(6) Psychiatric Day Treatment Services (PDTS):¶¶

(a) PDTS shall be provided to children who remain at home with a parent, guardian, or foster parent by qualified mental health professionals and qualified mental health associates in consultation with a psychiatrist;¶¶

(b) An education program shall be provided, and children shall be screened for an Individual Education Plan, Personal Education Plan, or Individual Family Service Plan; and¶¶

(c) Psychiatric Day Treatment programs shall be staffed at a clinical staffing ratio of at least one QMHP or QMHA for three children.

Statutory/Other Authority: ORS 161.390, 413.042, 430.256, 426.490 - 426.500, 428.205 - 428.270, 430.640, 443.450, HB 2804 (2024)

Statutes/Other Implemented: ORS 109.675, 161.390 - 161.400, 179.505, 413.520 - 413.522, 426.380 - 426.395, 426.490 - 426.500, 430.010, 430.205 - 430.210, 430.240 - 430.640, 430.850 - 430.955, 443.400 - 443.460, 443.991, 743A.168

AMEND: 309-022-0180

RULE SUMMARY: Removing "JPSRB" in the OAR text.

CHANGES TO RULE:

309-022-0180

Transfer and Continuity of Care ¶¶

(1) Providers shall meet the following requirements for planned transfer:¶¶

(a) Decisions to transfer individuals shall be documented in a transfer summary. The documentation shall include the reason for the transfer;¶¶

(b) Planned transfers shall be consistent with the transfer criteria established by the interdisciplinary team and documented in the service plan;¶¶

(c) Providers may not transfer services unless the interdisciplinary team in consultation with the child's parent or guardian and the next provider agree that the child requires a more or less restrictive level of care; and¶¶

(d) If the determination is made to admit the child to acute care, the provider may not transfer services during the acute care stay unless the interdisciplinary team in consultation with the child's parent or guardian and the next provider agree that the child requires a more or less restrictive level of care following the acute care stay.¶¶

(2) Prior to transfer providers shall:¶¶

(a) Coordinate and provide appropriate referrals for medical care and medication management. The transferring provider shall assist the individual to identify the medical provider who provides continuing care and arrange an initial appointment with that provider;¶¶

(b) Coordinate recovery and ongoing support services for individuals and their families including identifying resources and facilitating linkage to other service systems necessary to sustain recovery including peer delivered services;¶¶

(c) Complete a transfer summary;¶¶

(d) When services are transferred due to the absence of the individual, the provider shall document outreach efforts made to re-engage the individual or document the reason why such efforts were not made;¶¶

(e) If the individual is under the jurisdiction of the PSRB or ~~JPSRB~~, the provider shall notify the PSRB or ~~JPSRB~~ immediately and provide a copy of the transfer summary within 30 days;¶¶

(f) The provider shall report all instances of transfer on the mandated state data system; and¶¶

(g) At a minimum, the provider's interdisciplinary team shall:¶¶

(A) Integrate transfer planning into ongoing treatment planning and documentation from the time of entry and specify the transfer criteria that shall indicate resolution of the symptoms and behaviors that justified the entry;¶¶

(B) Review and, if needed, modify the transfer criteria in the service plan every 30 days;¶¶

(C) Notify the child's parent or guardian and the provider to which the child shall be transitioned of the anticipated transfer dates at the time of entry and when the service plan is changed;¶¶

(D) Include the parent or guardian peer support when requested by the parent or guardian and provider to which the child shall be transitioned in transfer planning and reflect their needs and desires to the extent clinically indicated;¶¶

(E) Finalize the transition plan prior to transfer and identify in the plan the continuum of services and the type and frequency of follow-up contacts recommended by the provider to assist in the child's successful transition to the next appropriate level of care;¶¶

(F) Assure that appropriate medical care and medication management shall be provided to individuals who leave through a planned transfer. The last service provider's interdisciplinary team shall identify the medical personnel who provides continuing care and shall arrange an initial appointment with that provider;¶¶

(G) Coordinate appropriate education services with applicable school district personnel; and¶¶

(H) Give a written transition plan to the child's parent or guardian and the next provider if applicable on the date of transfer.¶¶

(3) A transfer summary shall include the following:¶¶

(a) The date and reason for the transfer;¶¶

(b) A summary statement that describes the effectiveness of services in assisting the individual and their family to achieve intended outcomes identified in the service plan;¶¶

(c) Where appropriate, a plan for personal wellness and resilience, including relapse prevention safety and suicide prevention planning; and¶¶

(d) Identification of resources to assist the individual and family including peer delivered services, if applicable, in accessing recovery and resiliency services and supports;¶¶

(e) If the transfer is to services with another provider, all documentation contained in the service record requested by the receiving provider shall be furnished, compliant with applicable confidentiality policies and procedures

within 14 days of receipt of a written request for the documentation;¶

(f) A complete transfer summary shall be sent to the receiving provider within 30 days of the transfer.

Statutory/Other Authority: ORS 161.390, 413.042, 430.256, 426.490 - 426.500, 428.205 - 428.270, 430.640, 443.45, HB 2804 (2024)

Statutes/Other Implemented: ORS 109.675, 161.390 - 161.400, 179.505, 413.520 - 413.522, 426.380 - 426.395, 426.490 - 426.500, 430.010, 430.205 - 430.210, 430.240 - 430.640, 430.850 - 430.955, 443.400 - 443.460, 443.991, 743A.168