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CHAPTER 944
OREGON HEALTH AUTHORITY
DRUG TREATMENT AND RECOVERY SERVICES

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RULES:

944-010-0000, 944-010-0010, 944-010-0020, 944-010-0030, 944-010-0040, 944-010-0050, 944-010-0060, 944-010-0070, 944-010-0080, 944-010-0090

ADOPT: 944-010-0000

REPEAL: Temporary 944-010-0000 from DTRS 1-2024

NOTICE FILED DATE: 07/30/2024

RULE SUMMARY: Prescribes the general criteria and requirements for Behavioral Health Resource Networks and rules effective date.

CHANGES TO RULE:

944-010-0000

Purpose and Effective Date

(1) These rules prescribe general criteria and requirements for each Behavioral Health Resource Network (BHRN), individually and jointly, including the requirements to collect and report information necessary for the Secretary of State to conduct financial and performance audits required by ORS 430.392.¶

(2) These rules 944-010-0000 through 944-010-0090 apply to a BHRN authorized to provide services on and after July 1, 2025.

Statutory/Other Authority: ORS 430.389(2)(a), 430.390, 413.042

Statutes/Other Implemented: ORS 430.389(2)(a), 430.390

ADOPT: 944-010-0010

REPEAL: Temporary 944-010-0010 from DTRS 1-2024

NOTICE FILED DATE: 07/30/2024

RULE SUMMARY: Gives explanations of key words.

CHANGES TO RULE:

944-010-0010

Definitions

(1) "ASAM Criteria" means the Fourth Edition of the American Society of Addiction Medicine (ASAM) for the Treatment of Addictive, Substance-related, and Co-Occurring Conditions, which is a clinical guide to develop patient-centered service plans and make objective decisions about levels of care, continuing care, and transfer or discharge for individuals.¶

(2) "The Authority" means Oregon Health Authority.¶

(3) "Behavioral Health" includes mental health, substance use, substance use disorders, and problem gambling.¶

(4) "Behavioral Health Resource Network" means an organization, local or state governmental body, or one of the nine federally recognized Tribes of Oregon, that individually or jointly provides some or all of the services described in ORS 430.389(2)(e), that is funded by the Oversight and Accountability Council under ORS 430.389.¶

(5) "Contingency Management" (CM) means a structured, evidence-based therapy that provides incentives to reinforce targeted individuals' behavior among people with substance use disorder (SUD), including but not limited to encouraging individuals to achieve their goals by providing them with tangible reinforcements soon after an individual completes a treatment adherent behavior, like attending a therapy visit, taking a prescribed medication, or a reduction in drug use.¶

(6) "Culturally and Linguistically Responsive Services" means the provision of effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.¶

(7) "Culturally and Linguistically Specific Services" means quality substance use prevention, treatment, and recovery supports and services that are designed specifically for a distinct minoritized cultural community, developed based on the languages used and cultural values of the distinct minoritized cultural community and designed to elevate their voices and experiences, and that have the aim of enhancing emotional safety, belonging, and a shared collective cultural experience for healing and recovery among the distinct cultural community served. These services are primarily led and staffed by people that have extensive experience working with or being immersed in the same minoritized cultural community they serve or have a history of at least five years primarily serving the specified minoritized cultural community in a behavioral health setting.¶

(8) "Diagnosis" means the principal mental health or substance use diagnosis listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM).¶

(9) "Diagnostic and Statistical Manual of Mental Disorders (DSM)" refers to the Fifth Edition published by the American Psychiatric Association.¶

(10) "Employment support services" mean individualized services that assist individuals with substance use disorder in obtaining and maintaining employment in the community and in continuing treatment to ensure rehabilitation and productive employment which can include but is not limited to: ¶

(a) Job development; ¶

(b) Supervision and job training; ¶

(c) On-the-job visitation; ¶

(d) Consultation with the employer; ¶

(e) Job coaching; ¶

(f) Counseling; ¶

(g) Skills training; and ¶

(h) Transportation.¶

(11) "Gender Affirming Care" means health care and health related services that holistically attends to but is not limited to transgender, gender-nonconforming, non-binary, Two Spirit and intersex people's physical, mental, and social health needs and well-being while respectfully affirming their gender identity. Gender Affirming Care is sensitive and responsive to an individual's gender identities and expressions. Gender affirming care complies with non-discrimination laws.¶

(12) "Individuals or persons with substance use disorder" means people with a substance disorder diagnosis or who meet the diagnostic criteria for a substance use disorder.¶

(13) "Individual intervention plan" means a plan encompassing the desired changes and outcomes of a recovery process made collaboratively between an individual and a provider.¶

(14) "Organization" means any entity lawfully registered to do business in the State of Oregon, including, but not limited to, sole proprietorship, partnership, limited partnership, limited liability partnership, limited liability company, for profit corporation, or nonprofit corporation.¶

(15) "Peer Delivered Services Supervisors" means qualified individuals certified as an Addiction Peer Support Specialist (PSS), Certified Recovery Mentor (CRM), or an Addiction Peer Wellness Specialist (PWS) with at least one year of experience as a PSS, CRM, or PWS in substance use disorder and addiction recovery services who evaluates and guides PSS, CRM, and PWS program staff in the delivery of peer delivered services and supports. ¶

(16) "Peer-Run Organization" means an organization:¶

(a) In which a majority of the individuals who oversee the organization's operation and who are in positions of control have lived experience with mental health or addiction challenges;¶

(b) That is fully independent, separate, and autonomous from other behavioral health agencies; and¶

(c) That has the authority and responsibility for all oversight and decision-making on governance, financial, personnel, policy, and program issues in the organization.¶

(17) "Substance use disorder treatment" means outpatient, intensive outpatient, and residential services and supports for individuals with substance use disorders which can include but is not limited to:¶

(a) Cognitive or behavioral therapies;¶

(b) Contingency management;¶

(c) Medically monitored withdrawal management; and¶

(d) Medication assisted treatment (MAT).¶

(18) "These rules" mean OAR 944-010-0000 to 944-010-0090.

Statutory/Other Authority: ORS 430.389, 430.390, 430.391

Statutes/Other Implemented: ORS 430.383, 430.392

ADOPT: 944-010-0020

REPEAL: Temporary 944-010-0020 from DTRS 1-2024

NOTICE FILED DATE: 07/30/2024

RULE SUMMARY: Provides operational, policy, and service and support requirements for Behavioral Health Resource Networks.

CHANGES TO RULE:

944-010-0020

Operational, Policy, and Service and Support Requirements of Behavioral Health Resource Networks

(1) An entity that receives funding under ORS 430.389(2) must:

(a) Provide services in compliance with ORS 430.389 and these rules:

(b) Maintain, implement, and formalize organizational policies and procedures that detail how it will operate and offer services, including but not limited to policies and procedures for:

(A) Culturally and Linguistically Specific Services;

(B) Culturally and Linguistically Responsive Services;

(C) Accessibility for People with Intellectual and Developmental Disabilities;

(D) Accessibility for People with Physical Disabilities;

(E) Gender Affirming and Responsive Care;

(F) LGBTQIA2S+ Affirming and Inclusive Services;

(G) Youth Friendly and Inclusive Services;

(H) Patient Centered and Non-Stigmatizing Services, including on use of person-first, non-stigmatizing language;

(I) Trauma informed engagement and care;

(J) Services for parents or non-traditional parents with minor children;

(K) Pregnant persons, if applicable; and

(L) Data collection in compliance with OAR 944-010-0090.

(c) If not providing culturally and linguistically specific services, provide and coordinate culturally and linguistically responsive services.

(2) Each entity must maintain adequate staffing to provide the required services and supports to individuals they serve. At least one qualified service provider within each of the following categories must be employed by the entity or entities that comprise the BHRN:

(a) A certified alcohol and drug counselor or other credentialed addiction treatment professionals acting within their scope of practice;

(b) A case manager;

(c) An addiction peer support specialist certified by the Authority;

(d) An addiction peer wellness specialist certified by the authority;

(e) A recovery mentor, certified by the Mental Health and Addiction Certification Board of Oregon or its successor organization;

(f) A youth support specialist certified by the authority;

(g) An addiction peer support and addiction peer wellness specialist supervisor or peer delivered services supervisor;

(3) Each BHRN must maintain partnerships and clear referral pathways to appropriate services and opportunities, including but not limited to:

(a) Employment, training, and education;

(b) Family counseling, parenting support, and childcare;

(c) Youth services;

(d) State and federal public benefits including but not limited to the Oregon Health Plan, supplemental Nutrition Assistance Program (SNAP), and Temporary Aid for Needy Families (TANF), application and attainment counseling for Social Security Insurance (SSI) and Social Security disability Insurance (SSDI);

(e) Assistance to address food insecurity;

(f) Coordination with other local, county, and state agencies as appropriate, such as social services, child welfare, or corrections;

(g) Referral and coordination with agencies providing services to those who have experienced physical abuse, sexual abuse, or other types of domestic violence;

(h) Primary care services, including primary pediatric care and immunizations for children of those seeking care; and

(i) Expungement services.

Statutory/Other Authority: ORS 430.389, 430.390, 430.391

Statutes/Other Implemented: ORS 430.383, 430.392

ADOPT: 944-010-0030

REPEAL: Temporary 944-010-0030 from DTRS 1-2024

NOTICE FILED DATE: 07/30/2024

RULE SUMMARY: Provides criteria for screening services.

CHANGES TO RULE:

944-010-0030

Screenings

(1) Screening services provided by an entity funded under ORS 430.389(2) must be provided by a Peer Support Specialist, Certified Recovery Mentor, Peer Wellness Specialist, or other addiction professional acting within their scope of practice to determine whether an individual needs a comprehensive behavioral health needs assessment or referrals to additional services and supports. A screening must at a minimum cover the following:¶

(a) Acute care needs;¶

(b) Treatment for substance use disorders and co-existing health problems;¶

(c) Personal safety;¶

(d) Harm reduction;¶

(e) Addiction Peer supports;¶

(f) Housing;¶

(g) Employment and training;¶

(h) Childcare; ¶

(i) Food and other basic living needs; and¶

(j) The need for, and provision of, mobile or virtual outreach services.¶

(2) Screening services must be provided 24 hours a day, seven days a week, every calendar day of the year through a telephone line or other means. A BHRN can rely on the statewide telephone hotline established by the Oregon Health Authority under ORS 430.391 for telephone screenings during nonbusiness hours such as evenings, weekends, and holidays. ¶

(3) Once screening is completed, an individual must be provided, at a minimum, with:¶

(a) Referrals to all requested and appropriate services.¶

(b) Supportive services if the individual is waiting for services that are not readily available.¶

(4) If, after the completion of a screening, an individual indicates a desire to address some or all of the identified needs, a case manager must work with the individual to design an individual intervention plan. The plan must address all of the individual's needs identified in the screening.

Statutory/Other Authority: ORS 430.389, 430.390, ORS 430.383

Statutes/Other Implemented: ORS 430.383, 430.389, 430.390, 430.392

ADOPT: 944-010-0040

REPEAL: Temporary 944-010-0040 from DTRS 1-2024

NOTICE FILED DATE: 07/30/2024

RULE SUMMARY: Provides criteria for assessment services.

CHANGES TO RULE:

944-010-0040

Comprehensive Behavioral Health Needs Assessments

- (1) Comprehensive behavioral health needs assessment services provided by an entity funded under ORS 430.389(2) must include a substance use disorder screening to determine if an individual has been appropriately diagnosed with a substance use disorder or other co-occurring disorders including but not limited to gambling disorders and mental health disorders, to create a self-identified individual intervention plan.¶
- (2) Assessments and/or diagnoses provided by a funded entity must be conducted by a certified alcohol and drug counselor or other credentialed addiction treatment professional acting within their scope of practice.¶
- (3) An assessment must prioritize the self-identified needs of an individual and must:¶
- (a) Be provided within 24 hours of an individual's request for an assessment through a BHRN or statewide telephone line.¶
- (b) For substance use disorder services, be consistent with the dimensions described in the ASAM and document a diagnosis and level of care determination consistent with the DSM and ASAM.¶
- (c) Include an assessment of the need for, and provision of, mobile or virtual outreach services.¶
- (4) When an assessment provided by a funded entity identifies a co-occurring gambling disorder, mental health disorders, or any risk to health and safety the entity must document the finding and provide appropriate referrals for further assessment, planning, and intervention by an appropriate professional.¶
- (5) Case Management services must also be provided by a funded entity to assist individuals to connect to and gain access to needed services and supports outlined in an individual intervention plan; substance use disorder treatment, health care, housing, employment and training, childcare and other applicable services and supports.
- Statutory/Other Authority: ORS 430.389, 430.390, 430.391
- Statutes/Other Implemented: ORS 430.383, 430.392

ADOPT: 944-010-0050

REPEAL: Temporary 944-010-0050 from DTRS 1-2024

NOTICE FILED DATE: 07/30/2024

RULE SUMMARY: Provides criteria for peer services.

CHANGES TO RULE:

944-010-0050

Ongoing Peer Counseling and Support

(1) Ongoing peer counseling and support provided by an entity funded under ORS 430.389(2) must be provided through implementation of individual intervention plans created in accordance with OAR 944-010-0040, as well as through peer outreach workers engaging directly with marginalized community members who could potentially benefit from the services described in these rules, including but not limited to services provided by:

(a) Peer Support Specialists certified under OAR 950, Division 060;

(b) Peer Wellness Specialists certified under OAR 950, Division 060;

(c) Certified Recovery Mentors certified by the Mental Health and Addiction Certification Board of Oregon; and

(d) Youth Support Specialists certified under OAR 950, Division 060.

(2) A funded entity providing ongoing peer counseling and support must have at least one hour of supervision for Addiction Peer Support Specialists, Certified Recovery Mentors, and Addiction Peer Wellness Specialists per week by a qualified peer delivered services supervisor, and one hour per week of supervision by a qualified clinical supervisor when in a clinical setting. The supervision supports provided must include guidance in the unique discipline of peer delivered services and the roles of Addiction Peer Support Specialists, Certified Recovery Mentors, and Addiction Peer Wellness Specialists.

(3) Peer counseling and supports can also include employment support services.

Statutory/Other Authority: ORS 430.389, 430.390, 430.391

Statutes/Other Implemented: ORS 430.383, 430.392

ADOPT: 944-010-0060

REPEAL: Temporary 944-010-0060 from DTRS 1-2024

NOTICE FILED DATE: 07/30/2024

RULE SUMMARY: Provides criteria for harm reduction services.

CHANGES TO RULE:

944-010-0060

Harm Reduction Services, Information and Education

(1) Harm reduction services provided by an entity funded under ORS 430.389(2) must be low-barrier and must reduce the negative individual and public health outcomes of substance use and substance related harm. ¶

(2) Harm reduction services provided by a funded entity can include but are not limited to:¶

(a) Access to naloxone;¶

(b) Sterile syringes;¶

(c) Safer use and wound care supplies;¶

(d) Substance use-related infectious disease screening;¶

(e) Sobering support; ¶

(f) Contingency management; ¶

(g) Drug checking supplies; and¶

(h) Information and education about harm reduction services.¶

(i) Referral for Hepatitis, HIV, STI, COVID-19, and Tuberculosis (TB) testing, vaccine, or other healthcare services.

Statutory/Other Authority: ORS 430.389, 430.390, 430.391

Statutes/Other Implemented: ORS 430.383, 430.392

ADOPT: 944-010-0070

REPEAL: Temporary 944-010-0070 from DTRS 1-2024

NOTICE FILED DATE: 07/30/2024

RULE SUMMARY: Provides criteria for substance use treatment services.

CHANGES TO RULE:

944-010-0070

Low-Barrier Substance Use Treatment

(1) An entity funded under ORS 430.389(2) to provide low-barrier substance use treatment: ¶

(a) Can not: ¶

(A) Have programmatic barriers such as lengthy intake, appointment requirements, assessments or treatment planning sessions. ¶

(B) Exclude individuals because of prior missed appointments. ¶

(b) Must provide treatment services: ¶

(A) With little or no wait time, but no more than 48 hours after a screening and an assessment that identifies substance use treatment as a needed service. ¶

(B) Regardless of an individual's ability to pay or insurance coverage. ¶

(C) Regardless of an individual's criminal history, warrant status, state residency or citizenship status. ¶

(c) Must engage in outreach services and community engagement. ¶

(d) Must offer individuals using substances by injection, interim referrals, or information to immediately reduce the adverse health effects of substance use, promote the health of the individual, and reduce the risk of overdose and the transmission of disease, including but not limited to: ¶

(A) Counseling and education about blood borne pathogens including Hepatitis, HIV, STIs, and TB; the risks of needle and paraphernalia sharing; and the likelihood of transmission to sexual partners and infants; ¶

(B) If the individual is pregnant, counseling on blood borne pathogen transmission, as well as the effects of alcohol, tobacco, and other drugs use on the fetus, and a referral to prenatal care; and ¶

(C) Peer delivered supports, mentoring, and recovery services that address parenting and youth in transition support, if applicable. ¶

(2) A funded entity must provide treatment that: ¶

(a) Is without stigma. ¶

(b) Is trauma-informed regardless of active use. ¶

(c) Is culturally and linguistically responsive. ¶

(d) Uses a harm reduction approach, including the immediate goal of improving quality of life and protecting against loss of life. ¶

(e) Is individualized to meet the unique needs of each individual. ¶

(f) Provides unique recovery trajectories personal to each individual rather than dictated by treatment providers. ¶

(g) Includes medication for substance use disorders or a referral, if appropriate. ¶

(3) To facilitate low-barrier substance use treatment an entity must address any transportation barriers facing the individual in order to facilitate access to treatment, services and supports, including minimizing or eliminating travel between multiple service providers.

Statutory/Other Authority: ORS 430.389, 430.390, 430.391

Statutes/Other Implemented: ORS 430.383, 430.392

ADOPT: 944-010-0080

REPEAL: Temporary 944-010-0080 from DTRS 1-2024

NOTICE FILED DATE: 07/30/2024

RULE SUMMARY: Provides criteria for housing services.

CHANGES TO RULE:

944-010-0080

Transitional and Supportive Housing for Individuals with Substance Use

(1) An entity funded under ORS 430.389(2) to provide transitional and supportive housing for individuals with substance use disorders must prior to providing housing conduct an assessment of an individual's needs.¶

(2) A funded entity providing transitional and supportive housing must provide at least one of the following types of transitional or supportive housing based on an individual's assessment, to serve individuals at all points on the substance use continuum, and across the gender spectrum, for those who are transgender, gender-nonconforming, and intersex:¶

(a) Emergency housing for individuals or families in transition for a period of up to sixty days for the purpose of facilitating the movement of such persons to a more permanent, safe, and stable living situation.¶

(b) Family housing for individuals with dependents that prioritizes not separating families, traditional or non-traditional.¶

(c) Permanent housing that includes supports for independent living for individuals with substance use disorders and their families, that does not have a designated length of stay.¶

(d) Recovery housing that is abstinence-based or drug-free for people in recovery from addiction, that includes a peer supportive community of individuals participating in outpatient substance use disorder treatment and those individuals with an ongoing program of recovery. Recovery housing must permit individuals to continue to receive Medication Assisted Treatment (MAT) and must provide intervention before eviction strategies if a resident relapses.¶

(e) Supportive housing that provides a safe place to live along with supports to the individual from the provider for accessing lifesaving health services until the individual decides to participate in a program of recovery, and referrals for treatment and recovery services when the individual chooses to seek a life without drugs. Supportive housing could or could not have drug-free requirements.¶

(f) Transitional Housing for individuals who are houseless along with appropriate supportive services to facilitate movement to independent living and is short term.¶

(3) In addition to housing services described in subsection (1) of this rule, a funded entity may offer any of the following types of rental assistance:¶

(a) Section 8 vouchers;¶

(b) Tenant-based vouchers;¶

(c) Rapid-rehousing and eviction prevention;¶

(d) Assistance for fair market rate, privately held housing; or¶

(e) Assistance attached to wrap around services or assistance paid directly to individuals.

Statutory/Other Authority: ORS 430.389, 430.390, 430.391

Statutes/Other Implemented: ORS 430.383, 430.392

ADOPT: 944-010-0090

REPEAL: Temporary 944-010-0090 from DTRS 1-2024

NOTICE FILED DATE: 07/30/2024

RULE SUMMARY: Provides recipient of grants or funds requirements for data collection & reporting.

CHANGES TO RULE:

944-010-0090

Data collecting and reporting requirements for recipients of grants or funds

(1) An entity that receives funding under ORS 430.389(2) must:

(a) Keep accurate books records and accounts in accordance with Generally Acceptable Accounting Procedures (GAAP) that are subject to inspection and audit by the Oregon Health Authority (the Authority) or Secretary of State Audits Division upon request.

(b) Conduct a single audit performed by an independent certified public accountant of financial statements after the first \$1,000,000.00 of grant funding has been expended and annually thereafter throughout the duration of the grant.

(2) An entity that receives funding under ORS 430.389(2) must collect and provide to the Authority, according to a schedule prescribed by the Authority and in a format required by the Authority the following:

(a) The number of individuals with substance use disorder receiving services from the entity.

(b) The average duration of individual participation.

(c) Individual outcomes.

(d) The number of individuals seeking assistance who are denied or not connected to services described in these rules and the reasons for the denials.

(e) The average time it takes for individuals to access services and fulfill their individual intervention plan and the reason for any delays, such as waiting lists at referred services.

(f) Whether the average time to access services to which individuals are referred, such as housing or medication assisted treatment, has increased, or decreased since funding was received funding.

(g) Individual level demographic data on individuals served, including self-reported demographic data on race, ethnicity, gender, disability, language, sexual orientation and age, in accordance with OAR 950, Division 30.

(3) Nothing in this rule is intended to replace a licensed or certified behavioral health treatment provider from complying with other legal requirements to report information on individuals to applicable state data systems.

(4) A federally recognized Tribe that receives funds from the Drug Treatment and Recovery Services Fund established in ORS 430.384 will collect and maintain the information specified in section (2) of this rule, that is applicable to the Tribe and provide data to the Authority upon request in a manner that is mutually agreeable to the Tribe and the Authority.

Statutory/Other Authority: ORS 430.389, 430.390, 430.391

Statutes/Other Implemented: ORS 430.383, 430.392