

*****This language is a starting point for discussions during the Community Engagement process.*****

Behavioral Health ~~Systems~~-Division: Behavioral Health Services - Chapter 309

**Division 8
CERTIFICATION OF BEHAVIORAL HEALTH TREATMENT SERVICES**

309-008-0100

Purpose and Scope

(1) These rules establish procedures for the application, initial certification, certification renewal, review, and other actions on a certificate including revocation, denial, suspension, and placement of conditions for the behavioral health treatment services for the types listed in section (2) of this rule.

(2) These rules apply to providers seeking certification to provide behavioral health treatment services under [any of](#) the following service delivery rules:

- (a) OAR 309-014-0000 to 0040 (Community Mental Health Programs);
- (b) OAR 309-019-0100 to 0220 (Outpatient Behavioral Health Services);
- (c) OAR 309-022-0100 to 0192 (Intensive Treatment Services for Children and Adolescents), but not including Integrated or IPSR (Child and Adolescent Integrated Psychiatric and Substance Use Disorders Residential Treatment Program) licenses;
- (d) OAR 309-022-0195 to 0230 (Children's Emergency Safety Intervention Specialist);
- (e) OAR 309-033-0200 to ~~09760~~ (Involuntary Commitment Proceedings);
- (f) OAR 309-039-0500 to 0580 (Standards for the Approval of Providers of Non-Inpatient Mental Health Treatment Services);
- [\(g\) OAR 309-073-0000 to 0150 \(Crisis Stabilization Centers\);](#)
- ~~(g)~~ (h) OAR 415-020-0000 to 0090 (Standards for Outpatient Opioid Treatment Programs); and
- ~~(h)~~ (i) OAR 415-057-~~00200~~ to 0150 (Standards for Department of Corrections-Based Alcohol and Other Drugs Treatment Programs).

(3) These rules do not establish procedures for other health care services types or licenses not listed in section (2) of this rule and specifically do not establish procedures for:

- (a) Licensing a residential facility under ORS 443.410 or 443.725;

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- (b) Licensing or certifying an individual behavioral health care practitioner otherwise licensed to render behavioral health care services in accordance with applicable statutes by the applicable licensing board;
- (c) Licensing or certifying a behavioral health treatment services provider comprised exclusively of health care practitioners or behavioral health care practitioners otherwise licensed to provide behavioral health care services in accordance with applicable statutes by the applicable licensing board; or
- (d) Licensing Integrated or IPSR (Child and Adolescent Integrated Psychiatric and Substance Use Disorders Residential Treatment) programs.

(4) These rules apply to applications, initial certifications, renewals of certification, reviews, and other actions that were pending or initiated on or after July 1, 2016.

Statutory/Other Authority: ORS 179.040, ORS 413.042, ORS 413.032-413.033, ORS 426.072, ORS 426.236, ORS 426.500, ORS 430.021, ORS 430.256, ORS 430.357, ORS 430.560, ORS 430.640, ORS 430.870 & ORS 743A.168

Statutes/Other Implemented: ORS 413.520, ORS 426.060, ORS 426.140, ORS 430.010, ORS 430.254, ORS 430.335, ORS 430.590, ORS 430.620, ORS 430.627 & ORS 430.637

Health Systems Division: Behavioral Health Services – Chapter 309

Division 73

BEHAVIORAL HEALTH CRISIS STABILIZATION CENTERS

309-073-0000

Purpose and Scope

(1) The purposes of 309-073-000 through 309-073-0150 are to build upon and improve the statewide coordinated crisis system and to:

- (a) Remove barriers to accessing quality behavioral health crisis services;
- (b) Improve equity in behavioral health treatment and ensure culturally, linguistically, and developmentally appropriate responses to individuals experiencing behavioral health crises, in recognition that, historically, crisis

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response services place marginalized communities at disproportionate risk of poor outcomes and criminal justice involvement;

(c) Ensure that all residents of Oregon receive a consistent and effective level of behavioral health crisis services no matter where they live, work, or travel in the state; and

(d) Provide increased access to quality community behavioral health services to prevent interactions with the criminal justice system and prevent hospitalizations.

(2) These rules prescribe minimum standards and procedures for Crisis Stabilization Centers applying for certification and certified by the Division to provide voluntary crisis stabilization services, unless certified by the Division as a nonhospital facility under OAR 309-033-0200 through 309-033-0960, to individuals for less than 24 consecutive hours.

309-073-0100

Definitions

(1) "Abuse of an Adult" means the circumstances defined in ORS 430.735, OAR Chapter 943, Division 45 and OAR Chapter 407, Division 45 for abuse of an adult with mental illness or who is receiving residential substance use disorder treatment or withdrawal management services.

(2) "Abuse of a Child" means the circumstances defined in ORS 419B.005 and ORS 418.257.

(3) "Active Supervision" means a designated supervisor is physically present who provides direct or indirect observation of the program staff, to determine if the service or task is being completed properly and providing intervention and consultation as needed.

(4) "Adult" means an individual 18 years of age or older or an emancipated minor. An individual with Medicaid eligibility who needs services specific to children, adolescents, or young adults in transition shall be considered a child until age 21 for the purposes of these rules. Adults who are between the ages of 18 and 21 who are considered children for purposes of these rules shall have all rights afforded to adults as specified in these rules.

(5) "ASAM" means The American Society of Addiction Medicine (ASAM).

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(6) "The ASAM Criteria" means the criteria in the Third Edition of The American Society of Addiction Medicine (ASAM) for the assessment, level of care placement and treatment of addictive, substance-related, and co-occurring conditions. The ASAM Criteria is a clinical guide to developing patient-centered service plans and making objective decisions about admission, continuing care, and transfer or discharge for individuals. The ASAM Criteria is incorporated by reference in these rules.

(7) "Assessment" means the process of obtaining sufficient information through a face-to-face interview to determine a diagnosis and to plan individualized services and supports. For outpatient substance use disorders services, the assessment is multi-dimensional and consistent with The ASAM Criteria third edition.

(8) "Authority" means the Oregon Health Authority.

(9) "Behavioral Health Treatment" means treatment for mental health, substance use disorders, and problem gambling.

(10) "Care Coordination" means a process-oriented activity to facilitate ongoing communication and collaboration to meet multiple needs. Care coordination includes facilitating communication between the person or family served, the family, natural supports, community resources, and involved providers and agencies; organizing, facilitating, and participating in team meetings; and providing for continuity of care by creating linkages to and managing transitions between levels of care and transitions for young adults in transition to adult services.

(11) "Child" means an individual under the age of 18. An individual with Medicaid eligibility who needs services specific to children, adolescents, or young adults in transition shall be considered a child until age 21 for purposes of these rules.

(12) "Crisis" means either an actual or perceived urgent or emergent situation that occurs when an individual's stability or functioning is disrupted, and there is an immediate need to resolve the situation to prevent a serious deterioration in the individual's mental or physical health or to prevent referral to a significantly higher level of care or death.

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(13) "Crisis Intervention" means short-term services to address an immediate crisis need.

(14) "Crisis Stabilization Center" means a program that is:

(a) Designed to prevent or ameliorate a behavioral health crisis or reduce acute symptoms of mental illness or substance use disorder; and

(b) Certified by the Division to provide less than 24 consecutive hours of observation and Crisis Stabilization Services for individuals who do not require inpatient treatment.

(15) "Crisis Stabilization Plan" means an individualized plan written and signed by a qualified Program Staff defining specific short-term rehabilitation objectives and proposed crisis interventions developed in collaboration with the individual.

(16) "Crisis Stabilization Services" means services including diagnosis, stabilization, observation, and follow-up referral services provided to individuals in a community-based, developmentally appropriate homelike environment to the extent practicable.

(17) "Critical Incident" means any event involving an individual or child of an individual receiving services occurring on the premises of the program or involving program staff or any individual occurring on the premises of the program, or during a Service Plan activity and including but not limited to death, injury, major illness, accident, act of physical aggression, medication error, suspected abuse or neglect, or any other type unusual or critical event that presents a risk to health and safety of any persons. Critical incidents are reported to the Division.

(18) "Culturally Responsive" means services that are respectful of and relevant to the beliefs, practices, culture and linguistic needs of diverse consumer/client populations and communities whose members identify as having particular cultural or linguistic affiliations. Cultural responsiveness describes the capacity to respond to the issues of diverse communities and requires knowledge and capacity at different levels of intervention: systemic, organizational, professional, and individual.

(19) "Declaration for Mental Health Treatment" means a written statement of an individual's preferences concerning their mental health treatment. The declaration is made when the individual is able to understand and legally make decisions related to

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such treatment. It is honored, as clinically appropriate, in the event the individual becomes unable to make such decisions.

(20) "Diagnosis" means the principal mental health, substance use, or problem gambling diagnosis listed in the Diagnostic and Statistical Manual of Mental Disorders, Fifth edition (DSM-5-TR). The diagnosis is determined through the assessment and any examinations, tests, or consultations suggested by the assessment and are medically necessary reason for services.

(21) "Division" means the Behavioral Health Division of the Oregon Health Authority, or its designee.

(22) "Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5-TR)" means the textbook used to diagnose and classify mental disorders that is published by the American Psychiatric Association.

(23) "Face to Face" means a personal interaction where both words can be heard and facial expressions can be seen in person or through telehealth services where there is a live streaming audio and video, if clinically appropriate.

(24) "Family" means the biological or legal parents, siblings, other relatives, foster parents, legal guardians, spouse, domestic partner, caregivers, and other primary relations to the individual whether by blood, adoption, or legal or social relationships. Family also means any natural, formal, or informal support persons identified as important by the individual.

(25) "Family Support" means the provision of peer-delivered services to people defined as family to the individual. It includes support to caregivers at community meetings, assistance to families in system navigation and managing multiple appointments, supportive home visits, peer support, parent mentoring and coaching, advocacy, and furthering efforts to develop natural and informal community supports.

(26) "Gender Identity" means an individual's self-identification of gender without regard to legal or biological identification including but not limited to individuals identifying themselves as male, female, transgender, gender transitioning and transitioned, non-binary, intersex, and gender diverse.

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(27) "Gender Expression" means the external characteristics and behaviors that are socially defined as masculine, feminine, or androgynous such as dress, mannerisms, speech patterns, and social interactions.

(28) "Grievance" means a formal complaint submitted to a provider verbally or in writing by an individual or the individual's representative.

(29) "Guardian" means an individual appointed by a court of law to act as guardian of a minor or a legally incapacitated individual. Guardian may also mean legal representative.

(30) "Incident Report" means a written description of any incident.

(31) "Individual" means any person being considered for or receiving services and supports regulated by these rules.

(32) "Inpatient Treatment" means behavioral health treatment provided in a hospital for 24 hours or more.

(33) "Level of Care" means the type, frequency, and duration of medically necessary services provided from the most integrated setting to the most restrictive and intensive inpatient setting

(34) "Licensed Medical Practitioner (LMP)" means a person who meets the following minimum qualifications as documented by the Local Mental Health Authority (LMHA) or designee:

- (a) Physician licensed to practice in the State of Oregon;
- (b) Nurse practitioner licensed to practice in the State of Oregon; or
- (c) Physician's assistant licensed to practice in the State of Oregon;
- (d) Whose training, experience, and competence demonstrate the ability to conduct a medical exam, a mental health assessment and provide medication management; and
- (e) For IOSS and ITS providers, a Board-Certified or Child and Adolescent Psychiatrist licensed to practice in the State of Oregon or a Psychiatric Nurse

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Practitioner under the consultation of a board-certified or board-eligible child and adolescent psychiatrist licensed to practice in the State of Oregon.

- (35) “Local Mental Health Authority (LMHA)” means one of the following entities:
- (a) The board of county commissioners of one or more counties that establishes or operates a CMHP;
 - (b) The tribal council in the case of a federally recognized tribe of Native Americans that elects to enter into an agreement to provide mental health services; or
 - (c) A regional local mental health authority composed of two or more boards of county commissioners.
- (36) "Medicaid" means the federal grant-in-aid program to state governments to provide medical assistance to eligible individuals under Title XIX of the Social Security Act.
- (37) "Medical Director" means a physician licensed to practice medicine in the State of Oregon and is designated by a substance use disorders treatment program to be responsible for the program's medical services, either as an employee or through a contract.
- (38) “Medically Necessary” means health services and items that are required for an individual to address one or more of the following:
- (a) The prevention, diagnosis, or treatment of an individual’s condition or disorder that results in behavioral health impairments; or
 - (b) The ability for a client or member to achieve age-appropriate growth and development; and
 - (c) A medically necessary service must also be medically appropriate.
- (39) “Medication Assisted Treatment (MAT)” means the use of medication in combination with counseling and behavioral therapies for the treatment of substance use disorders.
- (40) "Opioid" means natural, synthetic, or semi-synthetic chemicals normally prescribed to treat pain. This class of drugs includes, but is not limited to, illegal drugs such as heroin, natural drugs such as morphine and codeine, synthetic drugs such as fentanyl

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and tramadol, and semi-synthetic drugs such as oxycodone, hydrocodone, and hydromorphone.

(41) "Opioid Overdose" means a medical condition that causes depressed consciousness and mental functioning, decreased movement, depressed respiratory function and the impairment of the vital functions as a result of taking opiates in an amount larger than can be physically tolerated.

(42) "Opioid Overdose Kit" means an ultraviolet light-protected hard case containing a minimum of two doses of an FDA-approved short-acting, non-injectable, opioid antagonist medication, one pair non-latex gloves, one face mask, one disposable face shield for rescue breathing, and a short-acting, non-injectable, opioid antagonist medication administration instruction card.

(43) "Peer" means program staff supporting an individual or the individual's family member who has similar life experience, either as a current or former recipient of mental health or substance use, problem gambling, or mental health services, or as a family member of an individual who is a current or former recipient of substance use, problem gambling, or mental health services.

(44) "Peer Support Specialist (PSS)" means a qualified program staff providing peer-delivered services to an individual or family member with similar life experience under the supervision of a qualified clinical supervisor and a qualified peer-delivered services supervisor as resources are made available.

(45) "Program" means an organized system of services and supports delivered by a provider designed to address the treatment needs of individuals and families.

(46) "Program Director" means program staff with appropriate professional qualifications and experience who is designated to manage the operation of a program.

(47) "Program Staff" means personnel who renders a clinical service or support. Program staff could include, for example, be an employee, contractor, intern, or volunteer who is rendering or assisting with rendering clinical services or supports.

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(48) "Provider" means an organizational entity or qualified person that is certified or licensed by the Division for the direct delivery of substance use, problem gambling, or mental health services and supports.

(49) "Qualified Mental Health Associate (QMHA)" means mental health program staff delivering services under the direct supervision of a QMHP who meets the minimum qualifications as authorized by the LMHA or designee and specified in OAR 309-019-0125.

(50) "Qualified Mental Health Professional (QMHP)" means mental health program staff LMP or any other program staff meeting the minimum qualifications as authorized by the LMHA or designee and specified in OAR 309-019-0125.

(51) "Recovery" means a process of healing and transformation for an individual to achieve their full human potential and personhood in leading a meaningful life as they define it in communities of their choice.

(52) "Representative" means someone who acts on behalf of an individual at the individual's request with respect to a grievance including but not limited to a relative, friend, Division employee, attorney, or legal guardian.

(53) "Risk Assessment" means an evaluation of the level or severity of risk the individual is experiencing and how each interact, resulting in an overall risk assessment rating.

(54) "Screening" means the process to determine whether the individual needs further assessment to identify circumstances requiring referrals or additional services and supports.

(55) "Service Record" means the written or electronic documentation regarding an individual and resulting from entry into services, assessment, orientation, services and supports planning, services and supports provided, and transfer.

(56) "Services" means those activities and treatments described in the service plan and rendered, that are intended to support the individual's transition to recovery from a substance use disorder, problem gambling disorder, or mental health condition and to

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promote resiliency and rehabilitative and functional individual and family's desired outcomes.

(57) "Signature" means any written or electronic means of entering the name, date of authentication, and credentials of the program staff providing a specific service or the individual authorizing services and supports. Signature also means any written or electronic means of entering the name and date of authentication of the individual, guardian, or any authorized representative of the individual receiving services.

(58) "Stabilization" means the application of medical and psychosocial services and supports and in a manner that results in the reduction of symptomology and increase in skill level to support and redirect patients to the most appropriate and least restrictive setting. Services are directed at restoring patient's ability to maintain safety while enhancing their recovery, so they can successfully reintegrate into identified community settings.

(59) "Substance Use Disorder (SUD)" as defined in DSM-5-TR, means disorders related to the taking of a drug of abuse including alcohol, the side effects of a medication, or a toxin exposure. The disorders include substance use disorders and substance-induced disorders, which include substance intoxication and withdrawal, and substance-related disorders such as delirium, neuro-cognitive disorders, and substance-induced psychotic disorder.

(60) "Suicide Risk Assessment" means a comprehensive evaluation, usually performed by a clinician, to evaluate suspected suicide risk in an individual, estimate the immediate danger, and decide on a course of treatment. May also be called Risk Assessment.

(61) "Supports" means activities, referrals, and supportive relationships designed to enhance the services delivered to individuals and families for the purpose of facilitating progress toward intended outcomes.

(62) "Treatment" means the planned, individualized program of medical, psychological, and rehabilitative procedures, experiences, and activities designed to remediate symptoms of a DSM-5-TR diagnosis.

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(63) "Variance" means an exception from a provision of these rules granted in writing by the Division pursuant to the process regulated by these rules upon written application from the provider.

(64) "Volunteer" means a person who performs a service willingly and without pay.

Statutory/Other Authority: 430.627

Statutes/Other Implemented: 430.626

309-073-0105

Building Requirements for Crisis Stabilization Centers

(1) Crisis Stabilization Centers must:

- (a) Comply with all applicable state and local building, electrical, plumbing, fire, safety, and zoning codes;
- (b) Maintain up-to-date documentation verifying that they meet applicable local business license, zoning, and building codes and federal, state, and local fire and safety regulations. It is the responsibility of the program to check with local government to make sure all applicable local codes have been met;
- (c) Provide space for services including but not limited to intake, assessment, counseling, and telephone conversations that assure the privacy and confidentiality of individuals and is furnished in an adequate and comfortable fashion including plumbing, sanitation, heating, and cooling;
- (d) Provide rest rooms for individuals, visitors, and staff that are accessible to individuals with disabilities pursuant to Title II of the Americans with Disabilities Act if the program receives any public funds or Title III of the Act if no public funds are received;
- (e) Adopt and implement emergency policies and procedures, including an evacuation plan and emergency plan in case of fire, explosion, accident, death, or other emergency. The policies and procedures and emergency plans must be current and posted in a conspicuous area; and
- (f) Not allow tobacco use in program facilities or on program grounds.
- (g) Promote a sense of safety, calm, and de-escalation for individuals and Program Staff;
- (h) Provide a dedicated first responder drop-off area, separate from that used by the public and walk-ins;

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- (i) Have adequate space to ensure privacy and confidentiality for individuals served including a minimum of 35 square feet surrounding each clinical care recliner;
- (j) Have furnishings and fixtures that are capable of being sanitized, constructed of durable materials not capable of breakage into pieces that could be used as a weapon, ligature risk, or for self-harm;
- (k) Have interior finishes, lighting, and furnishings that suggest a non-institutional setting that conforms to applicable fire and safety codes;
- (l) Have a phone available for the individuals;
- (m) Provide an accessible outdoor area available to all individuals, a portion of which must be covered and have an all-weather surface such as a patio or deck, if space allows; and
- (n) Provide bathroom facilities that:
 - (A) Are conveniently located for individual use;
 - (B) Provide all appropriate sanitary products, including menstrual hygiene supplies;
 - (C) Provide permanently wired light fixtures that illuminate all parts of the room;
 - (D) Provide individual privacy for individuals;
 - (E) Provide a securely affixed unbreakable mirror at eye level;
 - (F) Are adequately ventilated;
 - (G) Include sufficient facilities specially equipped for use by individuals with disabilities; and
 - (H) Have a minimum of one lavatory available for each six individuals.

- (2) If a Crisis Stabilization Center serves youth and adults:
 - (a) There must be a separate designated area for crisis stabilization services provided for individuals under the age of 18 that has floor to ceiling walls that separate it from other areas of the Crisis Stabilization Center; and
 - (b) Individuals under the age of 18 must not share any space, participate in any activity or treatment, or have verbal or visual interaction with an individual receiving services at the Crisis Stabilization Center who is 18 years or older.
 - (c) The designated area for individuals under the age of 18 must have its own bathrooms, showers, outdoor areas and supervision, separate from the designated area for individuals over the age of 18.

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(3) A Crisis Stabilization Center must have a minimum of one bathtub or shower available for each ten individuals if provided.

(4) A Crisis Stabilization Center providing laundry facilities, must ensure those laundry facilities are separate from food preparation and other individual use areas. When residential laundry equipment is installed, the laundry facilities may be located to allow for both individual and Program Staff use. The following must be included in the laundry facilities:

- (a) Countertops or spaces for folding tables sufficient to handle laundry needs for the facility;
- (b) Locked storage for chemicals and equipment;
- (c) Outlets, venting, and water hook-ups according to state building code requirements. Washers must have a minimum rinse temperature of 155 degrees Fahrenheit (160 degrees Fahrenheit recommended) unless a chemical disinfectant is used; and
- (d) Sufficient storage and handling space to ensure that clean laundry is not contaminated by soiled laundry.

(5) If provided by a Crisis Stabilization Center, kitchen facilities and equipment may be of residential type except as required by the state building code and fire code or local agencies having jurisdiction. The kitchen must have the following:

- (a) Dry storage space not subject to freezing in cabinets or a separate pantry for a minimum of one week's supply of staple foods;
- (b) Sufficient refrigeration space for a minimum of two days' supply of perishable foods. The space must be maintained at 45 degrees Fahrenheit or less and freezer space maintained at 0 degrees Fahrenheit or less;
- (c) An approved residential type of dishwasher with a minimum final rinse temperature of 155 degrees Fahrenheit (160 degrees recommended) unless chemical disinfectant is used;
- (d) A separate food preparation sink and hand washing sink;
- (e) Smooth, nonabsorbent, and cleanable counters for food preparation and serving;
- (f) Appropriate storage for dishes and cooking utensils designed to be free from potential contamination;
- (g) Microwave or cooktop for food preparation; and

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(h) Storage for a mop and other cleaning tools and supplies used for food preparation for dining and adjacent areas. Cleaning tools must be maintained separately from those used to clean other parts of the setting.

309-073-0110

Provider Policies

(1) In addition to developing and implementing the policies required in OAR 309-019-0110(1), all Crisis Stabilization Centers must develop and implement the following written policies and procedures:

- (a) Intake screening, service, and clinical assessment protocols for walk-ins and first responder drop-offs;
- (b) Delivery of services to address substance use crisis issues including facilitated referrals for withdrawal management services or medication assisted treatment if determined necessary by the screening or clinical assessment process;
- (c) Use of a Declaration for Mental Health Treatment, when available, to guide services;
- (d) Screening for and accessing services for emergency medical conditions, including transport by emergency medical services consistent with the requirements set forth in OAR 309-073-0130 Medical Protocols; and
- (e) Ensuring that individuals are considered for Crisis Stabilization Services without regard to race, ethnicity, gender, gender identity, gender presentation, sexual orientation, religion, creed, national origin, age, intellectual and/or developmental disability, IQ score, or physical disability.
- (f) Emergency procedures and disaster plans authorized by the State Fire Marshal or authorized representative. The plan shall cover such emergencies and disasters as fires, explosions, missing persons, accidents, earthquakes, and floods. The program must post the plan by the phone and be immediately available to the program staff. The plan must include diagrams of evacuation routes, and these must be posted. The plan must specify where staff and individuals will reside if the setting becomes uninhabitable. The program must maintain the plan which must include:
 - (A) Emergency instructions for employees;
 - (B) The telephone numbers of the local fire department, police department, the poison control center, the program director, the director's designee and other persons to be contacted in emergencies; and
 - (C) Instructions for the evacuation of individuals and employees.

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(2) All written service delivery policies and specific procedures must prohibit the following:

- (a) Rejecting Individuals brought in or referred by first responders;
- (b) Psychological and physical abuse of an individual;
- (c) Seclusion, personal restraint, mechanical restraint, and chemical restraint unless certified by the Division as a nonhospital facility under OAR 309-033-0200 through 309-033-0960.
- (d) Withholding shelter, food, medication, personal belongings, or supports for physical functioning;
- (e) Discipline of one individual receiving services by another; and
- (f) Discontinuation of medications prescribed for the treatment of opioid dependence as a condition of receiving crisis stabilization services.

(3) The Crisis Stabilization Center Program Director or their designee must collaborate with applicable first responder agencies and local hospital(s) to develop a memorandum of understanding (MOU) for drop-off services. A copy of the MOU(s) must be included with the application for certification or certification renewal required by OAR 309-008-0400 and must include, at a minimum:

- (a) Mutually agreed upon drop-off policies and procedures;
- (b) The exact service areas and populations to be served; and
- (c) Information sharing that complies with applicable laws.

(4) If a Crisis Stabilization Center's service area includes a Mobile Crisis Intervention Team as defined in OAR 309-072-0110 that is operated by a different Provider, the Crisis Stabilization Center Program Director or their designee must collaborate with the appropriate Providers to develop a MOU for drop-off services. A copy of the MOU(s) must be included with the application for certification or certification renewal required by OAR 309-008-0400 and must include, at a minimum:

- (a) Mutually agreed upon drop-off policies and procedures;
- (b) The service areas and populations to be served; and
- (c) Information sharing that complies with applicable laws.

(4) If a Crisis Stabilization Center's service area includes one or more of the Nine Federally Recognized Tribes of Oregon, the Crisis Stabilization Center Program Director or their designee must collaborate with the tribe(s) to provide Crisis Stabilization

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Services for tribal members through a MOU if the tribe wishes to enter into such an agreement. A copy of the MOU(s) must be included with the application for certification or certification renewal required by OAR 309-008-0400 and must include, at a minimum:

- (a) Mutually agreed upon collaboration and delivery of services between the tribe(s) and the Crisis Stabilization Center
- (b) The service areas and populations to be served;
- (c) Information sharing that complies with applicable laws; and
- (d) Collection, sharing, and ownership of data related to tribal members.

309-073-0115

Individual Rights

(1) In addition to the Individual Rights listed in OAR 309-019-0115(1)(a)-(L) and OAR 309-019-0115(1)(n)-(u), every individual receiving services in a Crisis Stabilization Center has the right to be free from seclusion and restraint unless certified by the Division as a nonhospital facility under OAR 309-033-0200 through 309-033-0960.

(2) The provider must give to the individual and, if appropriate, the individual's guardian a document that describes the applicable individual's rights as required in OAR 309-019-0115(2).

309-073-0120

Staffing

(1) A Crisis Stabilization Center must be staffed 24 hours per day, seven days per week, 365 days per year by a multidisciplinary team capable of meeting the needs of individuals in the community experiencing all levels of behavioral health crisis, that may include, but is not limited to:

- (a) Psychiatrists or psychiatric nurse practitioners;
- (b) Nurses;
- (c) Licensed or credentialed clinicians in the region where the crisis stabilization center is located who can complete assessments; and
- (d) Peers with lived experience similar to the experiences of the individuals served.

(2) An adequate number of Program Staff must be available in the adult area and, if there is one, the children's area, to provide continuous supervision and meet the stabilization, health, and safety needs of the individuals served.

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- (3) A minimum of three Program Staff must be on-site at all times available in the adult area and, if there is one, the children's area, and must include:
 - (a) At least one QMHA; and
 - (b) At least on Peer Support Specialist or Family Support Specialist.
- (4) One QMHP must be on-site from 8:00 am to 8:00 pm and may be on-call from 8:00 pm to 8:00 am.
- (5) A Licensed Medical Practitioner must be available as needed. Services may be provided via telemedicine.
- (6) All Program Staff must meet applicable qualifications, credentialing, or licensing standards and competencies as set forth in OAR 309-019-0125. All personnel documentation, training, and supervision is conducted as set forth in OAR 309-019-0130.
- (7) In addition, all Program Staff, including security staff, must be trained in:
 - (a) Evidence-based and best practice interventions to prevent and address disruptive behaviors and behavioral health crises;
 - (b) Basic First Aid;
 - (c) Cardiopulmonary Resuscitation (CPR); and
 - (d) Opioid overdose kits and administration of an FDA-approved short-acting, non-injectable, opioid antagonist medication.
- (8) A Crisis Stabilization Center may not have security staff, whether employed or under contract, on-site that are armed.

**309-073-0125
Documentation**

Based on the individual's ability to cooperate and communicate with Program Staff due to their crisis situation, the following documentation must be included in the individual's service record:

- (1) Presenting problem and referral source, if applicable;

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- (2) Rationale for denial of services and referral of the individual to other appropriate services, if necessary;
- (4) Status as a current or former member of the U.S. Armed Forces;
- (5) Current mental health and substance use symptoms;
- (6) Current medications and any medications administered within their scope of practice by Crisis Stabilization Center program staff;
- (7) Screening for suicide risk and completion of a comprehensive, standardized suicide risk assessment and planning, when clinically indicated;
- (8) Screening for risk of violence and completion of a comprehensive, standardized violence risk assessment and planning, when clinically indicated;
- (9) Screening for substance use disorders and completion of an ASAM assessment when clinically indicated.
- (9) Current trauma-related symptoms or concerns for personal safety;
- (10) Screening for food and housing insecurity;
- (11) Crisis Stabilization Plan; and
- (12) Discharge information including:
 - (a) Outcome of the crisis;
 - (b) Services provided;
 - (c) Treatment/recovery plan, if clinically indicated;
 - (d) Care coordination efforts;
 - (e) Referrals; and
 - (f) Follow-up efforts including attempts to contact within 72 hours from discharge.

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(1) Unless required by OAR 309-033-0200 through 309-033-0960, medical clearance is not required prior to provision of services; however, the Crisis Stabilization Center must ensure that each individual is screened for physical health issues per the medical protocols in subsection (2).

(2) Medical protocols must be approved by the Medical Director. The protocols must:

- (a) Specify the components of the screening for physical health issues required in subsection (1).
- (b) Designate those physical health issues that, when found, require transfer to a setting capable of providing the level of care required.
- (c) Require that individuals who are currently injecting or intravenously using a drug or have injected or intravenously used a drug within the past 30 days, or who are at risk of withdrawal from a drug be offered a referral for a physical examination and appropriate lab testing.
- (d) Require that individuals who are, or may be, pregnant be offered a referral for prenatal care;
- (e) Require that HIV and AIDS, TB, sexually transmitted infection, Hepatitis, and other infectious disease information and risk assessment be offered, including any needed referral;
- (f) Specify the steps for follow up and coordination with physical health care providers in the event the individual is found to have an infectious disease or other major medical problem.

(3) At least one unexpired opioid overdose kit for emergency response to suspected overdose must be available in the Crisis Stabilization Center at all times. Opioid overdose kits do not require a prescription and are not specific to an individual (see ORS 689.684).

(a) All opioid overdose kits must include an ultraviolet light-protected hard case and must contain, but not be limited to:

- (A) Two doses of an FDA-approved short-acting, non-injectable, opioid antagonist medication;
- (B) One pair non-latex gloves;
- (C) One face mask;
- (D) One disposable face shield for rescue breathing; and
- (E) One short-acting, non-injectable, opioid antagonist medication administration instruction card.

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(b) Opioid overdose kits must be:

- (A) Installed in an easily accessible, highly visible, and unlocked location;
 - (B) At a height of no more than 48 inches from the floor;
 - (C) In a location without direct sunlight;
 - (D) In an area where temperatures are maintained between 59 F and 77 F;
- and
- (E) Have a sign clearly indicating the location and content of the kit;
 - (F) Checked daily to ensure the required components have not been removed or damaged;
 - (G) Checked monthly to ensure the short-acting, non-injectable, opioid antagonist medication has not expired; and
 - (H) Restocked immediately after use.

(c) Short-acting, non-injectable, opioid antagonist medication not within installed opioid overdose kits must be stored in a locked cabinet with other resident medications.

(d) Opioid overdose kits must be:

- (A) Checked daily to ensure the required components have not been removed or damaged;
- (B) Checked monthly to ensure the short-acting, non-injectable, opioid antagonist medication has not expired; and
- (C) Restocked immediately after use.

(e) Upon recognizing a person is likely experiencing an overdose, program staff must immediately respond based on the medical emergency procedures of the facility.

(f) A person who has reasonable cause to believe an individual is experiencing an overdose, and in good faith administers short-acting, non-injectable, opioid antagonist medication, is protected against civil liability or criminal prosecution unless the person, while rendering care, acts with gross negligence, willful misconduct, or intentional wrongdoing as described in Oregon Revised Statute (ORS) 689.681.

(g) Administration of short-acting, non-injectable, opioid antagonist medication must be documented by the program staff who administered the medication. Documentation must be submitted to the Authority within 48 hours of the incident and must include:

- (A) Name of the individual;
- (B) Description of the incident including date, time, and location;

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- (C) Time 9-1-1 contacted;
- (D) Time of administration(s) of short-acting, non-injectable, opioid antagonist medication;
- (E) Individual's response;
- (F) Transfer of care to EMS; and
- (G) Signature of program staff.

(h) Program staff must fully cooperate with emergency medical service (EMS) personnel. Program staff must not interfere with or impede the administration of emergency medical services.

(4) Opioid overdose medication and kits which are the personal property of an individual receiving services at the Crisis Stabilization Center, do not need to be kept in a locked location.

309-073-0135

Critical Incident Reporting

(1) Critical Incidents must be reported to the Division. Critical incidents include:

- (a) Death, including by suicide or overdose;
- (b) Severe injury, including injury leading to hospitalization, injury resulting in medical attention needed or no medical attention needed, overdose resulting in hospitalization or needing medical attention, and emergency services needed;
- (c) Ongoing risk to health (for example: environmental risks such as black mold);
- (d) 911 calls made by Program Staff;
- (e) Extensive damage to the facility or other substantial change in living conditions; and
- (f) Where abuse or neglect is suspected, including unethical client and Program Staff relationships; and
- (g) Relationships between individuals that result in harm to at least one individual.
- (h) Suspected exploitation, including financial exploitation, of an individual; and
- (i) Medication errors resulting in a telephone call to or a consultation with a poison control center or hospital, a visit to an emergency department or urgent care, hospitalization or death.

(2) The original, unredacted critical incident report must be submitted within 24 hours of the event using forms and procedures required by the Division;

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- (3) All critical incident reports must be maintained in the corresponding service record and in a common file for quality improvement purposes and review by the Division; and
- (4) Critical incident reports filed in service records may not contain protected health information belonging to any other individual.
- (5) Critical incident reports must contain, at a minimum, the following information:
 - (a) The time and date of the event;
 - (b) The time and date of when the critical incident report form was completed;
 - (c) Name and title of Program Staff who filled out the report;
 - (d) Identification of all Program Staff involved in the incident and the response to the incident, and their titles;
 - (e) Identification of each individual involved;
 - (f) Description of event;
 - (g) Description of program response;
 - (h) Description of which policies and procedures were followed and when applicable, any that were not followed;
 - (i) Identification of Program Staff who were notified, and their titles;
 - (j) Identification of which authorities the event was reported to; and
 - (k) Description of administrative response and follow-up.
- (6) If a Crisis Stabilization Center Program Staff becomes aware of any death by suicide or suicide attempt occurring within 72 hours of an individual's discharge, a brief report must be submitted to the Division using forms and procedures required by the Division.

309-073-0140

Quality Assessment and Performance Improvement

- (1) Providers must develop and implement a structured and ongoing process to assess, monitor, and improve the quality and effectiveness of services provided to individuals and their families.
- (2) Providers must collect and submit quarterly service utilization data including, but not limited to:
 - (a) Number of walk-ins and first responder drop-offs requesting crisis services;
 - (b) Number of walk-ins and first responder drop-offs denied crisis services and the rationale for that denial;

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- (c) REALD-SOGI;
- (d) Length of stay;
- (e) Presenting problem;
- (f) Outcome;
- (g) Number of individuals receiving 72-hour follow-up contact and the outcome of that contact.

(3) Providers must submit quarterly service utilization data reports electronically to the Division at 988BHCS@oha.oregon.gov, using forms and procedures required by the Division, as follows:

- (a) For services provided January 1 through March 31, reports are due no later than May 15
- (b) For services provided April 1 through June 30, reports are due no later than August 15
- (c) For services provided July 1 through September 30, reports are due no later than November 15
- (d) For services provided October 1 through December 31, reports are due no later than February 15

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309-073-0145

Grievances and Appeals

(1) Any individual or parent or guardian receiving services may file a grievance with the provider, the individual's coordinated care plan, or the Division.

(2) The provider's grievance process shall:

- (a) Notify each individual or guardian of the grievance procedures by reviewing a written copy of the policy upon entry;
- (b) Assist individuals and parents or guardians to understand and complete the grievance process and notify them of the results and basis for the decision;
- (c) Encourage and facilitate resolution of the grievance at the lowest possible level;
- (d) Complete an investigation of any grievance within 30 calendar days;
- (e) Implement a procedure for accepting, processing, and responding to grievances including specific timelines for each;
- (f) Designate a program staff individual to receive and process the grievance;
- (g) Document any action taken on a substantiated grievance within a timely manner; and
- (h) Document receipt, investigation, and action taken in response to the grievance.

(3) The provider shall post a Grievance Process Notice in a common area stating the telephone numbers of:

- (a) The Division;
- (b) Disability Rights Oregon;
- (c) Any applicable coordinated care organization; and
- (d) The Governor's Advocacy Office.

(4) In circumstances where the matter of the grievance is likely to cause harm to the individual before the grievance procedures are completed, the individual or guardian of the individual may request an expedited review. The program administrator shall review and respond in writing to the grievance within 48 hours of receipt of the grievance. The written response shall include information about the appeal process.

(5) A grievant, witness, or staff member of a provider may not be subject to retaliation by a provider for making a report or being interviewed about a grievance or being a

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witness. Retaliation may include but is not limited to dismissal or harassment, reduction in services, wages, or benefits, or basing service or a performance review on the action.

(6) The grievant is immune from any civil or criminal liability with respect to the making or content of a grievance made in good faith.

(7) Individuals and their legal guardians may appeal entry, transfer, and grievance decisions as follows:

- (a) If the individual or guardian is not satisfied with the decision, the individual or guardian may file an appeal in writing within ten working days of the date of the program administrator's response to the grievance or notification of denial for services. The appeal shall be submitted to the Division;
- (b) If requested, program staff shall be available to assist the individual;
- (c) The Division shall provide a written response within ten working days of the receipt of the appeal; and
- (d) If the individual or guardian is not satisfied with the appeal decision, they may file a second appeal in writing within ten working days of the date of the written response to the Division Director.

309-073-0150

Variations

(1) Requirements and standards for requesting and granting variations or exceptions are found in OAR 309-008-1600.

(2) The Division's chief officer or designee shall approve or deny the request for a variance to these rules. The request shall be made in writing using the Division approved variance request form and following the variance request procedure pursuant to OAR 309-008-1600.

(3) Granting a variance for one request does not set a precedent that shall be followed by the Division when evaluating subsequent requests for variance.