

# Public RAC for - 309 – 019 0160

## **Filing Contact:**

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**Filing Caption:** Updating the number of days a Community Mental Health Provider has to Complete the Order of Evaluation Process. Adding rules that support contact reporting requirements.

## **STATEMENT OF NEED AND FISCAL IMPACT**

### **Need for Rule(s) Changes:**

The need for the rule changes is to update the amount of time the Community Mental Health Providers have to complete an assessment for an individual under the jurisdiction of the Psychiatric Security and Review board and the amount of time they have to submit the Evaluation Report and the Proposed Summary of Conditions of conditional release to the Oregon State Hospital or the referring provider. This change is needed to ensure that once an interview is completed, and an Individual is accepted into a placement, the process moves as quickly as possible to ensure that a placement isn't lost, which is a contributing factor to the lack of beds at the Oregon State Hospital.

Additions to the rules are from the Service Element contract for services provided by the Community Mental Health Providers who monitor and supervise individuals under the jurisdiction of the Psychiatric Services and Review Board.

### **Documents Relied Upon, and where they are available:**

The MHS SE 30 Contract is available by contacting [Steph.a.baer@oha.oregon.gov](mailto:Steph.a.baer@oha.oregon.gov)

### **Fiscal and Economic Impact:**

The Department/Authority does not anticipate there will be a fiscal impact from these rule changes.

**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).
  - a. None.
  
- (2) Effect on Small Businesses: None, there is no anticipated impact.
  - 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).

**Describe how small businesses were involved in the development of these rule(s)?**

None

**Racial Equity Statement**

Racially minoritized individuals are over-represented in our consumer populations and are therefore less likely to have direct access to contract language, whereas Oregon Administrative Rule is publicly available.

**Was an Administrative Rule Advisory Committee (RAC) consulted? Select (Yes)**

**If not, why not?**

309-019-0160

**Psychiatric Security Review Board and Juvenile Psychiatric Security Review Board**

(1) Services and supports shall include all appropriate services, including peer delivered services, determined necessary to assist the individual in maintaining community placement and that are consistent with Conditional Release Orders and the Agreement to Conditional Release.

(2) Providers of PSRB and JPSRB services acting through the designated qualified individual shall submit reports to the PSRB or JPSRB as follows:

(a) For individuals under the jurisdiction of the PSRB or the JPSRB, providers shall take the following action upon receipt of an Order for Evaluation:

(A) Within 15 calendar days of the provider's receipt of the order, the provider shall appoint a Qualified Mental Health Professional, a (QMHP) to schedule and to complete the evaluation interview. ~~with the individual. for purposes of initiating or conducting the evaluation.~~

~~(B) Appoint a QMHP to conduct the evaluation and to provide an evaluation report to the PSRB or JPSRB;~~

~~(BC) Following the completion~~ Within 15-30 days of the evaluation interview, the QMHP shall submit the Evaluation Report and the Summary of Conditions of Release Plan (SCRCP), if the Individual is accepted to the placement, to OHA and OSH or the current provider to the PSRB or JPSRB within 15 days: not to exceed 30 days from the receipt of the PSRB Order for Evaluation.

~~(i) The QMHP will submit only the Evaluation Report to the PSRB or JPSRB;~~

~~(ii) When submitting the Evaluation Report and when required the SCRCP, the provider shall use the cover sheet provided by OHA and;~~

~~(CD)~~ 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 shall 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 ~~i~~individual.

(d) An Annual Comprehensive Review must be completed each 364 days ~~year~~ to determine if an Individuals current Conditional Release Order is in alignment with the Individuals current level of care. If upon the 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.

(3) PSRB and JPSRB providers shall submit copies of all monthly reports and interim reports to both the PSRB or JPSRB, ~~and the Division.~~

(4) PSRB and JPSRB providers shall submit copies of all monthly reports and interim reports to the Division upon request.

~~(5)~~ When the ~~i~~individual is under the jurisdiction of the PSRB or JPSRB, providers shall include the following additional documentation in the service record:

(a) Monthly ~~R~~reports to the PSRB or JPSRB;

(b) Interim ~~R~~reports, as applicable;

(c) Serious Incident Reports as described in OAR 859-010-0005(11)(a)(b)(c)(d)

~~(d)~~ The PSRB or JPSRB initial evaluation; and

~~(e)~~ A copy of the Conditional Order of Release.

(f) Documentation of the submission of the Annual Comprehensive Review including the following Collateral Documentation:

(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.

(g) Copy of submissions to the PSRB for modification(s) of the Conditional Release Order.

**Statutory/Other Authority:** 430.640, 443.450, 426.490 - 426.500, ORS 161.390, 413.042, 430.256 & 426.490 - 426.500

**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