Definitions

(1) "Abuse of an Adult" means the circumstances defined in OAR 943-045-0250 through 943-045-0370 for abuse of an adult with mental illness.

(2) “Abuse of a Child” means the circumstances defined in ORS 419B.005.

(3) “Acute Care Psychiatric Hospital” means a hospital or facility that provides 24 hours-a-day psychiatric, multi-disciplinary, inpatient or residential stabilization, care, and treatment.

(4) “Addictions and Mental Health Services and Supports” means all services and supports including but not limited to Outpatient Behavioral Health Services and Supports for Children and Adults, Intensive Treatment Services for Children, Outpatient and Residential Substance Use Disorders Treatment Services, and Outpatient and Residential Problem Gambling Treatment Services.

(5) “Adolescent” means an individual from 12 through 17 years of age or those individuals determined to be developmentally appropriate for youth services.

(6) "Adult" means an individual 18 years of age or older or an emancipated minor. An individual with Medicaid eligibility who is in need of services specific to children, adolescents, or young adults in transition must 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 must have all rights afforded to adults as specified in these rules.

(7) “Assertive Community Treatment (ACT)” means an evidence-based practice designed to provide comprehensive treatment and support services to individuals with serious and persistent mental illness. ACT is intended to serve individuals who have severe functional impairments and who have not responded to traditional psychiatric outpatient treatment. ACT services are provided by a single multi-disciplinary team that typically includes a psychiatrist, a nurse, and at least two case managers and are designed to meet the needs of each individual and to help keep the individual in the community and out of a structured service setting, such as residential and hospital care. ACT is characterized by the following:

(a) Low client to staff ratios;

(b) Providing services in the community rather than in the office;

(c) Shared caseloads among team members;

(d) Twenty-four hour staff availability;

(e) Direct provision of all services by the team (rather than referring individuals to other agencies); and

(f) Time-unlimited services.

(8) “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.
(9) "ASAM Criteria" means the most current 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 patient admission, continuing care, and transfer or discharge for individuals and is incorporated by reference in these rules.

(10) “Authority” means the Oregon Health Authority.

(11) “Behavioral Health Treatment” means treatment for mental health, substance use disorder, and problem gambling.

(12) "Behavior Support Plan" means the individualized proactive support strategies used to support positive behavior.

(13) “Behavior Support Strategies” means proactive supports designed to replace challenging behavior with functional, positive behavior. The strategies address environmental, social, neuro-developmental, and physical factors that affect behavior.

(14) “Best Practice Risk Assessment” has the meaning given that term in OAR 309-023-0110.

(15) “Care Coordination” means a process-oriented activity to facilitate ongoing communication and collaboration to meet multiple needs. Care coordination includes facilitating communication between 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.

(16) "Case Management" means the services provided to assist individuals who reside in a community setting or are transitioning to a community setting in gaining access to needed medical, social, educational, entitlement, and other applicable services.

(17) “Certificate” means the document issued by the Authority that identifies and declares certification of a provider pursuant to OAR 309-008-0000. A letter accompanying issuance of the certificate shall detail the scope and approved locations of the certificate.

(18) “Chief Officer” means the Chief Health Systems Officer of the Division or designee.

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

(20) "Clinical Supervision" means oversight by a qualified clinical supervisor of addictions and mental health services and supports provided according to these rules, including ongoing evaluation and improvement of the effectiveness of those services and supports.

(21) "Clinical Supervisor" means an individual qualified to oversee and evaluate addictions or mental health services and supports.

(22) “Co-occurring Substance Use and Mental Health Disorders (COD)” means the existence of a diagnosis of both a substance use disorder and a mental health disorder.

(23) "Community Mental Health Program (CMHP)” means the organization of various services for individuals with a mental health diagnosis or addictive disorders operated by or contractually affiliated with a local mental health authority and operated in a specific geographic area of the state under an agreement with the Division pursuant to OAR chapter 309, division 014.
(24) “Coordinated Care Organization (CCO)” means a corporation, governmental agency, public corporation, or other legal entity that is certified as meeting the criteria adopted by the Authority under ORS 414.625 to be accountable for care management and to provide integrated and coordinated health care for each of the organization’s members.

(25) "Conditional Release" means placement by a court or the Psychiatric Security Review Board (PSRB) of an individual who has been found eligible under ORS 161.327 or 161.336 for supervision and treatment in a community setting.

(26) "Court" means the last convicting or ruling court unless specifically noted.

(27) "Criminal Records Check" means the Oregon Criminal Records Check and the processes and procedures required by OAR 943-007-0001 through 0501.

(28) "Crisis" means 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.

(29) “Crisis Intervention” has the meaning given that term in OAR 309-023-0110.

(30) “Crisis Line Services” means phone-based services that establish immediate communication links and provide supportive interventions and information for individuals in an urgent or emergent situation.

(31) “Crisis Plan” means an individualized document designed to help anticipate and prevent future crisis episodes and direct interventions in the instance of a crisis.

(32) "Cultural Awareness" means the process by which individuals and systems respond respectfully and effectively to individuals of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, gender identity, gender expression, sexual orientations, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each.

(33) “Culturally Specific Program” means a program designed to meet the unique service needs of a specific culture and that provides services to a majority of individuals representing that culture.

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

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

(36) “Division” means the Health Systems Division.

(37) "DSM" means the most recent version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

(38) “Driving Under the Influence of Intoxicants (DUII) Substance Use Disorders Rehabilitation Program” means a program of treatment and therapeutically oriented education services for an individual who is either:

(a) A violator of ORS 813.010 (Driving Under the Influence of Intoxicants); or
(b) A defendant participating in a diversion agreement under ORS 813.200.

(39) “Emergent” means the onset of symptoms requiring attention within 24 hours to prevent serious deterioration in mental or physical health or threat to safety.

(40) “Enhanced Care Services (ECS)” and “Enhanced Care Outreach Services (ECOS)” means intensive behavioral and rehabilitative mental health services to eligible individuals who reside in Aging and People with Disabilities (APD) licensed homes or facilities.

(41) “Entry” means the act or process of acceptance and enrollment into services regulated by this rule.

(42) "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.

(43) "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.

(44) “Family Support Specialist” means an individual who meets qualification criteria under ORS 414.665 and provides supportive services to and has experience parenting a child who is a current or former consumer of mental health or addiction treatment or is facing or has faced difficulties in accessing education and health and wellness services due to a mental health or behavioral health barrier.

(45) “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, transsexual, non-binary, and gender diverse.

(46) “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.

(47) "Geographic Service Area" means the geographic area within the county boundaries in which the CMHP operates.

(48) "Grievance" means a formal complaint submitted to a provider verbally or in writing by an individual or the individual’s representative pertaining to the denial or delivery of services and supports.

(49) "Guardian" means an individual appointed by a court of law to act as guardian of a minor or a legally incapacitated individual.


(51) “Individual” means any individual being considered for or receiving services and supports regulated by these rules.

(52) "Informed Consent for Services" means that the service options, risks, and benefits have been explained to the individual and guardian, if applicable, in a manner that they comprehend, and the individual and guardian have consented to the services on or prior to the first date of service.
“Intensive Outpatient Substance Use Disorders Treatment Services” means structured, nonresidential evaluation, treatment, and continued care services for individuals with substance use disorders who need a greater number of therapeutic contacts per week than are provided by traditional outpatient services. Intensive outpatient services may include but are not limited to day treatment, correctional day treatment, evening treatment, and partial hospitalization.

“Intensive Outpatient Services and Supports (IOSS)” means a specialized set of comprehensive in-home and community-based supports and mental health treatment services for children that are developed by the child and family team and delivered in the most integrated setting in the community.

“Interdisciplinary Team (IDT)” means a group of professional and direct care staff that have primary responsibility for the development of a plan for the care and treatment of a patient.

“Interim Referral and Information Services” means services provided by a substance use disorders treatment provider to individuals on a waiting list and whose services are funded by the Substance Abuse Prevention and Treatment (SAPT) Block Grant to reduce the adverse health effects of substance use, promote the health of the individual, and reduce the risk of disease transmission.

"Intern" or "Student" means an individual providing paid or unpaid program services to complete a credentialled or accredited educational program recognized by the State of Oregon.

“Juvenile Psychiatric Security Review Board (JPSRB)” means the entity described in ORS 161.385.

“Lethal Means Counseling” means best practice research-based counseling strategies to help patients at risk for suicide and their families reduce access to lethal means, including but not limited to firearms.

"Level of Care" means the range of available services provided from the most integrated setting to the most restrictive and most intensive in an inpatient setting.

"Licensed Health Care Professional" means a practitioner of the healing arts acting within the scope of their practice under state law who is licensed by a recognized governing board in Oregon.

"Licensed Medical Practitioner (LMP)” means an individual 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; or

(b) Nurse practitioner licensed to practice in the State of Oregon; or

(c) Physician's assistant licensed to practice in the State of Oregon; and

(d) Whose training, experience, and competence demonstrate the ability to conduct a mental health assessment and provide medication management;

(e) For IOSS and ITS providers, LMP means a board-certified or board-eligible child and adolescent psychiatrist licensed to practice in the State of Oregon.

“Linkage agreement” has the meaning given that term in OAR 309-032-0860.

“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 comprised of two or more boards of county commissioners.

(65) "Mandatory Reporter" means any public or private official, as defined in ORS 419B.005, who comes in contact with or has reasonable cause to believe that an individual has suffered abuse or that any individual with whom the official comes in contact with has abused the individual. Pursuant to ORS 430.765, psychiatrists, psychologists, clergy, and attorneys are not mandatory reporters with regard to information received through communications that are privileged under ORS 40.225 to 40.295.

(66) "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.

(67) "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.

(68) "Medical Supervision" means an LMP's review and approval, at least annually, of the medical appropriateness of services and supports identified in the service plan for each individual receiving mental health services for one or more continuous years.

(69) "Medically Appropriate" means services and medical supplies required for prevention, diagnosis, or treatment of a physical or behavioral health condition or injuries that are:

(a) Consistent with the symptoms of a health condition or treatment of a health condition;

(b) Appropriate with regard to standards of good health practice and generally recognized by the relevant scientific community and professional standards of care as effective;

(c) Not solely for the convenience of an individual or a provider of the service or medical supplies; and

(d) The most cost effective of the alternative levels of medical services or medical supplies that can be safely provided to an individual.

(70) “Medication Assisted Treatment (MAT)” means the use of medication in combination with counseling and behavioral therapies for the treatment of substance use disorders.

(71) “Mental Health Intern” means an individual who meets qualifications for QMHA but does not have the necessary graduate degree in psychology, social work, or behavioral science field to meet the educational requirement of QMHP. The individual must:

(a) Be currently enrolled in a graduate program for a master’s degree in psychology, social work, or in a behavioral science field;

(b) Have a collaborative educational agreement with the CMHP or other provider and the graduate program;

(c) Work within the scope of practice and competencies identified by the policies and procedures for credentialing of clinical staff as established by the provider; and

(d) Receive, at a minimum, weekly supervision by a qualified clinical supervisor employed by the provider of services.
"Mobile Crisis Services" means mental health services for individuals in crisis provided by mental health practitioners who respond to behavioral health crises onsite at the location in the community where the crisis arises and who provide a face-to-face therapeutic response. The goal of mobile crisis services is to help an individual resolve a psychiatric crisis in the most integrated setting possible and to avoid unnecessary hospitalization, inpatient psychiatric treatment, involuntary commitment, and arrest or incarceration.

"Mobile Crisis Response Time" means the time from the point when a professional decision is made that a face-to-face intervention is required to the time the actual face-to-face intervention takes place in the community.

“Nursing Services” means services that are provided by a registered nurse (RN) or a licensed practical nurse (LPN) within the scope of practice as defined in OAR 851-045-0060.

“Outpatient Substance Use Disorders Treatment Program” means a program that provides assessment, treatment, and rehabilitation on a regularly scheduled basis or in response to crisis for individuals with alcohol or other drug use disorders and their family members or significant others.

“Outpatient Community Mental Health Services and Supports” means all outpatient mental health services and supports provided to children, youth, and adults.

“Outpatient Problem Gambling Treatment Services” means all outpatient treatment services and supports provided to individuals with gambling related problems and their families.

"Outreach" means the delivery of behavioral health services, referral services, and case management services in non-traditional settings including but not limited to the individual's residence, shelters, streets, jails, transitional housing sites, drop-in centers, single room occupancy hotels, child welfare settings, educational settings, or medical settings. It also means attempts made to engage or re-engage an individual in services by such means as letters or telephone calls.

“Peer” means any individual supporting an individual or the individual's family member who has similar life experience, either as a current or former recipient of addictions or mental health services, or as a family member of an individual who is a current or former recipient of addictions or mental health services.

“Peer Delivered Services” means an array of agency or community-based services and supports provided by peer support specialists and peer wellness specialists to individuals or family members with similar lived experience that are designed to support the needs of individuals and families as applicable.

"Peer Support Specialist" means an individual 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. A peer support specialist must be certified by the Authority’s Office of Equity and Inclusion as required by OAR 410-180-0300 to 0380 and be:

(a) A self-identified individual currently or formerly receiving addictions or mental health services;

(b) A self-identified individual in recovery from an addiction disorder who meets the abstinence requirements for recovering staff in alcohol or other drug treatment programs;

(c) A self-identified individual in recovery from problem gambling; or

(d) The family member of an individual currently or formerly receiving addictions or mental health services.

“Peer Support and Peer Wellness Specialist Supervision” means supervision by a certified PSS or PWS with at least one year of experience as a PSS or PWS in behavioral health services or supervision by a qualified PSS/PWS
supervisor and a qualified clinical supervisor. The supports provided include guidance in the unique discipline of peer delivered services and the roles of peer support specialists and peer wellness specialists.

(83) “Peer Delivered Services Supervisor” means an individual qualified to evaluate and guide PSSs and PWSs in the delivery of peer delivered services and supports. This individual shall be a certified PSS or PWS with at least one year experience as a PSS or PWS.

(84) “Peer Wellness Specialist” means an individual who supports an individual in identifying mental health service and support needs through community outreach, assisting individuals with access to available services and resources, addressing barriers to services, and providing education and information about available resources and mental health issues in order to reduce stigmas and discrimination toward consumers of mental health services and to provide direct services to assist individuals in creating and maintaining recovery, health, and wellness. A peer wellness specialist must be certified by the Authority’s Office of Equity and Inclusion as required by OAR 410-180-0300 to 0380 and be:

(a) A self-identified individual currently or formerly receiving mental health services; or

(b) A self-identified individual in recovery from a substance use or gambling disorder who meets the abstinence requirements for recovering staff in substance use disorders or gambling treatment programs; or

(c) A family member of an individual who is a current or former recipient of addictions or mental health services.

(85) “Problem Gambling Treatment Staff” means an individual certified or licensed by a health or allied provider agency to provide problem gambling treatment services that include assessment, development of a service plan, and group and family counseling.

(86) "Program" means a particular type or level of service that is organizationally distinct.

(87) "Program Administrator" or "Program Director" means an individual with appropriate professional qualifications and experience who is designated to manage the operation of a program.

(88) "Program Staff" means an employee or individual who by contract with the program provides a service and has the applicable competencies, qualifications, or certification required to provide the service.

(89) “Provider” means an individual, organizational provider, or Community Mental Health Program as designated under ORS 430.637(1)(b) that holds a current certificate to provide outpatient behavioral health treatment or prevention services pursuant to these and other applicable service delivery rules.

(90) "Psychiatric Security Review Board (PSRB)" means the entity described in ORS 161.295 through 161.400.

(91) "Psychiatrist" means a physician licensed pursuant to ORS 677.010 to 677.228 and 677.410 to 677.450 by the Board of Medical Examiners for the State of Oregon and who has completed an approved residency training program in psychiatry.

(92) "Psychologist" means a psychologist licensed by the Oregon Board of Psychologist Examiners.

(93) “Publicly Funded” means financial support in part or in full with revenue generated by a local, state, or federal government.

(94) "Qualified Mental Health Associate (QMHA)” means an individual 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.
"Qualified Mental Health Professional (QMHP)" means a LMP or any other individual meeting the minimum qualifications as authorized by the LMHA or designee and specified in OAR 309-019-0125.

"Qualified Person" means an individual who is a QMHP or a QMHA and is identified by the PSRB and JPSRB in its Conditional Release Order. This individual is designated by the provider to deliver or arrange and monitor the provision of the reports and services required by the Conditional Release Order.

"Quality Assessment and Performance Improvement" means the structured, internal monitoring and evaluation of services to improve processes, service delivery, and service outcomes.

“Recovery” means a process of healing and transformation for an individual to achieve full human potential and personhood in leading a meaningful life in communities of their choice.

"Representative" means an individual 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.

“Resilience” means the universal capacity that an individual uses to prevent, minimize, or overcome the effects of adversity. Resilience reflects an individual’s strengths as protective factors and assets for positive development.

"Respite Care" means planned and emergency supports designed to provide temporary relief from care giving to maintain a stable and safe living environment. Respite care may be provided in or out of the home. Respite care includes supervision and behavior support consistent with the strategies specified in the service plan.

“Safety Plan” means a best practice research-based patient directed document developed through a collaborative process in which the provider assists the patient in listing strategies for the patient to use when suicide ideation is elevated or after a suicide attempt.

“Screening” means the process to determine whether the individual needs further assessment to identify circumstances requiring referrals or additional services and supports.

“Screening Specialist” means an individual who possesses valid certification issued by the Division to conduct DUII evaluations.

“Service Plan” means a comprehensive plan for services and supports provided to or coordinated for an individual and their family, as applicable, that is reflective of the assessment and the intended outcomes of service.

“Service Note” means the written record of services and supports provided, including documentation of progress toward intended outcomes consistent with the timelines stated in the service plan.

“Service Record” means the written or electronic documentation regarding an individual and resulting from entry, assessment, orientation, services and supports planning, services and supports provided, and transfer.

“Services” means activities and treatments described in the service plan that are intended to assist the individual's transition to recovery from a substance use disorder, problem gambling disorder, or mental health condition and to promote resiliency and rehabilitative and functional individual and family outcomes.

“Signature” means any written or electronic means of entering the name, date of authentication, and credentials of the individual 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.
(110) "Skills Training" means providing information and training to individuals and families designed to assist with the development of skills in areas including but not limited to anger management, stress reduction, conflict resolution, self-esteem, parent-child interactions, peer relations, drug and alcohol awareness, behavior support, symptom management, accessing community services, and daily living.

(111) "Substance Abuse Prevention and Treatment Block Grant" or “SAPT Block Grant” means the federal block grants for prevention and treatment of substance abuse under Public Law 102-321 (31 U.S.C. 7301-7305) and the regulations published in Title 45 Part 96 of the Code of Federal Regulations.

(112) "Substance Use Disorders" means disorders related to the taking of a drug of abuse including alcohol to the side effects of a medication and to a toxin exposure. The disorders include substance use disorders such as substance dependence and substance abuse and substance-induced disorders, including substance intoxication, withdrawal, delirium, and dementia, and includes but is not limited to substance induced psychotic disorder, mood disorder, as defined in DSM criteria.

(113) “Substance Use Disorders Treatment and Recovery Services” means outpatient, intensive outpatient, and residential services and supports for individuals with substance use disorders.

(114) “Substance Use Disorders Treatment Staff” means an individual certified or licensed by a health or allied provider agency to provide substance use disorders treatment services that include assessment, development of a service plan, and individual, group, and family counseling.

(115) “Successful DUII Completion” means that the DUII program has documented in its records that for the period of service deemed necessary by the program, the individual has:

(a) Met the completion criteria approved by the Division;

(b) Met the terms of the fee agreement between the provider and the individual; and

(c) Demonstrated 90 days of continuous abstinence prior to completion.

(116) “Suicide Risk Assessment” means a best practice assessment supported by research to determine an individual’s risk for suicide.

(117) "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.

(118) “Transfer” means the process of assisting an individual to transition from the current services to the next appropriate setting or level of care.

(119) “Trauma Informed Services” means services that are reflective of the consideration and evaluation of the role that trauma plays in the lives of people seeking mental health and addictions services, including recognition of the traumatic effect of misdiagnosis and coercive treatment. Services are responsive to the vulnerabilities of trauma survivors and are delivered in a way that avoids inadvertent re-traumatization and facilitates individual direction of services.

(120) "Treatment" means the planned, medically appropriate, individualized program of medical, psychological, and rehabilitative procedures, experiences, and activities designed to remediate symptoms of a DSM diagnosis that are included in the service plan.

(121) “Triage” means a classification process to determine priority needs.

(122) "Urinalysis Test" means an initial test and, if positive, a confirmatory test:
(a) An initial test must include, at a minimum, a sensitive, rapid, and inexpensive immunoassay screen to eliminate "true negative" specimens from further consideration;

(b) A confirmatory test is a second analytical procedure used to identify the presence of a specific drug or metabolite in a urine specimen. The confirmatory test must be by a different analytical method from that of the initial test to ensure reliability and accuracy;

(c) All urinalysis tests must be performed by laboratories meeting the requirements of OAR 333-024-0305 through 0365.

(123) "Urgent" means the onset of symptoms requiring attention within 48 hours to prevent a serious deterioration in an individual’s mental or physical health or threat to safety.

(124) "Variance" means an exception from a provision of these rules granted in writing by the Division pursuant to the process regulated by OAR 309-008-1600 upon written application from the provider. Duration of a variance is determined on a case-by-case basis.

(125) "Volunteer" means an individual who provides a program service or takes part in a program service and is not a program employee and is not paid for services. The services must be non-clinical unless the individual has the required credentials to provide a clinical service.

(126) “Warm Handoff” has the meaning given that term in OAR 309-032-0860.

(127) “Wellness” means an approach to healthcare that emphasizes good physical and mental health, preventing illness, and prolonging life.

(128) “Wraparound” means a high fidelity model of team-based intensive care coordination for children and their families based on National Wraparound Initiative values and principles.

(129) “Young Adult in Transition” means an individual who is developmentally transitioning into independence, sometime between the ages of 14 and 25.

(130) “Youth Support Specialist” means an individual who meets qualification criteria under OAR 415-180.

Stat. Auth.: ORS 161.390, 413.042, 430.256, 430.640
Hist.: MHS 6-2013(Temp), f. 8-8-13, cert. ef. 8-9-13 thru 2-5-14; MHS 4-2014, f. & cert. ef. 2-3-14; MHS 11-2016(Temp), f. 6-29-16, cert. ef. 7-1-16 thru 12-27-16; MHS 18-2016, f. 11-28-16, cert. ef. 11-30-16; MHS 26-2016(Temp), f. 12-27-16, cert. ef. 12-28-16 thru 6-23-17; MHS 6-2017, f. & cert. ef. 6-23-17

**309-019-0150**

**Mobile Crisis Services**

(1) By July 1, 2018, or when the CMHP is contracted to provide the service, CMHP or their designee shall provide mobile crisis services as a component of crisis services according to OAR 309-019-0150 for individuals experiencing mental health crisis within their respective geographic service area to meet the following objectives:

(a) Reduce acute psychiatric hospitalization of individuals experiencing mental health crisis; and
(b) Reduce the number of individuals with mental health diagnoses who are incarcerated as a result of mental health crisis events involving law enforcement.

(2) CMHP shall provide mobile crisis services including at a minimum but not limited to:

(a) Twenty-four hours a day, seven days a week screening to determine the need for immediate services for any individual requesting assistance or for whom assistance is requested;

(b) Within appropriate safety considerations, a face-to-face therapeutic response delivered in a public setting at locations in the community where the crisis arises including but not limited to an individual’s home, schools, residential programs, nursing homes, group home settings, and hospitals to enhance community integration;

(c) Services that are generally delivered in a natural environment by or under the supervision of a QMHP, such as QMHAs and certified peer support specialists, and resulting in linkages to service and supports and a support service plan if required. Disposition of services shall maintain as the primary goal with diversion from hospitalization and incarceration through clinically appropriate community-based supports and services;

(d) Minimizing the need for transportation (frequently by law enforcement officers or emergency services) to a hospital emergency department or a community crisis site;

(e) Are not intended to be restricted to services delivered in hospitals or at residential programs;

(f) Mental health crisis assessment;

(g) Crisis intervention;

(h) Assistance with placement in crisis respite, peer respite, or residential services as defined in OAR 309-035-0100;

(i) Assistance to families and families of choice in managing suicide risk until the individual is engaged in outpatient services or when the individual is to receive services on an outpatient basis;

(j) Initiation of involuntary services if applicable;

(k) Assistance with hospital placement; and,

(L) Connecting individuals with ongoing supports and services.

(3) Counties shall track and report response time. Counties shall respond to crisis events in their respective geographic service area with the following maximum response times:

(a) Counties classified as “urban” shall respond within one hour;

(b) Counties classified as “rural” shall respond within two hours;

(c) Counties classified as “frontier” shall respond within three hours;

(d) Counties classified as “rural” and “frontier” shall contact an individual experiencing a crisis event via telephone by a staff member who is trained in crisis management (such as an individual from a crisis line or a certified peer specialist) within one hour of being notified of the crisis event.

(4) By July 1, 2018, each CMHP shall establish internal policies to monitor the number of instances that mobile crisis response times exceed the maximum response times established in OAR 309-019-0151. At the time of the site
certification review, a sample of mobile crisis events shall be reviewed to evaluate adherence to the maximum response times established in OAR 309-019-0151.

Stat. Auth.: ORS 413.042
Hist.: MHS 26-2016(Temp), f. 12-27-16, cert. ef. 12-28-16 thru 6-23-17; MHS 1-2017(Temp), f. 1-17-17, cert. ef. 1-18-17 thru 7-16-17; MHS 6-2017, f. & cert. ef. 6-23-17

309-019-0152

Mobile Crisis Response Reporting Requirements

(1) The CMHP shall submit electronically a written quarterly report using forms and procedures prescribed by the Authority to the Division contract administrator no later than 45 calendar days following the end of each reporting quarter:

(2) The CMHP shall track and report the number of individuals receiving a mobile crisis services contact to include the following information:

(a) Location of mobile crisis service;

(b) Disposition of the mobile crisis contact;

(c) Whether the crisis contact resulted in admission to acute care; or

(d) If the mobile crisis contact resulted in referral in mental health treatment and stabilization in a community setting.

(3) Counties shall track and report response time:

(a) Counties classified as “urban” shall respond within one hour;

(b) Counties classified as “rural” shall respond within two hours;

(c) Counties classified as “frontier” shall respond within three hours.

Stat. Auth.: ORS 413.042
Stats. Implemented: ORS 430.630 & 430.634
Hist.: MHS 26-2016(Temp), f. 12-27-16, cert. ef. 12-28-16 thru 6-23-17; MHS 6-2017, f. & cert. ef. 6-23-17