DIVISION 32

COMMUNITY TREATMENT AND SUPPORT SERVICES

Mental Health Services For Homeless Individuals

309-032-0301

Purpose and Scope

These rules prescribe the standards for community-based programs that serve individuals with a serious mental illness experiencing homelessness under the Projects for Assistance in Transition from Homelessness (PATH) program.

Stat. Auth.: ORS 413.042 & 430.640
Stats. Implemented: ORS 430.610 – 430.695

309-032-0311

Definitions

(1) "Co-Occurring Disorders" (COD) means the existence of at least one diagnosis of a substance use disorder and one diagnosis of a serious mental illness.

(2) "Community Mental Health Program" (CMHP) means an entity that is responsible for planning and delivery of services for individuals with substance use or mental illness diagnoses, operated in a specific geographic area of the state under an intergovernmental agreement or a direct contract with the Addictions and Mental Health Division (AMH).

(3) "Division" means the Addictions and Mental Health Division of the Oregon Health Authority (OHA).

(4) "Eligible Individual" means an individual who, as defined in these rules:

(a) Is homeless or at imminent risk of becoming homeless and

(b) Who has, or is reasonably assumed to have, a serious mental illness.

(c) The individual may also have a co-occurring substance use disorder.

(5) "Enrolled" means an eligible individual who:

(a) Receives services supported at least partially with PATH funds and

(b) Has an individual service record that indicates enrollment in the PATH program.

(6) “Homeless Individual” means an individual who:

(a) Lacks housing without regard to whether the individual is a member of a family and whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations; or

(b) Is a resident in transitional housing that carries time limits.

(7) “Individual” means an individual potentially eligible for or who has been enrolled to receive services described in these rules.

(8) “Individual Service and Support Plan” (ISSP) means a comprehensive plan for services and supports provided to or coordinated for an eligible individual that is reflective of the intended outcomes of service.

(9) “Imminent Risk of Homelessness” means that an individual is:

(a) Living in a doubled-up living arrangement where the individual’s name is not on the lease;

(b) Living in a condemned building without a place to move;

(c) In arrears in their rent or utility payments;

(d) Subject to a potential eviction notice without a place to move; or

(e) Being discharged from a health care or criminal justice institution without a place to live.

(10) “Individual Service Record” means the written or electronic documentation regarding an enrolled individual that summarizes the services and supports provided from point of entry to service conclusion.

(11) “Literally Homeless Individual” means an individual who lacks housing without regard to whether the individual is a member of a family, including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations.

(12) “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 of a federally recognized tribe of Native Americans that elects to enter into an agreement to provide mental health services or

(c) A regional LMHA comprised of two or more boards of county commissioners.

(13) “Outreach” means the process of bringing individuals into treatment who do not access traditional services.

(14) “Person with serious mental illness” has the meaning given that term in 309-036-0105.

(~~14~~15) “Projects for Assistance in Transition from Homelessness” (PATH) means the Formula Grants, 42 U.S.C. 290cc-21 to 290-cc-35.

(~~15~~16) “Qualified Mental Health Professional” (QMHP) means any person who meets one of the following minimum qualifications as authorized by the LMHA or designee:

(a) A Licensed Medical Practitioner;

(b) A graduate degree in psychology, social work, or recreational, art or music therapy;

(c) A graduate degree in a behavioral science field;

(d) A bachelor’s degree in occupational therapy and licensed by the State or Oregon; or

(e) A bachelor’s degree in nursing and licensed by the State of Oregon.

(16) “Secretary” means the Secretary of the U.S. Department of Health and Human Services.

(~~17) “Serious Mental Illness” means a psychiatric condition experienced by an individual who is 18 years of age or older and who is:~~

~~(a) Diagnosed by a QMHP as suffering from a serious mental disorder as defined in Oregon Revised Statutes (ORS) 426.495 which includes, but is not limited to conditions such as schizophrenia, affective disorder, paranoid disorder, and other disorders which manifest psychotic symptoms that are not solely a result of a developmental disability, epilepsy, drug abuse or alcoholism; and which continue for more than one year, or~~

~~(b) Is impaired to an extent which substantially limits the individual’s consistent ability to function in one or more of the following areas:~~

~~(A) Independent attendance to the home environment including shelter needs, personal hygiene, nutritional needs and home maintenance;~~

~~(B) Independent and appropriate negotiation within the community such as utilizing community resources for shopping, recreation, transportation and other needs;~~

~~(C) Establishment and maintenance of supportive relationships; or~~

~~(D) Maintained employment sufficient to meet personal living expenses or engagement in other age appropriate activities.~~

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Stat. Auth.: ORS 413.042 & 430.640
Stats. Implemented: ORS 430.610 – 430.695

309-032-0321

Eligible Services

(1) Effective outreach to engage people in the following array of services:

(a) Identification of individuals in need;

(b) Screening for symptoms of serious mental illness;

(c) Development of rapport with the individual;

(d) Offering support while assisting with immediate and basic needs;

(e) Referral to appropriate resources; or

(f) Distribution of information including but not limited to:

(A) Flyers and other written information;

(B) Public service announcements; or

(C) Other indirect methods of contact.

(2) Methods of active outreach including but not limited to face-to-face interaction with literally homeless people in streets, shelters, under bridges and in other non-traditional settings, in order to seek out eligible individuals.

(3) Methods of in-reach, including but not limited to placing outreach staff in a service site frequented by homeless people, such as a shelter or community resource center, where direct, face to face interactions occur, in order to allow homeless individuals to seek out outreach workers.

(4) Screening and diagnosis.

(5) Habilitation and rehabilitation services.

(6) Community mental health services.

(7) Alcohol or drug treatment services.

(8) Staff training, including the training of those who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services.

(9) Case management including the following.

(a) Preparing a plan for the provision of community mental health services to the eligible individual and reviewing the plan not less than once every three months;

(b) Assistance in obtaining and coordinating social and maintenance services for the eligible individual, including services related to daily living activities, personal financial planning, transportation, and housing services;

(c) Assistance to the eligible individual in obtaining income support services including housing assistance, food stamps and supplemental security income benefits;

(d) Referring the eligible individual for such other services as may be appropriate and

(e) Providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act [42 U.S.C. 1383(a)(2)] if the eligible individual is receiving aid under title XVI of such act [42 U.S.C. 1381 et seq.] and if the applicant is designated by the Secretary to provide such services;

(10) Supportive and supervisory services in residential settings;

(11) Housing services, which shall not exceed twenty percent of all total PATH expenses and which may include:

(a) Minor renovation, expansion and repair of housing;

(b) Planning of housing;

(c) Technical assistance in applying for housing assistance;

(d) Improving the coordination of housing services;

(e) Security deposits;

(f) The costs associated with matching eligible individuals with appropriate housing situations; or

(g) One time rental payments to prevent eviction; and

(12) Referrals to other appropriate services or agencies, for those determined ineligible for other PATH services.

(13) Other appropriate services as determined by the Secretary.

Stat. Auth.: ORS 413.042 & 430.640
Stats. Implemented: ORS 430.610 – 430.695

309-032-0331

Staff Qualifications and Training Standards

(1) Staff delivering case management and outreach services to individuals shall have demonstrated ability to:

(a) Identify individuals who appear to be seriously mentally ill;

(b) Identify service goals and objectives and incorporate them into an ISSP; and

(b) Refer the individuals for services offered by other agencies.

(2) All staff delivering PATH services shall have training, knowledge and skills suitable to provide the services described in these rules.

Stat. Auth.: ORS 413.042 & 430.640
Stats. Implemented: ORS 430.610 – 430.695

309-032-0341

Rights of Eligible Individuals

(1) In addition to all applicable statutory and constitutional rights, every eligible individual receiving services has the right to:

(a) Choose from available services and supports;

(b) Be treated with dignity and respect;

(c) Have all services explained, including expected outcomes and possible risks;

(d) Confidentiality and the right to consent to disclosure in accordance with ORS 107.154, 179.505, 192.515 and 42 CFR Part 2 and 45 CFR Part 205.50;

(e) Give informed consent to services in writing prior to the start of services, except in a medical emergency or as otherwise permitted by law;

(f) Inspect their Individual Service Record in accordance with ORS 179.505;

(g) Not participate in experimentation;

(h) Receive medications specific to the individual's diagnosed clinical needs;

(i) Receive prior notice of service conclusion or transfer, unless the circumstances necessitating service conclusion or transfer pose a threat to health or safety;

(j) Be free from abuse or neglect and to report any incident of abuse or neglect without being subject to retaliation;

(k) Have religious freedom;

(l) Be informed at the start of services and periodically thereafter of the rights guaranteed by these rules;

(m) Be informed of the policies and procedures, service agreements and fees applicable to the services provided, and to have a custodial parent, guardian or representative assist with understanding any information presented;

(n) Have family involvement in service planning and delivery;

(o) Make a declaration for mental health treatment, when legally an adult;

(p) File grievances, including appealing decisions resulting from the grievance; and

(q) Exercise all rights described in this rule without any form of reprisal or punishment.

(2) The provider will give to the individual and if applicable, to the guardian, a document that describes the preceding individual rights.

(a) Information given to the individual must be in written form or, upon request, in an alternative format or language appropriate to the individual's need;

(b) The rights and how to exercise them will be explained and

(c) Individual rights will be posted in writing in a common area.

Stat. Auth.: ORS 413.042 & 430.640
Stats. Implemented: ORS 430.610 – 430.695

309-032-0351

Enrollment and Record Requirements

(1) An individual's eligibility shall be determined and documented at the earliest possible date.

(2) A record shall be maintained for each enrolled individual receiving services under this rule. The record shall contain the following:

(a) An enrollment form which includes:

(A) The individual's name and PATH enrollment date;

(B) A list or description of the criteria determining the individual's PATH eligibility; and

(C) The individual's PATH services discharge date.

(b) A plan defining the enrolled individual's goals and service objectives including one or more of the following:

(A) Accessing community mental health services for the eligible individual, which includes reviewing the plan not less than once every three months;

(B) Accessing and coordinating needed services for the eligible individual, as detailed in these rules.

(C) Accessing income and income support services, including housing assistance, food stamps, and supplemental security income; and

(D) Referral to other appropriate services.

(c) Progress notes that provide an on-going account of contacts with enrolled individual, a description of services delivered, and progress toward the enrolled individual's service plan goals; and

(d) A termination summary describing reasons for the enrolled individual no longer being involved in service.

(3) A record shall be maintained for individuals served but not yet enrolled under the provisions of these rules. The record shall contain:

(a) A description of the potentially eligible individual, which may include but not be limited to:

(A) A physical description of the individual;

(B) The location where the individual was served; and

(C) A description of the individual's personal belongings.

(b) A preliminary assessment of the potentially eligible individual's needs based on available information; and

(c) A record of where and when contacts with the potentially eligible individual were made and the outcome of those contacts.

(4) Records shall be confidential in accordance with ORS 179.505, 45 CFR Part 2 and OAR 032-1535 pertaining to individuals' records.

Stat. Auth.: ORS 413.042 & 430.640
Stats. Implemented: ORS 430.610 – 430.695

Community Treatment and Support Services

309-032-0850

Purpose

Purpose: These rules prescribe standards and procedures for regional acute care psychiatric services for adults.

Stat. Auth.: ORS 413.042 & 430.640
Stats. Implemented: ORS 430.630 & 430.640

309-032-0860

Definitions

As used in these rules:

(l) "Adult" means a person age 18 years or older.

(2) "Certificate" means the document or documents issued by the Division, which identifies and declares certification of a provider pursuant to OAR 309-008-0100 to 309-008-1600. A letter accompanying issuance of the certificate will detail the scope and approved service delivery locations of the certificate.

(2) "Clinical record" means a separate file established and maintained under these rules for each patient.

(3) "Community mental health program" or "CMHP" means the organization of all services for persons with mental or emotional disturbances, drug abuse problems, developmental disabilities, and alcoholism and alcohol abuse problems, operated by, or contractually affiliated with, a local mental health authority, and operated in a specific geographic area of the state under an omnibus contract with the Division.

(4) “Council” means an organization of persons, with a mission statement and by-laws, comprised of representatives of the regional acute care psychiatric service, state hospital, community mental health programs served, consumers, and family members. The Council is advisory to the regional acute care facility for adults.

(5) “Diagnosis” means a DSM diagnosis determined through the mental health assessment and any examinations, laboratory, medical or psychological tests, procedures, or consultations suggested by the assessment.

(6) “Division” means the Health Systems Division of the Oregon Health Authority.

(7) “DSM” means the current edition of the “Diagnostic and Statistical Manual of Mental Disorders,” published by the American Psychiatric Association.

(8) “Goal” means the broad aspirations or outcomes toward which the patient is striving, and toward which all services are intended to assist the patient.

(9) “Guardian” means a person appointed by a court of law to act as a guardian of a legally incapacitated person.

(10) “Independent medical practitioner” means a medically trained person who is licensed to practice independently in the State of Oregon and has one of the following degrees: MD (Medical Doctor), DO (Doctor of Osteopathy), or NP (Nurse Practitioner).

(11) “Legally incapacitated” means having been found by a court of law under ORS 126.103 or 426.295 to be unable, without assistance, to properly manage or take care of one’s personal affairs.

(12) “Linkage agreement” means a written agreement between ~~the~~ regional acute care psychiatric ~~services, the local community mental health programs, and state hospitals~~ facilities and other entities involved in patient care, which includes but is not limited to CCOs, CMHPs, and state hospitals which describes the roles and responsibilities each entity assumes in order to assure that the goals of the regional acute care psychiatric services are achieved.

(13) “Medical director” means a board eligible psychiatrist who oversees the patient care program. The medical director shall have the final authority concerning inpatient medical care including admissions, continuing care, and discharges.

(14) “Medical history” means a review of the patient’s current and past state of health as reported by the patient or other reliable sources, including, but not limited to:

(a) History of any significant illnesses, injuries, allergies, or drug sensitivities; and

(b) History of any significant medical treatments, including hospitalizations and major medical procedures.

(15) “Mental health assessment” means a process in which the person’s need for mental health services is determined through evaluation of the patient’s strengths, goals, needs, and current level of functioning.

(16) “Mental status examination” means an overall assessment of a person’s mental functioning that includes descriptions of appearance, behavior, speech, mood and affect, suicidal/homicidal ideation, thought processes and content, and perceptual difficulties including hallucinations and delusions. Cognitive abilities are also assessed and include orientation, memory, concentration, general knowledge, abstraction abilities, judgment, and insight.

(17) “Objective” means an interim level of progress or a component step the specification of which is necessary or helpful in moving toward a goal.

(18) “Office” means the Office of Mental Health Services of the Division.

(19) “OPRCS” means the Oregon Patient/Resident Care System. OPRCS is a Division operated, on-line computerized information system which accepts, stores and returns information about patients from state operated institutions and other designated inpatient services.

(20) “Patient” means a person who is receiving care and treatment in a regional acute care psychiatric service.

(21) “Person committed to the Division” means a patient committed under ORS 161.327 or 426.130.

(22) “Program administrator” means a person, with appropriate professional qualifications and experience, appointed by the governing body to manage the operation of the regional acute care psychiatric services.

(23) “Psychiatrist” means a physician licensed as provided pursuant to ORS 677.010 to 677.492 by the Board of Medical Examiners for the State of Oregon and who has completed an approved residency training program in psychiatry.

(24) “Qualified mental health professional” or “QMHP” means a person who is one of the following:

(a) Psychiatrist or physician, licensed to practice in the State of Oregon; an individual with a graduate degree in psychology, social work, or other mental health related field; a registered nurse with a graduate degree in psychiatric nursing, licensed in the State of Oregon; an individual with registration as an occupational therapist; an individual with a graduate degree in recreational therapy; or

(b) Any other person whose education, experience, and competence have been documented by the CMHP director or designee as able to identify precipitating events; gather histories of mental and physical disabilities, alcohol and drug use, past mental health services and criminal justice contacts; assess family, social, and work relationships, conduct a mental status assessment;

document a DSM diagnosis; write and supervise a rehabilitation plan; and provide individual, family, and/or group therapy.

(25) "Regional acute care psychiatric service" or "service" means a Division funded service provided under contract with the Division or county, and operated in cooperation with a regional or local council. A regional acute care psychiatric service must include 24 hour-a-day psychiatric, multi-disciplinary, inpatient or residential stabilization, care and treatment, for adults ages 18 and older with severe psychiatric disabilities in a designated region of the State. For the purpose of these rules, a state hospital is not a regional acute care psychiatric service. The goal of a regional acute care service is the stabilization, control and/or amelioration of acute dysfunctional symptoms or behaviors that result in the earliest possible return of the person to a less restrictive environment.

(26) "Supervisor" means a person who has two years of experience as a qualified mental health professional and who, in accordance with Section 309-032-0870 of these rules, reviews the services provided to patients by qualified persons.

(27) "Treatment plan" means an individualized, written plan defining specific rehabilitation objectives and proposed service interventions derived from the patient's mental health assessment.

(28) "Warm Handoff" means the process of transferring a client from one provider to another, prior to discharge, which includes face-to-face meeting(s) with a client, and which coordinates the transfer of responsibility for the client's ongoing care and continuing treatment and services.

A warm handoff shall either (a) include a face-to-face meeting with the community provider and the client, and if possible, hospital staff, or (b) provide a transitional team to support the client, serve as a bridge between the hospital and the community provider, and ensure that the client connects with the community provider.

For warm handoffs under subparagraph (b), the transitional team shall meet face-to-face with the client, and if possible, with hospital staff, prior to discharge. Face-to-face in person meetings are preferable for warm handoffs. However, a face-to-face meeting may be accomplished through technological solutions that provide two-way video-like communication on a secure line ("telehealth"), when either distance is a barrier to an in person meeting or individualized clinical criteria support the use of telehealth.

Stat. Auth.: ORS 413.042 & 430.640
Stats. Implemented: ORS 430.630 & 430.640

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309-032-0870

Standards for Approval of Regional Acute Care Psychiatric Service

(1) State approvals and licenses. The facility in which a regional acute care psychiatric service is provided shall maintain state certificates and licenses as required by Oregon law for the health, safety, and welfare of the persons served. Non-hospital facilities shall be licensed by the Division as required by ORS 443.410. Non-hospital facilities will be certified by the Division as required by OAR 309-008-0100 to 309-008-1600. The facility must also be approved under OAR 309-033-0530 Approval of Hospitals and Nonhospital Facilities that Provide Services to Committed Persons and to Persons in Custody or on Diversion and OAR 309-033-0540, Administrative Requirements for Hospitals and Nonhospital Facilities Approved to Provide Services to Persons in Custody, Psychiatric Hold or Certified for 14 Days of Intensive Treatment.

(2) Clinical record management. A regional acute care psychiatric service shall maintain clinical records as follows:

(a) Clinical records are confidential, as set forth in ORS 179.505 and 192.502 and any other applicable state or federal law, except as otherwise indicated by applicable rule or law. For the purposes of disclosure from non-medical individual records, both the general prohibition against disclosure of "information of a personal nature" and limitations to the prohibition in ORS 192.502 shall be applicable.

(b) Clinical records shall be secured, safeguarded, stored, and retained in accordance with OAR 166-030-1015.

(c) Clinical record entries required by these rules must be signed by the staff providing the service and making the entry. Each signature must include the person's academic degree or professional status and the date signed.

(3) Clinical record content. The clinical record shall contain:

(a) Identifying demographic information, including, if available, who to contact in an emergency and the names of persons who encompass the support system of the patient.

(b) Consent to release information and explanation of fee policies. At the time of admission staff shall present the patient with forms for obtaining consent so that information may be shared with family and others. An explanation of fee policies shall also be provided in written form at the earliest time possible. The patient shall be asked to sign each. If the patient is unwilling or unable to sign, staff shall record that the person is unable or unwilling to do so.

(c) Admitting mental health assessment. An admitting mental health assessment shall be completed, by or under the supervision of an independent medical practitioner with supervised training or experience in a mental health related setting, within 24 hours of admission. The admitting mental health assessment shall include a description of the presenting problem(s), a mental status examination, an initial DSM diagnosis, and an assessment of the resources

currently available to the person. The assessment shall result in a plan for the initial services to be provided. The admitting mental health assessment shall also include documentation that a medical history and physical examination of the person has been performed within 24 hours after admission by a physician, physician assistant, or nurse practitioner. If the independent medical practitioner believes a new medical history and physical examination are not necessary, and if within 30 days of admission a complete physical history has been recorded and a complete physical examination has been performed, the signed report of the history and examination may be placed in the clinical record and may be considered to constitute an appropriate physical health assessment.

(d) Psycho-social assessment. A psycho-social assessment shall be completed for each patient within 72 hours of admission. If the patient stays less than 72 hours, a psycho-social assessment need not be written. The assessment must be completed by a qualified mental health professional or supervisor. The assessment does not need to be a single document but must include the following elements:

(A) A description of events precipitating admission and any goal(s) of the patient in seeking or entering services.

(B) When relevant to the patient's service needs, historical information including: mental health history; medical history; substance use and abuse history; developmental history; social history, including family and interpersonal history; sexual and other abuse history; educational, vocational, employment history; and legal history.

(C) An identification of the patient's need for assistance in maintaining financial support, employment, housing, and other support needs.

(D) Recommendations for discharge planning and any additional services, interventions, additional examinations, tests, and evaluations that are needed.

(e) Treatment plan. A treatment plan, individually developed with the patient from the findings of the admitting mental health assessment and psycho-social assessment, must be completed by a QMHP or supervisor within 72 hours of the person's admission. The plan must be written at a level of specificity that will permit its subsequent implementation to be efficiently monitored and reviewed. The recorded plan shall contain the following components:

(A) The rehabilitation and other goals, including those articulated by the patient.

(B) Specific objectives, including discharge objectives, and the measurable or observable criteria for determining when each objective is attained;

(C) Specific services to be used to achieve each objective;

(D) The projected frequency and duration of services;

(E) Identification of the QMHP or supervisor assigned to the patient who is responsible for coordinating services;

(F) The signature of the patient indicating he/she has participated in the development of the plan to the degree possible. If the patient is unwilling or unable to sign the plan, staff shall record on the plan that the patient is unable or unwilling to do so.

(G) The plan must be reviewed weekly and updated with the participation of the patient when needed to reflect significant changes in the patient's status, and when significant new goals are identified.

(H) The plan shall address anticipated treatment and coordination needs for the required warm handoff process.

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(f) Progress notes. Progress notes shall document observations, treatment rendered. response to treatment, and changes in the patient's condition, and other significant information relating to the patient. All entries involving subjective interpretation of the patient's progress shall be supplemented by a description of the actual behavior observed.

(g) Reports of medication administration, medical treatments, and diagnostic procedures.

(h) Telephone communications about the patient, releases of information, and reports from other sources.

(i) The record shall contain medical and mental health advance directives or note that the patient has been provided this information.

(j) The record shall contain documentation that the person has been provided information on patient rights, grievance procedure, and abuse reporting.

(k) The record shall contain documentation including physician's orders and reasons for all restraint and seclusion episodes.

(l) Discharge plan. The discharge process shall include a warm handoff as defined in these rules.

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The discharge planning shall begin at the time of admission with the participation of the patient and, when indicated, the family, guardian and significant others. The discharge plan shall include the results of the admitting mental health assessment; DSM diagnoses; summary of the course of treatment, including prescribed medications; final assessment of the person's condition; recommendations and arrangements for further treatment including prescribed medications and continuing care; and documentation of the planning for, and securing of appropriate living arrangements.

(4) Patient data management. The regional acute care psychiatric service shall supply to the Division, using the Division's on-line Oregon Patient/Resident Client System (OPRCS), via computer and modem, information about persons admitted to and discharged from the service. Such information shall include the patient's name, DSM diagnosis, admission date, discharge

date, legal status, Medicaid eligibility, Medicaid Prime Number and various patient demographics. Such information shall be entered on the day of admission and updated on the day of discharge.

(5) Professional staff standards. The regional acute care psychiatric service shall:

(a) Have sufficient appropriately qualified professional, administrative and support staff to assess and address the identified clinical needs of persons served, provide needed services, and coordinate the services provided.

(b) Designate a program administrator to oversee the administration of the services and carry out these rules.

(c) Designate a medical director to oversee the patient care program. The medical director shall have the final authority concerning inpatient medical care including admissions, continuing care, and discharges.

(d) Designate an individual responsible for maintaining, controlling and supervising medical records and be responsible for maintaining the quality of clinical records.

(e) Designate an individual responsible for the development, implementation and monitoring of a written safety management plan and program, who shall keep records of identified concerns and problems and actions taken to resolve them.

(f) Designate an individual responsible for the development, implementation and monitoring of a written infection control plan and program, who shall keep records of identified concerns and problems and action taken to resolve them.

(g) Designate, or contract with, a licensed pharmacist to be responsible for the development of pharmacy policies and procedures, and to assure that the service adheres to standards of practice and applicable state and federal laws and regulations.

(h) Maintain a schedule of unit staffing which shall be readily available to the Division for a period of at least the three previous years.

(i) Have on duty at least one registered nurse at all times.

(j) Maintain a personnel file for each patient care staff which includes a written job description; the minimum level of education or training required for the position; copies of applicable licenses, certifications, or degrees granted; annual performance appraisals; a biennial, individualized staff development plan signed by the staff; documentation of CPR training; documentation of annual training and certification in managing aggressive behavior, including seclusion and restraint; and other staff development and/or skill training received.

(k) A physician must be available, at least on-call, at all times.

(6) Policies and procedures manual. The regional acute care psychiatric service shall have a policy and procedure manual. The policy and procedure manual must be made available to any person upon request. The manual shall describe:

(a) The following policies and procedures:

(A) Governance and management, including: a table of organization describing the agency structure and lines of authority; a plan for professional services; and a plan for financial management and accountability.

(B) Procedures for the management of disasters, fire, and other emergencies.

(C) Policies and procedures required under OAR 309-033-0700 through 309-033-0740, Standards for the Approval of Community Hospitals and Nonhospital Facilities to Provide Seclusion and Restraint to Committed Persons and to Persons in Custody or on Diversion addressing seclusion and restraint.

(D) Patient rights, including informed consent, access to records, and grievance procedure. The manual shall assure rights guaranteed by ORS 426.380 to 426.395 for committed persons and ORS 430.205 to 430.210 for those not committed. The grievance procedure must be in writing and include written responses, time limits for responses, use of a neutral party and a method of appeal. Programs shall post copies of the rights and grievance procedures in places accessible to all persons. Programs shall provide written copies of the rights and grievance procedure upon request.

(E) Abuse reporting for mentally ill or developmentally disabled as required by ORS 430.731 through 430.768.

(F) Clinical record content and management policies and procedures, including the requirements of these rules.

(G) Psychiatric, medical, and dental emergency services policies and procedures.

(H) Pharmacy services policies and procedures approved by a licensed pharmacist.

(I) Quality assessment and improvement processes.

(J) Procedures for documenting privileges granted by the service in personnel records or other records.

(K) Policies and procedures for transfer of patients to other hospitals.

(b) The following policies and procedures, developed and amended in consultation with the council:

(A) Patient admission and discharge criteria. Unless the service has a policy and procedure recommended by the council and approved by the Division, the service shall only admit persons age 18 and older.

(B) Quality assessment and improvement processes ~~relating to~~ which shall include but not be limited to regional admissions and discharges.

(C) Patient admission, discharge and aftercare planning; including scheduling and planning for transportation of patients to the service by the referring county and from the service to the county of residence.

(D) Procedures for admission and discharge of geropsychiatric patients and persons with physical disabilities, including designation of a county or regional geropsychiatric liaison staff member.

(E) Linkage agreement~~s~~ with each entity involved in patient care. ~~community mental health programs it serves and state hospitals~~.

(F) Medical and emergency care procedures, approved by the Division.

(G) Criteria for accepting pre-admission medical screening.

(H) Billing and collecting reimbursement from patients and third-party payors.

(7) Holding allegedly mentally ill persons. The service shall have an adequate number of hold rooms but at least one holding room and hold a current Certificate of Approval to hold and treat persons who are alleged to be mentally ill under OAR 309-033-0500 through 309-033-0560, Approval of Hospital and Nonhospital Facilities that Provide Services to Committed Persons or to Persons in Custody or on Diversion.

(8) Federal rules and regulations. The facility in which a service is operated shall comply with all applicable federal rules and regulations.

(9) Medical care. If the facility in which the regional acute care psychiatric service is operated is not in a general hospital, it shall have a letter of agreement with a general hospital for both emergency and medical care, which shall be renewed every two years.

(10) Quality assessment and improvement. The regional acute care psychiatric service shall have an ongoing quality assessment and improvement program to objectively and systematically monitor and evaluate the quality of care provided to patients served, pursue opportunities to improve care and correct identified problems. The program shall include:

(a) Policies and procedures that describes the quality assessment and improvement program's objectives, organization, scope, and mechanisms for improving services.

(b) A written annual plan to monitor and evaluate services. The written plan shall result in reports of findings, conclusions, and recommendations. Reports shall address:

(A) The care of patients served, including admission and discharge planning;

(B) Resource utilization, including the appropriateness and clinical necessity of admissions and continued stay, services provided, staffing levels, space, and support services;

(C) Quality and content of clinical records;

(D) Medication usage, including records, adverse reactions, and medication errors;

(E) Accidents, injuries, safety of patients, and safety hazards; and

(F) Uses of seclusion and restraint.

(c) A report to the governing board and council, at least annually, addressing:

(A) Findings and conclusions from studies;

(B) Recommendations, action taken, and results of the action taken; and

(C) An assessment of the effectiveness of the quality assessment and improvement program; including a review of the program's objectives, scope, organization and effectiveness.

(11) Council. The regional acute care psychiatric service shall have a council to ensure appropriate and effective care and treatment. The council shall meet to assess and collaboratively plan for improving care and treatment to patients, including patient transitions into and out of the service.

Stat. Auth.: ORS 413.042 & 430.640
Stats. Implemented: ORS 430.630 & 430.640

309-032-0890

Variances

(1) Criteria for a variance. Variances may be granted to a regional acute care psychiatric service if implementation of the proposed alternative services, methods, concepts or procedures would result in service or system that meet or exceeds the standards in these rules.

(2) Variance Application. Application for a variance to these or other applicable rules will be obtained pursuant to the process governed by OAR 309-008-1600.

Stat. Auth.: ORS 413.042 & 430.640
Stats. Implemented: