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NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 944
OVERSIGHT AND ACCOUNTABILITY COUNCIL

FILED
11/30/2021 3:44 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Adoption of new Oversight and Accountability Council rules to implement SB755 (M110)

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 01/21/2022 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Portland State Office Building
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Filed By:
Colleen Needham
Rules Coordinator

HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 01/18/2022
TIME: 3:00 PM - 4:00 PM
OFFICER: Angela Carter
ADDRESS: Per Covid-19 restrictions, we will be meeting vitually.
ZOOM link: https://www.zoomgov.com/j/160
Portland, OR 97232
SPECIAL INSTRUCTIONS:
A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to Jessica Carroll at (503) 580-9883 or by email at Jessica.A.Carroll@dhsoha.state.or.us

NEED FOR THE RULE(S)

The rules are required to fulfill and execute 2020 Measure 110 and SB 755 (July 2021) to establish a behavioral health resource network (BHRN) for the management of substance use disorders in each county and Tribal area of Oregon, and to provide grant funds to establish the BHRNs.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

https://www.oregon.gov/oha/HSD/AMH/Pages/Measure110.aspx

FISCAL AND ECONOMIC IMPACT:

· Provides increased access to low barrier SUD treatment, harm reduction, peer support, and housing at no cost for people who are not eligible for Medicaid and do not have other insurance. Will create additional demand for clinical treatment and other health care services covered by insurance.

· Provides access to 70% of the Oregon Cannabis tax revenue annually to community organizations, non-profits, small businesses, tribal organizations, governmental organizations, and Urban Indian Health Centers serving people who use

substances or have a substance use disorder through a grants process managed by the OHA and granted by the OAC.

· Increased fiscal impact on community organizations, non-profits, small businesses, tribal organizations, governmental organizations, and Urban Indian Health Centers seeking to apply for grant funding.

· Positive fiscal impact on rural and frontier counties based on increased grant funding.

· Increased fiscal impact on community organizations, non-profits, small businesses, tribal organizations, governmental organizations, and Urban Indian Health Centers offering SUD treatment and services to people who use substances as a part of a BHRN due to increased staffing requirements, increased reporting requirements, and increased service requirements for entities interested in becoming part of a BHRN.

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). (2) Effect on Small Businesses: (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).

(1) People who use substances or have a substance use disorder, community organizations, non-profits, small businesses, tribal organizations, governmental organizations, and Urban Indian Health Centers who serve people who use substances and people with SUD.

(2) Effect on Small Businesses:

(a) Likely over 300 community organizations, non-profits, small businesses, tribal organizations, governmental organizations, and Urban Indian Health Centers who serve people who use substances that cause harm and people with SUD will be impacted by this rule.

(b) OAC anticipates the need for at least 1 FTE per BHRN will be required to comply with the recordkeeping, administration and reporting activities outlined in chapter 944. Grant funds will offset the costs of administrative management. There are indeterminant anticipated costs for adult and youth data collection requirements.

(c) The cost will vary depending on the county or area in which the BHRN is located, the services already available in the county or area, and the infrastructure development needed to establish a full set of BHRN services. At minimum, a BHRN must provide a certified alcohol and drug counselor or other credentialed addiction treatment professional, and a certified addiction peer support or wellness specialist to staff intakes. Increased staffing requirements may include; peer support and wellness addiction specialists, physicians, nurse practitioners, physician assistants, social workers, case managers, housing specialists, harm reduction specialists, and other administrative staff. There are no specific equipment or supplies required by chapter 944.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Many community organizations, non-profits, and small businesses were consulted on the RAC and throughout the process of rulemaking.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:

944-001-0000, 944-001-0010, 944-001-0020, 944-001-0030, 944-001-0040

ADOPT: 944-001-0000

RULE SUMMARY: Describes the purpose of the Behavioral Health Resource Networks (BHRN) rules.

CHANGES TO RULE:

944-001-0000
Purpose
(1) These rules prescribe general minimum operational standards including services and supports provided by the Behavioral Health Resource Networks (BHRN).¶
(2) These rules prescribe the formation, implementation, and operation of Behavioral Health Resource Networks.¶
(3) These rules specify general criteria used to distribute grants and funding required to establish the Behavioral Health Resource Networks and to increase access to community care as described in SB 755 (2021). ¶
(4) These rules specify reporting requirements used to satisfy the Secretary of State to conduct financial and performance audits.
Statutory/Other Authority: Ballot Measure 110 (2020), SB 755 (2021)
Statutes/Other Implemented: Ballot Measure 110 (2020), SB 755 (2021)

ADOPT: 944-001-0010

RULE SUMMARY: Adopts the definitions for the Oversight and Accountability Council's rules, as specified in Measure 110 (2020) and SB 755 (2021).

CHANGES TO RULE:

944-001-0010
Definitions
(1) "Access to Care Grants" means funds distributed by the Oversight and Accountability Council and Oregon Health Authority through direct award or request for grant proposal for purposes of increasing access to one or more of the services described in SB 755 Section 2(3)(a):¶
(a) Low-barrier substance use disorder treatment and recovery services;¶
(b) Peer support and recovery services;¶
(c) Transitional, supportive, and permanent housing for individuals with substance use disorders;¶
(d) Harm reduction interventions;¶
(e) Incentives, training, and supports to expand behavioral health workforce; and¶
(f) the above services (a) through (d) for minor-aged clients. ¶
(2) "ASAM Criteria" means the Fifth Edition of the American Society of Addiction Medicine (ASAM) for the Treatment of Addictive, Substance-related, and Co-Occurring Conditions, which is a clinical guide to develop patient-centered service plans and make objective decisions about levels of care, continuing care, and transfer or discharge for individuals.¶
(3) "Behavioral Health" includes mental health, substance use, substance use disorders, and problem gambling.¶
(4) "Behavioral Health Resource Network" means an organization, Tribal entity or network of organizations that receives funds from the Oversight and Accountability Council or the Oregon Health Authority under Section 2, Chapter 2 Oregon Laws 2021 (Ballot Measure 110 (2020)) and these rules.¶
(5) "Case Management" means the services to assist individuals to connect to and gain access to needed services and supports outlined in an individual intervention plan; substance use disorder treatment, health care, housing, employment and training, childcare and other applicable services and supports. Case management is a separate service from recovery peer supports.¶
(6) "Comprehensive Behavioral Health Needs Assessment" means the process of obtaining sufficient information, including a substance use disorder screening, to determine if a diagnosis is appropriate and to create a self-identified, Individual intervention plan.¶
(7) "Contingency Management (CM)" is a behavioral therapy grounded in the principles of operant conditioning. CM is a method in which desired behaviors are reinforced with prizes, privileges, or cash. Incentivized behaviors may include attendance at treatment sessions and provision of negative urine specimens, Reinforcement is oftenprovided in the form of vouchers that can be exchanged for retail goods and services. It may also include access to certain privileges, the opportunity to win a prize, or even direct cash payments. ¶
(8) "Culturally and Linguistically Responsive Services" means the provision of effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.¶
(9) "Culturally and Linguistically Specific Services" means provision of culturally and linguistically responsive services designed for a specific population by a provider who shares the culture, language, or identity with the individual seeking services.¶
(10) "Diagnosis" means the principal mental health or substance use diagnosis listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM).¶
(11) "Diagnostic and Statistical Manual of Mental Disorders (DSM)" refers to the Fifth Edition published by the American Psychiatric Association.¶
(12) "Housing" means low-barrier shelter, provided based on individual and family needs, including but not limited to Emergency, Family, Permanent, Recovery, Supportive, and Transitional as defined below:¶
(a) "Emergency Housing" means temporary housing provided to persons/or families in transition for a period of up to sixty days for the purpose of facilitating the movement of such persons to a more permanent, safe, and stable living situation. ¶
(b) "Family Housing" means housing for people with children that prioritizes not separating families, traditional or non-traditional, experiencing Substance Use Disorder (SUD) or harmful substance use. ¶
(c) "Permanent Housing" means community-based housing without a designated length of stay and with the goal of facilitating independent living for individuals and families.¶
(d) "Recovery Housing" means abstinence-based or drug-free housing for people in recovery from addiction. Such housing creates a peer supportive community of individuals participating in outpatient substance use disorder treatment and those individuals with an ongoing program of recovery. Recovery Housing provides a drug free

environment for all residents and is inclusive of individuals who are receiving Medication Assisted Treatment (MAT) and the practice of Intervention Before Eviction (IBE) if residents relapse. ¶
(e) "Supportive Housing" means a low-barrier, safe place to live that supports access to lifesaving health services until the individual decides to participate in a program of recovery. The housing may or may not have drug-free requirements. The program connects individuals to treatment and recovery services when the individual chooses to seek a life without drugs, or may include Housing First or other supportive housing models. ¶
(f) "Transitional Housing" means low-barrier housing with appropriate supportive services to homeless persons with substance use disorder or harmful substance use to facilitate movement to independent living. The housing is short term.¶
(13) "Gender Affirming Care" means health care and health related services that holistically attends to but is not limited to transgender, gender-nonconforming, non-binary, Two Spirit and intersex people's physical, mental, and social health needs and well-being while respectfully affirming their gender identity. Gender Affirming Care is sensitive and responsive to an individual's gender identities and expressions. Gender affirming care complies with non-discrimination laws.¶
(14) "Harm Reduction Services" means low-barrier interventions that reduce the negative individual and public health outcomes of substance use and substance related harm, such as overdose and substance use related infections. Harm Reduction Services include, but are not limited to supported access to naloxone, sterile syringes, safer use and wound care supplies, substance use-related infectious disease screening, sobering support, contingency management, drug checking , and overdose prevention sites, where the law allows.¶
(15) "Individual Intervention Plan" means A plan encompassing the desired changes and outcomes of a recovery process made collaboratively between an individual and a provider. ¶
(16) "Low-Barrier Substance Use Disorder Treatment and Recovery Services" means the absence of programmatic barriers to service delivery including practice induced stigma. Low Barrier Substance Use Disorder Treatment practices demonstrate the following:¶
(a) Trauma-informed services regardless of active use;¶
(b) Culturally and linguistically specific services;¶
(c) Little to no waiting to obtain treatment services;¶
(d) Access to treatment services available within 48 hours after an individual obtains a screening;¶
(e) Harm reduction approach, including the immediate goal of improving quality of life and protecting against loss of life;¶
(f) Individualized treatment to meet the unique needs of each individual;¶
(g) Unique recovery trajectories that are personal to each individual and are not dictated by treatment providers;¶
(h) Individuals are able to engage in treatment, including medication for substance use disorders without administrative delays, lengthy intake, assessment or treatment planning sessions;¶
(i) Treatment is provided without appointment requirements, prior missed appointments cannot be used to hinder access to treatment;¶
(j) Treatment is provided regardless of an individual's ability to pay or insurance coverage;¶
(k) Treatment is provided regardless of criminal history, state residency or citizenship status, or warrant status; ¶
(l) Transportation barriers are addressed, facilitating access to treatment, services and supports;¶
(m) Minimal or eliminated travel between multiple service providers; and¶
(n) Service provider engages in outreach services and community engagement.¶
(17) "Organization" means any entity lawfully registered to do business in the State of Oregon, including, but not limited to, sole proprietorship, partnership, limited partnership, limited liability partnership, limited liability company, for profit corporation, or nonprofit corporation, or any government, including, but not limited to, the nine federally recognized tribes in this state, counties, cities, Council of Governments created under ORS Chapter 190, or Special Districts under ORS chapter 198, e.g. a health district organized under ORS 440.305 to 440.410.¶
(18) "Peer delivered supports, mentoring, and recovery services" means low-barrier community-based services, outreach, and engagement performed by a certified individual who has lived experience with addiction and recovery and who has specialized training and education and to work with people who have harm caused by substance use and/or substance use disorder. These include services provided by the following certified peer professional types:¶
(a) Addiction Peer Support Specialists certified under OAR 410-180;¶
(b) Addiction Peer Wellness Specialists certified under OAR 410-180;¶
(c) Certified Recovery Mentors certified by the Mental Health and Addiction Certification Board of Oregon; and¶
(d) Youth Support Specialists certified under OAR 410-180.¶
(19) "Supervision for Addiction Peer Support Specialists, Certified Recovery Mentors, and Addiction Peer Wellness Specialists" means supervision by a qualified peer delivered services supervisor, and qualified clinical supervisor when in a clinical setting. The supports provided include guidance in the unique discipline of peer

delivered services and the roles of peer support specialists and peer wellness specialists. Clinical supervision may be required if the peer service is provided in a clinical setting.¶
(20) "Peer Delivered Services Supervisor" means a qualified individual certified as an Addiction Peer Support Specialist (PSS), Certified Recovery Mentor (CRM), or an Addiction Peer Wellness Specialist (PWS) with at least one year of experience as a PSS, CRM, or PWS in substance use disorder and addiction recovery services to evaluate and guide PSS, CRM, and PWS program staff in the delivery of peer delivered services and supports. Must provide one hour of supervision per week. ¶
(21) "Peer-Run Organization" means an organization:¶
(a) In which a majority of the individuals who oversee the organization's operation and who are in positions of control have lived experience with mental health or addiction challenges; ¶
(b) That is fully independent, separate, and autonomous from other behavioral health agencies; and¶
(c) That has the authority and responsibility for all oversight and decision-making on governance, financial, personnel, policy, and program issues in the organization.¶
(22) "Screening" means the process conducted by PSS, CRM, PWS or other addiction professional to identify circumstances that require a comprehensive behavioral health needs assessment or referrals to additional services and supports, at a minimum in the following areas: ¶
(a) Acute care needs;¶
(b) Treatment for substance use disorders and co-existing health problems;¶
(c) Personal safety needs;¶
(d) Harm reduction;¶
(e) Addiction Peer supports;¶
(f) Housing;¶
(g) Employment and training;¶
(h) Childcare needs; and¶
(i) Food and basic needs.
Statutory/Other Authority: Ballot Measure 110 (2020), SB 755 (2021)
Statutes/Other Implemented: Ballot Measure 110 (2020), SB 755 (2021)

ADOPT: 944-001-0020

RULE SUMMARY: Describes operational, policy, and service and support requirements of Behavioral Health Resource Networks.

CHANGES TO RULE:

944-001-0020
Operational, Policy, and Service and Support Requirements of Behavioral Health Resource Networks
(1) Each Behavioral Health Resource Network (BHRN) or applicant to receive funding as a BHRN must fulfill all requirements of SB 755, Section 2(2)(d) and basic operational requirements outlined in these rules to be eligible to receive Drug Treatment and Recovery Services Funds from the Oversight and Accountability Council (OAC) and the State.¶
(2) Operational and policy requirements must include:¶
(a) BHRNs must maintain, implement, and formalize organizational policies and procedures that detail the following standards of service. Policies must include how BHRNs will offer services, including but not limited to: ¶
(A) Culturally and Linguistically Specific Services;¶
(B) Culturally and Linguistically Responsive Services;¶
(C) Accessibility for People with Intellectual and Developmental Disabilities;¶
(D) Accessibility for People with Physical Disabilities;¶
(E) Gender Affirming and Responsive Care;¶
(F) LGBTQIA2S+ Affirming and Inclusive Services;¶
(G) Youth Friendly and Inclusive Services;¶
(H) Patient Centered and Non-Stigmatizing Services, including on use of person-first, non-stigmatizing language;¶
(I) Trauma informed engagement and care;¶
(J) Services for parents or non-traditional parents with minor children; ¶
(K) pregnant persons (where applicable); ¶
(L) Process and procedures for data collection in compliance with OAR 944-001-0040.¶
(b) These policies must be established by the BHRNs after funding is received and within the first reporting cycle after receiving funding. BHRNS may seek technical assistance and a template from OAC or Oregon Health Authority (OHA) to build these policies. BHRNs must provide these policies and procedures to the OAC and OHA within 90-days of the final agreement.¶
(c) An individual who is authorized to perform peer delivered supports, mentoring, and recovery services or a certified alcohol and drug counselor who is available in-person, by phone, or electronically 24 hours a day, seven days a week for anyone contacting the BHRN;¶
(d) Posting regular office hours, access information for the 24-hour telephonic line, and electronic access to the BHRN's website, and each component organization's website. Each BHRN entity does not need to maintain a website as long as the information is available on the OAC website.¶
(e) Culturally and linguistically specific services must be provided throughout all the service array continuum;¶
(f) BHRN providers who are not culturally and linguistically specific must provide and coordinate culturally and linguistically responsive services; and¶
(g) BHRNs, including all component entities, must maintain and implement policies and procedures that support individual rights as outlined in this rule.¶
(3) Behavioral Health Resource Networks: A comprehensive BHRN must include at minimum the required services below to be funded by the OAC. These services may be provided by one or more entities who refer between and collaborate with each other. To be in a BHRN, an entity must provide, and maintain sufficient capacity to provide, the following services and supports to individuals who use substances that cause harm or have a substance use disorder in the BHRN's county or region:¶
(a) Screening must be conducted by PSS, CRM, PWS or other addiction professional. Screening service must be available 24 hours a day, seven days a week, every calendar day of the year. Screening must be made available to each individual immediately upon first contact. At least one organization within each BHRN within each county or region must meet this requirement.¶
(A) Referral to all requested and appropriate services must be made at the time the screening is completed.¶
(B) Supportive services must be offered to individuals waiting for services that are not readily available.¶
(C) Services must be offered face-to-face or through telehealth. The modality must be based on the needs and preference of the individual as well as any safety concerns identified by the individual or the BHRN.¶
(b) Comprehensive behavioral health needs assessment, including a substance use disorder assessment by a certified alcohol and drug counselor or other credentialed addiction treatment professional;¶
(A) A comprehensive behavioral health needs assessment must be provided within 24 hours of an individual's first contact with the BHRN or statewide telephone line.¶

(B) For substance use disorder services, each assessment must be consistent with the dimensions described in the ASAM and must document a diagnosis and level of care determination consistent with the DSM and ASAM.¶
(C) When co-occurring substance use, gambling disorder, mental health disorders, or any risk to health and safety are determined, BHRN must document the finding and provide appropriate referral for further assessment, planning, and intervention by an appropriate professional.¶
(c) Peer-delivered outreach, supports, mentoring, and recovery services.¶
(d) Harm reduction services, information, and education. Individuals may be offered a referral for Hepatitis, HIV, STI, and Tuberculosis (TB) testing, vaccine, or care services if necessary.¶
(e) Low-barrier substance use disorder treatment and addiction recovery services.¶
(A) Individuals using substances by injection must be offered interim referrals or information to immediately reduce the adverse health effects of substance use, promote the health of the individual, and reduce the risk of overdose and the transmission of disease.¶
(B) Minimum interim referral and information services must include:¶
(i) Counseling and education about blood borne pathogens including Hepatitis, HIV, STIs, and TB; the risks of needle and paraphernalia sharing; and the likelihood of transmission to sexual partners and infants;¶
(ii) Counseling and education about steps that can decrease the likelihood of Hepatitis, HIV, STI, and TB transmission;¶
(iii) Offering to pregnant individuals counseling on blood borne pathogen transmission, as well as the effects of alcohol, tobacco, and other drugs use on the fetus. Referral to prenatal care must be offered; and¶
(iv) Peer delivered supports, mentoring, and recovery services that address parenting and youth in transition support, as indicated.¶
(f) Flexible and low barrier housing for individuals who use substances that cause harm or have a substance use disorder.¶
(A) BHRNS must provide housing options that serve populations at all points on the substance use continuum. BHRNs must provide gender affirming housing options including responsive housing and shelter options for those who are transgender, gender-nonconforming, and intersex. Family housing options must be made available.¶
(B) BHRNS must offer all of the following types of rental assistance: Project-based vouchers, tenant-based vouchers, rapid-rehousing and eviction prevention, assistance for fair market rate and privately held housing, assistance attached to a development, and assistance attached to wrap around services or assistance paid directly to individuals. BHRNS or applicants may also propose in their funding applications to offer other, innovative types of rental assistance in addition to these following: ¶
(i) Single family and multifamily housing development;¶
(ii) Barrier busting assistance, including deposit funds, repairs, and landlord incentives; and¶
(iii) Mobile units, camping equipment, and campsites¶
(C) Planning must assess supports that individuals need to maintain housing, health, and recovery. This includes planning and remediation steps for those experiencing relapse in abstinence-only living environments.¶
(g) Partnerships and clear referral pathways to the following services:¶
(A) Employment, training and education, expungement services;¶
(B) Family counseling, parenting support and childcare;¶
(C) Youth services;¶
(D) State and federal public benefits including but not limited to the Oregon Health Plan, supplemental Nutrition Assistance Program (SNAP), and Temporary Aid for Needy Families (TANF), application and attainment counseling for Social Security Insurance (SSI) and Social Security disability Insurance (SSDI) ¶
(E) Assistance to address food insecurity;¶
(F) Coordination with other local, county, and state agencies as appropriate, such as social services, child welfare, or corrections;¶
(G) Referral and coordination with agencies providing services to those who have experienced physical abuse, sexual abuse, or other types of domestic violence; and¶
(H) Primary care services, including primary pediatric care and immunizations for children of those seeking care.¶
(4) BHRNs must maintain adequate staffing to provide the required services and supports to individuals in the BHRN's county or region. A minimum staffing requirement for each BHRN must be at least one qualified service provider within each of the following categories:¶
(a) Certified alcohol and drug counselor or other credentialed addiction treatment professional;¶
(b) Case manager;¶
(c) Certified addiction Peer Support or Peer Wellness Specialist or certified recovery mentors; and¶
(d) Addiction Peer Support and Addiction Peer Wellness Specialist Supervision or Peer Delivered Services Supervisor.¶
(5) Each BHRN must promptly provide an individual with verification once they have completed a screening. BHRN must use the approved release of information determined by Oversight and Accountability Council and

must send verification if authorized in a class E violation case in the manner prescribed by the Chief Justice of the Supreme Court.¶
(a) BHRNs must give individuals an opportunity to sign a release of information that must both:¶
(A) Authorize the BHRN to send the verification form to the Oregon Health Authority (OHA) or its contractor, and¶
(B) Authorize OHA or its contractor to forward the verification form to the court in their case, in a manner prescribed by the Chief Justice of the Supreme Court.¶
(b) BHRNs must operate in a manner that honors tribal sovereignty and self-determination.
Statutory/Other Authority: Ballot Measure 110 (2020), SB 755 (2021)
Statutes/Other Implemented: Ballot Measure 110 (2020), SB 755 (2021)

ADOPT: 944-001-0030

RULE SUMMARY: Describes application process for Behavioral Health Resource Networks, grants, and funding

CHANGES TO RULE:

944-001-0030
Formation of Behavioral Health Resource Networks and Funding for Behavioral Health Resource Networks
(1) Organizations, local governments, the Nine Federally Recognized Tribes of Oregon, and the Urban Indian Health Program may seek to establish a Behavioral Health Resource Network and are eligible to apply through an application process designated by the Oversight and Accountability Council. Organizations, local governments, the Nine Federally Recognized Tribes of Oregon, and the Urban Indian Health Program may seek participation in a Behavioral Health Resource Network (BHRN) by:¶
(a) Applying as a pre-established service provider or network of service providers that cover all of the required services outlined in SB 755, Section 2(2)(d) and in these rules;¶
(b) Applying as a partial network of service providers that cover some of the required services under SB 755, Section 2(2)(d) and in these rules, and seeking additional funding or partnerships to cover all the services; or¶
(c) Applying as a single service provider that covers one or more of the required services in SB 755, Section 2(2)(d) and in these rules, seeking to be part of a BHRN.¶
(2) The applicants must identify in their applications how they intend to partner with other entities to provide the services. The Oversight and Accountability Council and the Oregon Health Authority may facilitate collaboration among the applicants. A memorandum of understanding (MOU) for referral and sharing the duties of reporting must be established between partners in the BHRN prior to the distribution of grant funding from the OAC/OHA. All MOU's must be received by the OHA prior to receiving funding. If all entities in a BHRN do not establish MOU's with each other by 30 days after the grant agreement is executed, the grant agreements may be terminated. The MOU's must address at minimum referral agreements between BHRN entities, each entity's role, client confidentiality, communication plans, and means for dispute resolution between organizations. A template for the MOU's must be provided to each grant recipient. Funding will be provided directly to each entity in the BHRN. Each applicant may apply as part of a BHRN that provides more than the minimum requirements.¶
(3) In the timeframe discussed in subsection (2) above, applicants who propose to form a BHRN, or partial BHRN, with other service providers, must have a Memorandum of Understanding (MOU) or written agreement with the other service providers specifying their respective roles and responsibilities to meet each requirement of funding. The MOUs must detail workflows that ensure uninterrupted and seamless service delivery for all individuals. MOUs must specify processes and procedures that ensure tightly linked referral pathways, service capacity monitoring, and the use of peers to facilitate their entire service delivery.¶
(4) Through the application process and funding opportunity, the Oversight and Accountability Council must disburse funds so individuals in each county have access to at least one BHRN. If there are multiple BHRNs in a county, those BHRNs must communicate and refer between when appropriate or requested by the client.¶
(5) The Oversight and Accountability Council may provide Access to Care grants and funding to eligible applicants seeking to provide one or more of the services described in SB 755, Section 2(3)(a) or this rule. Applicants may include, but are not limited to, entities not participating in BHRNs, or organizations, local governments, or tribes that have not expressed interest in participating in a BHRN but wish to provide one or more of the services described in SB 755, Section 2(3)(a) or this rule.¶
(6) The Oversight and Accountability Council must prioritize culturally specific and linguistically responsive services and historically underserved populations in awarding of grant funds to establish and maintain the BHRNs.
Statutory/Other Authority: Ballot Measure 110 (2020), SB 755 (2021)
Statutes/Other Implemented: Ballot Measure 110 (2020), SB 755 (2021)

ADOPT: 944-001-0040

RULE SUMMARY: Describes data collection and reporting requirements for Behavioral Health Resource Networks and recipients of grants or funds.

CHANGES TO RULE:

944-001-0040
Data collecting and Reporting Requirements for Behavioral Health Resource Networks and Recipients of Grants or Funds
(1) Financial recordkeeping and reporting is required as follows:¶
(a) BHRNs and Access to Care grants and funding recipients must keep accurate books, records and accounts that are subject to inspection and audit by the Secretary of State Audits Division upon request.¶
(b) Additional financial reporting must be followed as outlined in each grant agreement or contract.¶
(2) Client demographics and client service and support reporting is required as follows:¶
(a) Each network and recipient must, at a minimum, collect and report on the following:¶
(A) Number of clients with substance use disorder receiving services from each network or recipient;¶
(B) Average duration of client participation and client outcomes;¶
(C) The number of individuals seeking assistance from the network or recipients who are denied or not connected to substance use disorder treatment and other services, and the reasons for the denials;¶
(D) The average time it takes for clients to access services and fulfill their individual intervention plan and the reason for any delays, such as waiting lists at referred services;¶
(E) Whether the average time to access services to which clients are referred, such as housing or medication assisted treatment, has increased or decreased since network or recipient received funding; and¶
(F) Demographic data on clients served, including self-reported demographic data on race, ethnicity, gender, and age. Each network or funding recipient must collect data in accordance with OAR 943-070. ¶
(b) Each BHRN and Access to Care grant or funding recipient will submit a summary of how demographics are collected, including any tools used and the staff person or network entity who will collect the data. The summary must include justification for the approach.¶
(c) Additional client, client service, and client outcome reporting requirements must be followed as outlined in each grant or funding agreement or contract.¶
(d) Licensed or certified behavioral health treatment providers that are part of a network or a recipient of grants or funds, must report the entry of all clients on the mandated state data system.
Statutory/Other Authority: Ballot Measure 110 (2020), SB 755 (2021)
Statutes/Other Implemented: Ballot Measure 110 (2020), SB 755 (2021)