



## PERMANENT ADMINISTRATIVE ORDER

### BHS 15-2023

CHAPTER 309

OREGON HEALTH AUTHORITY

HEALTH SYSTEMS DIVISION: BEHAVIORAL HEALTH SERVICES

**FILED**

06/28/2023 10:02 AM  
ARCHIVES DIVISION  
SECRETARY OF STATE  
& LEGISLATIVE COUNSEL

FILING CAPTION: Updates Requirements for Providing Co-Occurring Mental Health and Substance Use Disorders Treatment Services.

EFFECTIVE DATE: 07/01/2023

AGENCY APPROVED DATE: 06/26/2023

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AMEND: 309-018-0160

NOTICE FILED DATE: 04/12/2023

RULE SUMMARY: Amending rule to align with best practices in the treatment of co-occurring mental health substance disorder and gambling disorder utilizing an integrated model of treatment.

CHANGES TO RULE:

309-018-0160

Co-Occurring Mental Health and Substance Use Disorders (COD) ¶¶

Providers approved under OAR Services shall be integrated and address treatment and recovery for co-occurring Mental Health, Substance Use and/or Gambling Disorders. In addition to requirements in OAR Chapter 309, these rules specify standards and requirements for providers delivering co-occurring mental health, substance use disorder and problem gambling services and supports.¶¶

(1) Access to services shall: ¶¶

(a) Be trauma informed, culturally relevant, linguistically, and developmentally appropriate, and utilize a harm reduction model where indicated and appropriate; and¶¶

(b) Be adapted for individuals with intellectual and developmental disabilities.¶¶

(2) All assessments shall:¶¶

(a) Be consistent with the most recent version of the ASAM (American Society of Addiction Medicine) criteria and document a level of care determination consistent with ASAM;¶¶

(b) Provide sufficient information to justify the presence of at least two behavioral health disorders --Mental Health Disorders, Substance Use Disorders and/or Gambling Disorder diagnoses that are the medically appropriate reason for services, using the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM); and¶¶

(c) Identify any other co-morbid risk factors. ¶¶

(3) Service Plans shall:¶¶

(a) Accommodate the individual's identified holistic needs and preferences, as appropriate for Residential Level of Care;¶¶

(b) Utilize a harm reduction approach where indicated and appropriate for Residential Level of Care;¶¶

(c) Address long term wellness needs as identified and appropriate for Residential Level of Care; and¶¶

(d) Be in alignment with participant's current stage of change in regard to substance use disorder recovery.

gambling disorder recovery and mental health disorder recovery.

(4) The following services shall be made available, as indicated through assessment and service plan:

(a) Case Management ;

(b) Peer Support Services;

(c) Family therapy and/or recovery support services; and

(d) Psychiatric medication and evaluation services.

(5) Integrated Co-Occurring Disorders Programs shall screen for gambling disorder at time of entry. Should Gambling Disorder be a identified;

(a) a diagnosis and supporting information will be documented in the assessment and service plan by a qualified Problem Gambling Counselor or Integrated Co-Occurring Disorders Problem Gambling Specialist;

(b) Problem Gambling shall be treated in Integrated Co-Occurring Disorders Residential setting by a qualified Problem Gambling Counselor or Integrated Co-Occurring Problem Gambling Specialist;

(c) Should Problem Gambling be identified as more severe than presenting co-occurring mental health and substance use disorders, participant shall be referred to a specialty problem gambling residential treatment provider.

(6) Integrated Co-Occurring Disorders Program Staff Qualifications shall align with the provisions described in 309-0018-0100 to 25 and ensure that:

(a) All treatment staff providing Integrated Co-Occurring Disorders treatment services shall hold, at minimum, a qualifying credential to provide treatment services in mental health or substance use disorders treatment. Treatment staff holding one credential shall be limited to providing treatment services in alignment with their credential;

(b) Interns and student interns are permitted to provide services during the duration of their candidacy or internship as described in OAR 309-0018-1600 and designated to provide services and supports for individuals diagnosed with COD shall provide concurrent service and support planning and delivery for substance use and mental health diagnosis, including integrated assess0105;

(c) Progression towards additional certifications must be documented on an ongoing basis in the personnel record;

(d) The program must retain a credentialed problem gambling treatment provider OR designate a Co-Occurring Problem Gambling Specialist. A Co-Occurring Problem Gambling Specialist must have:

(A) Fourteen hours minimum of problem gambling specific training within twelve months of being named as a problem gambling provider, with a minimum of two hours in each of the following seven content areas: Gambling Client Assessment/Intake, Gambling Financial Planning and Budgeting, Gambling Counseling (Individual, Group, Family), Gambling Case Management, Professional Responsibility and Ethics in Gambling Counseling, Crisis Intervention in Gambling Counseling, Co-Occurring Disorders and Problem Gambling; and

(B) Documentation of required trainings shall be contained in the personnel file.

(e) Peer - Delivered Services providers shall be certified as Peer Wellness Specialists (PWS) or Peer Support Specialist (PSS);

(f) Supervisors must:

(A) Be credentialed in Mental Health and/or Substance Use Disorder treatment provision;

(B) Limit their supervision to providers within the scope of their professional credentials.

(C) Supervisors must demonstrate completion of 12 CEU's in approved Problem Gambling training for supervisors within twelve months of beginning to supervise program staff rendering Problem Gambling Treatment Services in Integrated Co-Occurring Disorders Treatment programming;

(g) The program must employ or contract with a Licensed Medical Provider (LMP) that shall provide psychiatric medication services to program participants. The LMP shall acquire Division approved Integrated Co-Occurring Disorders training within twelve months of hire or appointment to these services. Approved training will be published by the Division on the OHA Integrated Co-Occurring Disorders website yearly on or before January 1st.

(h) The program shall be certified by the Division as either ASAM Co-Occurring Capable or ASAM Co-Occurring Enhanced;

(i) All Supervisors, Treatment Service Providers and Peer Services Providers delivering services in Integrated Co-Occurring Disorders Programs shall complete Integrated Co-Occurring Disorders trainings required and provided by OHA and shall ensure certificates of completion are documented in staff personnel files, according to the following conditions:

(A) Within twelve months of beginning to render Co-Occurring Disorders services or supports; and

(B) On a continuing two-year basis for all Supervisors and Treatment Providers and a continuing three-year basis for Peer Staff rendering Co-Occurring Disorders services or supports for more than one year.

(j) Continuing Education training required by the Oregon Health Authority (OHA) shall consist of at least two hours but no more than six hours every two years following the initial training year for supervisors and treatment

providers, and every three years following the initial training year for peer services providers:¶

(A) Integrated Co-Occurring Disorders trainings required by OHA will be published by the Division yearly on or before January 1st on the OHA Integrated Co-Occurring Disorders website:¶

(B) OHA training will include - but will not be limited to - content relevant to providing integrated treatment, and specialty training on providing treatment, ~~S~~ service Plan, and ~~Service Records~~ for community members who are marginalized, underserved, and oppressed by structural and systemic racism and injustices, Severe Mental Illness and Intellectual and Developmental Disabilities.

Statutory/Other Authority: ORS 413.042, 430.640, 443.450

Statutes/Other Implemented: ORS 743A.168, ORS 430.010, 430.205 - 430.210, 430.254 - 430.640, 430.850 - 430.955, 443.400 - 443.460, 443.991, 461.549