

**DIVISION 51**  
**STANDARDS FOR OUTPATIENT AND RESIDENTIAL ALCOHOL AND DRUG**  
**TREATMENT PROGRAMS**

**415-051-0000**

**Purpose and Statutory Authority**

(1) Purpose: These rules prescribe standards for the development and operation of treatment programs (excluding synthetic opiate treatment programs) approved by the Department of Human Services, Health Services, Office of Mental Health and Addiction Services, (OMHAS).. Treatment programs include outpatient alcoholism treatment programs, outpatient drug-free treatment programs, DUII rehabilitation programs, intensive outpatient treatment programs, alcohol or other drug-free day treatment programs, corrections alcohol and drug-free day treatment programs, and residential treatment programs.

(2) Statutory Authority: These rules are authorized by ORS 409.410 and 409.420 and carry out the provisions of ORS 430.265 through 430.335, 430.345 through 430.380, 430.405 through 430.700, 443.400 through 443.460 and ORS chapter 813.

**415-051-0005**

**Definitions**

(1) “Adolescent” means a person from 12 through 17 years of age, or those persons who are determined by the program to be developmentally and clinically appropriate for youth services.

(2) “ASAM PPC 2R” means the Patient Placement Criteria for the Treatment of Substance-related Disorders, Second Edition Revised, April 2001 which is a clinical guide, published by the American Society for Addictions Medicine, used in matching clients to appropriate levels of care, and incorporated by reference in these rules.

(3) “Administrator” means the Administrator, Department of Human Resources, responsible for the Office of Mental Health and Addiction Services, (OMHAS).

(4) “Certificate of Completion” means a numbered certificate issued to a convicted client by a DUII treatment program when the client successfully completes the program.

(5) “Client” means a person receiving services under these rules who signed a written consent which complies with Section 2.35 of the federal confidentiality regulations (42 CFR Part 2).

(6) “Community mental health program” means the organization of all services for persons with mental or emotional disturbances, drug abuse problems, mental retardation or other developmental disabilities, and alcoholism and alcohol abuse problems, operated by, or contractually affiliated with, a local mental health authority, operated in a specific geographic area of the state under an intergovernmental agreement or direct contract with the Office of Mental Health and Addiction Services.

(7) “Correctional prerelease day treatment” means a prerelease day treatment program for inmates of correctional institutions. Correctional day treatment programs provide intensive alcohol and other drug abuse education and coordination with follow-up community treatment for inmates who are admitted to the program and have three to six months before their parole dates.

(8) “County” means the board of county commissioners or its representatives.

(9) “Diagnostic assessment” means the determination of the existence and degree of an individual's alcohol or other drug abuse or dependence, ancillary or causal factors, and the appropriate treatment and rehabilitation likely to overcome the problem. It involves:

(a) Collection and assessment of data pertinent to the individual's alcohol and/or other drug use history and current problem(s) obtained through interview, observation, testing, and review of previous treatment or other written records; and concludes with

(b) An alcohol or other drug use disorder diagnosis (based on current DSM criteria) and a determination of the appropriate, least restrictive level of care; or

(c) A written statement that the person is not in need of alcohol or other drug abuse treatment services.

(10) “Drug abuse” means repetitive, excessive use of a drug or controlled substance short of dependence, without medical supervision, which may have a detrimental effect on the individual, the family, or society.

(11) “Drug-dependent person” means one who has lost the ability to control the personal use of controlled substances or other substances with abuse potential (including alcohol), or who uses such substances or controlled substances to the extent that the health of the person or that of others is substantially impaired or endangered or the social or economic function of the person is substantially disrupted. A drug-dependent person may be physically dependent, a condition in which the body requires a continuing supply of a drug or controlled substance to avoid characteristic withdrawal symptoms, or psychologically dependent, a condition characterized by an overwhelming mental desire for continued use of a drug or controlled substance.

(12) “DSM” means Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, published by the American Psychiatric Association.

(13) “DUII client” means an individual who has signed a written consent which complies with Section 2.35 of the federal confidentiality regulations (42 CFR Part 2) and is either:

(a) A violator of ORS 813.010 Driving Under the Influence of Intoxicants, or;

(b) A defendant who is participating in a diversion agreement under ORS 813.200.

(14) “DUII alcohol/other drug rehabilitation programs” mean programs of treatment and therapeutically oriented education services.

(15) “Evaluation specialist” means an individual who possesses valid certification issued by the Office to conduct DUII evaluations.

(16) “Intensive outpatient treatment services” mean structured nonresidential evaluation, treatment, and continued care services for those individuals who are abusing, or are dependent on, alcohol or other drugs and 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.

(17) “Interim informational services” mean services provided by a chemical dependency service provider for clients who are on a waiting list for chemical dependency services. The purposes of the services are to reduce the adverse health effects of alcohol and other drug abuse, promote the health of the individual, and reduce the risk of transmission of disease.

At a minimum, interim information services include:

(a) Counseling and education about HIV and tuberculosis, about the risks of needle sharing and of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur;

(b) Referral for HIV or TB services if necessary; and

(c) For pregnant women, counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.

(18) “Intern/student” means an individual who provides a program service and who is enrolled in a credentialed or accredited educational program.

- (19) “Local alcoholism and other drug planning committee” means a committee appointed or designated by a board of county commissioners. The committee shall identify needs and establish priorities for alcoholism and other drug services in the county. Members of the committee shall be representative of the geographic area and include a number of minority members which reasonably reflect the proportion of the need for alcoholism and other drug treatment and rehabilitation services of minorities in the community.
- (20) “Major alteration” means the total cost of modifications to an existing building which exceeds 25 percent of its replacement value within any 12-month period.
- (21) “Medical director” means a physician licensed to practice medicine in the State of Oregon and who is designated by the alcohol and other drug abuse treatment program to be responsible for the program's medical services.
- (22) “Minorities” means persons who are members of the following racial/ethnic groups:
- (a) Black/African Americans or persons having origins in any of the Black/African racial groups of Africa;
  - (b) Hispanic Americans or persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race;
  - (c) Native Americans or persons who are American Indian, Eskimo, Aleut, or Native Hawaiian;
  - (d) Asian-Pacific Americans or persons whose origins are from Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, the United States Trust Territories of the Pacific, or the Northern Marianas; or
  - (e) Asian-Indian Americans or persons whose origins are from India, Pakistan, or Bangladesh.
- (23) “Minority program” means a program that is designed to meet the unique treatment and rehabilitation needs of a minority and that provides services to a majority of clients belonging to a minority population as defined in these rules.
- (24) “Office” means the Office of Mental Health and Addiction Services (OMHAS), Health Services, Department of Human Services.
- (25) “Outpatient alcohol and other drug abuse treatment program” means a publicly or privately operated program that provides assessment, treatment, and rehabilitation on a regularly scheduled basis or in response to crisis for alcohol and/or other drug abusing or dependent clients and their family members or significant others consistent with Level I and/or Level II of the ASAM PPC-2R.
- (26) “Permanent client record” means the official legal written file for each client containing all the information required by these rules to be maintained to demonstrate compliance with these rules. Information about clients in program records maintained in electronic format must be produced in a contemporaneous printed form, authenticated by signature and date of the person who provided the service, and placed in the official written file of the client in order to constitute a part of the permanent client record.
- (27) “Program staff” means:
- (a) An employee or person who by contract with the program provides a clinical service and who has the credentials required in this rule to provide the clinical services; and
  - (b) Any other employee of the program.
- (28) “Quality assurance” means the process of objectively and systematically monitoring and evaluating the appropriateness of client care to identify and resolve identified problems.

(29) “Residential transition program” means a residential program that provides a drug-free supportive living environment and provides clinical services consistent with Level III of the ASAM PPC-2R.

(30) Residential treatment program” means a publicly or privately operated program as defined in ORS 430.010 that provides assessment, treatment, rehabilitation, and twenty-four hour observation and monitoring for alcohol and other drug dependent clients, consistent with Level III of ASAM PCC-2R.

(31) “Substance abuse related disorders” are defined in DSM criteria as 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 dependency and substance abuse, alcohol dependence and alcohol abuse, and substance induced disorder and alcohol induced disorders.

(32) “Successful DUII completion” means that the DUII program has documentation in its records that for the period of service deemed necessary by the program the client has:

(a) Met the discharge criteria approved by the Office of Mental Health and Addiction Services; and

(b) Paid all service fees (unless indigent).

(33) “Treatment” means the specific medical and nonmedical therapeutic techniques employed to assist the client in recovering from alcohol or other drug abuse or dependence.

(34) “Treatment staff” means persons who provide individual, group, or family counseling services, and relapse prevention planning.

(35) “Urinalysis test” means an initial test and, if positive, a confirmatory test:

(a) An initial test shall, at a minimum, include 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 shall be performed by laboratories meeting the requirements of OAR 333-024-0305 to 333-024-0350.

(36) “Volunteer” means an individual who provides a program service or who takes part in a program service and who is not an employee of the program and is not paid for services. The services must be nonclinical unless the individual has the required credentials to provide a clinical service.

Stat. Auth.: ORS 409.410 & 409.420

#### **415-051-0010**

##### **Program Approval and Variances**

(1) Letter of Approval: In order to receive a Letter of Approval or license from the Office under the process set forth in OAR 415-012-0000 to 0090, (Standards for Approval/Licensure of Alcohol and Other Drug Abuse Programs) an alcohol and other drug abuse treatment program shall meet the standards set forth in these rules and any other administrative rules applicable to the program.

(2) Variances: Requirements and standards for requesting and granting variances or exceptions to these rules for alcohol and drug abuse treatment programs are found in OAR 415-012-0090, Standards for Approval/Licensure of Alcohol and Other Drug Abuse Programs, Variance or Exception.

(3) Denial, Revocation, Nonrenewal, Suspension: The denial, revocation, nonrenewal, or suspension of a letter of approval/license for a program may be based on any of the grounds set forth in OAR 415-012-0060, Standards for Approval/Licensure of Alcohol and Other Drug Abuse Programs.

(4) In addition to the grounds set forth in OAR 415-012-0060, the Administrator may deny, revoke, refuse to renew, or suspend a letter of approval or license when he or she determines that the issuance or continuation of the letter of approval or license would be inconsistent with the public interest. In determining the public interest, the Administrator shall consider the following factors, or any one of them, which apply to the applicant, licensee, or any person holding a 5 percent or greater financial interest in the program or which apply to the medical director, clinical supervisor, or staff:

(a) Any convictions under any federal or state law relating to any controlled substance or related to such person's involvement in the administration of a state- or federally funded public assistance or treatment program;

(b) Furnishing of false or fraudulent material in any application for a letter of approval; or

(c) Any other factors relevant to, and consistent with, the public health or safety.

Stat. Auth.: ORS 409.410 & 409.420

#### **415-051-0015**

##### **Administrative Requirements for Treatment Programs**

(1) Administrative Rules: An alcohol and other drug treatment program that contracts directly with the Office of Mental Health and Addiction Services or indirectly with the office through the community mental health program administered by the Office of Mental Health and Addiction Services (OMHAS) shall comply with the contracting rules of the office contract agents, OMHAS and the Office of Medical Assistance Programs (OMAP) governing reimbursement for services and refunds including, but not limited to:

(a) OAR 309-013-0020 (Audit Guidelines);

(b) OAR 309-013-0075 to 013-0105 (Fraud and Embezzlement);

(c) OAR 309-014-0000 to 014-0040 (Administrative Standards);

(d) OAR 410-120-1120 through 120-1980 Office of Medical Assistance Programs (OMAP) General Rules);

(e) OAR 410-140-0000 through 141-0860 Oregon Health Plan (OHP) Administrative Rules); and

(f) ORS 813.270 (Intoxicated Driver Program Fund).

(2) Policies and Procedures: A program shall develop and implement written policies and procedures that describe program operations. Policies and procedures shall include a quality assurance process ensuring that clients receive appropriate treatment services and that the program is in compliance with relevant administrative rules and other reporting requirements.

(3) Personnel Policies: If two or more staff provide services, the program shall have and implement the following written personnel policies and procedures, which are applicable to program staff, volunteers, and interns/students:

(a) Rules of conduct and standards for ethical practices of treatment program practitioners;

(b) Standards for use and abuse of alcohol and other drugs with procedures for managing incidents of use and abuse that, at a minimum, comply with Drug Free Workplace Standards; and

(c) Compliance with the federal and state personnel regulations including the Civil Rights Act of 1964 as amended in 1972, Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967, Title I of the Americans with Disabilities Act, Oregon civil rights laws related to employment practices, and any subsequent amendments effective on or before the effective date of these rules. The program shall give individualized consideration to all applicants who, with or without reasonable accommodation, can perform the essential functions of the job position.

(4) Documentation of Qualifications: The program shall maintain a record for each treatment staff member documenting applicable qualification standards as described in OAR 415-051-0050 to 0060. The program shall maintain the record for a period of three years following the departure of a treatment staff person.

(5) Disabilities Act: Alcohol and other drug abuse treatment programs receiving public funds must comply with Title 2 of the Americans with Disabilities Act of 1990, 42 USC § 1231 et seq. after July 26, 1992.

(6) Insurance: Each alcohol and other drug abuse treatment program shall maintain malpractice and liability insurance and be able to demonstrate evidence of current compliance with this requirement. Programs operated by a public body shall demonstrate evidence of insurance or a self-insurance fund pursuant to ORS 30.282.

(7) Client Record-keeping: Each program shall:

(a) Accurately record all information about clients as required by these rules in permanent client records;

(b) Maintain each client record to assure permanency, identification, accessibility, uniform organization, and completeness of all components required by these rules and in a manner to protect against damage or separation from the permanent client or program record;

(c) Keep all documentation current (unless specified otherwise, within seven days of delivering the service or obtaining the information);

(d) Include the signature of the person providing the documentation and service;

(e) Not falsify, alter, or destroy any client information required by these rules to be maintained in a client record or program records;

(f) Document all procedures in these rules requiring client consent and the provision of information to the client on forms describing what the client has been asked to consent to or been informed of, and signed and dated by the client. If the program does not obtain documentation of consent or provision of required information, the reasons must be specified in the client record and signed by the person responsible for providing the service to the client;

(g) Require that errors in the permanent client record shall be corrected by lining out the incorrect data with a single line in ink, adding the correct information, and dating and initialing the correction. Errors may not be corrected by removal or obliteration through the use of correction fluid or tape so they cannot be read;

(h) Ensure that a written description of any injury or accident during program services or on program grounds involving any client is placed in the individual's record; and

(i) Permit inspection of client records upon request by the Office to determine compliance with these rules.

(8) Client/Fiscal Record Retention: Client records shall be kept for a minimum of seven years. If a program is taken over or acquired by another program, the original program is responsible for assuring compliance with the requirements of 42 CFR §2.19(a)(1) and/or (b),

whichever is applicable. If a program discontinues operations, the program is responsible for:

(a) Transferring fiscal records required to be maintained under section (1) of this rule to the Office of Mental Health and Addiction Services if it is a direct contract or to the community mental health program or managed care plan administering the contract, whichever is applicable; and

(b) Destroying client records or, with client consent, transferring client records to another program.

Stat. Auth.: ORS 409.410 & 409.420

#### **415-051-0020**

##### **Client Rights**

(1) Client Record Confidentiality: An alcohol and other drug treatment program shall comply with federal regulations (42 CFR part 2, 45 CFR 205.50) and state statutes (ORS 179.505 and 426.460) pertaining to confidentiality of client records.

(2) Informed Consent: Participation in an alcohol and other drug treatment program shall be voluntary. Clients shall be informed of their rights and responsibilities and give written informed consent to treatment.

(3) Allowable Restrictions: No person shall be denied services or discriminated against on the basis of age or diagnostic or disability category unless predetermined clinical or program criteria for service restrict the service to specific age or diagnostic groups or disability category.

(4) Policies and Procedures: Each client shall be assured the same civil and human rights as other persons. Each program shall develop and implement and inform clients of written policies and procedures which protect clients' rights, including:

(a) Protecting client privacy and dignity;

(b) Assuring confidentiality of records consistent with federal and state laws;

(c) Prohibiting physical punishment or physical abuse;

(d) Protecting clients from sexual abuse or sexual contact; and

(e) Providing adequate treatment or care.

(5) Services Refusal: The client shall have the right to refuse service, including any specific procedure. If consequences may result from refusing the service, such as termination from other services or referral to a person having supervisory authority over the client, that fact must be explained verbally and in writing to the client.

(6) Access to Records: Access includes the right to obtain a copy of the record within five days of requesting it and making payment for the cost of duplication. The client shall have the right of access to the client's own records except:

(a) When the clinical supervisor determines that disclosure of records would be detrimental to the client's treatment; or

(b) If confidential information has been provided to the program on the basis that the information not be redisclosed.

(7) Informed Participation in Treatment Planning: The client and others of the client's choice shall be afforded an opportunity to participate in an informed way in planning the client's receipt of and involvement in services, including significant procedures, and the review of progress toward treatment goals and objectives which shall include the right to be free from retaliation for exercising such right.

(8) Informed Consent to Fees for Services: The amount and schedule of any fees to be charged must be disclosed in writing and agreed to by the client.

(9) Grievance Policy: The program shall develop, implement, and fully inform clients of policies and procedures regarding grievances that provide for:

- (a) Receipt of written grievances from clients or persons acting on their behalf;
- (b) Investigation of the facts supporting or disproving the written grievance;
- (c) Initiating action on substantiated grievances within five working days; and
- (d) Documentation in the client's record of the receipt, investigation, and any action taken regarding the written grievance.

(10) Barriers to Treatment: Where there is a barrier to services due to culture, gender, language, illiteracy, or disability, the program shall develop a holistic treatment approach including support services available to address or overcome those barriers including:

- (a) Making reasonable modifications in policies, practices, and procedures to avoid discrimination (unless the program can demonstrate that doing so would fundamentally alter the nature of the service, program, or activity) such as:

(A) Providing individuals capable of assisting the program in minimizing barriers (such as interpreters);

- (B) Translation of written materials to appropriate language or method of communication;

(C) To the degree possible, providing assistive devices which minimize the impact of the barrier; and

(D) To the degree possible, acknowledging cultural and other values which are important to the client.

(b) Not charging clients for costs of the measures, such as the provision of interpreters, that are required to provide nondiscriminatory treatment to the client; and

(c) Referring clients to another provider if that client requires treatment outside of the referring program's area of specialization and if the program would make a similar referral for an individual without a disability.

(11) Client Work Policy: Any client labor performed as part of the client's treatment plan or standard program expectations or in lieu of fees shall be agreed to, in writing, by the client and must comply with regulations of other agencies sharing oversight of the program.

(12) Voter Registration: All publicly funded programs primarily engaged in providing services to persons with disabilities must provide onsite voter registration and assistance after January 1, 1995. Program staff providing voter registration services may not seek to influence an applicant's political preference or party registration or display any such political preference or party allegiance, such as buttons, expressing support for a particular political party or candidates for partisan political office. However, such program staff may wear buttons or otherwise display their preference on nonpartisan political matters and issues.

Stat. Auth.: ORS 409.410 & 409.420

## **415-051-0025**

### **Admission Policies and Procedures**

(1) Admission Criteria: The program shall have written criteria for accepting or refusing admission requests, including steps for making referrals for individuals not admitted to the program. The criteria shall be available to clients, staff, and the community and require:

(a) For persons determined to be appropriate for admission, the program to ensure that the onset of outpatient treatment occurs within five weeks of application to the program. The program shall provide interim informational services until an individual is admitted to the



program. These services should include education and referral to counseling about infectious diseases (HIV, tuberculosis, hepatitis A, B, or C, sexually-transmitted diseases), referral to prenatal care for pregnant women, referral to medical care when appropriate, referral to self-help support groups, education about the effects of alcohol and other drug use on the fetus, and crisis intervention when appropriate.

(b) No person under 14 years of age may be admitted to an alcohol and other drug treatment program unless a parent, legal guardian, or responsible adult designated by the state authority (i.e., “emancipated minor” laws) completes and signs consent forms.

(c) No person under 18 years of age may be admitted to a residential program without the prior consent of the parent, guardian, or other legally authorized person.

(d) For those clients refused admission based on assessment, the program shall document the reasons for refusal and subsequent referrals within seven days following the refusal decision.

(2) Intake Procedures: The program shall utilize a written intake procedure. The procedure shall include documentation that all admissions have been found appropriate for services according to the ASAM PPC-2R, incorporated by reference into these rules.

(3) Orientation: The program shall give to the client, document the receipt of by the client, and make available to others, written program orientation information which includes:

(a) The program's philosophical approach to treatment;

(b) A description of the program treatment services;

(c) Information on clients' rights and responsibilities, including confidentiality, while receiving services;

(d) Information on the rules governing clients' behavior and those infractions that may result in discharge or other actions. At a minimum, the rules shall state the consequence of alcohol and other drug use, absences from appointments, nonpayment of fees, and failure to participate in the planned treatment activities; and

(e) Information on emergency services

(4) Client Record: The following information shall be recorded in each client's record at the time of admission:

(a) Client name, address, and telephone number;

(b) Whom to contact in case of an emergency, including telephone number;

(c) Fee agreement based on the client's ability to pay, when appropriate;

(d) Name of individual completing intake/assessment; and

(e) If the client refuses to provide the necessary information, documentation of that fact in the client file.

Stat. Auth.: ORS 409.410 & 409.420

#### **415-051-0030**

##### **Client Diagnostic Assessment**

(1) Written Procedure: The alcohol and drug abuse treatment program shall develop and implement a written procedure for assessing each client's treatment needs based on the ASAM PPC-2R.

(2) Assessment to Include: The diagnostic assessment shall be documented in the permanent client record. It shall consist of both the elements described in the ASAM PPC-2R and documentation of the client's self-identified cultural background, including level of

acculturation, knowledge of own culture, primary language, spiritual or religious interests, and cultural attitudes toward alcohol and other drug use.

Stat. Auth.: ORS 409.410 & 409.420

#### **415-051-0035**

##### **Treatment Services, General**

(1) Services to be Provided: The alcohol and other drug abuse treatment program shall provide to each client those clinically appropriate services and activities needed to address the problems identified from the diagnostic assessment and document the activity in the client record:

(2) Other Services: The program, to the extent of community resources available and as clinically indicated, shall provide clients with information and referral to other services including smoking cessation services.

Stat. Auth.: ORS 409.410 & 409.420

#### **415-051-0037**

##### **Treatment Planning and Documentation of Treatment Progress**

(1) Placement, Continued Stay, Discharge Criteria: The alcohol and other drug abuse treatment program shall develop treatment plans, progress notes, and discharge plans consistent with the ASAM PPC-2R.

(2) Treatment Plan: Individualized treatment planning shall occur and be documented in the client record no later than 30 days from admission to an outpatient treatment program and no later than 14 days from admission to a residential treatment program. The treatment plan shall:

- (a) Describe the primary client-centered issue or issues as determined by the assessment;
- (b) Focus on one or more treatment plan objectives that are consistent with the client's abilities and strengths and are established to address the primary obstacles to recovery;
- (c) Define the treatment approach, which shall include services and activities to be utilized to achieve the individualized objectives;
- (d) Document the participation of significant others in the planning process and treatment where appropriate; and
- (e) Document the client's participation in developing the content of the treatment plan and any subsequent modifications with, at a minimum, the client's signature.

(3) Documentation of Progress: The treatment staff shall document in the permanent record the client's progress toward achieving the individualized objectives in the client's treatment plan and any current obstacles to recovery.

(4) Treatment Plan Review: The permanent client record shall document that the treatment plan is reviewed and modified continuously as needed and as clinically appropriate and that the modifications are consistent with the ASAM PPC-2R.

(5) Treatment Summary: No later than 30 days after the last service contact, the program shall document in the permanent client record a summary describing the reason for discharge and the client's progress toward treatment objectives consistent with the ASAM PPC-2R.

(6) Discharge Plan: Upon successful completion or planned interruption of the treatment services, the treatment staff and client shall jointly develop a discharge plan. The discharge plan shall include a relapse prevention plan that has been jointly developed by the counselor and client and signed by the client.

Stat. Auth.: ORS 409.410 & 409.420

#### **415-051-0040**

##### **Medical Services**

(1) Medical Protocols: The alcohol and other drug treatment program shall have medical protocols approved by a medical director under contract with a program and/or written reciprocal agreement with a medical practitioner under managed care. The protocols shall be in full compliance with standards, ethics, and licensure requirements of the medical profession and these rules and:

(a) Require, but not be limited to, the collection of medical histories as described in the client diagnostic assessment criteria;

(b) Designate those medical symptoms that, when found, require further investigation, physical examinations, treatment, or laboratory testing;

(c) Describe procedures for medical emergencies;

(d) Require that individuals admitted to the program who currently are injecting or intravenously using a drug, or within the past 30 days have injected or intravenously used a drug, or who are at risk of withdrawal from a drug, or who may be pregnant, must be referred for a physical examination and appropriate lab testing within 30 days admission to the program.

(These requirements may be waived by the medical director if these services have been received within the past 90 days and documentation is provided);

(e) Require pregnant women be referred for prenatal care within two weeks of admission to the program;

(f) Require that the program provide HIV/AIDS, tuberculosis, sexually transmitted disease, hepatitis and other infectious disease information and risk assessment, including any needed referral, within 30 days of admission; and

(g) Specify how follow up of admitted clients will be handled in the event the client is found to have any major medical problem.

(2) Implementation: The program shall adopt, maintain, and implement the policies and procedures described in this rule.

(3) Client Record Documentation: The client record shall contain documentation of all medical services provided to the client by the program.

Stat. Auth.: ORS 409.410 & 409.420

#### **415-051-0045**

##### **Clinical Supervision and Staffing Pattern**

(1) Clinical Supervision: The alcohol and other drug abuse treatment program shall provide a minimum of two hours per month of clinical supervision or consultation for each staff person or volunteer who is responsible for the delivery of treatment services, one hour of which must be individual, face-to-face clinical skill development. The objective of clinical supervision or consultation is to assist staff and volunteers to increase their treatment skills, improve quality of services to clients, and supervise program staff and volunteers' compliance with program policies and procedures implementing these rules.

(2) Staffing Patterns: Each client admitted to the program must be assigned a primary counselor.

Stat. Auth.: ORS 409.410 & 409.420

#### **415-051-0050**

##### **Administrator Qualifications**

(1) Competency: The program administrator shall:

(a) Have knowledge and experience demonstrating competence in the performance or oversight of the following essential job functions: program planning and budgeting, fiscal management, supervision of staff, personnel management, employee performance assessment, data collection, reporting, program evaluation, quality assurance, and developing and maintaining community resources; and

(b) Demonstrate by his or her conduct the competencies required by this rule and compliance with the program policies and procedures implementing these rules.

(2) Recovering Individuals: For an individual recovering from a substance abuse related disorder, the performance of a program director's essential job functions in connection with staff and clients who themselves may be trying to recover from a substance abuse related disorder demands that an applicant or person hired as program director be able to demonstrate continuous sobriety under nonresidential, independent living conditions for the immediate past two years. Stat. Auth.: ORS 409.410 & 409.420

#### **415-051-0055**

##### **Clinical Supervision Staff Qualifications**

(1) Qualifications: Each alcohol and other drug abuse treatment program shall have an identified clinical supervisor who has one of the following qualifications at the time of hire:

(a) Five years of paid full-time experience in the field of alcohol and other drug counseling; or

(b) A Bachelor's degree and four years of paid full-time experience in the social services field, with a minimum of two years of direct alcohol and other drug counseling experience; or

(c) A Master's degree and three years of paid full-time experience in the social services field with a minimum of two years of direct alcohol and other drug counseling experience.

(2) Competency: Any supervisor shall:

(a) Have knowledge and experience demonstrating competence in the performance of the following essential job functions: supervision of treatment staff including staff development, treatment planning, case management, and utilization of community resources including self-help groups; preparation and supervision of client evaluation procedures; preparation and supervision of case management procedures for client treatment; conducting of individual, group, family, and other counseling; and assurance of the clinical integrity of all client records for cases under their supervision, including timely entry or correctness of records and requiring adequate clinical rationale for decisions in admission and assessment records, treatment plans and progress notes, and discharge records;

(b) Demonstrate by his or her conduct the competencies required by this rule and compliance with the program policies and procedures implementing these rules; and

(c) Except as provided in section (5) of this rule, hold a current certification or license in addiction counseling or hold a current license as a health or allied provider issued by a state licensing body.

(3) Certification: For supervisors holding a certification or license in addiction counseling, qualifications for the certificate or license must have included at least:

(a) 4,000 hours of supervised experience in alcohol/drug abuse counseling;

(b) 270 contact hours of education and training in alcoholism and drug abuse related subjects; and

(c) Successful completion of a written objective examination or portfolio review by the certifying body.

(4) Licensure/Registration: For supervisors holding a health or allied provider license, such license/registration shall have been issued by one of the following state bodies and the supervisor must possess documentation of at least 120 contact hours of academic or continuing professional education in the treatment of alcohol and drug-related disorders:

- (a) Board of Medical Examiners;
- (b) Board of Psychologist Examiners;
- (c) Board of Clinical Social Workers;
- (d) Board of Licensed Professional Counselors and Therapists; or
- (e) Board of Nursing

(5) Existing Staff: Residential program supervisors not having a credential or license that meets the standards identified in sections (3) or (4) of this rule must achieve certification or licensure meeting the standards of section (3) of this rule within 18 months of the effective date of this rule.

(6) Recovering Individuals: For an individual recovering from a substance abuse related disorder, the performance of a clinical supervisor's essential job functions in connection with staff and clients who themselves may be trying to recover from a substance abuse related disorder demands that an applicant or person hired as clinical supervisor be able to demonstrate continuous sobriety under nonresidential, independent living conditions for the immediate past two years.

(7) Administrator as Clinical Supervisor: If the program's director meets the qualifications of the clinical supervisor, the director may be the clinical supervisor.  
Stat. Auth.: ORS 409.410 & 409.420

#### **415-051-0057**

##### **Counseling and Treatment Staff Qualifications**

(1) Competency: All treatment staff shall:

(a) Have knowledge, skills, and abilities demonstrating competence in the following essential job functions: treatment of substance-related disorders including client evaluation and individual, group, family, and other counseling techniques; program policies and procedures for client case management and record keeping; and accountability for recording information in the client files assigned to them consistent with those policies and procedures and these rules;

(b) Demonstrate by conduct the competencies required by this rule and compliance with the program policies and procedures implementing these rules; and

(c) Except as provided in section (4) or (5) of this rule, hold a current certification or license in addiction counseling or hold a current license as a health or allied provider issued by a state licensing body.

(2) Certification: For treatment staff holding a certification or license in addiction counseling, qualifications for the certificate or license must have included at least:

- (a) 1,000 hours of supervised experience in alcohol/drug abuse counseling;
- (b) 150 contact hours of education and training in alcoholism and drug abuse related subjects; and

(c) Successful completion of a written objective examination or portfolio review by the certifying body.

(3) Licensure/Registration: For treatment staff holding a health or allied provider license, such license/registration shall have been issued by one of the following state bodies and the staff person must possess documentation of at least 60 contact hours of academic or continuing professional education in the treatment of alcohol and drug-related disorders:

- (a) Board of Medical Examiners;
- (b) Board of Psychologist Examiners;
- (c) Board of Clinical Social Workers;
- (d) Board of Licensed Professional Counselors and Therapists; or
- (e) Board of Nursing

(4) Existing Staff: Existing staff of residential programs who do not hold a certificate/license that meets the standards identified in section (2) or (3) of this rule must apply to a qualified credentialing organization or state licensing board within three months of the effective date of this rule and achieve certification or licensure meeting the standards of section (2) or (3) of this rule within 36 months of the application date.

(5) New Hires: New hires need not hold a qualified certificate/license but those who do not must make application within six months of employment and receive the credential/license within 36 months of the application date.

(6) Recovering Individuals: For an individual recovering from a substance abuse related disorder, the performance of a counselor's essential job functions in connection with staff and clients who themselves may be trying to recover from a substance abuse related disorder demands that an applicant or person hired as a counselor be able to demonstrate continuous sobriety under nonresidential, independent living conditions for the immediate past two years.

(7) Interns/Students: Interns/students who do not meet the requirements of section (1) of this rule may provide clinical services if closely supervised by qualified staff pursuant to an established written plan.

Stat. Auth.: ORS 409.410 & 409.420

#### **415-051-0060**

##### **Use of Volunteers**

Each alcohol and other drug abuse treatment program utilizing volunteers shall have the following standards for volunteers:

(1) Policy: A written policy regarding the use of volunteers that shall include:

- (a) Specific responsibilities and tasks of volunteers;
- (b) Procedures and criteria used in selecting volunteers, including sobriety requirements for individuals recovering from the disease of alcohol or other drug abuse;
- (c) Specific accountability and reporting requirements of volunteers; and
- (d) Specific procedure for reviewing the performance of volunteers and providing direct feedback to them .

(2) Orientation and Training: There shall be documentation that volunteers complete an orientation and training program specific to their responsibilities before they participate in assignments. The orientation and training for volunteers shall:

- (a) Include a thorough review of the alcohol and other drug abuse treatment program's philosophical approach to treatment;
- (b) Include information on confidentiality regulations and client's rights;
- (c) Specify how volunteers are to respond to and follow procedures for unusual incidents;
- (d) Explain the alcohol and other drug abuse treatment program's channels of communication and reporting requirements and the accountability requirements for volunteers;
- (e) Explain the procedure for reviewing the volunteer's performance and providing feedback to the volunteer; and
- (f) Explain the procedure for discontinuing a volunteer's participation.

Stat. Auth.: ORS 409.410 & 409.420

## **415-051-0065**

### **Building Requirements**

- (1) Each alcohol and other drug abuse treatment program must provide facilities which:
  - (a) Comply with all applicable state and local building, electrical, plumbing, fire, safety, and zoning codes.
  - (b) Maintain up-to-date documentation verifying that they meet applicable local business license, zoning and building codes, and federal, state and local fire and safety regulations. It is the duty of the program to check with local government to make sure all applicable local codes have been met.
  - (c) Provide space for services, including but not limited to, intake, assessment, counseling, and telephone conversations that assures the privacy and confidentiality of clients and is furnished in an adequate and comfortable fashion including plumbing, sanitation, heating, and cooling.
  - (d) Provide rest rooms for clients, visitors, and staff.
  - (e) Shall be accessible to persons with disabilities pursuant to Title II of the Americans with Disabilities Act if the program receives any public funds or Title III of the Act if no public funds are received.
- (2) Emergency Procedures: Shall adopt and implement emergency policies and procedures, including an evacuation plan and emergency plan in case of fire, explosion, accident, death or other emergency. The policies and procedures and emergency plans shall be current and posted in a conspicuous area.
- (3) Tobacco Use: Outpatient programs shall not allow tobacco use on program facilities and grounds. Residential programs shall not allow tobacco use in program facilities.  
Stat. Auth.: ORS 409.410 & 409.420

## **415-051-0067**

### **Building Requirements for Residential Programs**

In addition to the building requirements contained in OAR 415-051-0065, residential programs must meet the following standards:

- (1) Construction and Alteration: Prior to construction of a new building or major alteration of, or addition to, an existing building:
  - (a) One set of plans and specifications shall be submitted to the State Fire Marshal for approval;
  - (b) Plans shall be in accordance with the current edition of the State of Oregon Structural Specialty Code and Fire and Life Safety Regulations;
  - (c) Construction containing 4,000 square feet or more shall be prepared and bear the stamp of an Oregon licensed architect or engineer; and
  - (d) The water supply, sewage, and garbage disposal system shall be approved by the agency having jurisdiction.
- (2) Interiors: All rooms used by residents shall have floors, walls, and ceilings which meet the interior finish requirements of the State of Oregon Structural Specialty Code and Fire and Life Safety Regulations.
- (3) Dining Room: A separate dining room or area shall be provided for exclusive use of residents, employees, and invited guests, and shall:
  - (a) Seat at least one-half of the residents at a time with a minimum of 15 square feet per occupant; and

- (b) Be provided with adequate ventilation.
  - (4) Living Room: A separate living room or lounge area shall be provided for the exclusive use of residents, employees, and invited guests and shall:
    - (a) Provide a minimum of 15 square feet per occupant; and
    - (b) Be provided with adequate ventilation.
  - (5) Bedrooms: Bedrooms shall be provided for all residents and shall:
    - (a) Be separate from the dining, living, multi-purpose, laundry, kitchen, and storage areas;
    - (b) Be an outside room with an openable window of at least the minimum required by the State Fire Marshal;
    - (c) Have a ceiling height of at least seven feet, six inches;
    - (d) Provide a minimum of 60 square feet per resident, with at least three feet between beds;
    - (e) Provide permanently wired light fixtures located and maintained so as to give light to all parts of the room; and
    - (f) Provide a curtain or window shade at each window to assure privacy.
  - (6) Bathrooms: Bathrooms shall be provided and conveniently located in each building containing a resident bedroom and shall:
    - (a) Provide a minimum of one toilet and one handwashing sink for each eight residents, and one bathtub or shower for each ten residents;
    - (b) Provide one handwashing sink convenient to every room containing a toilet;
    - (c) Provide permanently wired light fixtures located and maintained so as to give adequate light to all parts of the room;
    - (d) Provide arrangements for individual privacy for residents;
    - (e) Provide a privacy screen at each window;
    - (f) Provide a mirror; and
    - (g) Be provided with adequate ventilation.
  - (7) Plumbing: A supply of hot and cold water, installed and maintained in compliance with current rules of the Department of Human Services, Health Services, Office of Public Health Systems, shall be distributed to taps conveniently located throughout the residential program. All plumbing shall be in compliance with applicable codes.
    - (8) Laundry Facilities: Laundry facilities, when provided, shall be separate from:
      - (a) Resident living areas, including bedrooms;
      - (b) Kitchen and dining areas; and
      - (c) Areas used for the storage of unrefrigerated perishable foods.
    - (9) Storage Areas: Storage areas shall be provided appropriate to the size of the residential program. Separate storage areas shall be provided for:
      - (a) Food, kitchen supplies, and utensils;
      - (b) Clean linens;
      - (c) Soiled linens and clothing;
      - (d) Cleaning compounds and equipment; and
    - (e) Poisons, chemicals, rodenticides, insecticides, and other toxic materials, which shall be properly labeled, stored in the original container, and kept in a locked storage area.
- Stat. Auth.: ORS 409.410 & 409.420

#### **415-051-0069**

##### **Resident Furnishings**

- (1) Furniture: Furniture shall be provided for each resident and shall include:
  - (a) A bed with a frame and a clean mattress and pillow;



- (b) A private dresser or similar storage area for personal belongings which is readily accessible to the resident; and
- (c) Access to a closet or similar storage area for clothing.
- (2) Linens: Linens shall be provided for each resident and shall include:
  - (a) Sheets and pillowcases;
  - (b) Blankets, appropriate in number and type for the season and the individual resident's comfort; and
  - (c) Towel and washcloth.

Stat. Auth.: ORS 409.410 & 409.420

#### **415-051-0072**

##### **Food Service**

- (1) A residential program shall meet the requirements of the State of Oregon Sanitary Code for Eating and Drinking Establishments relating to the preparation, storage, and serving of food.
- (2) Menus: Menus shall be prepared in advance to provide a sufficient variety of foods served in adequate amounts for each resident at each meal and shall be adjusted for seasonal changes.
  - (a) Records of menus as served shall be filed and maintained in the residential program records for at least 30 days;
  - (b) All modified or special diets shall be ordered by a physician; and
  - (c) At least three meals shall be provided daily.
- (3) Food Storage: Supplies of staple foods for a minimum of one week and of perishable foods for a minimum of a two-day period shall be maintained on the premises.
- (4) Food shall be stored and served at proper temperature.
- (5) All utensils, including dishes, glassware, and silverware used in the serving or preparation of drink or food for residents shall be effectively washed, rinsed, sanitized, and stored after each individual use to prevent contamination in accordance with Department of Human Services, Health Services, Office of Public Health Systems standards.
- (6) Forbidden Foods: Raw milk and home-canned vegetables, meats, and fish shall not be served or stored in a residential program.

Stat. Auth.: ORS 409.410 & 409.420

#### **415-051-0075**

##### **Safety**

- (1) Approved Capacity: At no time shall the number of residents served exceed the approved capacity.
- (2) Emergency Plan: A written emergency plan shall be developed and posted next to the telephone used by employees and shall include:
  - (a) Instructions for the employee or designated resident (s) in the event of fire, explosion, accident, death, or other emergency and the telephone numbers of the local fire department, law enforcement agencies, hospital emergency rooms, and the residential program's designated physician and on-call back-up treatment staff;
  - (b) The telephone number of the administrator or clinical supervisor and other persons to be contacted in case of emergency; and
  - (c) Instructions for the evacuation of residents and employees in the event of fire, explosion, or other emergency; and

(3) Fire Safety: The residential program shall provide fire safety equipment appropriate to the number of residents served, and meeting the requirements of the State of Oregon Structural Specialty Code and Fire and Life Safety Regulations.

(4) Fire detection and protection equipment shall be inspected as required by the State Fire Marshal.

(5) All flammable and combustible materials shall be properly labeled and stored in the original container in accordance with the rules of the State Fire Marshal.

(6) The residential program shall conduct unannounced fire evacuation drills at least monthly. At least once every three months the monthly drill shall occur between 10 pm and 6 am. Written documentation of the dates and times of the drills, time elapsed to evacuate, and staff conducting the drills shall be maintained.

Stat. Auth.: ORS 409.410 & 409.420

#### **415-051-0077**

##### **Sanitation**

(1) All floors, walls, ceilings, window, furniture, and equipment shall be kept in good repair, clean, neat, orderly, and free from odors.

(2) Each bathtub, shower, handwashing sink, and toilet shall be kept clean and free from odors.

(3) Water Supply: The water supply in the residential program shall meet the requirements of the current rules of the Department of Human Services, Health Services, Office of Public Health Systems governing domestic water supplies.

(4) Laundry: Soiled linens and clothing shall be stored in an area separate from kitchens, dining areas, clean linens and clothing, and unrefrigerated food.

(5) Insects: All measures necessary to prevent the entry into the program of mosquitoes and other insects shall be taken.

(6) Rodents: All measures necessary to control rodents shall be taken.

(7) Litter: The grounds of the program shall be kept orderly and free of litter, unused articles, and refuse.

(8) Garbage/Sewage:

(a) Garbage and refuse receptacles shall be clean, durable, water-tight, insect- and rodent-proof, and kept covered with a tight-fitting lid;

(b) All garbage solid waste shall be disposed of at least weekly and in compliance with the current rules of the Department of Environmental Quality;

(c) Sewage and liquid waste shall be collected, treated, and disposed of in compliance with the current rules of the Department of Environmental Quality.

Stat. Auth.: ORS 409.410 & 409.420

#### **415-051-0080**

##### **Corrections Prerelease Day Treatment Programs**

(1) Exceptions: Corrections prerelease day treatment programs for alcohol and drug abuse problems are required to comply with the general standards for alcohol and other drug abuse treatment programs, OAR 415-051-0000 to 051-0070, with the following exceptions:

(a) Grievance policy, client work policy, and voter registration policy (OAR 415-051-020 (9), (11), and (12));

(b) Placement, continued stay, and discharge criteria and treatment planning and review (OAR 415-051-037 (1), (2), and (4)); and

(c) Medical services (OAR 415-051-0040).

(2) Corrections Department Records: Where the required assessment, treatment, and other services are provided by the Department of Corrections, the corrections prerelease day treatment program shall have access to that information in the client's corrections institution file.

(3) Assessment: Corrections prerelease day treatment programs shall provide a client diagnostic assessment which includes:

(a) Alcohol and other drug use and problem history;

(b) Family and interpersonal history;

(c) Educational history, including learning disabilities, if applicable;

(d) Employment and vocational history;

(e) History of previous treatment, including course of treatment, outcomes of treatment, and client attitude toward previous treatment; and

(f) Presenting problems (client report of why he or she needs treatment).

(4) Treatment Services: The program shall provide structured therapeutic counseling and alcohol and other drug specific education services as required in the Department of Corrections contract.

(5) Transition Services: The program shall provide systematic coordination and transition from institution to the community including:

(a) Development of interagency contracts with community corrections agencies wherein both parties agree to prioritize certain clients and closely coordinate services for those clients; and

(b) Transition services which begin, at a minimum, at least two weeks prior to the client's discharge from the institution. These services shall include at least one case staffing (in person or by telephone) between the supervising officer and a member of the community follow-up program treatment staff.

Stat. Auth.: ORS 409.410 & 409.420

#### **415-051-0090**

##### **Minority Programs**

In addition to the general alcohol and other drug abuse treatment program standards described in OAR 415-051-0000 through 051-0070, the ASAM PPC-2R, programs approved and designated as minority programs shall meet the following criteria:

(1) Treat a majority of clients representing the targeted minority population as described in OAR 415-051-0005 (Definitions).

(2) Governing Board: Develop and maintain a governing or advisory board that shall:

(a) Have a majority representation of the target minority group being served;

(b) Receive training concerning the significance of culturally relevant treatment services; and

(c) Meet at least quarterly.

(3) Accessibility: Maintain accessibility to minority populations including:

(a) The physical location of the program shall be within close proximity to the target minority populations;

(b) Where available, public transportation shall be within close proximity to the program;

(c) Hours of service, telephone contact, and other client-related accessibility issues shall be appropriate for the target population; and

(d) The physical facility within which the minority treatment services are delivered shall be psychologically comfortable for the target group including:

(A) Materials displayed shall be culturally relevant;

(B) Mass media programming (radio, television, etc.) shall be sensitive to cultural background; and

(C) Other cultural differences shall be considered and accommodated when possible (e.g., the need or desire to bring family members to the facility, play areas for small children, etc.).

(4) Staff Qualifications: Counseling and treatment staff shall have knowledge, experience, training, and demonstrated competence in cultural aspects of the target group and, where appropriate, be bilingual.

Stat. Auth.: ORS 409.410 & 409.420

#### **415-051-0100**

##### **Adolescent Treatment Services**

In addition to the general standards for alcohol and other drug abuse treatment programs (OAR 415-051-0000 through OAR 415-051-0070) the programs approved to provide adolescent treatment services or those with adolescent designated treatment funding shall meet the following standards:

(1) Participation of Family/Agencies: Treatment planning/case management services shall include participation of parents, other family members, schools, children's services agencies, and juvenile corrections, as appropriate .

(2) Treatment Services: Treatment services should include :

(a) Family treatment;

(b) Recreation and leisure time skills training;

(c) Academic education services or referral;

(d) Smoking cessation treatment; and

(e) Gender-specific treatment.

(3) Continuing Care: Continuing care [treatment] services shall be of appropriate duration and designed to maximize recovery opportunities. The services shall include:

(a) Reintegration services and coordination with family and schools;

(b) Support groups and/or other peer support groups provided at school sites;

(c) Youth dominated self-help groups where available;

(d) Referral to emancipation services when appropriate; and

(e) Referral to physical or sexual abuse treatment when appropriate.

(4) Staff Qualifications: Staff shall have formal training in adolescent development and family counseling and demonstrate competence in the gender-specific alcohol and other drug abuse treatment of adolescents and their families.

Stat. Auth.: ORS 409.410 & 409.420

#### **415-051-0105**

##### **Admission and Treatment of Children in Residential Treatment Programs**

If a residential treatment program offers services to children, then in addition to the requirements of OAR 415-051-0000 through 415-051-0190, a program must meet the following requirements related to the treatment of children:

- (1) The residential program shall be licensed by the Department of Human Services, Health Services, Office of Children and Families-Self Sufficiency and Child Safety in cooperation with the Office of Mental Health and Addiction Services of the Department of Human Services, Health Services,
  - (2) Staffing: Staff coverage must be provided 24 hours per day, seven days per week.
  - (3) There shall be employed a sufficient number of qualified treatment staff to ensure a ratio of at least one treatment staff per eight residents.
  - (4) Individualized treatment plans for children admitted for treatment shall:
    - (a) Be developed by the residential program in cooperation with child care workers, other involved professionals, and the child and the child's family as appropriate;
    - (b) Include an educational component. The educational component should, as appropriate, provide the child with educational opportunities while in treatment, and shall include a plan for phasing the child into a community education program if appropriate and as soon as reasonable;
    - (c) Include recreational and leisure-time activities appropriate to the child; and
    - (d) Include access to self-help groups predominantly composed of, and focused on, children.
- Stat. Auth.: ORS 409.410 & 409.420

#### **415-051-0110**

##### **Women's Treatment Services**

In addition to the general standards for alcohol and other drug abuse treatment programs, (OAR 415-051-0000 through OAR 415-051-0070), programs approved and designated to primarily provide treatment services to women shall meet the following standards:

- (1) Women-Specific Problems: The client record shall contain an evaluation that identifies and assesses problems specific to women's issues in treatment such as social isolation, self-reliance, parenting issues, domestic violence, and housing and financial problems.
- (2) Treatment Plan: The client's treatment plan shall address problems identified above as well as alcohol and other drug abuse and other treatment issues.
- (3) Special Needs: The program shall provide or coordinate services that meet the special access needs of this population such as child care, mental health services, and transportation.
- (4) Treatment Services: Treatment services shall include the following unless clinically contraindicated:
  - (a) Gender specific treatment;
  - (b) Family treatment;
  - (c) Reintegration with family services;
  - (d) Smoking cessation treatment;
  - (e) Housing; and
  - (f) Transportation.
- (5) Treatment planning and treatment shall include the participation of significant others as appropriate (e.g., social service, child welfare, or corrections agencies).
- (6) Referral Services: The program shall make available or provide referrals to the following services if indicated:
  - (a) Sexual or physical abuse treatment; and
  - (b) Parenting training; and
  - (c) Domestic violence counseling.
- (7) Staff Training: The treatment staff shall have formal training and education in women's treatment needs and family counseling and demonstrate competence in the treatment of alcohol and other drug abuse by women.

(8) Continuing Care: Continuing care treatment services shall be consistent with the ASAM PPC 2R and shall include referrals to female dominated support groups where available.  
Stat. Auth.: ORS 409.410 & 409.420

#### **415-051-0130**

##### **DUII Alcohol/Other Drug Rehabilitation Programs**

In addition to the general standards for alcohol and other drug treatment programs, OAR 415-051-0000 through 051-0070, and other standards as appropriate described in OAR 415-051-0090 through 051-0110, programs approved to provide DUII rehabilitation services shall meet the following standards:

(1) DUII Treatment Services: DUII rehabilitation programs will assess clients referred for treatment by the evaluation specialist. Placement, continued stay and discharge of clients will be based on the criteria described in the ASAM PPC-2R, subject to the following additional terms and conditions

(2) Abstinence: Client must demonstrate continuous abstinence for a minimum of 90 days prior to discharge as documented by urinalysis tests and other evidence.

(3) Treatment Completion: Residential or inpatient programs may not certify the completion of DUII treatment. Only DUII rehabilitation programs may certify treatment completion.

(4) Residential Treatment: Using the ASAM PPC-2R, the DUII program's assessment may indicate that the client requires treatment in a residential program. It will be the responsibility of the DUII program to:

(a) Monitor the case carefully while the client is in residential treatment by confirming that the client entered the program and that the client completed the program;

(b) Provide or monitor outpatient and/or follow-up services when the client is discharged from the residential program; and

(c) Verify completion of residential treatment and follow-up outpatient treatment.

(5) Urinalysis Testing: A minimum of two urinalysis samples shall be collected during the period of service deemed necessary by a client's DUII rehabilitation program:

(a) Using the process defined in OAR 415-051-0005, the samples shall be tested for at least three controlled drugs.

(b) At least one of the two samples is to be collected and tested in the first two weeks of the program and at least one is to be collected and tested in the last two weeks of the program.

(c) If the first sample is positive, two or more samples must be collected and tested, including one sample within the last two weeks before discharge.

(d) Programs may use methods of testing for the presence of alcohol and other drugs in the client's body other than urinalysis tests if they have obtained the prior review and approval of such methods by the Office.

(6) Reporting: The program will report:

(a) To the Office on forms prescribed by the Office;

(b) To the evaluation specialist within 30 days from the date of the referral by the specialist. Subsequent reports must be provided within 30 days of discharge or within 10 days of the time that the client enters non compliant status; and

(c) To the appropriate evaluation specialist, case manager, court, and/or other agency as required when requested concerning client cooperation, attendance, treatment progress, utilized modalities, and fee payment.

(7) Certifying Completion: The program shall send a numbered Certificate of Completion to the Department of Motor Vehicles to verify the completion of convicted clients. Payment for

treatment may be considered a requirement for compliance and treatment completion. A certificate of completion shall not be issued until the client has satisfied the abstinence requirements of section (2) of this rule.

(8) Records: The DUII rehabilitation program shall maintain in the permanent client file, urinalysis results and all information necessary to determine whether the program is being, or has been, successfully completed.

(9) Separation of Assessment/Rehabilitation Functions: Without the approval of the Administrator consistent with the criteria in OAR 415-054-0200 to 0240, no agency or person may provide DUII rehabilitation to a client who has also been referred by a Judge to the same agency or person for a DUII related diagnostic assessment. Failure to comply with this section will be considered a violation of ORS chapter 813. If the Administrator finds such a violation the Administrator may deny, suspend, revoke, or refuse to renew a letter of approval.  
Stat. Auth.: ORS 409.410 & 409.420

#### **415-051-0140**

##### **Residential Treatment Services**

In addition to the general standards for alcohol and other drug abuse treatment programs (OAR 415-051-0000 through OAR 415-051-0070), including the ASAM PPC-2R, programs approved to provide residential treatment services shall meet the following standards:

(1) Behavior Problems Policy: The residential program shall develop, implement, and inform residents of policy and procedure regarding the management of behavior problems which:

- (a) Prohibits physical punishment;
- (b) Prohibits seclusion in a locked room;
- (c) Prohibits the withholding of shelter, regular meals, clothing, or aids to physical functioning; and
- (d) Prohibits the disciplining of one resident by another.

(2) Client Rights: The residential program shall develop, implement and inform clients of policies and procedures to protect client rights. In addition to the requirements listed in OAR 415-051-0020,, the policies and procedures must protect client rights that include:

- (a) Adequate food, housing, personal services, and treatment or care;
- (b) Visits to and from family members, friends, advocates, and legal and medical professionals, consistent with treatment plans and reasonable written program rules;
- (c) Access to community resources, including recreation activities, social service agencies, employment and vocational services, and self help groups, consistent with the client's treatment plan and reasonable written rules;
- (d) The right to confidential communications;
- (e) Personal property consistent with reasonable written rules;
- (f) Freedom from involuntary treatment, unless the person has been involuntarily committed by appropriate court order;
- (g) Religious practices as personally preferred, consistent with treatment plans and reasonable program rules;
- (h) Voting; and
- (i) Access to community resources, including recreation activities, social service agencies, employment and vocational services, and self-help groups consistent with the client's treatment plan and reasonable program rules.

(3) Administration of Medications: The following guidelines must be followed in policies on administration of medications:

(a) A written order signed by a physician, or a program medical policy approved in writing by a licensed physician, is required before any medication can be administered to, or self-administered by, any resident;

(b) Medications prescribed for one resident shall not be administered to, or self-administered by, another resident or employee; and

(c) In the cases where a resident self-administers medication, self-administration shall be approved in writing by a physician, and closely monitored by the residential program staff.

(4) Unused or Outdated Drugs: No unused, outdated, or recalled drugs shall be kept in the residential program. On a monthly basis, any unused, outdated, or recalled drugs shall be disposed of in a manner that assures they cannot be retrieved.

(5) Documentation of Drug Disposal: A written record of all disposals of drugs shall be maintained in the residential program and shall include:

(a) A description of the drug, including the amount;

(b) The resident for whom the medication was prescribed;

(c) The reason for disposal; and

(d) The method of disposal.

(6) Storage of Prescription Drugs: All prescription drugs stored in the residential program shall be kept in a locked stationary container. Those medications requiring refrigeration shall be stored in a refrigerator using a locked container which need not be stationary.

(7) Individual Prescription Drug Records: Individual records shall be kept for each resident for any prescription drugs administered to, or self-administered by any resident. The record will include:

(a) Resident's name;

(b) Prescribing physician's name;

(c) Description of medication, including prescribed dosage;

(d) Verification in writing by treatment staff that the medication was taken and the times and dates administered or self-administered;

(e) Method of administration;

(f) Any adverse reactions to the medication; and

(g) Continuing evaluation of the resident's ability to self-administer the medication.

(8) First-Aid: A residential program shall ensure that for all 24 hours per day at least one person is onsite, on duty, and certified by the Red Cross or other appropriate entity in first-aid methods including cardiopulmonary resuscitation.

Stat. Auth.: ORS 409.410 & 409.420

## **415-051-0155**

### **Residential Transition Programs**

In addition to the general standards for alcohol and other drug abuse treatment programs (OAR 415-051-0000 through OAR 415-051-0140), residential transition programs shall, during hours when there is no on-site staff coverage, provide for coverage by at least one resident designated by the administrator as being capable of managing emergencies and other situations that require immediate attention.