

**Addictions and Mental Health Division  
Children's System Advisory Committee  
March 2009**

**Integrated Services and Supports Rule**

**-- Integrated Standards for Children's Mental Health Services**

The purpose of the Integrated Services and Supports Rule (ISSR) is to streamline clinical standards currently described in the following rules: adult & children's outpatient, adult residential treatment homes and treatment facilities, children's Intensive Community-Based Treatment Services (ICTS) and Intensive Treatment Services (ITS) standards, and outpatient and residential alcohol and other drug (AOD) treatment programs.

The ISSR also includes new *standards for services that have not been previously defined* in administrative rules such as outpatient & residential problem gambling treatment services, Transition Age Youth and Young Adults, early childhood, peer delivered services, and Secure Children's Inpatient Program (SCIP), Secure Adolescent Inpatient Program (SAIP), and Stabilization and Transition Services (STS) for children. The current standards for these services are organized separately, each containing similar sections. The ISSR reorganizes these standards into *one set* of sections. The sections, as delineated in the table of contents in the ISSR rule draft are:

- ~ purpose and scope;
- ~ definitions;
- ~ provider policies;
- ~ individual rights;
- ~ personnel;
- ~ service documentation;
- ~ entry and assessment;
- ~ general service standards;
- ~ program specific service standards;
- ~ service conclusion, transfer, and continuity of care;
- ~ quality assessment and performance improvement;
- ~ grievances and appeals; and
- ~ variances.

Changes that relate to children's mental health services:

- New definitions have been added for the following terms: cultural competence, culturally specific program, developmentally appropriate, family-driven, family navigators, family support, gender-specific services, Juvenile Psychiatric Security Review Board (JPSRB), peer support specialist, peer delivered services, resilience, transition-age youth, trauma-informed services, and youth-guided.
- There is a requirement for program policies to include: person-directed services (and family involvement), including cultural competency and developmentally appropriate service planning and delivery; wellness, recovery and resiliency; trauma-informed services; behavior support; and crisis prevention and response.
- There are delineated staff qualifications for care coordinator, family navigator, paraprofessional, peer support specialist, and volunteer.
- A section is included on assessment that includes trauma screening, AOD screening, and neurodevelopmental and other considerations for children age 0-5.
- The Treatment Plan is renamed the Individual Service & Support Plan (ISSP), with the requirement of family involvement in the development of the ISSP to the highest degree possible. ISSPs are signed by licensed health care professionals (not limited to a Licensed Medical Professional).
- There are service standards for family involvement, peer delivered services, transition-age young adults, and co-occurring disorders.
- The Discharge Summary is renamed the Service Summary.
- There are no timelines for completion of documentation, with the exception that a Service Summary is to be completed within 30 days of a service conclusion.
- For ICTS programs, the Service Coordination Plan is not required. Instead, service coordination planning is documented in the Individual Service & Support Plan (ISSP).
- There is new language describing standards for Secure Inpatient Programs for Children (SCIP), and adolescents (SAIP), and Stabilization and Treatment Services (STS).
- There are new standards for behavior support services.
- There are new standards for the Juvenile Psychiatric Security Review Board.

The next ISSR workgroup meeting is on April 16 from 9-4 p.m. @ Willamette ESD, Marion Room. Please contact Matthew Pearl at 503-947-5524 if you have additional questions.

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