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**TEMPORARY ADMINISTRATIVE ORDER**  
INCLUDING STATEMENT OF NEED & JUSTIFICATION

**OAAC 2-2022**

CHAPTER 944

OVERSIGHT AND ACCOUNTABILITY COUNCIL

**FILED**

06/29/2022 1:51 PM  
ARCHIVES DIVISION  
SECRETARY OF STATE  
& LEGISLATIVE COUNSEL

FILING CAPTION: Clarifies The Behavioral Health Resource Network Required Services And Defines Supported Employment

EFFECTIVE DATE: 06/29/2022 THROUGH 12/25/2022

AGENCY APPROVED DATE: 06/29/2022

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Filed By:

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**NEED FOR THE RULE(S):**

Measure 110/SB 755 establishes funding for Behavioral Health Resource Networks (BHRNs) that must provide critical services for people with substance use issues. These critical services include, for example, screening, referrals, outreach, and supported employment services as set by statute and administrative rule. Currently, the first BHRNs are being established and these rules provide needed clarity to BHRN entities, by defining key services required to establish and maintain a BHRN.

**JUSTIFICATION OF TEMPORARY FILING:**

(1) Describe the specific consequences that result from the failure to immediately adopt, amend or suspend the rule(s). Drug addiction and overdoses are a serious problem in Oregon, which leads to death, and disruption for individuals, their families, and their communities. That burden is carried disproportionately by individuals and communities who lack access to services for substance use.

The Oversight and Accountability Council is in the first round of BHRN funding providers of these critical services, following Request for Grant Applications (RFGA) 5308, and currently BHRN entities are preparing to begin services with the awarded funds and establishing their Memoranda of Understanding (MOU) with each other that will form the basis of how they will operate to together form a BHRN. At this foundational stage, these rule amendments will clarify the requirements with respect to several critical services: supported employment, referrals pathways and partnerships, expungement services and referrals, and assessment of the need for, and provision of, mobile or virtual outreach services.

Failure to adopt these amendments immediately could delay or hinder the establishment of these BHRNs and MOUs, and the provision of life-saving services. That could result in avoidable deaths or lower access to life saving resources, referrals, and services.

(2) Who would suffer these consequences?

Grantees and providers of Behavioral Health Resource Network services would suffer the consequences, especially the individuals that they serve and members of the public that may be in need of these services. One in ten Oregonians over

the age of 12 has a substance use disorder according to the National Survey of Drug Use and Health. (Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Annual Averages, 2017-2019 (See link in Documents Relied upon). Substance use disorder affects individuals, as well as their families and communities, who could suffer worse outcomes for those with substance use disorder and which deepens health inequities for those who lack access to services.

(3) Why or how failure to immediately take rulemaking action would cause these consequences;

Failure to adopt these amendments immediately could create confusion about what services are required or available, which could delay or hinder the establishment of BHRNs and MOUs, and delay or hinder the provision of life-saving services to individuals. That could result in the avoidable deaths or lower access to life saving resources, referrals, and services, as described above.

(4) How the temporary action will avoid or mitigate those consequences. The rule amendments provide immediate greater clarity about what services are required of grantees, facilitating the current process of forming BHRNs, drafting and entering MOUs with other entities in the BHRN, and providing funded services. It also provides immediate greater clarity to individuals and the public regarding their access to life-saving services such as supported employment, referrals pathways and partnerships, expungement services and referrals, and assessment of the need for, and provision of, mobile or virtual outreach services.

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DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, Annual Averages, 2017-2019, [https://www.samhsa.gov/data/sites/default/files/reports/rpt32854/Oregon-BH-Barometer\\_Volume6.pdf](https://www.samhsa.gov/data/sites/default/files/reports/rpt32854/Oregon-BH-Barometer_Volume6.pdf)

Request for Grant Applications (RFGA) 5308, available at <https://oregonbuys.gov/bsa/external/bidDetail.sdo?docId=S-44300-00001209&external=true&parentUrl=close>

ORS 430.383-ORS 430.393, available at [https://www.oregonlegislature.gov/bills\\_laws/ors/ors430.html](https://www.oregonlegislature.gov/bills_laws/ors/ors430.html)

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RULES:

944-001-0010, 944-001-0020

AMEND: 944-001-0010

RULE SUMMARY: Added definitions to align with existing Behavioral Health rules (OAR 309-019-0275).

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) Housing for individuals with substance use disorders;¶

(d) Harm reduction services;¶

(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 often provided 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 supplies, and overdose prevention sites, where the law allows.¶
- (15) "Individuals or persons with substance use disorder" means people with a substance disorder diagnosis or who meet the diagnostic criteria for a substance use disorder.¶

- (16) "Individual Intervention Plan" means A plan encompassing the desired changes and outcomes of a recovery process made collaboratively between an individual and a provider.¶
- (17) "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.¶
- (18) "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.¶
- (19) "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.¶
- (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.¶

(23) "Supervision for Addiction Peer Support Specialists, Certified Recovery Mentors, and Addiction Peer Wellness Specialists" means at least one hour of supervision per week by a qualified peer delivered services supervisor, and one hour per week of supervision by a 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.¶

(24) "Supported employment" means individualized services that assist individuals with substance use disorder in obtaining and maintaining employment in the community and in continuing treatment for the individual to ensure rehabilitation and productive employment. ¶

(25) "Supported employment services" means services provided for supported employment, including but not limited to: ¶

(a) Job development;¶

(b) Supervision and job training;¶

(c) On-the-job visitation;¶

(d) Consultation with the employer;¶

(e) Job coaching;¶

(f) Counseling;¶

(g) Skills training; and¶

(h) Transportation.

Statutory/Other Authority: Ballot Measure 110 (2020), SB 755 (2021), ORS 430.389, ORS 430.390, ORS 430.391

Statutes/Other Implemented: Ballot Measure 110 (2020), SB 755 (2021), ORS 430.383, ORS 430.392

AMEND: 944-001-0020

RULE SUMMARY: The addition of supported employment in every BHRN is added to align with ORS 430.389(2)(d)(E) and the Oversight and Accountability approved RFGA process.

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 a BHRN, a BHRN 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

request for an assessment through a 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, COVID-19, 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.¶

~~(g3) Partnerships and clear referral pathways to the following services:¶~~

~~(A) Employment, training and education;¶~~

~~(B) Family counseling, par~~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 a BHRN, a BHRN 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 support and childcare; 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.¶

~~(CA) Youth services;~~Referral to all requested and appropriate services must be made at the time the screening is completed.¶

~~(DB) 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);~~upportive 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

request for an assessment through a 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, COVID-19, and Tuberculosis (TB) testing, vaccine, or care services if necessary.

(Ee) Assistance to address food insecurity;

(F) CoLow-barrier substance use disorder treatment and addiction recovery services.

(A) Individuals using substances by injection must be offered interim referrals or information with other local, county, and state agencies as appropriate, such as social services, child welfare, or corrections; 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.

(Gf) Referral and coordination with agencies providing services to those who have experienced physical abuse, sexual abuse, or other types of domestic violence; and

(H) PFI 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 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.

(hg) E For BHRNs funded after January 1, 2024, expungement services or referrals to expungement services to facilitate housing, employment, and receipt of other recovery services.

(h) Assessment of the need for, and provision of, mobile or virtual outreach services as required in ORS 430.389(2)(d)(E); and

(i) Supported employment.

(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.¶
- (6) BHRNs must operate in a manner that honors tribal sovereignty and self-determination.¶
- (7) In performing duties under section (3) of this rule, BHRNs must maintain partnerships and clear referral pathways to appropriate services, such as:¶
  - (a) Employment, training and education;¶
  - (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;¶
  - (h) Primary care services, including primary pediatric care and immunizations for children of those seeking care; and¶
  - (i) Expungement services.

Statutory/Other Authority: Ballot Measure 110 (2020), SB 755 (2021), ORS 430.389, ORS 430.390, ORS 430.391  
Statutes/Other Implemented: Ballot Measure 110 (2020), SB 755 (2021), ORS 430.383, ORS 430.392