

House Bill 2049

Ordered printed by the Speaker pursuant to House Rule 12.00A (5). Pre-session filed (at the request of House Interim Committee on Human Services and Women's Wellness)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Changes name of Governor's Council on Alcohol and Drug Abuse Programs to Governor's Council on Substance Use Disorders. Applies consistent terminology for substance use disorders. Increases from 11 to 15 number of members of council. Expands duties of council. Expands government entities involved in development of comprehensive state plan for substance use disorder prevention, intervention and treatment services.

A BILL FOR AN ACT

1
2 Relating to substance use disorder programs; amending ORS 137.308, 409.010, 409.410, 409.420,
3 410.040, 417.705, 417.728, 417.775, 430.250, 430.255, 430.257, 430.258, 430.259, 430.265, 430.270,
4 430.290, 430.345, 430.350, 430.355, 430.357, 430.359, 430.362, 430.366, 430.368, 430.370, 430.375,
5 430.380, 430.385, 430.395, 430.535, 430.610, 430.630 and 430.640.

Be It Enacted by the People of the State of Oregon:

6 **SECTION 1.** ORS 430.250 is amended to read:

7 430.250. (1) The Legislative Assembly recognizes that:

8 (a) Dependence on alcohol or other drugs is treatable and preventable;

9 (b) The Legislative Assembly has a responsibility to the citizens of the state to ensure that all
10 related services and resources are provided in an effective and efficient manner; and

11 (c) State agencies are accountable to coordinate all related services to the maximum extent
12 possible.

13
14 (2) The Governor's Council on [*Alcohol and Drug Abuse Programs*] **Substance Use Disorders**,
15 created pursuant to ORS 430.255, shall implement the state policy as set forth in subsection (1) of
16 this section by:

17 (a) Developing a statewide [*alcohol and other drug abuse*] **substance use disorder** plan that:

18 (A) Incorporates priorities and recommendations contained in the [*alcohol and drug abuse re-*
19 *lated*] components of each local coordinated comprehensive plan **related to substance use disorder-**
20 **ders**;

21 (B) Describes the need for services and the process by which state resources shall be prioritized
22 in order to meet the demand for services for children and families;

23 (C) Sets forth principles to guide the state in purchasing [*alcohol and other drug abuse*] **sub-**
24 **stance use disorder** prevention materials and treatment services; and

25 (D) Recommends goals, specific priorities and programs for review by the Governor and the
26 Legislative Assembly; and

27 (b) Monitoring those programs and financial efforts of the state which prevent, intervene in and
28 treat [*alcohol and other drug*] **substance use** problems for compliance with the approved statewide
29 [*alcohol and drug abuse*] **substance use disorder** plan.

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 (3) The Legislative Assembly expects as a condition of budget approval that all appropriate state
 2 agencies work with and through the Governor’s Council on [*Alcohol and Drug Abuse Programs*]
 3 **Substance Use Disorders** to assist:

4 (a) In the preparation of the proposed statewide [*alcohol and drug abuse*] **substance use dis-**
 5 **order** plan;

6 (b) In the implementation, monitoring and evaluation of the statewide plan approved by the
 7 Legislative Assembly; and

8 (c) In developing and implementing methods for evaluating the effectiveness and efficiency of
 9 their respective [*alcohol and drug abuse*] **substance use disorder** prevention, intervention or
 10 treatment or rehabilitation services, or any of them.

11 **SECTION 2.** ORS 430.255 is amended to read:

12 430.255. (1)(a) There is created in the office of the Governor the Governor’s Council on [*Alcohol*
 13 *and Drug Abuse Programs*] **Substance Use Disorders**. The council shall consist of not more than
 14 [11] **15** members who are appointed by the Governor for terms of four years. Members are eligible
 15 for one reappointment. Members must be without conflicting interests and as representative as
 16 possible of:

17 (A) Geographic regions of the state;

18 (B) At-risk populations, including among others, youth, the elderly, minorities and women;

19 (C) Knowledgeable professionals, such as pharmacists, physicians, attorneys and the like who
 20 are not necessarily representatives of professional organizations, but who may be recovering **from**
 21 **substance use disorders**;

22 (D) Knowledgeable nonprofessionals who may represent advocate groups and who may be re-
 23 covering **from substance use disorders**; and

24 (E) Local advisory groups.

25 (b) In addition to the members appointed to the council under paragraph (a) of this subsection,
 26 the council shall include:

27 (A) One member appointed by the President of the Senate, who shall be a member of the Senate
 28 and who shall be a nonvoting, advisory member; and

29 (B) One member appointed by the Speaker of the House of Representatives, who shall be a
 30 member of the House of Representatives and who shall be a nonvoting, advisory member.

31 (2) The duties of the Governor’s Council on [*Alcohol and Drug Abuse Programs*] **Substance Use**
 32 **Disorders** are to:

33 (a) Assess the economic and social impact of [*alcohol and drug abuse*] **substance use** on the
 34 State of Oregon and report the findings and recommendations to the Governor by January 1 of each
 35 even-numbered year.

36 (b) Review and make recommendations to the Governor on the goals, financing, priorities and
 37 a state plan for prevention, intervention and treatment of [*alcohol and drug abuse*] **substance use**
 38 problems, which encompasses all appropriate state agencies and is consistent with ORS 430.258, by
 39 January 1 of each even-numbered year.

40 (c) Review [*alcohol and drug abuse*] **substance use disorder** programs and make recommen-
 41 dations to the Governor on the effectiveness and priorities for improvements of all such prevention
 42 and treatment programs for [*alcohol and drug*] **substance use** problems engaged in or financed
 43 through state agencies by January 1 of each even-numbered year.

44 (d) Review and approve the components of the local coordinated comprehensive plan created
 45 pursuant to ORS 417.775 that address [*alcohol and other drug*] **substance use** prevention and

1 treatment plans developed under ORS 430.258.

2 (e) Work to ensure broad-based citizen involvement in the planning and execution of the [*alcohol*
3 *and drug*] **substance use** prevention and treatment plans at both the state and local level.

4 **(f) Review and provide recommendations to the Director of Human Services concerning**
5 **substance use disorder treatment programs that are approved by the director under ORS**
6 **813.021 or established by the Department of Human Services under ORS 430.850.**

7 (3) Members of the council are entitled to compensation and expenses as provided under ORS
8 292.495.

9 (4) The Governor may remove any member for misconduct, incapacity or neglect of duty.

10 (5) The director [*of Human Services*] shall provide the technical and financial support as is re-
11 quired and authorized by the Legislative Assembly and as is necessary to carry out this section and
12 ORS 409.010, 430.250, 430.257, 430.258, 430.259, 430.270, 430.290, 430.359, 430.368, 430.535 and 430.630.

13 **SECTION 3.** ORS 430.257 is amended to read:

14 430.257. (1) The Legislative Assembly finds that [*alcohol and other drug use, abuse and*
15 *addiction*] **substance use disorders:**

16 (a) Pose significant social and public health problems for Oregon;

17 (b) Impact the budgets and workloads of state and local agencies that provide services for chil-
18 dren and families and contribute to incidences of crime, violence, accidents and deaths, as well as
19 reducing worker productivity; and

20 (c) Contribute substantially to the problems faced by a significant number of persons served by
21 the Department of Human Services, Department of Corrections, Oregon Youth Authority, Juvenile
22 Crime Prevention Advisory Committee, [*and*] State Commission on Children and Families, **State**
23 **Marine Board, Oregon Criminal Justice Commission, State Board of Pharmacy and Oregon**
24 **State Board of Nursing.**

25 (2) The Department of Human Services, Department of Corrections, Oregon Youth Authority,
26 Juvenile Crime Prevention Advisory Committee, [*and*] State Commission on Children and Families,
27 **State Marine Board, Oregon Criminal Justice Commission, State Board of Pharmacy, Oregon**
28 **State Board of Nursing and other boards as appropriate** shall contribute to the development of
29 a comprehensive state plan for [*alcohol and other drug*] **substance use disorder** prevention, inter-
30 vention and treatment services.

31 (3) The administrative heads of the Department of Education, Department of Human Services,
32 Oregon State Police, Department of Transportation, Oregon Liquor Control Commission, Juvenile
33 Crime Prevention Advisory Committee, [*and*] State Commission on Children and Families, **State**
34 **Marine Board, Oregon Criminal Justice Commission, State Board of Pharmacy, Oregon State**
35 **Board of Nursing and any other boards involved in the comprehensive state plan described**
36 **in subsection (2) of this section** shall each designate an individual, or in the instance of multidi-
37 visional departments, individuals, to serve as liaison to and assist the Governor’s Council on [*Alco-*
38 *hol and Drug Abuse Programs*] **Substance Use Disorders** in meeting the policies, duties and
39 responsibilities set forth in this section and ORS 409.010, 430.250, 430.255, 430.258, 430.259, 430.270,
40 430.290, 430.359, 430.368, 430.535 and 430.630.

41 **SECTION 4.** ORS 430.258 is amended to read:

42 430.258. The Governor’s Council on [*Alcohol and Drug Abuse Programs*] **Substance Use Dis-**
43 **orders** shall prepare criteria and policies for a statewide plan of services for [*alcohol and other*
44 *drug*] **substance use disorder** prevention and treatment for children and families to guide local
45 alcohol and drug councils. Local commissions on children and families shall incorporate [*alcohol and*

1 *other drug*] **substance use disorder** prevention and treatment plans developed pursuant to this
 2 section into the local coordinated comprehensive plan created under ORS 417.775. The criteria and
 3 policies prepared for the statewide plan of services shall:

4 (1) Describe the need for prevention and treatment services and strategies, and the method by
 5 which state and federal resources shall be prioritized in order to meet the needs, including pre-
 6 vention and treatment for families with young children and adolescents;

7 (2) Set forth principles guiding the purchase of prevention and treatment services and strategies
 8 from local community providers;

9 (3) Identify outcomes for the provision of prevention and treatment services and strategies and
 10 a method for monitoring those outcomes;

11 (4) Identify consistent standards for measuring prevention and treatment provision and success;

12 (5) Outline a process for providing training and technical assistance to state and local commu-
 13 nity providers, including prevention and treatment for special needs populations; and

14 (6) Identify how prevention and treatment services and strategies will link to other services and
 15 supports for children and families.

16 **SECTION 5.** ORS 430.259 is amended to read:

17 430.259. All state agencies providing [*alcohol and other drug*] **substance use disorder** pre-
 18 vention and treatment services and strategies, or purchasing prevention and treatment services and
 19 strategies from local community providers approved or licensed by the Department of Human Ser-
 20 vices, shall coordinate with the [*office*] **department** to report expenditures and client data for the
 21 purposes of service capacity utilization and monitoring resources and outcomes coordination in the
 22 statewide plan of services and strategies for [*alcohol and other drug*] **substance use disorder** pre-
 23 vention and treatment for children and families prepared under ORS 430.258.

24 **SECTION 6.** ORS 430.265 is amended to read:

25 430.265. The Department of Human Services is authorized to contract with the federal govern-
 26 ment for services to [*alcohol and drug-dependent*] persons **with substance use disorders** who are
 27 either residents or nonresidents of the State of Oregon.

28 **SECTION 7.** ORS 430.270 is amended to read:

29 430.270. The Department of Human Services, in consultation with the Governor's Council on
 30 [*Alcohol and Drug Abuse Programs*] **Substance Use Disorders**, shall take such means as it con-
 31 siders most effective to bring to the attention of the general public, employers, the professional
 32 community and particularly the youth of the state, the harmful effects to the individual and society
 33 of the [*irresponsible use of alcoholic beverages, controlled substances and other chemicals, and sub-*
 34 *stances with abuse potential*] **substance use disorders**.

35 **SECTION 8.** ORS 430.290 is amended to read:

36 430.290. (1) The objective of this section is to prevent alcoholism and drug dependency.

37 (2) To carry out the objective of this section, the Department of Human Services shall:

38 (a) Consult with and be advised by the Governor's Council on [*Alcohol and Drug Abuse Pro-*
 39 *grams*] **Substance Use Disorders** and the Mental Health Advisory Board in identifying program
 40 priorities for the primary prevention of alcoholism and drug dependency.

41 (b) Solicit program proposals that address identified priorities from agencies, associations, indi-
 42 viduals or any political subdivision of this state and award and distribute moneys under this section
 43 in accordance with the provisions of this section.

44 (3) Every applicant for a grant to develop a primary prevention of alcoholism program shall be
 45 assisted in its preparation by the local alcohol planning committee, if there be one, operating in the

1 area to which the application relates. Every applicant shall establish to the satisfaction of the de-
 2 partment that the committee was actively involved in the development and preparation of such
 3 program.

4 (4) Every grant applicant shall include the recommendations of the local alcohol planning com-
 5 mittee, if there be one, operating in the area. The department shall take the recommendations of the
 6 local alcohol planning committee into consideration before making or refusing a grant.

7 **SECTION 9.** ORS 430.345 is amended to read:

8 430.345. Upon application therefor, the Department of Human Services may make grants from
 9 funds specifically appropriated for the purposes of carrying out ORS 430.345 to 430.380 to any ap-
 10 plicant for the establishment, operation and maintenance of [*alcohol and drug abuse*] **substance use**
 11 **disorder** prevention, early intervention and treatment services. When necessary, a portion of the
 12 appropriated funds may be designated by the department for training and technical assistance, or
 13 additional funds may be appropriated for this purpose. [*Alcohol and drug abuse*] **substance use**
 14 **disorder** prevention, early intervention and treatment services shall be approved if the applicant
 15 establishes to the satisfaction of the department:

16 (1) The adequacy of the services to accomplish the goals of the applicant and the program goals
 17 are consonant with the purposes of ORS [*430.306*] **430.315 to 430.335**, 430.338 to 430.380, 471.810,
 18 473.030 and 473.050 and goals of the State Plan for Alcohol Problems.

19 (2) The community need for the services as documented in the annual community mental health
 20 plan.

21 (3) That an appropriate operating relationship exists, or will exist with other community facili-
 22 ties able to assist in providing [*alcohol and drug abuse*] **substance use disorder** prevention, early
 23 intervention and treatment services, including nearby detoxification centers and halfway houses.

24 (4) That the services comply with the rules adopted by the department pursuant to ORS 430.357.

25 **SECTION 10.** ORS 430.350 is amended to read:

26 430.350. (1) Every applicant for a grant made under ORS 430.345 to 430.380 shall be assisted in
 27 the preparation and development of [*alcohol and drug abuse*] **substance use disorder** prevention,
 28 early intervention and treatment services by the local planning committee operating in the area to
 29 which the application relates. Every application shall establish to the satisfaction of the Department
 30 of Human Services that the committee was actively involved in the development and preparation of
 31 such program.

32 (2) The department shall require of every applicant for a grant made under ORS 430.345 to
 33 430.380 the recommendation of the local planning committee in the area to which the application
 34 relates. The department shall take such recommendation into consideration before making or refus-
 35 ing grants under ORS 430.345 to 430.380.

36 **SECTION 11.** ORS 430.355 is amended to read:

37 430.355. An application for funds under ORS 430.345 to 430.380 may contain requests for funds
 38 to establish, operate and maintain any number of [*alcohol and drug abuse*] **substance use disorder**
 39 prevention, early intervention and treatment services.

40 **SECTION 12.** ORS 430.357 is amended to read:

41 430.357. (1) The Department of Human Services shall make all necessary and proper rules gov-
 42 erning the administration of ORS 430.345 to 430.380, including but not limited to standards, con-
 43 sistent with modern knowledge about [*alcohol and drug abuse*] **substance use disorder** prevention,
 44 early intervention and treatment services.

45 (2) All standards and guidelines adopted by the Department of Human Services to implement

1 programs authorized under ORS 430.345 to 430.380 shall be adopted as rules pursuant to ORS
2 chapter 183 regardless of whether they come within the definition of rule in ORS 183.310 (8).

3 **SECTION 13.** ORS 430.359 is amended to read:

4 430.359. (1) Upon approval of an application **for a grant under ORS 430.345**, the Department
5 of Human Services shall enter into a matching fund relationship with the applicant. In all cases the
6 amount granted by the department under the matching formula shall not exceed 50 percent of the
7 total estimated costs, as approved by the department, of the [*alcohol and drug abuse*] **substance use**
8 **disorder** prevention, early intervention and treatment services.

9 (2) The amount of state funds shall be apportioned among the applicants according to the com-
10 munity need of the applicant for services as compared with the community needs of all applicants.
11 In evaluating the community needs of the applicant, the department, in consultation with the Gov-
12 ernor's Council on [*Alcohol and Drug Abuse Programs*] **Substance Use Disorders**, shall give pri-
13 ority consideration to those applications that identify and include [*alcohol and drug abuse*]
14 **substance use disorder** prevention, early intervention and treatment services aimed at providing
15 services to minorities with a significant population of affected persons. The funds granted shall be
16 distributed monthly.

17 (3) Federal funds at the disposal of an applicant for use in providing [*alcohol and drug abuse*]
18 **substance use disorder** prevention, early intervention and treatment services may be counted to-
19 ward the percentage contribution of an applicant.

20 (4) An applicant that is, at the time of a grant made under this section, expending funds appro-
21 priated by its governing body for the [*alcohol and drug abuse*] **substance use disorder** prevention,
22 early intervention and treatment services shall, as a condition [*to*] **for** the receipt of funds under this
23 section, maintain its financial contribution to these programs at an amount not less than the pre-
24 ceding year. However, the financial contribution requirement may be waived in its entirety or in
25 part in any year by the Department of Human Services because of:

26 (a) The severe financial hardship that would be imposed to maintain the contribution in full or
27 in part;

28 (b) The application of any special funds for the [*alcohol and drug abuse*] **substance use disorder**
29 prevention, early intervention and treatment services in the prior year when such funds are not
30 available in the current year;

31 (c) The application of federal funds, including but not limited to general revenue sharing, dis-
32 tributions from the Oregon and California land grant fund and block grant funds to the [*alcohol and*
33 *drug abuse*] **substance use disorder** prevention, early intervention and treatment services in the
34 prior year when such funds are not available for such application in the current year; or

35 (d) The application of fund balances resulting from fees, donations or underexpenditures in a
36 given year of the funds appropriated to counties pursuant to ORS 430.380 (2) to the [*alcohol and*
37 *drug abuse*] **substance use disorder** prevention, early intervention and treatment services in the
38 prior year when such funds are not available for such application in the current year.

39 (5) Any moneys received by an applicant from fees, contributions or other sources for [*alcohol*
40 *and drug abuse*] **substance use disorder** prevention, early intervention and treatment services for
41 service purposes, including federal funds, shall be considered a portion of an applicant's contribution
42 for the purpose of determining the matching fund formula relationship. All moneys so received shall
43 only be used for the purposes of carrying out ORS 430.345 to 430.380.

44 (6) Grants made pursuant to ORS 430.345 to 430.380 shall be paid from funds specifically ap-
45 propriated therefor and shall be paid in the same manner as other claims against the state are paid.

SECTION 14. ORS 430.362 is amended to read:

430.362. (1) To receive priority consideration under ORS 430.359 (2), an applicant shall clearly set forth in its application:

(a) The number of minorities within the county with significant populations of affected persons and an estimate of the nature and extent of the need within each minority population for [*alcohol and drug abuse*] **substance use disorder** prevention, early intervention and treatment services; and

(b) The manner in which the need within each minority population is to be addressed, including support for minority programs under the application.

(2) Minority program funding proposals included within an application must be clearly identified as minority programs and must include distinct or severable budget statements.

(3) Nothing in this section is intended to preclude any minority program from being funded by a city or county or to preclude any other program from serving the needs of minorities.

SECTION 15. ORS 430.366 is amended to read:

430.366. (1) Every proposal for [*alcohol and drug abuse*] **substance use disorder** prevention, early intervention and treatment services received from an applicant shall contain:

(a) A clear statement of the goals and objectives of the program for the following fiscal year, including the number of persons to be served and methods of measuring the success of services rendered;

(b) A description of services to be funded; and

(c) A statement of the minorities to be served, if a minority program.

(2) Thirty days before the end of each fiscal year, every service funded under ORS [*430.306*] **430.315 to 430.335**, 430.338 to 430.380, 471.810, 473.030 and 473.050 shall file a concise progress report with the Department of Human Services, including a narrative statement of progress made in meeting its goals and objectives for the year.

(3) The department shall assemble all progress reports received in each biennium and transmit them to the succeeding session of the Legislative Assembly.

SECTION 16. ORS 430.368 is amended to read:

430.368. (1) Any [*alcohol and drug abuse*] **substance use disorder** prevention, early intervention and treatment service, including but not limited to minority programs, aggrieved by any final action of an applicant with regard to requesting funding for the program from the Department of Human Services, may appeal the applicant's **final** action to the Director of Human Services within 30 days of the **final** action. For the purposes of this section "final action" means the submission of the applicant's compiled funding requests to the department. The director shall review, in consultation with the Governor's Council on [*Alcohol and Drug Abuse Programs*] **Substance Use Disorders**, all appealed **final** actions for compliance with the purposes and requirements of ORS [*430.306*] **430.315 to 430.335**, 430.338 to 430.380, 471.810, 473.030 and 473.050, including but not limited to ORS 430.338 (5).

(2) The director shall act on all appeals within 60 days of filing, or before the time of the department's decision on the applicant's funding request, whichever is [*less*] **earlier**. The director is not required to follow procedures for hearing a contested case, but shall set forth written findings justifying the action. The decision of the director shall be final, and shall not be subject to judicial review.

SECTION 17. ORS 430.370 is amended to read:

430.370. (1) A county may provide [*alcohol and drug abuse*] **substance use disorder** prevention, early intervention and treatment services by contracting therefor with public or private, profit or

1 nonprofit agencies. A county entering into such a contract shall receive grants under ORS 430.345
 2 to 430.380 only if the contracting agency meets the requirements of ORS 430.345.

3 (2) A city and county, or any combination thereof, may enter into a written agreement, as pro-
 4 vided in ORS 190.003 to 190.620, jointly to establish, operate and maintain [*alcohol and drug abuse*]
 5 **substance use disorder** prevention, early intervention and treatment services.

6 **SECTION 18.** ORS 430.375 is amended to read:

7 430.375. The Department of Human Services shall recommend fee schedules to be used in de-
 8 termining the dollar fee to charge a person admitted to approved [*alcohol and drug abuse*] **sub-**
 9 **stance use disorder** prevention, early intervention and treatment services for the expenses incurred
 10 by the service in offering [*alcohol and drug abuse*] **substance use disorder** prevention, early inter-
 11 vention and treatment services. An individual facility may adopt the schedules developed by the
 12 department or may, subject to the approval of the department, develop and adopt its own fee
 13 schedules. The fee schedules adopted by each facility shall be applied uniformly to all persons ad-
 14 mitted to the facility and shall be based on the costs of a person's [*alcohol and drug abuse*] **sub-**
 15 **stance use disorder** prevention, early intervention and treatment services and the ability of the
 16 person to pay. The person admitted shall be liable to the facility only to the extent indicated by the
 17 fee schedules.

18 **SECTION 19.** ORS 430.380 is amended to read:

19 430.380. (1) There is established in the General Fund of the State Treasury an account to be
 20 known as the Mental Health Alcoholism and Drug Services Account. Moneys deposited in the ac-
 21 count are continuously appropriated for the purposes of ORS 430.345 to 430.380. Moneys deposited
 22 in the account may be invested in the manner prescribed in ORS 293.701 to 293.820.

23 (2) Forty percent of the moneys in the Mental Health Alcoholism and Drug Services Account
 24 shall be continuously appropriated to the counties on the basis of population. The counties must use
 25 the moneys for the establishment, operation and maintenance of [*alcohol and drug abuse*] **substance**
 26 **use disorder** prevention, early intervention and treatment services and for local matching funds
 27 under ORS 430.345 to 430.380.

28 (3) Forty percent of the moneys shall be continuously appropriated to the Department of Human
 29 Services to be used for state matching funds to counties for [*alcohol and drug abuse*] **substance use**
 30 **disorder** prevention, early intervention and treatment services pursuant to ORS 430.345 to 430.380.

31 (4) Twenty percent of the moneys shall be continuously appropriated to the Department of Hu-
 32 man Services to be used for [*alcohol and drug abuse*] **substance use disorder** prevention, early
 33 intervention and treatment services for inmates of correctional and penal institutions and for
 34 parolees therefrom and for probationers as provided pursuant to rules of the department. However,
 35 prior to expenditure of moneys under this subsection, the department must present its program plans
 36 for approval to the appropriate legislative body which is either the Joint Ways and Means Com-
 37 mittee during a session of the Legislative Assembly or the Emergency Board during the interim
 38 between sessions.

39 **SECTION 20.** ORS 430.385 is amended to read:

40 430.385. Nothing in ORS 430.347, 430.359, 430.380, 471.805, 471.810, 473.030 or this section shall
 41 be construed as justification for a reduction in General Fund support of local [*alcohol and drug*
 42 *abuse*] **substance use disorder** prevention, early intervention and treatment services.

43 **SECTION 21.** ORS 430.395 is amended to read:

44 430.395. (1) Subject to the availability of funds, the Department of Human Services may fund
 45 regional centers for the treatment of adolescents with [*drug and alcohol dependencies*] **substance**

1 **use disorders.**

2 (2) The Department of Human Services shall define by rule a minimum number of inpatient beds
3 and outpatient slots necessary for effective treatment and economic operation of any regional center
4 funded by state funds.

5 (3) The areas to be served by any treatment facility shall be determined by the following:

6 (a) Areas that demonstrate the most need;

7 (b) Areas with no treatment program or an inadequate program; and

8 (c) Areas where there is strong, organized community support for youth treatment programs.

9 (4) The area need is determined by:

10 (a) Current area youth admissions to treatment programs;

11 (b) Per capita consumption of alcohol in the area;

12 (c) Percentage of area population between 10 and 18 years of age;

13 (d) Whether the area has effective, specialized outpatient and early intervention services in
14 place;

15 (e) Whether the area suffers high unemployment and economic depression; and

16 (f) Other evidence of need.

17 (5) As used in this section, "regional center" means a community residential treatment facility
18 including intensive residential and outpatient care for adolescents with drug and alcohol dependen-
19 cies **substance use disorders.**

20 **SECTION 22.** ORS 430.535 is amended to read:

21 430.535. (1) The Department of Human Services and the Governor's Council on [*Alcohol and*
22 *Drug Abuse Programs*] **Substance Use Disorders** shall, subject to the availability of funds, develop
23 bilingual forms to assist non-English-speaking persons in understanding their rights under ORS
24 430.450 to 430.555.

25 (2) The department shall assist county mental health programs in the development of compre-
26 hensive and coordinated identification, evaluation, treatment, education and rehabilitation services
27 for the drug-dependent person. The State Plan for Drug Problems shall be consistent with such
28 system.

29 **SECTION 23.** ORS 430.610 is amended to read:

30 430.610. It is declared to be the policy and intent of the Legislative Assembly that:

31 (1) Subject to the availability of funds, mental health services should be available to all persons
32 with mental or emotional disturbances, mental retardation, developmental disabilities[, *alcoholism*
33 *or drug dependence, and persons who are alcohol or drug abusers*] **or substance use disorders**, re-
34 gardless of age, county of residence or ability to pay;

35 (2) The Department of Human Services and other state agencies shall conduct their activities
36 in the least costly and most efficient manner so that delivery of services to persons with mental or
37 emotional disturbances, mental retardation, developmental disabilities[, *alcoholism or drug depend-*
38 *ence, and persons who are alcohol or drug abusers,*] **or substance use disorders** shall be effective
39 and coordinated;

40 (3) To the greatest extent possible, mental health services shall be delivered in the community
41 where the person lives in order to achieve maximum coordination of services and minimum dis-
42 ruption in the life of the person; and

43 (4) The State of Oregon shall encourage, aid and financially assist its county governments in the
44 establishment and development of community mental health and developmental disabilities programs,
45 including but not limited to, treatment and rehabilitation services for persons with mental or emo-

1 tional disturbances, mental retardation, developmental disabilities[, *alcoholism or drug dependence,*
 2 *and persons who are alcohol or drug abusers,*] **or substance use disorders**, and prevention of these
 3 problems through county administered community mental health and developmental disabilities pro-
 4 grams.

5 **SECTION 24.** ORS 430.630 is amended to read:

6 430.630. (1) In addition to any other requirements that may be established by rule by the De-
 7 partment of Human Services and subject to the availability of funds, each community mental health
 8 and developmental disabilities program shall provide the following basic services to persons with
 9 mental retardation, developmental disabilities[, *alcoholism or drug dependence, and persons who are*
 10 *alcohol or drug abusers*] **or substance use disorders**:

11 (a) Outpatient services;

12 (b) Aftercare for persons released from hospitals and training centers;

13 (c) Training, case and program consultation and education for community agencies, related
 14 professions and the public;

15 (d) Guidance and assistance to other human service agencies for joint development of prevention
 16 programs and activities to reduce factors causing mental retardation, developmental disabilities[,
 17 *alcohol abuse, alcoholism, drug abuse and drug dependence*] **and substance use disorders**; and

18 (e) Age-appropriate treatment options for older adults.

19 (2) As alternatives to state hospitalization, it is the responsibility of the community mental
 20 health and developmental disabilities program to ensure that, subject to the availability of funds, the
 21 following services for persons with mental retardation, developmental disabilities[, *alcoholism or*
 22 *drug dependence, and persons who are alcohol or drug abusers,*] **or substance use disorders** are
 23 available when needed and approved by the Department of Human Services:

24 (a) Emergency services on a 24-hour basis, such as telephone consultation, crisis intervention
 25 and prehospital screening examination;

26 (b) Care and treatment for a portion of the day or night, which may include day treatment
 27 centers, work activity centers and preschool programs;

28 (c) Residential care and treatment in facilities such as halfway houses, detoxification centers
 29 and other community living facilities;

30 (d) Continuity of care, such as that provided by service coordinators, community case develop-
 31 ment specialists and core staff of federally assisted community mental health centers;

32 (e) Inpatient treatment in community hospitals; and

33 (f) Other alternative services to state hospitalization as defined by the department.

34 (3) In addition to any other requirements that may be established by rule of the department,
 35 each community mental health and developmental disabilities program, subject to the availability
 36 of funds, shall provide or ensure the provision of the following services to persons with mental or
 37 emotional disturbances:

38 (a) Screening and evaluation to determine the client's service needs;

39 (b) Crisis stabilization to meet the needs of persons with acute mental or emotional disturbances,
 40 including the costs of investigations and prehearing detention in community hospitals or other fa-
 41 cilities approved by the department for persons involved in involuntary commitment procedures;

42 (c) Vocational and social services that are appropriate for the client's age, designed to improve
 43 the client's vocational, social, educational and recreational functioning;

44 (d) Continuity of care to link the client to housing and appropriate and available health and
 45 social service needs;

1 (e) Psychiatric care in state and community hospitals, subject to the provisions of subsection (4)
 2 of this section;

3 (f) Residential services;

4 (g) Medication monitoring;

5 (h) Individual, family and group counseling and therapy;

6 (i) Public education and information;

7 (j) Prevention of mental or emotional disturbances and promotion of mental health;

8 (k) Consultation with other community agencies;

9 (L) Preventive mental health services for children and adolescents, including primary prevention
 10 efforts, early identification and early intervention services. Preventive services should be patterned
 11 after service models that have demonstrated effectiveness in reducing the incidence of emotional,
 12 behavioral and cognitive disorders in children. As used in this paragraph:

13 (A) "Early identification" means detecting emotional disturbance in its initial developmental
 14 stage;

15 (B) "Early intervention services" for children at risk of later development of emotional disturb-
 16 ances means programs and activities for children and their families that promote conditions, oppor-
 17 tunities and experiences that encourage and develop emotional stability, self-sufficiency and
 18 increased personal competence; and

19 (C) "Primary prevention efforts" means efforts that prevent emotional problems from occurring
 20 by addressing issues early so that disturbances do not have an opportunity to develop; and

21 (m) Preventive mental health services for older adults, including primary prevention efforts,
 22 early identification and early intervention services. Preventive services should be patterned after
 23 service models that have demonstrated effectiveness in reducing the incidence of emotional and be-
 24 havioral disorders and suicide attempts in older adults. As used in this paragraph:

25 (A) "Early identification" means detecting emotional disturbance in its initial developmental
 26 stage;

27 (B) "Early intervention services" for older adults at risk of development of emotional disturb-
 28 ances means programs and activities for older adults and their families that promote conditions,
 29 opportunities and experiences that encourage and maintain emotional stability, self-sufficiency and
 30 increased personal competence and that deter suicide; and

31 (C) "Primary prevention efforts" means efforts that prevent emotional problems from occurring
 32 by addressing issues early so that disturbances do not have an opportunity to develop.

33 (4) A community mental health and developmental disabilities program shall assume responsi-
 34 bility for psychiatric care in state and community hospitals, as provided in subsection (3)(e) of this
 35 section, in the following circumstances:

36 (a) The person receiving care is a resident of the county served by the program. For purposes
 37 of this paragraph, "resident" means the resident of a county in which the person maintains a current
 38 mailing address or, if the person does not maintain a current mailing address within the state, the
 39 county in which the person is found, or the county in which a court-committed person with a mental
 40 illness has been conditionally released.

41 (b) The person has been hospitalized involuntarily or voluntarily, pursuant to ORS 426.130 or
 42 426.220, except for persons confined to the Secure Child and Adolescent Treatment Unit at Oregon
 43 State Hospital, or has been hospitalized as the result of a revocation of conditional release.

44 (c) Payment is made for the first 60 consecutive days of hospitalization.

45 (d) The hospital has collected all available patient payments and third-party reimbursements.

1 (e) In the case of a community hospital, the department has approved the hospital for the care
 2 of persons with mental or emotional disturbances, the community mental health and developmental
 3 disabilities program has a contract with the hospital for the psychiatric care of residents and a
 4 representative of the program approves voluntary or involuntary admissions to the hospital prior to
 5 admission.

6 (5) Subject to the review and approval of the department, a community mental health and de-
 7 velopmental disabilities program may initiate additional services after the services defined in this
 8 section are provided.

9 (6) Each community mental health and developmental disabilities program and the state hospital
 10 serving the program’s geographic area shall enter into a written agreement concerning the policies
 11 and procedures to be followed by the program and the hospital when a patient is admitted to, and
 12 discharged from, the hospital and during the period of hospitalization.

13 (7) Each community mental health and developmental disabilities program shall have a mental
 14 health advisory committee, appointed by the board of county commissioners or the county court or,
 15 if two or more counties have combined to provide mental health services, the boards or courts of
 16 the participating counties or, in the case of a Native American reservation, the tribal council.

17 (8) A community mental health and developmental disabilities program may request and the de-
 18 partment may grant a waiver regarding provision of one or more of the services described in sub-
 19 section (3) of this section upon a showing by the county and a determination by the department that
 20 persons with mental or emotional disturbances in that county would be better served and unneces-
 21 sary institutionalization avoided.

22 (9) Each community mental health and developmental disabilities program shall cooperate fully
 23 with the Governor’s Council on *[Alcohol and Drug Abuse Programs]* **Substance Use Disorders** in
 24 the performance of its duties.

25 (10)(a) As used in this subsection, “local mental health authority” means one of the following
 26 entities:

27 (A) The board of county commissioners of one or more counties that establishes or operates a
 28 community mental health and developmental disabilities program;

29 (B) The tribal council, in the case of a federally recognized tribe of Native Americans that elects
 30 to enter into an agreement to provide mental health services; or

31 (C) A regional local mental health authority comprised of two or more boards of county com-
 32 missioners.

33 (b) Each local mental health authority that provides mental health services shall determine the
 34 need for local mental health services and adopt a comprehensive local plan for the delivery of
 35 mental health services for children, families, adults and older adults that describes the methods by
 36 which the local mental health authority shall provide those services. The local mental health au-
 37 thority shall review and revise the local plan biennially. The purpose of the local plan is to create
 38 a blueprint to provide mental health services that are directed by and responsive to the mental
 39 health needs of individuals in the community served by the local plan.

40 (c) The local plan shall identify ways to:

41 (A) Coordinate and ensure accountability for all levels of care described in paragraph (e) of this
 42 subsection;

43 (B) Maximize resources for consumers and minimize administrative expenses;

44 (C) Provide supported employment and other vocational opportunities for consumers;

45 (D) Determine the most appropriate service provider among a range of qualified providers;

- 1 (E) Ensure that appropriate mental health referrals are made;
- 2 (F) Address local housing needs for persons with mental health disorders;
- 3 (G) Develop a process for discharge from state and local psychiatric hospitals and transition
- 4 planning between levels of care or components of the system of care;
- 5 (H) Provide peer support services, including but not limited to drop-in centers and paid peer
- 6 support;
- 7 (I) Provide transportation supports; and
- 8 (J) Coordinate services among the criminal and juvenile justice systems, adult and juvenile
- 9 corrections systems and local mental health programs to ensure that persons with mental illness
- 10 who come into contact with the justice and corrections systems receive needed care and to ensure
- 11 continuity of services for adults and juveniles leaving the corrections system.
- 12 (d) When developing a local plan, a local mental health authority shall:
- 13 (A) Coordinate with the budgetary cycles of state and local governments that provide the local
- 14 mental health authority with funding for mental health services;
- 15 (B) Involve consumers, advocates, families, service providers, schools and other interested par-
- 16 ties in the planning process;
- 17 (C) Coordinate with the local public safety coordinating council to address the services de-
- 18 scribed in paragraph (c)(J) of this subsection;
- 19 (D) Conduct a population based needs assessment to determine the types of services needed lo-
- 20 cally;
- 21 (E) Determine the ethnic, age-specific, cultural and diversity needs of the population served by
- 22 the local plan;
- 23 (F) Describe the anticipated outcomes of services and the actions to be achieved in the local
- 24 plan;
- 25 (G) Ensure that the local plan coordinates planning, funding and services with:
- 26 (i) The educational needs of children, adults and older adults;
- 27 (ii) Providers of social supports, including but not limited to housing, employment, transportation
- 28 and education; and
- 29 (iii) Providers of physical health and medical services;
- 30 (H) Describe how funds, other than state resources, may be used to support and implement the
- 31 local plan;
- 32 (I) Demonstrate ways to integrate local services and administrative functions in order to support
- 33 integrated service delivery in the local plan; and
- 34 (J) Involve the local mental health advisory committees described in subsection (7) of this sec-
- 35 tion.
- 36 (e) The local plan must describe how the local mental health authority will ensure the delivery
- 37 of and be accountable for clinically appropriate services in a continuum of care based on consumer
- 38 needs. The local plan shall include, but not be limited to, services providing the following levels of
- 39 care:
- 40 (A) Twenty-four-hour crisis services;
- 41 (B) Secure and nonsecure extended psychiatric care;
- 42 (C) Secure and nonsecure acute psychiatric care;
- 43 (D) Twenty-four-hour supervised structured treatment;
- 44 (E) Psychiatric day treatment;
- 45 (F) Treatments that maximize client independence;

1 (G) Family and peer support and self-help services;

2 (H) Support services;

3 (I) Prevention and early intervention services;

4 (J) Transition assistance between levels of care;

5 (K) Dual diagnosis services;

6 (L) Access to placement in state-funded psychiatric hospital beds;

7 (M) Precommitment and civil commitment in accordance with ORS chapter 426; and

8 (N) Outreach to older adults at locations appropriate for making contact with older adults, in-
9 cluding senior centers, long term care facilities and personal residences.

10 (f) In developing the part of the local plan referred to in paragraph (c)(J) of this subsection, the
11 local mental health authority shall collaborate with the local public safety coordinating council to
12 address the following:

13 (A) Training for all law enforcement officers on ways to recognize and interact with persons
14 with mental illness, for the purpose of diverting them from the criminal and juvenile justice systems;

15 (B) Developing voluntary locked facilities for crisis treatment and follow-up as an alternative
16 to custodial arrests;

17 (C) Developing a plan for sharing a daily jail and juvenile detention center custody roster and
18 the identity of persons of concern and offering mental health services to those in custody;

19 (D) Developing a voluntary diversion program to provide an alternative for persons with mental
20 illness in the criminal and juvenile justice systems; and

21 (E) Developing mental health services, including housing, for persons with mental illness prior
22 to and upon release from custody.

23 (g) Services described in the local plan shall:

24 (A) Address the vision, values and guiding principles described in the Report to the Governor
25 from the Mental Health Alignment Workgroup, January 2001;

26 (B) Be provided to children, older adults and families as close to their homes as possible;

27 (C) Be culturally appropriate and competent;

28 (D) Be, for children, older adults and adults with mental health needs, from providers appropri-
29 ate to deliver those services;

30 (E) Be delivered in an integrated service delivery system with integrated service sites or pro-
31 cesses, and with the use of integrated service teams;

32 (F) Ensure consumer choice among a range of qualified providers in the community;

33 (G) Be distributed geographically;

34 (H) Involve consumers, families, clinicians, children and schools in treatment as appropriate;

35 (I) Maximize early identification and early intervention;

36 (J) Ensure appropriate transition planning between providers and service delivery systems, with
37 an emphasis on transition between children and adult mental health services;

38 (K) Be based on the ability of a client to pay;

39 (L) Be delivered collaboratively;

40 (M) Use age-appropriate, research-based quality indicators;

41 (N) Use best-practice innovations; and

42 (O) Be delivered using a community-based, multisystem approach.

43 (h) A local mental health authority shall submit to the Department of Human Services a copy
44 of the local plan and biennial revisions adopted under paragraph (b) of this subsection at time in-
45 tervals established by the department.

1 (i) Each local commission on children and families shall reference the local plan for the delivery
2 of mental health services in the local coordinated comprehensive plan created pursuant to ORS
3 417.775.

4 **SECTION 25.** ORS 430.640 is amended to read:

5 430.640. (1) The Department of Human Services, in carrying out the legislative policy declared
6 in ORS 430.610, subject to the availability of funds shall:

7 (a) Assist Oregon counties and groups of Oregon counties in the establishment and financing
8 of community mental health and developmental disabilities programs operated or contracted for by
9 one or more counties.

10 (b) If a county declines to operate or contract for a community mental health and developmental
11 disabilities program, contract with another public agency or private corporation to provide the
12 program. The county must be provided with an opportunity to review and comment.

13 (c) In an emergency situation when no community mental health and developmental disabilities
14 program is operating within a county or when a county is unable to provide a service essential to
15 public health and safety, operate the program or service on a temporary basis.

16 (d) At the request of the tribal council of a federally recognized tribe of Native Americans,
17 contract with the tribal council for the establishment and operation of a community mental health
18 and developmental disabilities program in the same manner that the department contracts with a
19 county court or board of county commissioners.

20 (e) If a county agrees, contract with a public agency or private corporation for all services
21 within one or more of the following program areas: Mental or emotional disturbances, [*drug*
22 *abuse,*] mental retardation or other developmental disabilities and [*alcohol abuse and alcoholism*]
23 **substance use disorders.**

24 (f) Approve or disapprove the biennial plan and budget information for the establishment and
25 operation of each community mental health and developmental disabilities program. Subsequent
26 amendments to or modifications of an approved plan or budget information involving more than 10
27 percent of the state funds provided for services under ORS 430.630 may not be placed in effect
28 without prior approval of the department. However, an amendment or modification affecting 10
29 percent or less of state funds for services under ORS 430.630 within the portion of the program for
30 persons with mental or emotional disturbances, or within the portion for persons with mental re-
31 tardation or developmental disabilities or within the portion for persons with [*alcohol or drug de-*
32 *pendence*] **substance use disorders** may be made without department approval.

33 (g) Make all necessary and proper rules to govern the establishment and operation of community
34 mental health and developmental disabilities programs, including adopting rules defining the range
35 and nature of the services which shall or may be provided under ORS 430.630.

36 (h) Collect data and evaluate services in the state hospitals in accordance with the same meth-
37 ods prescribed for community mental health and developmental disabilities programs under ORS
38 430.665.

39 (i) Develop guidelines that include, for the development of comprehensive local plans in consul-
40 tation with local mental health authorities:

41 (A) The use of integrated services;

42 (B) The outcomes expected from services and programs provided;

43 (C) Incentives to reduce the use of state hospitals;

44 (D) Mechanisms for local sharing of risk for state hospitalization;

45 (E) The provision of clinically appropriate levels of care based on an assessment of the mental

1 health needs of consumers;

2 (F) The transition of consumers between levels of care; and

3 (G) The development, maintenance and continuation of older adult mental health programs with
4 mental health professionals trained in geriatrics.

5 (j) Work with local mental health authorities to provide incentives for community-based care
6 whenever appropriate while simultaneously ensuring adequate statewide capacity.

7 (k) Provide technical assistance and information regarding state and federal requirements to
8 local mental health authorities throughout the local planning process required under ORS 430.630
9 (10).

10 (L) Provide incentives for local mental health authorities to enhance or increase vocational
11 placements for adults with mental health needs.

12 (m) Develop or adopt nationally recognized system-level performance measures, linked to the
13 Oregon Benchmarks, for state-level monitoring and reporting of mental health services for children,
14 adults and older adults, including but not limited to quality and appropriateness of services, out-
15 comes from services, structure and management of local plans, prevention of mental health disorders
16 and integration of mental health services with other needed supports.

17 (n) Develop standardized criteria for each level of care described in ORS 430.630 (10), including
18 protocols for implementation of local plans, strength-based mental health assessment and case plan-
19 ning.

20 (o) Develop a comprehensive long-term plan for providing appropriate and adequate mental
21 health treatment and services to children, adults and older adults that is derived from the needs
22 identified in local plans, is consistent with the vision, values and guiding principles in the Report
23 to the Governor from the Mental Health Alignment Workgroup, January 2001, and addresses the
24 need for and the role of state hospitals.

25 (p) Report biennially to the Governor and the Legislative Assembly on the progress of the local
26 planning process and the implementation of the local plans adopted under ORS 430.630 (10)(b) and
27 the state planning process described in paragraph (o) of this subsection, and on the performance
28 measures and performance data available under paragraph (m) of this subsection.

29 (q) On a periodic basis, not to exceed 10 years, reevaluate the methodology used to estimate
30 prevalence and demand for mental health services using the most current nationally recognized
31 models and data.

32 (r) Encourage the development of regional local mental health authorities comprised of two or
33 more boards of county commissioners that establish or operate a community mental health and de-
34 velopmental disabilities program.

35 (2) The department may provide technical assistance and other incentives to assist in the plan-
36 ning, development and implementation of regional local mental health authorities whenever the de-
37 partment determines that a regional approach will optimize the comprehensive local plan described
38 under ORS 430.630 (10).

39 (3) The enumeration of duties and functions in subsection (1) of this section shall not be deemed
40 exclusive nor construed as a limitation on the powers and authority vested in the department by
41 other provisions of law.

42 **SECTION 26.** ORS 137.308 is amended to read:

43 137.308. (1) The county treasurer shall deposit 60 percent of the moneys received under ORS
44 137.309 (6), (8) and (9) into the general fund of the county to be used for the purpose of planning,
45 operating and maintaining county juvenile and adult corrections programs and facilities and *[drug*

1 *and alcohol*] **substance use disorder** programs approved by the Governor's Council on [*Alcohol and*
 2 *Drug Abuse Programs*] **Substance Use Disorders**. Expenditure by the county of the funds described
 3 in this subsection shall be made in a manner that is consistent with the approved community cor-
 4 rections plan for that county; however, a county may not expend more than 50 percent of the funds
 5 on the construction or operation of a county jail. Prior to budgeting the funds described in this
 6 subsection, a county shall consider any comments received from, and upon request shall consult
 7 with, the governing body of a city that forwards assessments under ORS 137.307 (1991 Edition)
 8 concerning the proposed uses of the funds.

9 (2) The county treasurer shall deposit 40 percent of the moneys received under ORS 137.309 (6),
 10 (8) and (9) into the county's court facilities security account established under ORS 1.182.

11 **SECTION 27.** ORS 409.010 is amended to read:

12 409.010. (1) The Department of Human Services is created.

13 (2) The department is responsible for the delivery and administration of programs and services
 14 relating to:

15 (a) Children and families, including but not limited to child protective services, foster care,
 16 residential care for children and adoption services;

17 (b) Elderly persons and persons with disabilities, including but not limited to social, health and
 18 protective services and promotion of hiring of otherwise qualified persons who are certifiably dis-
 19 abled;

20 (c) Persons who, as a result of the person's or the person's family's economic, social or health
 21 condition, require financial assistance, institutional care, rehabilitation or other social and health
 22 services;

23 (d) Health and health-related affairs, including but not limited to medical assistance and ser-
 24 vices, public health services, migrant health services, licensing of health facilities and coordination
 25 of the activities of professional and occupational licensing boards;

26 (e) Mental health and developmental disabilities;

27 (f) Vocational rehabilitation for individuals with disabilities;

28 (g) [*Alcohol abuse, drug abuse, addiction and chemical dependency problems*] **Substance use**
 29 **disorders**;

30 (h) Licensing and regulation of individuals, facilities and programs providing health and human
 31 services, in accordance with the provisions of state and federal law; and

32 (i) Any other health and human service programs and functions delegated to the department by
 33 or in accordance with the provisions of state and federal law.

34 (3) The department shall be the recipient of all federal funds paid or to be paid to the state to
 35 enable the state to provide the programs and services assigned to the department.

36 (4)(a) All personnel of the department, including those engaged in the administration of voca-
 37 tional rehabilitation programs, public assistance programs and services to families or children in
 38 compliance with the federal Social Security laws, shall be subject to the merit system prescribed in
 39 the State Personnel Relations Law. For purposes of the State Personnel Relations Law, the depart-
 40 ment is the appointing authority of all employees in the department.

41 (b) The Director of Human Services, in conformity with the State Personnel Relations Law, may
 42 appoint and employ such personnel as may be necessary for the department, and may appoint and
 43 fix the compensation of all assistants and employees of the department.

44 (c) The director may authorize reimbursement of such expenses as are approved by the depart-
 45 ment and incurred by assistants and employees of the department, and by volunteers or other per-

1 sons not employed by the department, in carrying out duties assigned or authorized by the
2 department.

3 (5) The director may designate employees to be custodians of records within any of the organ-
4 izational units of the department, and persons so designated shall have the duties and powers of
5 custodians of public records as prescribed by law. Such designation shall be in writing and notice
6 thereof shall be filed in the office of the Secretary of State, with the director and in the organiza-
7 tional unit to which the authorization applies.

8 **SECTION 28.** ORS 409.410 is amended to read:

9 409.410. (1) The Director of Human Services shall administer all [*alcohol and drug abuse*] **sub-**
10 **stance use disorder** programs, including but not limited to programs or components of programs
11 described in ORS 430.397 to 430.401, 475.225, 743.557 and 743.558 and ORS chapters 430 and [801 to
12 822] **813**.

13 (2) Subject to ORS 417.300 and 417.305, the director shall:

14 (a) Report to the Legislative Assembly on accomplishments and issues occurring during each
15 biennium, and report on a new biennial plan describing resources, needs and priorities for all [*al-*
16 *cohol and drug abuse*] **substance use disorder** programs.

17 (b) Develop within the Department of Human Services priorities for [*alcohol and drug abuse*]
18 **substance use disorder** programs and activities.

19 (c) Monitor the priorities of approved [*alcohol and drug abuse related*] **substance use disorder**
20 programs in all other state agencies.

21 (d) Conduct statewide and special planning processes which provide for participation from state
22 and local agencies, groups and individuals.

23 (e) Identify the needs of special populations including minorities, elderly, youth, women and in-
24 dividuals with disabilities.

25 (f) Subject to ORS chapter 183, adopt such rules as are necessary for the performance of the
26 duties and functions specified by this section, ORS 409.010 [*and 430.255 to 430.630*], **430.250, 430.255**
27 **and 430.257**, or otherwise lawfully delegated.

28 (3) The director may apply for, receive and administer funds, including federal funds and grants,
29 from sources other than the state. Subject to expenditure limitation set by the Legislative Assembly,
30 funds received under this subsection may be expended by the director:

31 (a) For the study, prevention or treatment of [*alcohol and drug abuse and dependence*] **substance**
32 **use disorders** in this state.

33 (b) To provide training, both within this state and in other states, in the prevention and treat-
34 ment of [*alcohol and drug abuse and dependence*] **substance use disorders**.

35 **SECTION 29.** ORS 409.420 is amended to read:

36 409.420. In addition to the Director of Human Services' other responsibilities, the director shall
37 place special emphasis on all of the following:

38 (1) Establishing standards for both public and private [*alcohol and drug abuse*] **substance use**
39 **disorder** prevention, intervention and treatment programs. It is the policy of the Legislative As-
40 sembly that all programs providing [*alcohol and drug abuse related*] **substance use disorder** pre-
41 vention, intervention and treatment services in this state, with public funds, meet the standards
42 established under this subsection.

43 (2) Providing training for state employees dealing directly with appropriate client groups to
44 [*insure*] **ensure** better recognition and understanding of [*alcohol and drug abuse*] **substance use**
45 **disorder** problems. Training is also to be directed at increasing knowledge of appropriate and

1 available resources for assisting clients with *[alcohol and drug abuse]* **substance use disorder**
 2 problems.

3 (3) Conducting continuing long-term evaluation of clients and other recipients of services from
 4 all Department of Human Services funded programs, for periods of up to 24 months following com-
 5 pletion of service, to assess service effectiveness and enable appropriate corrective actions.

6 (4) Ensuring financial audits and program reviews of *[alcohol and drug abuse related]* **substance**
 7 **use disorder** programs and services that receive funds, including beer and wine tax revenues dis-
 8 tributed under ORS 430.380 and 471.810, from any state agency.

9 **SECTION 30.** ORS 410.040 is amended to read:

10 410.040. As used in ORS 409.010, 410.040 to 410.320, 411.590 and 441.630:

11 (1) “Appropriate living arrangement” means any arrangement for an elderly person or a person
 12 with a disability in a residential setting which is appropriate for the person considering, in order
 13 of priority, the following criteria:

14 (a) The desires and goals of the person;

15 (b) The right of the person to live as independently as possible, in the least restrictive envi-
 16 ronment; and

17 (c) The cost of the living arrangement compared to other types of living arrangements, based
 18 on the criteria in paragraphs (a) and (b) of this subsection.

19 (2) “Area agency” means:

20 (a) An established or proposed type A or type B Area Agency on Aging within a planning and
 21 service area designated under Section 305 of the Older Americans Act; or

22 (b) Any public or nonprofit private agency which is designated as a type A or type B Area
 23 Agency on Aging under Section 305 of the Older Americans Act.

24 (3) “Area agency board” means the local policy-making board which directs the actions of the
 25 area agency within state and federal laws and regulations.

26 (4) “Department” means the Department of Human Services.

27 (5) “Elderly person” means a person who is served by a type A area agency or type B area
 28 agency or by the department and who is 60 years of age or older.

29 (6) “Local government” means a political subdivision of the state whose authority is general or
 30 a combination of units of general purpose local governments.

31 (7) “Person with a disability” means a person with a physical or mental disability:

32 (a) Who is eligible for Supplemental Security Income or for general assistance; and

33 (b) Who meets one of the following criteria:

34 (A) Has mental retardation or a developmental disability or is mentally or emotionally disturbed,
 35 and resides in or needs placement in a residential program administered by the department.

36 (B) *[Is an alcohol or drug abuser]* **Has a substance use disorder** and resides in or needs
 37 placement in a residential program administered by the department.

38 (C) Has a physical or mental disability other than those described in subparagraphs (A) and (B)
 39 of this paragraph.

40 (8) “Preadmission screening” means a professional program within the department or type B
 41 area agencies, with staff that includes registered nurses and social workers, that assesses the needs
 42 of clients and recommends appropriate placements in residential programs administered by the de-
 43 partment or type B area agencies.

44 (9) “Protective services” means a service to be provided by the department directly or through
 45 type B area agencies, in response to the need for protection from harm or neglect to elderly persons

1 and persons with disabilities.

2 (10) "Title XIX" means long term care and health services programs in Title XIX of the Social
3 Security Act available to elderly persons and persons with disabilities.

4 (11) "Type A area agency" means an area agency:

5 (a) For which either the local government or the area agency board does not agree to accept
6 local administrative responsibility for Title XIX; and

7 (b) That provides a service to elderly persons.

8 (12) "Type B area agency" means an area agency:

9 (a) For which the local government agrees to accept local administrative responsibility for Title
10 XIX;

11 (b) That provides a service to elderly persons or to elderly persons and persons with disabilities
12 who require services similar to those required by elderly persons; and

13 (c) That uses the term "disabled services" or "disability services" in its title to communicate the
14 fact that it provides services to both populations described in paragraph (b) of this subsection.

15 **SECTION 31.** ORS 417.705 is amended to read:

16 417.705. As used in ORS 417.705 to 417.801:

17 (1) "Community mobilization" means government and private efforts to increase community
18 awareness and facilitate the active participation of citizens and organizations in projects and issues
19 that will have positive impact on the well-being of children, families and communities.

20 (2) "Efficiency" means a measurable indicator of the amount of resources required to produce
21 an output.

22 (3) "High-level outcome" means the Oregon benchmarks adopted by the Oregon Progress Board
23 and any other measurable indicators of societal well-being.

24 (4) "Intermediate outcome" means a measurable indicator of the effort by an agency or other
25 entity toward achieving a high-level outcome target.

26 (5) "Local commission" means a local commission on children and families established pursuant
27 to ORS 417.760.

28 (6) "Local coordinated comprehensive plan" or "local plan" means a local coordinated compre-
29 hensive plan for children and families that is developed pursuant to ORS 417.775 through a process
30 coordinated and led by a local commission and that consists of:

31 (a) A community plan that identifies the community's needs, strengths, goals, priorities and
32 strategies for:

33 (A) Creating positive outcomes for children and families;

34 (B) Community mobilization;

35 (C) Coordinating programs, strategies and services for children who are [0 through] 18 years of
36 age **or younger** and their families among community groups, government agencies, private providers
37 and other parties; and

38 (D) Addressing the needs of target populations; and

39 (b) The service plans listed in ORS 417.775 [(6)] (7) that designate specific services for the target
40 populations identified in the community plan.

41 (7) "Outcome" means the measure of a desired result.

42 (8) "Output" means the amount or frequency of products or services delivered by an agency or
43 other entity.

44 (9) "Performance measure" includes outcomes, outputs and efficiencies that indicate how well
45 an agency or other entity is carrying out its mission and achieving its goals.

1 (10) “Services for children and families” does not include services provided by the Department
 2 of Education or school districts that are related to curriculum or instructional programs.

3 (11) “State commission” means the State Commission on Children and Families established under
 4 ORS 417.730.

5 (12) “Target” means a specific level of achievement desired for a specific time, expressed nu-
 6 merically.

7 **SECTION 32.** ORS 417.728 is amended to read:

8 417.728. (1) The State Commission on Children and Families, the Department of Education, the
 9 Employment Department and the Department of Human Services shall lead a joint effort with other
 10 state and local early childhood partners to establish the policies necessary for a voluntary statewide
 11 early childhood system that shall be incorporated into the local coordinated comprehensive plan.

12 (2) The voluntary statewide early childhood system shall be designed to achieve:

13 (a) The appropriate early childhood benchmarks jointly identified by the State Commission on
 14 Children and Families, the Department of Education, the Employment Department and the Depart-
 15 ment of Human Services, with input from early childhood partners, as the appropriate benchmarks;
 16 and

17 (b) Any other early childhood benchmark or intermediate outcome jointly identified by the State
 18 Commission on Children and Families, the Department of Education, the Employment Department
 19 and the Department of Human Services, with input from early childhood partners, as an appropriate
 20 benchmark or outcome.

21 (3) The voluntary statewide early childhood system shall include the following components:

22 (a) A process to identify as early as possible children and families who would benefit from early
 23 childhood services;

24 (b) A plan to support the identified needs of the child and family that coordinates case man-
 25 agement personnel and the delivery of services to the child and family; and

26 (c) Services to support children who are [*zero through*] eight years of age **or younger** and their
 27 families who give their express written consent, including:

28 (A) Screening, assessment and home visiting services pursuant to ORS 417.795;

29 (B) Specialized or targeted home visiting services;

30 (C) Community-based services such as relief nurseries, family support programs and parent ed-
 31 ucation programs;

32 (D) High quality child care, as defined by the Commission for Child Care;

33 (E) Preschool and other early education services;

34 (F) Health services for children and pregnant women;

35 (G) Mental health services;

36 (H) [*Alcohol and drug*] **Substance use disorder** treatment programs that meet the standards
 37 promulgated by the Department of Human Services pursuant to ORS 430.357;

38 (I) Developmental disability services; and

39 (J) Other state and local services.

40 (4) The State Commission on Children and Families, the Department of Education, the Employ-
 41 ment Department and the Department of Human Services shall jointly:

42 (a) Consolidate administrative functions relating to the voluntary statewide early childhood
 43 system, to the extent practicable, including but not limited to training and technical assistance,
 44 planning and budgeting. This paragraph does not apply to the administrative functions of the De-
 45 partment of Education relating to education programs;

1 (b) Adopt policies to establish training and technical assistance programs to ensure that per-
 2 sonnel have skills in appropriate areas, including screening, family assessment, competency-based
 3 home visiting skills, cultural and gender differences and other areas as needed;

4 (c) Identify research-based age-appropriate and culturally and gender appropriate screening and
 5 assessment tools that would be used as appropriate in programs and services of the voluntary
 6 statewide early childhood system;

7 (d) Develop a plan for the implementation of a common data system for voluntary early child-
 8 hood programs as provided in section 7, chapter 831, Oregon Laws 2001;

9 (e) Coordinate existing and new early childhood programs to provide a range of community-
 10 based supports;

11 (f) Establish a common set of quality assurance standards to guide local implementation of all
 12 elements of the voluntary statewide early childhood system, including voluntary universal screening
 13 and assessment, home visiting, staffing, evaluation and community-based services;

14 (g) Ensure that all plans for voluntary early childhood services are coordinated and consistent
 15 with federal and state law, including but not limited to plans for Oregon prekindergarten programs,
 16 federal Head Start programs, early childhood special education services, early intervention services
 17 and public health services;

18 (h) Identify how the voluntary statewide early childhood system for children who are [*zero*
 19 *through*] eight years of age **or younger** will link with systems of support for older children and their
 20 families;

21 (i) Contract for an evaluation of the outcomes of the voluntary statewide early childhood system;
 22 and

23 (j) During January of each odd-numbered year, report to the Governor and the Legislative As-
 24 sembly on the voluntary statewide early childhood system. The report shall include the evaluation
 25 described in paragraph (i) of this subsection.

26 (5) The State Commission on Children and Families, the State Board of Education, the Employ-
 27 ment Department and the Department of Human Services when adopting rules to administer volun-
 28 tary early childhood programs under their individual authority shall adopt rules that are consistent
 29 with the requirements of the voluntary statewide early childhood system created under this section.

30 (6) Information gathered in conjunction with the voluntary comprehensive screening and as-
 31 sessment of children and their families may be used only for the following purposes:

- 32 (a) Providing services to children and families who give their express written consent;
- 33 (b) Providing statistical data that are not personally identifiable;
- 34 (c) Accomplishing other purposes for which the family has given express written consent; and
- 35 (d) Meeting the requirements of mandatory state and federal disclosure laws.

36 **SECTION 33.** ORS 417.775 is amended to read:

37 417.775. (1) [*Under the direction of the board or boards of county commissioners, and in conjunc-*
 38 *tion with the guidelines set by the State Commission on Children and Families,*] The main purposes
 39 of a local commission on children and families are to:

- 40 (a) Promote wellness for children of all ages and their families in the county or region[.];
- 41 (b) If the families have given their express written consent, [*to*] mobilize communities [*and*]; **and**
- 42 (c) To develop policy and oversee the implementation of a local coordinated comprehensive plan
 43 described in this section.

44 (2) **Under the direction of the board or boards of county commissioners, and in conjunc-**
 45 **tion with the guidelines set by the State Commission on Children and Families,** a local com-

1 mission shall:

2 (a) Inform and involve citizens;

3 (b) Identify and map the range of resources in the community;

4 (c) Plan, advocate and fund research-based initiatives for children who are [0 through] 18 years
5 of age **or younger** and their families;

6 (d) Develop local policies, priorities, outcomes and targets;

7 (e) Prioritize activities identified in the local plan and mobilize the community to take action;

8 (f) Prioritize the use of nondedicated resources;

9 (g) Monitor implementation of the local plan; and

10 (h) Monitor and evaluate the intermediate outcome targets identified in the local plan that are
11 reviewed under ORS 417.797, and report on the progress in addressing priorities and achieving out-
12 comes.

13 [(2)(a)] **(3)(a)** A local commission may not provide direct services for children and their families.

14 (b) Notwithstanding paragraph (a) of this subsection, a local commission may provide direct
15 services for children and their families for a period not to exceed six months if:

16 (A)(i) The local commission determines that there is an emergency;

17 (ii) A provider of services discontinues providing the services in the county or region; or

18 (iii) No provider is able to offer the services in the county or region; and

19 (B) The family has given its express written consent.

20 [(3)] **(4)** The local commission shall lead and coordinate a process to assess needs, strengths,
21 goals, priorities and strategies, and identify county or regional outcomes to be achieved. The process
22 shall be in conjunction with other coordinating bodies for services for children and their families
23 and shall include representatives of education, mental health services, developmental disability ser-
24 vices, [alcohol and drug] **substance use disorder** treatment programs, public health programs, local
25 child care resource and referral agencies, child care providers, law enforcement and corrections
26 agencies, private nonprofit entities, local governments, faith-based organizations, businesses, fami-
27 lies, youth and the local community. The process shall include populations representing the diversity
28 of the county or region.

29 [(4)] **(5)** Through the process described in subsection [(3)] **(4)** of this section, the local commis-
30 sion shall coordinate the development of a single local plan for coordinating community programs,
31 strategies and services for children who are [0 through] 18 years of age **or younger** and their fam-
32 ilies among community groups, government agencies, private providers and other parties. The local
33 plan shall be a comprehensive area-wide service delivery plan for all services to be provided for
34 children and their families in the county or region, if the families have given their express written
35 consent. The local plan shall be designed to achieve state and county or regional outcomes based
36 on state policies and guidelines and to maintain a level of services consistent with state and federal
37 requirements.

38 [(5)] **(6)** The local commission shall prepare the local coordinated comprehensive plan and ap-
39 plications for funds to implement ORS 417.705 to 417.801 and 419A.170. The local plan, policies and
40 proposed service delivery systems shall be submitted to the board or boards of county commissioners
41 for approval prior to submission to the state commission. The local plan shall be based on identify-
42 ing the most effective service delivery system allowing for the continuation of current public and
43 private programs where appropriate. The local plan shall address needs, strengths and assets of all
44 children, their families and communities, including those children and their families at highest risk.

45 [(6)] **(7)** Subject to the availability of funds:

- 1 (a) The local coordinated comprehensive plan shall include:
- 2 (A) Identification of ways to connect all state and local planning processes related to services
3 for children and their families into the local coordinated comprehensive plan to create positive
4 outcomes for children and their families; and
- 5 (B) Provisions for a continuum of social supports at the community level for children from the
6 prenatal stage through 18 years of age, and their families, that takes into account areas of need,
7 service overlap, asset building and community strengths as outlined in ORS 417.305 (2).
- 8 (b) The local coordinated comprehensive plan shall reference:
- 9 (A) A voluntary local early childhood system plan created pursuant to ORS 417.777;
- 10 (B) Local [*alcohol and other drug*] **substance use disorder** prevention and treatment plans de-
11 veloped pursuant to ORS 430.258;
- 12 (C) Local service plans, developed pursuant to ORS 430.630, for the delivery of mental health
13 services for children and their families;
- 14 (D) Local public health plans, developed pursuant to ORS 431.385, that include public health
15 issues such as prenatal care, immunizations, well-child checkups, tobacco use, nutrition, teen preg-
16 nancy, maternal and child health care and suicide prevention; and
- 17 (E) The local high-risk juvenile crime prevention plan developed pursuant to ORS 417.855.
- 18 [(7)] (8) The local coordinated comprehensive plan shall include a list of staff positions budgeted
19 to support the local commission on children and families. The list shall indicate the status of each
20 position as a percentage of full-time equivalency dedicated to the implementation of the local coor-
21 dinated comprehensive plan. The county board or boards of commissioners shall be responsible for
22 providing the level of staff support detailed in the local plan and shall ensure that funds provided
23 for these purposes are used to carry out the local plan.
- 24 [(8)] (9) The local coordinated comprehensive plan shall:
- 25 (a) Improve results by addressing the needs, strengths and assets of all children, their families
26 and communities in the county or region, including those children and their families at highest risk;
- 27 (b) Improve results by identifying the methods that work best at the state and local levels to
28 coordinate resources, reduce paperwork and simplify processes, including data gathering and plan-
29 ning;
- 30 (c) Be based on local, state and federal resources;
- 31 (d) Be based on proven practices of effectiveness for the specific community;
- 32 (e) Contribute to a voluntary statewide system of formal and informal services and supports that
33 is provided at the community level, that is integrated in local communities and that promotes im-
34 proved outcomes for Oregon's children;
- 35 (f) Be presented to the citizens in each county for public review, comment and adjustment;
- 36 (g) Be designed to achieve outcomes based on research-identified proven practices of effective-
37 ness; and
- 38 (h) Address other issues, local needs or children and family support areas as determined by the
39 local commission pursuant to ORS 417.735.
- 40 [(9)] (10) In developing the local coordinated comprehensive plan, the local commission shall:
- 41 (a) Secure active participation pursuant to subsection [(3)] (4) of this section;
- 42 (b) Provide for community participation in the planning process, including media notification;
- 43 (c) Conduct an assessment of the community that identifies needs and strengths;
- 44 (d) Identify opportunities for service integration; and
- 45 (e) Develop a local coordinated comprehensive plan and budget to meet the priority needs of a

1 county or region.

2 [(10)] (11) The state commission may disapprove the part of the local coordinated comprehensive
3 plan relating to the planning process required by this section and the voluntary local early child-
4 hood system plan.

5 [(11)(a)] (12)(a) The state commission may disapprove the planning process and the voluntary
6 local early childhood system plan only upon making specific findings that the local plan substan-
7 tially fails to conform to the principles, characteristics and values identified in ORS 417.708 to
8 417.725 and 417.735 (4) or that the local plan fails to conform with the planning process requirements
9 of this section. The staff of the state commission shall assist the local commission in remedying the
10 deficiencies in the planning process or the voluntary local early childhood system plan. The state
11 commission shall set a date by which any deficient portions of the planning process or the voluntary
12 local early childhood system plan must be revised and resubmitted to the state commission by the
13 local commission.

14 (b) The state commission does not have approval authority over the following service plans
15 referenced in the local coordinated comprehensive plan:

16 (A) The local [*alcohol and other drug*] **substance use disorder** prevention and treatment plans
17 developed pursuant to ORS 430.258;

18 (B) Local service plans, developed pursuant to ORS 430.630, relating to the delivery of mental
19 health services;

20 (C) Local public health plans developed pursuant to ORS 431.385; and

21 (D) Local high-risk juvenile crime prevention plans developed pursuant to ORS 417.855.

22 [(12)] (13) The state commission, the Governor's Council on [*Alcohol and Drug Abuse*
23 *Programs*] **Substance Use Disorders**, the Department of Human Services and the Juvenile Crime
24 Prevention Advisory Committee may jointly approve the community plan that is part of the local
25 coordinated comprehensive plan, but may not jointly approve the service plans that are referenced
26 in the local plan. If the community plan is disapproved in whole, the agencies shall identify with
27 particularity the manner in which the community plan is deficient and the service plans may be
28 implemented. If only part of the community plan is disapproved, the remainder of the community
29 plan and the service plans may be implemented. The staff of the agencies shall assist the local
30 commission in remedying the disapproved portions of the community plan. The agencies shall jointly
31 set a date by which the deficient portions of the community plan shall be revised and resubmitted
32 to the agencies by the local commission. In reviewing the community plan, the agencies shall con-
33 sider the impact of state and local budget reductions on the community plan.

34 [(13)] (14) If a local commission determines that the needs of the county or region it serves differ
35 from those identified by the state commission, it may ask the state commission to waive specific
36 requirements in its list of children's support areas. The process for granting waivers shall be de-
37 veloped by the state commission prior to the start of the review and approval process for the local
38 coordinated comprehensive plan described in ORS 417.735 (4) and shall be based primarily on a de-
39 termination of whether the absence of a waiver would prevent the local commission from best
40 meeting the needs of the county or region.

41 [(14)] (15) From time to time, the local commission may amend the local coordinated compre-
42 hensive plan and applications for funds to implement ORS 417.705 to 417.801 and 419A.170. The local
43 commission must amend the local plan to reflect current community needs, strengths, goals, priori-
44 ties and strategies. Amendments become effective upon approval of the board or boards of county
45 commissioners and the state commission.

1 [(15)] **(16)** The local commission shall keep an official record of any amendments to the local
2 coordinated comprehensive plan under subsection [(14)] **(15)** of this section.

3 [(16)] **(17)** The local commission shall provide an opportunity for public and private contractors
4 to review the components of the local coordinated comprehensive plan and any amendments to the
5 local plan, to receive notice of any component that the county or counties intend to provide through
6 a county agency and to comment publicly to the board or boards of county commissioners if they
7 disagree with the proposed service delivery plan.

8
