

HOUSE AMENDMENTS TO HOUSE BILL 3353

By COMMITTEE ON HUMAN SERVICES

April 28

1 On page 1 of the printed bill, line 3, delete “and 430.630” and insert “, 430.630, 430.632 and
2 430.640”.

3 Delete lines 6 through 30 and delete pages 2 through 15 and insert:

4 **“SECTION 1. (1) There is created the Alcohol and Drug Policy Commission, which is**
5 **charged with producing a plan for the funding and effective delivery of alcohol and drug**
6 **treatment and prevention services. The commission shall recommend:**

7 **“(a) A strategy for delivering state-funded treatment and prevention services;**

8 **“(b) The priority of funding for treatment and prevention services;**

9 **“(c) Strategies to maximize accountability for performance of treatment and prevention**
10 **services;**

11 **“(d) Methods to standardize data collection and reporting; and**

12 **“(e) A strategy to consolidate treatment and prevention services and reduce the frag-**
13 **mentation in the delivery of services.**

14 **“(2) The membership of the commission consists of:**

15 **“(a) Sixteen members appointed by the Governor, subject to confirmation by the Senate**
16 **in the manner prescribed in ORS 171.562 and 171.565, including:**

17 **“(A) An elected district attorney;**

18 **“(B) An elected county sheriff;**

19 **“(C) A county commissioner;**

20 **“(D) A representative of an Indian tribe;**

21 **“(E) An alcohol or drug treatment provider;**

22 **“(F) A chief of police;**

23 **“(G) An alcohol or drug treatment researcher or epidemiologist;**

24 **“(H) A criminal defense attorney;**

25 **“(I) A judge of a circuit court, who shall be a nonvoting member;**

26 **“(J) A representative of the health insurance industry;**

27 **“(K) A representative of hospitals;**

28 **“(L) An alcohol or treatment professional who is highly experienced in the treatment of**
29 **persons with a dual diagnosis of mental illness and substance abuse;**

30 **“(M) An alcohol or drug abuse prevention representative;**

31 **“(N) A consumer of alcohol or drug treatment who is in recovery;**

32 **“(O) A representative of the business community; and**

33 **“(P) An alcohol or drug prevention representative who specializes in youth.**

34 **“(b) Two members of the Legislative Assembly appointed to the commission as nonvoting**
35 **members of the commission, acting in an advisory capacity only and including:**

1 “(A) One member from among members of the Senate appointed by the President of the
2 Senate; and

3 “(B) One member from among members of the House of Representatives appointed by the
4 Speaker of the House of Representatives.

5 “(c) The following voting ex officio members:

6 “(A) The Governor or the Governor’s designee;

7 “(B) The Attorney General;

8 “(C) The Director of Human Services;

9 “(D) The Director of the Department of Corrections; and

10 “(E) The Superintendent of Public Instruction.

11 “(3) The Alcohol and Drug Policy Commission shall select one of its members as chair-
12 person and another as vice chairperson, for such terms and with duties and powers neces-
13 sary for the performance of the functions of such offices as the commission determines.

14 “(4) A majority of the voting members of the commission constitutes a quorum for the
15 transaction of business.

16 “(5) Official action of the commission requires the approval of a majority of the voting
17 members on the commission.

18 “(6) The commission may establish a steering committee and subcommittees. These
19 committees may be continuing or temporary.

20 “(7) Each commission member appointed by the Governor serves at the pleasure of the
21 Governor. If there is a vacancy for any cause, the Governor shall make an appointment to
22 become immediately effective.

23 “(8) The Department of Human Services shall provide staff support to the commission.
24 Subject to available funding, the commission may contract with a public or private entity to
25 provide staff support.

26 “(9) Members of the commission who are not members of the Legislative Assembly are
27 entitled to compensation and expenses incurred by them in the performance of their official
28 duties in the manner and amounts provided for in ORS 292.495. Claims for compensation and
29 expenses shall be paid out of funds appropriated to the Department of Human Services or
30 funds appropriated to the commission for purposes of the commission.

31 “SECTION 2. No later than October 1, 2009, the Governor shall appoint to the Alcohol
32 and Drug Policy Commission the members specified in section 1 (2)(a) of this 2009 Act.

33 “SECTION 3. (1) No later than May 1, 2010, the Alcohol and Drug Policy Commission shall
34 report to the Governor with a specific plan for funding and more effectively delivering alco-
35 hol and drug treatment and prevention services across all human services and public safety
36 agencies.

37 “(2) The report must be completed in time for the Governor’s consideration in the de-
38 velopment of the Governor’s budget for the biennium beginning July 1, 2011.

39 “(3) No later than October 1, 2010, the commission shall report on the plan to the ap-
40 propriate interim committee of the Legislative Assembly and may include recommendations
41 to the Legislative Assembly for legislative changes necessary to implement the plan.

42 “(4) No later than October 1, 2012, the commission shall report to the Legislative As-
43 sembly on the progress made to date regarding outcomes of policy changes made by the
44 Legislative Assembly and may make recommendations for legislative changes.

45 “SECTION 4. (1) The Governor’s Council on Alcohol and Drug Abuse Programs is abol-

1 **ished. On the operative date specified in section 5 of this 2009 Act, the tenure of office of the**
2 **members of the Governor’s Council on Alcohol and Drug Abuse Programs ceases.**

3 **“(2) All of the duties, functions and powers of the Governor’s Council on Alcohol and**
4 **Drug Abuse Programs are imposed upon, transferred to and vested in the Alcohol and Drug**
5 **Policy Commission.**

6 **“(3) The unexpended balances of amounts authorized to be expended by the Governor’s**
7 **Council on Alcohol and Drug Abuse Programs for the biennium beginning July 1, 2009, from**
8 **revenues dedicated, continuously appropriated, appropriated or otherwise made available for**
9 **the purpose of administering and enforcing the duties, functions and powers transferred by**
10 **this section are transferred to and are available for expenditure by the Alcohol and Drug**
11 **Policy Commission for the biennium beginning July 1, 2009, for the purpose of administering**
12 **and enforcing the duties, functions and powers transferred by this section.**

13 **“(4) The expenditure classifications, if any, established by Acts authorizing or limiting**
14 **expenditures by the Governor’s Council on Alcohol and Drug Abuse Programs remain appli-**
15 **cable to expenditures by the Alcohol and Drug Treatment Commission under this section.**

16 **“SECTION 5. Section 4 of this 2009 Act becomes operative on the date on which a ma-**
17 **jority of the members of the Alcohol and Drug Policy Commission have been appointed by**
18 **the Governor and confirmed by the Senate pursuant to section 1 of this 2009 Act.**

19 **“SECTION 6. ORS 137.308 is amended to read:**

20 **“137.308. (1) The county treasurer shall deposit 60 percent of the moneys received under ORS**
21 **137.309 (6), (8) and (9) into the general fund of the county to be used for the purpose of planning,**
22 **operating and maintaining county juvenile and adult corrections programs and facilities and drug**
23 **and alcohol programs approved by the [Governor’s Council on Alcohol and Drug Abuse Programs]**
24 **Alcohol and Drug Policy Commission. Expenditure by the county of the funds described in this**
25 **subsection shall be made in a manner that is consistent with the approved community corrections**
26 **plan for that county; however, a county may not expend more than 50 percent of the funds on the**
27 **construction or operation of a county jail. Prior to budgeting the funds described in this subsection,**
28 **a county shall consider any comments received from, and upon request shall consult with, the gov-**
29 **erning body of a city that forwards assessments under ORS 137.307 (1991 Edition) concerning the**
30 **proposed uses of the funds.**

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

33 **“SECTION 7. ORS 417.775 is amended to read:**

34 **“417.775. (1) Under the direction of the board or boards of county commissioners, and in con-**
35 **junction with the guidelines set by the State Commission on Children and Families, the [main pur-**
36 **poses of a] local commission on children and families [are to] shall promote wellness for children of**
37 **all ages and their families in the county or region, if the families have given their express written**
38 **consent, [to] mobilize communities and [to] develop policy and oversee the implementation of a local**
39 **coordinated comprehensive plan described in this section. A local commission shall:**

40 **“(a) Inform and involve citizens;**

41 **“(b) Identify and map the range of resources in the community;**

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

44 **“(d) Develop local policies, priorities, outcomes and targets;**

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

1 “(f) Prioritize the use of nondedicated resources;

2 “(g) Monitor implementation of the local plan; and

3 “(h) Monitor and evaluate the intermediate outcome targets identified in the local plan that are

4 reviewed under ORS 417.797, and report on the progress in addressing priorities and achieving out-

5 comes.

6 “(2)(a) A local commission may not provide direct services for children and their families.

7 “(b) Notwithstanding paragraph (a) of this subsection, a local commission may provide direct

8 services for children and their families for a period not to exceed six months if:

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

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

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

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

13 “(3) The local commission shall lead and coordinate a process to assess needs, strengths, goals,

14 priorities and strategies, and identify county or regional outcomes to be achieved. The process shall

15 be in conjunction with other coordinating bodies for services for children and their families and

16 shall include representatives of education, mental health services, developmental disability services,

17 alcohol and drug treatment programs, public health programs, local child care resource and referral

18 agencies, child care providers, law enforcement and corrections agencies, private nonprofit entities,

19 local governments, faith-based organizations, businesses, families, youth and the local community.

20 The process shall include populations representing the diversity of the county or region.

21 “(4) Through the process described in subsection (3) of this section, the local commission shall

22 coordinate the development of a single local plan for coordinating community programs, strategies

23 and services for children who are [0 through] 18 years of age **or younger, including prenatal**, and

24 their families among community groups, government agencies, private providers and other parties.

25 The local plan shall be a comprehensive area-wide service delivery plan for all services to be pro-

26 vided for children and their families in the county or region, if the families have given their express

27 written consent. The local plan shall be designed to achieve state and county or regional outcomes

28 based on state policies and guidelines and to maintain a level of services consistent with state and

29 federal requirements.

30 “(5) The local commission shall prepare the local coordinated comprehensive plan and applica-

31 tions for funds to implement ORS 417.705 to 417.801 and 419A.170. The local plan, policies and pro-

32 posed service delivery systems shall be submitted to the board or boards of county commissioners

33 for approval prior to submission to the state commission. The local plan shall be based on identify-

34 ing the most effective service delivery system allowing for the continuation of current public and

35 private programs where appropriate. The local plan shall address needs, strengths and assets of all

36 children, their families and communities, including those children and their families at highest risk.

37 “(6) Subject to the availability of funds:

38 “(a) The local coordinated comprehensive plan shall include:

39 “(A) Identification of ways to connect all state and local planning processes related to services

40 for children and their families into the local coordinated comprehensive plan to create positive

41 outcomes for children and their families; and

42 “(B) Provisions for a continuum of social supports at the community level for children from the

43 prenatal stage through 18 years of age, and their families, that takes into account areas of need,

44 service overlap, asset building and community strengths as outlined in ORS 417.305 (2).

45 “(b) The local coordinated comprehensive plan shall reference:

1 “(A) A voluntary local early childhood system plan created pursuant to ORS 417.777;

2 “(B) Local alcohol and other drug prevention and treatment plans developed pursuant to [ORS

3 430.258] **section 1 of this 2009 Act**;

4 “(C) Local service plans, developed pursuant to ORS 430.630, for the delivery of mental health

5 services for children and their families;

6 “(D) Local public health plans, developed pursuant to ORS 431.385, that include public health

7 issues such as prenatal care, immunizations, well-child checkups, tobacco use, nutrition, teen preg-

8 nancy, maternal and child health care and suicide prevention; and

9 “(E) The local high-risk juvenile crime prevention plan developed pursuant to ORS 417.855.

10 “(7) The local coordinated comprehensive plan shall include a list of staff positions budgeted to

11 support the local commission on children and families. The list shall indicate the status of each po-

12 sition as a percentage of full-time equivalency dedicated to the implementation of the local coordi-

13 nated comprehensive plan. The county board or boards of commissioners shall be responsible for

14 providing the level of staff support detailed in the local plan and shall ensure that funds provided

15 for these purposes are used to carry out the local plan.

16 “(8) The local coordinated comprehensive plan shall:

17 “(a) Improve results by addressing the needs, strengths and assets of all children, their families

18 and communities in the county or region, including those children and their families at highest risk;

19 “(b) Improve results by identifying the methods that work best at the state and local levels to

20 coordinate resources, reduce paperwork and simplify processes, including data gathering and plan-

21 ning;

22 “(c) Be based on local, state and federal resources;

23 “(d) Be based on proven practices of effectiveness for the specific community;

24 “(e) Contribute to a voluntary statewide system of formal and informal services and supports

25 that is provided at the community level, that is integrated in local communities and that promotes

26 improved outcomes for Oregon’s children;

27 “(f) Be presented to the citizens in each county for public review, comment and adjustment;

28 “(g) Be designed to achieve outcomes based on research-identified proven practices of effective-

29 ness; and

30 “(h) Address other issues, local needs or children and family support areas as determined by the

31 local commission pursuant to ORS 417.735.

32 “(9) In developing the local coordinated comprehensive plan, the local commission shall:

33 “(a) Secure active participation pursuant to subsection (3) of this section;

34 “(b) Provide for community participation in the planning process, including media notification;

35 “(c) Conduct an assessment of the community that identifies needs and strengths;

36 “(d) Identify opportunities for service integration; and

37 “(e) Develop a local coordinated comprehensive plan and budget to meet the priority needs of

38 a county or region.

39 “(10) The state commission may disapprove the part of the local coordinated comprehensive plan

40 relating to the planning process required by this section and the voluntary local early childhood

41 system plan.

42 “(11)(a) The state commission may disapprove the planning process and the voluntary local early

43 childhood system plan only upon making specific findings that the local plan substantially fails to

44 conform to the principles, characteristics and values identified in ORS 417.708 to 417.725 and 417.735

45 (4) or that the local plan fails to conform with the planning process requirements of this section.

1 The staff of the state commission shall assist the local commission in remedying the deficiencies in
2 the planning process or the voluntary local early childhood system plan. The state commission shall
3 set a date by which any deficient portions of the planning process or the voluntary local early
4 childhood system plan must be revised and resubmitted to the state commission by the local com-
5 mission.

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

8 “(A) The local alcohol and other drug prevention and treatment plans developed pursuant to
9 [ORS 430.258] **section 1 of this 2009 Act**;

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

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

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

14 “(12) The state commission, the [Governor’s Council on Alcohol and Drug Abuse Programs] **Al-**
15 **cohol and Drug Policy Commission**, the Department of Human Services and the Juvenile Crime
16 Prevention Advisory Committee may jointly approve the community plan that is part of the local
17 coordinated comprehensive plan, but may not jointly approve the service plans that are referenced
18 in the local plan. If the community plan is disapproved in whole, the agencies shall identify with
19 particularity the manner in which the community plan is deficient and the service plans may be
20 implemented. If only part of the community plan is disapproved, the remainder of the community
21 plan and the service plans may be implemented. The staff of the agencies shall assist the local
22 commission in remedying the disapproved portions of the community plan. The agencies shall jointly
23 set a date by which the deficient portions of the community plan shall be revised and resubmitted
24 to the agencies by the local commission. In reviewing the community plan, the agencies shall con-
25 sider the impact of state and local budget reductions on the community plan.

26 “(13) If a local commission determines that the needs of the county or region it serves differ
27 from those identified by the state commission, it may ask the state commission to waive specific
28 requirements in its list of children’s support areas. The process for granting waivers shall be de-
29 veloped by the state commission prior to the start of the review and approval process for the local
30 coordinated comprehensive plan described in ORS 417.735 (4) and shall be based primarily on a de-
31 termination of whether the absence of a waiver would prevent the local commission from best
32 meeting the needs of the county or region.

33 “(14) From time to time, the local commission may amend the local coordinated comprehensive
34 plan and applications for funds to implement ORS 417.705 to 417.801 and 419A.170. The local com-
35 mission must amend the local plan to reflect current community needs, strengths, goals, priorities
36 and strategies. Amendments become effective upon approval of the board or boards of county com-
37 missioners and the state commission.

38 “(15) The local commission shall keep an official record of any amendments to the local coordi-
39 nated comprehensive plan under subsection (14) of this section.

40 “(16) The local commission shall provide an opportunity for public and private contractors to
41 review the components of the local coordinated comprehensive plan and any amendments to the lo-
42 cal plan, to receive notice of any component that the county or counties intend to provide through
43 a county agency and to comment publicly to the board or boards of county commissioners if they
44 disagree with the proposed service delivery plan.

45 “**SECTION 8.** ORS 417.857 is amended to read:

1 “417.857. (1) Deschutes County may place greater emphasis on early intervention and work with
2 younger children than required by the Juvenile Crime Prevention Advisory Committee if the county
3 has been granted a waiver pursuant to this section.

4 “(2) The Juvenile Crime Prevention Advisory Committee shall develop an objective process, re-
5 view criteria and timetable for consideration of a waiver request. A waiver granted under this sec-
6 tion applies to the requirements for basic services grants described in ORS 417.850 (8) and high-risk
7 juvenile crime prevention resources managed by the State Commission on Children and Families.
8 The waiver shall be consistent with the goals of ORS 417.705 to 417.801, 417.850[,] **and** 417.855[,
9 430.250, 430.255, 430.257, 430.258 and 430.259].

10 “(3) Any documentation required for a waiver under this section shall be obtained to the
11 greatest extent possible from material contained in the county’s juvenile crime prevention plan and
12 from material as determined through biennial intergovernmental agreements. The Juvenile Crime
13 Prevention Advisory Committee may ask the county to submit additional information regarding how
14 the county intends to use crime prevention funds under the waiver.

15 “(4) The Juvenile Crime Prevention Advisory Committee shall grant a waiver or continue a
16 waiver based on criteria that include:

17 “(a) The rate of Oregon Youth Authority discretionary bed usage compared to other counties;

18 “(b) The county’s rates of first-time juvenile offenders, chronic juvenile offenders and juvenile
19 recidivism compared to other counties;

20 “(c) The amount and allocation of expenditures from all funding sources for juvenile crime pre-
21 vention, including prevention and early intervention strategies, and how the requested waiver ad-
22 dresses the needs and priorities for the target population described in ORS 417.855 and for the
23 target population described in the waiver;

24 “(d) Inclusion of prevention or early intervention strategies in the juvenile crime prevention
25 plan;

26 “(e) Investments in evidence-based crime prevention programs and practices;

27 “(f) Support of the local public safety coordinating council, local commission on children and
28 families and board of county commissioners;

29 “(g) Local integration practices including citizens, victims, courts, law enforcement, business
30 and schools;

31 “(h) Identification of the risk factors for the target population described in the waiver; and

32 “(i) Changes in the risk factors for the target population described in the waiver.

33 “(5) The committee shall review and act on any request for a waiver within 90 days after receipt
34 of the request.

35 “(6) The duration of a waiver granted under this section is four years. Before the expiration of
36 a waiver granted under this section, the county may submit a request for another waiver.

37 “**SECTION 9.** ORS 430.270 is amended to read:

38 “430.270. The Department of Human Services, in consultation with the [*Governor’s Council on*
39 *Alcohol and Drug Abuse Programs*] **Alcohol and Drug Policy Commission**, shall take such means
40 as it considers most effective to bring to the attention of the general public, employers, the profes-
41 sional community and particularly the youth of the state, the harmful effects to the individual and
42 society of the irresponsible use of alcoholic beverages, controlled substances and other chemicals,
43 and substances with abuse potential.

44 “**SECTION 10.** ORS 430.290 is amended to read:

45 “430.290. (1) The objective of this section is to prevent alcoholism and drug dependency.

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

2 “(a) Consult with and be advised by the [*Governor’s Council on Alcohol and Drug Abuse Pro-*
3 *grams*] **Alcohol and Drug Policy Commission** and the Mental Health Advisory Board in identifying
4 program priorities for the primary prevention of alcoholism and drug dependency.

5 “(b) Solicit program proposals that address identified priorities from agencies, associations, in-
6 dividuals or any political subdivision of this state and award and distribute moneys under this sec-
7 tion in accordance with the provisions of this section.

8 “(3) Every applicant for a grant to develop a primary prevention of alcoholism program shall
9 be assisted in its preparation by the local alcohol planning committee, if there be one, operating in
10 the area to which the application relates. Every applicant shall establish to the satisfaction of the
11 department that the committee was actively involved in the development and preparation of such
12 program.

13 “(4) Every grant applicant shall include the recommendations of the local alcohol planning
14 committee, if there be one, operating in the area. The department shall take the recommendations
15 of the local alcohol planning committee into consideration before making or refusing a grant.

16 “**SECTION 11.** ORS 430.359 is amended to read:

17 “430.359. (1) Upon approval of an application, the Department of Human Services shall enter
18 into a matching fund relationship with the applicant. In all cases the amount granted by the de-
19 partment under the matching formula shall not exceed 50 percent of the total estimated costs, as
20 approved by the department, of the alcohol and drug abuse prevention, early intervention and
21 treatment services.

22 “(2) The amount of state funds shall be apportioned among the applicants according to the
23 community need of the applicant for services as compared with the community needs of all appli-
24 cants. In evaluating the community needs of the applicant, the department, in consultation with the
25 [*Governor’s Council on Alcohol and Drug Abuse Programs*] **Alcohol and Drug Policy**
26 **Commission**, shall give priority consideration to those applications that identify and include alcohol
27 and drug abuse prevention, early intervention and treatment services aimed at providing services
28 to minorities with a significant population of affected persons. The funds granted shall be distributed
29 monthly.

30 “(3) Federal funds at the disposal of an applicant for use in providing alcohol and drug abuse
31 prevention, early intervention and treatment services may be counted toward the percentage con-
32 tribution of an applicant.

33 “(4) An applicant that is, at the time of a grant made under this section, expending funds ap-
34 propriated by its governing body for the alcohol and drug abuse prevention, early intervention and
35 treatment services shall, as a condition to the receipt of funds under this section, maintain its fi-
36 nancial contribution to these programs at an amount not less than the preceding year. However, the
37 financial contribution requirement may be waived in its entirety or in part in any year by the De-
38 partment of Human Services because of:

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

41 “(b) The application of any special funds for the alcohol and drug abuse prevention, early
42 intervention and treatment services in the prior year when such funds are not available in the
43 current year;

44 “(c) The application of federal funds, including but not limited to general revenue sharing, dis-
45 tributions from the Oregon and California land grant fund and block grant funds to the alcohol and

1 drug abuse prevention, early intervention and treatment services in the prior year when such funds
2 are not available for such application in the current year; or

3 “(d) The application of fund balances resulting from fees, donations or underexpenditures in a
4 given year of the funds appropriated to counties pursuant to ORS 430.380 (2) to the alcohol and drug
5 abuse prevention, early intervention and treatment services in the prior year when such funds are
6 not available for such application in the current year.

7 “(5) Any moneys received by an applicant from fees, contributions or other sources for alcohol
8 and drug abuse prevention, early intervention and treatment services for service purposes, including
9 federal funds, shall be considered a portion of an applicant’s contribution for the purpose of deter-
10 mining the matching fund formula relationship. All moneys so received shall only be used for the
11 purposes of carrying out ORS 430.345 to 430.380.

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

14 “**SECTION 12.** ORS 430.368 is amended to read:

15 “430.368. (1) Any alcohol and drug abuse prevention, early intervention and treatment service,
16 including but not limited to minority programs, aggrieved by any final action of an applicant with
17 regard to requesting funding for the program from the Department of Human Services, may appeal
18 the applicant’s action to the Director of Human Services within 30 days of the action. For the pur-
19 poses of this section ‘final action’ means the submission of the applicant’s compiled funding requests
20 to the department. The director shall review, in consultation with the [*Governor’s Council on Al-*
21 *cohol and Drug Abuse Programs*] **Alcohol and Drug Policy Commission**, all appealed actions for
22 compliance with the purposes and requirements of ORS [*430.306*] **430.315 to 430.335**, 430.338 to
23 430.380, 471.810, 473.030 and 473.050, including but not limited to ORS 430.338 (5).

24 “(2) The director shall act on all appeals within 60 days of filing, or before the time of the de-
25 partment’s decision on the applicant’s funding request, whichever is less. The director is not re-
26 quired to follow procedures for hearing a contested case, but shall set forth written findings
27 justifying the action. The decision of the director shall be final, and shall not be subject to judicial
28 review.

29 “**SECTION 13.** ORS 430.535 is amended to read:

30 “430.535. (1) The Department of Human Services and the [*Governor’s Council on Alcohol and*
31 *Drug Abuse Programs*] **Alcohol and Drug Policy Commission** shall, subject to the availability of
32 funds, develop bilingual forms to assist non-English-speaking persons in understanding their rights
33 under ORS 430.450 to 430.555.

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

38 “**SECTION 14.** ORS 430.630 is amended to read:

39 “430.630. (1) In addition to any other requirements that may be established by rule by the De-
40 partment of Human Services and subject to the availability of funds, each community mental health
41 and developmental disabilities program shall provide the following basic services to persons with
42 mental retardation, developmental disabilities, alcoholism or drug dependence, and persons who are
43 alcohol or drug abusers:

44 “(a) Outpatient services;

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

1 “(c) Training, case and program consultation and education for community agencies, related
2 professions and the public;

3 “(d) Guidance and assistance to other human service agencies for joint development of pre-
4 vention programs and activities to reduce factors causing mental retardation, developmental disa-
5 bilities, alcohol abuse, alcoholism, drug abuse and drug dependence; and

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

7 “(2) As alternatives to state hospitalization, it is the responsibility of the community mental
8 health and developmental disabilities program to ensure that, subject to the availability of funds, the
9 following services for persons with mental retardation, developmental disabilities, alcoholism or drug
10 dependence, and persons who are alcohol or drug abusers, are available when needed and approved
11 by the Department of Human Services:

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

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

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

18 “(d) Continuity of care, such as that provided by service coordinators, community case devel-
19 opment specialists and core staff of federally assisted community mental health centers;

20 “(e) Inpatient treatment in community hospitals; and

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

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

26 “(a) Screening and evaluation to determine the client’s service needs;

27 “(b) Crisis stabilization to meet the needs of persons with acute mental or emotional disturb-
28 ances, including the costs of investigations and prehearing detention in community hospitals or
29 other facilities approved by the department for persons involved in involuntary commitment proce-
30 dures;

31 “(c) Vocational and social services that are appropriate for the client’s age, designed to improve
32 the client’s vocational, social, educational and recreational functioning;

33 “(d) Continuity of care to link the client to housing and appropriate and available health and
34 social service needs;

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

37 “(f) Residential services;

38 “(g) Medication monitoring;

39 “(h) Individual, family and group counseling and therapy;

40 “(i) Public education and information;

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

42 “(k) Consultation with other community agencies;

43 “(L) Preventive mental health services for children and adolescents, including primary pre-
44 vention efforts, early identification and early intervention services. Preventive services should be
45 patterned after service models that have demonstrated effectiveness in reducing the incidence of

1 emotional, behavioral and cognitive disorders in children. As used in this paragraph:

2 “(A) ‘Early identification’ means detecting emotional disturbance in its initial developmental
3 stage;

4 “(B) ‘Early intervention services’ for children at risk of later development of emotional disturb-
5 ances means programs and activities for children and their families that promote conditions, oppor-
6 tunities and experiences that encourage and develop emotional stability, self-sufficiency and
7 increased personal competence; and

8 “(C) ‘Primary prevention efforts’ means efforts that prevent emotional problems from occurring
9 by addressing issues early so that disturbances do not have an opportunity to develop; and

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

14 “(A) ‘Early identification’ means detecting emotional disturbance in its initial developmental
15 stage;

16 “(B) ‘Early intervention services’ for older adults at risk of development of emotional disturb-
17 ances means programs and activities for older adults and their families that promote conditions,
18 opportunities and experiences that encourage and maintain emotional stability, self-sufficiency and
19 increased personal competence and that deter suicide; and

20 “(C) ‘Primary prevention efforts’ means efforts that prevent emotional problems from occurring
21 by addressing issues early so that disturbances do not have an opportunity to develop.

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

25 “(a) The person receiving care is a resident of the county served by the program. For purposes
26 of this paragraph, ‘resident’ means the resident of a county in which the person maintains a current
27 mailing address or, if the person does not maintain a current mailing address within the state, the
28 county in which the person is found, or the county in which a court-committed person with a mental
29 illness has been conditionally released.

30 “(b) The person has been hospitalized involuntarily or voluntarily, pursuant to ORS 426.130 or
31 426.220, except for persons confined to the Secure Child and Adolescent Treatment Unit at Oregon
32 State Hospital, or has been hospitalized as the result of a revocation of conditional release.

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

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

35 “(e) In the case of a community hospital, the department has approved the hospital for the care
36 of persons with mental or emotional disturbances, the community mental health and developmental
37 disabilities program has a contract with the hospital for the psychiatric care of residents and a
38 representative of the program approves voluntary or involuntary admissions to the hospital prior to
39 admission.

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

43 “(6) Each community mental health and developmental disabilities program and the state hospi-
44 tal serving the program’s geographic area shall enter into a written agreement concerning the pol-
45 icies and procedures to be followed by the program and the hospital when a patient is admitted to,

1 and discharged from, the hospital and during the period of hospitalization.

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

6 “(8) A community mental health and developmental disabilities program may request and the
7 department may grant a waiver regarding provision of one or more of the services described in
8 subsection (3) of this section upon a showing by the county and a determination by the department
9 that persons with mental or emotional disturbances in that county would be better served and un-
10 necessary institutionalization avoided.

11 “(9) Each community mental health and developmental disabilities program shall cooperate fully
12 with the [*Governor’s Council on Alcohol and Drug Abuse Programs*] **Alcohol and Drug Policy**
13 **Commission** in the performance of its duties.

14 “(10)(a) As used in this subsection, ‘local mental health authority’ means one of the following
15 entities:

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

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

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

22 “(b) Each local mental health authority that provides mental health services shall determine the
23 need for local mental health services and adopt a comprehensive local plan for the delivery of
24 mental health services for children, families, adults and older adults that describes the methods by
25 which the local mental health authority shall provide those services. The local mental health au-
26 thority shall review and revise the local plan biennially. The purpose of the local plan is to create
27 a blueprint to provide mental health services that are directed by and responsive to the mental
28 health needs of individuals in the community served by the local plan.

29 “(c) The local plan shall identify ways to:

30 “(A) Coordinate and ensure accountability for all levels of care described in paragraph (e) of
31 this subsection;

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

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

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

35 “(E) Ensure that appropriate mental health referrals are made;

36 “(F) Address local housing needs for persons with mental health disorders;

37 “(G) Develop a process for discharge from state and local psychiatric hospitals and transition
38 planning between levels of care or components of the system of care;

39 “(H) Provide peer support services, including but not limited to drop-in centers and paid peer
40 support;

41 “(I) Provide transportation supports; and

42 “(J) Coordinate services among the criminal and juvenile justice systems, adult and juvenile
43 corrections systems and local mental health programs to ensure that persons with mental illness
44 who come into contact with the justice and corrections systems receive needed care and to ensure
45 continuity of services for adults and juveniles leaving the corrections system.

1 “(d) When developing a local plan, a local mental health authority shall:

2 “(A) Coordinate with the budgetary cycles of state and local governments that provide the local

3 mental health authority with funding for mental health services;

4 “(B) Involve consumers, advocates, families, service providers, schools and other interested

5 parties in the planning process;

6 “(C) Coordinate with the local public safety coordinating council to address the services de-

7 scribed in paragraph (c)(J) of this subsection;

8 “(D) Conduct a population based needs assessment to determine the types of services needed

9 locally;

10 “(E) Determine the ethnic, age-specific, cultural and diversity needs of the population served by

11 the local plan;

12 “(F) Describe the anticipated outcomes of services and the actions to be achieved in the local

13 plan;

14 “(G) Ensure that the local plan coordinates planning, funding and services with:

15 “(i) The educational needs of children, adults and older adults;

16 “(ii) Providers of social supports, including but not limited to housing, employment, transporta-

17 tion and education; and

18 “(iii) Providers of physical health and medical services;

19 “(H) Describe how funds, other than state resources, may be used to support and implement the

20 local plan;

21 “(I) Demonstrate ways to integrate local services and administrative functions in order to sup-

22 port integrated service delivery in the local plan; and

23 “(J) Involve the local mental health advisory committees described in subsection (7) of this

24 section.

25 “(e) The local plan must describe how the local mental health authority will ensure the delivery

26 of and be accountable for clinically appropriate services in a continuum of care based on consumer

27 needs. The local plan shall include, but not be limited to, services providing the following levels of

28 care:

29 “(A) Twenty-four-hour crisis services;

30 “(B) Secure and nonsecure extended psychiatric care;

31 “(C) Secure and nonsecure acute psychiatric care;

32 “(D) Twenty-four-hour supervised structured treatment;

33 “(E) Psychiatric day treatment;

34 “(F) Treatments that maximize client independence;

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

36 “(H) Support services;

37 “(I) Prevention and early intervention services;

38 “(J) Transition assistance between levels of care;

39 “(K) Dual diagnosis services;

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

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

42 “(N) Outreach to older adults at locations appropriate for making contact with older adults,

43 including senior centers, long term care facilities and personal residences.

44 “(f) In developing the part of the local plan referred to in paragraph (c)(J) of this subsection, the

45 local mental health authority shall collaborate with the local public safety coordinating council to

1 address the following:

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

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

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

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

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

12 “(g) Services described in the local plan shall:

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

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

16 “(C) Be culturally appropriate and competent;

17 “(D) Be, for children, older adults and adults with mental health needs, from providers appro-
18 priate to deliver those services;

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

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

22 “(G) Be distributed geographically;

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

24 “(I) Maximize early identification and early intervention;

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

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

28 “(L) Be delivered collaboratively;

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

30 “(N) Use best-practice innovations; and

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

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

35 “(i) Each local commission on children and families shall reference the local plan for the deliv-
36 ery of mental health services in the local coordinated comprehensive plan created pursuant to ORS
37 417.775.

38 **“SECTION 15. (1) The Alcohol and Drug Policy Commission is abolished. On the operative
39 date specified in section 26 of this 2009 Act, the tenure of office of the members of the Al-
40cohol and Drug Policy Commission ceases.**

41 **“(2) All of the duties, functions and powers of the Alcohol and Drug Policy Commission
42 are imposed upon, transferred to and vested in the Department of Human Services.**

43 **“(3) The unexpended balances of amounts authorized to be expended by the Alcohol and
44 Drug Policy Commission for the biennium beginning July 1, 2013, from revenues dedicated,
45 continuously appropriated, appropriated or otherwise made available for the purpose of ad-**

1 ministering and enforcing the duties, functions and powers transferred by this section are
2 transferred to and are available for expenditure by the Department of Human Services for
3 the biennium beginning July 1, 2013, for the purpose of administering and enforcing the du-
4 ties, functions and powers transferred by this section.

5 “(4) The expenditure classifications, if any, established by Acts authorizing or limiting
6 expenditures by the Alcohol and Drug Policy Commission remain applicable to expenditures
7 by the Department of Human Services under this section.

8 “**SECTION 16.** ORS 137.308, as amended by section 6 of this 2009 Act, is amended to read:

9 “137.308. (1) The county treasurer shall deposit 60 percent of the moneys received under ORS
10 137.309 (6), (8) and (9) into the general fund of the county to be used for the purpose of planning,
11 operating and maintaining county juvenile and adult corrections programs and facilities and drug
12 and alcohol programs approved by the [*Alcohol and Drug Policy Commission*] **Department of Hu-**
13 **man Services.** Expenditure by the county of the funds described in this subsection shall be made
14 in a manner that is consistent with the approved community corrections plan for that county; how-
15 ever, a county may not expend more than 50 percent of the funds on the construction or operation
16 of a county jail. Prior to budgeting the funds described in this subsection, a county shall consider
17 any comments received from, and upon request shall consult with, the governing body of a city that
18 forwards assessments under ORS 137.307 (1991 Edition) concerning the proposed uses of the funds.

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

21 “**SECTION 17.** ORS 417.775, as amended by section 7 of this 2009 Act, is amended to read:

22 “417.775. (1) Under the direction of the board or boards of county commissioners, and in con-
23 junction with the guidelines set by the State Commission on Children and Families, the local com-
24 mission on children and families shall promote wellness for children of all ages and their families
25 in the county or region, if the families have given their express written consent, mobilize commu-
26 nities and develop policy and oversee the implementation of a local coordinated comprehensive plan
27 described in this section. A local commission shall:

28 “(a) Inform and involve citizens;

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

30 “(c) Plan, advocate and fund research-based initiatives for children who are 18 years of age or
31 younger, including prenatal, and their families;

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

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

34 “(f) Prioritize the use of nondedicated resources;

35 “(g) Monitor implementation of the local plan; and

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

39 “(2)(a) A local commission may not provide direct services for children and their families.

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

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

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

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

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

1 “(3) The local commission shall lead and coordinate a process to assess needs, strengths, goals,
2 priorities and strategies, and identify county or regional outcomes to be achieved. The process shall
3 be in conjunction with other coordinating bodies for services for children and their families and
4 shall include representatives of education, mental health services, developmental disability services,
5 alcohol and drug treatment programs, public health programs, local child care resource and referral
6 agencies, child care providers, law enforcement and corrections agencies, private nonprofit entities,
7 local governments, faith-based organizations, businesses, families, youth and the local community.
8 The process shall include populations representing the diversity of the county or region.

9 “(4) Through the process described in subsection (3) of this section, the local commission shall
10 coordinate the development of a single local plan for coordinating community programs, strategies
11 and services for children who are 18 years of age or younger, including prenatal, and their families
12 among community groups, government agencies, private providers and other parties. The local plan
13 shall be a comprehensive area-wide service delivery plan for all services to be provided for children
14 and their families in the county or region, if the families have given their express written consent.
15 The local plan shall be designed to achieve state and county or regional outcomes based on state
16 policies and guidelines and to maintain a level of services consistent with state and federal re-
17 quirements.

18 “(5) The local commission shall prepare the local coordinated comprehensive plan and applica-
19 tions for funds to implement ORS 417.705 to 417.801 and 419A.170. The local plan, policies and pro-
20 posed service delivery systems shall be submitted to the board or boards of county commissioners
21 for approval prior to submission to the state commission. The local plan shall be based on identify-
22 ing the most effective service delivery system allowing for the continuation of current public and
23 private programs where appropriate. The local plan shall address needs, strengths and assets of all
24 children, their families and communities, including those children and their families at highest risk.

25 “(6) Subject to the availability of funds:

26 “(a) The local coordinated comprehensive plan shall include:

27 “(A) Identification of ways to connect all state and local planning processes related to services
28 for children and their families into the local coordinated comprehensive plan to create positive
29 outcomes for children and their families; and

30 “(B) Provisions for a continuum of social supports at the community level for children from the
31 prenatal stage through 18 years of age, and their families, that takes into account areas of need,
32 service overlap, asset building and community strengths as outlined in ORS 417.305 (2).

33 “(b) The local coordinated comprehensive plan shall reference:

34 “(A) A voluntary local early childhood system plan created pursuant to ORS 417.777;

35 “(B) Local alcohol and other drug prevention and treatment plans developed pursuant to section
36 1 of this 2009 Act;

37 “(C) Local service plans, developed pursuant to ORS 430.630, for the delivery of mental health
38 services for children and their families;

39 “(D) Local public health plans, developed pursuant to ORS 431.385, that include public health
40 issues such as prenatal care, immunizations, well-child checkups, tobacco use, nutrition, teen preg-
41 nancy, maternal and child health care and suicide prevention; and

42 “(E) The local high-risk juvenile crime prevention plan developed pursuant to ORS 417.855.

43 “(7) The local coordinated comprehensive plan shall include a list of staff positions budgeted to
44 support the local commission on children and families. The list shall indicate the status of each po-
45 sition as a percentage of full-time equivalency dedicated to the implementation of the local coordi-

1 nated comprehensive plan. The county board or boards of commissioners shall be responsible for
2 providing the level of staff support detailed in the local plan and shall ensure that funds provided
3 for these purposes are used to carry out the local plan.

4 “(8) The local coordinated comprehensive plan shall:

5 “(a) Improve results by addressing the needs, strengths and assets of all children, their families
6 and communities in the county or region, including those children and their families at highest risk;

7 “(b) Improve results by identifying the methods that work best at the state and local levels to
8 coordinate resources, reduce paperwork and simplify processes, including data gathering and plan-
9 ning;

10 “(c) Be based on local, state and federal resources;

11 “(d) Be based on proven practices of effectiveness for the specific community;

12 “(e) Contribute to a voluntary statewide system of formal and informal services and supports
13 that is provided at the community level, that is integrated in local communities and that promotes
14 improved outcomes for Oregon’s children;

15 “(f) Be presented to the citizens in each county for public review, comment and adjustment;

16 “(g) Be designed to achieve outcomes based on research-identified proven practices of effective-
17 ness; and

18 “(h) Address other issues, local needs or children and family support areas as determined by the
19 local commission pursuant to ORS 417.735.

20 “(9) In developing the local coordinated comprehensive plan, the local commission shall:

21 “(a) Secure active participation pursuant to subsection (3) of this section;

22 “(b) Provide for community participation in the planning process, including media notification;

23 “(c) Conduct an assessment of the community that identifies needs and strengths;

24 “(d) Identify opportunities for service integration; and

25 “(e) Develop a local coordinated comprehensive plan and budget to meet the priority needs of
26 a county or region.

27 “(10) The state commission may disapprove the part of the local coordinated comprehensive plan
28 relating to the planning process required by this section and the voluntary local early childhood
29 system plan.

30 “(11)(a) The state commission may disapprove the planning process and the voluntary local early
31 childhood system plan only upon making specific findings that the local plan substantially fails to
32 conform to the principles, characteristics and values identified in ORS 417.708 to 417.725 and 417.735
33 (4) or that the local plan fails to conform with the planning process requirements of this section.
34 The staff of the state commission shall assist the local commission in remedying the deficiencies in
35 the planning process or the voluntary local early childhood system plan. The state commission shall
36 set a date by which any deficient portions of the planning process or the voluntary local early
37 childhood system plan must be revised and resubmitted to the state commission by the local com-
38 mission.

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

41 “(A) The local alcohol and other drug prevention and treatment plans developed pursuant to
42 section 1 of this 2009 Act;

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

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

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

2 “(12) The state commission, [*the Alcohol and Drug Policy Commission,*] the Department of Hu-
3 man Services and the Juvenile Crime Prevention Advisory Committee may jointly approve the com-
4 munity plan that is part of the local coordinated comprehensive plan, but may not jointly approve
5 the service plans that are referenced in the local plan. If the community plan is disapproved in
6 whole, the agencies shall identify with particularity the manner in which the community plan is
7 deficient and the service plans may be implemented. If only part of the community plan is disap-
8 proved, the remainder of the community plan and the service plans may be implemented. The staff
9 of the agencies shall assist the local commission in remedying the disapproved portions of the com-
10 munity plan. The agencies shall jointly set a date by which the deficient portions of the community
11 plan shall be revised and resubmitted to the agencies by the local commission. In reviewing the
12 community plan, the agencies shall consider the impact of state and local budget reductions on the
13 community plan.

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

21 “(14) From time to time, the local commission may amend the local coordinated comprehensive
22 plan and applications for funds to implement ORS 417.705 to 417.801 and 419A.170. The local com-
23 mission must amend the local plan to reflect current community needs, strengths, goals, priorities
24 and strategies. Amendments become effective upon approval of the board or boards of county com-
25 missioners and the state commission.

26 “(15) The local commission shall keep an official record of any amendments to the local coordi-
27 nated comprehensive plan under subsection (14) of this section.

28 “(16) The local commission shall provide an opportunity for public and private contractors to
29 review the components of the local coordinated comprehensive plan and any amendments to the lo-
30 cal plan, to receive notice of any component that the county or counties intend to provide through
31 a county agency and to comment publicly to the board or boards of county commissioners if they
32 disagree with the proposed service delivery plan.

33 “**SECTION 18.** ORS 430.270, as amended by section 9 of this 2009 Act, is amended to read:

34 “430.270. The Department of Human Services[, *in consultation with the Alcohol and Drug Policy*
35 *Commission,*] shall take such means as it considers most effective to bring to the attention of the
36 general public, employers, the professional community and particularly the youth of the state, the
37 harmful effects to the individual and society of the irresponsible use of alcoholic beverages, con-
38 trolled substances and other chemicals, and substances with abuse potential.

39 “**SECTION 19.** ORS 430.290, as amended by section 10 of this 2009 Act, is amended to read:

40 “430.290. (1) The objective of this section is to prevent alcoholism and drug dependency.

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

42 “(a) Consult with and be advised by [*the Alcohol and Drug Policy Commission and*] the Mental
43 Health Advisory Board in identifying program priorities for the primary prevention of alcoholism
44 and drug dependency.

45 “(b) Solicit program proposals that address identified priorities from agencies, associations, in-

1 individuals or any political subdivision of this state and award and distribute moneys under this sec-
2 tion in accordance with the provisions of this section.

3 “(3) Every applicant for a grant to develop a primary prevention of alcoholism program shall
4 be assisted in its preparation by the local alcohol planning committee, if there be one, operating in
5 the area to which the application relates. Every applicant shall establish to the satisfaction of the
6 department that the committee was actively involved in the development and preparation of such
7 program.

8 “(4) Every grant applicant shall include the recommendations of the local alcohol planning
9 committee, if there be one, operating in the area. The department shall take the recommendations
10 of the local alcohol planning committee into consideration before making or refusing a grant.

11 “**SECTION 20.** ORS 430.359, as amended by section 11 of this 2009 Act, is amended to read:

12 “430.359. (1) Upon approval of an application, the Department of Human Services shall enter
13 into a matching fund relationship with the applicant. In all cases the amount granted by the de-
14 partment under the matching formula shall not exceed 50 percent of the total estimated costs, as
15 approved by the department, of the alcohol and drug abuse prevention, early intervention and
16 treatment services.

17 “(2) The amount of state funds shall be apportioned among the applicants according to the
18 community need of the applicant for services as compared with the community needs of all appli-
19 cants. In evaluating the community needs of the applicant, the department[, *in consultation with the*
20 *Alcohol and Drug Policy Commission,*] shall give priority consideration to those applications that
21 identify and include alcohol and drug abuse prevention, early intervention and treatment services
22 aimed at providing services to minorities with a significant population of affected persons. The funds
23 granted shall be distributed monthly.

24 “(3) Federal funds at the disposal of an applicant for use in providing alcohol and drug abuse
25 prevention, early intervention and treatment services may be counted toward the percentage con-
26 tribution of an applicant.

27 “(4) An applicant that is, at the time of a grant made under this section, expending funds ap-
28 propriated by its governing body for the alcohol and drug abuse prevention, early intervention and
29 treatment services shall, as a condition to the receipt of funds under this section, maintain its fi-
30 nancial contribution to these programs at an amount not less than the preceding year. However, the
31 financial contribution requirement may be waived in its entirety or in part in any year by the De-
32 partment of Human Services because of:

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

35 “(b) The application of any special funds for the alcohol and drug abuse prevention, early
36 intervention and treatment services in the prior year when such funds are not available in the
37 current year;

38 “(c) The application of federal funds, including but not limited to general revenue sharing, dis-
39 tributions from the Oregon and California land grant fund and block grant funds to the alcohol and
40 drug abuse prevention, early intervention and treatment services in the prior year when such funds
41 are not available for such application in the current year; or

42 “(d) The application of fund balances resulting from fees, donations or underexpenditures in a
43 given year of the funds appropriated to counties pursuant to ORS 430.380 (2) to the alcohol and drug
44 abuse prevention, early intervention and treatment services in the prior year when such funds are
45 not available for such application in the current year.

1 “(5) Any moneys received by an applicant from fees, contributions or other sources for alcohol
2 and drug abuse prevention, early intervention and treatment services for service purposes, including
3 federal funds, shall be considered a portion of an applicant’s contribution for the purpose of deter-
4 mining the matching fund formula relationship. All moneys so received shall only be used for the
5 purposes of carrying out ORS 430.345 to 430.380.

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

8 “**SECTION 21.** ORS 430.368, as amended by section 12 of this 2009 Act, is amended to read:

9 “430.368. (1) Any alcohol and drug abuse prevention, early intervention and treatment service,
10 including but not limited to minority programs, aggrieved by any final action of an applicant with
11 regard to requesting funding for the program from the Department of Human Services, may appeal
12 the applicant’s action to the Director of Human Services within 30 days of the action. For the pur-
13 poses of this section ‘final action’ means the submission of the applicant’s compiled funding requests
14 to the department. The director shall review[, *in consultation with the Alcohol and Drug Policy*
15 *Commission,*] all appealed actions for compliance with the purposes and requirements of ORS 430.315
16 to 430.335, 430.338 to 430.380, 471.810, 473.030 and 473.050, including but not limited to ORS 430.338
17 (5).

18 “(2) The director shall act on all appeals within 60 days of filing, or before the time of the de-
19 partment’s decision on the applicant’s funding request, whichever is less. The director is not re-
20 quired to follow procedures for hearing a contested case, but shall set forth written findings
21 justifying the action. The decision of the director shall be final, and shall not be subject to judicial
22 review.

23 “**SECTION 22.** ORS 430.535, as amended by section 13 of this 2009 Act, is amended to read:

24 “430.535. (1) The Department of Human Services [*and the Alcohol and Drug Policy Commission*]
25 shall, subject to the availability of funds, develop bilingual forms to assist non-English-speaking
26 persons in understanding their rights under ORS 430.450 to 430.555.

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

31 “**SECTION 23.** ORS 430.630, as amended by section 14 of this 2009 Act, is amended to read:

32 “430.630. (1) In addition to any other requirements that may be established by rule by the De-
33 partment of Human Services and subject to the availability of funds, each community mental health
34 and developmental disabilities program shall provide the following basic services to persons with
35 mental retardation, developmental disabilities, alcoholism or drug dependence, and persons who are
36 alcohol or drug abusers:

37 “(a) Outpatient services;

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

39 “(c) Training, case and program consultation and education for community agencies, related
40 professions and the public;

41 “(d) Guidance and assistance to other human service agencies for joint development of pre-
42 ventation programs and activities to reduce factors causing mental retardation, developmental disa-
43 bilities, alcohol abuse, alcoholism, drug abuse and drug dependence; and

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

45 “(2) As alternatives to state hospitalization, it is the responsibility of the community mental

1 health and developmental disabilities program to ensure that, subject to the availability of funds, the
2 following services for persons with mental retardation, developmental disabilities, alcoholism or drug
3 dependence, and persons who are alcohol or drug abusers, are available when needed and approved
4 by the Department of Human Services:

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

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

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

11 “(d) Continuity of care, such as that provided by service coordinators, community case devel-
12 opment specialists and core staff of federally assisted community mental health centers;

13 “(e) Inpatient treatment in community hospitals; and

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

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

19 “(a) Screening and evaluation to determine the client’s service needs;

20 “(b) Crisis stabilization to meet the needs of persons with acute mental or emotional disturb-
21 ances, including the costs of investigations and prehearing detention in community hospitals or
22 other facilities approved by the department for persons involved in involuntary commitment proce-
23 dures;

24 “(c) Vocational and social services that are appropriate for the client’s age, designed to improve
25 the client’s vocational, social, educational and recreational functioning;

26 “(d) Continuity of care to link the client to housing and appropriate and available health and
27 social service needs;

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

30 “(f) Residential services;

31 “(g) Medication monitoring;

32 “(h) Individual, family and group counseling and therapy;

33 “(i) Public education and information;

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

35 “(k) Consultation with other community agencies;

36 “(L) Preventive mental health services for children and adolescents, including primary pre-
37 ventive efforts, early identification and early intervention services. Preventive services should be
38 patterned after service models that have demonstrated effectiveness in reducing the incidence of
39 emotional, behavioral and cognitive disorders in children. As used in this paragraph:

40 “(A) ‘Early identification’ means detecting emotional disturbance in its initial developmental
41 stage;

42 “(B) ‘Early intervention services’ for children at risk of later development of emotional disturb-
43 ances means programs and activities for children and their families that promote conditions, oppor-
44 tunities and experiences that encourage and develop emotional stability, self-sufficiency and
45 increased personal competence; and

1 “(C) ‘Primary prevention efforts’ means efforts that prevent emotional problems from occurring
2 by addressing issues early so that disturbances do not have an opportunity to develop; and

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

7 “(A) ‘Early identification’ means detecting emotional disturbance in its initial developmental
8 stage;

9 “(B) ‘Early intervention services’ for older adults at risk of development of emotional disturb-
10 ances means programs and activities for older adults and their families that promote conditions,
11 opportunities and experiences that encourage and maintain emotional stability, self-sufficiency and
12 increased personal competence and that deter suicide; and

13 “(C) ‘Primary prevention efforts’ means efforts that prevent emotional problems from occurring
14 by addressing issues early so that disturbances do not have an opportunity to develop.

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

18 “(a) The person receiving care is a resident of the county served by the program. For purposes
19 of this paragraph, ‘resident’ means the resident of a county in which the person maintains a current
20 mailing address or, if the person does not maintain a current mailing address within the state, the
21 county in which the person is found, or the county in which a court-committed person with a mental
22 illness has been conditionally released.

23 “(b) The person has been hospitalized involuntarily or voluntarily, pursuant to ORS 426.130 or
24 426.220, except for persons confined to the Secure Child and Adolescent Treatment Unit at Oregon
25 State Hospital, or has been hospitalized as the result of a revocation of conditional release.

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

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

28 “(e) In the case of a community hospital, the department has approved the hospital for the care
29 of persons with mental or emotional disturbances, the community mental health and developmental
30 disabilities program has a contract with the hospital for the psychiatric care of residents and a
31 representative of the program approves voluntary or involuntary admissions to the hospital prior to
32 admission.

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

36 “(6) Each community mental health and developmental disabilities program and the state hospi-
37 tal serving the program’s geographic area shall enter into a written agreement concerning the pol-
38 icies and procedures to be followed by the program and the hospital when a patient is admitted to,
39 and discharged from, the hospital and during the period of hospitalization.

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

44 “(8) A community mental health and developmental disabilities program may request and the
45 department may grant a waiver regarding provision of one or more of the services described in

1 subsection (3) of this section upon a showing by the county and a determination by the department
2 that persons with mental or emotional disturbances in that county would be better served and un-
3 necessary institutionalization avoided.

4 “[9) *Each community mental health and developmental disabilities program shall cooperate fully*
5 *with the Alcohol and Drug Policy Commission in the performance of its duties.*]

6 “[10)(a)] **(9)(a)** As used in this subsection, ‘local mental health authority’ means one of the fol-
7 lowing entities:

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

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

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

14 “(b) Each local mental health authority that provides mental health services shall determine the
15 need for local mental health services and adopt a comprehensive local plan for the delivery of
16 mental health services for children, families, adults and older adults that describes the methods by
17 which the local mental health authority shall provide those services. The local mental health au-
18 thority shall review and revise the local plan biennially. The purpose of the local plan is to create
19 a blueprint to provide mental health services that are directed by and responsive to the mental
20 health needs of individuals in the community served by the local plan.

21 “(c) The local plan shall identify ways to:

22 “(A) Coordinate and ensure accountability for all levels of care described in paragraph (e) of
23 this subsection;

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

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

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

27 “(E) Ensure that appropriate mental health referrals are made;

28 “(F) Address local housing needs for persons with mental health disorders;

29 “(G) Develop a process for discharge from state and local psychiatric hospitals and transition
30 planning between levels of care or components of the system of care;

31 “(H) Provide peer support services, including but not limited to drop-in centers and paid peer
32 support;

33 “(I) Provide transportation supports; and

34 “(J) Coordinate services among the criminal and juvenile justice systems, adult and juvenile
35 corrections systems and local mental health programs to ensure that persons with mental illness
36 who come into contact with the justice and corrections systems receive needed care and to ensure
37 continuity of services for adults and juveniles leaving the corrections system.

38 “(d) When developing a local plan, a local mental health authority shall:

39 “(A) Coordinate with the budgetary cycles of state and local governments that provide the local
40 mental health authority with funding for mental health services;

41 “(B) Involve consumers, advocates, families, service providers, schools and other interested
42 parties in the planning process;

43 “(C) Coordinate with the local public safety coordinating council to address the services de-
44 scribed in paragraph (c)(J) of this subsection;

45 “(D) Conduct a population based needs assessment to determine the types of services needed

1 locally;

2 “(E) Determine the ethnic, age-specific, cultural and diversity needs of the population served by
3 the local plan;

4 “(F) Describe the anticipated outcomes of services and the actions to be achieved in the local
5 plan;

6 “(G) Ensure that the local plan coordinates planning, funding and services with:

7 “(i) The educational needs of children, adults and older adults;

8 “(ii) Providers of social supports, including but not limited to housing, employment, transporta-
9 tion and education; and

10 “(iii) Providers of physical health and medical services;

11 “(H) Describe how funds, other than state resources, may be used to support and implement the
12 local plan;

13 “(I) Demonstrate ways to integrate local services and administrative functions in order to sup-
14 port integrated service delivery in the local plan; and

15 “(J) Involve the local mental health advisory committees described in subsection (7) of this
16 section.

17 “(e) The local plan must describe how the local mental health authority will ensure the delivery
18 of and be accountable for clinically appropriate services in a continuum of care based on consumer
19 needs. The local plan shall include, but not be limited to, services providing the following levels of
20 care:

21 “(A) Twenty-four-hour crisis services;

22 “(B) Secure and nonsecure extended psychiatric care;

23 “(C) Secure and nonsecure acute psychiatric care;

24 “(D) Twenty-four-hour supervised structured treatment;

25 “(E) Psychiatric day treatment;

26 “(F) Treatments that maximize client independence;

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

28 “(H) Support services;

29 “(I) Prevention and early intervention services;

30 “(J) Transition assistance between levels of care;

31 “(K) Dual diagnosis services;

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

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

34 “(N) Outreach to older adults at locations appropriate for making contact with older adults,
35 including senior centers, long term care facilities and personal residences.

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

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

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

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

45 “(D) Developing a voluntary diversion program to provide an alternative for persons with mental

1 illness in the criminal and juvenile justice systems; and

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

4 “(g) Services described in the local plan shall:

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

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

8 “(C) Be culturally appropriate and competent;

9 “(D) Be, for children, older adults and adults with mental health needs, from providers appro-
10 priate to deliver those services;

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

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

14 “(G) Be distributed geographically;

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

16 “(I) Maximize early identification and early intervention;

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

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

20 “(L) Be delivered collaboratively;

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

22 “(N) Use best-practice innovations; and

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

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

27 “(i) Each local commission on children and families shall reference the local plan for the deliv-
28 ery of mental health services in the local coordinated comprehensive plan created pursuant to ORS
29 417.775.

30 “**SECTION 24.** ORS 430.632 is amended to read:

31 “430.632. A local mental health authority shall submit to the Department of Human Services by
32 October 1 of each even-numbered year a report on the implementation of the comprehensive local
33 plan adopted under ORS 430.630 [(10)] (9).

34 “**SECTION 25.** ORS 430.640 is amended to read:

35 “430.640. (1) The Department of Human Services, in carrying out the legislative policy declared
36 in ORS 430.610, subject to the availability of funds shall:

37 “(a) Assist Oregon counties and groups of Oregon counties in the establishment and financing
38 of community mental health and developmental disabilities programs operated or contracted for by
39 one or more counties.

40 “(b) If a county declines to operate or contract for a community mental health and develop-
41 mental disabilities program, contract with another public agency or private corporation to provide
42 the program. The county must be provided with an opportunity to review and comment.

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

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

5 “(e) If a county agrees, contract with a public agency or private corporation for all services
6 within one or more of the following program areas: Mental or emotional disturbances, drug abuse,
7 mental retardation or other developmental disabilities and alcohol abuse and alcoholism.

8 “(f) Approve or disapprove the biennial plan and budget information for the establishment and
9 operation of each community mental health and developmental disabilities program. Subsequent
10 amendments to or modifications of an approved plan or budget information involving more than 10
11 percent of the state funds provided for services under ORS 430.630 may not be placed in effect
12 without prior approval of the department. However, an amendment or modification affecting 10
13 percent or less of state funds for services under ORS 430.630 within the portion of the program for
14 persons with mental or emotional disturbances, or within the portion for persons with mental re-
15 tardation or developmental disabilities or within the portion for persons with alcohol or drug de-
16 pendence may be made without department approval.

17 “(g) Make all necessary and proper rules to govern the establishment and operation of commu-
18 nity mental health and developmental disabilities programs, including adopting rules defining the
19 range and nature of the services which shall or may be provided under ORS 430.630.

20 “(h) Collect data and evaluate services in the state hospitals in accordance with the same
21 methods prescribed for community mental health and developmental disabilities programs under ORS
22 430.665.

23 “(i) Develop guidelines that include, for the development of comprehensive local plans in con-
24 sultation with local mental health authorities:

25 “(A) The use of integrated services;

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

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

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

29 “(E) The provision of clinically appropriate levels of care based on an assessment of the mental
30 health needs of consumers;

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

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

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

36 “(k) Provide technical assistance and information regarding state and federal requirements to
37 local mental health authorities throughout the local planning process required under ORS 430.630
38 [(10)] (9).

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

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

1 “(n) Develop standardized criteria for each level of care described in ORS 430.630 [(10)] (9), in-
2 cluding protocols for implementation of local plans, strength-based mental health assessment and
3 case planning.

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

9 “(p) Report biennially to the Governor and the Legislative Assembly on the progress of the local
10 planning process and the implementation of the local plans adopted under ORS 430.630 [(10)(b)]
11 (9)(b) and the state planning process described in paragraph (o) of this subsection, and on the per-
12 formance measures and performance data available under paragraph (m) of this subsection.

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

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

19 “(2) The department may provide technical assistance and other incentives to assist in the
20 planning, development and implementation of regional local mental health authorities whenever the
21 department determines that a regional approach will optimize the comprehensive local plan de-
22 scribed under ORS 430.630 [(10)] (9).

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

26 “**SECTION 26. Section 15 of this 2009 Act and the amendments to ORS 137.308, 417.775,
27 430.270, 430.290, 430.359, 430.368, 430.535, 430.630, 430.632 and 430.640 by sections 16 to 25 of this
28 2009 Act become operative on January 2, 2014.**

29 “**SECTION 27. ORS 430.250, 430.255, 430.257, 430.258 and 430.259 are repealed January 2,
30 2014.**

31 “**SECTION 28. Sections 1 to 3 of this 2009 Act are repealed January 2, 2014.**

32 “**SECTION 29. This 2009 Act being necessary for the immediate preservation of the public
33 peace, health and safety, an emergency is declared to exist, and this 2009 Act takes effect
34 on its passage.**”