

House Bill 3353

Sponsored by Representative TOMEI, Senator PROZANSKI

SUMMARY

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

Creates Alcohol and Drug Treatment Policy Commission to replace Governor's Council on Alcohol and Drug Abuse Programs. Specifies membership and duties of commission. Requires report to Governor and to interim committee of Legislative Assembly.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to alcohol and drug programs; creating new provisions; amending ORS 137.308, 417.775,
3 417.857, 430.270, 430.290, 430.359, 430.368, 430.535 and 430.630; repealing ORS 430.250, 430.255,
4 430.257, 430.258 and 430.259; and declaring an emergency.

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

6 **SECTION 1. (1) There is created the Alcohol and Drug Treatment Policy Commission,**
7 **which is charged with producing a plan for the funding and effective delivery of alcohol and**
8 **drug treatment and prevention services across all human services and public safety agencies.**

9 **The commission shall recommend:**

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

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

12 (c) **Strategies to maximize accountability for performance of treatment and prevention**
13 **services;**

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

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

17 (2) **The membership of the commission consists of:**

18 (a) **Fifteen members appointed by the Governor subject to confirmation by the Senate in**
19 **the manner prescribed in ORS 171.562 and 171.565, including:**

20 (A) **An elected district attorney;**

21 (B) **An elected county sheriff;**

22 (C) **A county commissioner;**

23 (D) **A representative of an Indian tribe;**

24 (E) **An alcohol or drug treatment provider;**

25 (F) **A chief of police;**

26 (G) **An alcohol or drug treatment researcher;**

27 (H) **A criminal defense attorney;**

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

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

30 (K) **A representative of hospitals;**

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

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

3 (M) An alcohol or drug abuse prevention representative;

4 (N) A consumer of alcohol or drug treatment who is in recovery; and

5 (O) A representative of the business community.

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

8 (A) One member from among members of the Senate appointed by the President of the
9 Senate; and

10 (B) One member from among members of the House of Representatives appointed by the
11 Speaker of the House of Representatives.

12 (c) The following ex officio members:

13 (A) The Governor or the Governor's designee;

14 (B) The Attorney General;

15 (C) The Director of Human Services; and

16 (D) The Director of the Department of Corrections.

17 (3) The Alcohol and Drug Treatment Policy Commission shall select one of its members
18 as chairperson and another as vice chairperson, for such terms and with duties and powers
19 necessary for the performance of the functions of such offices as the commission deter-
20 mines.

21 (4) A majority of the voting members of the commission constitutes a quorum for the
22 transaction of business.

23 (5) Official action of the commission requires the approval of a majority of the voting
24 members on the commission.

25 (6) The commission may establish a steering committee and subcommittees. These com-
26 mittees may be continuing or temporary.

27 (7) The term of office of each commission member appointed by the Governor is four
28 years, but each serves at the pleasure of the Governor. Before the expiration of the term
29 of such a member, the Governor shall appoint a successor whose term begins on May 1 next
30 following. A member is eligible for reappointment. If there is a vacancy for any cause, the
31 Governor shall make an appointment to become immediately effective for the unexpired
32 term.

33 (8) The Department of Justice shall provide staff support to the commission. Subject to
34 available funding, the commission may contract with a public or private entity to provide
35 staff support.

36 (9) Members of the commission who are not members of the Legislative Assembly are
37 entitled to compensation and expenses incurred by them in the performance of their official
38 duties in the manner and amounts provided for in ORS 292.495. Claims for compensation and
39 expenses shall be paid out of funds appropriated to the Department of Justice or funds ap-
40 propriated to the commission for purposes of the commission.

41 **SECTION 2.** (1) No later than October 1, 2009, the Governor shall appoint to the Alcohol
42 and Drug Treatment Policy Commission the members specified in section 1 (2)(a) of this 2009
43 Act.

44 (2) Notwithstanding the term of office specified by section 1 of this 2009 Act, of the
45 members first appointed by the Governor to the Alcohol and Drug Treatment Policy Com-

1 mission under subsection (1) of this section:

2 (a) Four shall serve for terms ending April 30, 2010.

3 (b) Four shall serve for terms ending April 30, 2011.

4 (c) Four shall serve for terms ending April 30, 2012.

5 (d) Three shall serve for terms ending April 30, 2013.

6 **SECTION 3.** (1) No later than May 1, 2010, the Alcohol and Drug Treatment Policy Com-
7 mission shall report to the Governor with a specific plan for funding and more effectively
8 delivering alcohol and drug treatment and prevention services across all human services and
9 public safety agencies.

10 (2) The report must be completed in time for the Governor's consideration in the devel-
11 opment of the Governor's budget for the biennium beginning July 1, 2011.

12 (3) No later than October 1, 2010, the commission shall report on the plan to the appro-
13 priate interim committee of the Legislative Assembly and may include recommendations to
14 the Legislative Assembly for legislative changes necessary to implement the plan.

15 **SECTION 4.** Section 3 of this 2009 Act is repealed on the date of the convening of the next
16 regular biennial session.

17 **SECTION 5.** (1) The Governor's Council on Alcohol and Drug Abuse Programs is abol-
18 ished. On the operative date specified in section 6 of this 2009 Act, the tenure of office of the
19 members of the Governor's Council on Alcohol and Drug Abuse Programs ceases.

20 (2) All of the duties, functions and powers of the Governor's Council on Alcohol and Drug
21 Abuse Programs are imposed upon, transferred to and vested in the Alcohol and Drug
22 Treatment Policy Commission.

23 (3) The unexpended balances of amounts authorized to be expended by the Governor's
24 Council on Alcohol and Drug Abuse Programs for the biennium beginning July 1, 2009, from
25 revenues dedicated, continuously appropriated, appropriated or otherwise made available for
26 the purpose of administering and enforcing the duties, functions and powers transferred by
27 this section are transferred to and are available for expenditure by the Alcohol and Drug
28 Treatment Policy Commission for the biennium beginning July 1, 2009, for the purpose of
29 administering and enforcing the duties, functions and powers transferred by this section.

30 (4) The expenditure classifications, if any, established by Acts authorizing or limiting
31 expenditures by the Governor's Council on Alcohol and Drug Abuse Programs remain appli-
32 cable to expenditures by the Alcohol and Drug Treatment Policy Commission under this
33 section.

34 **SECTION 6.** Section 5 of this 2009 Act becomes operative on the date on which a majority
35 of the members of the Alcohol and Drug Treatment Policy Commission have been appointed
36 by the Governor and confirmed by the Senate pursuant to section 1 of this 2009 Act.

37 **SECTION 7.** ORS 137.308 is amended to read:

38 137.308. (1) The county treasurer shall deposit 60 percent of the moneys received under ORS
39 137.309 (6), (8) and (9) into the general fund of the county to be used for the purpose of planning,
40 operating and maintaining county juvenile and adult corrections programs and facilities and drug
41 and alcohol programs approved by the [*Governor's Council on Alcohol and Drug Abuse Programs*]
42 **Alcohol and Drug Treatment Policy Commission.** Expenditure by the county of the funds de-
43 scribed in this subsection shall be made in a manner that is consistent with the approved community
44 corrections plan for that county; however, a county may not expend more than 50 percent of the
45 funds on the construction or operation of a county jail. Prior to budgeting the funds described in

1 this subsection, a county shall consider any comments received from, and upon request shall consult
 2 with, the governing body of a city that forwards assessments under ORS 137.307 (1991 Edition)
 3 concerning the proposed uses of the funds.

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

6 **SECTION 8.** ORS 417.775 is amended to read:

7 417.775. (1) Under the direction of the board or boards of county commissioners, and in con-
 8 junction with the guidelines set by the State Commission on Children and Families, the [*main pur-*
 9 *poses of a*] local commission on children and families [*are to*] **shall** promote wellness for children of
 10 all ages and their families in the county or region, if the families have given their express written
 11 consent, [*to*] mobilize communities and [*to*] develop policy and oversee the implementation of a local
 12 coordinated comprehensive plan described in this section. A local commission shall:

13 (a) Inform and involve citizens;

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

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

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

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

19 (f) Prioritize the use of nondedicated resources;

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

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

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

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

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

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

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

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

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

39 (4) Through the process described in subsection (3) of this section, the local commission shall
 40 coordinate the development of a single local plan for coordinating community programs, strategies
 41 and services for children who are [*0 through*] 18 years of age **or younger** and their families among
 42 community groups, government agencies, private providers and other parties. The local plan shall
 43 be a comprehensive area-wide service delivery plan for all services to be provided for children and
 44 their families in the county or region, if the families have given their express written consent. The
 45 local plan shall be designed to achieve state and county or regional outcomes based on state policies

1 and guidelines and to maintain a level of services consistent with state and federal requirements.

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

9 (6) Subject to the availability of funds:

10 (a) The local coordinated comprehensive plan shall include:

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

14 (B) Provisions for a continuum of social supports at the community level for children [*from the*
15 *prenatal stage through*] **who are** 18 years of age **or younger**, and their families, that takes into ac-
16 count areas of need, service overlap, asset building and community strengths as outlined in ORS
17 417.305 (2).

18 (b) The local coordinated comprehensive plan shall reference:

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

20 (B) Local alcohol and other drug prevention and treatment plans developed pursuant to [*ORS*
21 *430.258*] **section 1 of this 2009 Act**;

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

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

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

28 (7) The local coordinated comprehensive plan shall include a list of staff positions budgeted to
29 support the local commission on children and families. The list shall indicate the status of each po-
30 sition as a percentage of full-time equivalency dedicated to the implementation of the local coordi-
31 nated comprehensive plan. The county board or boards of commissioners shall be responsible for
32 providing the level of staff support detailed in the local plan and shall ensure that funds provided
33 for these purposes are used to carry out the local plan.

34 (8) The local coordinated comprehensive plan shall:

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

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

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

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

42 (e) Contribute to a voluntary statewide system of formal and informal services and supports that
43 is provided at the community level, that is integrated in local communities and that promotes im-
44 proved outcomes for Oregon's children;

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

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

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

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

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

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

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

9 (d) Identify opportunities for service integration; and

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

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

15 (11)(a) The state commission may disapprove the planning process and the voluntary local early
 16 childhood system plan only upon making specific findings that the local plan substantially fails to
 17 conform to the principles, characteristics and values identified in ORS 417.708 to 417.725 and 417.735
 18 (4) or that the local plan fails to conform with the planning process requirements of this section.
 19 The staff of the state commission shall assist the local commission in remedying the deficiencies in
 20 the planning process or the voluntary local early childhood system plan. The state commission shall
 21 set a date by which any deficient portions of the planning process or the voluntary local early
 22 childhood system plan must be revised and resubmitted to the state commission by the local com-
 23 mission.

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

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

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

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

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

32 (12) The state commission, the [Governor's Council on Alcohol and Drug Abuse Programs] **Al-**
 33 **cohol and Drug Treatment Policy Commission**, the Department of Human Services and the Ju-
 34 venile Crime Prevention Advisory Committee may jointly approve the community plan that is part
 35 of the local coordinated comprehensive plan, but may not jointly approve the service plans that are
 36 referenced in the local plan. If the community plan is disapproved in whole, the agencies shall
 37 identify with particularity the manner in which the community plan is deficient and the service
 38 plans may be implemented. If only part of the community plan is disapproved, the remainder of the
 39 community plan and the service plans may be implemented. The staff of the agencies shall assist the
 40 local commission in remedying the disapproved portions of the community plan. The agencies shall
 41 jointly set a date by which the deficient portions of the community plan shall be revised and re-
 42 submitted to the agencies by the local commission. In reviewing the community plan, the agencies
 43 shall consider the impact of state and local budget reductions on the community plan.

44 (13) If a local commission determines that the needs of the county or region it serves differ from
 45 those identified by the state commission, it may ask the state commission to waive specific re-

1 quirements in its list of children’s support areas. The process for granting waivers shall be devel-
 2 oped by the state commission prior to the start of the review and approval process for the local
 3 coordinated comprehensive plan described in ORS 417.735 (4) and shall be based primarily on a de-
 4 termination of whether the absence of a waiver would prevent the local commission from best
 5 meeting the needs of the county or region.

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

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

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

18 **SECTION 9.** ORS 417.857 is amended to read:

19 417.857. (1) Deschutes County may place greater emphasis on early intervention and work with
 20 younger children than required by the Juvenile Crime Prevention Advisory Committee if the county
 21 has been granted a waiver pursuant to this section.

22 (2) The Juvenile Crime Prevention Advisory Committee shall develop an objective process, re-
 23 view criteria and timetable for consideration of a waiver request. A waiver granted under this sec-
 24 tion applies to the requirements for basic services grants described in ORS 417.850 (8) and high-risk
 25 juvenile crime prevention resources managed by the State Commission on Children and Families.
 26 The waiver shall be consistent with the goals of ORS 417.705 to 417.801, 417.850[,] **and** 417.855[,
 27 *430.250, 430.255, 430.257, 430.258 and 430.259*].

28 (3) Any documentation required for a waiver under this section shall be obtained to the greatest
 29 extent possible from material contained in the county’s juvenile crime prevention plan and from
 30 material as determined through biennial intergovernmental agreements. The Juvenile Crime Pre-
 31 vention Advisory Committee may ask the county to submit additional information regarding how the
 32 county intends to use crime prevention funds under the waiver.

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

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

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

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

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

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

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

1 (g) Local integration practices including citizens, victims, courts, law enforcement, business and
2 schools;

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

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

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

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

9 **SECTION 10.** ORS 430.270 is amended to read:

10 430.270. The Department of Human Services, in consultation with the [*Governor's Council on*
11 *Alcohol and Drug Abuse Programs*] **Alcohol and Drug Treatment Policy Commission**, shall take
12 such means as it considers most effective to bring to the attention of the general public, employers,
13 the professional community and particularly the youth of the state, the harmful effects to the indi-
14 vidual and society of the irresponsible use of alcoholic beverages, controlled substances and other
15 chemicals, and substances with abuse potential.

16 **SECTION 11.** ORS 430.290 is amended to read:

17 430.290. (1) The objective of this section is to prevent alcoholism and drug dependency.

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

19 (a) Consult with and be advised by the [*Governor's Council on Alcohol and Drug Abuse*
20 *Programs*] **Alcohol and Drug Treatment Policy Commission** and the Mental Health Advisory
21 Board in identifying program priorities for the primary prevention of alcoholism and drug depend-
22 ency.

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

26 (3) Every applicant for a grant to develop a primary prevention of alcoholism program shall be
27 assisted in its preparation by the local alcohol planning committee, if there be one, operating in the
28 area to which the application relates. Every applicant shall establish to the satisfaction of the de-
29 partment that the committee was actively involved in the development and preparation of such
30 program.

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

34 **SECTION 12.** ORS 430.359 is amended to read:

35 430.359. (1) Upon approval of an application, the Department of Human Services shall enter into
36 a matching fund relationship with the applicant. In all cases the amount granted by the department
37 under the matching formula shall not exceed 50 percent of the total estimated costs, as approved
38 by the department, of the alcohol and drug abuse prevention, early intervention and treatment ser-
39 vices.

40 (2) The amount of state funds shall be apportioned among the applicants according to the com-
41 munity need of the applicant for services as compared with the community needs of all applicants.
42 In evaluating the community needs of the applicant, the department, in consultation with the [*Gov-*
43 *ernor's Council on Alcohol and Drug Abuse Programs*] **Alcohol and Drug Treatment Policy Com-**
44 **mission**, shall give priority consideration to those applications that identify and include alcohol and
45 drug abuse prevention, early intervention and treatment services aimed at providing services to

1 minorities with a significant population of affected persons. The funds granted shall be distributed
 2 monthly.

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

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

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

14 (b) The application of any special funds for the alcohol and drug abuse prevention, early inter-
 15 vention and treatment services in the prior year when such funds are not available in the current
 16 year;

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

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

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

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

32 **SECTION 13.** ORS 430.368 is amended to read:

33 430.368. (1) Any alcohol and drug abuse prevention, early intervention and treatment service,
 34 including but not limited to minority programs, aggrieved by any final action of an applicant with
 35 regard to requesting funding for the program from the Department of Human Services, may appeal
 36 the applicant's action to the Director of Human Services within 30 days of the action. For the pur-
 37 poses of this section "final action" means the submission of the applicant's compiled funding re-
 38 quests to the department. The director shall review, in consultation with the [*Governor's Council*
 39 *on Alcohol and Drug Abuse Programs*] **Alcohol and Drug Treatment Policy Commission**, all ap-
 40 pealed actions for compliance with the purposes and requirements of ORS [*430.306*] **430.315 to**
 41 **430.335**, 430.338 to 430.380, 471.810, 473.030 and 473.050, including but not limited to ORS 430.338 (5).

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

1 review.

2 **SECTION 14.** ORS 430.535 is amended to read:

3 430.535. (1) The Department of Human Services and the [*Governor's Council on Alcohol and Drug*
4 *Abuse Programs*] **Alcohol and Drug Treatment Policy Commission** shall, subject to the avail-
5 ability of funds, develop bilingual forms to assist non-English-speaking persons in understanding
6 their rights under ORS 430.450 to 430.555.

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

11 **SECTION 15.** ORS 430.630 is amended to read:

12 430.630. (1) In addition to any other requirements that may be established by rule by the De-
13 partment of Human Services and subject to the availability of funds, each community mental health
14 and developmental disabilities program shall provide the following basic services to persons with
15 mental retardation, developmental disabilities, alcoholism or drug dependence, and persons who are
16 alcohol or drug abusers:

17 (a) Outpatient services;

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

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

21 (d) Guidance and assistance to other human service agencies for joint development of prevention
22 programs and activities to reduce factors causing mental retardation, developmental disabilities, al-
23 cohoh abuse, alcoholism, drug abuse and drug dependence; and

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

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

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

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

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

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

38 (e) Inpatient treatment in community hospitals; and

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

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

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

45 (b) Crisis stabilization to meet the needs of persons with acute mental or emotional disturbances,

1 including the costs of investigations and prehearing detention in community hospitals or other fa-
 2 cilities approved by the department for persons involved in involuntary commitment procedures;

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

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

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

9 (f) Residential services;

10 (g) Medication monitoring;

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

12 (i) Public education and information;

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

14 (k) Consultation with other community agencies;

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

19 (A) “Early identification” means detecting emotional disturbance in its initial developmental
 20 stage;

21 (B) “Early intervention services” for children at risk of later development of emotional disturb-
 22 ances means programs and activities for children and their families that promote conditions, oppor-
 23 tunities and experiences that encourage and develop emotional stability, self-sufficiency and
 24 increased personal competence; and

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

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

31 (A) “Early identification” means detecting emotional disturbance in its initial developmental
 32 stage;

33 (B) “Early intervention services” for older adults at risk of development of emotional disturb-
 34 ances means programs and activities for older adults and their families that promote conditions,
 35 opportunities and experiences that encourage and maintain emotional stability, self-sufficiency and
 36 increased personal competence and that deter suicide; and

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

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

42 (a) The person receiving care is a resident of the county served by the program. For purposes
 43 of this paragraph, “resident” means the resident of a county in which the person maintains a current
 44 mailing address or, if the person does not maintain a current mailing address within the state, the
 45 county in which the person is found, or the county in which a court-committed person with a mental

1 illness has been conditionally released.

2 (b) The person has been hospitalized involuntarily or voluntarily, pursuant to ORS 426.130 or
 3 426.220, except for persons confined to the Secure Child and Adolescent Treatment Unit at Oregon
 4 State Hospital, or has been hospitalized as the result of a revocation of conditional release.

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

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

7 (e) In the case of a community hospital, the department has approved the hospital for the care
 8 of persons with mental or emotional disturbances, the community mental health and developmental
 9 disabilities program has a contract with the hospital for the psychiatric care of residents and a
 10 representative of the program approves voluntary or involuntary admissions to the hospital prior to
 11 admission.

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

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

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

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

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

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

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

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

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

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

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

- 1 (A) Twenty-four-hour crisis services;
- 2 (B) Secure and nonsecure extended psychiatric care;
- 3 (C) Secure and nonsecure acute psychiatric care;
- 4 (D) Twenty-four-hour supervised structured treatment;
- 5 (E) Psychiatric day treatment;
- 6 (F) Treatments that maximize client independence;
- 7 (G) Family and peer support and self-help services;
- 8 (H) Support services;
- 9 (I) Prevention and early intervention services;
- 10 (J) Transition assistance between levels of care;
- 11 (K) Dual diagnosis services;
- 12 (L) Access to placement in state-funded psychiatric hospital beds;
- 13 (M) Precommitment and civil commitment in accordance with ORS chapter 426; and
- 14 (N) Outreach to older adults at locations appropriate for making contact with older adults, in-
- 15 cluding senior centers, long term care facilities and personal residences.

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

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

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

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

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

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

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

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

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

33 (C) Be culturally appropriate and competent;

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

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

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

39 (G) Be distributed geographically;

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

41 (I) Maximize early identification and early intervention;

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

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

45 (L) Be delivered collaboratively;

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

2 (N) Use best-practice innovations; and

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

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

7 (i) Each local commission on children and families shall reference the local plan for the delivery
8 of mental health services in the local coordinated comprehensive plan created pursuant to ORS
9 417.775.

10 **SECTION 16. ORS 430.250, 430.255, 430.257, 430.258 and 430.259 are repealed.**

11 **SECTION 17. This 2009 Act being necessary for the immediate preservation of the public
12 peace, health and safety, an emergency is declared to exist, and this 2009 Act takes effect
13 on its passage.**

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