

# House Bill 3110

Sponsored by Representative TOMEI (at the request of the Alcohol and Drug Policy Commission)

## 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**.

Removes sunset on Alcohol and Drug Policy Commission and adds members and advisory committee. Modifies and adds additional duties of commission. Requires commission to establish or approve minimum standards for drug prevention and treatment programs financed with state funds or with other funds administered by state.

## A BILL FOR AN ACT

1  
2 Relating to substance abuse programs; amending ORS 3.450, 135.917, 135.980, 137.228, 137.229,  
3 137.308, 336.222, 336.227, 351.105, 352.008, 353.120, 409.410, 410.720, 414.221, 417.775, 423.150,  
4 430.010, 430.240, 430.270, 430.306, 430.315, 430.335, 430.338, 430.342, 430.345, 430.357, 430.359,  
5 430.364, 430.366, 430.368, 430.380, 430.395, 430.399, 430.420, 430.424, 430.450, 430.535, 430.540,  
6 430.560, 430.630, 430.632, 430.640, 430.850, 430.860, 430.920, 471.432, 660.333, 675.523, 813.021 and  
7 813.260 and sections 1 and 27, chapter 856, Oregon Laws 2009; and repealing ORS 409.420 and  
8 430.290 and sections 15, 28 and 34, chapter 856, Oregon Laws 2009.

9 Whereas almost 70 percent of inmates in Oregon prisons need treatment for drug and alcohol  
10 problems; and

11 Whereas the number of Oregon eighth graders who have had an alcoholic drink in the past 30  
12 days is nearly twice the national average; and

13 Whereas health care expenditures in Oregon associated with alcohol and drug abuse were \$813  
14 million in 2006; and

15 Whereas there were 229 overdose deaths in Oregon in 2008; and

16 Whereas 56 percent of Oregon parents whose children are abused and neglected have issues  
17 with drug and alcohol addiction; and

18 Whereas in 2008, 33 percent of Oregon traffic fatalities involved alcohol-impaired drivers; and

19 Whereas alcohol abuse costs Oregon's economy \$3.2 billion per year, more than eight times the  
20 amount of tax revenue from alcohol sales; and

21 Whereas although prevention and recovery are very cost-effective, Oregon's programs have been  
22 consistently underfunded, leaving tens of thousands of Oregonians without assistance; and

23 Whereas Oregon does not have a consistent, rational data collection and accountability system  
24 to track funding and ensure that funds are invested wisely; and

25 Whereas Oregon has an opportunity to dramatically improve the well-being of its entire popu-  
26 lation through effective, comprehensive evidence-based alcohol and drug abuse prevention programs;  
27 and

28 Whereas many prevention programs in the state do not follow best practices established through  
29 scientifically sound randomized testing; and

30 Whereas the state lacks a clear long-term strategy for prevention and treatment backed by a

**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 coordinated budgeting process; and

2 Whereas addiction is a chronic disease and must be treated with a continuum of care; and

3 Whereas alcohol and drug recovery services should be founded on evidence-based practices that  
4 are administered with fidelity and also take into consideration the needs of disparate populations;  
5 and

6 Whereas a recovery-oriented system of care must include physical and mental health as well as  
7 addictions; and

8 Whereas policies must encourage collaboration across systems of care so that individuals and  
9 their families receive services that are necessary to recovery; now, therefore,

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

11 **SECTION 1.** Section 1, chapter 856, Oregon Laws 2009, as amended by section 31, chapter 856,  
12 Oregon Laws 2009, is amended to read:

13 **Sec. 1.** (1) There is created the Alcohol and Drug Policy Commission, which is charged with  
14 *[producing a plan for]* **planning, evaluating and coordinating** the funding and effective delivery  
15 of alcohol and drug *[treatment and]* prevention **and treatment** services.

16 (2) The commission shall *[recommend]*:

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

18 *[(b) The priority of funding for treatment and prevention services;]*

19 *[(c) Strategies to maximize accountability for performance of treatment and prevention services;]*

20 *[(d) Methods to standardize data collection and reporting; and]*

21 *[(e) A strategy to consolidate treatment and prevention services and reduce the fragmentation in the  
22 delivery of services.]*

23 (a) **Establish priorities and policies for alcohol and drug prevention and treatment ser-  
24 vices as part of a long-term strategic prevention and treatment plan for this state.**

25 (b) **In consultation with the budget advisory committee described in subsection (13) of  
26 this section, recommend state agency budget allocations for alcohol and drug prevention and  
27 treatment services to be included in the Governor’s proposed budget.**

28 (c) **To promote the effective and efficient use of treatment resources and reduce  
29 duplicative and unnecessary administrative requirements for alcohol and drug treatment  
30 providers:**

31 (A) **No later than six months after the effective date of this 2011 Act, establish:**

32 (i) **A uniform system for data collection;**

33 (ii) **Uniform standards for reporting data;**

34 (iii) **Uniform standards for the manner and timing of audits; and**

35 (iv) **Appropriate privacy protections for personal data collected or used in the system;  
36 and**

37 (B) **No later than six months after the appointment of the first director under subsection  
38 (14) of this section, designate an open-source software system to be used by all alcohol and  
39 drug treatment providers to comply with the requirements of this paragraph.**

40 (d) **Coordinate grant applications across state agencies.**

41 (e) **Coordinate with research entities to provide state agencies with current information  
42 about alcohol-related and drug-related issues and develop research to evaluate and refine  
43 prevention and treatment efforts.**

44 (f) **Educate the general public about alcohol-related and drug-related issues and the ef-  
45 fectiveness of evidence-based prevention and treatment services and advocate for increased**

1 awareness and resources.

2 (g) Develop a treatment delivery infrastructure to meet anticipated increases in demand  
3 for services, assessing steps to take with respect to workforce development and assessing  
4 ways that treatment funding may be reprioritized with additional federal resources.

5 (h) Designate mental health administrative areas pursuant to ORS 430.342.

6 (i) Produce periodic reports evaluating the cost and effectiveness of treatment programs,  
7 the first of which must be produced by January 1, 2013.

8 (3) The commission shall either establish minimum standards by rule, or approve mini-  
9 mum standards adopted by the Oregon Health Authority, for:

10 (a) Licensing, contracting for and coordinating alcohol and drug prevention and treat-  
11 ment services.

12 (b) Alcohol and drug prevention and treatment services that use state funds or that use  
13 private or federal funds administered by this state.

14 (4) The commission may:

15 (a) Establish up to 10 pilot programs, located in diverse Oregon communities, to:

16 (A) Phase in the long-term strategic prevention and treatment plan developed under  
17 subsection (2)(a) of this section; and

18 (B) Implement prevention programs developed under subsection (15) of this section.

19 (b) Delegate its authority to the Director of the Alcohol and Drug Policy Commission.

20 (c) Designate a state data warehouse to store and archive data collected or used by the  
21 commission.

22 [(2)] (5) The membership of the commission consists of:

23 (a) Sixteen members appointed by the Governor, subject to confirmation by the Senate in the  
24 manner prescribed in ORS 171.562 and 171.565, including:

25 (A) An elected district attorney;

26 (B) An elected county sheriff;

27 (C) A county commissioner;

28 (D) A representative of an Indian tribe;

29 (E) An alcohol or drug treatment provider;

30 (F) A chief of police;

31 (G) An alcohol or drug treatment researcher or epidemiologist;

32 (H) A criminal defense attorney;

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

34 (J) A representative of the health insurance industry;

35 (K) A representative of hospitals;

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

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

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

40 (O) A representative of the business community; and

41 (P) An alcohol or drug prevention representative who specializes in youth.

42 (b) Two members of the Legislative Assembly appointed to the commission as nonvoting mem-  
43 bers of the commission, acting in an advisory capacity only and including:

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

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

3 (c) The following voting ex officio members **or their designees**:

4 (A) The Governor [*or the Governor's designee*];

5 (B) The Attorney General;

6 (C) The Director of the Oregon Health Authority;

7 (D) The Director of the Department of Corrections; [*and*]

8 (E) The Superintendent of Public Instruction;

9 **(F) The Director of Human Services;**

10 **(G) The Director of the Oregon Youth Authority;**

11 **(H) The chairperson of the State Commission on Children and Families; and**

12 **(I) The administrator of the Oregon Liquor Control Commission.**

13 [(3)] **(6)** The Alcohol and Drug Policy Commission shall select one of its members as chairperson  
 14 and another as vice chairperson, for such terms and with duties and powers necessary for the per-  
 15 formance of the functions of such offices as the commission determines.

16 [(4)] **(7)** A majority of the voting members of the commission constitutes a quorum for the  
 17 transaction of business.

18 [(5)] **(8)** Official action of the commission requires the approval of a majority of [*the voting*  
 19 *members on the commission*] **a quorum.**

20 [(6)] **(9)** The commission may establish a steering committee and subcommittees. These commit-  
 21 tees may be continuing or temporary.

22 [(7)] **(10) The term of office of** each commission member appointed by the Governor **is four**  
 23 **years, but a member** serves at the pleasure of the Governor. If there is a vacancy for any cause,  
 24 the Governor shall make an appointment to become immediately effective.

25 [(8)] **(11)** The Oregon Health Authority shall provide staff support to the commission. Subject to  
 26 available funding, the commission may contract with a public or private entity to provide staff sup-  
 27 port.

28 [(9)] **(12)** Members of the commission who are not members of the Legislative Assembly are en-  
 29 titled to compensation and expenses incurred by them in the performance of their official duties in  
 30 the manner and amounts provided for in ORS 292.495. Claims for compensation and expenses shall  
 31 be paid out of funds appropriated to the Oregon Health Authority or funds appropriated to the  
 32 commission for purposes of the commission.

33 **(13)(a) The commission shall establish a budget advisory committee to establish a budget**  
 34 **priority policy regarding the allocation of funding for alcohol and drug prevention and**  
 35 **treatment services across state agencies and throughout this state, to identify additional**  
 36 **funding for the services from federal and private sources and to suspend the payment of**  
 37 **state funds, or funds administered by this state, to programs that do not comply with the**  
 38 **commission's rules or the budget priority policy or that do not provide effective prevention**  
 39 **or treatment services.**

40 **(b) The committee is composed of the individuals listed in subsection (2)(a)(C) and (I) and**  
 41 **(c)(B) to (I) of this section.**

42 **(14)(a) The Governor shall appoint a Director of the Alcohol and Drug Policy Commission**  
 43 **who shall serve at the pleasure of the Governor and be responsible for the dissemination and**  
 44 **implementation of the commission's policies, and the performance of the duties, functions**  
 45 **and powers of the commission that are delegated to the director.**

1       **(b) The director shall be paid a salary as provided by law or, if not so provided, as pre-**  
2 **scribed by the Governor.**

3       **(15) No later than six months after the appointment of the director, the director shall**  
4 **develop a science-based model alcohol and drug abuse prevention program for use in con-**  
5 **junction with the pilot programs, if any, established under subsection (4) of this section and**  
6 **in other circumstances as directed by the commission. The director shall develop the model**  
7 **program in consultation with:**

8       **(a) The Oregon Health Authority;**

9       **(b) The Department of Human Services;**

10       **(c) The Department of Education;**

11       **(d) The Oregon Liquor Control Commission;**

12       **(e) The State Commission on Children and Families;**

13       **(f) Organizations that represent or advocate on behalf of consumers of alcohol and drug**  
14 **prevention and treatment programs; and**

15       **(g) Behavioral scientists.**

16       **(16) The commission may adopt rules to carry out its duties under this section.**

17       **SECTION 2.** ORS 3.450 is amended to read:

18       3.450. (1) As used in this section, “drug court program” means a program in which:

19       (a) Individuals who are before the court obtain treatment for substance abuse issues and report  
20 regularly to the court on the progress of their treatment; and

21       (b) A local drug court team, consisting of the court, agency personnel and treatment and service  
22 providers, monitors the individuals’ participation in treatment.

23       (2)(a) The governing body of a county or a treatment provider may establish fees that individuals  
24 participating in a drug court program may be required to pay for treatment and other services  
25 provided as part of the drug court program.

26       (b) A court may order an individual participating in a drug court program to pay fees to partici-  
27 pate in the program. Fees imposed under this subsection may not be paid to the court.

28       (3) Records that are maintained by the circuit court specifically for the purpose of a drug court  
29 program must be maintained separately from other court records. Records maintained by a circuit  
30 court specifically for the purpose of a drug court program are confidential and may not be disclosed  
31 except in accordance with regulations adopted under 42 U.S.C. 290dd-2, including under the cir-  
32 cumstances described in subsections (4) to (6) of this section.

33       (4) If the individual who is the subject of the record gives written consent, a record described  
34 in subsection (3) of this section may be disclosed to members of the local drug court team in order  
35 to develop treatment plans, monitor progress in treatment and determine outcomes of participation  
36 in the drug court program.

37       (5) A record described in subsection (3) of this section may not be introduced into evidence in  
38 any legal proceeding other than the drug court program unless:

39       (a) The individual who is the subject of the record gives written consent for introduction of the  
40 record; or

41       (b) The court finds good cause for introduction. In determining whether good cause exists for  
42 purposes of this paragraph, the court shall weigh the public interest and the need for disclosure  
43 against the potential injury caused by the disclosure to:

44       (A) The individual who is the subject of the record;

45       (B) The individual-physician relationship; and

(C) The treatment services being provided to the individual who is the subject of the record.

(6) A court, the State Court Administrator or the Oregon Criminal Justice Commission:

(a) May use records described in subsection (3) of this section and other drug court program information to track and develop statistics about the effectiveness, costs and other areas of public interest concerning drug court programs.

(b) [A court, the State Court Administrator or the Oregon Criminal Justice Commission] May release statistics developed under this subsection and analyses based on the statistics to the public.

(c) **Shall provide data requested by the Alcohol and Drug Policy Commission for the commission's accountability and data collection system.**

(7) Statistics and analyses released under [this] subsection (6) of this section may not contain any information that identifies an individual participant in a drug court program.

**SECTION 3.** ORS 135.917 is amended to read:

135.917. (1) Courts having jurisdiction over the offense of possession of less than one ounce of marijuana shall designate agencies or organizations to perform the diagnostic assessment and treatment required under possession of marijuana diversion agreements described in ORS 135.907. The designated agencies or organizations must meet the **minimum** standards [set by the Oregon Health Authority] **under section 1, chapter 856, Oregon Laws 2009**, to perform the diagnostic assessment and treatment of drug dependency and must be certified by the **Oregon Health** Authority. Wherever possible, a court shall designate agencies or organizations to perform the diagnostic assessment that are separate from those that may be designated to carry out a program of treatment for drug dependency.

(2) Monitoring of a defendant's progress under a diversion agreement shall be the responsibility of the diagnostic assessment agency or organization. It shall make a report to the court stating the defendant's successful completion or failure to complete all or any part of the treatment program specified by the diagnostic assessment. The form of the report shall be determined by agreement between the court and the diagnostic assessment agency or organization. The court shall make the report of the diagnostic assessment agency or organization that is required by this subsection a part of the record of the case.

**SECTION 4.** ORS 135.980 is amended to read:

135.980. (1) [By January 1, 1990,] The Director of the Department of Corrections shall [compile and thereafter] maintain a directory of public and private rehabilitative programs known and available to corrections agencies of the state and of each county. For purposes of this subsection, "rehabilitative program" means a planned activity, in a custodial or noncustodial context, designed and implemented to treat drug or alcohol abuse, to prevent criminal sexual behavior, to modify a propensity to commit crimes against persons or property or to achieve restitution for losses caused by an offender and includes programs that employ the device of mediation between the victim and offender. **Rehabilitative programs included in the directory that are designed and implemented to treat drug or alcohol abuse must meet minimum standards under section 1, chapter 856, Oregon Laws 2009.** The director shall include:

(a) The name, address and telephone number of the program and the identity of its director or other principal contact;

(b) The geographical jurisdiction of the program;

(c) The types of offenders that the program claims to be able to serve and the criteria that the program applies in selecting or soliciting cases;

(d) The claims of the program regarding its effectiveness in reducing recidivism, achieving

1 restitution or otherwise serving correctional objectives;

2 (e) An assessment by the relevant corrections agency of the actual effectiveness of the program;  
3 and

4 (f) The capacity of the program for new cases.

5 (2) The Director of the Department of Corrections shall make the directory available to the  
6 Oregon Criminal Justice Commission and to judges in a form that will allow sentencing judges to  
7 determine what rehabilitative programs are appropriate and available to the offender during any  
8 period of probation, imprisonment or local incarceration and post-prison supervision. The Director  
9 of the Department of Corrections shall also make the directory available to its employees who pre-  
10 pare presentence reports and proposed release plans for submission to the State Board of Parole and  
11 Post-Prison Supervision.

12 (3) The directory shall be updated as frequently as is practical, but no less often than every six  
13 months.

14 *[(4) The Director of the Department of Corrections shall prepare a plan for monitoring the scope  
15 and measuring the effectiveness of existing rehabilitative programs and shall deliver that plan to the  
16 Oregon Criminal Justice Commission no later than January 1, 1990.]*

17 **SECTION 5.** ORS 137.228 is amended to read:

18 137.228. (1) When a defendant is sentenced for a crime, the court may enter a finding that the  
19 defendant is an alcoholic or a drug-dependent person, as those terms are defined in ORS 430.306.  
20 The finding may be based upon any evidence before the court, including, but not limited to, the facts  
21 of the case, stipulations of the parties and the results of any evaluation conducted under ORS  
22 137.227.

23 (2) When the court finds that the defendant is an alcoholic or a drug-dependent person, the  
24 court, when it sentences the defendant to a term of imprisonment, shall direct the Department of  
25 Corrections to place the defendant in an appropriate alcohol or drug treatment program **that meets  
26 minimum standards under section 1, chapter 856, Oregon Laws 2009**, to the extent that re-  
27 sources are available. *[The alcohol or drug treatment program shall meet the standards promulgated  
28 by the Oregon Health Authority pursuant to ORS 430.357.]*

29 **SECTION 6.** ORS 137.229 is amended to read:

30 137.229. The Department of Corrections, to the extent that funds are available, shall expand  
31 existing and establish new treatment programs for alcohol and drug dependency **that meet mini-  
32 mum standards under section 1, chapter 856, Oregon Laws 2009**.

33 **SECTION 7.** ORS 137.308, as amended by section 33, chapter 856, Oregon Laws 2009, is  
34 amended to read:

35 137.308. (1) The county treasurer shall deposit 60 percent of the moneys received under ORS  
36 137.309 (6), (8) and (9) into the general fund of the county to be used for the purpose of planning,  
37 operating and maintaining county juvenile and adult corrections programs and facilities and drug  
38 and alcohol programs approved by the Department of Human Services and the Oregon Health Au-  
39 thority **as meeting minimum standards under section 1, chapter 856, Oregon Laws 2009**. Ex-  
40 penditure by the county of the funds described in this subsection shall be made in a manner that is  
41 consistent with the approved community corrections plan for that county; however, a county may  
42 not expend more than 50 percent of the funds on the construction or operation of a county jail. Prior  
43 to budgeting the funds described in this subsection, a county shall consider any comments received  
44 from, and upon request shall consult with, the governing body of a city that forwards assessments  
45 under ORS 137.307 (1991 Edition) concerning the proposed uses of the funds.

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

3 **SECTION 8.** ORS 336.222 is amended to read:

4 336.222. In accordance with rules adopted by the State Board of Education [*in consultation with*  
 5 *the Oregon Health Authority*], each district school board shall adopt a comprehensive alcohol and  
 6 drug abuse policy and implementation plan[, *including but*] **that meets minimum standards es-**  
 7 **tablished by the Alcohol and Drug Policy Commission under section 1, chapter 856, Oregon**  
 8 **Laws 2009, and includes, but is** not limited to:

9 (1) Alcohol and drug abuse prevention curriculum and public information programs addressing  
 10 students, parents, teachers, administrators and school board members;

11 (2) The nature and extent of the district's expectation of intervention with students who appear  
 12 to have drug or alcohol abuse problems;

13 (3) The extent of the district's alcohol and other drug prevention and intervention programs; and

14 (4) The district's strategy to gain access to federal funds available for drug abuse prevention  
 15 programs.

16 **SECTION 9.** ORS 336.227 is amended to read:

17 336.227. To assist school districts to formulate the programs described in ORS 336.222 (1) **that**  
 18 **meet minimum standards under section 1, chapter 856, Oregon Laws 2009**, the Oregon Health  
 19 Authority shall:

20 (1) Devise a public information program directed toward students, parents, teachers, adminis-  
 21 trators and school board members at the school district level; and

22 (2) Contact advocacy associations of the target groups described in subsection (1) of this section  
 23 to facilitate outreach programs and disseminate alcohol and drug abuse prevention information.

24 **SECTION 10.** ORS 351.105 is amended to read:

25 351.105. In order to carry out the duties described in ORS 352.008, the State Board of Higher  
 26 Education, in consultation with the [*Oregon Health Authority*] **Alcohol and Drug Policy Commis-**  
 27 **sion**, shall adopt by rule, as a minimum, descriptions of the content of what shall be included in the  
 28 policy and plan described in ORS 352.008.

29 **SECTION 11.** ORS 352.008 is amended to read:

30 352.008. In consultation with the [*Oregon Health Authority*] **Alcohol and Drug Policy Com-**  
 31 **mission**, each state institution of higher education shall adopt a comprehensive alcohol and drug  
 32 abuse policy and implementation plan.

33 **SECTION 12.** ORS 353.120 is amended to read:

34 353.120. The Oregon Health and Science University, **in consultation with the Alcohol and**  
 35 **Drug Policy Commission**, shall adopt a comprehensive alcohol and drug abuse policy and imple-  
 36 mentation plan.

37 **SECTION 13.** ORS 409.410 is amended to read:

38 409.410. (1)(a) The Director of the Oregon Health Authority shall administer [*all*] alcohol and  
 39 drug abuse programs, including but not limited to programs or components of programs described  
 40 in ORS 430.397 to 430.401, 475.225, 743.557 and 743.558 and ORS chapters 430 and 801 to 822, **all**  
 41 **of which must meet minimum standards under section 1, chapter 856, Oregon Laws 2009.**

42 [*(2) Subject to ORS 417.300 and 417.305, the director shall:*]

43 [*(a) Report to the Legislative Assembly on accomplishments and issues occurring during each*  
 44 *biennium, and report on a new biennial plan describing resources, needs and priorities for all alcohol*  
 45 *and drug abuse programs.]*



1        *[(b) Develop within the Oregon Health Authority priorities for alcohol and drug abuse programs*  
2 *and activities.]*

3        *[(c) Monitor the priorities of approved alcohol and drug abuse related programs in all other state*  
4 *agencies.]*

5        *[(d) Conduct statewide and special planning processes which provide for participation from state*  
6 *and local agencies, groups and individuals.]*

7        *[(e) Identify the needs of special populations including minorities, elderly, youth, women and indi-*  
8 *viduals with disabilities.]*

9        *[(f)]* **(b)** Subject to ORS chapter 183, **the director shall** adopt such rules as are necessary for  
10 the performance of the duties and functions specified by this section[, *ORS 430.255 to 430.630, or*  
11 *otherwise lawfully delegated*].

12        **[(3)]** **(2)** The director may apply for, receive and administer funds, including federal funds and  
13 grants, from sources other than the state. Subject to expenditure limitation set by the Legislative  
14 Assembly, funds received under this subsection may be expended by the director:

15        (a) For the study, prevention or treatment of alcohol and drug abuse and dependence in this  
16 state.

17        (b) To provide training, both within this state and in other states, in the prevention and treat-  
18 ment of alcohol and drug abuse and dependence.

19        **(3) The director shall conduct, as necessary, financial audits and program reviews of al-**  
20 **cohol and drug abuse programs that receive state funds from any state agency, including**  
21 **beer and wine tax revenues distributed under ORS 430.380 and 471.810.**

22        **SECTION 14.** ORS 410.720 is amended to read:

23        410.720. (1) It is the policy of this state to provide mental health and addiction services for all  
24 Oregon senior citizens and persons with disabilities through a comprehensive and coordinated  
25 statewide network of local mental health services and alcohol and drug abuse education and treat-  
26 ment. These services should involve family and friends and be provided in the least restrictive and  
27 most appropriate settings.

28        (2) The Department of Human Services shall facilitate the formation of local community part-  
29 nerships between the senior, disability, mental health, alcohol and drug abuse and health care  
30 communities by supporting the development of [*program approaches including, but not limited to:*]

31        [*(a) Mental health and addiction screenings and assessments in long term care settings;*]

32        [*(b) Outreach services to seniors and persons with disabilities in their homes, including gatekeeper*  
33 *programs, neighborhood programs and programs designed for rural communities;*]

34        [*(c) Multilingual and multicultural medical and psychiatric services for ethnic minorities with*  
35 *physical disabilities and hearing impairments;*]

36        [*(d) Education and training for health care consumers, health care professionals and mental health*  
37 *and addiction services providers on mental health and addiction issues, programs and services for*  
38 *seniors and persons with disabilities; and]*

39        [*(e) Education and consultation services for primary care physicians treating seniors and persons*  
40 *with disabilities]* **programs that meet minimum standards under section 1, chapter 856, Oregon**  
41 **Laws 2009.**

42        (3) In carrying out the provisions of subsections (1) and (2) of this section, the department shall:

43        (a) Develop plans for service coordination within the department;

44        (b) Recommend budget provisions for the delivery of needed services offered by the department;

45 and

1 (c) Develop plans for expanding mental health and addiction services for seniors and persons  
 2 with disabilities to meet the increasing demand.

3 **SECTION 15.** ORS 414.221 is amended to read:

4 414.221. The Medicaid Advisory Committee shall advise the Administrator of the Office for  
 5 Oregon Health Policy and Research and the Director of the Oregon Health Authority on:

6 (1) Medical care, including mental health [*and alcohol and drug*] treatment and remedial care  
 7 to be provided under ORS chapter 414; and

8 (2) The operation and administration of programs provided under ORS chapter 414.

9 **SECTION 16.** ORS 417.775, as amended by section 17, chapter 856, Oregon Laws 2009, is  
 10 amended to read:

11 417.775. (1) Under the direction of the board or boards of county commissioners, and in con-  
 12 junction with the guidelines set by the State Commission on Children and Families, the local com-  
 13 mission on children and families shall promote wellness for children of all ages and their families  
 14 in the county or region, if the families have given their express written consent, mobilize commu-  
 15 nities and develop policy and oversee the implementation of a local coordinated comprehensive plan  
 16 described in this section. A local commission shall:

17 (a) Inform and involve citizens;

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

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

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

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

23 (f) Prioritize the use of nondedicated resources;

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

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

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

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

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

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

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

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

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

43 (4) Through the process described in subsection (3) of this section, the local commission shall  
 44 coordinate the development of a single local plan for coordinating community programs, strategies  
 45 and services for children who are 18 years of age or younger, including prenatal, and their families

1 among community groups, government agencies, private providers and other parties. The local plan  
2 shall be a comprehensive area-wide service delivery plan for all services to be provided for children  
3 and their families in the county or region, if the families have given their express written consent.  
4 The local plan shall be designed to achieve state and county or regional outcomes based on state  
5 policies and guidelines and to maintain a level of services consistent with state and federal re-  
6 quirements.

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

14 (6) Subject to the availability of funds:

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

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

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

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

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

24 (B) Local alcohol and other drug prevention and treatment plans [*developed pursuant to section*  
25 *1, chapter 856, Oregon Laws 2009*] **meeting minimum standards under section 1, chapter 856,**  
26 **Oregon Laws 2009;**

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

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

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

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

39 (8) The local coordinated comprehensive plan shall:

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

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

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

- 1 (d) Be based on proven practices of effectiveness for the specific community;
- 2 (e) Contribute to a voluntary statewide system of formal and informal services and supports that  
 3 is provided at the community level, that is integrated in local communities and that promotes im-  
 4 proved outcomes for Oregon’s children;
- 5 (f) Be presented to the citizens in each county for public review, comment and adjustment;
- 6 (g) Be designed to achieve outcomes based on research-identified proven practices of effective-  
 7 ness; and
- 8 (h) Address other issues, local needs or children and family support areas as determined by the  
 9 local commission pursuant to ORS 417.735.
- 10 (9) In developing the local coordinated comprehensive plan, the local commission shall:
- 11 (a) Secure active participation pursuant to subsection (3) of this section;
- 12 (b) Provide for community participation in the planning process, including media notification;
- 13 (c) Conduct an assessment of the community that identifies needs and strengths;
- 14 (d) Identify opportunities for service integration; and
- 15 (e) Develop a local coordinated comprehensive plan and budget to meet the priority needs of a  
 16 county or region.
- 17 (10) The state commission may disapprove the part of the local coordinated comprehensive plan  
 18 relating to the planning process required by this section and the voluntary local early childhood  
 19 system plan.
- 20 (11)(a) The state commission may disapprove the planning process and the voluntary local early  
 21 childhood system plan only upon making specific findings that the local plan substantially fails to  
 22 conform to the principles, characteristics and values identified in ORS 417.708 to 417.725 and 417.735  
 23 (4) or that the local plan fails to conform with the planning process requirements of this section.  
 24 The staff of the state commission shall assist the local commission in remedying the deficiencies in  
 25 the planning process or the voluntary local early childhood system plan. The state commission shall  
 26 set a date by which any deficient portions of the planning process or the voluntary local early  
 27 childhood system plan must be revised and resubmitted to the state commission by the local com-  
 28 mission.
- 29 (b) The state commission does not have approval authority over the following service plans  
 30 referenced in the local coordinated comprehensive plan:
- 31 (A) The local alcohol and other drug prevention and treatment plans *[developed pursuant to*  
 32 *section 1, chapter 856, Oregon Laws 2009]* **meeting minimum standards under section 1, chapter**  
 33 **856, Oregon Laws 2009;**
- 34 (B) Local service plans, developed pursuant to ORS 430.630, relating to the delivery of mental  
 35 health services;
- 36 (C) Local public health plans developed pursuant to ORS 431.385; and
- 37 (D) Local high-risk juvenile crime prevention plans developed pursuant to ORS 417.855.
- 38 (12) The state commission, the Department of Human Services and the Juvenile Crime Pre-  
 39 vention Advisory Committee may jointly approve the community plan that is part of the local coor-  
 40 dinated comprehensive plan, but may not jointly approve the service plans that are referenced in the  
 41 local plan. If the community plan is disapproved in whole, the agencies shall identify with  
 42 particularity the manner in which the community plan is deficient and the service plans may be  
 43 implemented. If only part of the community plan is disapproved, the remainder of the community  
 44 plan and the service plans may be implemented. The staff of the agencies shall assist the local  
 45 commission in remedying the disapproved portions of the community plan. The agencies shall jointly

1 set a date by which the deficient portions of the community plan shall be revised and resubmitted  
 2 to the agencies by the local commission. In reviewing the community plan, the agencies shall con-  
 3 sider the impact of state and local budget reductions on the community plan.

4 (13) If a local commission determines that the needs of the county or region it serves differ from  
 5 those identified by the state commission, it may ask the state commission to waive specific re-  
 6 quirements in its list of children’s support areas. The process for granting waivers shall be devel-  
 7 oped by the state commission prior to the start of the review and approval process for the local  
 8 coordinated comprehensive plan described in ORS 417.735 (4) and shall be based primarily on a de-  
 9 termination of whether the absence of a waiver would prevent the local commission from best  
 10 meeting the needs of the county or region.

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

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

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

23 **(17) Alcohol and drug prevention and treatment services included in the local coordinated**  
 24 **comprehensive plan must meet minimum standards under section 1, chapter 856, Oregon**  
 25 **Laws 2009.**

26 **SECTION 17.** ORS 423.150 is amended to read:

27 423.150. (1) The Department of Corrections shall:

28 (a) Provide appropriate treatment services to drug-addicted persons in the custody of the de-  
 29 partment who are at a high or medium risk of reoffending and who have moderate to severe treat-  
 30 ment needs; and

31 (b) Make grants to counties in order to provide supplemental funding for:

32 (A) The operation of local jails;

33 (B) Appropriate treatment services for drug-addicted persons on probation, parole or post-prison  
 34 supervision; or

35 (C) The intensive supervision of drug-addicted persons on probation, parole or post-prison  
 36 supervision, including the incarceration of drug-addicted persons who have violated the terms and  
 37 conditions of probation, parole or post-prison supervision.

38 (2) The Oregon Criminal Justice Commission shall make grants to counties in order to provide  
 39 supplemental funding for drug courts for drug-addicted persons, including the costs of appropriate  
 40 treatment services and the incarceration of persons who have violated the terms and conditions of  
 41 a drug court.

42 (3)(a) The appropriate legislative committee shall periodically conduct oversight hearings on the  
 43 effectiveness of this section.

44 (b) The Oregon Criminal Justice Commission shall periodically conduct independent evaluations  
 45 of the programs funded by this section for their effectiveness in reducing criminal behavior in a

1 cost-effective manner **and shall report the findings to the Alcohol and Drug Policy**  
 2 **Commission.**

3 (4) The Department of Corrections shall determine which persons are eligible for treatment un-  
 4 der subsection (1)(a) of this section using an actuarial risk assessment tool.

5 (5) The department shall adopt rules to administer the grant program described in subsection  
 6 (1)(b) of this section.

7 (6) Prior to adopting the rules described in subsection (5) of this section, the department shall  
 8 consult with a broad-based committee that includes representatives of:

- 9 (a) County boards of commissioners;
- 10 (b) County sheriffs;
- 11 (c) District attorneys;
- 12 (d) County community corrections;
- 13 (e) The Oregon Criminal Justice Commission;
- 14 (f) Presiding judges of the judicial districts of this state;
- 15 (g) Public defenders; and
- 16 (h) Treatment providers.

17 (7) In determining which grant proposals to fund within each county, the department shall:

- 18 (a) Consult with the committee described in subsection (6) of this section;
- 19 (b) Give priority to those proposals that are best designed to reduce crime and drug addiction;

20 and

21 (c) Be guided by evidence-based practices, risk assessment tools or other research-based con-  
 22 siderations.

23 (8) Nothing in this section:

- 24 (a) Creates any claim, right of action or civil liability; or
- 25 (b) Requires a supervisory authority or the Department of Corrections to provide treatment to  
 26 any individual under the authority's supervision or in the custody of the department.

27 (9) As used in this section:

28 (a) "Drug-addicted person" means a person who has lost the ability to control the personal use  
 29 of controlled substances or alcohol, or who uses controlled substances or alcohol to the extent that  
 30 the health of the person or that of others is substantially impaired or endangered or the social or  
 31 economic function of the person is substantially disrupted. A drug-addicted person may be physically  
 32 dependent, a condition in which the body requires a continuing supply of a controlled substance or  
 33 alcohol to avoid characteristic withdrawal symptoms, or psychologically dependent, a condition  
 34 characterized by an overwhelming mental desire for continued use of a controlled substance or al-  
 35cohol.

36 (b) "Intensive supervision" means the active monitoring of a person's performance in a treat-  
 37ment program by a parole and probation officer and the imposition of sanctions, or request to a  
 38 court for sanctions, if the person fails to abide by the terms and conditions of a treatment program.

39 **SECTION 18.** ORS 430.010 is amended to read:

40 430.010. As used in ORS 430.010 to 430.050, 430.140 to 430.170, 430.265[, 430.270] and 430.610 to  
 41 430.695:

- 42 (1) "Authority" means the Oregon Health Authority.
- 43 (2) "Department" means the Department of Human Services.
- 44 (3) "Health facility" means a facility licensed as required by ORS 441.015 or a facility accredited  
 45 by the Joint Commission on Accreditation of Hospitals, either of which provides full-day or part-day

1 acute treatment for alcoholism, drug addiction or mental or emotional disturbance, and is licensed  
 2 to admit persons requiring 24-hour nursing care.

3 (4) “Residential facility” or “day or partial hospitalization program” means a program or facility  
 4 providing an organized full-day or part-day program of treatment. Such a program or facility shall  
 5 be licensed, approved, established, maintained, contracted with or operated by the authority under:

6 (a) ORS 430.265 to 430.380 and 430.610 to 430.880 for alcoholism;

7 (b) ORS 430.265 to 430.380, 430.405 to 430.565 and 430.610 to 430.880 for drug addiction; or

8 (c) ORS 430.610 to 430.880 for mental or emotional disturbances.

9 (5) “Outpatient service” means:

10 (a) A program or service providing treatment by appointment and by:

11 (A) Medical or osteopathic physicians licensed by the Oregon Medical Board under ORS 677.010  
 12 to 677.450;

13 (B) Psychologists licensed by the State Board of Psychologist Examiners under ORS 675.010 to  
 14 675.150;

15 (C) Nurse practitioners registered by the Oregon State Board of Nursing under ORS 678.010 to  
 16 678.410;

17 (D) Regulated social workers authorized to practice regulated social work by the State Board  
 18 of Licensed Social Workers under ORS 675.510 to 675.600; or

19 (E) Professional counselors or marriage and family therapists licensed by the Oregon Board of  
 20 Licensed Professional Counselors and Therapists under ORS 675.715 to 675.835; or

21 (b) A program or service providing treatment by appointment that is licensed, approved, estab-  
 22 lished, maintained, contracted with or operated by the authority under:

23 (A) ORS 430.265 to 430.380 and 430.610 to 430.880 for alcoholism;

24 (B) ORS 430.265 to 430.380, 430.405 to 430.565 and 430.610 to 430.880 for drug addiction; or

25 (C) ORS 430.610 to 430.880 for mental or emotional disturbances.

26 **SECTION 19.** ORS 430.240 is amended to read:

27 430.240. The Oregon Health Authority [*in developing treatment programs for drug-dependent per-*  
 28 *sons*] shall develop **treatment** programs **meeting minimum standards under section 1, chapter**  
 29 **856, Oregon Laws 2009, to** [*that*] assist drug-dependent persons to become persons who are able to  
 30 live healthy and productive lives without the use of any natural or synthetic opiates.

31 **SECTION 20.** ORS 430.270, as amended by section 18, chapter 856, Oregon Laws 2009, is  
 32 amended to read:

33 430.270. The [*Oregon Health Authority*] **Alcohol and Drug Policy Commission** shall take such  
 34 means as it considers most effective to bring to the attention of the general public, employers, the  
 35 professional community and particularly the youth of the state, the harmful effects to the individual  
 36 and society of the irresponsible use of alcoholic beverages, controlled substances and other chemi-  
 37 cals, and substances with abuse potential.

38 **SECTION 21.** ORS 430.306 is amended to read:

39 430.306. As used in ORS 430.315 to 430.335, **430.342**, 430.397, [*and*] 430.399, **430.420 and 430.630**  
 40 unless the context requires otherwise:

41 (1) “Alcoholic” means any person who has lost the ability to control the use of alcoholic  
 42 beverages, or who uses alcoholic beverages to the extent that the health of the person or that of  
 43 others is substantially impaired or endangered or the social or economic function of the person is  
 44 substantially disrupted. An alcoholic may be physically dependent, a condition in which the body  
 45 requires a continuing supply of alcohol to avoid characteristic withdrawal symptoms, or

1 psychologically dependent, a condition characterized by an overwhelming mental desire for contin-  
2 ued use of alcoholic beverages.

3 (2) "Applicant" means a city, county or any combination thereof.

4 (3) "Authority" means the Oregon Health Authority.

5 (4) "Detoxification center" means a publicly or privately operated profit or nonprofit facility  
6 approved by the authority that provides emergency care or treatment for alcoholics or drug-  
7 dependent persons.

8 (5) "Director of the treatment facility" means the person in charge of treatment and rehabili-  
9 tation programs at a treatment facility.

10 (6) "Drug-dependent person" means one who has lost the ability to control the personal use of  
11 controlled substances or other substances with abuse potential, or who uses such substances or  
12 controlled substances to the extent that the health of the person or that of others is substantially  
13 impaired or endangered or the social or economic function of the person is substantially disrupted.  
14 A drug-dependent person may be physically dependent, a condition in which the body requires a  
15 continuing supply of a drug or controlled substance to avoid characteristic withdrawal symptoms,  
16 or psychologically dependent, a condition characterized by an overwhelming mental desire for con-  
17 tinued use of a drug or controlled substance.

18 (7) "Halfway house" means a publicly or privately operated profit or nonprofit, residential fa-  
19 cility approved by the authority that provides rehabilitative care and treatment for alcoholics or  
20 drug-dependent persons.

21 (8) "Local [*alcoholism*] planning committee" means a **local planning committee for alcohol and**  
22 **drug prevention and treatment services** appointed or designated by the county governing body  
23 under ORS 430.342.

24 (9) "[*Other*] Treatment facility" includes outpatient facilities, inpatient facilities and [*such*] other  
25 facilities [*as*] the authority determines [*suitable*] **provide services that meet minimum standards**  
26 **under section 1, chapter 856, Oregon Laws 2009**, any of which may provide diagnosis and evalu-  
27 ation, medical care, detoxification, social services or rehabilitation for alcoholics or drug-dependent  
28 persons and which operate in the form of a general hospital, a state hospital, a foster home, a hostel,  
29 a clinic or other suitable form approved by the authority.

30 **SECTION 22.** ORS 430.315 is amended to read:

31 430.315. The Legislative Assembly finds alcoholism or drug dependence is an illness. The alco-  
32 holic or drug-dependent person is ill and should be afforded treatment for that illness. To the  
33 greatest extent possible, the least costly settings for treatment, outpatient services and residential  
34 facilities shall be widely available and utilized except when contraindicated because of individual  
35 health care needs. **The Alcohol and Drug Policy Commission shall adopt standards to imple-**  
36 **ment this policy for** state agencies that purchase treatment for alcoholism or drug dependence  
37 [*shall develop criteria consistent with this policy in consultation with the Oregon Health Authority*]. In  
38 reviewing applications for certificate of need, the Director of the Oregon Health Authority shall  
39 take this policy into account.

40 **SECTION 23.** ORS 430.335 is amended to read:

41 430.335. **Subject to minimum standards under section 1, chapter 856, Oregon Laws 2009,**  
42 **and** subject to the availability of funds therefor, the Oregon Health Authority may:

43 (1) Provide directly through publicly operated treatment facilities, which shall not be considered  
44 to be state institutions, or by contract with publicly or privately operated profit or nonprofit treat-  
45 ment facilities, for the care of alcoholics or drug-dependent persons.



1 (2) Sponsor and encourage research of alcoholism and drug dependence.

2 (3) Seek to coordinate public and private programs relating to alcoholism and drug dependence.

3 (4) Apply for federally granted funds available for study or prevention and treatment of  
4 alcoholism and drug dependence.

5 (5) Directly or by contract with public or private entities, administer financial assistance, loan  
6 and other programs to assist the development of drug and alcohol free housing.

7 **SECTION 24.** ORS 430.338 is amended to read:

8 430.338. The purposes of ORS [430.306,] 430.338 to 430.380[, 471.810, 473.030 and 473.050] are:

9 (1) To encourage local units of government to provide treatment and rehabilitation services to  
10 persons suffering from alcoholism;

11 (2) To foster sound local planning to address the problem of alcoholism and its social conse-  
12 quences;

13 (3) To promote a variety of treatment and rehabilitation services for alcoholics designed to meet  
14 the therapeutic needs of diverse segments of a community's population, recognizing that no single  
15 approach to alcoholism treatment and rehabilitation is suitable to every individual;

16 (4) To increase the independence and ability of individuals recovering from alcoholism to lead  
17 satisfying and productive lives, thereby reducing continued reliance upon therapeutic support;

18 (5) To insure sufficient emphasis upon the unique treatment and rehabilitation needs of minori-  
19 ties; and

20 (6) To stimulate adequate evaluation of alcoholism treatment and rehabilitation programs.

21 **SECTION 25.** ORS 430.342 is amended to read:

22 430.342. (1) The governing body of each county or combination of counties in a mental health  
23 administrative area, as designated by the [Oregon Health Authority] **Alcohol and Drug Policy**  
24 **Commission**, shall:

25 (a) Appoint a local [alcoholism] planning committee **for alcohol and drug prevention and**  
26 **treatment services;** or [shall]

27 (b) Designate an already existing body to act as the local [alcoholism] planning committee **for**  
28 **alcohol and drug prevention and treatment services.**

29 (2) The committee shall identify needs and establish priorities for [alcoholism services. In doing  
30 so, it shall coordinate its activities with existing community mental health planning bodies] **alcohol**  
31 **and drug prevention and treatment services that best suit the needs and values of the com-**  
32 **munity and shall report its findings to the Oregon Health Authority, the governing bodies**  
33 **of the counties served by the local committee and the budget advisory committee of the**  
34 **commission..**

35 (3) Members of the committee shall be representative of the geographic area and shall be per-  
36 sons with interest or experience in developing [programs dealing with alcohol problems] **alcohol and**  
37 **drug prevention or treatment services.** The membership of the committee shall include a number  
38 of minority members which reasonably reflects the proportion of the need for [alcoholism] **pre-**  
39 **vention, treatment and rehabilitation services of minorities in the community.**

40 **SECTION 26.** ORS 430.345 is amended to read:

41 430.345. Upon application therefor, the Oregon Health Authority may make grants from funds  
42 specifically appropriated for the purposes of carrying out ORS [430.345] **430.338** to 430.380 to any  
43 applicant for the establishment, operation and maintenance of alcohol and drug abuse prevention,  
44 early intervention and treatment services **meeting minimum standards under section 1, chapter**  
45 **856, Oregon Laws 2009.** When necessary, a portion of the appropriated funds may be designated by

1 the authority for training and technical assistance, or additional funds may be appropriated for this  
 2 purpose. Alcohol and drug abuse prevention, early intervention and treatment services shall be ap-  
 3 proved if the applicant establishes to the satisfaction of the authority:

4 (1)(a) The adequacy of the services to accomplish the goals of the applicant [*and the program*  
 5 *goals are consonant with the purposes of ORS 430.306, 430.338 to 430.380, 471.810, 473.030 and 473.050*  
 6 *and goals of the State Plan for Alcohol Problems.*] **and the needs and priorities established under**  
 7 **ORS 430.338 to 430.380; or**

8 [(2)] (b) The community need for the services as [*documented in the annual community mental*  
 9 *health plan.*] **determined by the local planning committee for alcohol and drug prevention and**  
 10 **treatment services under ORS 430.342;**

11 [(3)] (2) That an appropriate operating [*relationship*] **agreement** exists, or will exist with other  
 12 community facilities able to assist in providing alcohol and drug abuse prevention, early inter-  
 13 vention and treatment services, including nearby detoxification centers and halfway houses[.]; **and**

14 [(4)] (3) That the services comply with the rules adopted by the authority pursuant to ORS  
 15 430.357 **to meet minimum standards under section 1, chapter 856, Oregon Laws 2009.**

16 **SECTION 27.** ORS 430.357 is amended to read:

17 430.357. (1) The Oregon Health Authority shall [*make all necessary and proper rules governing*  
 18 *the administration of ORS 430.345 to 430.380, including but not limited to standards, consistent with*  
 19 *modern knowledge about alcohol and drug abuse prevention, early intervention and treatment*  
 20 *services*] **adopt rules to implement ORS 430.338 to 430.380, including minimum standards under**  
 21 **section 1, chapter 856, Oregon Laws 2009.**

22 (2) All standards and guidelines adopted by the authority to implement programs authorized  
 23 under ORS 430.345 to 430.380 shall be adopted as rules pursuant to ORS chapter 183 regardless of  
 24 whether they come within the definition of rule in ORS 183.310 (8).

25 **SECTION 28.** ORS 430.359, as amended by section 20, chapter 856, Oregon Laws 2009, is  
 26 amended to read:

27 430.359. (1) Upon approval of an application, the Oregon Health Authority shall enter into a  
 28 matching fund relationship with the applicant. In all cases the amount granted by the authority  
 29 under the matching formula shall not exceed 50 percent of the total estimated costs, as approved  
 30 by the authority, of the alcohol and drug abuse prevention, early intervention and treatment ser-  
 31 vices.

32 (2) [*The amount of state funds shall be apportioned among the applicants according to the com-*  
 33 *munity need of the applicant for services as compared with the community needs of all applicants. In*  
 34 *evaluating the community needs of the applicant, the authority shall give priority consideration to those*  
 35 *applications that identify and include alcohol and drug abuse prevention, early intervention and treat-*  
 36 *ment services aimed at providing services to minorities*] **The authority shall distribute funds to**  
 37 **applicants consistent with the budget priority policy of the budget advisory committee of the**  
 38 **Alcohol and Drug Policy Commission, the community needs as determined by local planning**  
 39 **committees for alcohol and drug prevention and treatment services under ORS 430.342 and**  
 40 **the particular needs of minority groups** with a significant population of affected persons. The  
 41 funds granted shall be distributed monthly.

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

45 (4) An applicant that is, at the time of a grant made under this section, expending funds appro-

1 priated by its governing body for the alcohol and drug abuse prevention, early intervention and  
2 treatment services shall, as a condition to the receipt of funds under this section, maintain its fi-  
3 nancial contribution to these programs at an amount not less than the preceding year. However, the  
4 financial contribution requirement may be waived in its entirety or in part in any year by the au-  
5 thority because of:

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

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

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

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

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

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

26 **SECTION 29.** ORS 430.364 is amended to read:

27 430.364. Within the limits of available funds, in giving priority consideration under ORS 430.359  
28 (2), the Oregon Health Authority shall:

29 (1) Identify all applications containing funding proposals for minority programs and assess the  
30 extent to which such funding proposals address the needs of minorities as stated in ORS 430.362,  
31 adjusting such amounts as it deems justified on the basis of the facts presented for its consideration  
32 and such additional information as may be necessary to determine an appropriate level of funding  
33 for such programs, and award such funds to those applicants for the purposes stated in the appli-  
34 cation; and

35 (2) After making a determination of the appropriate level of funding minority programs under  
36 subsection (1) of this section, assess the remaining portions of all applications containing minority  
37 program funding proposals together with applications which do not contain funding proposals for  
38 minority programs on the basis of the remaining community need [*stated in ORS 430.345*] **deter-**  
39 **mined by the local planning committee for alcohol and drug prevention and treatment ser-**  
40 **VICES under ORS 430.342**, adjusting such amounts as it deems justified on the basis of the facts  
41 presented for its consideration and such additional information as may be necessary to determine  
42 an appropriate level of funding such programs, and award such funds to those applicants.

43 **SECTION 30.** ORS 430.366 is amended to read:

44 430.366. (1) Every proposal for alcohol and drug abuse prevention, early intervention and treat-  
45 ment services received from an applicant shall contain:

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

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

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

6 *[(2) Thirty days before the end of each fiscal year, every service funded under ORS 430.306, 430.338*  
 7 *to 430.380, 471.810, 473.030 and 473.050 shall file a concise progress report with the Oregon Health*  
 8 *Authority, including a narrative statement of progress made in meeting its goals and objectives for the*  
 9 *year.]*

10 *[(3) The authority shall assemble all progress reports received in each biennium and transmit them*  
 11 *to the succeeding session of the Legislative Assembly.]*

12 **(2) Each grant recipient and provider of alcohol and drug abuse prevention, early inter-**  
 13 **vention and treatment services funded with moneys from the Mental Health Alcoholism and**  
 14 **Drug Services Account established by ORS 430.380 shall report to the Alcohol and Drug Pol-**  
 15 **icy Commission all data regarding the services in the form and manner prescribed by the**  
 16 **commission.**

17 **SECTION 31.** ORS 430.368, as amended by section 21, chapter 856, Oregon Laws 2009, is  
 18 amended to read:

19 430.368. (1) Any alcohol and drug abuse prevention, early intervention and treatment service,  
 20 including but not limited to minority programs, aggrieved by any final action of an applicant with  
 21 regard to requesting funding for the program from the Oregon Health Authority, may appeal the  
 22 applicant's action to the Director of the Oregon Health Authority within 30 days of the action. For  
 23 the purposes of this section "final action" means the submission of the applicant's compiled funding  
 24 requests to the authority. The director shall review all appealed actions for compliance with the  
 25 purposes and requirements of ORS [430.315 to 430.335,] 430.338 to 430.380[ 471.810, 473.030 and  
 26 473.050, including but not limited to ORS 430.338 (5)] **and minimum standards under section 1,**  
 27 **chapter 856, Oregon Laws 2009.**

28 (2) The director shall act on all appeals within 60 days of filing, or before the time of the  
 29 authority's decision on the applicant's funding request, whichever is less. The director is not re-  
 30 quired to follow procedures for hearing a contested case, but shall set forth written findings justi-  
 31 fying the action. The decision of the director shall be final, and shall not be subject to judicial  
 32 review.

33 **SECTION 32.** ORS 430.380 is amended to read:

34 430.380. (1) There is established in the General Fund of the State Treasury an account to be  
 35 known as the Mental Health Alcoholism and Drug Services Account. Moneys deposited in the ac-  
 36 count are continuously appropriated for the purposes of ORS 430.345 to 430.380. Moneys deposited  
 37 in the account may be invested in the manner prescribed in ORS 293.701 to 293.820.

38 **(2) The budget advisory committee of the Alcohol and Drug Policy Commission shall es-**  
 39 **tablish a budget priority guide for the allocation of the moneys in the account to counties,**  
 40 **the Oregon Health Authority, the Department of Human Services and the Department of**  
 41 **Corrections, and may suspend the payment of funds from the account to alcohol and drug**  
 42 **treatment programs that do not meet minimum standards under section 1, chapter 856,**  
 43 **Oregon Laws 2009.**

44 *[(2) Forty percent of the moneys in the Mental Health Alcoholism and Drug Services Account shall*  
 45 *be continuously appropriated to the counties on the basis of population. The counties must use the*

1 moneys for the establishment, operation and maintenance of alcohol and drug abuse prevention, early  
 2 intervention and treatment services and for local matching funds under ORS 430.345 to 430.380.]

3 [(3) Forty percent of the moneys shall be continuously appropriated to the Oregon Health Authority  
 4 to be used for state matching funds to counties for alcohol and drug abuse prevention, early inter-  
 5 vention and treatment services pursuant to ORS 430.345 to 430.380.]

6 [(4) Twenty percent of the moneys shall be continuously appropriated to the Oregon Health Au-  
 7 thority to be used for alcohol and drug abuse prevention, early intervention and treatment services for  
 8 inmates of correctional and penal institutions and for parolees therefrom and for probationers as pro-  
 9 vided pursuant to rules of the authority. However, prior to expenditure of moneys under this subsection,  
 10 the authority must present its program plans for approval to the appropriate legislative body which is  
 11 either the Joint Ways and Means Committee during a session of the Legislative Assembly or the  
 12 Emergency Board during the interim between sessions.]

13 **SECTION 33.** ORS 430.395 is amended to read:

14 430.395. (1) [Subject to the availability of funds,] **In accordance with policies and minimum**  
 15 **standards under section 1, chapter 856, Oregon Laws 2009, and consistent with the budget**  
 16 **priority policy of the budget advisory committee of the commission,** the Oregon Health Au-  
 17 thority may fund regional centers for the treatment of adolescents with drug and alcohol depend-  
 18 encies.

19 (2) The authority shall define by rule a minimum number of inpatient beds and outpatient slots  
 20 necessary for effective treatment and economic operation of any regional center funded by state  
 21 funds.

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

- 23 (a) Areas that demonstrate the most need;
- 24 (b) Areas with no treatment program or an inadequate program; and
- 25 (c) Areas where there is strong, organized community support for youth treatment programs.

26 (4) The area need is determined by **the local planning committee for alcohol and drug pre-**  
 27 **vention and treatment services under ORS 430.342 using the following information:**

- 28 (a) Current area youth admissions to treatment programs;
- 29 (b) Per capita consumption of alcohol in the area;
- 30 (c) Percentage of area population between 10 and 18 years of age;
- 31 (d) Whether the area has effective, specialized outpatient and early intervention services in  
 32 place;
- 33 (e) Whether the area suffers high unemployment and economic depression; and
- 34 (f) Other evidence of need.

35 (5) As used in this section, “regional center” means a community residential treatment facility  
 36 including intensive residential and outpatient care for adolescents with drug and alcohol dependen-  
 37 cies.

38 **SECTION 34.** ORS 430.399 is amended to read:

39 430.399. (1) Any person who is intoxicated or under the influence of controlled substances in a  
 40 public place may be taken or sent home or to a treatment facility by the police. However, if the  
 41 person is incapacitated, the health of the person appears to be in immediate danger, or the police  
 42 have reasonable cause to believe the person is dangerous to self or to any other person, the person  
 43 shall be taken by the police to an appropriate treatment facility. A person shall be deemed inca-  
 44 pacitated when in the opinion of the police officer or director of the treatment facility the person  
 45 is unable to make a rational decision as to acceptance of assistance.

1 (2) The director of the treatment facility shall determine whether a person shall be admitted as  
 2 a patient, or referred to another treatment facility or denied referral or admission. If the person is  
 3 incapacitated or the health of the person appears to be in immediate danger, or if the director has  
 4 reasonable cause to believe the person is dangerous to self or to any other person, the person must  
 5 be admitted. The person shall be discharged within 48 hours unless the person has applied for vol-  
 6 untary admission to the treatment facility.

7 (3) In the absence of any appropriate treatment facility, an intoxicated person or a person under  
 8 the influence of controlled substances who would otherwise be taken by the police to a treatment  
 9 facility may be taken to the city or county jail where the person may be held until no longer  
 10 intoxicated, under the influence of controlled substances or incapacitated.

11 (4) An intoxicated person or person under the influence of controlled substances, when taken  
 12 into custody by the police for a criminal offense, shall immediately be taken to the nearest appro-  
 13 priate treatment facility when the condition of the person requires emergency medical treatment.

14 (5) The records of a patient at a treatment facility shall not be revealed to any person other  
 15 than the director and staff of the treatment facility without the consent of the patient. A patient's  
 16 request that no disclosure be made of admission to a treatment facility shall be honored unless the  
 17 patient is incapacitated or disclosure of admission is required by ORS 430.397.

18 [(6) *As used in this section, "treatment facility" has the meaning given "other treatment facility"*  
 19 *in ORS 430.306.*]

20 **SECTION 35.** ORS 430.420 is amended to read:

21 430.420. (1) In collaboration with local seizing agencies, the district attorney, the local public  
 22 safety coordinating council and the local mental health advisory committee, a local [*alcoholism*]  
 23 planning committee appointed or designated pursuant to ORS 430.342 shall develop a plan **meeting**  
 24 **minimum standards under section 1, chapter 856, Oregon Laws 2009**, to integrate drug treat-  
 25 ment services into the criminal justice system for offenders who commit nonviolent felony drug  
 26 possession offenses. The plan may also include property offenders as provided for under ORS 475.245.  
 27 The plan developed under this subsection must be incorporated into the local coordinated compre-  
 28 hensive plan required by ORS 417.775.

29 (2)(a) A plan may include, but need not be limited to, programs that occur before adjudication,  
 30 after adjudication as part of a sentence of probation or as part of a conditional discharge.

31 (b) A plan must include, but need not be limited to:

32 (A) A description of local criminal justice and treatment coordination efforts;

33 (B) A description of the method by which local, state and federal treatment resources are pri-  
 34 oritized and allocated to meet the needs of the drug abusing offender population;

35 (C) The principles that guide criminal justice strategies for supervision and treatment of drug  
 36 abusing offenders and the purchase of treatment services from local community providers;

37 (D) The desired outcomes for criminal justice strategies for supervision and treatment of drug  
 38 abusing offenders and the provision of treatment services and identification of a method for moni-  
 39 toring and reporting the outcomes; and

40 (E) Consistent standards for measuring the success of criminal justice strategies for supervision  
 41 and treatment of drug abusing offenders and the provision of treatment.

42 (3) A program must include, but need not be limited to:

43 (a) Ongoing oversight of the participant;

44 (b) Frequent monitoring to determine whether a participant is using controlled substances un-  
 45 lawfully; and

1 (c) A coordinated strategy governing responses to a participant’s compliance or noncompliance  
 2 with the program.

3 (4) The local [*alcoholism*] planning committee shall submit the plan to the Oregon Health Au-  
 4 thority and shall provide the county board of commissioners with a copy of the plan.

5 **SECTION 36.** ORS 430.424 is amended to read:

6 **430.424. Consistent with the budget priority policy of the budget advisory committee of**  
 7 **the Alcohol and Drug Policy Commission,** the Oregon Health Authority shall distribute moneys  
 8 in the Drug Prevention and Education Fund established in ORS 430.422 based on a review of the  
 9 plans submitted to the office under ORS 430.420. Funding criteria include, but need not be limited  
 10 to, whether the plan includes the existence or development of a drug treatment court or a drug di-  
 11 version program.

12 **SECTION 37.** ORS 430.450 is amended to read:

13 430.450. As used in ORS 430.450 to 430.555, unless the context requires otherwise:

14 (1) “Authority” means the Oregon Health Authority.

15 (2) “Community diversion plan” means a system of services approved and monitored by the  
 16 Oregon Health Authority in accordance with approved county mental health plans, which may in-  
 17 clude but need not be limited to, medical, educational, vocational, social and psychological services,  
 18 training, counseling, provision for residential care, and other rehabilitative services designed to  
 19 benefit the defendant and protect the public.

20 (3) “Crimes of violence against the person” means criminal homicide, assault and related of-  
 21 fenses as defined in ORS 163.165 to 163.208, rape and sexual abuse, incest, or any other crime in-  
 22 volving the use of a deadly weapon or which results in physical harm or death to a victim.

23 (4) “Diversion” means the referral or transfer from the criminal justice system into a program  
 24 of treatment or rehabilitation of a defendant diagnosed as drug dependent and in need of treatment  
 25 at authority approved sites, on the condition that the defendant successfully fulfills the specified  
 26 obligations of a program designed for rehabilitation.

27 (5) “Diversion coordinator” means a person designated by a county mental health program di-  
 28 rector to work with the criminal justice system and health care delivery system to screen defendants  
 29 who may be suitable for diversion; to coordinate the formulation of individual diversion plans for  
 30 such defendants; and to report to the court the performance of those defendants being treated under  
 31 an individual diversion plan.

32 (6) “Director of the treatment facility” means the person in charge of treatment and rehabili-  
 33 tation programs at the treatment facility.

34 (7) “Drug abuse” means repetitive, excessive use of a drug or controlled substance short of de-  
 35 pendence, without medical supervision, which may have a detrimental effect on the individual or  
 36 society.

37 (8) “Drug-dependent person” means one who has lost the ability to control the personal use of  
 38 controlled substances or other substances with abuse potential, or who uses such substances or  
 39 controlled substances to the extent that the health of the person or that of others is substantially  
 40 impaired or endangered or the social or economic function of the person is substantially disrupted.  
 41 A drug-dependent person may be physically dependent, a condition in which the body requires a  
 42 continuing supply of a drug or controlled substance to avoid characteristic withdrawal symptoms,  
 43 or psychologically dependent, a condition characterized by an overwhelming mental desire for con-  
 44 tinued use of a drug or controlled substance.

45 (9) “Evaluation” means any diagnostic procedures used in the determination of drug dependency,

1 and may include but are not limited to chemical testing, medical examinations and interviews.

2 (10) "Individual diversion plan" means a system of services tailored to the individual's unique  
 3 needs as identified in the evaluation, which may include but need not be limited to medical, educa-  
 4 tional, vocational, social and psychological services, training, counseling, provision for residential  
 5 care, and other rehabilitative services designed to benefit the defendant and protect the public. The  
 6 plan shall include appropriate methods for monitoring the individual's progress toward achievement  
 7 of the defined treatment objectives and shall also include periodic review by the court.

8 (11) "Treatment facility" means detoxification centers, outpatient clinics, residential care facili-  
 9 ties, hospitals and such other facilities determined to be suitable by the authority **as meeting**  
 10 **minimum standards under section 1, chapter 856, Oregon Laws 2009**, any of which may provide  
 11 diagnosis and evaluation, medical care, detoxification, social services or rehabilitation.

12 **SECTION 38.** ORS 430.535, as amended by section 22, chapter 856, Oregon Laws 2009, is  
 13 amended to read:

14 430.535. [(1)] The Oregon Health Authority shall, subject to the availability of funds, develop  
 15 bilingual forms to assist non-English-speaking persons in understanding their rights under ORS  
 16 430.450 to 430.555.

17 [(2) *The authority shall assist county mental health programs in the development of comprehensive*  
 18 *and coordinated identification, evaluation, treatment, education and rehabilitation services for the*  
 19 *drug-dependent person. The State Plan for Drug Problems shall be consistent with such system.*]

20 **SECTION 39.** ORS 430.540 is amended to read:

21 430.540. [(1) *The county mental health program director shall designate sites for evaluation in the*  
 22 *county plan of individuals who may be or are known to be drug dependent. The Oregon Health Au-*  
 23 *thority shall establish standards for such sites and periodically publish a list of approved sites.*]

24 (1) **The community mental health program director must approve the persons providing**  
 25 **evaluations under ORS 430.450 to 430.555 in accordance with minimum standards under sec-**  
 26 **tion 1, chapter 856, Oregon Laws 2009. The Oregon Health Authority shall periodically dis-**  
 27 **tribute, electronically or in writing, a list of approved persons.**

28 (2) The costs of [evaluation] **approving persons to conduct evaluations within a county** shall  
 29 be borne by the county of appropriate jurisdiction.

30 **SECTION 40.** ORS 430.560 is amended to read:

31 430.560. (1) The Oregon Health Authority shall [establish] **adopt rules setting forth require-**  
 32 **ments in accordance with minimum standards under section 1, chapter 856, Oregon Laws**  
 33 **2009, for [drug-dependent persons] drug treatment programs that contract with the authority and**  
 34 **that** involve:

35 (a) Detoxification;

36 (b) Detoxification with acupuncture and counseling; and

37 (c) The supplying of synthetic opiates to such persons under close supervision and control.  
 38 However, the supplying of synthetic opiates shall be used only when detoxification or detoxification  
 39 with acupuncture and counseling has proven ineffective or upon a written request of a physician  
 40 licensed by the Oregon Medical Board showing medical need for synthetic opiates if the request is  
 41 approved in writing by the parole and probation officer, if any, of the drug-dependent person. The  
 42 copy of the request and the approval must be included in the client's permanent treatment and re-  
 43 leasing authority records.

44 (2) Notwithstanding subsection (1) of this section, synthetic opiates may be made available to a  
 45 pregnant woman with her informed consent without prior resort to the treatment programs de-



1 scribed in subsection (1)(a) and (b) of this section.

2 *[(3) In establishing the programs authorized by subsection (1) of this section, the Oregon Health*  
3 *Authority may enter into contracts with detoxification programs, physicians licensed by the Oregon*  
4 *Medical Board, acupuncturists, counselors, licensed pharmacies and any agency of this state or a pol-*  
5 *itical subdivision in this state to conduct the required examinations and to supply the services used in*  
6 *the programs.]*

7 *[(4) The authority shall establish rules of eligibility for the programs authorized by ORS 430.565*  
8 *and this section, considering such factors as residency, duration of dependency on drugs or controlled*  
9 *substances, failure of previous attempts at abstinence and other relevant factors. The authority shall*  
10 *establish reasonable fees for participation in the programs.]*

11 [(5)] (3) Pursuant to ORS chapter 183, the authority shall adopt rules governing the adminis-  
12 tration of the programs authorized by ORS 430.565 and this section.

13 **SECTION 41.** ORS 430.630, as amended by section 23, chapter 856, Oregon Laws 2009, is  
14 amended to read:

15 430.630. (1) In addition to any other requirements that may be established by rule by the Oregon  
16 Health Authority, each community mental health program and community developmental disabilities  
17 program, subject to the availability of funds, shall provide the following basic services to persons  
18 with mental retardation, developmental disabilities, alcoholism or drug dependence, and persons who  
19 are alcohol or drug abusers:

20 (a) Outpatient services;

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

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

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

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

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

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

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

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

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

41 (e) Inpatient treatment in community hospitals; and

42 (f) Other alternative services to state hospitalization as defined by the Department of Human  
43 Services or the Oregon Health Authority.

44 (3) In addition to any other requirements that may be established by rule of the Oregon Health  
45 Authority, each community mental health program, subject to the availability of funds, shall provide

1 or ensure the provision of the following services to persons with mental or emotional disturbances:

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

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

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

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

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

12 (f) Residential services;

13 (g) Medication monitoring;

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

15 (i) Public education and information;

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

17 (k) Consultation with other community agencies;

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

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

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

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

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

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

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

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

42 (4) A community mental health program shall assume responsibility for psychiatric care in state  
43 and community hospitals, as provided in subsection (3)(e) of this section, in the following circum-  
44 stances:

45 (a) The person receiving care is a resident of the county served by the program. For purposes

1 of this paragraph, "resident" means the resident of a county in which the person maintains a current  
2 mailing address or, if the person does not maintain a current mailing address within the state, the  
3 county in which the person is found, or the county in which a court-committed person with a mental  
4 illness has been conditionally released.

5 (b) The person has been hospitalized involuntarily or voluntarily, pursuant to ORS 426.130 or  
6 426.220, except for persons confined to the Secure Child and Adolescent Treatment Unit at Oregon  
7 State Hospital, or has been hospitalized as the result of a revocation of conditional release.

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

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

10 (e) In the case of a community hospital, the authority has approved the hospital for the care of  
11 persons with mental or emotional disturbances, the community mental health program has a con-  
12 tract with the hospital for the psychiatric care of residents and a representative of the program  
13 approves voluntary or involuntary admissions to the hospital prior to admission.

14 (5) Subject to the review and approval of the Department of Human Services, a developmental  
15 disabilities program may initiate additional services after the services defined in this section are  
16 provided.

17 (6) Subject to the review and approval of the Oregon Health Authority, a mental health program  
18 may initiate additional services after the services defined in this section are provided.

19 (7) Each community mental health program and community developmental disabilities program  
20 and the state hospital serving the program's geographic area shall enter into a written agreement  
21 concerning the policies and procedures to be followed by the program and the hospital when a pa-  
22 tient is admitted to, and discharged from, the hospital and during the period of hospitalization.

23 (8) Each community mental health program shall have a mental health advisory committee, ap-  
24 pointed by the board of county commissioners or the county court or, if two or more counties have  
25 combined to provide mental health services, the boards or courts of the participating counties or,  
26 in the case of a Native American reservation, the tribal council.

27 (9) A community mental health program may request and the authority may grant a waiver re-  
28 garding provision of one or more of the services described in subsection (3) of this section upon a  
29 showing by the county and a determination by the authority that persons with mental or emotional  
30 disturbances in that county would be better served and unnecessary institutionalization avoided.

31 **(10) Each community mental health program shall meet minimum standards under sec-**  
32 **tion 1, chapter 856, Oregon Laws 2009.**

33 [(10)(a)] **(11)(a)** As used in this subsection, "local mental health authority" means one of the  
34 following entities:

35 (A) The board of county commissioners of one or more counties that establishes or operates a  
36 community mental health program;

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

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

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

1 a blueprint to provide mental health services that are directed by and responsive to the mental  
2 health needs of individuals in the community served by the local plan.

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

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

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

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

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

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

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

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

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

15 (I) Provide transportation supports; and

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

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

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

23 (B) Involve consumers, advocates, families, service providers, schools and other interested par-  
24 ties in the planning process;

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

27 (D) Conduct a population based needs assessment to determine the types of services needed lo-  
28 cally;

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

31 (F) Describe the anticipated outcomes of services and the actions to be achieved in the local  
32 plan;

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

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

35 (ii) Providers of social supports, including but not limited to housing, employment, transportation  
36 and education; and

37 (iii) Providers of physical health and medical services;

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

40 (I) Demonstrate ways to integrate local services and administrative functions in order to support  
41 integrated service delivery in the local plan; and

42 (J) Involve the local mental health advisory committees described in subsection (8) of this sec-  
43 tion.

44 (e) The local plan must describe how the local mental health authority will ensure the delivery  
45 of and be accountable for clinically appropriate services in a continuum of care based on consumer

1 needs. The local plan shall include, but not be limited to, services providing the following levels of  
 2 care:

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

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

- 21 (A) Training for all law enforcement officers on ways to recognize and interact with persons  
 22 with mental illness, for the purpose of diverting them from the criminal and juvenile justice systems;
- 23 (B) Developing voluntary locked facilities for crisis treatment and follow-up as an alternative  
 24 to custodial arrests;
- 25 (C) Developing a plan for sharing a daily jail and juvenile detention center custody roster and  
 26 the identity of persons of concern and offering mental health services to those in custody;
- 27 (D) Developing a voluntary diversion program to provide an alternative for persons with mental  
 28 illness in the criminal and juvenile justice systems; and
- 29 (E) Developing mental health services, including housing, for persons with mental illness prior  
 30 to and upon release from custody.

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

- 32 (A) Address the vision, values and guiding principles described in the Report to the Governor  
 33 from the Mental Health Alignment Workgroup, January 2001;
- 34 (B) Be provided to children, older adults and families as close to their homes as possible;
- 35 (C) Be culturally appropriate and competent;
- 36 (D) Be, for children, older adults and adults with mental health needs, from providers appropri-  
 37 ate to deliver those services;
- 38 (E) Be delivered in an integrated service delivery system with integrated service sites or pro-  
 39 cesses, and with the use of integrated service teams;
- 40 (F) Ensure consumer choice among a range of qualified providers in the community;
- 41 (G) Be distributed geographically;
- 42 (H) Involve consumers, families, clinicians, children and schools in treatment as appropriate;
- 43 (I) Maximize early identification and early intervention;
- 44 (J) Ensure appropriate transition planning between providers and service delivery systems, with  
 45 an emphasis on transition between children and adult mental health services;

- 1 (K) Be based on the ability of a client to pay;
- 2 (L) Be delivered collaboratively;
- 3 (M) Use age-appropriate, research-based quality indicators;
- 4 (N) Use best-practice innovations; and
- 5 (O) Be delivered using a community-based, multisystem approach.

6 (h) A local mental health authority shall submit to the Oregon Health Authority a copy of the  
7 local plan and biennial revisions adopted under paragraph (b) of this subsection at time intervals  
8 established by the authority.

9 (i) Each local commission on children and families shall reference the local plan for the delivery  
10 of mental health services in the local coordinated comprehensive plan created pursuant to ORS  
11 417.775.

12 **SECTION 42.** ORS 430.632, as amended by section 24, chapter 856, Oregon Laws 2009, is  
13 amended to read:

14 430.632. A local mental health authority shall submit to the Oregon Health Authority by October  
15 1 of each even-numbered year a report on the implementation of the comprehensive local plan  
16 adopted under ORS 430.630 [(10)] (11).

17 **SECTION 43.** ORS 430.640, as amended by section 25, chapter 856, Oregon Laws 2009, is  
18 amended to read:

19 430.640. (1) The Oregon Health Authority, in carrying out the legislative policy declared in ORS  
20 430.610, subject to the availability of funds, shall:

21 (a) Assist Oregon counties and groups of Oregon counties in the establishment and financing  
22 of community mental health programs operated or contracted for by one or more counties.

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

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

29 (d) At the request of the tribal council of a federally recognized tribe of Native Americans,  
30 contract with the tribal council for the establishment and operation of a community mental health  
31 program in the same manner in which the authority contracts with a county court or board of  
32 county commissioners.

33 (e) If a county agrees, contract with a public agency or private corporation for all services  
34 within one or more of the following program areas:

- 35 (A) Mental or emotional disturbances.
- 36 (B) Drug abuse.
- 37 (C) Alcohol abuse and alcoholism.

38 (f) Approve or disapprove the biennial plan and budget information for the establishment and  
39 operation of each community mental health program. Subsequent amendments to or modifications  
40 of an approved plan or budget information involving more than 10 percent of the state funds pro-  
41 vided for services under ORS 430.630 may not be placed in effect without prior approval of the au-  
42 thority. However, an amendment or modification affecting 10 percent or less of state funds for  
43 services under ORS 430.630 within the portion of the program for persons with mental or emotional  
44 disturbances or within the portion for persons with alcohol or drug dependence may be made with-  
45 out authority approval.

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

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

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

8 (A) The use of integrated services;

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

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

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

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

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

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

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

19 (k) Provide technical assistance and information regarding state and federal requirements to  
20 local mental health authorities throughout the local planning process required under ORS 430.630  
21 [(10)] (11).

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

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

29 (n) Develop standardized criteria for each level of care described in ORS 430.630 [(10)] (11), in-  
30 cluding protocols for implementation of local plans, strength-based mental health assessment and  
31 case planning.

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

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

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

44 (r) Encourage the development of regional local mental health authorities comprised of two or  
45 more boards of county commissioners that establish or operate a community mental health program.

1 (2) The Oregon Health Authority may provide technical assistance and other incentives to assist  
 2 in the planning, development and implementation of regional local mental health authorities when-  
 3 ever the Oregon Health Authority determines that a regional approach will optimize the compre-  
 4 hensive local plan described under ORS 430.630 [(10)] (11).

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

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

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

13 (c) In an emergency situation when no community developmental disabilities program is operat-  
 14 ing within a county, operate the program or service on a temporary basis.

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

19 (e) If a county agrees, contract with a public agency or private corporation for all develop-  
 20 mental disabilities services.

21 (f) Operate a program or contract with another entity to operate a program to provide mental  
 22 retardation and other developmental disabilities services required by ORS 430.630 if a local mental  
 23 health authority, as defined in ORS 430.630, declines to provide or contract for the provision of  
 24 mental retardation and other developmental disabilities services.

25 (g) Approve or disapprove the biennial plan and budget information for the establishment and  
 26 operation of each community developmental disabilities program. Subsequent amendments to or  
 27 modifications of an approved plan or budget information involving more than 10 percent of the state  
 28 funds provided for services under ORS 430.630 may not be placed in effect without prior approval  
 29 of the department. However, an amendment or modification affecting 10 percent or less of state  
 30 funds for services under ORS 430.630 within the portion of the program for persons with develop-  
 31 mental disabilities may be made without department approval.

32 (h) Make all necessary and proper rules to govern the establishment and operation of community  
 33 developmental disabilities programs.

34 (4) The enumeration of duties and functions in subsections (1) and (2) of this section shall not  
 35 be deemed exclusive nor construed as a limitation on the powers and authority vested in the de-  
 36 partment or the authority by other provisions of law.

37 **SECTION 44.** ORS 430.850 is amended to read:

38 430.850. (1) Subject to the availability of funds therefor, the Oregon Health Authority may es-  
 39 tablish and administer a treatment program with courts, with the consent of the judge thereof, for  
 40 any person convicted of driving under the influence of alcohol, or of any crime committed while the  
 41 defendant was intoxicated when the judge has probable cause to believe the person is an alcoholic  
 42 or problem drinker and would benefit from treatment, who is eligible under subsection (2) of this  
 43 section to participate in such program. The program *[shall involve medical and mental treatment to*  
 44 *include at least the supplying of disulfiram or any other agent that interferes with normal metabolic*  
 45 *degradation of alcohol in the body resulting in an increase in acetaldehyde concentrate in the blood,*



1 *at regular intervals and under close supervision and control*] **must meet minimum standards under**  
 2 **section 1, chapter 856, Oregon Laws 2009.**

3 (2) A person eligible to participate in the program is a person who:

4 (a)(A) Has been convicted of driving under the influence of alcohol if such conviction has not  
 5 been appealed, or if such conviction has been appealed, whose conviction has been sustained upon  
 6 appeal; or

7 [(b)] (B) Has been convicted of any crime committed while the defendant was intoxicated if such  
 8 conviction has not been reversed on appeal, and when the judge has probable cause to believe the  
 9 person is an alcoholic or problem drinker and would benefit from treatment; and

10 [(c)] (b)(A) Has been referred by the participating court to the authority for participation in the  
 11 treatment program; *and*]

12 [(d)] (B) Prior to sentencing, has been medically evaluated by the authority and accepted by the  
 13 authority as a participant in the program; *and*]

14 [(e)] (C) Has consented as a condition to probation to participate in the program; and

15 [(f)] (D) Has been sentenced to probation by the court, a condition of which probation is par-  
 16 ticipation in the program according to the rules adopted by the authority under ORS 430.870.

17 **SECTION 45.** ORS 430.860 is amended to read:

18 430.860. The Oregon Health Authority may:

19 (1) Accept for medical evaluation any person meeting the conditions defined in ORS 430.850  
 20 (2)(a) [*or (b)*] and referred for participation in the program by a participating court, cause such  
 21 medical evaluation to be made and report the results of the evaluation to the referring court;

22 (2) Within the limitation of funds available to the program, accept any person as a participant  
 23 in the program who is eligible under ORS 430.850 (2) and whose medical evaluation shows the person  
 24 suitable to participate in the program; and

25 (3) Report to the referring court the progress of, and any violation of rules of the authority  
 26 adopted under ORS 430.870 by, a participant.

27 **SECTION 46.** ORS 430.920 is amended to read:

28 430.920. (1) The attending health care provider shall perform during the first trimester of preg-  
 29 nancy or as early as possible a risk assessment which shall include an assessment for drug and al-  
 30 cohool usage. If the results of the assessment indicate that the patient uses or abuses drugs or  
 31 alcohol or uses unlawful controlled substances, the provider shall tell the patient about the potential  
 32 health effects of continued substance abuse and recommend counseling by a trained drug or alcohol  
 33 abuse counselor.

34 (2) The provider shall supply to the local public health administrator, **and to the Alcohol and**  
 35 **Drug Policy Commission for purposes of the commission's accountability and data collection**  
 36 **system**, demographic information concerning patients described in subsection (1) of this section  
 37 without revealing the identity of the patients. The local administrator shall use forms prescribed by  
 38 the Oregon Health Authority and shall send copies of the forms and any compilation made from the  
 39 forms to the authority at such times as the authority may require by rule.

40 (3) The provider, if otherwise authorized, may administer or prescribe controlled substances that  
 41 relieve withdrawal symptoms and assist the patient in reducing the need for unlawful controlled  
 42 substances according to medically acceptable practices.

43 **SECTION 47.** ORS 471.432 is amended to read:

44 471.432. When a person is ordered to undergo assessment and treatment as provided in ORS  
 45 471.430, the court shall require the person to do all of the following:

1 (1) Pay to the court the fee described under ORS 813.030 in addition to any fine imposed under  
2 ORS 471.430.

3 (2) Complete an examination by an agency or organization designated by the court to determine  
4 whether the person has a problem condition involving alcohol as described in ORS 813.040. The  
5 designated agencies or organizations must meet *[the]* **minimum** standards *[set by the Director of the*  
6 *Oregon Health Authority]* **under section 1, chapter 856, Oregon Laws 2009**, to perform the diag-  
7 nostic assessment and treatment of problem drinking and alcoholism and must be certified by the  
8 **Director of the Oregon Health Authority**.

9 (3) Complete a treatment program, paid at the expense of the person convicted, as follows:

10 (a) If the examination required under this section shows that the person has a problem condition  
11 involving alcohol, a program for rehabilitation for alcoholism approved by the director.

12 (b) If the examination required by this section shows that the person does not have a problem  
13 condition involving alcohol, an alcohol information program approved by the director.

14 **SECTION 48.** ORS 660.333 is amended to read:

15 660.333. (1) The State Workforce Investment Board shall advise the Governor as required under  
16 section 2821 of the Workforce Investment Act of 1998 and on matters pertaining to the use of funds  
17 under section 2864 of the federal Act.

18 (2) As a part of the core services required by section 2864(d)(2)(E)(i) of the federal Act, the  
19 one-stop delivery system, as described in section 2864(c) of the federal Act, shall provide timely  
20 listings of all job opportunities, consistent with statute or rule, to a participant immediately upon  
21 application by the participant for services offered by the one-stop delivery system.

22 (3) Intensive services offered by the one-stop delivery system may include drug and alcohol  
23 rehabilitative services **meeting minimum standards under section 1, chapter 856, Oregon Laws**  
24 **2009**.

25 (4) Local workforce investment boards shall determine whether funds will be used as provided  
26 in section 2864(e)(3) of the federal Act.

27 (5) Participants may receive training in accordance with section 2864 of the federal Act. In ad-  
28 dition, a participant who is employed in a subsidized or unsubsidized job and who needs training  
29 may receive an individual training account that allows the participant to choose among training  
30 providers, except as provided in section 2864(d)(4)(G)(ii) of the federal Act.

31 (6) Any funds expended under ORS 660.300 to 660.364 shall be from funds appropriated by the  
32 Legislative Assembly or within any expenditure limitations placed on federal funds by the Legisla-  
33 tive Assembly.

34 **SECTION 49.** ORS 675.523 is amended to read:

35 675.523. A person may not practice clinical social work unless the person is a clinical social  
36 worker licensed under ORS 675.530 or a clinical social work associate certified under ORS 675.537,  
37 except if the person is:

38 (1) Licensed or certified by the State of Oregon to provide mental health services, provided that  
39 the person is acting within the lawful scope of practice for the person's license or certification and  
40 does not represent that the person is a regulated social worker;

41 (2) Certified to provide alcohol and drug abuse prevention services, intervention services and  
42 treatment in compliance with rules adopted by the Director of *[Human Services]* **the Oregon Health**  
43 **Authority** under ORS 409.410 *[(2)(f)]* and *[409.420 (1)]* **430.357**, provided that the person is acting  
44 within the lawful scope of practice for the person's certification and does not represent that the  
45 person is a regulated social worker;

1 (3) Employed by or contracting with an entity that is certified or licensed by the State of Oregon  
 2 under ORS 430.610 to 430.695 to provide mental health treatment or addiction services, provided that  
 3 the person is practicing within the lawful scope of the person's employment or contract;

4 (4) A recognized member of the clergy, provided that the person is acting in the person's  
 5 ministerial capacity and does not represent that the person is a regulated social worker; or

6 (5) A student in a social work graduate degree program that meets the requirements established  
 7 by the State Board of Licensed Social Workers by rule.

8 **SECTION 50.** ORS 813.021 is amended to read:

9 813.021. (1) When a court, in accordance with ORS 813.020, requires a person to complete a  
 10 screening interview and a treatment program, the court shall require the person to do all of the  
 11 following:

12 (a) Complete a screening interview for the purpose of determining appropriate placement of the  
 13 person in a program for treatment for alcoholism, drug dependency or dependency on inhalants.

14 (b) Pay directly to the agency or organization conducting the screening interview a fee of \$150.

15 (c) Complete the treatment program to which the person is referred.

16 (d) Pay for the treatment program to which the person is referred.

17 (2) The screening interview required by this section shall be conducted by an agency or organ-  
 18 ization designated by the court. The designated agency or organization must meet the standards set  
 19 by the Director of the Oregon Health Authority to conduct the screening interviews. Wherever  
 20 possible a court shall designate agencies or organizations to perform the screening interview that  
 21 are separate from those that may be designated to carry out a treatment program.

22 (3) An agency or organization doing a screening interview under this section may not refer a  
 23 person to a treatment program that has not been approved by the Director of the Oregon Health  
 24 Authority **as meeting minimum standards under section 1, chapter 856, Oregon Laws 2009.**

25 (4) The agency or organization conducting a screening interview under this section shall moni-  
 26 tor the progress of the person referred to the agency or organization. The agency or organization  
 27 shall make a report to the referring court stating the person's successful completion or failure to  
 28 complete all or any part of the screening interview or of the treatment program to which the person  
 29 was referred by the agency or organization. The report shall be in a form determined by agreement  
 30 between the court and the agency or organization.

31 **SECTION 51.** ORS 813.260 is amended to read:

32 813.260. (1) Courts having jurisdiction over driving while under the influence of intoxicants of-  
 33 fenses shall designate agencies or organizations to perform the diagnostic assessment and treatment  
 34 required under driving while under the influence of intoxicants diversion agreements described in  
 35 ORS 813.200. The designated agencies or organizations must meet *[the]* **minimum** standards *[set by*  
 36 *the Director of the Oregon Health Authority]* **under section 1, chapter 856, Oregon Laws 2009,** to  
 37 perform the diagnostic assessment and treatment of problem drinking, alcoholism and drug depend-  
 38 ency and must be certified by the Director of the Oregon Health Authority. Wherever possible a  
 39 court shall designate agencies or organizations to perform the diagnostic assessment that are sepa-  
 40 rate from those that may be designated to carry out a program of treatment.

41 (2) Monitoring of a defendant's progress under a diversion agreement shall be the responsibility  
 42 of the diagnostic assessment agency or organization. It shall make a report to the court stating the  
 43 defendant's successful completion or failure to complete all or any part of the treatment program  
 44 specified by the diagnostic assessment. The form of the report shall be determined by agreement  
 45 between the court and the diagnostic assessment agency or organization. The court shall make the

1 report of the diagnostic assessment agency or organization that is required by this subsection a part  
2 of the record of the case.

3 **SECTION 52.** Section 27, chapter 856, Oregon Laws 2009, is amended to read:

4 **Sec. 27.** ORS 430.250, 430.255, 430.257, 430.258 and 430.259 are repealed [*January 2, 2014*] **on**  
5 **the effective date of this 2011 Act.**

6 **SECTION 53.** (1) **ORS 409.420 and 430.290 are repealed.**

7 (2) **Section 15, chapter 856, Oregon Laws 2009, as amended by section 32, chapter 856,**  
8 **Oregon Laws 2009, is repealed.**

9 (3) **Sections 28 and 34, chapter 856, Oregon Laws 2009, are repealed.**

10