

House Bill 3526

Sponsored by Representative CONGER

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**.

Modifies requirements for comprehensive local plan adopted by local mental health authority.
Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to health planning; amending ORS 430.630, 430.632, 430.640, 431.385, 431.416 and 624.510;
3 and declaring an emergency.

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

5 **SECTION 1.** ORS 430.630 is amended to read:

6 430.630. (1) In addition to any other requirements that may be established by rule by the Oregon
7 Health Authority, each community mental health program, subject to the availability of funds, shall
8 provide the following basic services to persons with alcoholism or drug dependence, and persons
9 who are alcohol or drug abusers:

10 (a) Outpatient services;

11 (b) Aftercare for persons released from hospitals;

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

14 (d) Guidance and assistance to other human service agencies for joint development of prevention
15 programs and activities to reduce factors causing alcohol abuse, alcoholism, drug abuse and drug
16 dependence; and

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

18 (2) As alternatives to state hospitalization, it is the responsibility of the community mental
19 health program to ensure that, subject to the availability of funds, the following services for persons
20 with alcoholism or drug dependence, and persons who are alcohol or drug abusers, are available
21 when needed and approved by the Oregon Health Authority:

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

24 (b) Care and treatment for a portion of the day or night, which may include day treatment
25 centers, work activity centers and after-school programs;

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

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

30 (e) Inpatient treatment in community hospitals; and

31 (f) Other alternative services to state hospitalization as defined by the Oregon Health Authority.

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

1 (3) In addition to any other requirements that may be established by rule of the Oregon Health
 2 Authority, each community mental health program, subject to the availability of funds, shall provide
 3 or ensure the provision of the following services to persons with mental or emotional disturbances:

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

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

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

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

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

14 (f) Residential services;

15 (g) Medication monitoring;

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

17 (i) Public education and information;

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

19 (k) Consultation with other community agencies;

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

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

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

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

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

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

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

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

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

1 stances:

2 (a) The person receiving care is a resident of the county served by the program. For purposes
 3 of this paragraph, “resident” means the resident of a county in which the person maintains a current
 4 mailing address or, if the person does not maintain a current mailing address within the state, the
 5 county in which the person is found, or the county in which a court-committed person with a mental
 6 illness has been conditionally released.

7 (b) The person has been hospitalized involuntarily or voluntarily, pursuant to ORS 426.130 or
 8 426.220, except for persons confined to the Secure Child and Adolescent Treatment Unit at Oregon
 9 State Hospital, or has been hospitalized as the result of a revocation of conditional release.

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

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

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

16 (5) Subject to the review and approval of the Oregon Health Authority, a **community** mental
 17 health program may initiate additional services after the services defined in this section are pro-
 18 vided.

19 (6) Each community mental health program and the state hospital serving the program’s ge-
 20 ographic area shall enter into a written agreement concerning the policies and procedures to be
 21 followed by the program and the hospital when a patient is admitted to, and discharged from, the
 22 hospital and during the period of hospitalization.

23 (7) 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 (8) 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 (9)(a) As used in this subsection, “local mental health authority” means one of the following
 32 entities:

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

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

37 (C) A regional local mental health authority comprising two or more boards of county commis-
 38 sioners.

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

1 **thority shall coordinate its local planning with the development of the community health**
 2 **improvement plan under section 13, chapter 8, Oregon Laws 2012, by the coordinated care**
 3 **organization serving the area. The Oregon Health Authority may require a local mental**
 4 **health authority to review and revise the local plan periodically.**

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

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

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

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

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

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

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

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

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

17 (I) Provide transportation supports; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

44 (J) Involve the local mental health advisory committees described in subsection (7) of this sec-
 45 tion.

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

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

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

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

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

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

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

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

4 (L) Be delivered collaboratively;

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

6 (N) Use best-practice innovations; and

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

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

11 (i) Each local commission on children and families shall reference the local plan for the delivery
 12 of mental health services in the local coordinated comprehensive plan created pursuant to ORS
 13 417.775.

14 **SECTION 2.** ORS 430.630, as amended by section 101, chapter 37, Oregon Laws 2012, is
 15 amended to read:

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

20 (a) Outpatient services;

21 (b) Aftercare for persons released from hospitals;

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 alcohol abuse, alcoholism, drug abuse and drug
 26 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 program to ensure that, subject to the availability of funds, the following services for persons
 30 with alcoholism or drug dependence, and persons who are alcohol or drug abusers, are available
 31 when needed and approved by the Oregon Health Authority:

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

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

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

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

40 (e) Inpatient treatment in community hospitals; and

41 (f) Other alternative services to state hospitalization as defined by the Oregon Health Authority.

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

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

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

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

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

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

10 (f) Residential services;

11 (g) Medication monitoring;

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

13 (i) Public education and information;

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

15 (k) Consultation with other community agencies;

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

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

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

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

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

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

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

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

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

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

1 county in which the person is found, or the county in which a court-committed person with a mental
2 illness has been conditionally released.

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

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

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

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

12 (5) Subject to the review and approval of the Oregon Health Authority, a **community** mental
13 health program may initiate additional services after the services defined in this section are pro-
14 vided.

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

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

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

27 (9)(a) As used in this subsection, "local mental health authority" means one of the following
28 entities:

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

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

33 (C) A regional local mental health authority comprising two or more boards of county commis-
34 sioners.

35 (b) Each local mental health authority that provides mental health services shall determine the
36 need for local mental health services and adopt a comprehensive local plan for the delivery of
37 mental health services for children, families, adults and older adults that describes the methods by
38 which the local mental health authority shall provide those services. *[The local mental health au-*
39 *thority shall review and revise the local plan biennially.]* The purpose of the local plan is to create
40 a blueprint to provide mental health services that are directed by and responsive to the mental
41 health needs of individuals in the community served by the local plan. **A local mental health au-**
42 **thority shall coordinate its local planning with the development of the community health**
43 **improvement plan under section 13, chapter 8, Oregon Laws 2012, by the coordinated care**
44 **organization serving the area. The Oregon Health Authority may require a local mental**
45 **health authority to review and revise the local plan periodically.**

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

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

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

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

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

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

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

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

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

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

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

33 (C) Be culturally appropriate and competent;

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

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

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

39 (G) Be distributed geographically;

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

41 (I) Maximize early identification and early intervention;

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

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

45 (L) Be delivered collaboratively;

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

2 (N) Use best-practice innovations; and

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

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

7 **SECTION 3.** ORS 430.632 is amended to read:

8 430.632. **The Oregon Health Authority may require** a local mental health authority *[shall*
9 *submit to]* **to periodically report to** the Oregon Health Authority *[by October 1 of each even-*
10 *numbered year a report]* on the implementation of the comprehensive local plan adopted under ORS
11 430.630 (9).

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

13 430.640. (1) The Oregon Health Authority, in carrying out the legislative policy declared in ORS
14 430.610, subject to the availability of funds, shall:

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

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

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

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

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

29 (A) Mental or emotional disturbances.

30 (B) Drug abuse.

31 (C) Alcohol abuse and alcoholism.

32 (f) Approve or disapprove the *[biennial]* **local** plan and budget information for the establishment
33 and operation of each community mental health program. Subsequent amendments to or modifica-
34 tions of an approved plan or budget information involving more than 10 percent of the state funds
35 provided for services under ORS 430.630 may not be placed in effect without prior approval of the
36 authority. However, an amendment or modification affecting 10 percent or less of state funds for
37 services under ORS 430.630 within the portion of the program for persons with mental or emotional
38 disturbances or within the portion for persons with alcohol or drug dependence may be made with-
39 out authority approval.

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

43 (h) Collect data and evaluate services in the state hospitals in accordance with the same meth-
44 ods prescribed for community mental health programs under ORS 430.634.

45 (i) Develop guidelines that include, for the development of comprehensive local plans in consul-

1 tation with local mental health authorities:

- 2 (A) The use of integrated services;
- 3 (B) The outcomes expected from services and programs provided;
- 4 (C) Incentives to reduce the use of state hospitals;
- 5 (D) Mechanisms for local sharing of risk for state hospitalization;
- 6 (E) The provision of clinically appropriate levels of care based on an assessment of the mental
- 7 health needs of consumers;
- 8 (F) The transition of consumers between levels of care; and
- 9 (G) The development, maintenance and continuation of older adult mental health programs with
- 10 mental health professionals trained in geriatrics.
- 11 (j) Work with local mental health authorities to provide incentives for community-based care
- 12 whenever appropriate while simultaneously ensuring adequate statewide capacity.
- 13 (k) Provide technical assistance and information regarding state and federal requirements to
- 14 local mental health authorities throughout the local planning process required under ORS 430.630
- 15 (9).
- 16 (L) Provide incentives for local mental health authorities to enhance or increase vocational
- 17 placements for adults with mental health needs.
- 18 (m) Develop or adopt nationally recognized system-level performance measures, linked to the
- 19 Oregon Benchmarks, for state-level monitoring and reporting of mental health services for children,
- 20 adults and older adults, including but not limited to quality and appropriateness of services, out-
- 21 comes from services, structure and management of local plans, prevention of mental health disorders
- 22 and integration of mental health services with other needed supports.
- 23 (n) Develop standardized criteria for each level of care described in ORS 430.630 (9), including
- 24 protocols for implementation of local plans, strength-based mental health assessment and case plan-
- 25 ning.
- 26 (o) Develop a comprehensive long-term plan for providing appropriate and adequate mental
- 27 health treatment and services to children, adults and older adults that is derived from the needs
- 28 identified in local plans, is consistent with the vision, values and guiding principles in the Report
- 29 to the Governor from the Mental Health Alignment Workgroup, January 2001, and addresses the
- 30 need for and the role of state hospitals.
- 31 (p) Report biennially to the Governor and the Legislative Assembly on the progress of the local
- 32 planning process and the implementation of the local plans adopted under ORS 430.630 (9)(b) and the
- 33 state planning process described in paragraph (o) of this subsection, and on the performance meas-
- 34 ures and performance data available under paragraph (m) of this subsection.
- 35 (q) On a periodic basis, not to exceed 10 years, reevaluate the methodology used to estimate
- 36 prevalence and demand for mental health services using the most current nationally recognized
- 37 models and data.
- 38 (r) Encourage the development of regional local mental health authorities comprised of two or
- 39 more boards of county commissioners that establish or operate a community mental health program.
- 40 (2) The Oregon Health Authority may provide technical assistance and other incentives to assist
- 41 in the planning, development and implementation of regional local mental health authorities when-
- 42 ever the Oregon Health Authority determines that a regional approach will optimize the compre-
- 43 hensive local plan described under ORS 430.630 (9).
- 44 (3) The enumeration of duties and functions in subsections (1) and (2) of this section shall not
- 45 be deemed exclusive nor construed as a limitation on the powers and authority vested in the au-

1 thority by other provisions of law.

2 **SECTION 5.** ORS 431.385 is amended to read:

3 431.385. (1) The local public health authority shall submit [*an annual*] **a local** plan to the Oregon
 4 Health Authority for performing services pursuant to ORS 431.375 to 431.385 and 431.416. The [*an-*
 5 *nual*] **local** plan shall be [*submitted*] **updated periodically** on a date established by the Oregon
 6 Health Authority by rule or on a date mutually agreeable to the authority and the local public
 7 health authority.

8 (2) If the local public health authority decides not to submit [*an annual*] **a local** plan under the
 9 provisions of ORS 431.375 to 431.385 and 431.416, the authority shall become the local public health
 10 authority for that county or health district.

11 (3) The authority shall review and approve or disapprove each **local** plan. Variances to the local
 12 public health plan must be approved by the authority. In consultation with the Conference of Local
 13 Health Officials, the authority shall establish the elements of a **local** plan and an appeals process
 14 whereby a local **public** health authority may obtain a hearing if its **local** plan is disapproved.

15 (4) Each local commission on children and families shall reference the local public health plan
 16 in the local coordinated comprehensive plan created pursuant to ORS 417.775.

17 **(5) The Oregon Health Authority may adopt uniform timelines and requirements for the**
 18 **submission of local plans by local public health authorities and local mental health authori-**
 19 **ties and the submission of community health improvement plans by coordinated care organ-**
 20 **izations.**

21 **SECTION 6.** ORS 431.385, as amended by section 102, chapter 37, Oregon Laws 2012, is
 22 amended to read:

23 431.385. (1) The local public health authority shall submit [*an annual*] **a local** plan to the Oregon
 24 Health Authority for performing services pursuant to ORS 431.375 to 431.385 and 431.416. The [*an-*
 25 *nual*] **local** plan shall be [*submitted*] **updated periodically** on a date established by the Oregon
 26 Health Authority by rule or on a date mutually agreeable to the authority and the local public
 27 health authority.

28 (2) If the local public health authority decides not to submit [*an annual*] **a local** plan under the
 29 provisions of ORS 431.375 to 431.385 and 431.416, the authority shall become the local public health
 30 authority for that county or health district.

31 (3) The authority shall review and approve or disapprove each **local** plan. Variances to the local
 32 public health plan must be approved by the authority. In consultation with the Conference of Local
 33 Health Officials, the authority shall establish the elements of a **local** plan and an appeals process
 34 whereby a local **public** health authority may obtain a hearing if its **local** plan is disapproved.

35 **(4) The Oregon Health Authority may adopt uniform timelines and requirements for the**
 36 **submission of local plans by local public health authorities and local mental health authori-**
 37 **ties and the submission of community health improvement plans by coordinated care organ-**
 38 **izations.**

39 **SECTION 7.** ORS 431.416 is amended to read:

40 431.416. The local public health authority or health district shall:

41 (1) Administer and enforce the rules of the local public health authority or the health district
 42 and public health laws and rules of the Oregon Health Authority.

43 (2) Assure activities necessary for the preservation of health or prevention of disease in the area
 44 under its jurisdiction as provided in the [*annual*] **local** plan of the authority or district are per-
 45 formed. These activities shall include but not be limited to:

1 (a) Epidemiology and control of preventable diseases and disorders;

2 (b) Parent and child health services, including family planning clinics as described in ORS
3 435.205;

4 (c) Collection and reporting of health statistics;

5 (d) Health information and referral services; and

6 (e) Environmental health services.

7 **SECTION 8.** ORS 624.510 is amended to read:

8 624.510. (1) The Director of the Oregon Health Authority shall enter into an intergovernmental
9 agreement with each local public health authority established under ORS 431.375, delegating to the
10 local public health authority the administration and enforcement within the jurisdiction of the local
11 public health authority of the powers, duties and functions of the director under ORS 624.010 to
12 624.121, 624.310 to 624.430, 624.650 and 624.992. The intergovernmental agreement must describe the
13 powers, duties and functions of the local public health authority relating to fee collection, licensing,
14 inspections, enforcement, civil penalties and issuance and revocation of permits and certificates,
15 standards for enforcement by the local public health authority and the monitoring to be performed
16 by the Oregon Health Authority. The Oregon Health Authority shall establish the descriptions and
17 standards in consultation with the local public health authority officials and in accordance with
18 ORS 431.345. The intergovernmental agreement must be a part of the local [*annual*] plan submitted
19 by the local public health authority under ORS 431.385. The Oregon Health Authority shall review
20 the performance of the local public health authority under any expiring intergovernmental agree-
21 ment. The review shall include criteria to determine if provisions of ORS 624.073 are uniformly ap-
22 plied to all licensees within the jurisdiction of the local public health authority. In accordance with
23 ORS chapter 183, the director may suspend or rescind an intergovernmental agreement under this
24 subsection. If the Oregon Health Authority suspends or rescinds an intergovernmental agreement,
25 the unexpended portion of the fees collected under subsection (2) of this section shall be available
26 to the Oregon Health Authority for carrying out the powers, duties and functions under this section.

27 (2) A local public health authority shall collect fees on behalf of the Oregon Health Authority
28 that are adequate to cover the administration and enforcement costs incurred by the local public
29 health authority under this section and the cost of oversight by the Oregon Health Authority. If the
30 fee collected by a local public health authority for a license or service is more than 20 percent
31 above or below the fee for that license or service charged by the Oregon Health Authority, the
32 Oregon Health Authority shall analyze the local public health authority fee process and determine
33 whether the local public health authority used the proper cost elements in determining the fee and
34 whether the amount of the fee is justified. Cost elements may include, but need not be limited to,
35 expenses related to administration, program costs, salaries, travel expenses and Oregon Health Au-
36 thority consultation fees. If the Oregon Health Authority determines that the local public health
37 authority did not use the proper cost elements in determining the fee or that the amount of the fee
38 is not justified, the Oregon Health Authority may order the local public health authority to reduce
39 any fee to a level supported by the Oregon Health Authority's analysis of the fee process.

40 (3) The Oregon Health Authority, after consultation with groups representing local health offi-
41 cials in the state, shall by rule assess a remittance from each local public health authority to which
42 health enforcement powers, duties or functions have been delegated under subsection (1) of this
43 section. The amount of the remittance must be specified in the intergovernmental agreement. The
44 remittance shall supplement existing funds for consultation services and development and mainte-
45 nance of the statewide food service program. The Oregon Health Authority shall consult with groups

1 representing local health officials in the state and statewide restaurant associations in developing
2 the statewide food service program.

3 (4) In any action, suit or proceeding arising out of local public health authority administration
4 of functions pursuant to subsection (1) of this section and involving the validity of a rule adopted
5 by the Oregon Health Authority, the Oregon Health Authority shall be made a party to the action,
6 suit or proceeding.

7 **SECTION 9. This 2013 Act being necessary for the immediate preservation of the public**
8 **peace, health and safety, an emergency is declared to exist, and this 2013 Act takes effect**
9 **on its passage.**

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