Work Group Analysis of Proposed Amendments to Senate Bill 755

Prepared by Leslie Wu, counsel for the Senate Committee on Judiciary and Ballot Measure 110 Implementation.

NOTE: This chart does not constitute any official position, statement, or views of the Senate Committee on Judiciary and BM110 Implementation.

Ref	Issue	Solutions	Comments	Subgroup Action
#1 -32 Am.	M110 will move trials on possession of small amounts of drugs from criminal courts to violation court proceedings. Statute currently regulates use of presumptive field tests in criminal trials, grand jury proceedings, preliminary hearings, and proceedings on DA informations for early disposition programs. ORS 475.235 (3)(a). Statute is silent about use of presumptive field tests in violation proceedings because prior to M110 no such proceedings existed.	Amend ORS 475.235 (3) and any other needed statutes to add violation proceedings to list of proceedings in which presumptive tests may be used as prima facie evidence of a controlled substance.	• Make sure E vio trials track with practices in other violation trials. • Burden at trial on E violation will be preponderance of the evidence. • Issue of adoptive admissions, would those be admissible in federal court? Could these violation trials result in unrepresented persons making admissions that lead to criminal liability? Would double jeopardy take care of the issue? • Because of fentanyl scare, NIK and presumptive tests are done less frequently in many parts of Oregon. Want to make sure that officers are not being required to presumptive test when writing every ticket. • Violation trials will look different in various jurisdictions. Some will be mass dockets. • Rural agencies very rarely do presumptive tests since they are expensive. We want to make sure that if the amendment folds in Class E violations to this section regarding presumptive tests, that sub (b) is not applied to violation trials. IE State Crime Labs should not be tasked with testing substances in Class E violation trials. • May need to look at how marijuana was handled during legalization process because it would have raised similar issues with MJ still being a federal crime but no longer being a state offense.	Assigned to Courts & LE 2/19/21 Subgroup discussed 2/24/21, request to LC. Future discussion needed. LC draft received. Combined into final amendment.
#2 -32 Am.	Measure 110 is silent on whether a person is convicted of the Class E violation if they complete the assessment.	(a) Amend language to clarify that if a person completes the assessment, then the ticket is dismissed altogether and fine is waived. If they do not complete the assessment, the violation is imposed and the fine is imposed. ~~(b)Amend language to specify that if first time violation and assessment completed, then ticket is dismissed. If not first~~	• Notes on LC Draft: does the language need to include "fine shall be waived" since the ticket is actually getting dismissed? Can that clause be deleted? • **Work group consensus is for (a)** • strongly opposes (b) and endorses (a). Voter intent is to avoid being punitive in response to addiction. Believes intent of drafters was actually to dismiss if assessment/screening was completed. Does not believe that the treatment of the ticket should change based on how many tickets a person has received. • opposes (b) and endorses (a) for similar reasons to HJRA and also because dismissal will result in a lower cost to the court system.	Assigned to Courts & LE 2/19/21 Subgroup discussed and arrived at consensus 2/24/21, request to LC. LC draft received.

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		~~time violation, upon completion of assessment cited individual is convicted of the Class E violation but the fine is waived.~~	• building violations record is contrary to intent of treating addiction as a public health crisis. • Doing something other than dismissal is an reversion to the old way of thinking of addiction as something that should be handled in the CJ system or with punishment. Having to try multiple times to kick addiction should not be penalized, and a diversion system rather than outright dismissals may be discouraging to individuals who are trying to get treatment. • Goal is not to create a record of violations that follows you around. • The other issue that I understand I missed had to do with automatically dismissing an e-violation upon calling the hotline as opposed to the court dismissing based on certification of completion. We believe strongly that a continued connection to the court in these situations is important. It is very unclear whether the hotline and assessment can or will actually result in a referral to treatment services. There certainly aren't the treatment resources available to handle the number of folks who need treatment now. If the citation is dismissed upon calling the hotline, I anticipate officers will be less likely to issue the citations at all.	Second LC request made 3/5/21. Combined into final amendment.
#3 -32 Am.	Phone line, assessments, etc: In order to ensure access to information and treatment resources, the OHA maintained phone line should continue to exist even after BHRNs are established. The phone line should be open to access from ticketed and non ticketed Oregon state residents to ensure that the Fund monies and treatment services created by M110 are actually utilized. There is also room for using this	~~(1a) Change term "assessment" in language implementing M110 to "consultation."~~ **(1b) Change term "assessment" in language implementing M110 to "screening."** **(1c) wherever "health assessment" or "comprehensive behavioral health needs assessment" is mentioned, replace with nonclinical comprehensive strengths/needs screening.**	**Work group reached general consensus to change "assessment" to "screening" (1b) and to make any conforming changes necessary. Replace "Comprehensive behavioral health needs assessment" to "screening"** **Work group reached general consensus to change "certified treatment professional" to "peer support mentor" and add language to allow the OAC to determine staffing of the phone line. (2c) Goal is to ensure that peers can complete "screenings" under M110, which requires that the word "treatment" be eliminated.** • Goal of keeping this more open to more people in terms of staffing • Within current writing of SB 755 assessment is language used there and it specifies that the person will go through assessment at an ARC (addiction recovery center) or through temporary phone line arc. If completed then fine is waived.	Assigned to Treatment Servs 2/19/21 Discussed 2/26/21 and reached general consensus, request to LC Draft received. Combined into final amendment.

	system to further accomplish the goals of the act if the phone screenings and verifications are opened up to be used in misdemeanor cases. The phone line should provide screenings using peer support mentors or other qualified individual as determined by the OAC, act as an initial contact that works to assess a client's need for immediate medical or other treatment and to determine what acute care is needed and where it can be best provided, identify other needs, and provide linkage to other appropriate localized or statewide services including treatment for substance use and other coexisting health problems, housing, employment and training, and child care. The current wording that describes the OHA phone line is too narrow and restrictive to allow for this. It restricts access to ticketed individuals, sets the phone line to end on Oct 1, and uses verbiage regarding assessments that causes OHA to have hiring issues with the phone lines.	(2a) Change term "certified treatment professional" to "certified recovery peer" "peer support/recovery intake mentor" initial screener, who can then transfer to more localized care. (2b) delete term and state that OAC should determine appropriate staffing for "assessments" or "screenings" **(2c) Delete "certified treatment specialist" and change to "peer support/recovery mentor or any other individual determined appropriate by the OAC: including credentialed addiction treatment professionals with lived experience" (for both temp phone line and for "ARC" (SURN) (BHRN)**	• No brick & mortar ARCs yet • In the measure it defines what a health assessment is, even though term is clinical. Cautions about changing term without defining it further. If changed to screening, some lines will read "screening and screening" • could we use non-medical language like "intake". If we do call it ….. (audio broke up) screening consultation assessment all have exact public health definitions. Wants folks on phones trained to understand this so that they're not promising services they don't' have • Drafter perspective: when they were discussing assessment, the idea was that they wanted people in contact with CADC or treatment professional. People trained as drug counselors will have kind of training that will help them approach person in right way. Needs of the behavioral health assessment. Really want to look at what appropriate services to recommend are and talking to person enough to be able to do so • Intake is pretty extensive screening • Telephone line is a temporary stop gate until something more comprehensive • Heard earlier concern about not wanting ppl to tell story over and over again, and a good counselor would not do that • Aspects of this could be dealt with by coming up with standardization of what this "intake" is • Concerned about it being too short and abbreviated • Defers to treatment professionals on line as to what they think is best for patients	

	(1)Term "assessment" is a clinical term that may not accurately describe what is happening on the phone with Lines for Life. The language in the bill requires a health assessment which has a specific meaning and is not appropriate for the initial contact. Not all people who use drugs will require a "comprehensive behavioral health needs assessment." (2)Term "certified treatment specialist" may be too restrictive to allow for appropriate staffing		• we want to make sure we're respecting voter intent. When we talk about amending language around assessment we need to make sure we stay true to what voters thought when they read and voted on measure. Voters likely understood it to mean a comprehensive initial assessment • discussed peer support specialist to be person answering phones to make screenings and then referred to treatment provider. If it's a full CADC initial screening and then they're referred to treatment they will have to repeat their stories. Peer support specialists allows for wider range of referral options than just treatment • this word from the first moment of inception in terms of implementation has been discussed by OHA. Discussing intent vs clinical definition, who's qualified to make this assessment? Wants to flag on behalf of OAC that there is also intent in measure to let them figure out some of these things in practice. Wants to make sure we're not getting in front of the council • Lines for Life Update • part of reason this convo is so urgent is that they want to create promotional materials like wallet cards so they can get this information into hands of people receiving tickets. In meeting with Or Health Justice initiative folks, she really does understand that the peer support piece feeling that this is a confidential non-judgmental convo with someone who gets it is essential to the vision of this whole program. Sees the issue and the conflict, and is trying to figure out how to create language that's welcome, inviting, accurate. Not getting many calls. 2 people have talked to peer support specialist. Approaching work by supporting person, meeting them where they are, make a safe space to empower person to find wellness in whatever way makes sense for them. So the language matters and she feels that what they're wanting to do, they have diverse group of folks answering calls to do whatever is needed but are looking for guidance. Can they hire certified recovery mentors to be primary	

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<td>people that are making this initial connection that they hope will be an enlivening experience. Its tough. She thinks theres a way to meld the two points of view. If you're a recovery mentor you're trained to listen, support, explore what they're experiencing (what's working, what's not) which will ultimately lead to harm reduction. Would like to see a gentle approach that really honors where people are and what they really need and be a bridge to true support and connection to resources if that's what they want. All the things about language, folks seem comfortable with saying "confidential screening" which seems less intimidating than a "health assessment". If that's okay with the folks that were the driving force behind this legislation.

• Can peer mentor answer phone and transfer to ASAM within LFL itself?
• Is a possibility.

• Oregon has been ASAM for over 2 decades. The way it works is there's a screening. Once person meets criteria to have assessment done, they are transferred to someone that can do full ASAM. Many who get screening may never get assessment because they don't meet criteria, which reduces invasiveness. Consumers in this sector have so many redundant contacts which is not a best practice. We need to make sure we're not pushing people to services they don't even qualify for. It makes sense from a trauma informed invitation to engage that the screening be low barrier peer directed.

• potential Solutions:
• Require OAC to define term rather than having it defined by statute, since they may be better qualified to make the call and may be good to have flexibility to change terminology over time
• One thing to consider is how urgent the change needs to be

• Policy changed Feb 1st and people are already getting tickets

• Urgency around the word assessment and its definition in SB 755</td>
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			• What she's hearing: because assessment is clinical term it creates a staffing issue as it may exclude peer • Assessment as defined by OAC? • there's been a lot of discussion around this and she wonders if there's a third way to come up with another term that isn't clinical in nature and allow council to define it in rules • some terms that doesn't have within it an existing scope of work definition. We want peers at LFL. LFL having to hire masters level clinicians to do an assessment seems more scope than necessary and also overly clinical. Screening is an appropriately broad term • looking at cost of hiring SUD counselors • Peer support: $37k/yr • Often do intakes in addiction clinics • Some post HS experience, but want to reduce barriers for historically marginalized communities to be represented by these peer support specialists • screening is an apt term that aligns with measure intent to be an entry level non-biased, non-clinical response. • this an evolving conversation and to not consult MHACBO is not a good option. Folks often want cheapest version and language is what allows them to do so. Peer support may not be way to go and MHACBO is the expert here • this regulates what supports need to be provided to cited individual. Should an individual have to go thru assessment or is the harmonization here that if individual calls LFL & ARC gets ticket dismissed even if not made to go thru full assessment? • Solutions:	

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			• Assessment to screening • Screening shall be defined by OAC based on best practices but set minimum requirements. • screening is to determine whether there's verifiable evidence there's a problem and individual needs a substantial assessment. • We don't want to presume a problem or even what the individual's needs are. We want the screening to be able to connect to services and supports not just treatment • this is not about the cheapest version. It's about having peers on the line during screening. • Regarding cost of SUD counselors in Oregon. About $46,000/year in 2019. https://www.bls.gov/ooh/community-and-social-service/substance-abuse-behavioral-disorder-and-mental-health-counselors.htm • Peer support specialist info from Bureau of Labor Statistics: "The U.S. Bureau of Labor Statistics does not collect data specifically on peer support specialists. Instead, it counts them among community health workers, of which 51,900 were employed in May 2016. The median annual wage for these workers was $37,330 in May 2016, about the same as the median annual wage of $37,040 for all workers." https://www.bls.gov/careeroutlook/2017/youre-a-what/peer-support-specialist.htm?view_full • craft language to not require ASAM on every call, but that ensures there is access to ASAM if deemed needed. In practice: get peer mentor who does screening, then if needed they are escalated to someone that is qualified to do ASAM • peer needs to be able to do screening that engages people where they are. Not in scope of measure is who pays for what? If	

			it's a clinical assessment, it's billable. There's also wait lists on clinical interventions including assessments • what is minimum training and skills needed? Can we provide them with tools on how to navigate conversations on assessment? Unsure about existing workforce numbers and what may be needed. Shared health care workforce report • How do we match level of training with the number of qualified workforce members? A useful report, maybe... https://www.oregon.gov/oha/HPA/ANALYTICS/HealthCareWorkforceReporting/2019-03-Analysis-Oregon-BH-Workforce.pdf • OAC should have authority to determine what is said during assessment. May need to clarify language about their scope of authority. • last word around urgency. We want LFL to be able to hire right folks and longer that this sits out there the longer they have to follow CADC when we want something different than a presumption for needing treatment. Language will help them get best workforce available. • Worth consideration when talking to LC about language • "certified recovery peer" instead of "certified treatment professional" • agrees. Wants to use right name for right activity since this is a profession with many specialties with specific scopes that are always emerging and changing, so worries about specifying too much within statute. Giving OAC ability to fund grants based on needs they see fit to may be hindered if we specify types of clinical positions. OAC needs flexibility for funding of services • it allows for the leveraging of the OAC to provide funds to lift up services as needed in a flexible manner to meet the measure and local care / support access.	

			• word "professional" is limiting factor? • lots of services called for and there are different professions that provide those which may change in the future. We need to be mindful to not hinder OAC from staying current with these changes • ojust axe term and use generic "individuals deemed appropriate by OAC?" • was not meaning to say she was saying go with lowest cost, but that if peer support members are adequately trained and able to do this step it would be cost efficient • new to conversation but feeling uncomfortable. Certified peer mentors are required to be 2 years sober and operate under abstinence only models and may not be versed in harm reduction. Whereas certified substance councilors are. If we want people to have someone meet where they are then peer support specialist may not be the right way to go. Worries that an abstinent peer mentor may be harmed in their own recovery when needing to handle multiple calls with folks needing harm reduction instead of sobriety • language says supports cannot be abstinence based • conversation started around who LFL can hire for temporary phone line. Wondering if folks feel it's harmful to reduce experience requirements? The treatment professional language limits diversity of voices within the support system. • On timeline in terms of rule making • Supposed to be done by June, bill won't pass in the next couple weeks • Right now LFL has someone that is a peer recovery specialist but also has the qualifications specified in statute	

			• Initial encounter should be with a peer not intensive case management. Intensive case management may be identified as something the person wants or needs during the initial screening conducted by the peer. If so, the peer can then support them in accessing and connecting with a case manager for ongoing intensive case management services and other services and supports that the person may find helpful. • goal is to have a person with lived experience at the doorway to treatment • workforce needs sufficient flexibility. If too prescriptive the legislation will become dated • Base the restrictions on skills and qualifications? Require lived experience?	
#4 -32 Am.	Measure 110 does not specify whether Class E violations are to be handled in circuit or municipal court. Assuming it remains silent, some will be in circuit some in municipal, some in justice courts. OJD would be able to track data on tickets using their state-wide system if all tickets were handled through circuit courts.	Add language specifying court procedures relating to Class E violation trials, including that Class E violations will be handled through the circuit courts and that individuals cited for Class E violations are cited to appear in circuit court.	• **Work group general consensus is to add language that helps to route tickets through circuit courts.** • Routing tickets through circ courts may result in more uniformity. Allows use of Ecourt/Ocjin for record keeping and efiling. • OJD has no problem with routing these through circuit courts. • Data transfers between OJD and OHA can be automated. • The Youth Workgroup supports routing Juvenile citations through circuit court because the result would be that any cited juvenile would be sent through juvenile court. If language is left as-is juveniles cited to justice or municipal courts would not first come through the juvenile system. • Important to consider that this will result in cited individuals and officers in rural areas having to travel further because justice courts and muni courts are more localized. In Umatilla county, circuit court is very far away from some folks. We need to make sure the hearings are accessible. Is there room to make clear people can appear via phone or send assessments via mail? • Goal is to make the process of getting ticket taken care of as easy as possible. Focus on the treatment. Remove as many barriers as possible. • Dismissal outright may save a court appearance that could otherwise have to occur, depending on how automated the system is.	Assigned to Courts & LE 2/19/21 Subgroup discussed 2/24/21, Wk group member to follow up with Municipal court bench. Initial request to LC submitted. LC draft received. Amendments to draft requested (patching so justice courts aren't

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			• (Assoc. Chiefs of Police): I wanted to make sure that I went on record regarding taking all e-violations to circuit court. This is a problem in our rural and frontier counties where they rely on their Justice Courts. The Circuit Courts in rural parts of the state can cover multiple counties with judges travelling and only holding court on certain days of the week or month. Justice Courts have established court times and are more nimble and able to handle cases.	deprived of jurisdiction over pending tickets). Combined into final amendment.
#5	~~(a) Measure 110's funding timelines to not align with the current state budgeting process. There will be a need to backfill funding.~~ ~~(b) OAC Recommends extending timeline for rule making and ARC operational dates.~~	~~(a) Delay some of the funding deadlines. Specify an initial amount allocated to the "fund" specifically to support workforce development.~~ ~~(b) push out June 1 deadline to __________________, push out Oct 1 deadline to __________________.~~	Addressed in Program Change Bill SB 846.	Assigned to Treatment Servs 2/19/21. Mooted SB 846
#6 -32 Am.	Addiction Recovery Center (ARC) language may not match intent of M110 in that it implies that an ARC is a brick and mortar entity.	Change from ARC to ~~(a) Drug Use Recovery Network~~ ~~(b) Drug Use Resource Network,~~ ~~(c) **Substance use resource network (SURN)**~~ **(d) Behavioral Health Resource Network (BHRN)**	• a little involved in ARC language and really regrets that for many points. Word addiction can be offputting to people that don't see themselves as addicts. • Change words addiction and recovery • Drug/Substance use resource network? • ARC language is confusing to many. Open to what network is called so long as it stays within intent of measure. Recovery can be seen in many ways. • Intent is to have many different services. Don't want to get too into the weeds with nomenclature but there is room for a conversation around recovery and center • when talking of brick and mortar, not specific to a single location. It is a network approach with multiple different services most of which have their own brick and mortar locations. Not enough money to reinvent the wheel, need to leverage existing mechanisms and work within communities.	Assigned to Treatment Servs 2/19/21 Subgroup discussed 2/26/21, consensus gained but additional discussion needed before request to LC (BHRN suggestion) Draft received.

			Wellness is a hot word these days, especially around national branding of behavioral health destigmatization • Some concerned that M110 would divert money to just one brick & mortar center per region • when voters saw addiction language folks conflated substance use and addiction/dependence. If framed as addiction/recovery folks that don't view themselves as addicts but may need help will be turned off. Entering a public health definition of use rather than addiction	Amendments to draft requested. Combined into final amendment.
#7 -32 Am.	Goal of having an ARC in every CCO by the stated deadline may be unattainable, and requiring one per CCO may not be the best allocation of resources. Phone line ends on Oct 1 per the M110 language.	**(b) Change requirement of an ARC (SURN) (BHRN) per CCO to per county**. (c) Amend language of ARC (addiction recovery center) to make clear that the requirement is not for a brick and mortar entity -> **Behavioral Healthcare Resource Network (BHRN). Make changes throughout SB 755 to clarify that requirement is for each county, by Oct 1, to be able to offer at least one set of BHRN services.** **(d) phone line ending on Oct 1 may cause lapse in services. Extend phoneline to 2023 (or in perpetuity) and separate deadline from ARC (SURN) (BHRN) establishment deadline. Do not delay BHRN deadline (remains Oct 1, 2021)**	• members not sure where CCO language came from, may have been an "elegant solution" at the time. But all agree that it was not the best option during implementation. Think counties would be more relevant to intent, which is access to local services. CCO regions are vast and don't meet the criteria of close by services. • because CCO is a payer, there are multiple in some county regions. All contracted, receive monies from many sources. Doing by county instead of CCO will simplify network, access, and funding • consensus that CCO should be changed to county? We have huge counties in Oregon, one solution could be punting to OAC to determine what the region is. • intent is to make sure every community has access to services outlined by measure and OAC can determine where those hubs can be. • when we plug in SURN wherever ARC appears, LC may need to do drafting to make statute make sense. • Language says "one ARC per CCO" so maybe "one SURN entity per CCO" • OAC required to prioritize to ARCs, to become SURN entities	Assigned to Treatment Servs 2/19/21 Subgroup discussed 2/26/21, consensus reached, request to LC Draft received. Amendments to draft requested. Combined into final amendment.

			• *BM 110 actually states that an ARC shall be in each CCO service area, not in each CCO* • we're talking about how to spend money but nothing identifies what the outcome is, except for fewer people in jails. OAC doesn't have any annual outcomes. • has been thinking of it in terms of very long term. OR ranks nearly last in access to care for addiction. Wants to get in top 10 by 2030. Need to start looking at wait lists now to spot check occasionally and see if wait list time is reduced by this • Outcome Goals (potential) for Oregon: • Rank among states in the top 25 by 2025 for % treated addiction. • Rank among states in the top 10 by 2030 for % treated addiction. • Measure length of time spent on waitlists for outpatient and inpatient treatment and monitor yearly. (Definitely include OHP vs private or no insurance). • bill re auditing treatment facilities is worth the group looking into • One SURN that touches on all 4 reqs from measure per region • Is Oct 1 deadline too fast? • suggestion to keep phone line up until 2023 biennium and have OAC determine when to phase that out. Don't want all $$ to go to building phone line, but don't want that option to be completely gone when it may be the best option for most • Phone line deadline tied to ARC/SURN established in every CCO/County but no later than Oct 1 • If not amended, phone line has to end on deadline • One solution: Separate deadline so they aren't contingent on each other and phone can continue • Phone line stay up til 2023 but SURNs must be created by Oct 1st	

			• On note of number staying up and active: Officers educating and handing out paperwork will be distributing the lines for life number. We don't want every county to have a different number as this will make the assessment system harder to navigate. • Portugal model saw drug overdose spike for a number of years before dropping substantially. We should assume that since Feb 1st drug overdoses are going up and we need to move heaven and earth to get these SURNs up and running for these folks. • just want to push back on the statement that we're gonna see increase in overdoses just because of M110. Has been working with mike to ensure that they're intentionally crafting language. When elected hear ARC they think they need to build new centers and want to push back deadline. But SURN uses existing services • will be almost impossible to determine if relapse or overdoses are related to M110 because of the pandemic which is already causing these increases. ODs went up even before implementation of 110	
#8 -32 Am.	M110 language about fine does not specify the presumptive fine. Under current statute, it defaults to 20% of the max fine, which is 20$. This may not match voter intent as many believed the fine would be $100. The minimum fine would be 20 % of the presumptive fine, which if silent on presumptive, would default to $4.	(a) Add language to clarify that $100 is the maximum and presumptive fine for a Class E violation. (b) My suggestion would be for the legislature to make it clear that a class E violation has the maximum and presumptive fine of $100 by amending ORS 153.019 as follows: 153.019 Presumptive fines; generally. (1) Except as	• **Work group arrived at general conclusion that "presumptive" should be added to describe the fine, because voter intent was that the fine would be $100.** • **Update to amendment(-10): in addition to above, lowers minimum fine to $45 in line with other minimum violation fine amounts.** • Note that language in pg 4 line 18 language implies person has to request verification • Drafters engaged in the debate of the fine thoroughly. The question was what sort of policy was ideal vs what was viable. Drafters determined that the most viable would involve a 100$ fine. • Voters were led to believe the fine would be $100, not some other number. Many of the sources talking about the measure on internet leading up to vote advertised the measure as if the $100 fine was presumptive.	Assigned to Courts & LE 2/19/21 Subgroup discussed and arrived at consensus 2/24/21, request to LC. LC draft received.

		provided in ORS 153.020, the presumptive fines for violations are: (a) $440 for a Class A violation. (b) $265 for a Class B violation. (c) $165 for a Class C violation. (d) $115 for a Class D violation. (e) $100 for a Class E violation. And: 153.021 Minimum fines; audit of court. (1) Except as otherwise provided by law, a court may not defer, waive, suspend or otherwise reduce the fine for a violation that is subject to the presumptive fines established by ORS 153.019 (1) or 153.020 to an amount that is less than: (a) $225 for a Class A violation. (b) $135 for a Class B violation. (c) $85 for a Class C violation. (d) $65 for a Class D violation. (e) $100 for a Class E violation.	• Omitting "presumptive" may result in more discretion to judges to pick fine amounts and result in inequitable fine determinations. Data could end up showing that judges are imposing different fine amounts depending on immutable characteristics. • Default language that would result in $20 presumptive fine and 4$ min fine would be better for the poorest communities. $4 is a lot of money for people who are barely scraping by. Focus shouldn't be on getting people into treatment by use of fines at all, rather removing barriers to entering treatment. • Omitting "presumptive" designation is a policy decision that would deviate from voter intent in passing the measure. • Where do the fines go? Under current statute, money collected from fines would go into an account controlled by the legislature. As of now, the Fund that exists under M110 is not on the list of eligible recipients of the money. Bills currently in process of getting rid of fines and fees in juvenile cases.	Combined into final amendment.
#9	ADPC and the 5 year strategic plan coexists with M110, and there may be	**(a) Add language to harmonize the strategic plan and M110,** ~~specifically, specify~~	• Allow the funds to have a more comprehensive approach • ADPC strategic plan provides a broader perspective for how we address the addiction crisis.	Assigned to Treatment Servs 2/19/21

-32 Am.	opportunities to join the two. Some believe that M110 needs to have language related to prevention. Presenter during informational notes that the 5 year strategic plan made by ADPC includes spending and efforts related to prevention but M110 does not.	~~that 5% of Fund money go to ADPC (amendment request by ADPC).~~ ~~(b) Specify that a certain portion of grant funding shall be devoted to prevention as described in 2(3)(d).~~ ~~(c) Expand the wording in sect 2(3)(d) to clearly encompass prevention efforts.~~ **Add amendments that plug the ADPC and strategic plan in as sources of input for guiding the OAC. E.g. the OAC shall consider the strategic plan when awarding grants? Or the OAC shall prioritize grants to organizations who fulfill the goals of the strategic plan?** **Codify inputs other than OHA to help guide the OAC and provide technical expertise, including the Oregon Health Policy group.**	• Proposed amendment tries to take some resources in order to more fully fund the system andmake sure that the strategic plan can be carried out • Not wedded to the number but wedded to the idea that 110 creates broader supports • Position is to ensure that all the money goes to the OAC for disbursement since they will have the full view of what's needed at the time. • One solution may be to weigh in the grant process by identifying prioritization of items that fit within ADPC strategic plan. Add language about marriage between intent of m110 funds to be in concert with the strategic plan. • ADPC strategic plan is the umbrella, M110 is a component of the umbrella • Recognizes desire for separating funds but we don't want a bunch of funds to be pulled out before the OAC has a chance to get to it. • Marketing for voters was about treatment impacts. Help people know where to get on the waiting lists. Inpatient treatment or other medical services folks may not be helped by the way M110 is written. Is this true to what the voters wanted? • Put more funding toward strategic plan in order to increase and expand treatment services? • May be premature to change funding since OAC hasn't had a chance to make the funding structures yet • Likes a tie to the ADPC and the tie is important but it should be specific as to which components of ADPC plan connect with M110. E.g. investing in system leadership and data collection which will entail putting money into state agencies. Other recs are to build knowledge and awareness. Toward end is where we get into expanding access to treatment and care. This money is meant to address services so putting money aside for the whole plan may frustrate M110 goals by diverting money from services and into system investment. • Would be great to have ADPC participate in process where they are helping to frame the inputs to the OAC and have input into the funding structures. If ADPC can contribute to the treatment service establishment. • Don't use service funds to invest in state depts.	Discussed with WG, limited version to move forward as amendment to -6 amendments. LC Draft requested. Combined into final amendment.

			• The plan's sections: 1st is about coordination because there are 13 state agencies that interface. The section about system integration doesn't require funding. The first section is within budget of the agencies. Section 2 is about prevention, sect 3 w tx, sect 4 with recovery supports. • Core of challenge of whole system. How do we measure efficacy. M110 has brought resources and energy to the addiction crisis. What will be different 2 years from now based on M110? The strategic plan is the overarching component, the M110 grant program is one slice. Can we ID the overlap? Can we establish what M110 builds? • Strategic plan for the state has to have a comprehensive recovery support system which includes many of the items M110 will create. • Allowing ADPC to work where M110 doesn't work is an important aspect. Where will the other money come from? • Creating a financial commitment from M110 to reforming the larger system of care is important. • From POV of trying to create a uniform system through M110 is important but unknown how to do this. • Thinks this is a convo for the OAC. Lets make sure the OAC takes the ADPC strategic plan into consideration rather than siphoning money off from the M110 fund. Its clear measure is meant to fund services. OAC is the body that will be looking at need coming in • ADPC can go through the grant process as a part of their process of disbursing funds. • Since there's nothing precluding ADPC from applying we shouldn't need to do a direct set aside. • ADPC has done the work that the OAC is just beginning to do. The notion of applying to the council for funding for the State's plan seems bizarre. It's a possibility but it's the State's plan pursuant to the legislature's requirement to create this. Audits and reports are done and then nothing happens • States plan specifically. OAC and all state departments should use this as a playbook. ADPC is the one writing the playbook. ADPC should go to OAC and tell them here's the objectives and these are the things we need to impact and what we need to do to accomplish it. E.g. when doing applications ask these	

			questions. Function of ADPC as a partner with the OAC, helping them to make the best funding decisions. Make sure the ADPC is an input. DHS as an input, all need to be connected with the strategic plan. • OAC as an action step within the State strategic plan framework to develop RFPs, contracts, grading rubrics on grant applications • Having a sound internal process on bringing experts and good data to help committees is so important. • Money should be distributed via process of OAC • Note that there are ADPC members on the OAC • Short term and long term plan issue. ADPC plan is required to be updated every 2 years. OAC wasn't part of that process. • What is the connection between the ongoing planning process in years to come and how does the OAC fit into that? Any funding going out of state needs to be aligned w the strategic plan. Anytime money isn't aligned there should be a reason behind that. • The plan is hardly funded at the level it needs to be. Maybe in this iteration, amendment language that requires ADPC collaboration in the long term. • What does the language involve that would require collaboration? People are suffering right now and in need of services. There are so many barriers in the system to getting funding to BIPOC communities. We need to be careful not to put more oppressive system controls that stop the fund disbursement • OAC is representative of the community. OAC has folks who are powerful and folks who do not come from conventional positions of power. • Make sure we take a culturally specific lense • OHA holds ADPC budget but ADPC is an independent state agency • Members are citizen members appted by gov and confirmed by senate. • Let's not do either or, let's do and. Other pieces can happen in addition to the funding amendment. We could agree to do all the things. OAC meetings are currently attended by Dr. Richardson so that one is already happening	

#10 -32 Am.	M110 may have disparate impacts on communities of color if police entities do not apply it uniformly in their interactions.	~~(a) Add language requiring that officers "shall" issue a class E violation citation, always with the same form as created by DOJ or OJD, if they have probable cause to believe the person has committed the violation.~~ **(b) add language that IF an officer writes a Class E violation, they must provide information on how to satisfy the ticket** ~~(c) require courts to provide phone number (overkill?)~~	**Consensus: Request amendment that codifies that if a person is cited with a Class E violation, they must be provided with information on how to fulfill requirements of ticket.** • The requirement to provide information should be fulfilled by giving the cited person the phone number to the OHA phone line. • This change would work to reduce disparate interactions. It also will help get the word out on the phone line and hopefully link people up with treatment. • Wording of this amendment should create as minimal of a barrier as possible for officers writing citations, otherwise officers may not bother to give the citation or the information on how to get treatment services. • OCDLA: Discretion does invite implicit bias. We like the uniform citation. However, the "shall issue" language seems like overkill (a). What if we went with the NYC approach to MJ and said issuing citations is lowest priority? • If I'm reading it correctly, is the suggestion set out as (a) that we need to make sure everyone gets a citation in order to reduce disparity? I think there are times when discretion by law enforcement is important. Yes, disparities happen with discretion, but we can track that with the STOP data from our profiling law that is already being collected and will continue to be collected by law enforcement. If there are disparities, we can address them through the process set out in our profiling law. • For suggestion (b), I agree that we need to make sure that people are getting the hotline number. I know work is happening on this with the uniform citation and cards to hand out. • OR has put in place to track demo data on stops. Infrastructure is provided for in HB 2355. This apparatus works to assess officer discretion. When someone gets handed a vio that's the only time we can give the information. We should make sure they get sufficient info to get the assessment done. If FTA to court hearings then the individual will never get the information unless officer gave to them • Think more about whether number is on the citation, or should officer have to provide in some manner. Uniform cite doc is crowded. OSP has programmed the assessment number into the	Assigned to Courts & LE 2/19/21 Subgroup discussed and reached consensus 3/3/21 Request to LC LC Draft received. Combined into final amendment.

			cite. Early cites filed don't have handwritten phone numbers on the cites. Mechanics need to be fleshed out • Should courts be required to give number? What about juvenile departments? Juvenile depts want to give number. • For courts: if a person wants to PG and pay the fine, how would the courts comply with a requirement to distribute to the phone number? What if the person provides proof of screening at the first appearance is the number still required to be given? • Flow of citation: can do one of three things- assessment before court, go to court and are given number w assessment and another contact w court (heavy work load), pay the cite without going to court (online), not pay and not attend and default. Point is: get the info on the assess EARLY. Don't let the first time be at court hearing. • Police have list of resources e.g. suicide hotline and poison control which they can give to people in crisis. Imperative that police give a phone number at the onset of the contact. • Shall language in (a): not enough flexibility. For community corrections "shall" language-> will this cause a req to call police? Can there be discretion to deal with the situation in a different way? • In future: difficulty once system becomes more regionalized. • Sensitive to adding language not in original proposal that requires law enforcement to do more. We don't want to create an environment where LE just doesn't bother to issue the E violation.	
#11 -32 Am.	The crafters of Ballot Measure 110 didn't deal with unlawful possession of hydrocodone - I'm guessing because they used what I wrote for Kevin that became Sections 9 to 30 of 2017 House Bill 2355, which reduced most possession cases from felonies to	**SECTION 14a**. ORS 475.814 is amended to read: 475.814. (1) It is unlawful for any person knowingly or intentionally to possess hydrocodone unless the hydrocodone was obtained directly from, or pursuant to, a valid prescription or order of a practitioner while acting in	• Note that SB 755 has a catch all provision in ORS 475.752(3) for all substances schedule I-V that states that possession is a Class E violation unless otherwise stated. • One issue for discussion: are the drug amount detailed based on historical drug amounts? Should the amounts be changed? • DOJ: I agree we should make this change for consistency, and Rob's assessment that we left this out when drafting because it was in a different category from the drug defelonization work is totally spot on. I think leaving the threshold amounts the same	No subgroup assignment required. Request to LC. LC draft received.

	misdemeanors a few years back. But for that bill I didn't need to amend the unlawful possession of hydrocodone statute, since it was already a misdemeanor. So I just crafted this new section to insert into LC 3429 to take care of that, using the same structure as used by Ballot Measure 110 in the oxycodone and methadone possession statutes for consistency:	the course of professional practice, or except as otherwise authorized by ORS 475.005 to 475.285 and 475.752 to 475.980. (2)**(a)** Unlawful possession of hydrocodone is a *[Class A misdemeanor]* **Class E violation**. **(b) Notwithstanding paragraph (a) of this subsection, unlawful possession of ~~methadone~~ hydrocodone is a Class A misdemeanor if the possession is a commercial drug offense under ORS 475.900 (1)(b).** **(c) Notwithstanding paragraph (a) of this subsection, unlawful possession of ~~methadone~~ hydrocodone is a Class A misdemeanor if the person possesses 40 or more user units of a mixture or substance containing a detectable amount of hydrocodone.**	as they are currently is the way to go, just to keep us from straying too much into new policy decisions. If the legislature wants to change thresholds later, then let's have that discussion down the road. • When 2355 was passed, 20% of the SQ amount was picked as the quantities. Oxy and Hydrocodone was created by 2355 • Note that when 2355 was passed fentanyl wasn't really a thing yet. At this point fentanyl is only a felony if there's CDO factors. BC theres no mini SQ for fentanyl mini SQ not on the table as a CDO	Combined into final amendment.
#12	~~(1)Drug laws section lacks a preamble clarifying that intent is to not criminalize drug use and addiction.~~ ~~(2)There isn't adequate context for explaining the addiction crisis and the impact of involvement in~~	~~(2a) add in some form of the "whereas" statements that were contained in M110 as put to vote~~ ~~Also, at Page 1, Line 14, Sec.1 (1)(a): at the end of the sentence add ....Oregon needs to expand access to harm reduction services, drug~~		No amendment to move forward under SB 755.

NOTE: This chart does not constitute any official position, statement, or views of the Senate Committee on Judiciary and BM110 Implementation.

	~~the criminal justice system on people who misuse drugs.~~ ~~Sub issue: Oregon needs to expand access to the full array of addiction services. Just mentioning "drug treatment" is not adequate and doesn't reflect the intent of the law.~~	~~treatment accessibility and recovery support services.~~		
#13	~~Current timing requires first appearance on Class E ticket to happen before due date of assessment. See slide 79 for text. Specifies that the person must complete the assessment with an ARC within 45 days in order for the fine to be waived. Ticket has 30 day out first appearance. This may cause undue stress on court system because ideally the individual with the ticket could get the assessment complete and send proof without having to appear in person.~~ ~~There is no deadline for submitting the assessment proof (not tackling this yet)~~	~~(1)Do nothing. OAC is tasked with overseeing and adjusting this,~~ ~~(a) Push out first appearance date to 60 days.~~ ~~(b) Push out date that assessment is due.~~ ~~(c) Codify that if the court receives proof of assessment, the individual is excused from appearance.~~ ~~(d) define "appearance" so that individuals are allowed to appear by phone (this will help ease the burden of distance that has to be traveled in rural counties, especially if tickets are routed through circuit courts which are geographically far away from some individuals in rural counties).~~	**Consensus: No legislative amendment to SB 755 to move forward. Too premature to decide whether timelines should be moved. Follow up to be done to make sure current law is clear on fact that officer does not need to appear for the 30 day appearance and would only need to appear if cited person requests a trial, trial date set, and officer notified of trial date.** • we particularly like codification that the person is excused from first appearance. The other way to look at it is that if the person comes in at day 30 with no assessment done, the court can re-refer and they still have 15 days to avoid the fine. • These are all good recommendations. We should try to ease both the burden on the court and the individual as it relates to court system involvement. The idea here is to get people into an assessment, and to move them away from court involvement. Whatever adjustments make that smoother are in line with M110 • Convo w presiding judges and TC admins. Two schools of thought. 1. If you want a one touch system then 60 days is a good option. 2. If you want courts to be an opportunity to see people and to encourage getting an assessment then existing timeline does that. In terms of workload-it depends on how many cites are received and extent of participation. • Timeline for assessment exists but does timeline for verification exist? Nope. We probably need to insert a deadline by which a	Assigned to Courts & LE 2/19/21 Subgroup discussed and reached consensus 3/3/21.

			person must submit verification. Right now it just states the assessment has to be done within 45 days. • "appearance" as used in the statute should allow phone appearances or remote appearances • If there's a default that can be corrected maybe that's a good thing. Policy POV of letting people get the violation taken care of by doing the assessment. Incentivize the assessments. • For procedural purposes there does need to be a timeline • Discussion with Lines for Life about putting information in palm card and verification letter to reinforce that they need to send proof to the court. • Eventually we want the verification to be automated. For now how will we handle this until it can be automated? Can we require people doing the assessments to convey the information directly to the court? • May be too early to know how thisis all going to go and whether we actually need amendments on these deadlines • Typically you show up for violation trial. This system doesn't specify when the violation trial actually happens. Circuit courts are really far apart in rural counties. We also need to make sure the officers know when to be there for a violation trial. We don't want officers to have to come to every appearance. Also, depending on the area, courts do not always send officers notice of the date of a violation trial.	
#14 -32 Am.	~~Phone line set to terminate in October, but community would benefit from consistency of maintaining the same number for the assessments in perpetuity.~~	**See Ref #3, 6, 7, 36**	**Addressed in other amendments.**	~~Assigned to Treatment Servs 2/19/21~~

#15 -32 Am.	~~Language requiring phone assessments to be conducted by "certified treatment specialist" is too exclusive. Causing problems with staffing phone lines. Also, goal of M110 is to allow calls to be answered by culturally competent peer mentors who are especially effective.~~	**See Ref # 3, 6, 7, 36**	**Addressed in other amendments.**	~~Assigned to Treatment Servs 2/19/21~~
#16	~~Need to look at clarifying how many tickets are going to happen. There aren't going to be many violations~~ ~~Law is silent about how to train officers on M110, the assessments, etc. We want to ensure officers are applying the law equitably and actually helping connect individuals with services.~~	~~Require DPSST to train officers on how to respond to M110 related calls.~~	• **Consensus: no legislative amendment to SB 755 to move forward. But see Ref #10.** • DOJ: Yes to training. Training is important for officers to have trust in the system. I think the more they learn about the purpose of the law and the importance of their role in getting people to an assessment, the better. I also think this is a great way to reduce disparity. • Plug into DPSST training taskforce. Additional money for training has been a sticking point. More funding is probably not going to happen. This will have a fiscal. Resource conversation • What would the training accomplish? Efforts are already being made to help implement • Adding to basic training is a bad idea. Most valuable in a roll call training environment. Product that could be given to agencies. Creation of a video explaining • There's already been a coordinated effort to start training. Chiefs and sheriffs as well as DOJ has been working on training. • Is it a good idea for officers to be engaged in searches for sake of violations? Law is less tolerant on searches based on a violation. Should we incentivize or disincentivize searches? Escalation risks involved in this.	Assigned to Courts & LE 2/19/21. Subgroup discussed and reached consensus 3/3/21. Combined into final amendment.

NOTE: This chart does not constitute any official position, statement, or views of the Senate Committee on Judiciary and BM110 Implementation.

#17	~~M110 spending needs to be tied to concrete goals. Although there is an audit system built into M110, it is not sufficiently goal oriented.~~	~~(a) Specify goals for Fund spending, potentially related to OD rates.~~ ~~(b) make explicit that the OAC must determine goals of the Fund grants and ARCs based on best practices, etc.~~	**See REF # 25 regarding Audits**	~~Assigned to Treatment Servs 2/19/21~~
#18	~~M110 makes clear that possession is no longer a crime but does not provide how to clear records of priors. Expungements cost money and are difficult for some to obtain. Because M110 moves possession from criminal to civil, it should have a process by which priors are cleared free of charge. Could this be solved as a coding question and looking for guidance at what was done with the MJ legalization expungement discussion?~~	~~Add language to statute that allows for **"funding for systems and organizations that aim to alleviate the impacts of the war on drugs."**~~ ~~(1) Automatic expungement Borrow language from ORS 137.172? Some process by which the Court, on its own motion, shall set aside any convictions occurring after 2014 [date that cases started being entered into OECI] that, occurring on or after February 1, 2021 would have constituted a Class E violation under this Act. Notice to parties. Parties may object within a certain time frame. Detail processes in that scenario.~~ ~~(2)Codify in amendment the following:~~ ~~SECTION 1. Section 2 of this 2021 Act is added to and made a part of ORS 475.752 to 475.980. SECTION 2. (1) Notwithstanding ORS 137.225, a person with a qualifying~~	• **No amendment to move forward on this under SB 755. Work to be continued next session.** • Legislature assigned particular ORS numbers to specific drugs and amounts at a certain point in time. E.g. ORS 475… which is now a Class E violation can be searched for and identified. Issues crop of where there are catch all PCS charges e.g. schedule II PCS. A search couldn't be formed that would capture all of these. • Also, do we seal these by operation of law or does it require filing a motion? • This has come up every session, lots of interest in it. It's a beast • Also look at SB 575 as it relates to juveniles. Modifies expunction of certain juvenile records. Requires some automatic expunction in certain situations once the person reaches 18 and they haven't come into juris of the Court. Make sure if we include language it jives • Auto expungement: Jennifer can totally solve this problem! Solution might not be the whole ball of wax but could solve most of this problem. Lets hold off on nixing this. Hybrid system of operation of law expungement plus the motion side of things. Can we get creative? Lets chat with OJD and see what the options are. • Cultural acceptance of SUD-pub health crisis: Recent convos with folks that have PCS on their record who are navigating through expungement process. Some do not want the conviction taken off their record especially where the treatment industry might reward lived experience. Promoting the fact that this an issue of public health, not ashamed of the conviction • In rural counties "felon friendly" employers are champions for recovery and ongoing support, too.	Assigned to Courts & LE 2/19/21. Sent draft language to WG for feedback due 3/30. No amendment to move forward under SB 755.

		~~conviction may apply by motion to the court in which the judgment of conviction was entered for entry of an order setting aside the conviction as provided in this section.~~ ~~(2)(a) The person may not file a motion under this section until at least one year after any sentence ordered by the court for the qualifying conviction has been completed.~~ ~~(b) A person filing a motion under this section is not required to pay the filing fee established under ORS 21.135 or any other fee, or file a set of fingerprints.~~ ~~(c) No background check or identification by the Department of State Police is required to set aside a conviction under this section.~~ ~~(3)(a) At the time of filing the motion, the person shall serve a copy of the motion upon the office of the prosecuting attorney of the jurisdiction in which the judgment of conviction was entered.~~ ~~(b) The prosecuting attorney, within 30 days after the filing of the motion under paragraph (a) of this~~	• Some may not want to erase the criminal history, and want the conversation to take place to get away from stigmatization. More focused on this was my past and I was able to overcome. • Within CJ field, difficult time recruiting qualified applicants for LE officers. Relapse is part of treatment. Folks who are trying to better their lives can sometimes hide things. Employers and recruiters may be opposed to something that enables that. • On other side, folks with the view that the narrative should be changed and that the fix should be from prohibiting discrimination in housing, fed programs, etc. • Until those fixes happen, the reality is that a person's record will prevent them from having access • Societal structures aren't in place yet to keep someone's record from resulting in discrimination. Lived experience with going through school applications and character and fitness requirements for professions processes. Those can be horrible for folks with any kind of conviction on ones record. Some folks are comfortable with talking about this but for others its awful. Right now, given societal structures, expungements are the way to go • **One way to handle "auto expungement": MJ equity group on HB 3112 section 37: auto system involves State police and OJD reporting to OPDS possible cases subject to expungement, and then OPDS would handle filing** • **Expedited expungements under SB 681 tasks the judge with granting the set aside which greatly pares it down. The process comes straight out of ORS pertaining to certain MJ expunctions.** • Counseling experiences involving navigating the process of expungement. There are folks in the CJ field and community that are not ready to embark on the journey of expungement. Removing the red flags to employers about substance use will potentially make the community upset especially within the employer context. • When a PCS case has been adjudicated, often it's a negotiated settlement. This issue comes up here too. • Extensive expungement conversation happening with SB 397. It will deal with arrests but for convictions not as much relief. When 397 was negotiated, timelines for expungement motions	

		~~subsection, may file an objection to granting the motion only on the basis that the person's conviction is not a qualifying conviction.~~ ~~(c) If no objection from the prosecuting attorney is received by the court within 30 days after the filing of the motion, the court shall grant the motion and enter an order as described in subsection (5) of this section.~~ ~~(4) If the court receives an objection from the prosecuting attorney, the court shall hold a hearing to determine whether the conviction sought to be set aside is a qualifying conviction. The person has the burden of establishing, by a preponderance of the evidence, that the conviction is a qualifying conviction. If the court determines that the conviction is a qualifying conviction, the court shall grant the motion and enter an order as provided in subsection (5) of this section.~~ ~~(5) Upon granting a motion to set aside a qualifying conviction under this section, the court shall enter an appropriate order. Upon the entry of the order, the person~~	came up and groups needed to figure out how to deal with the wave. Had to push DA office entities to agree and in exchange needed to not be totally swamped. If we do expungement amend, it may upset the balance on 397. Really hard to get DA offices to sign on to any auto expungement. Can DA's offices even handle this? Worried Das cant handle. This should go into the interim rather than haphazardly passing an expungement amendment in SB 755 • We need to think about the fiscal piece of this. Juvie and youth has worked on expungement for 6 years and it took 2 to even understand the fiscal piece of it. Thoughtful processes required to even think about this	

		~~for purposes of the law shall be deemed not to have been previously convicted and the court shall issue an order sealing the record of conviction and other official records in the case, including the records of arrest, citation or charge.~~ ~~(6) The clerk of the court shall forward a certified copy of the order to such agencies as directed by the court. A certified copy must be sent to the Department of Corrections when the person has been in the custody of the Department of Corrections. Upon entry of the order, the conviction, arrest, citation, charge or other proceeding shall be deemed not to have occurred, and the person may answer accordingly any questions relating to its occurrence.~~ ~~(7) As used in this section:~~ ~~(a) "Prosecuting attorney" means a district attorney or a city attorney with a prosecutorial function.~~ ~~(b) "Qualifying conviction" means a conviction for unlawful possession of a controlled substance~~		

		~~that, if occurring on or after February 1, 2021, would constitute a Class E violation.~~		
#19 -32 Am.	Data should be collected on effectiveness of treatment and ensuring law enforcement is equitable in application of M110 system. The data collection system should be thoughtful and clear. If possible, M110 data should be added to the system surrounding stop data that is maintained by law enforcement.	Clarify whether stop data can be assessed for M110 related tickets. Require collection of this data and assessment of the data as part of the audits section. **Delete recidivism from the section it appears in now in the form that it appears. Follow up with audits div. to clarify language around measuring "re-referral" to treatment**	• **See REF 25.** • STOP data came from profiling bill and implementation with OSP and CJC occurred • They would be the ones to ask about how difficult it would be to use that system to track E vios. • Violations are all lumped together within the stops data system. • When a stop is done a drop down allows for tracking the stop and the result of the stop. Drop down menus allow to say the sort of crime an arrest was for, but cites and vios are lumped together. It would get really complicated for an officer to scroll through and find the actual citation. Plus muni citations complicate further. Would require a change order to the software developed to set this out. Could draw a fiscal. • Overview of what's collected now in the system: any officer initiated ped stop or vehic stop. Date and time, location, race/ethnicity/age/sex of person stopped based on observation of officer. Goal was to catch profiling. Nature of and statutory cite for the alleged traffic vio or other alleged vio that caused stop, the disposition of stop including warning, cite, summons, searches, type of search if applic, if anything found, whether arrest made. Potentially the drop down does have specific vios • Big question: Is the drop down specific to type of vio? If yes, easy to add E vio, if not, may be difficult. Aaron and Kimberly to follow up. • Worry that officer may not correctly ID stopping a POC. Latinx people are often recorded as white. Note that intent of officer is important question in context of STOP data, but that actual impact on communities of color (ie for class E violations we need accurate data on actual race based on wording of M110 audits section). Thus if we are using STOP data note that the data in that system is data on profiling and not data for sake of data. In that context officer perception was most important. Changing this would be a fiscal. Thus audits may not be able to rely on this data.	Assigned to Courts & LE 2/19/21. Discussed by subgroup on 3/10. Addressed by audits amendments, draft pending. Combined into final amendment.

			Additions to performance audits on implementation section: • Add demographic measurements specific age ranges • Add demographic gender. Resource matching for gender specific engagement. Over rep or more need for gender specific treatment. Use data to support • Add breakdown by county • Language now says “citations issued” which means the audits division would be looking at law enforcement data. • What type of connection exists between issuance, whether they get the screening, what happens later (follow up care), cycles that get repeated. This may get difficult to track without additional identifiers. Amendment to audits section: • Delete recidivism from the audits section. Change to rates of relapse or rate of re-offense of class E violation. • ***See discussion on recidivism in tx subgroup box REF# 25*** • Shifting from health approach from CJ, recidivism seems to be part of the old system. • Is the policy having it’s intended health outcomes? • Rates of recidivism seems to be a weird thing to have the ARC track. Will they be doing that? Can they do that? • Repeated citations which would equate to LE contacts might be better indicator • At some point we should have a larger meeting w the audit folks and the types of things they’re looking for. OJD and CJC can come in with expertise on data and how the data connects or doesn’t connect. Broader understanding of what the auditors are looking for • Justice system involvement data—is that collected by tx people? • Nate: without law enforcement agency provision tx facilities do not collect recidivism data. In favor of removing that responsibility from ARCs. • If intent was to capture recidivism on implementation side (like if community was interested in knowing whether PCS led to escalation for example), more appropriate for LE folks to collect the data	

			• Tx centers will know information on re-referrals. Thus could change recidivism to "re-referral" to tx engagement or ARC
			• Juvenile justice information system will be able to collect much of this data. The word referral in Juvenile system is a term of art that involves referral back to the juvenile office. Define who the re-referral is to. The more clear the easier it will be for the audits division
			
			Discussion from 3/17/2021
			
			• Among individuals ticketed: recidivism (How is recidivism defined?)
			    ▪ Recidivism typically comes from CJC see data dashboard. Arrests for misd or fel, any conviction, incarceration. 423.557 defintion
			    ▪ Spirit seems to be to make sure not escalating in harm. Recurrence works better for this. There could be a way to get the information more holistically
			    ▪ Tracking re-occurrence or recitation of the citation is different than tracking
			    ▪ Point to make sure we can catch folks who need a different approach to services. Those folks may be coming into contact with LE over and over again (high system user rate)
			    ▪ Current bills looking at set asides for MJ convicts etc. May impact
			    ▪ Matching up info on CJC's recidivism data with individuals getting E violations? (aimed at determining if E violation individuals are escalating or de-escalating?)
			• Whether Citation mechanism is leading to treatment service use (numbers on calls, services, linkage to other services, providing assessment verifications to the court). How many people who get a cite request an assessment? [What happened after assessment?]
			    ▪ Note that for this lvl of detail it would have to happen at the tx side of things (OHA or entity) or do a case by case review. OJD will only have	

			information on whether a dismissal happens because of verification ○ Note that the court's data is based on the citation, and making that information available. Are there expectations of court collecting separate data? ○ Should ethnicity be on the list? ○ OJD tracks based on LE demographic data for the tickets. Reliability will be based on officers filling out tickets. Demographic data including race, ethnicity, gender, age ○ Have the service providers collect the demo data too, w information on self reported race	
#20 -32 Am.	Individuals with high deductibles shouldn't be discouraged from getting treatment, but we also don't want insurance companies to be off the hook in terms of covering treatment. The goal is that the treatment is free for the individual and not for the company.		**See REF 32 Regarding insurance Billing**	~~Assigned to Treatment Servs 2/19/21~~
#21 -32 Am.	Concern that if phone line is open only to those given tickets, it will not be used enough.	Clarify language such that OHA phone line is open to any person wishing to get treatment, including those who are not ticketed.	**SEE REF #36**	~~Assigned to Treatment Servs 2/19/21~~
#22 -32 Am.	M110 is silent about issues of retroactivity. Does not state what happens to people currently charged with PCS crimes that would be class E violations if not for the incident date being before Feb 1. Also does not specify what to do with individuals currently on	**(a) Amend ORS 161.566 or add a provision near it pertaining to criminal PCS cases that are not yet adjudicated and that would have been E violations if they'd been committed on or after 2/1/21. In those sections, clarify that a prosecuting attorney, with**	• This section will need a lot of work and discussion on precise language. We need to make sure we're talking about current charges. • The way this all reads seems to imply that post-adjudication would be included in the population. Make sure that this applies only to folks with open cases for (a). • If a person is taken out of probation, often they will stop engaging with treatment. Could be irresponsible to remove the treatment supervision. Ethical concerns in terms of terminating tx.	Assigned to Courts & LE 2/19/21. Discussed by subgroup on 3/10/21. Discussed further with

	supervision for a PCS crime that would have been a class E violation but for incident date.	**the consent of the defendant, may move to dismiss the case under this section and simultaneously initiate an E violation proceeding. Upon initiation of that proceeding, and in the same hearing, the defendant will be convicted of the E violation and the presumptive fine imposed, unless the cited individual provides verification of a completed screening in which case the court shall dismiss the citation.** ~~(b) When a defendant who is on probation for a crime that otherwise would have been a Class E violation if it had occurred on or after Feb 1, 2021 is brought before the Court to show cause why their probation should not be revoked, the Court shall not impose a custodial sanction, either as an interim sanction or as the result of revocation of probation, absent agreement from all of the parties. The Court otherwise retains all powers as detailed in ORS 137.545.~~	• Judges will not be comfortable with the language in (b). If a person • (b) alternative: If the only crime you are on supervision for would be a Class E, and the reason for the show cause is a class E, the defendant cannot be revoked. • Measure was pretty clear that Feb 1 was the date when the measure would take effect. It wasn't "silent" on issue of retroactivity • (a) DA may move to dismiss already anyway. 36 different Das have taken different approaches to handling the M110 tickets. • Handful of the Class E cases will be negotiated cases. There may have been additional charges there that were dismissed, and a defendant got the benefit of a deal. When talking about retroactivity we have to consider the complexity involved with negotiated settlements. • In terms of not criminalizing people, could continuity of tx be continued if a probation is being terminated in the way suggested by (b)? • Complicated to do a warm hand off. Anytime there's a strong relationship between individual being treated and the counselor, its shocking and traumatic to be pulled off of the treatment regimen. It could be done, but it's very difficult. • Trickiest situations are where the health and cj sides meet. Could we ask the health side w/ crossover. • Could be that this is sort of a one off. Once the cases are dealt with it won't be a repeating problem? • Old way of thinking about folks involved in the CJ system, tx was embraced and wrap around services were embraced. There's funding for those too. The person being terminated could lose support structures and housing. Ripple effects to resources. OR is different from other states in this respect. • Seems that there are legislative and administrative ways to finish up the case, doesn't make sense to cut them off. We don't want that to happen. (b) may cause that. • All kinds of things the Court can consider on revocation. Court has enormous discretion to accept or not accept a PO's request for revocation. E.g. moving without telling PO can be basis. Hanging out with antisocial people can be basis if on special conditions. Those types of allegations can be launched and	WG via email on 4/2/21. Combined into final amendment.

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			courts have discretion whether or not to revoke. Even if someone is revoked, the person isn't getting incarcerated long term. • Mult co is unique in that they are trying to do some of these things already. Not all experiences were positive in going this route. DMed on their own a huge number of PCS cases where a person had completed an LSCMI (assess comparable to M110 screening). This resulted in dismissal to open probation cases. Line was drawn w judges on cases where a person was H/H on LSCMI or where the person was involved in a TX court. Feeling was that they shouldn't interrupt course of tx. In many of those cases the PCS wasn't the person's only case (ie a UUV in addition to the PCS with a global plea). Reluctance to do a one fell swoop dismissal. Also tried to set up a circumstance for people with pending charges where the person could get a class E or an assessment to get it dismissed. This did not go well. Trying to get assessments—defendants couldn't navigate the system. This may have been because the system wasn't up and running yet. Feedback was this wasn't meant for old system involved folks. Agrees that M110 wasn't silent on retroactivity, it gave an effective date which is clear that there is no question about retroactivity. • Talking about this in isolation isn't appropriate. Could cause outcomes that are out of step. Expungement conversation should drive this convo. Those two issues are connected. • When dealing with someone who might have had a felony prior to reforms, it's more complex. The expungement issues will come up. Default is non retroactivity but this doesn't mean we shouldn't have the conversation of making sure things are fundamentally fair. Overall the fundamental picture is that this is a health issue and should never have been a criminal issue • Note on underlined portion: open and pending misdo PCS case-reduce to vio? Some D attys have objected to this. There is caselaw that suggests that is misdo is reduced to vio, they retain right to jury trial. That strongly disincentivizes violation reduction. It's expensive. Nice thing that the petition is to reduce to vio WITH A PLEA. This solves the problem	

			• Feb 1 was the date, just keep it simple and let it be that date. DA's can still treat it as a violation if they so choose. Discussion 3/24 • For probation side, only looking at folks who are on probation for possession and looking at intent from voters to no longer treat these as crimes • Jail is very disruptive for an addict, can cause loss of housing, meds, access to belongings. • Take that intent and have it apply to a probation that would've been a class E vio if committed today. • Limited to saying that you cant go to jail, but there may be some folks in drug court programs on PCS charges. The court would still be able to keep them on probation, do something like a re-referral, not sanction with jail is the goal of the probation amendment • In mult co- pushback to something like this around drug courts and specifically START. Dominant charge is UUV, Burg, etc but there is a PCS trailing to provide sanction units. Functionally with START court and specialty cts, they were worried about being able to use the PCS charge to get folks into inpatient by way of sanction. Not nec an objection, just a note about functionality. • Dynamic of sanction units on misdos and felonies is a subtextual issue here • Phil will check with drug courts on the probation suggestion. • Q: if person on prob for what would now be Class E, and theres a move to revoke for a new crime as opposed to a technical vio, this would require the judge to • A: you would not be able to revoke and impose the custody sanction on the probation, it would have to be on the new criminal case. • In practice w/these ideas it's already actually happening in terms of not revoking people to jail or prison on PCS cases. Caution on a one size fits all approach to the supervisions because there has been screening w a risk/needs assessment. For folks who are low risk, they go on case bank. They get a really hands off approach already. For higher risk people (many of whom have PCS probations), supervision involves tons of resources. Not just punitive ones, also employment, housing, treatment, etc. If you	

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			take people off of supervision that fit within that mold you might do more harm than good to that population. • Just because someone is serving a probation for what now will be an E vio, the case may have been negotiated to be this way. • Clear on face of statute about dates and lack of retroactivity, so we shouldn't add retroactivity. • On juvie side: there are a couple of juvie drug courts that should be able to have input. • Even though the H/H folks who would be scooped up by (a) those folks are the most needy. If they are removed from accessing the services they're not going to get those services from out there in the community. They need support and a probation can provide that to them. • Folks within (a) would be able to access the referral to resources. • Oftentimes this group of individuals-a phone call is really difficult to follow through on. The probation can help provide reminders and linkage to treatment. Puts burden of responsibility to seek help on the person when they're not ready to do so • For folks within this group—this system is not open to the whole public such that gaps are created between the CJ system helping H/H folks and M110 helping folks. Maybe there's a fix that allows providing services despite not being on paper for a crime. • Decades long problem that DCJ has been thinking of. The risk needs system was created because one size fits all doesn't work. Trauma, background history, family dynamics, etc all contribute. Best way to do it is screening for risk of re-offense. If low risk, they don't necessarily need help from DCJ. But if High risk, DCJ devotes greater resources and support. • DCJ has gotten better about being discerning. • Q: what's the barrier to providing what those people need in most cases? If theres a separate charge they'll still get those services. What's the barrier to delivering the service? • A: As it relates to this, the barrier would be no jurisdiction to help. They only get to serve an individual if they're in DCJ's care or custody or on supervision with DCJ. On broader scope as it relates to the community and healthcare: if the providers aren't being compensated then the services aren't getting out to the client base. This may be alleviated with the shift to public health	

			and emphasizing that this is a crisis. Don't place the burden of paying for the services onto the vulnerable person. • Everything identified is essential. Within the funding of the Act within the end of this biennium and w/ OAC there should be a warm handoff for this particular population. Should purview of DCJ be extended into community health. Could DCJ provide services to violation offenders? • What about courts only serving H/H folks? D assessment reports- old school pre-sentence investigations that are informed and client centered. Those assessments are done through LSCMI and D assess reports in terms of allowing things like downward departures. To require DCJ or any other industry to conduct those things on lower level E vios will not be accepted because it's super expensive. PSC would be a better way of handling this if DCJ resources were going to be spent at all on E violations.	
#23 -32 Am.	As written M110 makes language regarding SQ as to possession offenses non-functional. This is because each drug lists out that possession is a class E violation unless it is a CDO specifically, or if it exceeds a certain small amount in which case it becomes a misdemeanor. No felony version of possession is provided for on the basis of an SQ. Thus, under ORS 475.900(2)(b) which lists that possession over an SQ = CS6, no longer functions since a CS can only be ascribed to a felony, unless the CDO also accompanies the SQ. (Also causes ORS 475.900(3)(b) no longer	Clarify that if possession is in a substantial quantity, it is still a felony.	• **Consensus is to ask for clean up amendment such that PCS SQs are treated the same as before M110.** • Intent was not to touch anything having to do with delivery. Only has to do with use. • Commercial enterprise not intended to be impacted. • If unintentionally changed we should fix this • Voters probably didn't know this was an issue. Clean up amendment needed. • SQs are generally going to be constructive deliveries. Fall back on the intent. • Scoured M110 website to see if intended. Only felony mentioned CDO, not SQ at all. No one mentioned this in voters pamphlet. • When change occurred from felony to misdo conversation regarding SQ occurred. Intent to deliver exists for many SQ charges.	Subgroup discussed 3/3/21 Request to LC Combined into final amendment.

	apply to any offense, though this can be fixed more easily by deleting the text of that subsection). In practice, this means that a person in possession of 10g or more of meth, for example, even up to 500g of meth, could not be charged with felony possession if CDO factors were not present.			
#24 -32 Am.	Youth should have an opportunity to avoid court and the fine in relation to M110 E violations. As of now they will have to go through the same process as others, unless routed first through the juvenile system.	Suggest the following amendment that carves out the procedure when a person under 18 is cited: SECTION 22. Section 22, chapter 2, Oregon Laws 2021 (Ballot Measure 110 (2020)), is amended to read: Sec. 22. (1) Any person 18 years or older that is subject to the penalty set forth in ORS 153.018 (2)(e) for a violation that has been classified or reclassified as a Class E violation pursuant to [section 11 to section 19,] ORS 153.012, 153.018, 475.752, 475.824, 475.834, 475.854, 475.874, 475.884 and 475.894 shall be fined up to $100, but in lieu of the fine[,] may complete a health assessment, as set forth in section 2[(2)(b)(ii),](2)(c)(B), chapter 2, Oregon Laws 2021	• Feedback from LC received. Counsel to follow up with Molly from WG. • WG is in support.	Discussed by full work group 3/5/21. Request to LC 3/5/21. Combined into final amendment.

		(Ballot Measure 110 (2020)), at an Addiction Recovery Center. Upon verification that the person has received a health assessment at an Addiction Recovery Center within 45 days of when the person receives a citation for a violation subject to the penalty set forth in ORS 153.018(2)(e), the fine shall be waived. Failure to pay the fine shall not be a basis for further penalties or for a term of incarceration. (2) Notwithstanding ORS 153.012, 153.018, 475.752, 475.824, 475.834, 475.854, 475.874, 475.884 and 475.894, any person under 18 years or older that is cited for an offense that could otherwise subject the person, if they were 18 or over, to the penalty set forth in ORS 153.018 (2)(e) for a violation that has been classified or reclassified as a Class E violation pursuant to ORS 153.012, 153.018, 475.752, 475.824, 475.834, 475.854, 475.874, 475.884 and 475.894 shall be referred to the county juvenile department with jurisdiction over the matter. The citation may be resolved through informal means that may include participation in		

		educational or treatment programs such as youth court, mediation, substance abuse prevention, substance use disorder, or other similar programs.		
#25 -32 Am.	REGARDING AUDITS: (1) Per OR SOS- current language needs to be re-worked to allow for audits section to meet goals of M110 and help ensure the system is effective. See document. SOS has submitted a requested list of amendments. SOS has also suggested adding a requirement of a "real time audit" to aid in implementing M110. (2)The OAC should have the ability to determine meaningful data collection based on funded projects or service elements. BH service, housing, employment, harm reduction and peer recovery services have different activities and outcomes. Each sector is evolving and improving in best practice over time. Static proscriptive outcome in the current language may hinder the OAC in meaningful data collection.	**Gut and stuff the audits section.** (1a) Require OR SOS to perform one real time audit (1b) Remove "fiscal audit" language and replace with "fiscal review" (1c) add language requiring that grantees and any entity receiving money from the Fund "shall keep accurate books, records, and accounts of all its dealings which shall be open to inspection and audit by the secretary of state." (1d) Extend deadline of completion of initial audit to December 2023. (1e) Delete requirement that Secretary complete financial and performance audits at least once every two years, and change to direct SOS to take into consideration the risks of the program when preparing the annual audit plan. Require periodic	• Could request financial audit. That will look at prepared financial statements. Likely that will all be info prepared and documented by OHA. OHA holds funds and distributes based on OAC. A lot of this will look at what OHA is doing and making sure they're doing what OAC directs. • "real time audit" and first deadline for actual audit. Performance audits take 12 months. Make sure deadlines make sense. More flex with timelines avoids audit fatigue within agencies and entities. There are many demands on staff that are created by audits. • ORSOS will be in there no matter what. Thinking about burden on organizations. • Rec of follow up within 2 years: are the recs being implemented? Increases accountability and transparency • If timeline of audits should be spread, they should be replaced with some sort of annual report aimed at info sharing regarding funds. Like a lesser version of the full report so that the information isn't lost. If only done based on risk we've already lost information potentially • Can we add to audits the geo distrib. Of the funds? Since we may not be giving money directly to counties we can see across the state where the money is going. Can help catch ignored communities. Start to see where were perpetuating gaps. • ^This should be incorp into the statute so that it's definitely looked at. In past this has been done and they looked at how resources were provided in various communities. It comes up quite frequently. • Frequency: 6 mo-18mo range of how long the audits take. The more complex and larger scope, the longer it will take. • Narrowly scoped questions can be more easily answered. Potentially ask for narrowly scoped audits during shorter time frames? At 6 month time periods	Discussed by WGs on 3/10/21, 3/12/21, 3/17/21, 3/19/21, 3/26/21. Also via google docs and email. Combined into final amendment.

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	And increase the risk of redundantly collecting data that is not useful for outcomes over time, thus being an admin burden. (3) In section 24(b)(A) of M110 Sec of State is required to complete auditing surrounding ARC effectiveness. On the list is client outcomes including "recidivism." Unclear if conventional recidivism was intended to be measured by drafters (meaning committing criminal offenses) or if the intent was to measure how frequently people were E violation cited after going through an assessment and treatment at an ARC.	performance audits, require audit follow-up within 2 years of completed performance audits of the program. (1f) Ensure that performance audits can be conducted on a timeline independent of financial reviews or financial audits. (2) Change subject matter of performance audits to ensure data collected is meaningful to each sector/service funded. **See audits brainstorming tool.** Suggestions regarding "recidivism" here. (3) Publication requirements separate from audits: require OHA publication of information every 6 months to include information on grants program and information on phone line functioning. (4) Add OAC to section, requiring that they consult with audits division in creating program. Add requirement that the OAC and OHA consult with audits division to create systems that comply with goals of M110 as indicated in audits section.	• Annual reporting: is that OHA or ORSOS? • Add requirement that OHA report to audits division X, Y, Z at various time frames. E.g. internal audit work • Have the OHA and OAC put out publicly available information somewhere in the statute. Require this somewhere in the statute. Replace consistent audits with required reporting by OHA. • Tech assistance for grants funding: Hope that OAC will prioritize removing barriers for culturally specific providers. OHA is supportive of this. • Support for at least 75% of funds going toward communities most impacted by the war on drugs as language amendment • Difficulty in accessing complex systems. Grant applications suck. Is there some way we can create some kind of a coalition of allies within the OAC that could help BIPOC communities and other disadvantaged groups get through the grant process. • Creating processes that allow BIPOC communities to give input in real time • Transparency, consumer experience, etc getting lumped into audits. Goals of audits: • Ensure the goals of the measure are realized. • Avoid user fatigue. Make sure BIPOC communities can navigate this system and make it easier for them. Make sure there's supports in place. • We should try to make sure the OAC has the information and avoid multiple layers of having to report to auditors, and avoid having to report multiple times. • Audit needs to hold feet to the fire on getting money to BIPOC communities. • Audits should be directed toward ensuring that funding goes to the communities, not just to admin	

			• We should make sure the goals are reasonable to ensure good self reporting • Increase access (individuals' access to treatment and services, treatment and service provider access to money) • Ensuring there are practices that make successful engagement at the treatment and service provider level. • Diff between law enforcement contact vs tx and research provider contacts. Latter: # of contacts is good! Former: # of contacts is potentially bad. • Expectation of communities and OAC that people can self refer into the system. Also some of the orgs could be getting referrals from other organizations. Might be really difficult for any provider in this space because funding will be coming from many places. Will be really hard for providers to specifically track the folks coming from M110 system. When OAC provides the grants we don't want hardline restrictions but we also need to be collecting information about access to services. • Quality check abilities exist, but individual outcomes are extremely hard to track. We should aim the audits to look at population wide data • Note that we don't want money to be spent on silly things like just complying with these audits • Maybe OAC can help create a better system for data collection specific to the mission of M110? Do they get to make recommendations about insurance • On clinical side: thinking about auditing OAC's goals of lowering barriers to access for impacted communities. How much authority do we give to OAC to accomplish that goal? What about the activities? If you get a contractor agreement there will be things they have to report back to the OAC. What will those requirements look like? • ***Let's look at disproportionate response from LE to these tickets. ORSOS has been looking at it and we should codify*** • ***What we've seen is 3 youths in marion county cited so far. Interesting. Lets see what are the zips, who is doing the arrests,***	

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			what populations are being targeted. Capture this data. Have it reported to someone • Over policing of communities of color is an offense by the justice system really. Make sure language is not confusing • See if OAC wants to have a system to do a check in call 6 months after cite? Admin burden, collection of disparate data	
#26 -32 Am.	100$ fines will go to a legislative account that can then be disbursed to a list of entities. Criminal fine account. The Fund is not on the list.	Add the Fund to the entity list that legislature can appropriate to from the Criminal fine account.	• long history on this account. Decades of negotiations on which places the funds can go to. • can this be limited to allowing appropriations only from the class E violation tickets money? • two tiers of fund recipients from the criminal fine account. • Discussion: shouldn't legislature be able to move money in the fine account into the treatment account under M110? We could direct W&M to transfer whatever the amount of rev from class E violations to the M110 Tx fund. • We should have something limited enough to direct the authorization as to money from M110 tickets	Discussed by full work group 3/5/21. Request to LC 3/5/21. Combined into final amendment.
#27 -32 Am.	M110 may be written in a way that implies that its narrowly about addiction treatment as opposed to broader supports like housing. Also "intensive case management" may be too restrictive a requirement.	**General amendments:** Amend Page 2, at Lines 6-8 to say "… for the purposes of immediately triaging the acute needs of people who use drugs and assessing and addressing any ongoing needs through intensive case management, **ongoing case management, harm reduction, treatment, housing, and linkage to other care and services**." Amend 2(2)(d) to broaden the scope and delete some language. Specifically: amend to state "All services provided	• Agrees that to go through the text to make sure it's broad. Treatment means clinical tx, other services that are part of the continuum of care. • Within industry continuum of care means broad range of activities that support people on pathway of health both on MH and SUD side. • In last 25 years the term has come in and out of popularity but meaning hasn't changed much • Also OAC can work to refine what the meaning is based on best practices. • In medicine continuum of care means continuum of medical care • "treatment applies to clinical treatment and other social services and behavioral health services. • Simplify to say: continuum of care including: social services, behavioral health, physical health, and harm reduction services. Delete "intensive" at top of sect 2	Discussed by Tx subgroup on 3/5/21. Request to LC on 3/7/21. Draft received. Combined into final amendment.

		at the **Networks** must be evidence-informed, trauma-informed, **culturally specific, linguistically** responsive, patient-centered, nonjudgmental and centered on principles of harm reduction. The goal [*of the individual intervention plan and intensive case management*] shall be to address effectively the client's substance use [*disorder*] and any other **social determinants of health**." Make conforming amendment at page 3 line 18 to state: "culturally **specific, linguistically responsive**, patient-centered. . . " **Intensive case management amendments:** In all places remaining where "intensive case management" appears, delete "intensive" such that it states "case management." Delete "intensive" from "intensive case manager" at page 3 line 8. Amend Section 2(2)(c)(C) to delete lines pertaining to intensive case management (lines 30 after first word, to line 34).	• Remove the section of intensive case managent because it may muddy up SUD stuff. Just say case management. Some people will be assessed into intensive case management with a separate billing pathway. Don't use flex dollars to pay for this. Allow for other work to dovetail with it • Agreement that we should delete that because it's a very specific clinical term. We don't want to gear system toward higher level of acuity. The more we can delete reference to "intensive" is better. • Also the deleted portion will still be covered by other parts of the statute. Tracking ppl through system • Addition that issues regarding what services to cover to check in w group of social workers. They seem to be the most adept at finding out what barriers there are to treatment. Also RNs do case management. They know what needs to be addressed. • Focus should be on meeting people where they are. • Goal: were trying to address folks who don't want to quit, and also harm reduction for people who use but don't have a substance use disorder. • E.g. electronic dance community where people use recreationally and there are risks assoc with that, but those people may not identify as having a disorder. Educate about the risks they are taking and are there ways they can be reducing the risks to themselves. Thus these changes will broaden things so that this type of caller is not turned away from the system. • Keep "mandating abstinence" line in this section because a person who might not know about addiction. We want to make sure ppl who use the phone line a lot don't eventually get turned away because of repeated use • Incentivize new entrants into the field. • Argument that intensive case manager is a bad idea? But this could create opportunities for folks disproportionately affected. Define intensive case managers to include that group	

		OAC authority amendments: Add to page 2 at line 8 at end of section 2(2)(a): "The Oversight and Accountability Council may amend by adding to the requirements of the networks as contained in Section 2(2)(c)(A-E) and Section 2(2)(e)(A-C)."	• Intensive case management is really more about the amount of service and amount of caseload as a max. as an agency you could hire several different levels and types of ppl to perform the duty. Its somewhat flex • Tiered case managers, bach and masters lvl case managers. Peer case managers are the most entry level and for that position it's like a sophisticated service manager. Caseloads get smaller and more intensive as one moves across spectrum. If we do case manager it's the broader term, and adds capacity. If just intensive case mgr it will cap amount of ppl served. Tricky part is that in MH side there are special billing codes for case management, but we don't have that in the SUDS side. SUDS waiver will allow case management support. Based on indie provider. • Move the deadline for intensive case manager? • Intent of measure: when we get into the weeds we think of entire care network. Where's this piece and wheres the handoff? • Worked with many social workers, and patients w dual diagnoses really need someone who is an intensive case manager to make sure the person doesn't slip through the cracks • Be mindful of pt made by moxie around access. Is this a doable goal to have an intensive case manager. We need to make sure we have access to folks across the state. We don't want too many hoops to have to hope through? • What are in CCO contracts and what are the OARs in terms of intensive case managers and intensive case management? Note: inherent tension related to staffing and number of BHRNS/SURNS/ARCs- • E.g. 15 ARCs in the regions but in some areas like Eastern OR just one would be great. In mult co there's very different capacity. Changing of the three staffing positions from intensive case	

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			mgmt. to case mgmt. to meet needs of facilities could be approached this way—the floor is the initial staffing req, the ceiling is making servs available to everyone in Oregon. This may include intensive case management and MH care. Locking into a staffing model or designation doesn't help get us to the ceiling goal (ie may include intensive case management).	
#28 -32 Am.	The current language does not specifically provide for more than one entity (nonprofits, counties, certified private businesses, and/or CCOs) to jointly apply for a grant.	Section 2 (4), add: Addiction Recovery Center (BHRN, SURN) could include two or more agencies, governments, state certified privately owned organizations, community based non-profit organizations that provide the full range of services* from harm reduction and prevention to treatment and recovery providers capable of serving people through multiple levels of care and both acute and chronic care management.	**Addressed in other amendments.**	Discussed by Tx subgroup on 3/5/21. Request to LC on 3/7/21. Draft received. Amendments to draft requested. Combined into final amendment.
#29 -32 Am.		*Clarify that organizations do not have to offer all the services listed to be part of an ARC and receive funding. OR amend language such that the requirement is prioritization of funds to networks such that at least one network is established per county, with definition of network as contained in section 2	**Addressed in other amendments.**	Combined into final amendment.
#30 -32 Am.	Intensive case management services are a service that is more costly to offer on the front end and if a need for	First contact should be with a peer support specialist: Make all conforming amendments required such	**Addressed in other amendments.**	Draft received.

	these services is identified during the initial screening then a peer can support the person in accessing case management services as well as the array of harm reduction, treatment, housing, employment and physical health services and long-term recovery supports and services in their community.	that the "screening" be performed by a peer support specialist (whether on phone line or at an ARC) but ensure that this doesn't disturb requirements to be a completed ARC (BHRN, SURN)		Combined into final amendment.
#31 -32 Am.	People should be able to satisfy the ticket requirements by doing something greater in intensity than the screening.	Add language to clarify there is more than one way to meet the requirement to get the ticket dismissed. E.g. add language saying if the person gets a screening "or any other equivalent or greater treatment contact" they can have their ticket dismissed.	• WG in support. • nuance to this: tx is not abstinence based at many locations. Some ticketed folks might already be in tx. This is a likely scenario. • in order to get violation dismissed, the court must receive a verification of the assessment or service that triggers dismissal. As we add more entities and people we will have a more complex job of getting the verification to the court.	Discussed by full work group 3/5/21. Request to LC. 3/5/21. Draft received. Combined into final amendment.
#32 -32 Am.	Individuals with high deductibles shouldn't be discouraged from getting treatment, but we also don't want insurance companies to be off the hook in terms of covering treatment. The goal is that the treatment is free for the individual and not for the company. The bill does not specify that private insurance and Medicaid can be billed for	Clarify that "free services" are offered after any medicaid and/or private health insurance has been billed. Providers need to be required to charge insurance first (not "may"), be able to apply any co-payments or sliding scale otherwise required by law (this is part of FQHC requirements). This is going to be especially important if/when services such as peer support, housing, prevention,	• Patients deal w really high deductibles and therefore patients avoid using services. Is there a way to say that any insurance company that's providing plans to people in OR has to offer same kind of plan? Is that alrdy covered? • At CCC-staff can do things that are billable, and soon to become billable under OHP. Could be world in which BHRNs say we don't have to bill OHP because we have fund money. By making sure BHRNs have to go through existing money • FQHC has fed quidelines about when you start charging for servs. Based on poverty levels and has a pay scale. If an FQHC is part of network, does FQHC follow rules of M110 and make Fund pay for it, do we bill the individual bc the FQHC rules apply? May cause providers to not want to become part of BHRNS because the rules are too confusing	Discussed by Tx subgroup on 3/5/21. Request to LC on 3/7/21. Draft received. Combined into final amendment.

	services provided under M 110. In addition, the law doesn't specify that co-pays be covered with M 110 $. 2 pieces: (1) Make sure billing is done right. (2) Issue of high deductibles and making sure services are free to the individual. (deductible subsidies? OHA populations—talk to Dept Consumer Business Servs)	outreach and even employment support become Medicaid eligible under the 1115 waiver. • Ask Medicaid attorney for help! (or some other specialist) • "payor of last resort?" *Make sure no language that prohibits OAC from tackling the issue of insurance deductible subsidization or coverage* *Make sure no language that prohibits OAC from tackling issue of continuity of care in incarcerated populations.*	• Servs that can be billed for should be billed for. Align w rules on private insurance billing • Important part is that this revenue doesn't impeded folks billing things that can and should be billed. This is particular to medicare, Medicaid and indigent funds. We don't want to get into a double bind on billing because orders of operations differ between entities. • OAC may need to tackle issue: using this money to pay deductible for billable insurance services will take serious consideration because many commercial SUDs and residential facilities cost up to 30-35k$ a month. So if theres a high deductible plan that means none of it was covered. Was that meant to be part of the Fund money? Deductible grants system? OHP services and providers that work with it have a different cost scale (3-4k$ per mo) so that's a totally different beast. Differences between commercial insurance and OHP are huge. • Intent is for cost not to be a barrier to the person. How do we do this? Deductibles can be a huge barrier. Is there a solve other than completely overhauling the health insurance system? How do we make sure the intent of free services realized. Could tear through most of the grant dollars if we broadly pay out deductibles. • Maybe most appropriately tackled by OAC. Funding mechanism that's more equitable over time. • Deductibles information: in OR in 2019 total cost of deductibles was 7400$ (per person) (10% states median income). Tricky because you could use up the Fund supplementing insurance. If we do sparingly cover deductibles with maybe a matching system • Payor of last resort is language sometimes used "This fund shall be the payor of last resort" but the intent is to get a little more into the weeds. This lang would require charging insur first • Make sure "payor of last resort" applies to more than just medical providers. Talk to Lorey • What about incarcerated people? Medicaid actually cant be billed for incarcerated persons. There are a lot of people in prison and jail who aren't helped by M110 yet. May be socially just to direct funding toward their care, and OAC may want to be	

			able to help that demographic. Upon release risk of OD is very high. Rate of OD within 2 weeks of leaving prison was 129x higher than gen pop. This disproportionately impacts BIPOC communities. NY program tackled tx in prison populations. • CCC and rep wilde looking at continuity of care • State DOC put 30 mil dollar price tag on continuity of care for this bill. Theres a leg work group to start looking at incarcerated persons and their continuity of care. Also work at the fed level to ease some of the restrictions. Don't want to prop up corrections institutions so the issue needs to be thoughtfully approached • Because it's a project area involving many other stakeholders working on the issue, may be an issue outside scope of SB 755 wk group. Just make sure OAC can consider this and has flexibility. Make sure BHRN SURN could address the population.	
#33	~~Current composition of OAC does not include many healthcare professionals. OAC may not know how to design and fund healthcare systems to improve medical outcomes as a result. They have valuable input as users of those systems, but almost none of them know about the biology and research behind addiction care, or how to give clinical care.~~ ~~Also, OAC doesn't have anyone from the juvenile side of things.~~		• **SEE Ref 43**	
#34 -32 Am.	Grant funds as the only option for the funding tranche may not be an effective way to ensure treatment. Relying heavily on grants has been a predominate	Give the OAC and or account the flexibility to utilize other forms of funding strategies outside of Grants as the process matures beyond start up to ongoing operations. Do this by adding in language like "The OAC shall administer	**Addressed in other amendment.** • What does language look like around grants and funding. Make sure DOJ reviews language around funding. Allow for funding outside of grants? Many practitioners want ability to contract. May in the future be other possibilities. Should there be room to allow for that? Also nationally MJ monies may open up new possibilities.	Discussed by Tx subgroup on 3/5/21. Request to LC on 3/7/21.

	historic strategy to fund sud services and has caused a large part of the system weakness we have now. Creating funding mechanisms that meet the needs of the maturity and sustainability of the system of care is critical to achieve population health outcomes. Reliance on grants has deeply impacted population specific services including culturally specific, gender specific, linguistic and others services as they receive them as start up or pilot projects and then are left with unsustainable ongoing funding streams. Grant's funding used for ongoing operations due to time limits and admin burden also have negative impacts on workforce retention and moral, and consistent reliable access for consumers. Lastly on this topic, it is likely in the next decade that marij. Money could become legal federally and could be leveraged in Medicaid so making room for flexible funding options would be prudent.	Grants or other funding streams" Note that there are two parts: 1. get the initial money out the door (language should be sunsetted? Limited to just this initial funding?) 2. allow for funding types other than grants ie contracts.	• Give OAC freedom and flexibility to support different funding options. • This is really important to give flex. Example: • Recovery housing: new housing financiers contract is considered financial stability but grant is not, even if they're totally the same. Financiers really like contracts so if only grants are possible then there are limitations tohow the funds are used • What are the outcomes of the networks: Easier to do pass through dollars to existing contracting partners (counties and their sub contractors) doesn't exist if it's only grants. Right now its only providers and gov agencies. Could be upwards of 150 grants at any one time. Using existing funding possibilities consolidates funding disbursement. Also could relax to allow joint applications. • Contracts provide more consistency and assurance • Esp if were looking to lift up diverse and small orgs, linguistically specific services, they could benefit from contract options for funding. Funding vehicles can support differently • We don't want limit ability for OAC to get the money out to various projects • We definitely want ppl to be able to do grants or contracts but not sure if we can do it that way. Grants is just putting money out the door. It's time limited and you don't necessarily get anything in return like with a contract. In this context, theres been concern about who the contracts can be with. Counties are concerned theyre lowest on the priority list. OAC should weigh in on this • OAC wont be able to start sending money out until after June • Does OAC have ability to send the money out? We don't know. It will depend on how they give the money to OHA and what that says. • If right now there is a need that the OAC participants agree with that theres a need to send out money and have deeper involvement for the time fram where OAC is getting up and running that's one thing. But the OAC should still be the decision maker. Start up time is a special challenge. Permanent provision	Draft received. Combined into final amendment.

			of OHA as a decisionmaker would frustrate the goal of M110. Intentional that the OAC would be the decisionmaker • OAC will be in charge of the grants program and amdministrating the Act. The OAC wants to continue to have the power over grants and not share w OHA • Set a sunset on ability for OHA to provide funding? • Goal is to still give the OAC the power to fund, but be given the flexibility as the decisionmaker over the funds to be able to provide funding outside of the mechanism of grants. The system is pivoting in the sector and we want to give the OAC the flex to have the freedom to do whats most effective. Some changes are unpredictable e.g. contracts • Intent is to keep power with OAC, not to share power with OHA and OAC	
#35 -32 Am.	Under current statute a person who fails to appear for their violation can be charged with criminal failure to appear under ORS 153.992. That crime is a Class A misdemeanor. Intent of M110 was not to criminalize addiction and text within the Measure states that a failure to pay the fine shall not be a basis for further punishment or any term of incarceration. It does not state the same for a failure to appear. If voter intent was to move Class E violations completely out of	**(a) Add language to SB 755 that specifies that a person may not be charged under ORS 153.992 for failing to appear on a Class E violation, and can't be arrested under ORS 153.064.**	• **Consensus (subject to follow up) to request (a)** • Seems like it would be backwards to allow for criminal prosecution for FTAing. Example of a horrible outcome where the consequences were escalated where they didn't have to. • Oversight on part of drafters in allowing for criminal FTA charges. Better to deal with this problem with mechanism of default J. • ORS 153.992 is never used. Many didn't know it existed. Most ppl assume remedy for violation is a default. • The fact that a FTA on a class e vio could lead to a Class A misdemeanor seems crazy. Also this situation will totally come up. • Voters would be stunned by the outcome if someone was charged • If you didn't know it was there you wont miss it! • The juvenile system did use this statute back in the day. Not used across the state anymore • Underlying intent of M110 was to make this a health issue and not a criminal issue	Subgroup discussed on 3/10/21. Request to LC 3/15/21. Draft received. Amendments to draft requested. Final draft received.

	the criminal arena, this would frustrate that goal.		• For a warrant to issue for not showing up to an E violation hearing or appearance, the proper response is the civil response involving default. This would mean any statute allowing for an arrest for FTA for E vio should be disallowed. • When people have chronic illnesses it's a health issue and that's what M110 is about. When some of the behavior brings them into the CJ realm they get prosecuted for the things they do not the things they might do. E vio shouldn't lead to incarceration period. • Agree that the will of voters is that criminalization is not appropriate here • As to the warrant-in mult co if arrested for warrant e vio you'd probably be immediately released and warrant would remain outstanding, triggering a very expensive endless cycle. Spare law enforcement time and allow them to focus on crimes rather than a behavioral health issue • In situation where one doesn't show up-worst thing that could happen is the $100 fine, why would we go beyond that?	Combined into final amendment.
#36 -32 Am.	REGARDING OHA PHONE: In order to ensure access to information and treatment resources, the OHA maintained phone line should continue to exist even after BHRNs are established. The phone line should be open to access from ticketed and non ticketed Oregon state residents to ensure that the Fund monies and treatment services created by M110 are actually utilized. There is also room for using this system to further accomplish the goals of the act if the phone screenings and verifications are opened	Change Page 15 line 2 to state: "Not later than February 1, 2021, the Oregon Health Authority shall establish a statewide telephone Behavioral Health Resource Network entity that provides the 24/7 screening service as described in Section 2(2)(c)(A), and the verification set forth in section (2)(f). The entity shall serve any Oregon resident that calls it. This entity must also provide verification of screening upon request of the caller." Change page 15 line 9 to state: "A person subject to the penalty set forth in ORS 153.018(2)(e) for a violation	**Partly addressed in other amendment.** Notes: Meeting RE OHA Phoneline • Lines for life has hired three people total for phoneline so far. All are peers that have lived experience and also are CADCs. • 29 calls so far, 20 where actual connection occurred. • Right now primary concern is getting language correct and approved for wallet cards. We want the information out there. Language issues with card need to be resolved. • "confidential screening" • Mock up of card was ready, sent to OAC to check the card and get it approved. OAC reviewed it last week. Returned mock up of card to Lines for Life. • Some discussion on verification requirement reminder on the card. This will now be put in the verification letter. • Phone line is serving anyone who calls (including non ticketed) • Current cost of phone line is not a program cost. Dips into admin costs (capped at 4%). If phone line is open to everyone, funding probably needs to be thought through.	Discussed by groups and consulted with OJD, OHA, L4L. Addressed in -6 ams and additional amendments. Combined into final amendment.

	up to be used in misdemeanor cases. The phone line should provide screenings using peer support mentors or other qualified individual as determined by the OAC, act as an initial contact that works to assess a client's need for immediate medical or other treatment and to determine what acute care is needed and where it can be best provided, identify other needs, and provide linkage to other appropriate localized or statewide services including treatment for substance use and other coexisting health problems, housing, employment and training, and child care. The current wording that describes the OHA phone line is too narrow and restrictive to allow for this. It restricts access to ticketed individuals, sets the phone line to end on Oct 1, and uses verbiage regarding assessments that causes OHA to have hiring issues with the phone lines.	that has been classified or reclassified as a Class E violation pursuant to ORS 153.012, 153.018, 475.752, 475.824, 475.834, 475.854, 475.874, 475.884, and 475.894, may, in lieu of the fine complete a screening as set forth in Section 2(2)(c)(A) at any Behavioral Health Resource Network entity including the telephone Behavioral Health Resource Network entity maintained by the Oregon Health Authority. Upon verification that the person has received a screening through any Behavioral Health Resource Network entity within 45 days of when the person receives a citation for a violation subject to the penalty set forth in ORS 153.018(2)(e), the violation shall be dismissed. Failure to pay the fine shall not be a basis for further penalties or for a term of incarceration." Phone line funding (4%cap) • Allow exceeding cap if approved by OAC? • State that phone line is not part of admin cost and is a program cost?	• Note that things may change over time. Some concern that M110 funds will be used where 988 funds could be used. Sunset on the provisions could be used to work around this issue. • Some counties may decide to have lines for life be the "screening" piece of their network. • Verifications: process can be automated with lines for life (still has some manual work) • More complicated once screenings come from other entities. • Data sharing with OHA. Once other entities are completing screenings they may need to be required to send verifications to OJD and OHA? Preferable to require treatment entities only to send to OHA since it is likely they will be doing that as part of being grant funded anyway. • OJD needs a way to connect the verification with the case, and there must be a date on the verification letter. • Formal integration with OHA and OJD data? Or perhaps less integration is necessary because of numbers. (assess provider sends it electronically to OHA, OHA electronically sends to OJD) (other option if efiling, court would create mechanism where assess provider would send to court and court would connect the dots). Integration more expensive for OJD, efiling less costly for OJD. • Providers are sometimes resistant to efiling • Notes regarding 4% admin issue: • continuing the temporary telephone ARC throughout the 2021-23 biennium could cause OHA to exceed the 4% administrative costs cap. • There could be variation in costs based on call volume and the line's accessibility. So the actual costs for 24 months in 2021-23 for the phone ARC aren't quite clear at this point. • could be helpful to consider a fix to clarify that the temporary telephone ARC costs could **be considered program (not admin) costs,** just as the grants for the regional/physical ARCs will be	

		• Tether this to this biennium **Verification automation: Add language requiring screeners to send proof of verification to OHA and OHA sends proof to circuit courts.** **Add language indicating that OHA is responsible for transmitting screening verification information to OJD via efiling and use of Ecourts** Add language for control for situations where the verification does not occur as it should, such that no matter what the individual ticketed is not obligated to provide proof of screening. E.g. "If a person completes the screening, they are absolved of any liability related to the ticket." Language TBD on this.	considered program costs. If the "temporary" telephone ARC is permanent – should it be considered the same as a "permanent" ARC? If making this change would result in OHA needing less than 4% of the DTRS fund for administrative costs, the savings would be available to support program costs. • OAC is in support of removing temporary language surrounding phone line	
#37	~~Other programs and infrastructures in OR are being built that accomplish the goals of M110 and could use this funding. Include ability for some funding to flow toward peer respite centers as created by HB 2980, mobile crisis intervention teams created by HB 2417, med MJ cards, or any other entities or~~		**No amendment to move forward. Work group consensus is to ensure programs under these Acts could be funded, should the OAC choose to do so.** • Arent these all eligible to apply for the grants normal course? Couldn't they be part of a BHRN already? E.g. community based providers, or private SUD programs and peer outreach and housing owned by folks in recovery. • Mobile crisis intervention teams exist now and can apply, if new ones created they could also apply for funding. So would an amendment be necessary	WG discussed. No amendment to move forward.

	~~programs that fulfill the goals of the Measure, with funding to the BHRNs prioritized.~~		• Want to make sure funding is getting to the OAC, and then everything that's in the legislation mentioned would probably be able to apply for funds. But OAC should be able to take a broad view and make the final determination. • If we water down the pot by talking about legislative bills could cause unintended consequences. Better to keep things clean so that the bucket of money is not diluted. • Too redundant to add this language in. • OAC needs to take time to develop funding priorities and vetting applications. • Power dynamics of lobbyists getting a first bite at the apple of funds. Egalitarian nature of all having to go through grant funding • Everyone should go through the grant process to that OAC can make the decision • Under OR law and in an effort to create some accountability, the ADPC is the single authority in addressing SUDS. • M110 doesn't have required analysis or goals, so one argument is that the OAC is required to align with state policy when distributing state funds. ADPC says what the state needs to invest in. • Recognize that the OAC isn't independent that gets to do what it wants • Note that we should use the audit section to make sure goal oriented • ADPC is goal oriented and state plan is goal oriented • OAC job is rulemaking. Not necessarily here. Finer details are done there. • M110 objectives are stated. How do we know it worked needs to be answered by the audits and the OAC's process. ADPC should work with them during this part of the process. • OAC has been given a huge role because they are people with lived experience and they are from impacted communities. Intent is to ensure what the community needs. • Some dollars wont be federally matched but the OAC Fund money can go to treatment beds, etc. • Low barrier tx and housing and peer services have been identified in the measure.	

NOTE: This chart does not constitute any official position, statement, or views of the Senate Committee on Judiciary and BM110 Implementation.

			• System that created ADPC had voices of color involved in the conversation. Racist systems still creeping into what's happening today in the work.	
#38 -32 Am.	Services under M110 should be able to go to undocumented persons. Mitigate ticket impacts on immigration consequences	Check with LC to make sure nothing precludes provision of M110 services to undocumented persons. **Add language that clarifies that DAs may dismiss tickets and issue violations instead as a method of handling cases launched prior to 2/1/21.**	• LC confirms that nothing in the Act precludes provision of services to this population. • Note from immigration attorneys that in cases where a person had a criminal PCS that was then reduced to an e violation, the conviction for that E violation will be considered a conviction for immigration purposes. On the other hand, a normal course violation conviction does not count as a conviction under immigration law. Thus, if DA offices are able to dismiss and file an e ticket rather than reducing, they can help to avoid unintended immigration impacts.	See also REF 22 suggestion (a). Combined into final amendment.
#39 -32 Am.	Many housing service providers are abstinence based (ie clean and sober housing). Although M110's BHRNs will be non abstinence based, people are in dire need of housing options and some folks who are further along in their recovery appreciate the option to get clean housing. Money from M110 should be able to go toward clean and sober housing, in addition to other housing.	Ensure that verbiage pertaining to grants/funding outside of ARC grants/funding is broad enough to allow for funding of housing across the tx spectrum, including clean and sober housing.	• Housing spectrum take: language wouldn't exclude or prefer one type to the other • Other bill clarifies recovery housing includes spectrum of SUD • Language is appropriate and allows for full range of housing • Goal of measure wasn't just for clean and sober or for harm reduction housing specifically. Goal is just to increase housing availability regardless of what the housing looks like. • Ppl benefit from being able to access diff housing structures at diff points in time • Membership of OCBH does think all housing will be able to get funded. Lets make sure were not wrong. • Add to amends to require that places that provide housing that addresses eviction processes and housing transfers? Patients sometimes have false positive drug tests and end up getting kicked out of housing. Have this be a part of OAC rule promulgation process? • Agree that hope is that the above doesn't happen, but some housing providers do have to follow rules. • Let the rule be permissive, make sure it's not exclusive • Right to remedy language already exists but enforcement is lacking.	WG discussed and ultimately addressed this by removing "harm reduction" as a necessary condition for BHRN funding and instead codified that harm reduction must be available in each BHRN, but that BHRN funding could go to more entities.

			• Complicated part is that state has never invested in recovery housing so there's no compliance system imbedded. If OAC makes significant investment then we could have better enforcement.	Amends to the -6 amends. Combined into final amendment.
#40 -32 Am.	(a) Clarify a quality control floor for treatment entities participating as entities within a BHRN. ~~(b)Specify provider types to include "certified addiction peer support specialists, peer wellness specialists. Include language to allow OAC to make determination of provider types, e.g. allow the "OAC to adopt and amend rules as necessary for the administration of this Act"~~	**Eligible substance use disorder treatment entities for funding under this Act are nonprofit, private and government entities who hold a state letter of certificate or other state credential or license in their designated Behavioral Health care when it is available.** **For services within in the continuum of care that are not eligible for a State of Oregon letter of certificate, credential or license, the OAC shall develop a process to vet quality of service and operations.** An example would include peer run and harm reduction organizations that do not provide clinical treatment services. Cabin this to just treatment entities.	• (a) Proposed by HJRA • (b) Proposed by OAC NOTES FROM HJRA • We don't want M110 to fund "housing only" programs, for example • Should be connected to services. Housing that provides services. • Tx support, peers, etc should be connected to services • Make sure this is open to everybody. Not limited to certain kinds of providers. • Is this exclusive of people that we do want to be able to get funding. • Some programs pay for housing in exchange for the person doing treatment. Would those be excluded by this language? • This might bake in barriers to exclude BIPOC communities • E.g. in Lane, there is a group that isn't licensed yet but can't get there until they have funding. But this may create a prerequisite to funding of requiring a certificate. This perpetuates the problem. • E.g. "I love me" women empowerment group does work that should be eligible for M110 funding but wouldn't be under this rule. How do we make sure people going to groups like these are linked up with services? • In terms of tx it's about harm reduction. BHRNs are meant to be first stop shop for the critical services • Put this in section on BHRN specifically? So that it's not overly exclusive • You don't need a license to do harm reduction. On the ground, those places are useful because they're safe, they get people off the streets. They're not licensed. The language around licensing and certification is inherently exclusive. Spirit of inclusivity and	Discussed with subgroup 3/26/21. Request to LC 3/26/21. Combined into final amendment.

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			focusing on impacted communities. We need to provide equitable services. • We don't want the old boys to just keep getting money • Because this is a grant program that's open to providers applying, how do we make sure folks applying are working in their communities and are reputable orgs doing this work. There are example orgs that we do NOT want those kinds of entities getting M110 funds. • The certification is not new, the treatment providers are required to have these certifications. • Needs to be more providers, not less. • Encourage active service providers	
#41 -32 Am.	Amend quorum rules for the OAC	"A quorum consists of two-thirds of the appointed members of the council rounded up to the nearest odd number."	Request by the OAC • Simple point but in the law quorum consists of 9 members. A concern is that if only 9 members present then a min number of 5 people would be able to make decisions, which was not desirable by the council. • Want to ensure significant number present for decision making • Operational change= quorum 15 and have min of 8 people based on current numbers.	Discussed by full work group 3/12/21. Request to LC 3/14/21. Combined into final amendment.
#42 -32 Am.	In keeping with the government to government relationship with the Tribes and OHA's responsibility to confer with the Urban Indian Health Program, SB 755's language around funding distributions should incorporate the unique relationship with the Oregon's Tribes and Urban Indian Health Program. Funding distribution language should explicitly prioritize the allocation of funds based on burden of	Funding distribution language should explicitly prioritize the allocation of funds based on burden of disease (including communities of color, transgender and gender nonconforming communities) **Amend Section 2 (4) (grant funding) to state at the end "The council shall prioritize funding for communities most impacted by the war on drugs."**	• Request by OAC • Likes suggestion. Comments: in tx group making sure servs are linguistically accessible and youth services. Barriers to both of those items. Language may encompass but make sure those are included • Concern is that the BIPOC population gets the fair share. Language sounds like its going toward that. Council will have to make recs, but things do seem to go that direction. • Specific tribal set aside? • HJRA has said 75% of funds should go toward communities most impacted by the war on drugs. • Other bills have had specific tribal set asides. Should we do that? That way tribal governments can decide where to distribute those dollars. • Burden of disease language seems like a good term of art to work through legal challenges. We want to make sure it's not	Discussed by full WG 3/19/21. Request to LC 3/19/21. Draft received. Feedback on draft sent. Second draft received.

	disease (including communities of color, transgender and gender nonconforming communities) and racial justice instead of population size.	Amend Section 4 (administration) to require the OAC in developing criteria and requirements for grant recipients to promulgate criteria that ensures grant distribution prioritizes allocation of funds based on burden of disease. **Tribal funding carve out or set aside.**	too broad and is really clear. We don't want it to be so broad that it means nothing. Ask LC regarding intent that the money go to BIPOC communities. How do we do that? • Members of the OAC are continually supporting idea that majority of funds should go toward BIPOC and tribal communities. • Burden of disease and disbursing funds in a state that's something like 83% white—how will that work? BIPOC folks are over rep in CJ system, under rep in healthcare system. Does term burden of disease mean that the BIPOC community will actually get the funds • Great opportunity for us to create better structure of BIPOC community services. Strengthen whats there and create new services. War on drugs had greatest impact on POCs. • Many tribes are in more rural parts of state, really good to have carve out specific to tribes so that smaller and more rural areas would not have to compete against populated areas. • Suggested lang: Council shall consider damage caused by past policy? Past punitive policy? War on drugs? We wont be able to think of every group negatively impacted but this may make sure the needs are met. • Carve out funding for tribal communities and set it aside. The tribal communities have been hit hard. There is funding in the tribal community but its not well publicized. • OAC specifically talked about this a couple meetings ago. Supportive and consensus about carve out for tribes. Notes from that meeting. • Intent of measure is for funds to go to most impacted communities. So say shall prioritize, not just consider. We want to make sure the prioritization goes the right way. • Rural areas like Josephine county—would it be excluded? Vast majority of individuals are white. Flag that rural communities may get left out depending on wording. Over 90% white folks in justice system, for example. • Suggestion: have something in the statute that explains prioritization and use the impacts on the war on drugs. Rural communities would be within that parameter. That is an essential piece of that. Without expanding support into rural communities it won't work. Its important to have in.	Combined into final amendment.

			• At an alliance policy table came up with language that talks about the rural community issue. Not all communities look and are impacted the same. We don't want to leave a community out. In Metro measure there was language that talks about if a community has already met the need, rest of the funds should be opened up to next round. Impacted community intent is BIPOC, tribal, income and rural/frontier demographics. Find that language and insert it? It worked there but run it by others. • 10% are BIPOC if 90% white which may mean there truly are no services directed at those folks. How do we make sure we reach everyone in the State including BIPOC members in rural areas. • To the above pt, in Medford ARC culturally specific peers could be brought in, too. We can bolster existing entities in becoming more culturally responsive. • RE prioritization of BIPOC and tribal groups. Priority and then once need met, the money flows to others. We want to make sure the need is met. Setting a floor and considering BIPOC communities first rather than as an after thought. This puts them in the front of the line. • Funding and screening—important to look at quality of treatment that's being given. If quality of treatment is ineffective or compounding the issues, we shouldn't put funding toward it. A lot of treatment is not very effective. Promote evidence based practices in audits. Aside from demo discussion • Members at OR council are clinical providers w certs who are audited for best practices. This doesn't necessarily include forensic treatment. Have focus be lifting up rural communities that may lack ability to give culturally specific services that are meaningful. OAC will be able to keep it flexible and fund appropriately. Optimistic that we can lift the services in rural communities • Flexible over time is so important. Things will shift around the state.	
#43 -32 Am.	OAC- Membership changes ~~Add someone from judiciary to OAC membership.~~	~~(a)Add a non voting judicial department member to OAC.~~ ~~(b) Codify that the OAC has some method of input from entities like the ADPC, the~~	**No amendment to move forward under SB 755 as to composition. Amendment to make OHA individual non-voting to move forward.** • Observation that OAC was structured so that impacted people have most of the say • Structured so systems actors were not making decisions about peoples' lives based on system level interest and perspective	No OAC compositional amendment to move forward under SB 755.

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	~~Add someone from juvenile system to OAC membership.~~ ~~Add a specific physician position to OAC membership.~~ **Make OHA member non voting.** ~~Make other institutional positions (if added) non voting.~~ ~~Current composition of OAC does not include many healthcare professionals. OAC may not know how to design and fund healthcare systems to improve medical outcomes as a result. They have valuable input as users of those systems, but almost none of them know about the biology and research behind addiction care, or how to give clinical care.~~ ~~Also, OAC doesn't have anyone from the juvenile system.~~ ~~OAC could make use of a judicial member addition as a person who has background knowledge on drug courts.~~	~~drug court judges, other judges, expert groups, youth.~~ ~~(c)Add two youth/young adult positions to future list for OAC members~~ ~~Do both a and b? both b and c?~~ **Make OHA member non voting.**	• Specifically—Juvenile system or juvenile justice system. Also justice system more generally. –CJ system might have been purposefully excluded from this. • Juvenile actors should be participating potentially • We should be careful about shifting balance especially if its toward CJ arena. The point is to get out of those old systems. Think about how to get the info to the group. One way might be to make them non voting if they're a professional. Or make sure they're coming from the health system • Youth WG feels that juvenile system should have a voice to the council to look at issues around youth, esp with regard to access to services on the back end. Doesn't have to take a dedicated seat. Maybe the solution is to have youth w lived experience and system partners having ability to communicate w OAC. Some form of advisory loop • Others would like to see a youth voice on the council itself. Did youth apply and not make it through the process? Language now does offer positions to folks with lived experience ie a recovery peer. • Will be incumbent on comm outreach workers to make sure folks apply in the future, including youth. • Much of the statute already gives room to have multiple physicians, LCSWs, SUD providers, its permissive language. Let's not make it too much of a laundry list. • Intent was to have folks impacted on the ground. • If any gov voice is added, the norm is that those folks are not actual voting members, but that they have a role as an expert. • Adding folks from CJ side may not be helpful with grants. • OAC needs to have perspectives brought in, perhaps through the subgroups and panels • How do we make sure OAC is getting a full rich perspective brought to them. • Think about the role of the OAC in terms of grants whenever impacting the list. • The list as it exists is permissive enough. It's a floor. • Speaking to aspect of having a judge as part of the group. From vantage point in Marion Co. Have had really good success w drug courts in Marion Co. Sometimes retired judges especially can	Amendment as to OHA member being non voting discussed by WGs via email. No opposition expressed. Combined into final amendment.

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	Standard practice is to have the government individual (be it agency head or legislator) be non voting. If legislators are added they would also need to be non voting members. Power dynamic and conflicts issues when they are voting members. Is this an actual conflict of interest? Important to maintain the integrity of the program.		bring perspective that could be very helpful. Understands the premise of excluding judiciary in the shift to pub health. However, value could be added involving a drug court judge. We're attempting a different system but maybe there's value. • Let's get the folks that are building out the healthcare system etc into it. Understanding the problem isn't the same as understanding the solution. Theres so much work to do from healthcare side of things. • Relative to youth representation and rep generally of other marginzalized groups who are impacted most—make 2 youth positions? If we want their voices heard 2 voices would be necessary so they aren't drowned out • RE judges: don't forget there is lived experience on the bench as folks who are in recovery. Discussion of judges in CJ context—there are judges who aren't criminal too! Think fam law judges who have experience with substance use issues. Judges participating may have more background • BC OAC exercises exec auth they would have to be non voting and picked by Chief justice • As background so far on OAC—youth component has come up a LOT. Multiple requests for youth to be placed onto the council. In creating the application process the youth piece wasn't explicit. Questions related to intersectionality in the original application process with OAC. People would speak to lived experience but might not advertise that they are youth or YA. If it is explicit in the law it might be helpful to incentivize those applications. • What about a commitment to having someone on there that is not just in recovery, but explicitly calls out persons who are currently in use. May encourage folks to talk about that in their applications. May be easier to identify that. • Philosophy is to move from Cj to PH. But this can involve CJ people as a part of the discussion so they learn how to get out of the way. To have a Judge there—they do need to be at the table so they can understand the barriers to moving from CJ to PH. They could be a champion for that agenda and vision. • It's been advantageous to have LE involved –e.g. remove Pos from the access point to MAT. Had they not been at the table that may not have been possible.	

			• Encourage having a perspective on how to remove the barriers • How are we defining youth? Is it over 18 or under 18? • Access to technical knowledge should be available, but lets make sure the technical knowledge voices don't get a voting position. Agrees that expertise is needed • Not about whether or not the voice is valuable, more about the charge of the council. Charge is to create rules and determine grants and review grants. Broader statewide picture and people with lived experience. They'll be the ones who can determined where the funds are so greatly needed. • Lets all listen and make sure the OAC is presented with the perspectives and wisdom. Its also about making sure the power dynamics in these spaces are conducive to decisionmaking. No more business as usual. Some feel intimidated by powerful individuals in the room • Are there rules that could be made through the OAC on how to do the next round of recruitment and choosing the next members. Could we change the application without changing the law? Should we pursue it this way? • It would be great to get a judge w lived experience which would not be precluded by the statutory list. Rule vs statute promulgation to accomplish these goals. • Let's not make it so big it's unruly. • When it's a grant making group it will not behave as a policy making group. • Making sure power dynamics aren't tilted too much. If we add them they should be non voting members. Let the OAC develop this with the audits section as a back stop behind checking this process • Note that there are two seats devoted to ADPC folks as expert	
#44 -32 Am.	Fentanyl under current writing of SB 755 is overlooked. It is not included on SQ statutory list such that no matter the amount, possession of fentanyl is an E violation unless CDO factors are present. Fentanyl is	(a)Specifically add PCS Fentanyl (and fentanyl analogs) to chapter 475 in the Oregon Revised Statutes, including carve out language for prescribed fentanyl. It would remain a class E violation unless: (1) over XXX user units or mixture	**Consensus to add fentanyl to SQ lists.** • The intent of the measure is to assist the low level users with treatment and/or access to treatment. We know that Fentanyl is the most dangerous drug we are dealing with and will continue to see an increase in overdose deaths as a result. We really need to have something out there that prevents the distribution of this dangerous drug. The intent of making this amendment is to further the purpose of this measure. I view	Discussed with Subgroup. Requested draft from LC.

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	especially dangerous and should be treated the same as other substances that are similar in dangerousness.	containing XXX grams of fentanyl would be a class A misdemeanor; (2) If PCS CDO then it would be a class C felony. If SQ then it would be a class C felony. Add fentanyl and analogs to SQ lists. Two questions: amend to match other enumerated substances or only amend SQCDO statute (ORS 475.900)? What do we base numbers on? Numbers suggestions: **Base SQ numbers off of heroin SQ amounts. (SQ of fentanyl is 5g or more. SSQ is 50 g or more, SSSQ is 100 g or more. Mini SQ is 3g).**	this just like Hydrocodone, in that it was an oversight by the writers of this measure. Background info on fentanyl: • Fentanyl is currently considered the most dangerous illegal drug in America. (RAND) • In 2011, Oregon, Washington, Nevada, Colorado, and New Mexico were the only states that had not enacted new legislation and had no new legislation pending regarding criminal penalties for fentanyl. The remainder had either enacted legislation or were in the process of enacting legislation criminalizing fentanyl. (DPA) • Pharmaceutical fentanyl is a synthetic opioid, approved for treating severe pain, typically advanced cancer pain.1 It is 50 to 100 times more potent than morphine. It is prescribed in the form of transdermal patches or lozenges and can be diverted for misuse and abuse in the United States. However, most recent cases of fentanyl-related harm, overdose, and death in the U.S. are linked to illegally made fentanyl.2 It is sold through illegal drug markets for its heroin-like effect. It is often mixed with heroin and/or cocaine as a combination product—with or without the user's knowledge—to increase its euphoric effects. (CDC) • Rates of overdose deaths involving synthetic opioids other than methadone, which includes fentanyl and fentanyl analogs, increased over 16% from 2018 to 2019. Overdose deaths involving synthetic opioids were nearly 12 times higher in 2019 than in 2013. More than 36,000 people died from overdoses involving synthetic opioids in 2019.3 The latest provisional drug overdose death counts through May 2020 suggest an acceleration of overdose deaths during the COVID-19 pandemic. (CDC) • In 2018, more than 31,000 deaths involving synthetic opioids (other than methadone) occurred in the United States, which is more deaths than from any other type of opioid. Synthetic opioid-involved death rates increased by 10% from 2017 to 2018 and accounted for 67% of opioid-involved deaths in 2018. (CDC) • There are also fentanyl analogs, such as acetylfentanyl, furanylfentanyl, and carfentanil, which are similar in chemical	Combined into final amendment.

			structure to fentanyl but not routinely detected because specialized toxicology testing is required. Recent surveillance has also identified other emerging synthetic opioids, like U-47700.[5] Estimates of the potency of fentanyl analogs vary from less potent than fentanyl to much more potent than fentanyl, but there is some uncertainty because potency of illicitly manufactured fentanyl analogs has not been evaluated in humans. Carfentanil, the most potent fentanyl analog detected in the U.S., is estimated to be 10,000 times more potent than morphine. (CDC) • Fentanyl is a Schedule II substance that is similar to morphine but is 50 to 100 times more potent that morphine. (NIDA) • When prescribed by a doctor, fentanyl can be given as a shot, a patch that is put on a person's skin, or as lozenges that are sucked like cough drops. (NIDA) • The illegally used fentanyl most often associated with recent overdoses is made in labs. This synthetic fentanyl is sold illegally as a powder, dropped onto blotter paper, put in eye droppers and nasal sprays, or made into pills that look like other prescription opioids. (NIDA) • Some drug dealers are mixing fentanyl with other drugs, such as heroin, cocaine, methamphetamine, and MDMA. This is because it takes very little to produce a high with fentanyl, making it a cheaper option. This is especially risky when people taking drugs don't realize they might contain fentanyl as a cheap but dangerous additive. They might be taking stronger opioids than their bodies are used to and can be more likely to overdose. To learn more about the mixture of fentanyl into other drugs, visit the Drug Enforcement Administration's Drug Facts on fentanyl. (NIDA) • Fentanyl is 50 times more potent than heroin. Carfentanil is 10,000 times more potent than morphine and 100 times more potent than fentanyl. (DEA) • Fentanyl can be lethal within 2mg range depending on route of administration and other factors. (DEA) Conversation with WG: • Pharma fentanyl vs illicitly manufactured fentanyl. IMF is never pure. Weight vs potency disparity.	

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			• Residue cases- whatever the solution (practitioner based sol), we should prevent a particularly inventive prosecutor from wiggling around the situation where a person unwittingly possesses fentanyl. • Producers of fentanyl are messing with peoples' lives when they do it and should be condemned, but M110 didn't intend to excuse them. • Make sure there's a bright line so that an inappropriate charge can't be launched. • How do we bring fentanyl into alignment w the way other drugs are treated. Personal use quantity what is the magic number? • Residue cases not appropriate for criminal treatment even with fentanyl. • Other states have already done this work. Let's copy it? • Look at other states' numbers. OD crisis and whether it's impacted. Look at states where OD rates have declined. • Purity thresholds for fentanyl to try to avoid sweeping folks into crim status • Numbers related to fentanyl are concerning. This will help with individuals w this as a health concern. • Intent is not to go after residue invidiuals. • E.g. case with 500 user units of fentanyl as an e vio person. Without any SQ or any specific call out, it's problematic. What is the number? • One thing going on w fentanyl and carfentanil OD- anytime we outlaw substance we shape the drug market by making it so that there's a bigger incentive to make shipping easier. • The more concentrated the drugs become the more difficult it is to regulate based on • Analogue issues (e.g. bath salts and any other changes to chemical compounds) • This is a recurring problem • There is a European agency that has found 560 analogues. The market is extremely nimble and agile. Part is bc there's a market for this. There is demand for this. Sometimes analogues are less strong and some are far stronger. • Very little reliable information about purity of drugs	

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			• Throughout history there used to be drug testing entities to see if the drugs were cut in an effort to make sure users were protected. • Are punitive policies the right way to protect people from fentanyl? Make sure not in danger of recriminalization. • Testing for fentanyl: test strips don't catch analogues. Many can be deadly and not detectable. Some cases it's just too little. • 5 g and/or 25 pills MDMA SQ. Fentanyl issue is a greater harm than MDMA. What about hydrocodone? Follow up research: • At the fed level, criminal laws enumerate "fentanyl" and "fentanyl analogue" with the analogue subject to much greater penalties. Possession of any amount of either substance subjects a person to not more than 20 years. Possession in excess of 40 grams mixture of fentanyl subjects a person to a mandatory minimum of 5 years. Possession in excess of 10 grams of fentanyl analogue subjects a person to a mandator minimum of 5 years. • One example state that does amounts=Ohio. Generally, Ohio's equivalent to Oregon's SQ cutoff is 50 unit doses or 5g, which matches Oregon's heroin statutes. • Ohio's drug code defines fentanyl and its analogues. It specifically states "Fentanyl analogue" and defines that phrase with a long list of the actual names of analogues. The amount cutoffs are as follows: • More than 10 unit doses, or more than one gram= 4th deg felony • More than 50 unit doses, or more than 5 grams=3rd deg felony and presumptive prison • More than 100 unit doses, or more than 10 grams=2nd deg felony and mandatory prison • More than 200 unit doses, or more than 20 grams=1st deg felony and mandatory prison • Counsel has reached out to Oregon State Police Crime Lab for input. ○ Lab cannot test purity	

			○ Lab's lowest measurement possible is .01g ○ Fentanyl's typical form is solid (ie measured in g) and usually appears in tar heroin-like substances and in the form of pills, typically masquerading as oxycodone ○ Recently 4ANPP (precursor to fentanyl) has been appearing in Idaho and Oregon cases. The analogues of fentanyl are sched I substances per OR bd of Pharma. ○ Rule stating an SQ pertaining to "fentanyl and its analogues as described in [cite to rules promulgated by OR bd of pharma]" would be sufficiently broad to encompass carfentanil, 4ANPP, and allow for future additions ○ Basing SQ amounts off of heroin would be workable from lab's perspective • Discussion on rule: • Seems alright, do we need to have something involving user units? • Oxy pills is what it's coming up in context of. What about cases with 500 pills? Should there be a pill #? • Fentanyl testing in the field: can't happen • Labs: particular days when fentanyl is tested and beefed up safety protocols. Can cause testing for fentanyl to be expensive. • Thus, in felony prosecutions, prosecutors typically cannot charge the fentanyl in the initial GJ because the lab still has to test. Once the lab comes back they have to re-GJ	
#45 -32 Am.	On page 3, lines 25-29 of SB 755 reads: "(4) The council shall prioritize providing grants to community-based ~~nonprofit~~ organizations within each coordinated care organization service area. ~~However, if within any such service area a community-based nonprofit organization does not apply~~	Amend language to allow the OAC more flexibility and discretion in providing grant funds to county-run CMHPs.	• CMHPS operate under non profit or county umbrellas. Two diff kinds of CMHPs. We want to make sure they're able to do what they do • What we wouldn't want to see is OAC deciding to put money toward a CMHP, but if not a non profit then no money can flow to it. • Wide variety of community based structures. • In SUD tx world CMHPs play a huge role. • Two issues: prioritization. Doubts there's any intent where the county provided services are disqualified. Other is community based programs being prioritized over government was the intent. (But not cut out).	Discussed by full WG 3/19/21. Request to LC 3/19/21. Draft received. Combined into final amendment.

	~~for a grant or grants are not sought within that service area for which services are needed, then the council may request and fund grants to any community care organization or county within that service area.~~” While we appreciate that one of the goals of M110 is to fund community-based nonprofit organizations to play a key role in delivering the substance use disorder services described in the measure, we are concerned that this language may have an unintended consequence. Community Mental Health Programs (CMHPs) are required by statute to provide a number of services for their communities including SUD services. They are an integral part of the existing SUD treatment system that M110 seeks to augment and better resource. About half of CMHPs are operated through the county, and half of them are private nonprofits. We are concerned that the current language of M110 would mean the Oversight and		• Prioritizations is A-OK but make sure the OAC can decide legally to spend the money. • Prioritize community based orgs? • Add “if a government entity applies for grants directly, the application must include details on subgrantees, including how they will fund culturally specific organizations and culturally specific services; and an explicit commitment to not supplant or decrease any local funding dedicated to the same services.” • Page 5, Section 2(4) The council shall prioritize providing grants to community-based nonprofit organizations in each ~~coordinated care organization~~ service area. ~~However if within any such service area a community-based nonprofit organizations does not apply for a grant or grants are not sought within that service area for which services ares needed, then the council may request and fund grants to any community care organization or county within that service area.~~ If a government entity applies for grants directly, the application must include details on subgrantees, including how they will fund culturally specific organizations and culturally specific services; and an explicit commitment to not supplant or decrease any local funding dedicated to the same services.	

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	Accountability Counsel would only be statutorily able to provide funding to county-run CMHPs in the event that no other non-profit entity applied for the funds, while non-profit CMHPs who serve the same function in their community would not be subject to this limitation.			
#46 -32 Am.	Due to list of BHRN requirements excluding treatment providers and transitional or supportive housing (only referencing them but not requiring one as a pre-req to a completed entity) and only requirement for money flowing to treatment providers appearing in the other grants section, new entities to receive treatment or housing may not have money flowing to them first. Also, having money flow to entities providing "permanent housing" will be too costly and detract from the goals of M110.	Put language from Section 2, (3) (a) and (c) into the requirements for BHRNs list. (as part of amendments to -6 ams). Delete "permanent" from housing clauses (as part of amendments to -6 ams).	**Discussed in tx subgroup and received unanimous support to pursue amendment to add housing and treatment to list of BHRN requirements.**	Discussed with tx subgroup on 3/26/21. Draft requested. Combined into final amendment.
#47 -32 Am.	Add a prioritization to OAC work that builds out new workforce.		Addressed at least in part by deleting the word "existing" from much of Section 2 describing the entities that would receive funding.	Discussed with tx subgroup on 3/26/21.

				Draft requested. Combined into final amendment.
#48 -32 Am.	Assess what the counties are spending money on?		Addressed by the amendment language requiring governments entities funded to disclose subgrantees.	Discussed with tx subgroup on 3/26/21. Draft requested. Combined into final amendment.
#49 -32 Am.	Transparency and data collection from OHA and OAC	**1. Add the OAC to the list of boards and councils in ORS 244.050 that requires an annual statement of economic interest.** **Replace the following** text at page 4 line 27: "Nothing in this subsection excuses or exempts a member of the council from complying with any applicable provision of Oregon's ethics laws and regulations, including the provisions of ORS chapter 244." With: **"Members of the council shall be subject to all ethical rules pertaining to public officials as described in ORS 244.045-244.047.**	No opposition expressed by WG.	Discussed by WGs via email. Combined into final amendment.

		Members of the council shall comply with the reporting requirements contained in ORS 244.060. Members must abide by the methods of handling conflicts as contained in ORS 244.120 and record notice of conflicts pursuant to ORS 244.130.” 2. Add a posting requirement that the OHA post the recipients of the funding at the time of award, along with who the grantee/contractor and who the subgrantees and subcontractors are, and amount of funding or grant. Add a requirement that OHA and OAC report to the legislature ***quarterly*** on how the money was spent. Add requirement that OAC promulgate rules for recipients of funding under this Act to track information and data responsive to [cite section of audits language categorized under Treatment and Social Service Outcomes”]. 3. Add language to Section 3(b)(A) that states that the representative of the Oregon Health Authority sitting on the OAC shall act as a non-voting member.		

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