

Requested by Senator CAMPOS

**PROPOSED AMENDMENTS TO
SENATE BILL 610**

1 In line 2 of the printed bill, after “services” insert “; creating new pro-
2 visions; amending ORS 430.388, 430.389 and 430.390 and section 76, chapter
3 70, Oregon Laws 2024; and declaring an emergency”.

4 Delete lines 4 through 8 and insert:

5 **“SECTION 1. The Advisory Board on Behavioral Health Resource**
6 **Networks is established within the Oregon Health Authority. The**
7 **board shall consist of:**

8 **“(a) 13 voting members appointed by the Governor, as follows:**

9 **“(A) Two members of the Oversight and Accountability Council.**

10 **“(B) Two community mental health program directors.**

11 **“(C) Two local health officials.**

12 **“(D) One county representative.**

13 **“(E) Two representatives of the authority, including one manager**
14 **with expertise in addiction treatment, recovery and prevention and**
15 **one harm reduction and public health strategist with experience in**
16 **responding to opioid misuse.**

17 **“(F) Two representatives of private nonprofit behavioral health**
18 **provider organizations.**

19 **“(G) Two adult members with lived experience of substance use**
20 **disorder.**

21 **“(b) Two nonvoting members from the Legislative Assembly, one**

1 appointed by the President of the Senate and one appointed by the
2 Speaker of the House of Representatives.

3 “(2)(a) The board shall adopt by rule a formula for the equitable
4 distribution of grants and funding awarded under ORS 430.389.

5 “(b) The board shall post to its website any public comment that is
6 received by the board regarding the formula adopted under this sec-
7 tion.

8 “(3) The board members shall annually elect a chairperson from
9 among its members.

10 “(4) A majority of the voting members of the board constitutes a
11 quorum for the transaction of business.

12 “(5) The term of office of each member of the board is four years,
13 but a member serves at the pleasure of the appointing authority. Va-
14 cancies shall be filled by the appointing authority by appointment for
15 the unexpired term. A member shall hold the member’s office until the
16 appointment of a successor. A member is eligible for reappointment.

17 “(6) The board shall meet at times and places specified by the call
18 of the chairperson or of a majority of the voting members of the
19 board.

20 “(7) The authority shall provide staff support to the board.

21 **“SECTION 2. (1) No later than June 1, 2029, the Advisory Board on**
22 **Behavioral Health Resource Networks established under section 1 of**
23 **this 2025 Act shall adopt the formula described in section 1 of this 2025**
24 **Act.**

25 “(2) Until the board’s formula takes effect, the Oregon Health Au-
26 thority shall distribute grants and funding awarded under ORS 430.389
27 according to the following formula:

28 “(a) \$500,000 per year in base funding shall be distributed to each
29 grantee.

30 “(b) Except as provided in paragraph (c) of this subsection, addi-

1 tional funds shall be distributed to each grantee according to the
2 health and demographic indicator allocations used in the most recent
3 version of the formula established under ORS 431.380.

4 “(c)(A) No grantee may receive more than a 19.6 percent increase
5 or decrease in annual average funding under this subsection compared
6 with the annual average funding that the grantee received for the
7 three years preceding the effective date of this 2025 Act.

8 “(B) If a grantee’s award under paragraphs (a) and (b) of this sub-
9 section would result in an increase in annual average funding of more
10 than 19.6 percent, the excess funds shall be redistributed evenly to the
11 other grantees, except that no grantee shall receive less than \$500,000.

12 “(d) If the total amount of grants and funding distributed under
13 this section exceeds \$106,837,500 per year:

14 “(A) The additional funds shall be distributed evenly among any
15 grantees for which the average annual funding under paragraphs (a)
16 to (c) of this subsection is less than the average annual funding that
17 the grantee received for the three years preceding the effective date
18 of this 2025 Act up to the point that a grantee’s funding is restored to
19 the grantee’s prior level of average annual funding; and

20 “(B) Any remaining funds shall be distributed evenly among all
21 grantees according to the health and demographic indicator allo-
22 cations used in the most recent version of the formula established
23 under ORS 431.380.

24 “(3)(a) The Division of Audits of the office of the Secretary of State
25 shall conduct an audit, as provided in ORS 430.392, of any grants and
26 funding awarded according to the formula under subsection (2) of this
27 section to determine whether the grants and funding are being utilized
28 according to the priorities specified in ORS 430.389.

29 “(b) The division shall report its findings and recommendations to
30 the interim committees of the Legislative Assembly related to behav-

1 **ioral health, in the manner provided in ORS 192.245, no later than**
2 **September 15, 2028.**

3 **“SECTION 3.** ORS 430.388 is amended to read:

4 “430.388. (1) The Oversight and Accountability Council is established for
5 the purpose of overseeing the implementation of the Behavioral Health Re-
6 source Networks pursuant to ORS 430.389.

7 “(2) The members of the council shall be qualified individuals with experi-
8 ence in substance use treatment and other addiction services and consist
9 of:

10 “(a) At least one member from each of the following categories appointed
11 by the [*director*] **Director of the Oregon Health Authority:**

12 “(A) A representative of the Oregon Health Authority, Health Systems
13 Division Behavioral Health Services as a nonvoting member;

14 “(B) Three members of communities that have been disproportionately
15 impacted by arrests, prosecution or sentencing for conduct that has been
16 classified or reclassified as a Class E violation;

17 “(C) A physician specializing in addiction medicine;

18 “(D) A licensed clinical social worker;

19 “(E) An evidence-based substance use treatment provider;

20 “(F) A harm reduction services provider;

21 “(G) A person specializing in housing services for people with substance
22 use or a diagnosed mental health condition;

23 “(H) An academic researcher specializing in drug use or drug policy;

24 “(I) At least two people who suffered or suffer from substance use;

25 “(J) At least two recovery peers;

26 “(K) A mental or behavioral health care provider;

27 “(L) A representative of a coordinated care organization; [*and*]

28 “(M) A person who works for a nonprofit organization that advocates for
29 persons who experience or have experienced substance use; and

30 **“(N) A community mental health program director, or the director’s**

1 **designee, from one urban county, one rural county and one frontier**
2 **county; and**

3 “(b) The Director of the Alcohol and Drug Policy Commission or the
4 director’s designated staff person, as an ex officio nonvoting member.

5 “(3) The [*director*] **Director of the Oregon Health Authority** shall ap-
6 point an executive director who shall report to and be responsible for the
7 duties assigned by the director of the division within the authority that is
8 responsible for behavioral health in consultation with the council.

9 “(4) A quorum consists of a majority of the members of the council.

10 “(5) The term of office for a member of the council is four years. Members
11 are eligible for reappointment. If there is a vacancy for any cause, the di-
12 rector shall make an appointment to become immediately available for the
13 unexpired term plus two years, but not more than a total of four years.

14 “(6)(a) To the extent permissible by law, a member of the council per-
15 forming services for the council may receive compensation from the member’s
16 employer for time spent performing services as a council member.

17 “(b) If a member of the council is not compensated by the member’s em-
18 ployer as set forth in paragraph (a) of this subsection, that member shall be
19 entitled to compensation and expenses as provided in ORS 292.495.

20 “(7) Members of the council are subject to and must comply with the
21 provisions of ORS chapter 244, including ORS 244.045 (4), 244.047, 244.120 and
22 244.130.

23 **“SECTION 4.** ORS 430.389, as amended by section 68, chapter 70, Oregon
24 Laws 2024, is amended to read:

25 “430.389. (1)(a) The Oversight and Accountability Council shall approve
26 grants and funding provided by the Oregon Health Authority in accordance
27 with this section to implement Behavioral Health Resource Networks and
28 increase access to community care. A Behavioral Health Resource Network
29 is an entity or collection of entities that individually or jointly provide some
30 or all of the services described in subsection (2)(e) of this section.

1 **“(b) The authority shall distribute grants and funding awarded un-**
2 **der this section according to the formula adopted by the Advisory**
3 **Board on Behavioral Health Resource Networks under section 1 of this**
4 **2025 Act.**

5 “(2)(a) The authority shall establish an equitable:

6 “(A) Process for applying for grants and funding by agencies or organ-
7 izations, whether government or community based, to establish Behavioral
8 Health Resource Networks for the purposes of immediately screening the
9 acute needs of individuals with substance use, including those who also have
10 a mental illness, and assessing and addressing any ongoing needs through
11 ongoing case management, harm reduction, treatment, housing and linkage
12 to other care and services.

13 “(B) Evaluation process to assess the effectiveness of Behavioral Health
14 Resource Networks that receive grants or funding.

15 “(b) Recipients of grants or funding must be licensed, certified or cre-
16 dentialled by the state, including certification under ORS 743A.168 (9), or
17 meet criteria prescribed by rule by the authority under ORS 430.390. A re-
18 cipient of a grant or funding under this subsection may not use the grant
19 or funding to supplant the recipient’s existing funding.

20 “(c) The council and the authority shall ensure that residents of each
21 county have access to all of the services described in paragraph (e) of this
22 subsection.

23 “(d) Applicants for grants and funding may apply individually or jointly
24 with other network participants to provide services in one or more counties.

25 “(e) A network must have the capacity to provide the following services
26 and any other services specified by the authority by rule but no individual
27 participant in a network is required to provide all of the services:

28 “(A) Screening by certified addiction peer support or wellness specialists
29 or other qualified persons designated by the council to determine a client’s
30 need for immediate medical or other treatment to determine what acute care

1 is needed and where it can be best provided, identify other needs and link
2 the client to other appropriate local or statewide services, including treat-
3 ment for substance use and coexisting health problems, housing, employment,
4 training and child care. Networks shall provide this service 24 hours a day,
5 seven days a week, every calendar day of the year through a telephone line
6 or other means. Networks may rely on the statewide telephone hotline es-
7 tablished by the authority under ORS 430.391 for telephone screenings during
8 nonbusiness hours such as evenings, weekends and holidays. Notwithstand-
9 ing paragraph (c) of this subsection, only one grantee in each network within
10 each county is required to provide the screenings described in this subpara-
11 graph.

12 “(B) Comprehensive behavioral health needs assessment, including a sub-
13 stance use screening by a certified alcohol and drug counselor or other cre-
14 dentialized addiction treatment professional. The assessment shall prioritize
15 the self-identified needs of a client.

16 “(C) Individual intervention planning, case management and connection
17 to services. If, after the completion of a screening, a client indicates a desire
18 to address some or all of the identified needs, a case manager shall work
19 with the client to design an individual intervention plan. The plan must ad-
20 dress the client’s need for substance use treatment, coexisting health prob-
21 lems, housing, employment and training, child care and other services.

22 “(D) Ongoing peer counseling and support from screening and assessment
23 through implementation of individual intervention plans as well as peer
24 outreach workers to engage directly with marginalized community members
25 who could potentially benefit from the network’s services.

26 “(E) Assessment of the need for, and provision of, mobile or virtual out-
27 reach services to:

28 “(i) Reach clients who are unable to access the network; and

29 “(ii) Increase public awareness of network services.

30 “(F) Harm reduction services and information and education about harm

1 reduction services.

2 “(G) Low-barrier substance use treatment.

3 “(H) Transitional and supportive housing for individuals with substance
4 use.

5 “(f) If an applicant for a grant or funding under this subsection is unable
6 to provide all of the services described in paragraph (e) of this subsection,
7 the applicant may identify how the applicant intends to partner with other
8 entities to provide the services, and the authority and the council may fa-
9 cilitate collaboration among applicants.

10 “(g) All services provided through the networks must be evidence-
11 informed, trauma-informed, culturally specific, linguistically responsive,
12 person-centered and nonjudgmental. The goal shall be to address effectively
13 the client’s substance use and any other social determinants of health.

14 “(h) The networks must be adequately staffed to address the needs of
15 people with substance use within their regions as prescribed by the authority
16 by rule, including, at a minimum, at least one person in each of the following
17 categories:

18 “(A) Alcohol and drug counselor certified by the authority or other cre-
19 dentialized addiction treatment professional;

20 “(B) Case manager;

21 “(C) Addiction peer support specialist certified by the authority;

22 “(D) Addiction peer wellness specialist certified by the authority;

23 “(E) Recovery mentor, certified by the Mental Health and Addiction
24 Certification Board of Oregon or its successor organization; and

25 “(F) Youth support specialist certified by the authority.

26 “(i) Verification of a screening by a certified addiction peer support spe-
27 cialist, wellness specialist or other person in accordance with paragraph
28 (e)(A) of this subsection shall promptly be provided to the client by the en-
29 tity conducting the screening. If the client executes a valid release of in-
30 formation, the entity shall provide verification of the screening to the

1 authority or a contractor of the authority and the authority or the
2 authority's contractor shall forward the verification to any entity the client
3 has authorized to receive the verification.

4 “(3)(a) If moneys remain in the Drug Treatment and Recovery Services
5 Fund after the council has committed grants and funding to establish be-
6 havioral health resource networks serving every county in this state, the
7 council shall authorize grants and funding to other agencies or organiza-
8 tions, whether government or community based, and to the nine federally
9 recognized tribes in this state and service providers that are affiliated with
10 the nine federally recognized tribes in this state to increase access to one
11 or more of the following:

12 “(A) Low-barrier substance use treatment that is evidence-informed,
13 trauma-informed, culturally specific, linguistically responsive, person-
14 centered and nonjudgmental;

15 “(B) Peer support and recovery services;

16 “(C) Transitional, supportive and permanent housing for persons with
17 substance use;

18 “(D) Harm reduction interventions including, but not limited to, overdose
19 prevention education, access to short-acting opioid antagonists, as defined in
20 ORS 689.800, and sterile syringes and stimulant-specific drug education and
21 outreach; or

22 “(E) Incentives and supports to expand the behavioral health workforce
23 to support the services delivered by behavioral health resource networks and
24 entities receiving grants or funding under this subsection.

25 “(b) A recipient of a grant or funding under this subsection may not use
26 the grant or funding to supplant the recipient's existing funding.

27 “(4) In awarding grants and funding under subsections (1) and (3) of this
28 section, the council shall:

29 “(a) [*Distribute grants and funding*] **Consider the ability of the appli-**
30 **cant** to ensure access to:

1 “(A) **Services for** historically underserved populations; and

2 “(B) Culturally specific and linguistically responsive services.

3 “(b) Consider any inventories or surveys of currently available behavioral
4 health services.

5 “(c) Consider available regional data related to the substance use treat-
6 ment needs and the access to culturally specific and linguistically responsive
7 services in communities in this state.

8 “(d) Consider the needs of residents of this state for services, supports and
9 treatment at all ages.

10 “(5) The council shall require any government entity that applies for a
11 grant to specify in the application details regarding subgrantees and how the
12 government entity will fund culturally specific organizations and culturally
13 specific services. A government entity receiving a grant must make an ex-
14 plicit commitment not to supplant or decrease any existing funding used to
15 provide services funded by the grant.

16 “(6) In determining grants and funding to be awarded, the council may
17 consult the comprehensive addiction, prevention, treatment and recovery
18 plan established by the Alcohol and Drug Policy Commission under ORS
19 430.223 and the advice of any other group, agency, organization or individual
20 that desires to provide advice to the council that is consistent with the terms
21 of this section.

22 “(7) Services provided by grantees, including services provided by a Be-
23 havioral Health Resource Network, shall be free of charge to the clients re-
24 ceiving the services. Grantees in each network shall seek reimbursement
25 from insurance issuers, the medical assistance program or any other third
26 party responsible for the cost of services provided to a client and grants and
27 funding provided by the council or the authority under this section may be
28 used for copayments, deductibles or other out-of-pocket costs incurred by the
29 client for the services.

30 “(8) Subsection (7) of this section does not require the medical assistance

1 program to reimburse the cost of services for which another third party is
2 responsible in violation of 42 U.S.C. 1396a(25).

3 **“(9) The council shall post to its website any public comment that**
4 **is received by the council regarding Behavioral Health Resource Net-**
5 **works.**

6 **“SECTION 5.** ORS 430.390 is amended to read:

7 “430.390. (1)(a) The Oregon Health Authority shall adopt rules that es-
8 tablish a grant application process, a process to appeal the denial of a grant
9 and general criteria and requirements for the Behavioral Health Resource
10 Networks and the grants and funding required by ORS 430.389, including
11 rules requiring recipients of grants and funding to collect and report infor-
12 mation necessary for the Secretary of State to conduct the financial and
13 performance audits required by ORS 430.392.

14 “(b) When adopting or amending rules under this subsection, the author-
15 ity shall convene an advisory committee in accordance with ORS 183.333 in
16 which members of the Oversight and Accountability Council compose a ma-
17 jority of the membership.

18 “(2) The council shall have and retain the authority to oversee the Be-
19 havioral Health Resource Networks established under ORS 430.389 and ap-
20 prove **applications for** the grants and funding under ORS 430.389.

21 “(3) The authority shall administer and provide all necessary support to
22 ensure the implementation of ORS 430.383 to 430.390 and 430.394, and that
23 recipients of grants or funding comply with all applicable rules regulating
24 the provision of behavioral health services.

25 “(4)(a) The authority, in consultation with the council **and the Advisory**
26 **Board on Behavioral Health Resource Networks established under**
27 **section 1 of this 2025 Act**, may enter into interagency agreements to ensure
28 proper distribution of funds for the grants required by ORS 430.389.

29 “(b) The authority shall encourage and take all reasonable measures to
30 ensure that grant recipients cooperate, coordinate and act jointly with one

1 another to offer the services described in ORS 430.389.

2 “(c) The authority shall post to the authority’s website, at the time a
3 grant or funding is awarded:

4 “(A) The name of the recipient of the grant or funding;

5 “(B) The names of any subgrantees or subcontractors of the recipient of
6 the grant or funding; and

7 “(C) The amount of the grant or funding awarded.

8 “(5) The authority shall provide requested technical, logistical and other
9 support to the council to assist the council with the council’s duties and
10 obligations.

11 “(6) The Department of Justice shall provide legal services to the council
12 if requested to assist the council in carrying out the council’s duties and
13 obligations.

14 “**SECTION 6.** Section 76, chapter 70, Oregon Laws 2024, is amended to
15 read:

16 “**Sec. 76.** (1) As used in this section, ‘deflection program’ means a
17 collaborative program between law enforcement agencies and behavioral
18 health entities that assists individuals who may have substance use disorder,
19 another behavioral health disorder or co-occurring disorders, to create
20 community-based pathways to treatment, recovery support services, housing,
21 case management or other services.

22 “(2) The Oregon Behavioral Health Deflection Program is established
23 within the Improving People’s Access to Community-based Treatment, Sup-
24 ports and Services Grant Review Committee established under ORS 430.234.
25 The program consists of grants awarded by the committee to counties and
26 federally recognized tribal governments to fund deflection programs.

27 “(3)(a) The purpose of the program described in this section is to:

28 “(A) Address the need for more deflection programs to assist individuals
29 whose behavioral health conditions, including substance use disorder, lead
30 to interactions with law enforcement, incarceration, conviction and other

1 engagement with the criminal justice system.

2 “(B) Track and report data concerning deflection program outcomes in
3 order to determine the best practices for deflection programs within this
4 state.

5 “(b) ORS 430.230 to 430.236 do not apply to the program described in this
6 section.

7 “(4)(a) The committee shall develop a grant application process for
8 awarding grants under this section.

9 “(b) An application for a grant under this section may be submitted by a
10 county or the designee of a county, or by a tribal government or designee
11 of a tribal government. Only one application per county may be submitted,
12 but the application may request funding multiple programs within a county.

13 “(c) Prior to submitting an application for a grant under this section, the
14 applicant shall coordinate with all partners of the development and admin-
15 istration of the proposed deflection program to ensure that the partners have
16 the resources necessary to implement the deflection program. The partners
17 shall include at least a district attorney, a law enforcement agency, a com-
18 munity mental health program established under ORS 430.620 and a provider
19 from a Behavioral Health Resource Network established under ORS 430.389.
20 Partners may also include a treatment provider, a local mental health au-
21 thority, a tribal government, a peer support organization, a court or a local
22 government body.

23 “(d) An application for a grant under this section must contain:

24 “(A) A description of the coordination with program partners required by
25 paragraph (c) of this subsection that has occurred;

26 “(B) A description of the individuals who would be eligible for the pro-
27 gram and what qualifies as a successful outcome, formulated in cooperation
28 with the program partners described in paragraph (c) of this subsection;

29 “(C) A description of how the program for which the applicant is seeking
30 funding is culturally and linguistically responsive, trauma-informed and

1 evidence-based;

2 “(D) A description of a plan to address language access barriers when
3 communicating program referral options and program procedures to non-
4 English speaking individuals; and

5 “(E) A description of how the program coordinator will communicate with
6 program partners concerning persons participating in the program and any
7 other matter necessary for the administration of the program.

8 “(5) To be eligible for funding under this section, a deflection program:

9 “(a) Must be coordinated by or in consultation with a community mental
10 health program, a local mental health authority or a federally recognized
11 tribal government;

12 “(b) Must have a coordinator with the following program coordinator
13 duties:

14 “(A) Convening deflection program partners as needed for the operation
15 of the program;

16 “(B) Managing grant program funds awarded under this section; and

17 “(C) Tracking and reporting data required by the Oregon Criminal Justice
18 Commission under section 37, **chapter 70, Oregon Laws 2024** [*of this 2024*
19 *Act*];

20 “(c) Must involve the partners described in subsection (4)(c) of this sec-
21 tion; and

22 “(d) May involve a partnership with one or more of the following entities:

23 “(A) A first responder agency other than a law enforcement agency;

24 “(B) A community provider;

25 “(C) A treatment provider;

26 “(D) A community-based organization;

27 “(E) A case management provider;

28 “(F) A recovery support services provider; or

29 “(G) Any other individual or entity deemed necessary by the program co-
30 ordinator to carry out the purposes of the deflection program, including in-

1 individuals with lived experience with substance use disorder, a behavioral
2 health disorder or co-occurring disorders.

3 “(6) During a grant application period established by the committee, the
4 maximum proportion of grant funds available to an applicant shall be de-
5 termined as follows:

6 “(a) The proportion of grant funds available to an applicant other than
7 a tribal government shall be determined based on the [*county formula share*
8 *employed by the Oversight and Accountability Council established under ORS*
9 *430.388*] **formula for distributing grants and funding awarded under**
10 **ORS 430.389**, but an applicant may not receive less than \$150,000.

11 “(b) The committee shall determine the proportion of funds available to
12 an applicant that is a federally recognized tribal government.

13 “(7)(a) Grant funds awarded under this section may be used for:

14 “(A) Deflection program expenses including but not limited to law
15 enforcement employees, deputy district attorneys and behavioral health
16 treatment workers, including peer navigators and mobile crisis and support
17 services workers.

18 “(B) Behavioral health workforce development.

19 “(C) Capital construction of behavioral health treatment infrastructure.

20 “(b) Notwithstanding paragraph (a) of this subsection, the committee may
21 award planning grants for the development of deflection programs.

22 “(c) The committee may allocate up to three percent of program funds to
23 support grantee data collection and analysis or evaluation of outcome
24 measures.

25 “(8) The Oregon Criminal Justice Commission shall provide staff support
26 to the grant program.

27 “(9) The committee and the commission may adopt rules to carry out the
28 provisions of this section.

29 **“SECTION 7. Section 2 of this 2025 Act is repealed on January 2,**
30 **2030.**

1 **“SECTION 8. Section 2 of this 2025 Act applies to grants and fund-**
2 **ing awarded on or after the effective date of this 2025 Act.**

3 **“SECTION 9. This 2025 Act being necessary for the immediate**
4 **preservation of the public peace, health and safety, an emergency is**
5 **declared to exist, and this 2025 Act takes effect on its passage.”.**

6
