Senate Bill 617

Sponsored by Senator MORRISETTE, Representative BOQUIST; Senators DECKERT, MONNES ANDERSON, WALKER, Representatives BOONE, CAMERON, DALLUM, FLORES, GILLIAM, HUNT, KRIEGER, MAURER, NELSON, OLSON, ROSENBAUM, SCHAUFLER, THATCHER, WHISNANT (at the request of Brain Injury Association of Oregon)

SUMMARY

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

Requires Department of Human Services to establish traumatic brain injury registry system and to collect data regarding traumatic brain injuries.

Requires department to expand housing opportunities for individuals with traumatic brain injuries.

Requires department to provide community mental health services to individuals with traumatic brain injuries.

A BILL FOR AN ACT

Relating to individuals with traumatic brain injuries; creating new provisions; and amending ORS 427.330, 427.335, 430.010, 430.610, 430.630 and 430.640.

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

SECTION 1. (1) As used in sections 1 to 7 of this 2007 Act:

(a) "Health care facility" means a hospital or an ambulatory surgical center as those terms are defined in ORS 442.015.

(b) "Practitioner" means a person who has a professional license and who is qualified by training to diagnose or treat traumatic brain injury in patients.

(2) The Department of Human Services shall establish a uniform, population-based, statewide traumatic brain injury registry system for the collection of data to determine the incidence of traumatic brain injury and related data.

(3) The purpose of the registry is to provide data to design, target, monitor, facilitate and evaluate efforts to determine the causes or sources of traumatic brain injury among residents of Oregon and to reduce the burden of traumatic brain injury in Oregon. The efforts may include, but are not limited to:

(a) Targeting populations to evaluate the need for screening or other traumatic brain injury control services;

(b) Contacting individuals with traumatic brain injuries to assess care needs and to provide referrals, information and support;

(c) Supporting the operation of health care facility registries in monitoring and upgrading traumatic brain injury care and the end results of treatment for traumatic brain injuries;

(d) Investigating suspected clusters or excesses of traumatic brain injury both in occupational settings and in the state's environment generally;

(e) Conducting studies to identify traumatic brain injury hazards to the public health and traumatic brain injury hazard remedies; and

(f) Projecting the benefits or costs of alternative policies regarding traumatic brain in-

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

jury prevention or treatment.

(4) The department shall adopt rules necessary to carry out the purposes of this section, including but not limited to methods for collecting the data and procedures for accessing the data. When adopting rules under this subsection, the department shall consider the definitions, standards and procedures established by the Centers for Disease Control and Prevention National Center for Injury Prevention and Control, with the goal of achieving uniformity in the collection and reporting of data.

(5) The department shall:

(a) Conduct a program of epidemiologic analyses of traumatic brain injury registry data collected under subsection (2) of this section to assess traumatic brain injury control, prevention, treatment and causation in Oregon; and

(b) Utilize the data to promote, facilitate and evaluate programs designed to reduce the burden of traumatic brain injury among the residents of Oregon.

(6) The department shall:

(a) Collaborate in traumatic brain injury studies with practitioners, epidemiologists and health care facilities and publish reports on the results of the studies; and

(b) Cooperate with the Centers for Disease Control and Prevention in providing traumatic brain injury incidence data.

SECTION 2. (1) Any health care facility in which traumatic brain injury patients are diagnosed or provided treatment for traumatic brain injury shall provide the Department of Human Services with access to traumatic brain injury patient case data within a time period and in a process prescribed by the department by rule.

(2) For the purpose of ensuring the accuracy and completeness of reported data, the department may periodically review all records that would identify cases of traumatic brain injury or would establish characteristics of traumatic brain injury, treatment of the traumatic brain injury or the medical status of any identified traumatic brain injury patient.

SECTION 3. The Department of Human Services may conduct special studies of traumatic brain injury morbidity and mortality. As part of the studies, the department may obtain information that applies to a patient's traumatic brain injury and that may be in the medical record of the patient. The record holder may either provide the requested information to the department or provide the department access to the relevant portions of the patient's medical record. Neither the department nor the record holder may bill the other for the cost of providing or obtaining this information.

SECTION 4. (l) All identifying data regarding individual patients, health care facilities and practitioners provided to the Department of Human Services under section 2 of this 2007 Act is confidential and privileged. Except as required in connection with the administration or enforcement of public health laws or rules, a public health official, employee or agent may not be examined in an administrative or judicial proceeding as to the existence or contents of data collected under the statewide traumatic brain injury registry system.

(2) All identifying information obtained by the department in connection with a special study under section 3 of this 2007 Act is confidential and privileged and may be used solely for the purposes of the study, as provided in ORS 432.060.

(3) This section does not prohibit the department from publishing statistical compilations relating to morbidity and mortality studies under section 3 of this 2007 Act that do not identify individual cases or prevent use of this information by third parties to conduct re-

search as provided by section 5 of this 2007 Act.

SECTION 5. (1) The Department of Human Services shall adopt rules under which confidential data may be used by third parties to conduct research and studies for the public good. Research and studies conducted using confidential data from the statewide traumatic brain injury registry must be reviewed and approved as provided in 45 C.F.R. 46.

(2) The department may enter into agreements to exchange information with other traumatic brain injury registries in order to obtain complete reports of Oregon residents diagnosed or treated in other states and to provide information to other states regarding the residents of other states diagnosed or treated in Oregon. Prior to providing information to any other registry, the department shall ensure that the recipient registry has comparable confidentiality protections.

SECTION 6. (1) An action for damages arising from the disclosure of confidential or privileged information may not be maintained against any person, or the employer or employee of any person, who participates in good faith in providing data or information to the Department of Human Services or access to traumatic brain injury registry data or information for traumatic brain injury morbidity or mortality studies in accordance with sections 2 and 3 of this 2007 Act.

(2) A license of a health care facility or practitioner may not be denied, suspended or revoked for the good faith disclosure of confidential or privileged information in providing traumatic brain injury registry data or information for traumatic brain injury morbidity or mortality studies in accordance with sections 1, 2 and 3 of this 2007 Act.

(3) This section does not apply to the unauthorized disclosure of confidential or privileged information when the disclosure is due to gross negligence or willful misconduct.

SECTION 7. Section 1 of this 2007 Act does not prohibit a health care facility from operating its own traumatic brain injury registry or require a health care facility to operate its own traumatic brain injury registry.

SECTION 8. ORS 427.330 is amended to read:

427.330. As used in ORS 427.330 to 427.345:

(1) "Traumatic brain injury" means an injury to the brain caused by extrinsic forces that results in the loss of cognitive, psychological, social, behavioral or physiological function for a sufficient time to affect that person's ability to perform activities of daily living.

[*(1)*] **(2)** "Care provider" means an individual, family member or entity that provides care.

[*(2)(a)*] **(3)(a)** "Community housing" includes:

(A) Real property, including but not limited to buildings, structures, improvements to real property and related equipment, that is used or could be used to house and provide care for individuals with mental retardation or other developmental [*disability*] **disabilities**; and

(B) A single-family home or multiple-unit residential housing that an individual with mental retardation or other developmental disability shares with other inhabitants, including but not limited to family members, care providers or friends.

(b) "Community housing" does not include the Eastern Oregon Training Center.

[*(3)*] **(4)** "Construct" means to build, install, assemble, expand, alter, convert, replace or relocate. "Construct" includes to install equipment and to prepare a site.

[*(4)*] **(5)** "Developmental disability" means a disability attributable to mental retardation, cerebral palsy, epilepsy or other neurological handicapping condition or severe physical impairment that requires training similar to that required by [*mentally retarded*] persons **with mental retar-**

dation, and the disability:

(a) Originates before the person attains the age of 22 years;

(b) Has continued or can be expected to continue indefinitely; and

(c) Constitutes a substantial handicap to the ability of the person to function in society.

[*(5)*] **(6)** "Equipment" means furnishings, fixtures, appliances, special adaptive equipment or supplies that are used or could be used to provide care in community housing.

[*(6)*] **(7)** "Family member" means an individual who is related by blood or marriage to an individual with mental retardation or other developmental disability.

[*(7)*] **(8)** "Financial assistance" means a grant or loan to pay expenses incurred to provide community housing.

[*(8)*] **(9)** "Housing provider" means an individual or entity that provides community housing.

SECTION 9. ORS 427.335 is amended to read:

427.335. (1) The Department of Human Services may, through contract or otherwise, acquire, purchase, receive, hold, exchange, operate, demolish, construct, lease, maintain, repair, replace, improve and equip community housing for the purpose of providing care to individuals with [*mental retardation or other*] developmental [*disability*] **disabilities or traumatic brain injuries**.

(2) The department may dispose of community housing acquired under subsection (1) of this section in a public or private sale, upon such terms and conditions as the department considers advisable to increase the quality and quantity of community housing for individuals with [*mental retardation or other*] developmental [*disability*] **disabilities or traumatic brain injuries**. The department may include in any instrument conveying fee title to community housing language that restricts the use of the community housing to provide care for individuals with [*mental retardation or other*] developmental [*disability*] **disabilities or traumatic brain injuries**. Such restriction is not a violation of ORS 93.270. Any instrument conveying fee title to community housing under this subsection shall provide that equipment in the community housing is a part of and shall remain with the real property unless such equipment was modified or designed specifically for an individual's use, in which case such equipment shall follow the individual.

(3) The department may provide financial assistance to a housing provider or a care provider that wishes to provide community housing for individuals with [*mental retardation or other*] developmental [*disability*] **disabilities or traumatic brain injuries** under rules promulgated by the department.

(4) The department may transfer its ownership of equipment to care providers.

(5) When exercising the authority granted to the department under this section, the department is not subject to ORS 276.900 to 276.915 or 279A.250 to 279A.290 or ORS chapters 270 and 273.

SECTION 10. ORS 430.010 is amended to read:

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

(1) "Department" means the Department of Human Services.

(2) "Health facility" means a facility licensed as required by ORS 441.015 or a facility accredited by the Joint Commission on Accreditation of Hospitals, either of which provides full-day or part-day acute treatment for alcoholism, drug addiction or mental or emotional disturbance, and is licensed to admit persons requiring 24-hour nursing care.

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

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

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

(c) ORS 430.610 to 430.880 for mental or emotional [*disturbance*] **disturbances**.

(4) "Outpatient service" means:

(a) A program or service providing treatment by appointment and by medical or osteopathic physicians licensed by the Board of Medical Examiners for the State of Oregon under ORS 677.010 to 677.450; psychologists licensed by the State Board of Psychologist Examiners under ORS 675.010 to 675.150; nurse practitioners registered by the Oregon State Board of Nursing under ORS 678.010 to 678.410; or clinical social workers licensed by the State Board of Clinical Social Workers under ORS 675.510 to 675.600; or

(b) A program or service providing treatment by appointment that is licensed, approved, established, maintained, contracted with or operated by the department under:

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

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

(C) ORS 430.610 to 430.880 for mental or emotional [*disturbance*] **disturbances**.

(5) "Traumatic brain injury" means an injury to the brain caused by extrinsic forces that results in the loss of cognitive, psychological, social, behavioral or physiological function for a sufficient time to affect that person's ability to perform activities of daily living.

SECTION 11. ORS 430.610 is amended to read:

430.610. It is declared to be the policy and intent of the Legislative Assembly that:

(1) Subject to the availability of funds, mental health services should be available to all [*mentally or emotionally disturbed, mentally retarded and developmentally disabled, alcohol abuser, alcoholic, drug abuser and drug-dependent*] persons **with mental or emotional disturbances, mental retardation, developmental disabilities, traumatic brain injuries, alcoholism or drug dependence, and persons who are alcohol or drug abusers,** regardless of age, county of residence or ability to pay;

(2) The Department of Human Services and other state agencies shall conduct their activities in the least costly and most efficient manner so that delivery of services to [*the mentally or emotionally disturbed, mentally retarded and developmentally disabled, alcohol abuser, alcoholic, drug abuser and drug-dependent*] persons **with mental or emotional disturbances, mental retardation, developmental disabilities, traumatic brain injuries, alcoholism or drug dependence, and persons who are alcohol or drug abusers,** shall be effective and coordinated;

(3) To the greatest extent possible, mental health services shall be delivered in the community where the person lives in order to achieve maximum coordination of services and minimum disruption in the life of the person; and

(4) The State of Oregon shall encourage, aid and financially assist its county governments in the establishment and development of community mental health and developmental disabilities programs, including but not limited to[,] treatment and rehabilitation services for [*the mentally or emotionally disturbed, mentally retarded and developmentally disabled, alcohol abuser, alcoholic, drug abuser and drug-dependent persons*] **persons with mental or emotional disturbances, mental retardation, developmental disabilities, traumatic brain injuries, alcoholism or drug dependence, and persons who are alcohol or drug abusers,** and prevention of these problems through county administered community mental health and developmental disabilities programs.

SECTION 12. ORS 430.630 is amended to read:

430.630. (1) In addition to any other requirements that may be established by rule by the De-

partment of Human Services and subject to the availability of funds, each community mental health and developmental disabilities program shall provide the following basic services to persons with mental retardation [*and*]**,** developmental disabilities [*and alcohol abuse*], **traumatic brain injuries,** alcoholism[*, drug abuse and*] **or** drug dependence**, and persons who are alcohol or drug abusers**:

(a) Outpatient services;

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

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

(d) Guidance and assistance to other human service agencies for joint development of prevention programs and activities to reduce factors causing mental retardation**,** [*and*] developmental disabilities**, traumatic brain injuries,** [*and*] alcohol abuse, alcoholism, drug abuse and drug dependence; and

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

(2) As alternatives to state hospitalization, it is the responsibility of the community mental health and developmental disabilities program to ensure that, subject to the availability of funds, the following services for [*the mentally retarded and developmentally disabled, alcohol abuser, alcoholic, drug abuser and drug-dependent*] persons **with mental retardation, developmental disabilities, traumatic brain injuries, alcoholism or drug dependence, and persons who are alcohol or drug abusers,** are available when needed and approved by the Department of Human Services:

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

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

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

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

(e) Inpatient treatment in community hospitals; and

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

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

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

(b) Crisis stabilization to meet the needs of persons [*suffering*] **with** acute mental or emotional disturbances, including the costs of investigations and prehearing detention in community hospitals or other facilities approved by the department for persons involved in involuntary commitment procedures;

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

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

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

(f) Residential services;

(g) Medication monitoring;

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

(i) Public education and information;

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

(k) Consultation with other community agencies;

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

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

(B) "Early intervention services" for children at risk of later development of emotional [*disturbance*] **disturbances** means programs and activities for children and their families that promote conditions, opportunities and experiences that encourage and develop emotional stability, self-sufficiency and increased personal competence; and

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

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

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

(B) "Early intervention services" for older adults at risk of development of emotional [*disturbance*] **disturbances** means programs and activities for older adults and their families that promote conditions, opportunities and experiences that encourage and maintain emotional stability, self-sufficiency and increased personal competence and that deter suicide; and

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

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

(a) The person receiving care is a resident of the county served by the program. For purposes of this paragraph, "resident" means the resident of a county in which the person maintains a current mailing address or, if the person does not maintain a current mailing address within the state, the county in which the person is found, or the county in which a court committed [*mentally ill*] person **with a mental illness** has been conditionally released.

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

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

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

(e) In the case of a community hospital, the department has approved the hospital for the care of [*mentally or emotionally disturbed*] persons **with mental or emotional disturbances**, the community mental health and developmental disabilities program has a contract with the hospital for

the psychiatric care of residents and a representative of the program approves voluntary or involuntary admissions to the hospital prior to admission.

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

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

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

(8) A community mental health and developmental disabilities program may request and the department may grant a waiver regarding provision of one or more of the services described in subsection (3) of this section upon a showing by the county and a determination by the department that [*mentally or emotionally disturbed*] persons **with mental or emotional disturbances** in that county would be better served and unnecessary institutionalization avoided.

(9) Each community mental health and developmental disabilities program shall cooperate fully with the Governor's Council on Alcohol and Drug Abuse Programs in the performance of its duties.

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

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

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

(C) A regional local mental health authority comprised of two or more boards of county commissioners.

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

(c) The local plan shall identify ways to:

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

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

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

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

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

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

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

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

(I) Provide transportation supports; and

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

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

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

(B) Involve consumers, advocates, families, service providers, schools and other interested parties in the planning process;

(C) Coordinate with the local public safety coordinating council to address the services described in paragraph (c)(J) of this subsection;

(D) Conduct a population based needs assessment to determine the types of services needed locally;

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

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

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

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

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

(iii) Providers of physical health and medical services;

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

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

(J) Involve the local mental health advisory committees described in subsection (7) of this section.

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

(A) Twenty-four-hour crisis services;

(B) Secure and nonsecure extended psychiatric care;

(C) Secure and nonsecure acute psychiatric care;

(D) Twenty-four-hour supervised structured treatment;

(E) Psychiatric day treatment;

(F) Treatments that maximize client independence;

(G) Family and peer support and self-help services;

(H) Support services;

(I) Prevention and early intervention services;

(J) Transition assistance between levels of care;

(K) Dual diagnosis services;

(L) Access to placement in state-funded psychiatric hospital beds;

(M) Precommitment and civil commitment in accordance with ORS chapter 426; and

(N) Outreach to older adults at locations appropriate for making contact with older adults, including senior centers, long term care facilities and personal residences.

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

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

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

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

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

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

(g) Services described in the local plan shall:

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

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

(C) Be culturally appropriate and competent;

(D) Be, for children, older adults and adults with mental health needs, from providers appropriate to deliver those services;

(E) Be delivered in an integrated service delivery system with integrated service sites or processes, and with the use of integrated service teams;

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

(G) Be distributed geographically;

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

(I) Maximize early identification and early intervention;

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

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

(L) Be delivered collaboratively;

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

(N) Use best-practice innovations; and

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

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

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

SECTION 13. ORS 430.640 is amended to read:

430.640. (1) The Department of Human Services, in carrying out the legislative policy declared in ORS 430.610, subject to the availability of funds shall:

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

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

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

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

(e) If a county agrees, contract with a public agency or private corporation for all services within one or more of the following program areas: Mental or emotional disturbances, drug abuse, **traumatic brain injury,** mental retardation or other developmental disabilities and alcohol abuse and alcoholism.

(f) Approve or disapprove the biennial plan and budget information for the establishment and operation of each community mental health and developmental disabilities program. Subsequent amendments to or modifications of an approved plan or budget information involving more than 10 percent of the state funds provided for services under ORS 430.630 may not be placed in effect without prior approval of the department. However, an amendment or modification affecting 10 percent or less of state funds for services under ORS 430.630 within the portion of the program for persons with mental or emotional disturbances, or within the portion for persons with mental retardation**,** [*and*] **traumatic brain injuries or** developmental disabilities or within the portion for persons with alcohol [*and*] **or** drug dependence may be made without department approval.

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

(h) Collect data and evaluate services in the state hospitals in accordance with the same methods prescribed for community mental health and developmental disabilities programs under ORS 430.665.

(i) Develop guidelines that include, for the development of comprehensive local plans in consultation with local mental health authorities:

(A) The use of integrated services;

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

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

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

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

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

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

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

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

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

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

(n) Develop standardized criteria for each level of care described in ORS 430.630 (10), including protocols for implementation of local plans, strength-based mental health assessment and case planning.

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

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

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

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

(2) The department may provide technical assistance and other incentives to assist in the planning, development and implementation of regional local mental health authorities whenever the department determines that a regional approach will optimize the comprehensive local plan described under ORS 430.630 (10).

(3) The enumeration of duties and functions in subsection (1) of this section shall not be deemed exclusive nor construed as a limitation on the powers and authority vested in the department by other provisions of law.
