Enrolled
House Bill 3353

Sponsored by Representative TOMEI, Senator PROZANSKI

CHAPTER .....

AN ACT

Relating to alcohol and drug programs; creating new provisions; amending ORS 137.308, 417.775, 417.857, 430.270, 430.290, 430.359, 430.368, 430.535, 430.630, 430.632 and 430.640; repealing ORS 430.250, 430.255, 430.257, 430.258 and 430.259; limiting expenditures; and declaring an emergency.

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

SECTION 1. (1) There is created the Alcohol and Drug Policy Commission, which is charged with producing a plan for the funding and effective delivery of alcohol and drug treatment and prevention services. The commission shall recommend:

(a) A strategy for delivering state-funded treatment and prevention services;

(b) The priority of funding for treatment and prevention services;

(c) Strategies to maximize accountability for performance of treatment and prevention services;

(d) Methods to standardize data collection and reporting; and

(e) A strategy to consolidate treatment and prevention services and reduce the fragmentation in the delivery of services.

(2) The membership of the commission consists of:

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

(A) An elected district attorney;

(B) An elected county sheriff;

(C) A county commissioner;

(D) A representative of an Indian tribe;

(E) An alcohol or drug treatment provider;

(F) A chief of police;

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

(H) A criminal defense attorney;

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

(J) A representative of the health insurance industry;

(K) A representative of hospitals;

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

(M) An alcohol or drug abuse prevention representative;

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

(O) A representative of the business community; and

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

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

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

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

(c) The following voting ex officio members:

(A) The Governor or the Governor's designee;

(B) The Attorney General;

(C) The Director of Human Services;

(D) The Director of the Department of Corrections; and

(E) The Superintendent of Public Instruction.

(3) The Alcohol and Drug Policy Commission shall select one of its members as chairperson and another as vice chairperson, for such terms and with duties and powers necessary for the performance of the functions of such offices as the commission determines.

(4) A majority of the voting members of the commission constitutes a quorum for the transaction of business.

(5) Official action of the commission requires the approval of a majority of the voting members on the commission.

(6) The commission may establish a steering committee and subcommittees. These committees may be continuing or temporary.

(7) Each commission member appointed by the Governor serves at the pleasure of the Governor. If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective.

(8) The Department of Human Services shall provide staff support to the commission. Subject to available funding, the commission may contract with a public or private entity to provide staff support.

(9) Members of the commission who are not members of the Legislative Assembly are entitled to compensation and expenses incurred by them in the performance of their official duties in the manner and amounts provided for in ORS 292.495. Claims for compensation and expenses shall be paid out of funds appropriated to the Department of Human Services or funds appropriated to the commission for purposes of the commission.

SECTION 2. No later than October 1, 2009, the Governor shall appoint to the Alcohol and Drug Policy Commission the members specified in section 1 (2)(a) of this 2009 Act.

SECTION 3. (1) No later than May 1, 2010, the Alcohol and Drug Policy Commission shall report to the Governor with a specific plan for funding and more effectively delivering alcohol and drug treatment and prevention services across all human services and public safety agencies.

(2) The report must be completed in time for the Governor's consideration in the development of the Governor's budget for the biennium beginning July 1, 2011.

(3) No later than October 1, 2010, the commission shall report on the plan to the appropriate interim committee of the Legislative Assembly and may include recommendations to the Legislative Assembly for legislative changes necessary to implement the plan.

(4) No later than October 1, 2012, the commission shall report to the Legislative Assembly on the progress made to date regarding outcomes of policy changes made by the Legislative Assembly and may make recommendations for legislative changes.

SECTION 4. (1) The Governor's Council on Alcohol and Drug Abuse Programs is abolished. On the operative date specified in section 5 of this 2009 Act, the tenure of office of the members of the Governor's Council on Alcohol and Drug Abuse Programs ceases.

(2) All of the duties, functions and powers of the Governor's Council on Alcohol and Drug Abuse Programs are imposed upon, transferred to and vested in the Alcohol and Drug Policy Commission.

(3) The unexpended balances of amounts authorized to be expended by the Governor's Council on Alcohol and Drug Abuse Programs for the biennium beginning July 1, 2009, from revenues dedicated, continuously appropriated, appropriated or otherwise made available for the purpose of administering and enforcing the duties, functions and powers transferred by this section are transferred to and are available for expenditure by the Alcohol and Drug Policy Commission for the biennium beginning July 1, 2009, for the purpose of administering and enforcing the duties, functions and powers transferred by this section.

(4) The expenditure classifications, if any, established by Acts authorizing or limiting expenditures by the Governor's Council on Alcohol and Drug Abuse Programs remain applicable to expenditures by the Alcohol and Drug Treatment Commission under this section.

SECTION 5. Section 4 of this 2009 Act becomes operative on the date on which a majority of the members of the Alcohol and Drug Policy Commission have been appointed by the Governor and confirmed by the Senate pursuant to section 1 of this 2009 Act.

SECTION 6. ORS 137.308 is amended to read:

137.308. (1) The county treasurer shall deposit 60 percent of the moneys received under ORS 137.309 (6), (8) and (9) into the general fund of the county to be used for the purpose of planning, operating and maintaining county juvenile and adult corrections programs and facilities and drug and alcohol programs approved by the [*Governor's Council on Alcohol and Drug Abuse Programs*] **Alcohol and Drug Policy Commission**. Expenditure by the county of the funds described in this subsection shall be made in a manner that is consistent with the approved community corrections plan for that county; however, a county may not expend more than 50 percent of the funds on the construction or operation of a county jail. Prior to budgeting the funds described in this subsection, a county shall consider any comments received from, and upon request shall consult with, the governing body of a city that forwards assessments under ORS 137.307 (1991 Edition) concerning the proposed uses of the funds.

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

SECTION 7. ORS 417.775 is amended to read:

417.775. (1) Under the direction of the board or boards of county commissioners, and in conjunction with the guidelines set by the State Commission on Children and Families, the [*main purposes of a*] local commission on children and families [*are to*] **shall** promote wellness for children of all ages and their families in the county or region, if the families have given their express written consent, [*to*] mobilize communities and [*to*] develop policy and oversee the implementation of a local coordinated comprehensive plan described in this section. A local commission shall:

(a) Inform and involve citizens;

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

(c) Plan, advocate and fund research-based initiatives for children who are [*0 through*] 18 years of age **or younger, including prenatal,** and their families;

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

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

(f) Prioritize the use of nondedicated resources;

(g) Monitor implementation of the local plan; and

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

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

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

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

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

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

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

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

(4) Through the process described in subsection (3) of this section, the local commission shall coordinate the development of a single local plan for coordinating community programs, strategies and services for children who are [*0 through*] 18 years of age **or younger, including prenatal,** and their families among community groups, government agencies, private providers and other parties. The local plan shall be a comprehensive area-wide service delivery plan for all services to be provided for children and their families in the county or region, if the families have given their express written consent. The local plan shall be designed to achieve state and county or regional outcomes based on state policies and guidelines and to maintain a level of services consistent with state and federal requirements.

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

(6) Subject to the availability of funds:

(a) The local coordinated comprehensive plan shall include:

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

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

(b) The local coordinated comprehensive plan shall reference:

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

(B) Local alcohol and other drug prevention and treatment plans developed pursuant to [*ORS 430.258*] **section 1 of this 2009 Act**;

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

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

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

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

(8) The local coordinated comprehensive plan shall:

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

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

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

(d) Be based on proven practices of effectiveness for the specific community;

(e) Contribute to a voluntary statewide system of formal and informal services and supports that is provided at the community level, that is integrated in local communities and that promotes improved outcomes for Oregon's children;

(f) Be presented to the citizens in each county for public review, comment and adjustment;

(g) Be designed to achieve outcomes based on research-identified proven practices of effectiveness; and

(h) Address other issues, local needs or children and family support areas as determined by the local commission pursuant to ORS 417.735.

(9) In developing the local coordinated comprehensive plan, the local commission shall:

(a) Secure active participation pursuant to subsection (3) of this section;

(b) Provide for community participation in the planning process, including media notification;

(c) Conduct an assessment of the community that identifies needs and strengths;

(d) Identify opportunities for service integration; and

(e) Develop a local coordinated comprehensive plan and budget to meet the priority needs of a county or region.

(10) The state commission may disapprove the part of the local coordinated comprehensive plan relating to the planning process required by this section and the voluntary local early childhood system plan.

(11)(a) The state commission may disapprove the planning process and the voluntary local early childhood system plan only upon making specific findings that the local plan substantially fails to conform to the principles, characteristics and values identified in ORS 417.708 to 417.725 and 417.735 (4) or that the local plan fails to conform with the planning process requirements of this section. The staff of the state commission shall assist the local commission in remedying the deficiencies in the planning process or the voluntary local early childhood system plan. The state commission shall set a date by which any deficient portions of the planning process or the voluntary local early childhood system plan must be revised and resubmitted to the state commission by the local commission.

(b) The state commission does not have approval authority over the following service plans referenced in the local coordinated comprehensive plan:

(A) The local alcohol and other drug prevention and treatment plans developed pursuant to [*ORS 430.258*] **section 1 of this 2009 Act**;

(B) Local service plans, developed pursuant to ORS 430.630, relating to the delivery of mental health services;

(C) Local public health plans developed pursuant to ORS 431.385; and

(D) Local high-risk juvenile crime prevention plans developed pursuant to ORS 417.855.

(12) The state commission, the [*Governor's Council on Alcohol and Drug Abuse Programs*] **Alcohol and Drug Policy Commission**, the Department of Human Services and the Juvenile Crime Prevention Advisory Committee may jointly approve the community plan that is part of the local coordinated comprehensive plan, but may not jointly approve the service plans that are referenced in the local plan. If the community plan is disapproved in whole, the agencies shall identify with particularity the manner in which the community plan is deficient and the service plans may be implemented. If only part of the community plan is disapproved, the remainder of the community plan and the service plans may be implemented. The staff of the agencies shall assist the local commission in remedying the disapproved portions of the community plan. The agencies shall jointly set a date by which the deficient portions of the community plan shall be revised and resubmitted to the agencies by the local commission. In reviewing the community plan, the agencies shall consider the impact of state and local budget reductions on the community plan.

(13) If a local commission determines that the needs of the county or region it serves differ from those identified by the state commission, it may ask the state commission to waive specific requirements in its list of children's support areas. The process for granting waivers shall be developed by the state commission prior to the start of the review and approval process for the local coordinated comprehensive plan described in ORS 417.735 (4) and shall be based primarily on a determination of whether the absence of a waiver would prevent the local commission from best meeting the needs of the county or region.

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

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

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

SECTION 8. ORS 417.857 is amended to read:

417.857. (1) Deschutes County may place greater emphasis on early intervention and work with younger children than required by the Juvenile Crime Prevention Advisory Committee if the county has been granted a waiver pursuant to this section.

(2) The Juvenile Crime Prevention Advisory Committee shall develop an objective process, review criteria and timetable for consideration of a waiver request. A waiver granted under this section applies to the requirements for basic services grants described in ORS 417.850 (8) and high-risk juvenile crime prevention resources managed by the State Commission on Children and Families. The waiver shall be consistent with the goals of ORS 417.705 to 417.801, 417.850[,] **and** 417.855[*, 430.250, 430.255, 430.257, 430.258 and 430.259*].

(3) Any documentation required for a waiver under this section shall be obtained to the greatest extent possible from material contained in the county's juvenile crime prevention plan and from material as determined through biennial intergovernmental agreements. The Juvenile Crime Prevention Advisory Committee may ask the county to submit additional information regarding how the county intends to use crime prevention funds under the waiver.

(4) The Juvenile Crime Prevention Advisory Committee shall grant a waiver or continue a waiver based on criteria that include:

(a) The rate of Oregon Youth Authority discretionary bed usage compared to other counties;

(b) The county's rates of first-time juvenile offenders, chronic juvenile offenders and juvenile recidivism compared to other counties;

(c) The amount and allocation of expenditures from all funding sources for juvenile crime prevention, including prevention and early intervention strategies, and how the requested waiver addresses the needs and priorities for the target population described in ORS 417.855 and for the target population described in the waiver;

(d) Inclusion of prevention or early intervention strategies in the juvenile crime prevention plan;

(e) Investments in evidence-based crime prevention programs and practices;

(f) Support of the local public safety coordinating council, local commission on children and families and board of county commissioners;

(g) Local integration practices including citizens, victims, courts, law enforcement, business and schools;

(h) Identification of the risk factors for the target population described in the waiver; and

(i) Changes in the risk factors for the target population described in the waiver.

(5) The committee shall review and act on any request for a waiver within 90 days after receipt of the request.

(6) The duration of a waiver granted under this section is four years. Before the expiration of a waiver granted under this section, the county may submit a request for another waiver.

SECTION 9. ORS 430.270 is amended to read:

430.270. The Department of Human Services, in consultation with the [*Governor's Council on Alcohol and Drug Abuse Programs*] **Alcohol and Drug Policy Commission**, shall take such means as it considers most effective to bring to the attention of the general public, employers, the professional community and particularly the youth of the state, the harmful effects to the individual and society of the irresponsible use of alcoholic beverages, controlled substances and other chemicals, and substances with abuse potential.

SECTION 10. ORS 430.290 is amended to read:

430.290. (1) The objective of this section is to prevent alcoholism and drug dependency.

(2) To carry out the objective of this section, the Department of Human Services shall:

(a) Consult with and be advised by the [*Governor's Council on Alcohol and Drug Abuse Programs*] **Alcohol and Drug Policy Commission** and the Mental Health Advisory Board in identifying program priorities for the primary prevention of alcoholism and drug dependency.

(b) Solicit program proposals that address identified priorities from agencies, associations, individuals or any political subdivision of this state and award and distribute moneys under this section in accordance with the provisions of this section.

(3) Every applicant for a grant to develop a primary prevention of alcoholism program shall be assisted in its preparation by the local alcohol planning committee, if there be one, operating in the area to which the application relates. Every applicant shall establish to the satisfaction of the department that the committee was actively involved in the development and preparation of such program.

(4) Every grant applicant shall include the recommendations of the local alcohol planning committee, if there be one, operating in the area. The department shall take the recommendations of the local alcohol planning committee into consideration before making or refusing a grant.

SECTION 11. ORS 430.359 is amended to read:

430.359. (1) Upon approval of an application, the Department of Human Services shall enter into a matching fund relationship with the applicant. In all cases the amount granted by the department under the matching formula shall not exceed 50 percent of the total estimated costs, as approved by the department, of the alcohol and drug abuse prevention, early intervention and treatment services.

(2) The amount of state funds shall be apportioned among the applicants according to the community need of the applicant for services as compared with the community needs of all applicants. In evaluating the community needs of the applicant, the department, in consultation with the [*Governor's Council on Alcohol and Drug Abuse Programs*] **Alcohol and Drug Policy Commission**, shall give priority consideration to those applications that identify and include alcohol and drug abuse prevention, early intervention and treatment services aimed at providing services to minorities with a significant population of affected persons. The funds granted shall be distributed monthly.

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

(4) An applicant that is, at the time of a grant made under this section, expending funds appropriated by its governing body for the alcohol and drug abuse prevention, early intervention and treatment services shall, as a condition to the receipt of funds under this section, maintain its financial contribution to these programs at an amount not less than the preceding year. However, the financial contribution requirement may be waived in its entirety or in part in any year by the Department of Human Services because of:

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

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

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

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

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

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

SECTION 12. ORS 430.368 is amended to read:

430.368. (1) Any alcohol and drug abuse prevention, early intervention and treatment service, including but not limited to minority programs, aggrieved by any final action of an applicant with regard to requesting funding for the program from the Department of Human Services, may appeal the applicant's action to the Director of Human Services within 30 days of the action. For the purposes of this section "final action" means the submission of the applicant's compiled funding requests to the department. The director shall review, in consultation with the [*Governor's Council on Alcohol and Drug Abuse Programs*] **Alcohol and Drug Policy Commission**, all appealed actions for compliance with the purposes and requirements of ORS [*430.306*] **430.315 to 430.335**, 430.338 to 430.380, 471.810, 473.030 and 473.050, including but not limited to ORS 430.338 (5).

(2) The director shall act on all appeals within 60 days of filing, or before the time of the department's decision on the applicant's funding request, whichever is less. The director is not required to follow procedures for hearing a contested case, but shall set forth written findings justifying the action. The decision of the director shall be final, and shall not be subject to judicial review.

SECTION 13. ORS 430.535 is amended to read:

430.535. (1) The Department of Human Services and the [*Governor's Council on Alcohol and Drug Abuse Programs*] **Alcohol and Drug Policy Commission** shall, subject to the availability of funds, develop bilingual forms to assist non-English-speaking persons in understanding their rights under ORS 430.450 to 430.555.

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

SECTION 14. ORS 430.630 is amended to read:

430.630. (1) In addition to any other requirements that may be established by rule by the Department 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, developmental disabilities, alcoholism 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, developmental disabilities, 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 persons with mental retardation, developmental disabilities, 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 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 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 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 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 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 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*] **Alcohol and Drug Policy Commission** 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 15. (1) The Alcohol and Drug Policy Commission is abolished. On the operative date specified in section 26 of this 2009 Act, the tenure of office of the members of the Alcohol and Drug Policy Commission ceases.

(2) All of the duties, functions and powers of the Alcohol and Drug Policy Commission are imposed upon, transferred to and vested in the Department of Human Services.

(3) The unexpended balances of amounts authorized to be expended by the Alcohol and Drug Policy Commission for the biennium beginning July 1, 2013, from revenues dedicated, continuously appropriated, appropriated or otherwise made available for the purpose of administering and enforcing the duties, functions and powers transferred by this section are transferred to and are available for expenditure by the Department of Human Services for the biennium beginning July 1, 2013, for the purpose of administering and enforcing the duties, functions and powers transferred by this section.

(4) The expenditure classifications, if any, established by Acts authorizing or limiting expenditures by the Alcohol and Drug Policy Commission remain applicable to expenditures by the Department of Human Services under this section.

SECTION 16. ORS 137.308, as amended by section 6 of this 2009 Act, is amended to read:

137.308. (1) The county treasurer shall deposit 60 percent of the moneys received under ORS 137.309 (6), (8) and (9) into the general fund of the county to be used for the purpose of planning, operating and maintaining county juvenile and adult corrections programs and facilities and drug and alcohol programs approved by the [*Alcohol and Drug Policy Commission*] **Department of Human Services**. Expenditure by the county of the funds described in this subsection shall be made in a manner that is consistent with the approved community corrections plan for that county; however, a county may not expend more than 50 percent of the funds on the construction or operation of a county jail. Prior to budgeting the funds described in this subsection, a county shall consider any comments received from, and upon request shall consult with, the governing body of a city that forwards assessments under ORS 137.307 (1991 Edition) concerning the proposed uses of the funds.

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

SECTION 17. ORS 417.775, as amended by section 7 of this 2009 Act, is amended to read:

417.775. (1) Under the direction of the board or boards of county commissioners, and in conjunction with the guidelines set by the State Commission on Children and Families, the local commission on children and families shall promote wellness for children of all ages and their families in the county or region, if the families have given their express written consent, mobilize communities and develop policy and oversee the implementation of a local coordinated comprehensive plan described in this section. A local commission shall:

(a) Inform and involve citizens;

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

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

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

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

(f) Prioritize the use of nondedicated resources;

(g) Monitor implementation of the local plan; and

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

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

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

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

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

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

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

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

(4) Through the process described in subsection (3) of this section, the local commission shall coordinate the development of a single local plan for coordinating community programs, strategies and services for children who are 18 years of age or younger, including prenatal, and their families among community groups, government agencies, private providers and other parties. The local plan shall be a comprehensive area-wide service delivery plan for all services to be provided for children and their families in the county or region, if the families have given their express written consent. The local plan shall be designed to achieve state and county or regional outcomes based on state policies and guidelines and to maintain a level of services consistent with state and federal requirements.

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

(6) Subject to the availability of funds:

(a) The local coordinated comprehensive plan shall include:

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

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

(b) The local coordinated comprehensive plan shall reference:

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

(B) Local alcohol and other drug prevention and treatment plans developed pursuant to section 1 of this 2009 Act;

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

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

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

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

(8) The local coordinated comprehensive plan shall:

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

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

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

(d) Be based on proven practices of effectiveness for the specific community;

(e) Contribute to a voluntary statewide system of formal and informal services and supports that is provided at the community level, that is integrated in local communities and that promotes improved outcomes for Oregon's children;

(f) Be presented to the citizens in each county for public review, comment and adjustment;

(g) Be designed to achieve outcomes based on research-identified proven practices of effectiveness; and

(h) Address other issues, local needs or children and family support areas as determined by the local commission pursuant to ORS 417.735.

(9) In developing the local coordinated comprehensive plan, the local commission shall:

(a) Secure active participation pursuant to subsection (3) of this section;

(b) Provide for community participation in the planning process, including media notification;

(c) Conduct an assessment of the community that identifies needs and strengths;

(d) Identify opportunities for service integration; and

(e) Develop a local coordinated comprehensive plan and budget to meet the priority needs of a county or region.

(10) The state commission may disapprove the part of the local coordinated comprehensive plan relating to the planning process required by this section and the voluntary local early childhood system plan.

(11)(a) The state commission may disapprove the planning process and the voluntary local early childhood system plan only upon making specific findings that the local plan substantially fails to conform to the principles, characteristics and values identified in ORS 417.708 to 417.725 and 417.735 (4) or that the local plan fails to conform with the planning process requirements of this section. The staff of the state commission shall assist the local commission in remedying the deficiencies in the planning process or the voluntary local early childhood system plan. The state commission shall set a date by which any deficient portions of the planning process or the voluntary local early childhood system plan must be revised and resubmitted to the state commission by the local commission.

(b) The state commission does not have approval authority over the following service plans referenced in the local coordinated comprehensive plan:

(A) The local alcohol and other drug prevention and treatment plans developed pursuant to section 1 of this 2009 Act;

(B) Local service plans, developed pursuant to ORS 430.630, relating to the delivery of mental health services;

(C) Local public health plans developed pursuant to ORS 431.385; and

(D) Local high-risk juvenile crime prevention plans developed pursuant to ORS 417.855.

(12) The state commission, [*the Alcohol and Drug Policy Commission,*] the Department of Human Services and the Juvenile Crime Prevention Advisory Committee may jointly approve the community plan that is part of the local coordinated comprehensive plan, but may not jointly approve the ser-

vice plans that are referenced in the local plan. If the community plan is disapproved in whole, the agencies shall identify with particularity the manner in which the community plan is deficient and the service plans may be implemented. If only part of the community plan is disapproved, the remainder of the community plan and the service plans may be implemented. The staff of the agencies shall assist the local commission in remedying the disapproved portions of the community plan. The agencies shall jointly set a date by which the deficient portions of the community plan shall be revised and resubmitted to the agencies by the local commission. In reviewing the community plan, the agencies shall consider the impact of state and local budget reductions on the community plan.

(13) If a local commission determines that the needs of the county or region it serves differ from those identified by the state commission, it may ask the state commission to waive specific requirements in its list of children's support areas. The process for granting waivers shall be developed by the state commission prior to the start of the review and approval process for the local coordinated comprehensive plan described in ORS 417.735 (4) and shall be based primarily on a determination of whether the absence of a waiver would prevent the local commission from best meeting the needs of the county or region.

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

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

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

SECTION 18. ORS 430.270, as amended by section 9 of this 2009 Act, is amended to read:

430.270. The Department of Human Services[*, in consultation with the Alcohol and Drug Policy Commission,*] shall take such means as it considers most effective to bring to the attention of the general public, employers, the professional community and particularly the youth of the state, the harmful effects to the individual and society of the irresponsible use of alcoholic beverages, controlled substances and other chemicals, and substances with abuse potential.

SECTION 19. ORS 430.290, as amended by section 10 of this 2009 Act, is amended to read:

430.290. (1) The objective of this section is to prevent alcoholism and drug dependency.

(2) To carry out the objective of this section, the Department of Human Services shall:

(a) Consult with and be advised by [*the Alcohol and Drug Policy Commission and*] the Mental Health Advisory Board in identifying program priorities for the primary prevention of alcoholism and drug dependency.

(b) Solicit program proposals that address identified priorities from agencies, associations, individuals or any political subdivision of this state and award and distribute moneys under this section in accordance with the provisions of this section.

(3) Every applicant for a grant to develop a primary prevention of alcoholism program shall be assisted in its preparation by the local alcohol planning committee, if there be one, operating in the area to which the application relates. Every applicant shall establish to the satisfaction of the department that the committee was actively involved in the development and preparation of such program.

(4) Every grant applicant shall include the recommendations of the local alcohol planning committee, if there be one, operating in the area. The department shall take the recommendations of the local alcohol planning committee into consideration before making or refusing a grant.

SECTION 20. ORS 430.359, as amended by section 11 of this 2009 Act, is amended to read:

430.359. (1) Upon approval of an application, the Department of Human Services shall enter into a matching fund relationship with the applicant. In all cases the amount granted by the department under the matching formula shall not exceed 50 percent of the total estimated costs, as approved by the department, of the alcohol and drug abuse prevention, early intervention and treatment services.

(2) The amount of state funds shall be apportioned among the applicants according to the community need of the applicant for services as compared with the community needs of all applicants. In evaluating the community needs of the applicant, the department[*, in consultation with the Alcohol and Drug Policy Commission,*] shall give priority consideration to those applications that identify and include alcohol and drug abuse prevention, early intervention and treatment services aimed at providing services to minorities with a significant population of affected persons. The funds granted shall be distributed monthly.

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

(4) An applicant that is, at the time of a grant made under this section, expending funds appropriated by its governing body for the alcohol and drug abuse prevention, early intervention and treatment services shall, as a condition to the receipt of funds under this section, maintain its financial contribution to these programs at an amount not less than the preceding year. However, the financial contribution requirement may be waived in its entirety or in part in any year by the Department of Human Services because of:

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

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

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

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

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

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

SECTION 21. ORS 430.368, as amended by section 12 of this 2009 Act, is amended to read:

430.368. (1) Any alcohol and drug abuse prevention, early intervention and treatment service, including but not limited to minority programs, aggrieved by any final action of an applicant with regard to requesting funding for the program from the Department of Human Services, may appeal the applicant's action to the Director of Human Services within 30 days of the action. For the purposes of this section "final action" means the submission of the applicant's compiled funding requests to the department. The director shall review[*, in consultation with the Alcohol and Drug Policy Commission,*] all appealed actions for compliance with the purposes and requirements of ORS 430.315 to 430.335, 430.338 to 430.380, 471.810, 473.030 and 473.050, including but not limited to ORS 430.338 (5).

(2) The director shall act on all appeals within 60 days of filing, or before the time of the department's decision on the applicant's funding request, whichever is less. The director is not required to follow procedures for hearing a contested case, but shall set forth written findings justifying the action. The decision of the director shall be final, and shall not be subject to judicial review.

SECTION 22. ORS 430.535, as amended by section 13 of this 2009 Act, is amended to read:

430.535. (1) The Department of Human Services [*and the Alcohol and Drug Policy Commission*] shall, subject to the availability of funds, develop bilingual forms to assist non-English-speaking persons in understanding their rights under ORS 430.450 to 430.555.

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

SECTION 23. ORS 430.630, as amended by section 14 of this 2009 Act, is amended to read:

430.630. (1) In addition to any other requirements that may be established by rule by the Department 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, developmental disabilities, alcoholism 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, developmental disabilities, 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 persons with mental retardation, developmental disabilities, 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 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 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 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 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 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 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 Alcohol and Drug Policy Commission in the performance of its duties.*]

[*(10)(a)*] **(9)(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 24. ORS 430.632 is amended to read:

430.632. A local mental health authority shall submit to the Department of Human Services by October 1 of each even-numbered year a report on the implementation of the comprehensive local plan adopted under ORS 430.630 [*(10)*] **(9)**.

SECTION 25. 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, 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 or developmental disabilities or within the portion for persons with alcohol 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)*] **(9)**.

(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)*] **(9)**, 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)*]

(9)(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)*] **(9)**.

(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.

SECTION 26. Section 15 of this 2009 Act and the amendments to ORS 137.308, 417.775, 430.270, 430.290, 430.359, 430.368, 430.535, 430.630, 430.632 and 430.640 by sections 16 to 25 of this 2009 Act become operative on January 2, 2014.

SECTION 27. ORS 430.250, 430.255, 430.257, 430.258 and 430.259 are repealed January 2, 2014.

SECTION 28. Sections 1 to 3 of this 2009 Act are repealed January 2, 2014.

SECTION 29. Notwithstanding any other law appropriating moneys or limiting expenditures, in carrying out sections 1 to 3 of this 2009 Act the Department of Human Services may use only funds provided by the United States Bureau of Justice Assistance through the American Recovery and Reinvestment Act of 2009 Edward Byrne Memorial Justice Assistance Grant Program.

SECTION 30. Notwithstanding the limitation on expenditures established by section 2 (1) chapter _____, Oregon Laws 2009 (Enrolled Senate Bill 5529), and any other law limiting expenditures, for the biennium beginning July 1, 2009, the maximum limit for payment of expenses for administrative services from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by the Department of Human Services, is increased by $600,000 for the purpose of carrying out the provisions of sections 1 to 3 of this 2009 Act.

SECTION 31. If House Bill 2009 becomes law, section 1 of this 2009 Act is amended to read:

Sec. 1. (1) There is created the Alcohol and Drug Policy Commission, which is charged with producing a plan for the funding and effective delivery of alcohol and drug treatment and prevention services. The commission shall recommend:

(a) A strategy for delivering state-funded treatment and prevention services;

(b) The priority of funding for treatment and prevention services;

(c) Strategies to maximize accountability for performance of treatment and prevention services;

(d) Methods to standardize data collection and reporting; and

(e) A strategy to consolidate treatment and prevention services and reduce the fragmentation in the delivery of services.

(2) The membership of the commission consists of:

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

(A) An elected district attorney;

(B) An elected county sheriff;

(C) A county commissioner;

(D) A representative of an Indian tribe;

(E) An alcohol or drug treatment provider;

(F) A chief of police;

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

(H) A criminal defense attorney;

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

(J) A representative of the health insurance industry;

(K) A representative of hospitals;

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

(M) An alcohol or drug abuse prevention representative;

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

(O) A representative of the business community; and

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

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

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

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

(c) The following voting ex officio members:

(A) The Governor or the Governor's designee;

(B) The Attorney General;

[*(C) The Director of Human Services;*]

(C) The Director of the Oregon Health Authority;

(D) The Director of the Department of Corrections; and

(E) The Superintendent of Public Instruction.

(3) The Alcohol and Drug Policy Commission shall select one of its members as chairperson and another as vice chairperson, for such terms and with duties and powers necessary for the performance of the functions of such offices as the commission determines.

(4) A majority of the voting members of the commission constitutes a quorum for the transaction of business.

(5) Official action of the commission requires the approval of a majority of the voting members on the commission.

(6) The commission may establish a steering committee and subcommittees. These committees may be continuing or temporary.

(7) Each commission member appointed by the Governor serves at the pleasure of the Governor. If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective.

(8) The [*Department of Human Services*] **Oregon Health Authority** shall provide staff support to the commission. Subject to available funding, the commission may contract with a public or private entity to provide staff support.

(9) Members of the commission who are not members of the Legislative Assembly are entitled to compensation and expenses incurred by them in the performance of their official duties in the manner and amounts provided for in ORS 292.495. Claims for compensation and expenses shall be paid out of funds appropriated to the [*Department of Human Services*] **Oregon Health Authority** or funds appropriated to the commission for purposes of the commission.

SECTION 32. If House Bill 2009 becomes law, section 15 of this 2009 Act is amended to read:

Sec. 15. (1) The Alcohol and Drug Policy Commission is abolished. On the operative date specified in section [*26*] **34** of this 2009 Act, the tenure of office of the members of the Alcohol and Drug Policy Commission ceases.

(2) All of the duties, functions and powers of the Alcohol and Drug Policy Commission are imposed upon, transferred to and vested in the [*Department of Human Services*] **Oregon Health Authority**.

(3) The unexpended balances of amounts authorized to be expended by the Alcohol and Drug Policy Commission for the biennium beginning July 1, 2013, from revenues dedicated, continuously appropriated, appropriated or otherwise made available for the purpose of administering and enforcing the duties, functions and powers transferred by this section are transferred to and are available for expenditure by the [*Department of Human Services*] **Oregon Health Authority** for the biennium beginning July 1, 2013, for the purpose of administering and enforcing the duties, functions and powers transferred by this section.

(4) The expenditure classifications, if any, established by Acts authorizing or limiting expenditures by the Alcohol and Drug Policy Commission remain applicable to expenditures by the [*Department of Human Services*] **Oregon Health Authority** under this section.

SECTION 33. If House Bill 2009 becomes law, section 16 of this 2009 Act (amending ORS 137.308) and section 26 of this 2009 Act are repealed and ORS 137.308, as amended by section 6 of this 2009 Act, is amended to read:

137.308. (1) The county treasurer shall deposit 60 percent of the moneys received under ORS 137.309 (6), (8) and (9) into the general fund of the county to be used for the purpose of planning, operating and maintaining county juvenile and adult corrections programs and facilities and drug and alcohol programs approved by the [*Alcohol and Drug Policy Commission*] **Department of Human Services and the Oregon Health Authority**. Expenditure by the county of the funds described in this subsection shall be made in a manner that is consistent with the approved community corrections plan for that county; however, a county may not expend more than 50 percent of the funds on the construction or operation of a county jail. Prior to budgeting the funds described in this subsection, a county shall consider any comments received from, and upon request shall consult with, the governing body of a city that forwards assessments under ORS 137.307 (1991 Edition) concerning the proposed uses of the funds.

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

SECTION 34. Section 15 of this 2009 Act and the amendments to ORS 137.308, 417.775, 430.270, 430.290, 430.359, 430.368, 430.535, 430.630, 430.632 and 430.640 by sections 17 to 25 and 33 of this 2009 Act become operative on January 2, 2014.

SECTION 35. This 2009 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2009 Act takes effect on its passage.

Passed by House June 24, 2009

Repassed by House June 29, 2009

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Chief Clerk of House

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Speaker of House

Passed by Senate June 29, 2009

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President of Senate

Received by Governor:

.....M.,....., 2009

Approved:

.....M.,....., 2009

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Governor

Filed in Office of Secretary of State:

.....M.,....., 2009

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Secretary of State