



SB 755 A- Engrossed Presentation

PREPARED BY:

LESLIE WU

SJUD COUNSEL

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BACKGROUND

BM 110 passed by voters on 2020 ballot.

General operative date of Feb 1, 2021, with rulemaking deadlines in June 2021 and ARC establishment deadlines in October 2021.

SB 755 Implements M110 and acts as legislative vehicle for amendments.

Program change bill makes changes to deadlines.



BACKGROUND

- 2/8: Informational in Senate Judiciary Committee.
- 3/1, 3/15: Public hearings in Senate Committee.
- 3/31: Informational in House Behavioral Health.
- 4/1, 4/5, and 4/13: Work sessions in Senate Committee.
- 4/13: -32 Amendments adopted.
- 4/23: Referred to Joint Ways and Means.



SB 755 A-Engrossed Overview

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SB 755 A Engrossed Overview

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Findings and Policy

Section 1

Explains purpose to remove criminal penalties and shift to health approach.



Expanding Treatment and Services

Section 2

Overview of Behavioral Health Resource Networks (“BHRN”).

- May be one entity or multiple entities acting together or separately.
- Oversight Council approves grants and funding to establish.
- One complete BHRN must be operational per county by deadline.



Expanding Treatment and Services

Minimum BHRN service requirements:

- Screenings by peer support specialists and linkage to services.
- Comprehensive health needs assessments.
- Individual Intervention planning.
- Ongoing peer counseling.
- Mobile or virtual outreach services.
- Harm reduction services.
- Low barrier substance use treatment.
- Transitional and supportive housing.
- Any other service as required by OAC.



Expanding Treatment and Services

Minimum BHRN staffing requirements:

- Certified alcohol and drug counselor.
- Case manager.
- Certified addiction peer support or wellness specialist.
- Any other individual required by OAC.



Expanding Treatment and Services

Other items regarding BHRNs:

Verifications of screenings to be sent from OHA to OJD.

Services must be free to the recipient, and grantees must seek reimbursement from insurance, and the medical assistance program.



Expanding Treatment and Services

Other grants and funding outside of BHRNs:

- OAC may provide grants and funding to any applicant, whether community based or government, and including tribal entities, to increase access to:
- Low barrier substance use disorder treatment.
- Peer support and recovery services.
- Transitional, supportive, and permanent housing.
- Harm reduction interventions and services.



Expanding Treatment and Services

Grants and funding prioritization provisions:

- Must prioritize grants to community-based organizations serving communities most impacted by laws enacted in the war on drugs initiative.
- Government entities receiving grants must specify details on subgrantees and make other commitments.
- OAC may consult ADPC's Strategic Plan in making decisions on funding.



Oversight and Accountability Council

Section 3

Oversight and Accountability Council (“OAC”)

- Distributes grants and other funding to establish BHRNs.
- Distributes grants and other funding to applicants increasing access to behavioral health care.
- Promulgates rules for funding and BHRNs.



Oversight and Accountability Council

OAC membership:

- Representative from OHA (non-voting).
- 3 members of communities most impacted by conduct re-classified as E violations.
- Physician in addiction medicine.
- Social worker.
- Evidence based SUD provider.
- Harm reduction services provider.



Oversight and Accountability Council

OAC membership:

- Person specializing in behavioral health housing.
- Drug policy researcher.
- 2 people who suffered or suffer from SUD.
- 2 or more recovery peers.
- Behavioral health provider.
- Representative of a coordinated care organization.
- Person who works for a nonprofit that advocates in SUD area.



Oversight and Accountability Council

Specifies quorum rules, terms, compensation, and ethical rules under ORS 244 pertaining to conflicts, filing statements of economic interest.



Administration

Section 4

Requires OAC and OHA to administer provisions of the Act, including:

- Rulemaking to ensure sufficient grant recipient information obtained for auditors.
- General rulemaking.
- Administrative support from agency.
- Grant transparency through public posting of grant recipients and amount of grants.



Funding

Sections 5-10

Creates Drug Treatment and Recovery Services Fund, consisting of:

- Transfers from Oregon Marijuana Account.
 - Per quarter, any amount in account that exceeds \$11,250,000.
- Moneys allocated from criminal fines account.
- Savings caused by reclassification from criminal to violation of E violations.



Violation Procedures

Sections 11-20

E violations:

- Presumptive and minimum fines.
- Procedures for failures to appear.
- Use of presumptive field tests in violation trials.
- Enforcement officers providing information on how to complete ticket requirements.
- Ticket dismissal upon proof of completion of screening.



Oversight

Sections 21-24

- BHRN Screening hotline services.
- Real time audits and financial reviews.
- Traditional audits and reviews.
- Statements of economic interest.
- Reports to legislative assembly.



Juvenile Courts

Sections 25-27

Routes juveniles cited through juvenile department rather than adult court, with opportunity to engage with juvenile department and enter formal accountability agreements.



Other Courts

Sections 28-30

Routes E violation citations through Circuit Courts.



Drug Code

Sections 32-42

- Re-classifies possession under certain amounts to E violations.
- Clarifies that substantial quantities laws are still operative.
- Classifies substantial quantities of fentanyl and fentanyl analogues.



Dates

Sections 47-49

- Declares emergency, effective on passage.



-32 Amendments

Promulgated by work groups that met 18 times throughout course of the session.

Various amendments were posted to OLIS so that amendment progress over time is visible.

-32 amendments are combination amendments.

Document detailing work group analysis of each amendment considered is available on OLIS.



-32 Amendments

Court and enforcement related amendments:

- Requires cited individuals to complete “screening” and defines “screening.”
- Creates electronic process for verification of screening to be sent to judicial department.
- Specifies outcome of dismissal if screening completed.
- Specifies \$100 as presumptive fine and \$45 as minimum fine for E violation citations.
- Requires officers to provide information on how to obtain screenings when issuing E violation citation.



-32 Amendments

Court and enforcement related amendments:

- Limits jurisdiction over E violations to circuit courts, except those already initiated in justice and municipal courts.
- Creates process for juveniles to handle citations through juvenile department.
- Clarifies E violation trial procedures including use of presumptive field tests.



-32 Amendments

Court and enforcement related amendments:

- Adds hydrocodone to drug penalty updates.
- Closes substantial quantities loophole by clarifying that the substantial quantity law under ORS 475.900 is still operative.
- Delineates substantial quantities of fentanyl and fentanyl analogues.
- Prohibits use of ORS 153.992 and ORS 153.064 to prosecute or arrest for E violation failures to appear.
- Creates process for prosecuting attorneys to dispose of not yet adjudicated possession cases that would have been E violations after February 1, 2021.



-32 Amendments

Funding amendments:

- Funding provisions largely unchanged.
- Directs the money entering the Criminal Fines Account from the E violation tickets to be given to the Fund.



-32 Amendments

Treatment services amendments:

- Changes “Addiction Recovery Center” or “ARC” to Behavioral Health Resource Network or “BHRN.”
- Specifies details and definition of BHRNs including service requirements and staffing requirements.
 - Expands services required to be provided to include substance use disorder treatment and housing.



-32 Amendments

Treatment services amendments:

- Clarifies “screenings” and language around screening requirements.
- Creates electronic verification requirement for screenings.
- Specifies that cited individuals may complete a greater treatment contact to satisfy ticket.
- Removes sunset on OHA screening hotline.



-32 Amendments

Treatment services amendments:

- Allows for funding mechanisms other than grants.
- Prioritizes funding to communities most impacted by war on drugs.
- Clarifies that tribal entities may receive funding.
- Requires government entities receiving funding to disclose subgrantees, explain how funding will go toward culturally specific services.
- Removes language that allowed funding for government entities only if no applications were from community based entities.



-32 Amendments

Treatment services amendments:

- Amends OAC quorum requirements.
- Makes OHA representative on the OAC non-voting.
- Directs OHA to publish information on grant recipients.
- Directs OHA to report to legislature on grants quarterly.
- Requires OAC members to abide by ethical rules under ORS 244, including filing statements of economic interest.



-32 Amendments

Audits amendments:

- Requires real time audits and financial reviews
 - Relationship between OAC and OHA
 - Grant funding mechanisms
 - Structural integrity including conflicts of interest, clarity of rules promulgated, whether OAC has sufficient authority and independence.
 - Data collection methods used by OHA and OAC.
 - Grant applicant data including what grants were denied, whether grants are going to culturally responsive providers
 - Etc.



-32 Amendments

Audits amendments:

- Requires thorough traditional audits and financial reviews
 - Law enforcement data and disparities.
 - Phone hotline data.
 - Grant recipient performance.
 - Client outcomes.
 - Statewide overall outcomes including:
 - Access to treatment.
 - Overdose rates.
 - Harm reduction services access.
 - Whether more people are receiving treatment.
 - Etc.





Invited Testimony:

Phil Lemman, Oregon Judicial Department

Steve Allen, Oregon Health Authority

Aaron Knott, Multnomah County District
Attorney's Office

Heather Jefferis, Oregon Council for
Behavioral Health
