

House Bill 3111

Sponsored by Representative SANCHEZ

SUMMARY

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

Requires Oregon Health Authority to contract with at least four Recovery Community Organizations, in accordance with criteria adopted by Alcohol and Drug Policy Commission, to operate four recovery community centers in four different counties. Defines "Recovery Community Organization" and "recovery community center." Specifies requirements for centers.

Requires authority to appoint Recovery Manager to be responsible for developing and maintaining network of Recovery Community Organizations.

Takes effect on 91st day following adjournment sine die.

A BILL FOR AN ACT

1
2 Relating to supportive services for individuals in recovery from substance use disorders; creating
3 new provisions; amending ORS 430.256; and prescribing an effective date.

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

5 **SECTION 1. (1) As used in this section:**

6 (a) **"Certified recovery mentor" means a peer support specialist certified as a Certified**
7 **Recovery Mentor by the Mental Health and Addiction Certification Board of Oregon.**

8 (b) **"Peer recovery support" means supportive services provided by a certified recovery**
9 **mentor.**

10 (c) **"Peer support specialist" has the meaning given that term in ORS 414.025.**

11 (d) **"Recovery community center" means a physical space in which peer recovery support**
12 **is provided by a Recovery Community Organization.**

13 (e) **"Recovery Community Organization" means a nongovernmental organization that:**

14 (A) **Is recognized as tax exempt under section 501(c)(3) of the Internal Revenue Code;**

15 (B) **Is managed by individuals who are in recovery from substance use disorders; and**

16 (C) **Offers peer recovery support for individuals who are seeking or are in recovery from**
17 **substance use disorders.**

18 (2) **The Oregon Health Authority, in accordance with criteria adopted by the Alcohol and**
19 **Drug Policy Commission under subsection (6) of this section, shall contract with at least four**
20 **Recovery Community Organizations to operate four recovery community centers, each in a**
21 **different county. Each recovery community center must provide, at a minimum:**

22 (a) **Culturally relevant peer recovery support;**

23 (b) **A telephone line and online chat that provide access to 24-hour peer recovery support;**

24 (c) **In-person peer recovery support for 12 hours each day; and**

25 (d) **Multiple forms of community-based recovery supports that employ multiple pathways**
26 **to recovery, including but not limited to:**

27 (A) **12-step mutual aid meetings;**

28 (B) **Mindfulness-based recovery support;**

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

1 (C) Skill-building groups and activities; and

2 (D) Other activities and events that support a recovery lifestyle.

3 (3) Each Recovery Community Organization that contracts with the authority shall:

4 (a) Be a stand-alone entity organized and managed for the sole purpose of serving as a
5 Recovery Community Organization;

6 (b) Be managed by and deliver services through local recovery communities;

7 (c) Enter into a memorandum of understanding with all residential and outpatient sub-
8 stance use disorder treatment providers located in the county served by the Recovery Com-
9 munity Organization to enable the organization to connect with individuals completing
10 treatment and advise the individuals of the services available from the organization; and

11 (d) Maintain and enforce patient privacy and confidentiality as required by state and
12 federal laws.

13 (4) A Recovery Community Organization that contracts with the authority may:

14 (a) Use an existing nonprofit organization to serve as the organization's fiscal sponsor;
15 and

16 (b) Solicit and accept funds from public or private sources.

17 (5) The authority shall appoint a full-time Recovery Manager in the division of the au-
18 thority that administers addiction treatment, recovery and prevention programs, who shall
19 be responsible for creating and managing peer recovery support, including by developing and
20 maintaining the network of Recovery Community Organizations.

21 (6) The Alcohol and Drug Policy Commission shall adopt:

22 (a) Criteria for the selection of locations and local partners of Recovery Community Or-
23 ganizations; and

24 (b) Annual performance goals for the Recovery Community Organizations.

25 (7) The authority shall report, at the frequency prescribed by the commission, on each
26 Recovery Community Organization's achievement of the organization's annual performance
27 goals.

28 (8) The authority shall, out of funds transferred to the Oregon Health Authority Fund
29 from ORS 475B.759 (3)(c)(D):

30 (a) Use \$150,000 for outreach to individuals living in rural areas to connect them with
31 peer recovery support and peer recovery support using telemedicine platforms; and

32 (b) Use the remaining funds to carry out the provisions of this section.

33 **SECTION 2.** The recovery community centers described in section 1 of this 2021 Act must
34 be established and operating no later than January 1, 2022.

35 **SECTION 3.** ORS 430.256 is amended to read:

36 430.256. (1) The Director of the Oregon Health Authority shall administer alcohol and drug
37 abuse programs, including but not limited to programs or components of programs described in ORS
38 430.397 to 430.401 and 475.225 and section 1 of this 2021 Act and ORS chapters 430 and [801 to
39 822] 813.

40 (2) Subject to ORS 417.300 and 417.305, the director shall:

41 (a) Report to the Alcohol and Drug Policy Commission on accomplishments and issues occurring
42 during each biennium, and report on a new biennial plan describing resources, needs and priorities
43 for all alcohol and drug abuse programs.

44 (b) Develop within the Oregon Health Authority priorities for alcohol and drug abuse programs
45 and activities.

1 (c) Conduct statewide and special planning processes that provide for participation from state
2 and local agencies, groups and individuals.

3 (d) Identify the needs of special populations including minorities, elderly, youth, women and in-
4 dividuals with disabilities.

5 (e) Subject to ORS chapter 183, adopt such rules as are necessary for the performance of the
6 duties and functions specified by this section.

7 (3) The director may apply for, receive and administer funds, including federal funds and grants,
8 from sources other than the state. Subject to expenditure limitation set by the Legislative Assembly,
9 funds received under this subsection may be expended by the director:

10 (a) For the study, prevention or treatment of alcohol and drug abuse and dependence in this
11 state.

12 (b) To provide training, both within this state and in other states, in the prevention and treat-
13 ment of alcohol and drug abuse and dependence.

14 (4) The director shall, in consultation with state agencies and counties, establish guidelines to
15 coordinate program review and audit activities by state agencies and counties that provide funds to
16 alcohol and drug prevention and treatment programs. The purpose of the guidelines is to minimize
17 duplication of auditing and program review requirements imposed by state agencies and counties on
18 alcohol and drug prevention and treatment programs that receive state funds, including programs
19 that receive beer and wine tax revenues under ORS 430.380 and 471.810.

20 **SECTION 4. This 2021 Act takes effect on the 91st day after the date on which the 2021**
21 **regular session of the Eighty-first Legislative Assembly adjourns sine die.**

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