

Requested by Representative NOSSE

**PROPOSED AMENDMENTS TO
HOUSE BILL 2513**

1 In line 2 of the printed bill, after “drugs” insert “; creating new pro-
2 visions; and amending ORS 430.342, 430.383, 430.384, 430.387, 430.388, 430.389,
3 430.390, 430.391 and 430.392”.

4 Delete lines 4 through 8 and insert:

5 **“SECTION 1.** ORS 430.342 is amended to read:

6 “430.342. (1) The governing body of each county or combination of coun-
7 ties in a mental health administrative area, as designated by the Alcohol and
8 Drug Policy Commission, shall:

9 “(a) Appoint a local planning committee for alcohol and drug prevention
10 and treatment services; or

11 “(b) Designate an already existing body to act as the local planning
12 committee for alcohol and drug prevention and treatment services.

13 “(2) The committee shall **coordinate with local Behavioral Health Re-**
14 **source Networks, described in ORS 430.389, to** identify needs and estab-
15 lish priorities for alcohol and drug prevention and treatment services that
16 best suit the needs and values of the community and shall report its findings
17 to the Oregon Health Authority, the governing bodies of the counties served
18 by the committee and the budget advisory committee of the commission.

19 “(3) Members of the local planning committee shall be representative of
20 the geographic area and shall be persons with interest or experience in de-
21 veloping alcohol and drug prevention and treatment services. The member-

1 ship of the committee shall include a number of minority members which
2 reasonably reflects the proportion of the need for prevention, treatment and
3 rehabilitation services of minorities in the community.

4 **“SECTION 2.** ORS 430.383 is amended to read:

5 “430.383. (1)(a) The people of Oregon find that drug addiction and over-
6 doses are a serious problem in Oregon and that Oregon needs to expand ac-
7 cess to drug treatment.

8 “(b) The people of Oregon further find that a health-based approach to
9 addiction and overdose is more effective, humane and cost-effective than
10 criminal punishments. Making people criminals because they suffer from
11 addiction is expensive, ruins lives and can make access to treatment and
12 recovery more difficult.

13 “(2)(a) The purpose of the Drug Addiction Treatment and Recovery Act
14 of 2020 is to make screening, health assessment, treatment and recovery
15 services for drug addiction available to all those who need and want access
16 to those services and to adopt a health approach to drug addiction by re-
17 moving criminal penalties for low-level drug possession.

18 “(b) It is the policy of the State of Oregon:

19 **“(A) That screening, health assessment, treatment and recovery services**
20 **for drug addiction are available to all those who need and want access to**
21 **those services; and**

22 **“(B) To encourage treatment and recovery for people struggling**
23 **with substance use disorder.**

24 “(3) The provisions of [*chapter 2, Oregon Laws 2021*] **430.383 to 430.390,**
25 **shall be interpreted consistently with the findings, purposes and policy ob-**
26 **jectives stated in this section and shall not be limited by any policy set forth**
27 **in Oregon law that could conflict with or be interpreted to conflict with the**
28 **purposes and policy objectives stated in this section.**

29 **“(4) As used in ORS 430.383 to 430.390, ‘recovery’ means a process**
30 **of change through which individuals improve their health and**

1 **wellness, live a self-directed life and strive to reach their full potential.**

2 **“SECTION 3.** ORS 430.384 is amended to read:

3 “430.384. (1) The Drug Treatment and Recovery Services Fund is estab-
4 lished in the State Treasury, separate and distinct from the General Fund.
5 Interest earned by the Drug Treatment and Recovery Services Fund shall be
6 credited to the fund.

7 “(2) The Drug Treatment and Recovery Services Fund shall consist of:

8 “(a) Moneys deposited into the fund pursuant to ORS 305.231;

9 “(b) Moneys appropriated or otherwise transferred to the fund by the
10 Legislative Assembly;

11 “(c) Moneys allocated from the Oregon Marijuana Account, pursuant to
12 ORS 475C.726 (3)(b);

13 “(d) Moneys allocated from the Criminal Fine Account pursuant to ORS
14 137.300 (4); and

15 “(e) All other moneys deposited into the fund from any source.

16 “(3) Moneys in the fund shall be continuously appropriated to the Oregon
17 Health Authority for the purposes set forth in ORS 430.389.

18 “(4)(a) Pursuant to subsection (2)(b) of this section, the Legislative As-
19 sembly shall appropriate or transfer to the fund an amount sufficient to fully
20 fund the grants program required by ORS 430.389.

21 “(b) The total amount deposited and transferred into the fund shall not
22 be less than \$57 million for the first year [*chapter 2, Oregon Laws 2021, is*]
23 **ORS 430.383 to 430.390 are** in effect.

24 “(c) In each subsequent year, the minimum transfer amount set forth in
25 paragraph (b) of this subsection shall be increased by not less than the sum
26 of:

27 “(A) \$57 million multiplied by the percentage, if any, by which the
28 monthly averaged U.S. City Average Consumer Price Index for the 12 con-
29 secutive months ending August 31 of the prior calendar year exceeds the
30 monthly index for the fourth quarter of the calendar year 2020; and

1 “(B) The annual increase, if any, in moneys distributed pursuant to ORS
2 475C.726 (3)(b).

3 **“SECTION 4.** ORS 430.387 is amended to read:

4 “430.387. The Oregon Health Authority shall cause the moneys in the
5 Drug Treatment and Recovery Services Fund to be distributed as follows:

6 “[*(1)(a)*] (1) An amount necessary for **the** administration of ORS 430.388
7 to 430.390 [*not to exceed four percent of the moneys deposited into the fund in*
8 *any biennium.*]

9 “[*(b)* *The amounts necessary for administration described in paragraph (a)*
10 *of this subsection do not include expenditures*], **excluding amounts neces-**
11 **sary** to establish and maintain the telephone hotline described in ORS
12 430.391 (1).

13 “(2) After the distribution set forth in subsection (1) of this section, the
14 remaining moneys in the fund shall be distributed to the grants program as
15 set forth in ORS 430.389.

16 **“SECTION 5.** ORS 430.388 is amended to read:

17 “430.388. [*(1)(a)*] (1) The [*Director of the Oregon Health Authority shall*
18 *establish an*] Oversight and Accountability Council **is established** for the
19 purpose of [*determining how funds will be distributed to grant applicants and*
20 *to oversee*] **overseeing** the implementation of the Behavioral Health Resource
21 Networks pursuant to ORS 430.389. [*The council shall be formed on or before*
22 *February 1, 2021.*]

23 “[*(b)*] (2) The [*council*] **members of the council** shall [*consist of*] **be**
24 qualified individuals with experience in substance use disorder treatment and
25 other addiction services[. *The council shall*] **and** consist of:

26 “(a) At least one member from each of the following categories [*only*]
27 **appointed by the director:**

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

30 “(B) Three members of communities that have been disproportionately

1 impacted by arrests, prosecution or sentencing for conduct that has been
2 classified or reclassified as a Class E violation;

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

4 “(D) A licensed clinical social worker;

5 “(E) An evidence-based substance use disorder provider;

6 “(F) A harm reduction services provider;

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

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

10 “(I) At least two people who suffered or suffer from substance use disor-
11 der;

12 “(J) At least two recovery peers;

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

14 “(L) A representative of a coordinated care organization; **and**

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

17 “[*N*] (b) The Director of the Alcohol and Drug Policy Commission or the
18 director’s designated staff person, as [*a*] **an ex officio** nonvoting member.

19 “(3) **The director shall appoint an executive director who shall re-**
20 **port to and be responsible for the duties assigned by the director of**
21 **the division within the authority that is responsible for behavioral**
22 **health.**

23 “[*2*] (4) A quorum consists of [*two-thirds*] **a majority** of the members
24 of the council[, *rounded up to the next odd number of members*].

25 “[*3*] (5) The term of office for a member of the council is four years.
26 [*Vacancies shall be appointed for the unexpired term.*] **Members are eligible**
27 **for reappointment. If there is a vacancy for any cause, the director**
28 **shall make an appointment to become immediately available for the**
29 **unexpired term plus two years, but not more than a total of four**
30 **years.**

1 “[~~(4)(a)~~] **(6)(a)** To the extent permissible by law, a member of the council
2 performing services for the council may receive compensation from the
3 member’s employer for time spent performing services as a council member.

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

7 “[~~(5)~~] **(7)** Members of the council are subject to and must comply with the
8 provisions of ORS chapter 244, including ORS 244.045 (4), 244.047, 244.120 and
9 244.130.

10 **“SECTION 6. (1) Notwithstanding the terms of office specified in**
11 **ORS 430.388, eight members currently serving on the Oversight and**
12 **Accountability Council shall be reappointed for two-year terms at the**
13 **end of their current terms, including:**

14 **“(a) At least one member from each category described in ORS**
15 **430.388 (2)(a)(B), (2)(a)(I) and (2)(a)(J); and**

16 **“(b) Others chosen by lot.**

17 **“(2) The successors to the members who are reappointed to two-**
18 **year terms shall be appointed to four-year terms.**

19 **“SECTION 7.** ORS 430.389 is amended to read:

20 “430.389. (1) The Oversight and Accountability Council shall oversee [*and*
21 *approve*] grants and funding **provided by the Oregon Health Authority in**
22 **accordance with this section** to implement Behavioral Health Resource
23 Networks and increase access to community care[, *as set forth below*]. A Be-
24 havioral Health Resource Network is an entity or collection of entities that
25 individually or jointly provide some or all of the services described in sub-
26 section (2)(d) of this section.

27 “(2)(a) [*The Oversight and Accountability Council, in consultation with*]
28 The [*Oregon Health*] authority[,] shall [*provide*] **establish an equitable:**

29 **“(A) Process for applying for** grants and funding [*to*] **by** agencies or
30 organizations, whether government or community based, to establish Behav-

1 ioral Health Resource Networks for the purposes of immediately screening
2 the acute needs of [*people who use drugs*] **individuals with substance use**
3 **disorders, including those who also have a mental disorder**, and as-
4 ssuming and addressing any ongoing needs through ongoing case management,
5 harm reduction, treatment, housing and linkage to other care and services.

6 “(B) **Evaluation process to assess the effectiveness of Behavioral**
7 **Health Resource Networks that receive grants or funding; and**

8 “(C) **Process for terminating grants.**

9 “(b) Recipients of grants or funding [*to provide substance use disorder*
10 *treatment or services*] must be licensed, certified or credentialed by the state,
11 including certification under ORS 743A.168 (8), or meet criteria prescribed
12 by rule by the [*Oversight and Accountability Council*] **authority** under ORS
13 430.390. A recipient of a grant or funding under this subsection may not use
14 the grant or funding to supplant the recipient’s existing funding.

15 “[*b*] (c) The council and the authority shall ensure that residents of
16 each county have access to all of the services described in paragraph [*d*]
17 (e) of this subsection.

18 “[*c*] (d) Applicants for grants and funding may apply individually or
19 jointly with other network participants to provide services in one or more
20 counties.

21 “[*d*] (e) A network must have the capacity to provide the following
22 services and any other services specified by the [*council*] **authority** by rule
23 **but no individual participant in a network is required to provide all**
24 **of the services:**

25 “(A) Screening by certified addiction peer support or wellness specialists
26 or other qualified persons designated by the council to determine a client’s
27 need for immediate medical or other treatment to determine what acute care
28 is needed and where it can be best provided, identify other needs and link
29 the client to other appropriate local or statewide services, including treat-
30 ment for substance abuse and coexisting health problems, housing, employ-

1 ment, training and child care. Networks shall provide this service 24 hours
2 a day, seven days a week, every calendar day of the year **through a tele-**
3 **phone line or other means.** Notwithstanding paragraph [(b)] (c) of this
4 subsection, only one grantee in each network within each county is required
5 to provide the screenings described in this subparagraph.

6 “(B) Comprehensive behavioral health needs assessment, including a sub-
7 stance use disorder screening by a certified alcohol and drug counselor or
8 other credentialed addiction treatment professional. The assessment shall
9 prioritize the self-identified needs of a client.

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

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

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

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

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

25 “(F) Harm reduction services and information and education about harm
26 reduction services.

27 “(G) Low-barrier substance use disorder treatment.

28 “(H) Transitional and supportive housing for individuals with substance
29 use disorders.

30 “[e)] (f) If an applicant for a grant or funding under this subsection is

1 unable to provide all of the services described in paragraph [(d)] (e) of this
2 subsection, the applicant may identify how the applicant intends to partner
3 with other entities to provide the services, and the Oregon Health Authority
4 and the council may facilitate collaboration among applicants.

5 “[(f)] (g) All services provided through the networks must be evidence-
6 informed, trauma-informed, culturally specific, linguistically responsive,
7 person-centered and nonjudgmental. The goal shall be to address effectively
8 the client’s substance use and any other social determinants of health.

9 “[(g)] (h) The networks must be adequately staffed to address the needs
10 of people with substance use disorders within their regions as prescribed by
11 the [council] **authority** by rule, including, at a minimum, at least one person
12 qualified by the [Oregon Health] authority in each of the following catego-
13 ries:

14 “(A) Certified alcohol and drug counselor or other credentialed addiction
15 treatment professional;

16 “(B) Case manager; and

17 “(C) Certified addiction peer support or wellness specialist.

18 “[(h)] (i) Verification of a screening by a certified addiction peer support
19 specialist, wellness specialist or other person in accordance with [subsection
20 (2)(d)(A) of this section] **paragraph (e)(A) of this subsection** shall promptly
21 be provided to the client by the entity conducting the screening. If the client
22 executes a valid release of information, the entity shall provide verification
23 of the screening to the [Oregon Health] authority or a contractor of the au-
24 thority and the authority or the authority’s contractor shall forward the
25 verification to the court, in the manner prescribed by the Chief Justice of
26 the Supreme Court, to satisfy the conditions for dismissal under ORS 153.062
27 or 475.237.

28 “(3)(a) If moneys remain in the Drug Treatment and Recovery Services
29 Fund after the [council] **authority** has committed grants and funding to es-
30 tablish behavioral health resource networks serving every county in this

1 state, the [council] **authority** shall provide grants and funding to other
2 agencies or organizations, whether government or community based, and to
3 the nine federally recognized tribes in this state and service providers that
4 are affiliated with the nine federally recognized tribes in this state to in-
5 crease access to one or more of the following:

6 “(A) Low-barrier substance use disorder treatment that is evidence-
7 informed, trauma-informed, culturally specific, linguistically responsive,
8 person-centered and nonjudgmental;

9 “(B) Peer support and recovery services;

10 “(C) Transitional, supportive and permanent housing for persons with
11 substance use disorder;

12 “(D) Harm reduction interventions including, but not limited to, overdose
13 prevention education, access to naloxone hydrochloride and sterile syringes
14 and stimulant-specific drug education and outreach; or

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

18 “(b) A recipient of a grant or funding under this subsection may not use
19 the grant or funding to supplant the recipient’s existing funding.

20 “(4) In awarding grants and funding under subsections (2) and (3) of this
21 section, the [council] **authority** shall:

22 “(a) Distribute grants and funding to ensure access to:

23 “(A) Historically underserved populations; and

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

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

27 “(c) Consider available regional data related to the substance use disorder
28 treatment needs and the access to culturally specific and linguistically re-
29 sponsive services in communities in this state.

30 “(d) Consider the needs of residents of this state for services, supports and

1 treatment at all ages.

2 “(5) The [council] **authority** shall require any government entity that
3 applies for a grant to specify in the application details regarding subgrantees
4 and how the government entity will fund culturally specific organizations
5 and culturally specific services. A government entity receiving a grant must
6 make an explicit commitment not to supplant or decrease any existing fund-
7 ing used to provide services funded by the grant.

8 “(6) In determining grants and funding to be awarded, the [council] **au-**
9 **thority** may consult the comprehensive addiction, prevention, treatment and
10 recovery plan established by the Alcohol and Drug Policy Commission under
11 ORS 430.223 and the advice of any other group, agency, organization or in-
12 dividual that desires to provide advice [to the council] that is consistent with
13 the terms of this section.

14 “(7) Services provided by grantees, including services provided by a Be-
15 havioral Health Resource Network, shall be free of charge to the clients re-
16 ceiving the services. Grantees in each network shall seek reimbursement
17 from insurance issuers, the medical assistance program or any other third
18 party responsible for the cost of services provided to a client and grants and
19 funding provided by the [council or the] authority under subsection (2) of this
20 section may be used for copayments, deductibles or other out-of-pocket costs
21 incurred by the client for the services.

22 “(8) Subsection (7) of this section does not require the medical assistance
23 program to reimburse the cost of services for which another third party is
24 responsible in violation of 42 U.S.C. 1396a(25).

25 **“SECTION 8.** ORS 430.390 is amended to read:

26 “430.390. (1)(a) [On or before September 1, 2021, the Oversight and Ac-
27 countability Council] **The Oregon Health Authority** shall adopt rules that
28 establish general criteria and requirements for the Behavioral Health Re-
29 source Networks and the grants and funding required by ORS 430.389, in-
30 cluding rules requiring recipients of grants and funding to collect and report

1 information necessary for the Secretary of State to conduct the financial and
2 performance audits required by ORS 430.392.

3 “[*b*) *The council shall from time to time adopt such rules, and amend and*
4 *revise rules the council has adopted, as the council deems proper and necessary*
5 *for the administration of chapter 2, Oregon Laws 2021, and the performance*
6 *of the council’s work.*]

7 “**(b) When adopting or amending rules under this subsection, the**
8 **authority shall convene an advisory committee in accordance with**
9 **ORS 183.333 that includes two or more members of the Oversight and**
10 **Accountability Council.**

11 “(2) [*On and after July 1, 2021,*] The council shall have and retain the
12 authority to [*implement and*] oversee the Behavioral Health Resource Net-
13 works established under ORS 430.389 and the grants and funding under ORS
14 430.389.

15 “(3) The [*Oregon Health*] authority shall [*administer and provide all nec-*
16 *essary support to*] ensure the implementation of [*chapter 2, Oregon Laws*
17 *2021*] **ORS 430.383 to 430.390**, and that recipients of grants or funding comply
18 with all applicable rules regulating the provision of behavioral health ser-
19 vices.

20 “(4)(a) The authority, in consultation with the council, may enter into
21 interagency agreements to ensure proper distribution of funds for the grants
22 required by ORS 430.389.

23 “(b) The authority shall encourage and take all reasonable measures to
24 ensure that grant recipients cooperate, coordinate and act jointly with one
25 another to offer the services described in ORS 430.389.

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

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

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

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

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

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

8 **“SECTION 9.** ORS 430.391 is amended to read:

9 “430.391. (1) [*Not later than February 1, 2021,*] The Oregon Health Au-
10 thority shall establish a Behavioral Health Resource Network statewide
11 telephone hotline to:

12 “(a) Provide screenings under ORS 430.389 (2)(d) to any resident in this
13 state by certified addiction peer support or wellness specialists, as defined
14 by the authority by rule, or other qualified persons designated by the Over-
15 sight and Accountability Council;

16 “(b) Assess a caller’s need for immediate medical care or other treatment
17 and determine what acute care is needed and where it can be provided;

18 “(c) Identify other needs of the caller; and

19 “(d) Link the caller to other appropriate local or statewide services, in-
20 cluding treatment for substance abuse and other coexisting health problems,
21 housing, employment, training and child care.

22 “(2) The telephone hotline shall be staffed 24 hours a day, seven days a
23 week, every calendar day of the year. Following a screening, at the request
24 of a caller, the telephone hotline shall promptly provide the verification set
25 forth in ORS 430.389 (2)(h).

26 **“SECTION 10.** ORS 430.392 is amended to read:

27 “430.392. (1) The Division of Audits of the office of the Secretary of State
28 shall conduct performance audits and financial reviews as provided in this
29 section, regarding the uses of the Drug Treatment and Recovery Services
30 Fund and the effectiveness of the fund in achieving the purposes of the fund

1 and the policy objectives of ORS 430.383. Recipients of grants or funds under
2 ORS 430.389 shall keep accurate books, records and accounts that are subject
3 to inspection and audit by the division.

4 “(2) [*No later than two years after the completion of an audit or financial*
5 *review,*] The division shall monitor and report on the progress in imple-
6 menting any recommendations made in the audit or financial review. The
7 division shall follow up on recommendations as part of recurring audit work
8 or as an activity separate from other audit activity. When following up on
9 recommendations, the division may request from the appropriate agency evi-
10 dence of implementation.

11 “(3) The audits set forth in this section shall be conducted pursuant to
12 the provisions of ORS chapter 297, except to the extent any provision of ORS
13 chapter 297 conflicts with any provision of ORS 293.665 and 305.231 and
14 430.383 to 430.390, in which case the provisions of ORS 293.665 and 305.231
15 and 430.383 to 430.390 shall control.

16 “(4) No later than December 31, 2023, the division shall perform a:

17 “(a) Real-time audit, as prescribed by the division, which shall include an
18 assessment of the relationship between the Oversight and Accountability
19 Council and the Oregon Health Authority, the relationship between the
20 council and recipients of grants or funding and the structural integrity of
21 ORS 293.665 and 305.231 and 430.383 to 430.390, including but not limited to
22 assessing:

23 “(A) Whether the organizational structure of the council contains con-
24 flicts or problems.

25 “(B) Whether the rules adopted by the council are clear and functioning
26 properly.

27 “(C) Whether the council has sufficient authority and independence to
28 achieve the council’s mission.

29 “(D) Whether the authority is fulfilling the authority’s duties under ORS
30 430.384, 430.387, 430.388, 430.390 and 430.391.

1 “(E) Whether there are conflicts of interest in the process of awarding
2 grants or funding.

3 “(F) Whether there are opportunities to expand collaboration between the
4 council and state agencies.

5 “(G) Whether barriers exist in data collection and evaluation mechanisms.

6 “(H) Who is providing the data.

7 “(I) Other areas identified by the division.

8 “(b) Financial review, which shall include an assessment of the following:

9 “[*(A)* *The functioning of the grants and funding systems between the*
10 *council, the authority and recipients of grants or funding, including by gath-*
11 *ering information on who is receiving what grants and funding, the process*
12 *of applying for the grants and funding and whether that process is conducive*
13 *to obtaining qualified applicants and applicants from communities of color.]*

14 “[*(B)*] **(A)** Whether grants and funding are going to organizations that
15 are culturally responsive and linguistically specific, including an assessment
16 of:

17 “(i) The barriers that exist for grant and funding applicants who are
18 Black, Indigenous or People of Color.

19 “(ii) The applicants that were denied and why.

20 “(iii) Whether grants and other funding are being disbursed based on the
21 priorities specified in ORS 430.389.

22 “(iv) For government entities receiving grants or funding under ORS
23 430.389, the government entities’ subgrantees and whether the governmental
24 entity supplanted or decreased any local funding dedicated to the same ser-
25 vices after receiving grants or funds under ORS 430.389.

26 “[*(v)* *Whether the authority has stayed within its administrative spending*
27 *cap.*]

28 “[*(vi)*] **(v)** What proportion of grants or funds received by grantees and
29 others under ORS 430.389, was devoted to administrative costs.

30 “[*(C)*] **(B)** The organizations and agencies receiving grants or funding

1 under ORS 430.389 and:

2 “(i) Which of the organizations and agencies are Behavioral Health Re-
3 source Network entities.

4 “(ii) The amount each organization and agency received.

5 “(iii) The total number of organizations and agencies that applied for
6 grants or funding.

7 “(iv) The amount of moneys from the fund that were used to administer
8 the programs selected by the council.

9 “(v) The moneys that remained in the Drug Treatment and Recovery
10 Services Fund after grants and funding were disbursed.

11 “[*vi*] A performance assessment of each grant or funding recipient.]

12 “[*D*] Other areas identified by the division.]

13 “(5) No later than December 31, [~~2024~~] **2025**, the division shall conduct a
14 performance audit, which must include an assessment of the following:

15 “(a) All relevant data regarding the implementation of ORS 153.062 and
16 430.391, including demographic information on individuals who receive cita-
17 tions subject to ORS 153.062 and 430.391 and whether the citations resulted
18 in connecting the individuals with treatment.

19 “(b) The functioning of:

20 “(A) Law enforcement and the courts in relation to Class E violation ci-
21 tations;

22 “(B) The telephone hotline operated by the authority; and

23 “(C) Entities providing verification of screenings under ORS 430.389.

24 “**(D) The grants and funding systems between the council, the au-**
25 **thority and recipients of grants or funding, including by gathering**
26 **information about which entities are receiving grants or funding and**
27 **what the grants or funding are used for, the process of applying for**
28 **grants or funding and whether the process is conducive to obtaining**
29 **qualified applicants for grants or funding who are from communities**
30 **of color.**

1 “(c) Disparities shown by demographic data and whether the citation data
2 reveals a disproportionate use of citations in communities most impacted by
3 the war on drugs.

4 “(d) Whether ORS 153.062, 430.389 and 430.391 reduce the involvement in
5 the criminal justice system of individuals with substance use disorder.

6 “(e) **Training opportunities provided to law enforcement officials**
7 **regarding services that are available and how to connect individuals**
8 **to the services.**

9 “(f) **The efficacy of issuing citations as a method of connecting in-**
10 **dividuals to services.**

11 “(g) **The role of the implementation of ORS 430.383 to 430.390 in re-**
12 **ducing overdose rates.**

13 “[e] (h) Outcomes for individuals receiving treatment and other social
14 services under ORS 430.389, including, but not limited to, the following:

15 “(A) Whether access to care increased since December 3, 2020, and, if data
16 is available, whether, since December 3, 2020:

17 “(i) The number of drug and alcohol treatment service providers in-
18 creased.

19 “(ii) The number of culturally specific providers increased.

20 “[iii] *Overdose rates have decreased.*]

21 “[iv] (iii) Access to harm reduction services has increased.

22 “[v] (iv) More individuals are accessing treatment than they were before
23 December 3, 2020.

24 “[vi] (v) Access to housing for individuals with substance use disorder
25 has increased.

26 “(B) Data on Behavioral Health Resource Networks and recipients of
27 grants and funding under ORS 430.389, including:

28 “(i) The outcomes of each network or recipient, including but not limited
29 to the number of clients with substance use disorder receiving services from
30 each network or recipient, the average duration of client participation and

1 client outcomes.

2 “(ii) The number of individuals seeking assistance from the network or
3 recipients who are denied or not connected to substance use disorder treat-
4 ment and other services, and the reasons for the denials.

5 “(iii) The average time it takes for clients to access services and fulfill
6 their individual intervention plan and the reason for any delays, such as
7 waiting lists at referred services.

8 “(iv) Whether average times to access services to which clients are re-
9 ferred, such as housing or medically assisted treatment, have decreased over
10 time since December 3, 2020.

11 “(v) Demographic data on clients served by Behavioral Health Resource
12 Networks, including self-reported demographic data on race, ethnicity,
13 gender and age.

14 “(i) **Each recipient of a grant or funding.**

15 “(j) **Other areas identified by the division for ascertaining best
16 practices for overdose prevention.**

17 “(6) [*After the initial audit and financial review under subsection (4) of
18 this section,*] The division shall conduct periodic performance audits and fi-
19 nancial reviews pursuant to the division’s annual audit plan and taking into
20 consideration the risks of the program.

21 “**SECTION 11.** ORS 430.392, as amended by section 10 of this 2023 Act,
22 is amended to read:

23 “430.392. (1) The Division of Audits of the office of the Secretary of State
24 shall conduct performance audits and financial reviews as provided in this
25 section, regarding the uses of the Drug Treatment and Recovery Services
26 Fund and the effectiveness of the fund in achieving the purposes of the fund
27 and the policy objectives of ORS 430.383. Recipients of grants or funds under
28 ORS 430.389 shall keep accurate books, records and accounts that are subject
29 to inspection and audit by the division.

30 “(2) The division shall monitor and report on the progress in implement-

1 ing any recommendations made in the audit or financial review. The division
2 shall follow up on recommendations as part of recurring audit work or as
3 an activity separate from other audit activity. When following up on recom-
4 mendations, the division may request from the appropriate agency evidence
5 of implementation.

6 “(3) The audits set forth in this section shall be conducted pursuant to
7 the provisions of ORS chapter 297, except to the extent any provision of ORS
8 chapter 297 conflicts with any provision of ORS 293.665 and 305.231 and
9 430.383 to 430.390, in which case the provisions of ORS 293.665 and 305.231
10 and 430.383 to 430.390 shall control.

11 “[*(4) No later than December 31, 2023, the division shall perform a:*]

12 “[*(a) Real-time audit, as prescribed by the division, which shall include an*
13 *assessment of the relationship between the Oversight and Accountability*
14 *Council and the Oregon Health Authority, the relationship between the council*
15 *and recipients of grants or funding and the structural integrity of ORS 293.665*
16 *and 305.231 and 430.383 to 430.390, including but not limited to assessing:]*

17 “[*(A) Whether the organizational structure of the council contains conflicts*
18 *or problems.]*

19 “[*(B) Whether the rules adopted by the council are clear and functioning*
20 *properly.]*

21 “[*(C) Whether the council has sufficient authority and independence to*
22 *achieve the council’s mission.]*

23 “[*(D) Whether the authority is fulfilling the authority’s duties under ORS*
24 *430.384, 430.387, 430.388, 430.390 and 430.391.]*

25 “[*(E) Whether there are conflicts of interest in the process of awarding*
26 *grants or funding.]*

27 “[*(F) Whether there are opportunities to expand collaboration between the*
28 *council and state agencies.]*

29 “[*(G) Whether barriers exist in data collection and evaluation*
30 *mechanisms.]*

1 *“(H) Who is providing the data.]*
2 *“(I) Other areas identified by the division.]*
3 *“(b) Financial review, which shall include an assessment of the*
4 *following:]*
5 *“(A) Whether grants and funding are going to organizations that are cul-*
6 *turally responsive and linguistically specific, including an assessment of:]*
7 *“(i) The barriers that exist for grant and funding applicants who are*
8 *Black, Indigenous or People of Color.]*
9 *“(ii) The applicants that were denied and why.]*
10 *“(iii) Whether grants and other funding are being disbursed based on the*
11 *priorities specified in ORS 430.389.]*
12 *“(iv) For government entities receiving grants or funding under ORS*
13 *430.389, the government entities’ subgrantees and whether the governmental*
14 *entity supplanted or decreased any local funding dedicated to the same services*
15 *after receiving grants or funds under ORS 430.389.]*
16 *“(v) What proportion of grants or funds received by grantees and others*
17 *under ORS 430.389, was devoted to administrative costs.]*
18 *“(B) The organizations and agencies receiving grants or funding under*
19 *ORS 430.389 and:]*
20 *“(i) Which of the organizations and agencies are Behavioral Health Re-*
21 *source Network entities.]*
22 *“(ii) The amount each organization and agency received.]*
23 *“(iii) The total number of organizations and agencies that applied for*
24 *grants or funding.]*
25 *“(iv) The amount of moneys from the fund that were used to administer the*
26 *programs selected by the council.]*
27 *“(v) The moneys that remained in the Drug Treatment and Recovery Ser-*
28 *vices Fund after grants and funding were disbursed.]*
29 *“(5) No later than December 31, 2025, the division shall conduct a per-*
30 *formance audit, which must include an assessment of the following:]*

1 “(a) All relevant data regarding the implementation of ORS 153.062 and
2 430.391, including demographic information on individuals who receive cita-
3 tions subject to ORS 153.062 and 430.391 and whether the citations resulted
4 in connecting the individuals with treatment.]

5 “(b) The functioning of:]

6 “(A) Law enforcement and the courts in relation to Class E violation ci-
7 tations;]

8 “(B) The telephone hotline operated by the authority; and]

9 “(C) Entities providing verification of screenings under ORS 430.389.]

10 “(D) The grants and funding systems between the council, the authority
11 and recipients of grants or funding, including by gathering information about
12 which entities are receiving grants or funding and what the grants or funding
13 are used for, the process of applying for grants or funding and whether the
14 process is conducive to obtaining qualified applicants for grants or funding
15 who are from communities of color.]

16 “(c) Disparities shown by demographic data and whether the citation data
17 reveals a disproportionate use of citations in communities most impacted by the
18 war on drugs.]

19 “(d) Whether ORS 153.062, 430.389 and 430.391 reduce the involvement in
20 the criminal justice system of individuals with substance use disorder.]

21 “(e) Training opportunities provided to law enforcement officials regarding
22 services that are available and how to connect individuals to the services.]

23 “(f) The efficacy of issuing citations as a method of connecting individuals
24 to services.]

25 “(g) The role of the implementation of ORS 430.383 to 430.390 in reducing
26 overdose rates.]

27 “(h) Outcomes for individuals receiving treatment and other social services
28 under ORS 430.389, including, but not limited to, the following:]

29 “(A) Whether access to care increased since December 3, 2020, and, if data
30 is available, whether, since December 3, 2020:]

1 “(i) *The number of drug and alcohol treatment service providers*
2 *increased.*]

3 “(ii) *The number of culturally specific providers increased.*]

4 “(iii) *Access to harm reduction services has increased.*]

5 “(iv) *More individuals are accessing treatment than they were before De-*
6 *cember 3, 2020.*]

7 “(v) *Access to housing for individuals with substance use disorder has*
8 *increased.*]

9 “(B) *Data on Behavioral Health Resource Networks and recipients of*
10 *grants and funding under ORS 430.389, including:*]

11 “(i) *The outcomes of each network or recipient, including but not limited*
12 *to the number of clients with substance use disorder receiving services from*
13 *each network or recipient, the average duration of client participation and*
14 *client outcomes.*]

15 “(ii) *The number of individuals seeking assistance from the network or*
16 *recipients who are denied or not connected to substance use disorder treatment*
17 *and other services, and the reasons for the denials.*]

18 “(iii) *The average time it takes for clients to access services and fulfill*
19 *their individual intervention plan and the reason for any delays, such as*
20 *waiting lists at referred services.*]

21 “(iv) *Whether average times to access services to which clients are referred,*
22 *such as housing or medically assisted treatment, have decreased over time since*
23 *December 3, 2020.*]

24 “(v) *Demographic data on clients served by Behavioral Health Resource*
25 *Networks, including self-reported demographic data on race, ethnicity, gender*
26 *and age.*]

27 “(i) *Each recipient of a grant or funding.*]

28 “(j) *Other areas identified by the division for ascertaining best practices*
29 *for overdose prevention.*]

30 “[(6)] (4) *The division shall conduct periodic performance audits and fi-*

1 nancial reviews pursuant to the division’s annual audit plan and taking into
2 consideration the risks of the program.

3 **“SECTION 12. The amendments to ORS 430.392 by section 11 of this
4 2023 Act become operative on January 2, 2026.**

5 **“SECTION 13. Section 14 is added to and made a part of ORS 430.383
6 to 430.390.**

7 **“SECTION 14. If approved by the Oversight and Accountability
8 Council, the Oregon Health Authority may implement an education
9 campaign to inform the public about the availability of Behavioral
10 Health Resource Networks, the statewide hotline described in ORS
11 430.391 and any other information the authority believes would benefit
12 the public in accessing behavioral health services.**

13 **“SECTION 15. Section 14 becomes operative on July 1, 2025.”.**

14
