

Senate Bill 881

Sponsored by Senator SMITH DB

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**. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act transfers duties from the OAC to the CJC. (Flesch Readability Score: 95.1).

Directs the Oregon Criminal Justice Commission to provide grants and funding for drug treatment and other related services. Transfers the duties of the Oversight and Accountability Council to the commission.

A BILL FOR AN ACT

Relating to substance use; creating new provisions; amending ORS 244.050, 413.017, 430.383, 430.384, 430.387, 430.389, 430.390, 430.391, 430.393 and 430.394 and section 6, chapter 63, Oregon Laws 2022, and section 76, chapter 70, Oregon Laws 2024; and repealing ORS 430.388 and section 6, chapter 248, Oregon Laws 2023.

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

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

(a) **"Community court program"** means an evidence-informed program that utilizes contingency management to address addiction with incentives and swift, certain and fair sanctions for noncompliance.

(b) **"Community harm reduction"** means evidence-informed policies and practices that reduce harm to the community caused by drug-dependent persons and persons unlawfully distributing controlled substances.

(c) **"Detoxification facility"** means a facility approved by the Oregon Health Authority that provides emergency care or treatment for drug-dependent persons.

(d) **"Drug-dependency related offense"** means an offense that is motivated by a dependence on a controlled substance.

(e) **"Drug-dependent person"** means an individual who has lost the ability to control the personal use of controlled substances with abuse potential, or who uses controlled substances to the extent that the health of the individual, or the health of other individuals, is substantially impaired or endangered, or the social or economic function of the individual is substantially disrupted. A drug-dependent person may or may not be physically dependent, a condition in which the body requires a continuing supply of a controlled substance to avoid characteristic withdrawal symptoms, or psychologically dependent, a condition characterized by an overwhelming mental desire for continued use of a controlled substance.

(f) **"Individual harm reduction"** means evidence-informed policies and practices that reduce harm to drug-dependent persons, with or without the use of law enforcement.

(g) **"Local planning committee"** means a local planning committee for alcohol and drug prevention and treatment services appointed by or designated by the county governing body under ORS 430.342.

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.

(h) "Police officer" means a member of a law enforcement unit who is employed on a part-time or full-time basis as a peace officer, commissioned by a city, a county or the Department of State Police and responsible for enforcing the criminal laws of this state, and any person formally deputized by a law enforcement unit to take custody of a person who is intoxicated or under the influence of one or more controlled substances.

(i) "Prevention" means evidence-informed policies, procedures and practices that reduce the rate of persons that become drug-dependent persons among the population that is the target for the policies, procedures and practices.

(j) "Recovery" means the state of a person who was a drug-dependent person but who is no longer drug-dependent.

(k) "Sobering center" means a facility that meets all of the following criteria:

(A) The facility operates for the purpose of providing to individuals who are acutely intoxicated a safe, clean and supervised environment until the individuals are no longer acutely intoxicated.

(B) The facility contracts with or is affiliated with a treatment program or a provider approved by the Oregon Health Authority to provide addiction treatment and the contract or affiliation agreement includes, but is not limited to, case consultation, training and advice and a plan for making referrals to addiction treatment.

(C) The facility, in consultation with the addiction treatment program or provider, has adopted comprehensive written policies and procedures incorporating best practices for the safety of intoxicated individuals, employees of the facility and volunteers at the facility.

(D) The facility is registered with the Oregon Health Authority under ORS 430.262.

(L) "Treatment" means a program that utilizes evidence-based methods to assist a drug-dependent person to become a person in recovery, and that:

(A) Is based on published research in at least two peer-reviewed journals that cite the methods used in the program as effective in treating drug-dependent persons by assisting the persons to become persons in recovery;

(B) Is standardized so that the program can be replicated with the same or similar efficacy;

(C) Has been studied in more than one environment and has provided consistent and effective results; and

(D) Is subject to ongoing evaluation to determine if implementation is adhering to the protocol for the method and delivering the desired results of assisting drug-dependent persons to become persons in recovery.

(m) "Treatment facility" includes outpatient facilities, inpatient facilities and other facilities that provide treatment services that also meet the minimum standards established under ORS 430.357, any of which may also provide diagnosis and evaluation, medical care, detoxification, social services or rehabilitation for drug-dependent persons and which operate in the form of a general hospital, state hospital, foster home, hostel, clinic or other suitable form approved by the Oregon Health Authority.

(2) Using funds from the Drug Treatment and Recovery Services Fund established under ORS 430.384 or from any other available source, the Oregon Criminal Justice Commission shall provide grants and funding to counties, federally recognized Indian tribes in this state and Behavioral Health Resource Networks to support the provision of the following evidence-informed and evidence-based services:

- 1 (a) Prevention;
- 2 (b) Treatment;
- 3 (c) Recovery support; and
- 4 (d) Individual harm reduction.

5 (3) Using funds from the Drug Treatment and Recovery Services Fund established under
6 ORS 430.384 or from any other available source, the commission shall provide grants and
7 funding to cities and counties to support enforcement related to community harm reduction
8 services as described in subsection (6) of this section.

9 (4)(a) Grants and funding provided by the commission under this section shall ensure
10 that each region of this state receives funding in equitable proportion to the region's need,
11 as determined by the rules of the commission.

12 (b) A maximum of 15 percent of any grants or funding provided by the commission under
13 this section may be spent on administrative costs or costs related to law enforcement.

14 (5) The commission shall prioritize the funding of detoxification facilities, sobering cen-
15 ters, treatment facilities and peer recovery support services, including culturally specific
16 programs, to all regions of the state on a formula grant basis as determined by the com-
17 mission by rule.

18 (6) The commission shall also prioritize the funding of community harm reduction on a
19 competitive grant basis, including:

20 (a) Programs for diversion in lieu of arrest by a police officer;

21 (b) Community court programs to divert and assist drug-dependent persons that have
22 been charged with drug possession or other drug-dependency related offenses; and

23 (c) Focused deterrence to eliminate overt drug markets.

24 (7) The commission shall by rule specify the manner of applying for grants and funding
25 under this section. All grant and funding applications must be approved by the local planning
26 committee for each county in which the program will operate.

27 (8) The chairperson of the commission shall request that the Legislative Assembly ap-
28 propriate an amount of moneys each biennium to ensure that the funds available to the
29 commission for grants and funding under this section is not less than the total amount de-
30 posited and transferred into the Drug Treatment and Recovery Services Fund pursuant to
31 ORS 430.384 for the biennium beginning July 1, 2023, adjusted for inflation each subsequent
32 biennium based on changes in the Consumer Price Index for All Urban Consumers, West
33 Region (All Items), as published by the Bureau of Labor Statistics of the United States De-
34 partment of Labor.

35 (9) The commission may adopt rules to carry out the provisions of this section.

36 **SECTION 2.** ORS 430.384, as amended by section 67, chapter 70, Oregon Laws 2024, is amended
37 to read:

38 430.384. (1) The Drug Treatment and Recovery Services Fund is established in the State Treas-
39 ury, separate and distinct from the General Fund. Interest earned by the Drug Treatment and Re-
40 covery Services Fund shall be credited to the fund.

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

42 (a) Moneys appropriated or otherwise transferred to the fund by the Legislative Assembly;

43 (b) Moneys allocated from the Oregon Marijuana Account, pursuant to ORS 475C.726 (3)(b); and

44 (c) All other moneys deposited into the fund from any source.

45 (3) Moneys in the fund shall be continuously appropriated to the [*Oregon Health Authority*]

Oregon Criminal Justice Commission for the purposes set forth in ORS 430.389 **and section 1 of this 2025 Act.**

(4)(a) Pursuant to subsection (2)(a) of this section, the Legislative Assembly shall appropriate or transfer to the fund an amount sufficient to fully fund the grants program required by ORS 430.389 **and section 1 of this 2025 Act.**

(b) The total amount deposited and transferred into the fund shall not be less than \$57 million for the first year ORS 430.383 to 430.390 and 430.394 are in effect.

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

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

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

SECTION 3. ORS 430.387 is amended to read:

430.387. The [*Oregon Health Authority*] **Oregon Criminal Justice Commission** shall cause the moneys in the Drug Treatment and Recovery Services Fund to be distributed as follows:

(1) An amount necessary for the administration of ORS [*430.388 to*] **430.389 and** 430.390, excluding amounts necessary to establish and maintain the telephone hotline described in ORS 430.391 (1).

(2) After the distribution set forth in subsection (1) of this section, the remaining moneys in the fund shall be distributed to the grants program as set forth in ORS 430.389 **and section 1 of this 2025 Act.**

SECTION 4. ORS 430.389, as amended by section 68, chapter 70, Oregon Laws 2024, is amended to read:

430.389. (1) The [*Oversight and Accountability Council*] **Oregon Criminal Justice Commission** shall approve grants and funding [*provided by the Oregon Health Authority in accordance with this section*] **to accomplish the following:**

(a) Implement Behavioral Health Resource Networks and increase access to community care. A Behavioral Health Resource Network is an entity or collection of entities that individually or jointly provide some or all of the services described in subsection (2)(e) of this section[.]; **and**

(b) Provide grants and funding as described in section 1 of this 2025 Act.

(2)(a) The [*authority*] **commission** shall establish an equitable:

(A) Process for applying for grants and funding by agencies or organizations, whether government or community based, to establish Behavioral Health Resource Networks for the purposes of immediately screening the acute needs of individuals with substance use, including those who also have a mental illness, and assessing and addressing any ongoing needs through ongoing case management, harm reduction, treatment, housing and linkage to other care and services.

(B) Evaluation process to assess the effectiveness of Behavioral Health Resource Networks that receive grants or funding.

(b) Recipients of grants or funding must be licensed, certified or credentialed by the state, including certification under ORS 743A.168 (9), or meet criteria prescribed by rule by the [*authority*] **commission** under ORS 430.390. A recipient of a grant or funding under this subsection may not use the grant or funding to supplant the recipient's existing funding.

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

(d) Applicants for grants and funding may apply individually or jointly with other network participants to provide services in one or more counties.

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

(A) Screening by certified addiction peer support or wellness specialists or other qualified persons designated by the [council] **commission** to determine a client's need for immediate medical or other treatment to determine what acute care is needed and where it can be best provided, identify other needs and link the client to other appropriate local or statewide services, including treatment for substance use and coexisting health problems, housing, employment, training and child care. Networks shall provide this service 24 hours a day, seven days a week, every calendar day of the year through a telephone line or other means. Networks may rely on the statewide telephone hotline established by the [authority] **commission** under ORS 430.391 for telephone screenings during nonbusiness hours such as evenings, weekends and holidays. Notwithstanding paragraph (c) of this subsection, only one grantee in each network within each county is required to provide the screenings described in this subparagraph.

(B) Comprehensive behavioral health needs assessment, including a substance use screening by a certified alcohol and drug counselor or other credentialed addiction treatment professional. The assessment shall prioritize the self-identified needs of a client.

(C) Individual intervention planning, case management and connection to services. If, after the completion of a screening, a client indicates a desire to address some or all of the identified needs, a case manager shall work with the client to design an individual intervention plan. The plan must address the client's need for substance use treatment, coexisting health problems, housing, employment and training, child care and other services.

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

(E) Assessment of the need for, and provision of, mobile or virtual outreach services to:

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

(ii) Increase public awareness of network services.

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

(G) Low-barrier substance use treatment.

(H) Transitional and supportive housing for individuals with substance use.

(f) If an applicant for a grant or funding under this subsection is unable to provide all of the services described in paragraph (e) of this subsection, the applicant may identify how the applicant intends to partner with other entities to provide the services, and the [authority and the council] **commission** may facilitate collaboration among applicants.

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

(h) The networks must be adequately staffed to address the needs of people with substance use within their regions as prescribed by the [authority] **commission** by rule, including, at a minimum, at least one person in each of the following categories:

(A) Alcohol and drug counselor certified by the **Oregon Health** Authority or other credentialed addiction treatment professional;

(B) Case manager;

(C) Addiction peer support specialist certified by the authority;

(D) Addiction peer wellness specialist certified by the authority;

(E) Recovery mentor, certified by the Mental Health and Addiction Certification Board of Oregon or its successor organization; and

(F) Youth support specialist certified by the authority.

(i) Verification of a screening by a certified addiction peer support specialist, wellness specialist or other person in accordance with paragraph (e)(A) of this subsection shall promptly be provided to the client by the entity conducting the screening. If the client executes a valid release of information, the entity shall provide verification of the screening to the [authority] **commission** or a contractor of the [authority] **commission** and the [authority] **commission** or the [authority's] **commission's** contractor shall forward the verification to any entity the client has authorized to receive the verification.

[(3)(a) If moneys remain in the Drug Treatment and Recovery Services Fund after the council has committed grants and funding to establish behavioral health resource networks serving every county in this state, the council shall authorize grants and funding to other agencies or organizations, whether government or community based, and to the nine federally recognized tribes in this state and service providers that are affiliated with the nine federally recognized tribes in this state to increase access to one or more of the following:]

[(A) Low-barrier substance use treatment that is evidence-informed, trauma-informed, culturally specific, linguistically responsive, person-centered and nonjudgmental;]

[(B) Peer support and recovery services;]

[(C) Transitional, supportive and permanent housing for persons with substance use;]

[(D) Harm reduction interventions including, but not limited to, overdose prevention education, access to short-acting opioid antagonists, as defined in ORS 689.800, and sterile syringes and stimulant-specific drug education and outreach; or]

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

[(b) A recipient of a grant or funding under this subsection may not use the grant or funding to supplant the recipient's existing funding.]

[(4)] (3) In awarding grants and funding under [subsections (1) and (3)] **subsection (1)** of this section **and section 1 of this 2025 Act**, the [council] **commission** shall:

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

(A) Historically underserved populations; and

(B) Culturally specific and linguistically responsive services.

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

(c) Consider available regional data related to the substance use treatment needs and the access to culturally specific and linguistically responsive services in communities in this state.

(d) Consider the needs of residents of this state for services, supports and treatment at all ages.

(e) Consider data regarding the geographic location and rates of overdose incidents and deaths and the rates of crime committed by drug-dependent persons as defined in section 1 of this 2025 Act.

[(5)] (4) The [council] **commission** shall require any government entity that applies for a grant to specify in the application details regarding subgrantees and how the government entity will fund

1 culturally specific organizations and culturally specific services. A government entity receiving a
 2 grant must make an explicit commitment not to supplant or decrease any existing funding used to
 3 provide services funded by the grant.

4 [(6)] (5) In determining grants and funding to be awarded, the [council] **commission** may consult
 5 the comprehensive addiction, prevention, treatment and recovery plan established by the Alcohol
 6 and Drug Policy Commission under ORS 430.223 and the advice of any other group, agency, organ-
 7 ization or individual that desires to provide advice to the [council] **Oregon Criminal Justice**
 8 **Commission** that is consistent with the terms of this section.

9 [(7)] (6) Services provided by grantees, including services provided by a Behavioral Health Re-
 10 source Network, shall be free of charge to the clients receiving the services. Grantees in each net-
 11 work shall seek reimbursement from insurance issuers, the medical assistance program or any other
 12 third party responsible for the cost of services provided to a client and grants and funding provided
 13 by the [council or the authority] **Oregon Criminal Justice Commission** under this section may be
 14 used for copayments, deductibles or other out-of-pocket costs incurred by the client for the services.

15 [(8)] (7) Subsection [(7)] (6) of this section does not require the medical assistance program to
 16 reimburse the cost of services for which another third party is responsible in violation of 42 U.S.C.
 17 1396a(25).

18 **SECTION 5.** ORS 430.390 is amended to read:

19 430.390. (1)(a) The [Oregon Health Authority] **Oregon Criminal Justice Commission** shall adopt
 20 rules that establish a grant application process, a process to appeal the denial of a grant and gen-
 21 eral criteria and requirements for the Behavioral Health Resource Networks and the grants and
 22 funding required by ORS 430.389, including rules requiring recipients of grants and funding to col-
 23 lect and report information necessary for the Secretary of State to conduct the financial and per-
 24 formance audits required by ORS 430.392.

25 [(b) When adopting or amending rules under this subsection, the authority shall convene an advi-
 26 sory committee in accordance with ORS 183.333 in which members of the Oversight and Accountability
 27 Council compose a majority of the membership.]

28 (2) The [council] **commission** shall have and retain the authority to oversee the Behavioral
 29 Health Resource Networks established under ORS 430.389 and approve the grants and funding under
 30 ORS 430.389.

31 (3) The [authority] **commission** shall administer and provide all necessary support to ensure the
 32 implementation of ORS 430.383 to 430.390 and 430.394, and that recipients of grants or funding
 33 comply with all applicable rules regulating the provision of behavioral health services.

34 (4)(a) The [authority, in consultation with the council,] **commission** may enter into interagency
 35 agreements to ensure proper distribution of funds for the grants required by ORS 430.389.

36 (b) The [authority] **commission** shall encourage and take all reasonable measures to ensure that
 37 grant recipients cooperate, coordinate and act jointly with one another to offer the services de-
 38 scribed in ORS 430.389.

39 (c) The [authority] **commission** shall post to the [authority's] **commission's** website, at the time
 40 a grant or funding is awarded:

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

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

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

44 [(5) The authority shall provide requested technical, logistical and other support to the council to
 45 assist the council with the council's duties and obligations.]

1 [(6)] (5) The Department of Justice shall provide legal services to the [council] **commission** if
 2 requested to assist the [council] **commission** in carrying out the [council's] **commission's** duties
 3 and obligations.

4 **SECTION 6.** ORS 430.391 is amended to read:

5 430.391. (1) The [Oregon Health Authority] **Oregon Criminal Justice Commission** shall estab-
 6 lish a Behavioral Health Resource Network statewide telephone hotline to provide screenings de-
 7 scribed in ORS 430.389 (2)(e)(A) to any caller who is a resident of this state.

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

11 **SECTION 7.** ORS 430.393 is amended to read:

12 430.393. No later than January 1, 2022, and at the beginning of each calendar quarter thereafter,
 13 the [Oregon Health Authority] **Oregon Criminal Justice Commission** shall report to the Legislative
 14 Assembly, in the manner provided in ORS 192.245, how funds from the Drug Treatment and Recovery
 15 Services Fund were spent in the preceding calendar quarter.

16 **SECTION 8.** ORS 430.394 is amended to read:

17 430.394. If approved by the [Oversight and Accountability Council] **Oregon Criminal Justice**
 18 **Commission**, the Oregon Health Authority may implement an education campaign to inform the
 19 public about the availability of Behavioral Health Resource Networks, the statewide hotline de-
 20 scribed in ORS 430.391 and any other information the authority believes would benefit the public in
 21 accessing behavioral health services.

22 **SECTION 9.** (1) **The Oregon Criminal Justice Commission shall conduct an analysis of the**
 23 **most effective ways to address substance abuse within this state. The analysis must include**
 24 **an assessment of the availability and funding of substance abuse treatment programs, the**
 25 **identification of any gaps in current practices and identification of the best practices to fund**
 26 **and support treatment services and other methods of addressing substance abuse.**

27 (2) **No later than September 15, 2026, the commission shall provide a report to the interim**
 28 **committees of the Legislative Assembly related to health and the judiciary, in the manner**
 29 **described in ORS 192.245, containing the findings of the commission.**

30 (3) **The commission shall provide a copy of the report described in subsection (2) of this**
 31 **section to each county.**

32 **SECTION 10.** ORS 244.050 is amended to read:

33 244.050. (1) On or before April 15 of each year the following persons shall file with the Oregon
 34 Government Ethics Commission a verified statement of economic interest as required under this
 35 chapter:

36 (a) The Governor, Secretary of State, State Treasurer, Attorney General, Commissioner of the
 37 Bureau of Labor and Industries, district attorneys and members of the Legislative Assembly.

38 (b) Any judicial officer, including justices of the peace and municipal judges, except any pro tem
 39 judicial officer who does not otherwise serve as a judicial officer.

40 (c) Any candidate for a public office designated in paragraph (a) or (b) of this subsection.

41 (d) The Deputy Attorney General.

42 (e) The Deputy Secretary of State.

43 (f) The Legislative Administrator, the Legislative Counsel, the Legislative Fiscal Officer, the
 44 Legislative Policy and Research Director, the Secretary of the Senate, the Chief Clerk of the House
 45 of Representatives and the Legislative Equity Officer.

(g) The president and vice presidents, or their administrative equivalents, in each public university listed in ORS 352.002.

(h) The following state officers:

(A) Adjutant General.

(B) Director of Agriculture.

(C) Manager of State Accident Insurance Fund Corporation.

(D) Water Resources Director.

(E) Director of the Department of Environmental Quality.

(F) Director of the Oregon Department of Administrative Services.

(G) State Fish and Wildlife Director.

(H) State Forester.

(I) State Geologist.

(J) Director of Human Services.

(K) Director of the Department of Consumer and Business Services.

(L) Director of the Department of State Lands.

(M) State Librarian.

(N) Administrator of the Oregon Liquor and Cannabis Commission.

(O) Superintendent of State Police.

(P) Director of the Public Employees Retirement System.

(Q) Director of Department of Revenue.

(R) Director of Transportation.

(S) Public Utility Commissioner.

(T) Director of Veterans' Affairs.

(U) Executive director of Oregon Government Ethics Commission.

(V) Director of the State Department of Energy.

(W) Director and each assistant director of the Oregon State Lottery.

(X) Director of the Department of Corrections.

(Y) Director of the Oregon Department of Aviation.

(Z) Executive director of the Oregon Criminal Justice Commission.

(AA) Director of the Oregon Business Development Department.

(BB) Director of the Oregon Department of Emergency Management.

(CC) Director of the Employment Department.

(DD) State Fire Marshal.

(EE) Chief of staff for the Governor.

(FF) Director of the Housing and Community Services Department.

(GG) State Court Administrator.

(HH) Director of the Department of Land Conservation and Development.

(II) Board chairperson of the Land Use Board of Appeals.

(JJ) State Marine Director.

(KK) Executive director of the Oregon Racing Commission.

(LL) State Parks and Recreation Director.

(MM) Executive director of the Oregon Public Defense Commission.

(NN) Chairperson of the Public Employees' Benefit Board.

(OO) Director of the Department of Public Safety Standards and Training.

(PP) Executive director of the Higher Education Coordinating Commission.

- 1 (QQ) Executive director of the Oregon Watershed Enhancement Board.
- 2 (RR) Director of the Oregon Youth Authority.
- 3 (SS) Director of the Oregon Health Authority.
- 4 (TT) Deputy Superintendent of Public Instruction.
- 5 (i) The First Partner, the legal counsel, the deputy legal counsel and all policy advisors within
- 6 the Governor's office.
- 7 (j) Every elected city or county official.
- 8 (k) Every member of a city or county planning, zoning or development commission.
- 9 (L) The chief executive officer of a city or county who performs the duties of manager or prin-
- 10 cipal administrator of the city or county.
- 11 (m) Members of local government boundary commissions formed under ORS 199.410 to 199.519.
- 12 (n) Every member of a governing body of a metropolitan service district and the auditor and
- 13 executive officer thereof.
- 14 (o) Each member of the board of directors of the State Accident Insurance Fund Corporation.
- 15 (p) The chief administrative officer and the financial officer of each common and union high
- 16 school district, education service district and community college district.
- 17 (q) Every member of the following state boards, commissions and councils:
- 18 (A) Governing board of the State Department of Geology and Mineral Industries.
- 19 (B) Oregon Business Development Commission.
- 20 (C) State Board of Education.
- 21 (D) Environmental Quality Commission.
- 22 (E) Fish and Wildlife Commission of the State of Oregon.
- 23 (F) State Board of Forestry.
- 24 (G) Oregon Government Ethics Commission.
- 25 (H) Oregon Health Policy Board.
- 26 (I) Oregon Investment Council.
- 27 (J) Land Conservation and Development Commission.
- 28 (K) Oregon Liquor and Cannabis Commission.
- 29 (L) Oregon Short Term Fund Board.
- 30 (M) State Marine Board.
- 31 (N) Mass transit district boards.
- 32 (O) Energy Facility Siting Council.
- 33 (P) Board of Commissioners of the Port of Portland.
- 34 (Q) Employment Relations Board.
- 35 (R) Public Employees Retirement Board.
- 36 (S) Oregon Racing Commission.
- 37 (T) Oregon Transportation Commission.
- 38 (U) Water Resources Commission.
- 39 (V) Workers' Compensation Board.
- 40 (W) Oregon Facilities Authority.
- 41 (X) Oregon State Lottery Commission.
- 42 (Y) Pacific Northwest Electric Power and Conservation Planning Council.
- 43 (Z) Columbia River Gorge Commission.
- 44 (AA) Oregon Health and Science University Board of Directors.
- 45 (BB) Capitol Planning Commission.

(CC) Higher Education Coordinating Commission.

(DD) Oregon Growth Board.

(EE) Early Learning Council.

[(FF) *The Oversight and Accountability Council.*]

(r) The following officers of the State Treasurer:

(A) Deputy State Treasurer.

(B) Chief of staff for the office of the State Treasurer.

(C) Director of the Investment Division.

(s) Every member of the board of commissioners of a port governed by ORS 777.005 to 777.725 or 777.915 to 777.953.

(t) Every member of the board of directors of an authority created under ORS 441.525 to 441.595.

(u) Every member of a governing board of a public university listed in ORS 352.002.

(v) Every member of the district school board of a common school district or union high school district.

(w) Every member of the board of directors of an authority created under ORS 465.600 to 465.621.

(2) By April 15 next after the date an appointment takes effect, every appointed public official on a board or commission listed in subsection (1) of this section shall file with the Oregon Government Ethics Commission a statement of economic interest as required under ORS 244.060, 244.070 and 244.090.

(3) By April 15 next after the filing deadline for the primary election, each candidate described in subsection (1) of this section shall file with the commission a statement of economic interest as required under ORS 244.060, 244.070 and 244.090.

(4) Not later than the 40th day before the date of the statewide general election, each candidate described in subsection (1) of this section who will appear on the statewide general election ballot and who was not required to file a statement of economic interest under subsections (1) to (3) of this section shall file with the commission a statement of economic interest as required under ORS 244.060, 244.070 and 244.090.

(5) Subsections (1) to (3) of this section apply only to persons who are incumbent, elected or appointed public officials as of April 15 and to persons who are candidates on April 15.

(6) If a statement required to be filed under this section has not been received by the commission within five days after the date the statement is due, the commission shall notify the public official or candidate and give the public official or candidate not less than 15 days to comply with the requirements of this section. If the public official or candidate fails to comply by the date set by the commission, the commission may impose a civil penalty as provided in ORS 244.350.

SECTION 11. ORS 413.017 is amended to read:

413.017. (1) The Oregon Health Policy Board shall establish the committees described in subsections (2) to (5) of this section.

(2)(a) The Public Health Benefit Purchasers Committee shall include individuals who purchase health care for the following:

(A) The Public Employees' Benefit Board.

(B) The Oregon Educators Benefit Board.

(C) Trustees of the Public Employees Retirement System.

(D) A city government.

(E) A county government.

1 (F) A special district.

2 (G) Any private nonprofit organization that receives the majority of its funding from the state
3 and requests to participate on the committee.

4 (b) The Public Health Benefit Purchasers Committee shall:

5 (A) Identify and make specific recommendations to achieve uniformity across all public health
6 benefit plan designs based on the best available clinical evidence, recognized best practices for
7 health promotion and disease management, demonstrated cost-effectiveness and shared demographics
8 among the enrollees within the pools covered by the benefit plans.

9 (B) Develop an action plan for ongoing collaboration to implement the benefit design alignment
10 described in subparagraph (A) of this paragraph and shall leverage purchasing to achieve benefit
11 uniformity if practicable.

12 (C) Continuously review and report to the Oregon Health Policy Board on the committee's
13 progress in aligning benefits while minimizing the cost shift to individual purchasers of insurance
14 without shifting costs to the private sector or the health insurance exchange.

15 (c) The Oregon Health Policy Board shall work with the Public Health Benefit Purchasers
16 Committee to identify uniform provisions for state and local public contracts for health benefit plans
17 that achieve maximum quality and cost outcomes. The board shall collaborate with the committee
18 to develop steps to implement joint contract provisions. The committee shall identify a schedule for
19 the implementation of contract changes. The process for implementation of joint contract provisions
20 must include a review process to protect against unintended cost shifts to enrollees or agencies.

21 (3)(a) The Health Care Workforce Committee shall include individuals who have the collective
22 expertise, knowledge and experience in a broad range of health professions, health care education
23 and health care workforce development initiatives.

24 (b) The Health Care Workforce Committee shall coordinate efforts to recruit and educate health
25 care professionals and retain a quality workforce to meet the demand that will be created by the
26 expansion in health care coverage, system transformations and an increasingly diverse population.

27 (c) The Health Care Workforce Committee shall conduct an inventory of all grants and other
28 state resources available for addressing the need to expand the health care workforce to meet the
29 needs of Oregonians for health care.

30 (4)(a) The Health Plan Quality Metrics Committee shall include the following members appointed
31 by the Oregon Health Policy Board:

32 (A) An individual representing the Oregon Health Authority;

33 (B) An individual representing the Oregon Educators Benefit Board;

34 (C) An individual representing the Public Employees' Benefit Board;

35 (D) An individual representing the Department of Consumer and Business Services;

36 (E) Two health care providers;

37 (F) One individual representing hospitals;

38 (G) One individual representing insurers, large employers or multiple employer welfare ar-
39 rangements;

40 (H) Two individuals representing health care consumers;

41 (I) Two individuals representing coordinated care organizations;

42 (J) One individual with expertise in health care research;

43 (K) One individual with expertise in health care quality measures; and

44 (L) One individual with expertise in mental health and addiction services.

45 (b) The committee shall work collaboratively with the Oregon Educators Benefit Board, the

1 Public Employees' Benefit Board, the authority and the department to adopt health outcome and
2 quality measures that are focused on specific goals and provide value to the state, employers,
3 insurers, health care providers and consumers. The committee shall be the single body to align
4 health outcome and quality measures used in this state with the requirements of health care data
5 reporting to ensure that the measures and requirements are coordinated, evidence-based and focused
6 on a long term statewide vision.

7 (c) The committee shall use a public process that includes an opportunity for public comment
8 to identify health outcome and quality measures. The health outcome and quality measures identified
9 by the committee, as updated by the authority under paragraph (g) of this subsection, may be applied
10 to services provided by coordinated care organizations or paid for by health benefit plans sold
11 through the health insurance exchange or offered by the Oregon Educators Benefit Board or the
12 Public Employees' Benefit Board. The authority, the department, the Oregon Educators Benefit
13 Board and the Public Employees' Benefit Board are not required to adopt all of the health outcome
14 and quality measures identified by the committee but may not adopt any health outcome and quality
15 measures that are different from the measures identified by the committee. The measures must take
16 into account the health outcome and quality measures selected by the metrics and scoring subcom-
17 mittee created in ORS 413.022 and the differences in the populations served by coordinated care
18 organizations and by commercial insurers.

19 (d) In identifying health outcome and quality measures, the committee shall prioritize measures
20 that:

21 (A) Utilize existing state and national health outcome and quality measures, including measures
22 adopted by the Centers for Medicare and Medicaid Services, that have been adopted or endorsed
23 by other state or national organizations and have a relevant state or national benchmark;

24 (B) Given the context in which each measure is applied, are not prone to random variations
25 based on the size of the denominator;

26 (C) Utilize existing data systems, to the extent practicable, for reporting the measures to mini-
27 mize redundant reporting and undue burden on the state, health benefit plans and health care pro-
28 viders;

29 (D) Can be meaningfully adopted for a minimum of three years;

30 (E) Use a common format in the collection of the data and facilitate the public reporting of the
31 data; and

32 (F) Can be reported in a timely manner and without significant delay so that the most current
33 and actionable data is available.

34 (e) The committee shall evaluate on a regular and ongoing basis the health outcome and quality
35 measures identified under this section.

36 (f) The committee may convene subcommittees to focus on gaining expertise in particular areas
37 such as data collection, health care research and mental health and substance use disorders in order
38 to aid the committee in the development of health outcome and quality measures. A subcommittee
39 may include stakeholders and staff from the authority, the Department of Human Services, the De-
40 partment of Consumer and Business Services, the Early Learning Council or any other agency staff
41 with the appropriate expertise in the issues addressed by the subcommittee.

42 (g) The authority shall update annually, if necessary, the health outcome and quality measures
43 identified by the committee to utilize the latest sets of core quality measures published by the
44 Centers for Medicare and Medicaid Services in accordance with 42 U.S.C. 1320b-9a and 1320b-9b.

45 (h) This subsection does not prevent the authority, the Department of Consumer and Business

Services, commercial insurers, the Public Employees' Benefit Board or the Oregon Educators Benefit Board from establishing programs that provide financial incentives to providers for meeting specific health outcome and quality measures adopted by the committee.

(5)(a) The Behavioral Health Committee shall include the following members appointed by the Director of the Oregon Health Authority:

(A) The chairperson of the Health Plan Quality Metrics Committee;

(B) The chairperson of the committee appointed by the board to address health equity, if any;

(C) A behavioral health director for a coordinated care organization;

(D) A representative of a community mental health program;

(E) An individual with expertise in data analysis;

(F) A member of the Consumer Advisory Council, established under ORS 430.073, that represents adults with mental illness;

(G) A representative of the System of Care Advisory Council established in ORS 418.978;

(H) A member [*of the Oversight and Accountability Council, described in ORS 430.389,*] who represents adults with addictions or co-occurring conditions;

(I) One member representing a system of care, as defined in ORS 418.976;

(J) One consumer representative;

(K) One representative of a tribal government;

(L) One representative of an organization that advocates on behalf of individuals with intellectual or developmental disabilities;

(M) One representative of providers of behavioral health services;

(N) The director of the division of the authority responsible for behavioral health services, as a nonvoting member;

(O) The Director of the Alcohol and Drug Policy Commission appointed under ORS 430.220, as a nonvoting member;

(P) The authority's Medicaid director, as a nonvoting member;

(Q) A representative of the Department of Human Services, as a nonvoting member; and

(R) Any other member that the director deems appropriate.

(b) The board may modify the membership of the committee as needed.

(c) The division of the authority responsible for behavioral health services and the director of the division shall staff the committee.

(d) The committee, in collaboration with the Health Plan Quality Metrics Committee, as needed, shall:

(A) Establish quality metrics for behavioral health services provided by coordinated care organizations, health care providers, counties and other government entities; and

(B) Establish incentives to improve the quality of behavioral health services.

(e) The quality metrics and incentives shall be designed to:

(A) Improve timely access to behavioral health care;

(B) Reduce hospitalizations;

(C) Reduce overdoses;

(D) Improve the integration of physical and behavioral health care; and

(E) Ensure individuals are supported in the least restrictive environment that meets their behavioral health needs.

(6) Members of the committees described in subsections (2) to (5) of this section who are not members of the Oregon Health Policy Board may receive compensation in accordance with criteria

prescribed by the authority by rule and shall be reimbursed from funds available to the board for actual and necessary travel and other expenses incurred by them by their attendance at committee meetings, in the manner and amount provided in ORS 292.495.

SECTION 12. Section 6, chapter 63, Oregon Laws 2022, is amended to read:

Sec. 6. (1) The Opioid Settlement Prevention, Treatment and Recovery Board is created in the Oregon Health Authority for the purpose of determining the allocation of funding from the Opioid Settlement Prevention, Treatment and Recovery Fund established in section 5 of this 2022 Act. The board consists of:

(a) The following members appointed by the Governor:

(A) A policy advisor to the Governor;

(B) A representative of the Department of Justice;

(C) A representative of the Oregon Health Authority; and

(D) A representative of the Department of Human Services;

(b) The Director of the Alcohol and Drug Policy Commission or the director's designee;

[(c) The chairperson of the Oversight and Accountability Council established in ORS 430.388 or the chairperson's designee;]

[(d)] (c) The following members appointed by the Governor from a list of candidates provided by the Association of Oregon Counties and the League of Oregon Cities or the successor organizations to the Association of Oregon Counties and the League of Oregon Cities:

(A) An individual representing Clackamas, Washington or Multnomah County;

(B) An individual representing Clatsop, Columbia, Coos, Curry, Jackson, Josephine, Lane or Yamhill County;

(C) An individual representing the City of Portland;

(D) An individual representing a city with a population above 10,000 residents as of July 21, 2021;

(E) An individual representing a city with a population at or below 10,000 residents as of July 21, 2021; and

(F) A representative of the Oregon Coalition of Local Health Officials or its successor organization;

[(e)] (d) The following members appointed by the Governor from a list of candidates provided by the members described in paragraphs (a) to *[(d)]* (c) of this subsection:

(A) A representative of a community mental health program;

(B) An individual who has experienced a substance use disorder or a representative of an organization that advocates on behalf of individuals with substance use disorders; and

(C) An individual representing law enforcement, first responders or jail commanders or wardens;

[(f)] (e) A member of the House of Representatives appointed by the Speaker of the House of Representatives, who shall be a nonvoting member of the board;

[(g)] (f) A member of the Senate appointed by the President of the Senate, who shall be a nonvoting member of the board; and

[(h)] (g) The State Court Administrator or the administrator's designee, who shall be a nonvoting member of the board.

(2) The Governor shall select from the members described in subsection (1)(a)[,] **and** (b) [*and* (c)] of this section one cochairperson to represent state entities, and the members described in subsection *[(1)(d)]* (1)(c) of this section shall select from one of their members a cochairperson to represent cities or counties.

(3) The term of each member of the board who is not an ex officio member is four years, but a member serves at the pleasure of the appointing authority. Before the expiration of a member's term, the appointing authority shall appoint a successor whose term begins on January 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the appointing authority shall make an appointment to become immediately effective for the unexpired term.

(4) Decision-making by the board shall be based on consensus and supported by at least a majority of the members. The board shall document all objections to board decisions.

(5) The board shall conduct at least four public meetings in accordance with ORS 192.610 to 192.690 [series became 192.610 to 192.705], which shall be publicized to facilitate attendance at the meetings and during which the board shall receive testimony and input from the community. The board shall also establish a process for the public to provide written comments and proposals at each meeting of the board.

(6) In determining the allocation of moneys from the Opioid Settlement Prevention, Treatment and Recovery Fund:

(a) No more than five percent of the moneys may be spent on administering the board and the fund.

(b) A portion of the moneys shall be allocated toward a unified and evidence-based state system for collecting, analyzing and publishing data about the availability and efficacy of substance use prevention, treatment and recovery services statewide.

(c) Moneys remaining after allocations in accordance with paragraphs (a) and (b) of this subsection shall be allocated for funding statewide and regional programs identified in the Distributor Settlement Agreement, the Janssen Settlement Agreement and any other judgment or settlement described in section 5 (1)(c) [of this 2022 Act], **chapter 63, Oregon Laws 2022**, including but not limited to:

(A) Programs that use evidence-based or evidence-informed strategies to treat opioid use disorders and any co-occurring substance use disorders or mental health conditions;

(B) Programs that use evidence-based or evidence-informed strategies to support individuals in recovery from opioid use disorders and any co-occurring substance use disorders or mental health conditions;

(C) Programs that use evidence-based or evidence-informed strategies to provide connections to care for individuals who have or are at risk of developing opioid use disorders and any co-occurring substance use disorders or mental health conditions;

(D) Programs that use evidence-based or evidence-informed strategies to address the needs of individuals with opioid use disorders and any co-occurring substance use disorders or mental health conditions and who are involved in, at risk of becoming involved in, or in transition from, the criminal justice system;

(E) Programs that use evidence-based or evidence-informed strategies to address the needs of pregnant or parenting women with opioid use disorders and any co-occurring substance use disorders or mental health conditions, and the needs of their families, including babies with neonatal abstinence syndrome;

(F) Programs that use evidence-based or evidence-informed strategies to support efforts to prevent over-prescribing of opioids and ensure appropriate prescribing and dispensing of opioids;

(G) Programs that use evidence-based or evidence-informed strategies to support efforts to discourage or prevent misuse of opioids;

(H) Programs that use evidence-based or evidence-informed strategies to support efforts to pre-

vent or reduce overdose deaths or other opioid-related harms;

(I) Programs to educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with users of fentanyl or other opioids;

(J) Programs to provide wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events;

(K) Programs to support efforts to provide leadership, planning, coordination, facilitation, training and technical assistance to abate the opioid epidemic through activities, programs or strategies; or

(L) Funding to support opioid abatement research.

(d) The board shall be guided and informed by:

(A) The comprehensive addiction, prevention, treatment and recovery plan developed by the Alcohol and Drug Policy Commission in accordance with ORS 430.223;

(B) The board's ongoing evaluation of the efficacy of the funding allocations;

(C) Evidence-based and evidence-informed strategies and best practices;

(D) Input the board receives from the public;

(E) Equity considerations for underserved populations; and

(F) The terms of the settlement agreements.

(7) The Oregon Health Authority shall provide staff support to the board.

SECTION 13. ORS 430.383 is amended to read:

430.383. (1)(a) The people of Oregon find that drug addiction and overdoses are a serious problem in Oregon and that Oregon needs to expand access to drug treatment.

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

(2)(a) The purpose of the Drug Addiction Treatment and Recovery Act of 2020, **as amended**, is to make screening, health assessment, treatment and recovery services for drug addiction available to all those who need and want access to those services and to [*adopt a health approach*] **enhance assessment, treatment and recovery services** to **address** drug addiction [*by removing criminal penalties for low-level drug possession*].

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

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

(B) To encourage treatment and recovery for people struggling with substance use.

(3) The provisions of ORS 430.383 to 430.390 and 430.394 shall be interpreted consistently with the findings, purposes and policy objectives stated in this section and shall not be limited by any policy set forth in Oregon law that could conflict with or be interpreted to conflict with the purposes and policy objectives stated in this section.

(4) As used in ORS 430.383 to 430.390 and 430.394, "recovery" means a process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential.

SECTION 14. ORS 430.388 and section 6, chapter 248, Oregon Laws 2023, are repealed.

SECTION 15. Section 76, chapter 70, Oregon Laws 2024 is amended to read:

Sec. 76. (1) As used in this section, "deflection program" means a collaborative program between law enforcement agencies and behavioral health entities that assists individuals who may

1 have substance use disorder, another behavioral health disorder or co-occurring disorders, to create
 2 community-based pathways to treatment, recovery support services, housing, case management or
 3 other services.

4 (2) The Oregon Behavioral Health Deflection Program is established within the Improving
 5 People's Access to Community-based Treatment, Supports and Services Grant Review Committee
 6 established under ORS 430.234. The program consists of grants awarded by the committee, **after**
 7 **review by the Oregon Criminal Justice Commission**, to counties and federally recognized tribal
 8 governments to fund deflection programs.

9 (3)(a) The purpose of the program described in this section is to:

10 (A) Address the need for more deflection programs to assist individuals whose behavioral health
 11 conditions, including substance use disorder, lead to interactions with law enforcement,
 12 incarceration, conviction and other engagement with the criminal justice system.

13 (B) Track and report data concerning deflection program outcomes in order to determine the
 14 best practices for deflection programs within this state.

15 (b) ORS 430.230 to 430.236 do not apply to the program described in this section.

16 (4)(a) The committee shall develop a grant application process for awarding grants under this
 17 section.

18 (b) An application for a grant under this section may be submitted by a county or the designee
 19 of a county, or by a tribal government or designee of a tribal government. Only one application per
 20 county may be submitted, but the application may request funding multiple programs within a
 21 county.

22 (c) Prior to submitting an application for a grant under this section, the applicant shall coordi-
 23 nate with all partners of the development and administration of the proposed deflection program to
 24 ensure that the partners have the resources necessary to implement the deflection program. The
 25 partners shall include at least a district attorney, a law enforcement agency, a community mental
 26 health program established under ORS 430.620 and a provider from a Behavioral Health Resource
 27 Network established under ORS 430.389. Partners may also include a treatment provider, a local
 28 mental health authority, a tribal government, a peer support organization, a court or a local gov-
 29 ernment body.

30 (d) An application for a grant under this section must contain:

31 (A) A description of the coordination with program partners required by paragraph (c) of this
 32 subsection that has occurred;

33 (B) A description of the individuals who would be eligible for the program and what qualifies
 34 as a successful outcome, formulated in cooperation with the program partners described in para-
 35 graph (c) of this subsection;

36 (C) A description of how the program for which the applicant is seeking funding is culturally
 37 and linguistically responsive, trauma-informed and evidence-based;

38 (D) A description of a plan to address language access barriers when communicating program
 39 referral options and program procedures to non-English speaking individuals; and

40 (E) A description of how the program coordinator will communicate with program partners
 41 concerning persons participating in the program and any other matter necessary for the adminis-
 42 tration of the program.

43 (5) To be eligible for funding under this section, a deflection program:

44 (a) Must be coordinated by or in consultation with a community mental health program, a local
 45 mental health authority or a federally recognized tribal government;

(b) Must have a coordinator with the following program coordinator duties:

(A) Convening deflection program partners as needed for the operation of the program;

(B) Managing grant program funds awarded under this section; and

(C) Tracking and reporting data required by the Oregon Criminal Justice Commission under section 37, **chapter 70, Oregon Laws 2024** *[of this 2024 Act]*;

(c) Must involve the partners described in subsection (4)(c) of this section; and

(d) May involve a partnership with one or more of the following entities:

(A) A first responder agency other than a law enforcement agency;

(B) A community provider;

(C) A treatment provider;

(D) A community-based organization;

(E) A case management provider;

(F) A recovery support services provider; or

(G) Any other individual or entity deemed necessary by the program coordinator to carry out the purposes of the deflection program, including individuals with lived experience with substance use disorder, a behavioral health disorder or co-occurring disorders.

(6) During a grant application period established by the committee[,]:

(a) The committee shall make recommendations to the commission about which grant applications should be approved;

(b) The commission shall review the committee's recommendations and make the final determination of which grant applications to approve; and

(c) The maximum proportion of grant funds available to an applicant shall be determined as follows:

[(a)] **(A)** The proportion of grant funds available to an applicant other than a tribal government shall be determined *[based on the county formula share employed by the Oversight and Accountability Council established under ORS 430.388]* **by the commission by rule in a manner that ensures that each region of the state receives funding in equitable proportion to the region's need,** but an applicant may not receive less than \$150,000.

[(b)] **(B)** The *[committee]* **commission** shall determine the proportion of funds available to an applicant that is a federally recognized tribal government.

(7)(a) Grant funds awarded under this section may be used for:

(A) Deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers.

(B) Behavioral health workforce development.

(C) Capital construction of behavioral health treatment infrastructure.

(b) Notwithstanding paragraph (a) of this subsection, the committee may award planning grants for the development of deflection programs.

(c) The committee may allocate up to three percent of program funds to support grantee data collection and analysis or evaluation of outcome measures.

(8) The *[Oregon Criminal Justice]* commission shall provide staff support to the grant program.

(9) The committee and the commission may adopt rules to carry out the provisions of this section.