

HB 2481-9
(LC 2836)
5/13/25 (RH/ps)

Requested by Senator SMITH DB

**PROPOSED AMENDMENTS TO
HOUSE BILL 2481**

In line 2 of the printed bill, after “health” insert “; creating new provisions; amending ORS 244.050, 413.017, 430.342, 430.383, 430.384, 430.387, 430.389, 430.390, 430.391, 430.393 and 430.394 and sections 6 and 8, 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”.

Delete lines 4 through 8 and insert:

“SECTION 1. 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 shall approve grants and funding provided by the Oregon Health Authority in accordance with this section to 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.*]

“[(2)(a) *The authority 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*

1 *other care and services.]*

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

4 *“(b) Recipients of grants or funding must be licensed, certified or creden-*
5 *tialed by the state, including certification under ORS 743A.168 (9), or meet*
6 *criteria prescribed by rule by the authority under ORS 430.390. A recipient of*
7 *a grant or funding under this subsection may not use the grant or funding to*
8 *supplant the recipient’s existing funding.]*

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

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

14 *“(e) A network must have the capacity to provide the following services and*
15 *any other services specified by the authority by rule but no individual partic-*
16 *ipant in a network is required to provide all of the services:]*

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

30 *“(B) Comprehensive behavioral health needs assessment, including a sub-*

stance 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 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 sub-

stance 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 by rule, including, at a minimum, at least one person in each of the following categories:]

“(A) Alcohol and drug counselor certified by the 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 or a contractor of the authority and the authority or the authority’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,

1 *trauma-informed, culturally specific, linguistically responsive, person-centered*
2 *and nonjudgmental;]*

3 *“[(B) Peer support and recovery services;]*

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

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

10 *“[(E) Incentives and supports to expand the behavioral health workforce to*
11 *support the services delivered by behavioral health resource networks and en-*
12 *tities receiving grants or funding under this subsection.]*

13 *“[(b) 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 *“[(4) In awarding grants and funding under subsections (1) and (3) of this*
16 *section, the council shall:]*

17 *“[(a) Distribute grants and funding to ensure access to:]*

18 *“[(A) Historically underserved populations; and]*

19 *“[(B) Culturally specific and linguistically responsive services.]*

20 *“[(b) Consider any inventories or surveys of currently available behavioral*
21 *health services.]*

22 *“[(c) Consider available regional data related to the substance use treatment*
23 *needs and the access to culturally specific and linguistically responsive services*
24 *in communities in this state.]*

25 *“[(d) Consider the needs of residents of this state for services, supports and*
26 *treatment at all ages.]*

27 *“[(5) The council shall require any government entity that applies for a*
28 *grant to specify in the application details regarding subgrantees and how the*
29 *government entity will fund culturally specific organizations and culturally*
30 *specific services. A government entity receiving a grant must make an explicit*

1 *commitment not to supplant or decrease any existing funding used to provide*
2 *services funded by the grant.]*

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

9 **“(1) As used in this section:**

10 **“(a) ‘Community court program’ means an evidence-informed pro-**
11 **gram that utilizes contingency management to address addiction with**
12 **incentives and swift, certain and fair sanctions for noncompliance.**

13 **“(b) ‘Community harm reduction’ means evidence-informed policies**
14 **and practices that reduce harm to the community caused by drug-**
15 **dependent persons and persons unlawfully distributing controlled sub-**
16 **stances.**

17 **“(c) ‘Detoxification facility’ means a facility approved by the**
18 **Oregon Health Authority that provides emergency care or treatment**
19 **for drug-dependent persons.**

20 **“(d) ‘Drug-dependency related offense’ means an offense that is**
21 **motivated by a dependence on a controlled substance.**

22 **“(e) ‘Drug-dependent person’ means an individual who has lost the**
23 **ability to control the personal use of controlled substances with abuse**
24 **potential, or who uses controlled substances to the extent that the**
25 **health of the individual, or the health of other individuals, is sub-**
26 **stantially impaired or endangered, or the social or economic function**
27 **of the individual is substantially disrupted. A drug-dependent person**
28 **may or may not be physically dependent, a condition in which the body**
29 **requires a continuing supply of a controlled substance to avoid char-**
30 **acteristic withdrawal symptoms, or psychologically dependent, a con-**

1 **dition characterized by an overwhelming mental desire for continued**
2 **use of a controlled substance.**

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

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

9 **“(h) ‘Prevention’ means evidence-informed policies, procedures and**
10 **practices that reduce the rate of persons that become drug-dependent**
11 **persons among the population that is the target for the policies, pro-**
12 **cedures and practices.**

13 **“(i) ‘Recovery’ means the state of a person who was a drug-**
14 **dependent person but who is no longer drug dependent.**

15 **“(j) ‘Sobering center’ means a facility that meets all of the follow-**
16 **ing criteria:**

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

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

25 **“(C) The facility, in consultation with the addiction treatment pro-**
26 **gram or provider, has adopted comprehensive written policies and**
27 **procedures incorporating best practices for the safety of intoxicated**
28 **individuals, employees of the facility and volunteers at the facility.**

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

1 “(k) ‘Treatment’ means a program that utilizes evidence-based
2 methods to assist a drug-dependent person to become a person in re-
3 covery, and that:

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

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

10 “(C) Has been studied in more than one environment and has pro-
11 vided consistent and effective results; and

12 “(D) Is subject to ongoing evaluation to determine if implementa-
13 tion is adhering to the protocol for the method and delivering the de-
14 sired results of assisting drug-dependent persons to become persons in
15 recovery.

16 “(L) ‘Treatment facility’ includes outpatient facilities, inpatient fa-
17 cilities and other facilities that provide treatment services that also
18 meet the minimum standards established under ORS 430.357, any of
19 which may also provide diagnosis and evaluation, medical care,
20 detoxification, social services or rehabilitation for drug-dependent
21 persons and which operate in the form of a general hospital, state
22 hospital, foster home, hostel, clinic or other suitable form approved
23 by the Oregon Health Authority.

24 “(2) Using funds from the Drug Treatment and Recovery Services
25 Fund established under ORS 430.384 or from any other available
26 source, the Oregon Criminal Justice Commission shall provide grants
27 and funding to counties and federally recognized Indian tribes in this
28 state to establish and maintain Behavioral Health Resource Networks
29 to provide some or all of the following evidence-informed and
30 evidence-based services:

1 “(a) Prevention;

2 “(b) Treatment;

3 “(c) Recovery support;

4 “(d) Individual harm reduction; and

5 “(e) Community harm reduction.

6 “(3) If a county or tribe declines to apply for grants and funding
7 under this section, the commission shall provide grants and funding
8 directly to any Behavioral Health Resource Network within the region
9 of that county or tribe for the provision of the services described in
10 subsection (2) of this section.

11 “(4)(a) The commission shall adopt by rule a formula for distribut-
12 ing grants and funding under this section to ensure that each region
13 of this state receives funding in equitable proportion to the region’s
14 need. To the extent practicable, the formula shall be consistent with
15 the framework used by the United States Department of Housing and
16 Urban Development to distribute funds for the Continuum of Care
17 Program established under 24 C.F.R. part 578.

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

21 “(5) In applying for grants and funding under this section, an ap-
22 plicant:

23 “(a) Shall prioritize the funding of detoxification facilities, sobering
24 centers, treatment facilities and peer recovery support services, in-
25 cluding culturally specific programs.

26 “(b) May prioritize the funding of community harm reduction, in-
27 cluding:

28 “(A) Deflection programs, as defined in section 76, chapter 70,
29 Oregon Laws 2024;

30 “(B) Community court programs to divert and assist drug-

1 dependent persons that have been charged with drug possession or
2 other drug-dependency related offenses; and

3 “(C) Focused deterrence to eliminate overt drug markets.

4 “(6) The commission shall by rule specify the manner of applying
5 for grants and funding under this section. All grant and funding ap-
6 plications submitted by a county must be approved by the local plan-
7 ning committee for the county in which the program will operate.

8 “(7) A recipient of a grant or funding under this section shall enter
9 into a grant agreement with the Oregon Health Authority that speci-
10 fies the responsibilities of the recipient in administering the grant or
11 funding and ensuring that the services described in subsection (2) of
12 this section are provided. The authority may require the recipient to
13 report information necessary to determine compliance with the grant
14 agreement.

15 “[~~(7)~~] (8) Services provided by [*grantees, including services provided by*] a
16 Behavioral Health Resource Network[,] shall be free of charge to the clients
17 receiving the services. [*Grantees*] **Providers** in each network shall seek re-
18 imbursement from insurance issuers, the medical assistance program or any
19 other third party responsible for the cost of services provided to a client [*and*
20 *grants and funding provided by the council or the authority*]. **Funding pro-**
21 **vided to a Behavioral Health Resource Network** under this section may
22 be used for copayments, deductibles or other out-of-pocket costs incurred by
23 the client for the services.

24 “[~~(8)~~] (9) Subsection [~~(7)~~] (8) of this section does not require the medical
25 assistance program to reimburse the cost of services for which another third
26 party is responsible in violation of 42 U.S.C. 1396a(25).

27 “(10) The commission may adopt rules to carry out the provisions
28 of this section.

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

30 “430.383. (1)(a) The people of Oregon find that drug addiction and over-

1 doses are a serious problem in Oregon and that Oregon needs to expand ac-
2 cess to drug treatment.

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

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

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

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

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

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

25 “(4) As used in ORS 430.383 to 430.390 and 430.394, *[‘recovery’ means a*
26 *process of change through which individuals improve their health and*
27 *wellness, live a self-directed life and strive to reach their full potential]* **‘Be-**
28 **havioral Health Resource Network’ means an entity or collection of**
29 **entities that individually or jointly provides the services described in**
30 **ORS 430.389 (2).**

1 **“SECTION 3.** ORS 430.384, as amended by section 67, chapter 70, Oregon
2 Laws 2024, 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 appropriated or otherwise transferred to the fund by the
9 Legislative Assembly;

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

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

13 “(3) Moneys in the fund shall be continuously appropriated to the [*Oregon*
14 *Health Authority*] **Oregon Criminal Justice Commission** for the purposes
15 set forth in ORS 430.389.

16 “(4)[(a)] Pursuant to subsection (2)(a) of this section, the Legislative As-
17 sembly shall appropriate or transfer to the fund an amount sufficient to fully
18 fund the grants program required by ORS 430.389. **The minimum transfer**
19 **amount shall be no less than the total amount deposited and trans-**
20 **ferred into the fund for the biennium beginning July 1, 2023, adjusted**
21 **for inflation each subsequent biennium based on changes in the Con-**
22 **sumer Price Index for All Urban Consumers, West Region (All Items),**
23 **as published by the Bureau of Labor Statistics of the United States**
24 **Department of Labor.**

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

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

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

5 “[B] The annual increase, if any, in moneys distributed pursuant to ORS
6 475C.726 (3)(b).]

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

8 “430.387. The [Oregon Health Authority] **Oregon Criminal Justice**
9 **Commission** shall cause the moneys in the Drug Treatment and Recovery
10 Services Fund to be distributed as follows:

11 “(1) An amount necessary for the administration of ORS [430.388 to]
12 **430.389 and** 430.390, excluding amounts necessary to establish and maintain
13 the telephone hotline described in ORS 430.391 (1).

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

17 **“SECTION 5.** ORS 430.390 is amended to read:

18 “430.390. (1)(a) The [Oregon Health Authority] **Oregon Criminal Justice**
19 **Commission** shall adopt rules that establish [*a grant application process,*] a
20 process to appeal the denial of a grant **under ORS 430.389** and general cri-
21 teria and requirements for the Behavioral Health Resource Networks and the
22 grants and funding required by ORS 430.389, including rules requiring re-
23 cipients of grants and funding to collect and report information necessary
24 for the Secretary of State to conduct the financial and performance audits
25 required by ORS 430.392.

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

30 “(2) **Subject to ORS 430.389 (7),** the [council] **commission** shall have

1 and retain the authority to oversee the Behavioral Health Resource Net-
2 works established under ORS 430.389 and approve the grants and funding
3 under ORS 430.389.

4 “(3) The [authority] **commission** shall administer and provide all neces-
5 sary support to ensure the implementation of ORS 430.383 to 430.390 and
6 430.394, and that recipients of grants or funding comply with all applicable
7 rules regulating the provision of behavioral health services.

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

11 “(b) The [authority] **commission** shall encourage and take all reasonable
12 measures to ensure that [grant recipients] **Behavioral Health Resource**
13 **Network providers** cooperate, coordinate and act jointly with one another
14 to offer the services described in ORS 430.389.

15 “(c) The [authority] **commission** shall post to the [authority’s]
16 **commission’s** website, at the time a grant or funding is awarded:

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

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

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

21 “[5] *The authority shall provide requested technical, logistical and other*
22 *support to the council to assist the council with the council’s duties and obli-*
23 *gations.*]

24 “[6)] (5) The Department of Justice shall provide legal services to the
25 [council] **commission** if requested to assist the [council] **commission** in
26 carrying out the [council’s] **commission’s** duties and obligations.

27 “**SECTION 6.** ORS 430.391 is amended to read:

28 “430.391. (1) The [Oregon Health Authority] **Oregon Criminal Justice**
29 **Commission** shall establish a Behavioral Health Resource Network state-
30 wide telephone hotline to provide screenings [described in ORS 430.389

1 (2)(e)(A)] to any caller who is a resident of this state. **Screenings shall be**
2 **performed by certified addiction peer support or wellness specialists**
3 **or other qualified persons, as determined by the Oregon Health Au-**
4 **thority, for the purposes of:**

5 “(a) **Determining a client’s need for immediate medical or other**
6 **treatment to determine what acute care is needed and where it can**
7 **be best provided; and**

8 “(b) **Identifying other needs and linking the client to other appro-**
9 **priate local or statewide services, including treatment for substance**
10 **use and coexisting health problems, housing, employment, training**
11 **and child care.**

12 “(2) The telephone hotline shall be staffed 24 hours a day, seven days a
13 week, every calendar day of the year. Following a screening, at the request
14 of a caller, the telephone hotline shall promptly provide [*the verification set*
15 *forth in ORS 430.389 (2)(i)*] **verification of the screening.**

16 “**SECTION 7.** ORS 430.393 is amended to read:

17 “430.393. No later than January 1, 2022, and at the beginning of each
18 calendar quarter thereafter, the [*Oregon Health Authority*] **Oregon Criminal**
19 **Justice Commission** shall report to the Legislative Assembly, in the man-
20 ner provided in ORS 192.245, how funds from the Drug Treatment and Re-
21 covery Services Fund were spent in the preceding calendar quarter.

22 “**SECTION 8.** ORS 430.394 is amended to read:

23 “430.394. If approved by the [*Oversight and Accountability Council*]
24 **Oregon Criminal Justice Commission**, the Oregon Health Authority may
25 implement an education campaign to inform the public about the availability
26 of Behavioral Health Resource Networks, the statewide hotline described in
27 ORS 430.391 and any other information the authority believes would benefit
28 the public in accessing behavioral health services.

29 “**SECTION 9. (1) The Oregon Criminal Justice Commission shall**
30 **conduct an analysis of the most effective ways to address substance**

1 abuse within this state. The analysis must include an assessment of
2 the availability and funding of substance abuse treatment programs,
3 the identification of any gaps in current practices and identification
4 of the best practices to fund and support treatment services and other
5 methods of addressing substance abuse.

6 “(2) No later than September 15, 2026, the commission shall provide
7 a report to the interim committees of the Legislative Assembly related
8 to health and the judiciary, in the manner described in ORS 192.245,
9 containing the findings of the commission.

10 “(3) The commission shall provide a copy of the report described in
11 subsection (2) of this section to each county.

12 “**SECTION 10.** ORS 244.050 is amended to read:

13 “244.050. (1) On or before April 15 of each year the following persons shall
14 file with the Oregon Government Ethics Commission a verified statement of
15 economic interest as required under this chapter:

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

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

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

24 “(d) The Deputy Attorney General.

25 “(e) The Deputy Secretary of State.

26 “(f) The Legislative Administrator, the Legislative Counsel, the Legisla-
27 tive Fiscal Officer, the Legislative Policy and Research Director, the Secre-
28 tary of the Senate, the Chief Clerk of the House of Representatives and the
29 Legislative Equity Officer.

30 “(g) The president and vice presidents, or their administrative equiv-

1 alents, in each public university listed in ORS 352.002.

2 “(h) The following state officers:

3 “(A) Adjutant General.

4 “(B) Director of Agriculture.

5 “(C) Manager of State Accident Insurance Fund Corporation.

6 “(D) Water Resources Director.

7 “(E) Director of the Department of Environmental Quality.

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

9 “(G) State Fish and Wildlife Director.

10 “(H) State Forester.

11 “(I) State Geologist.

12 “(J) Director of Human Services.

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

14 “(L) Director of the Department of State Lands.

15 “(M) State Librarian.

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

17 “(O) Superintendent of State Police.

18 “(P) Director of the Public Employees Retirement System.

19 “(Q) Director of Department of Revenue.

20 “(R) Director of Transportation.

21 “(S) Public Utility Commissioner.

22 “(T) Director of Veterans’ Affairs.

23 “(U) Executive director of Oregon Government Ethics Commission.

24 “(V) Director of the State Department of Energy.

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

26 “(X) Director of the Department of Corrections.

27 “(Y) Director of the Oregon Department of Aviation.

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

29 “(AA) Director of the Oregon Business Development Department.

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

1 “(CC) Director of the Employment Department.
2 “(DD) State Fire Marshal.
3 “(EE) Chief of staff for the Governor.
4 “(FF) Director of the Housing and Community Services Department.
5 “(GG) State Court Administrator.
6 “(HH) Director of the Department of Land Conservation and Develop-
7 ment.
8 “(II) Board chairperson of the Land Use Board of Appeals.
9 “(JJ) State Marine Director.
10 “(KK) Executive director of the Oregon Racing Commission.
11 “(LL) State Parks and Recreation Director.
12 “(MM) Executive director of the Oregon Public Defense Commission.
13 “(NN) Chairperson of the Public Employees’ Benefit Board.
14 “(OO) Director of the Department of Public Safety Standards and Train-
15 ing.
16 “(PP) Executive director of the Higher Education Coordinating Commis-
17 sion.
18 “(QQ) Executive director of the Oregon Watershed Enhancement Board.
19 “(RR) Director of the Oregon Youth Authority.
20 “(SS) Director of the Oregon Health Authority.
21 “(TT) Deputy Superintendent of Public Instruction.
22 “(i) The First Partner, the legal counsel, the deputy legal counsel and all
23 policy advisors within the Governor’s office.
24 “(j) Every elected city or county official.
25 “(k) Every member of a city or county planning, zoning or development
26 commission.
27 “(L) The chief executive officer of a city or county who performs the du-
28 ties of manager or principal administrator of the city or county.
29 “(m) Members of local government boundary commissions formed under
30 ORS 199.410 to 199.519.

1 “(n) Every member of a governing body of a metropolitan service district
2 and the auditor and executive officer thereof.

3 “(o) Each member of the board of directors of the State Accident Insur-
4 ance Fund Corporation.

5 “(p) The chief administrative officer and the financial officer of each
6 common and union high school district, education service district and com-
7 munity college district.

8 “(q) Every member of the following state boards, commissions and coun-
9 cils:

10 “(A) Governing board of the State Department of Geology and Mineral
11 Industries.

12 “(B) Oregon Business Development Commission.

13 “(C) State Board of Education.

14 “(D) Environmental Quality Commission.

15 “(E) Fish and Wildlife Commission of the State of Oregon.

16 “(F) State Board of Forestry.

17 “(G) Oregon Government Ethics Commission.

18 “(H) Oregon Health Policy Board.

19 “(I) Oregon Investment Council.

20 “(J) Land Conservation and Development Commission.

21 “(K) Oregon Liquor and Cannabis Commission.

22 “(L) Oregon Short Term Fund Board.

23 “(M) State Marine Board.

24 “(N) Mass transit district boards.

25 “(O) Energy Facility Siting Council.

26 “(P) Board of Commissioners of the Port of Portland.

27 “(Q) Employment Relations Board.

28 “(R) Public Employees Retirement Board.

29 “(S) Oregon Racing Commission.

30 “(T) Oregon Transportation Commission.

1 “(U) Water Resources Commission.
2 “(V) Workers’ Compensation Board.
3 “(W) Oregon Facilities Authority.
4 “(X) Oregon State Lottery Commission.
5 “(Y) Pacific Northwest Electric Power and Conservation Planning Coun-
6 cil.
7 “(Z) Columbia River Gorge Commission.
8 “(AA) Oregon Health and Science University Board of Directors.
9 “(BB) Capitol Planning Commission.
10 “(CC) Higher Education Coordinating Commission.
11 “(DD) Oregon Growth Board.
12 “(EE) Early Learning Council.
13 “[(FF) *The Oversight and Accountability Council.*]
14 “(r) The following officers of the State Treasurer:
15 “(A) Deputy State Treasurer.
16 “(B) Chief of staff for the office of the State Treasurer.
17 “(C) Director of the Investment Division.
18 “(s) Every member of the board of commissioners of a port governed by
19 ORS 777.005 to 777.725 or 777.915 to 777.953.
20 “(t) Every member of the board of directors of an authority created under
21 ORS 441.525 to 441.595.
22 “(u) Every member of a governing board of a public university listed in
23 ORS 352.002.
24 “(v) Every member of the district school board of a common school dis-
25 trict or union high school district.
26 “(w) Every member of the board of directors of an authority created under
27 ORS 465.600 to 465.621.
28 “(2) By April 15 next after the date an appointment takes effect, every
29 appointed public official on a board or commission listed in subsection (1)
30 of this section shall file with the Oregon Government Ethics Commission a

1 statement of economic interest as required under ORS 244.060, 244.070 and
2 244.090.

3 “(3) By April 15 next after the filing deadline for the primary election,
4 each candidate described in subsection (1) of this section shall file with the
5 commission a statement of economic interest as required under ORS 244.060,
6 244.070 and 244.090.

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

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

16 “(6) If a statement required to be filed under this section has not been
17 received by the commission within five days after the date the statement is
18 due, the commission shall notify the public official or candidate and give the
19 public official or candidate not less than 15 days to comply with the re-
20 quirements of this section. If the public official or candidate fails to comply
21 by the date set by the commission, the commission may impose a civil pen-
22 alty as provided in ORS 244.350.

23 **“SECTION 11.** ORS 413.017 is amended to read:

24 “413.017. (1) The Oregon Health Policy Board shall establish the commit-
25 tees described in subsections (2) to (5) of this section.

26 “(2)(a) The Public Health Benefit Purchasers Committee shall include in-
27 dividuals who purchase health care for the following:

28 “(A) The Public Employees’ Benefit Board.

29 “(B) The Oregon Educators Benefit Board.

30 “(C) Trustees of the Public Employees Retirement System.

1 “(D) A city government.

2 “(E) A county government.

3 “(F) A special district.

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

6 “(b) The Public Health Benefit Purchasers Committee shall:

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

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

15 “(C) Continuously review and report to the Oregon Health Policy Board
16 on the committee’s progress in aligning benefits while minimizing the cost
17 shift to individual purchasers of insurance without shifting costs to the pri-
18 vate sector or the health insurance exchange.

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

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

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

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

9 “(4)(a) The Health Plan Quality Metrics Committee shall include the fol-
10 lowing members appointed by the Oregon Health Policy Board:

11 “(A) An individual representing the Oregon Health Authority;

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

13 “(C) An individual representing the Public Employees’ Benefit Board;

14 “(D) An individual representing the Department of Consumer and Busi-
15 ness Services;

16 “(E) Two health care providers;

17 “(F) One individual representing hospitals;

18 “(G) One individual representing insurers, large employers or multiple
19 employer welfare arrangements;

20 “(H) Two individuals representing health care consumers;

21 “(I) Two individuals representing coordinated care organizations;

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

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

24 “(L) One individual with expertise in mental health and addiction ser-
25 vices.

26 “(b) The committee shall work collaboratively with the Oregon Educators
27 Benefit Board, the Public Employees’ Benefit Board, the authority and the
28 department to adopt health outcome and quality measures that are focused
29 on specific goals and provide value to the state, employers, insurers, health
30 care providers and consumers. The committee shall be the single body to

1 align health outcome and quality measures used in this state with the re-
2 quirements of health care data reporting to ensure that the measures and
3 requirements are coordinated, evidence-based and focused on a long term
4 statewide vision.

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

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

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

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

28 “(C) Utilize existing data systems, to the extent practicable, for reporting
29 the measures to minimize redundant reporting and undue burden on the
30 state, health benefit plans and health care providers;

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

2 “(E) Use a common format in the collection of the data and facilitate the
3 public reporting of the data; and

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

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

8 “(f) The committee may convene subcommittees to focus on gaining ex-
9 pertise in particular areas such as data collection, health care research and
10 mental health and substance use disorders in order to aid the committee in
11 the development of health outcome and quality measures. A subcommittee
12 may include stakeholders and staff from the authority, the Department of
13 Human Services, the Department of Consumer and Business Services, the
14 Early Learning Council or any other agency staff with the appropriate ex-
15 pertise in the issues addressed by the subcommittee.

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

20 “(h) This subsection does not prevent the authority, the Department of
21 Consumer and Business Services, commercial insurers, the Public Employees’
22 Benefit Board or the Oregon Educators Benefit Board from establishing
23 programs that provide financial incentives to providers for meeting specific
24 health outcome and quality measures adopted by the committee.

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

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

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

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

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

2 “(E) An individual with expertise in data analysis;

3 “(F) A member of the Consumer Advisory Council, established under ORS
4 430.073, that represents adults with mental illness;

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

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

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

11 “(J) One consumer representative;

12 “(K) One representative of a tribal government;

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

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

16 “(N) The director of the division of the authority responsible for behav-
17 ioral health services, as a nonvoting member;

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

20 “(P) The authority’s Medicaid director, as a nonvoting member;

21 “(Q) A representative of the Department of Human Services, as a non-
22 voting member; and

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

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

25 “(c) The division of the authority responsible for behavioral health ser-
26 vices and the director of the division shall staff the committee.

27 “(d) The committee, in collaboration with the Health Plan Quality Met-
28 rics Committee, as needed, shall:

29 “(A) Establish quality metrics for behavioral health services provided by
30 coordinated care organizations, health care providers, counties and other

1 government entities; and

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

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

5 “(A) Improve timely access to behavioral health care;

6 “(B) Reduce hospitalizations;

7 “(C) Reduce overdoses;

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

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

11 “(6) Members of the committees described in subsections (2) to (5) of this
12 section who are not members of the Oregon Health Policy Board may receive
13 compensation in accordance with criteria prescribed by the authority by rule
14 and shall be reimbursed from funds available to the board for actual and
15 necessary travel and other expenses incurred by them by their attendance
16 at committee meetings, in the manner and amount provided in ORS 292.495.

17 **“SECTION 12.** ORS 430.342 is amended to read:

18 “430.342. (1) The governing body of each county or combination of coun-
19 ties in a mental health administrative area, as designated by the Alcohol and
20 Drug Policy Commission, shall:

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

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

25 “(2) The committee shall coordinate with local Behavioral Health Re-
26 source Networks, [*described in ORS 430.389*] **as defined in ORS 430.383**, to
27 identify needs and establish priorities for alcohol and drug prevention and
28 treatment services that best suit the needs and values of the community and
29 shall report its findings to the Oregon Health Authority, the governing
30 bodies of the counties served by the committee and the budget advisory

committee of the commission.

“(3) Members of the local planning committee shall be representative of the geographic area and shall be persons with interest or experience in developing alcohol and drug prevention and treatment services. The membership of the committee shall include a number of minority members which reasonably reflects the proportion of the need for prevention, treatment and rehabilitation services of minorities in the community.

“**SECTION 13.** 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,

1 Josephine, Lane or Yamhill County;

2 “(C) An individual representing the City of Portland;

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

5 “(E) An individual representing a city with a population at or below
6 10,000 residents as of July 21, 2021; and

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

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

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

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

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

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

21 “[*g*] (f) A member of the Senate appointed by the President of the Sen-
22 ate, who shall be a nonvoting member of the board; and

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

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

30 “(3) The term of each member of the board who is not an ex officio

1 member is four years, but a member serves at the pleasure of the appointing
2 authority. Before the expiration of a member's term, the appointing authority
3 shall appoint a successor whose term begins on January 1 next following.
4 A member is eligible for reappointment. If there is a vacancy for any cause,
5 the appointing authority shall make an appointment to become immediately
6 effective for the unexpired term.

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

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

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

18 “(a) No more than five percent of the moneys may be spent on adminis-
19 tering the board and the fund.

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

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

30 “(A) Programs that use evidence-based or evidence-informed strategies to

1 treat opioid use disorders and any co-occurring substance use disorders or
2 mental health conditions;

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

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

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

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

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

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

25 “(H) Programs that use evidence-based or evidence-informed strategies to
26 support efforts to prevent or reduce overdose deaths or other opioid-related
27 harms;

28 “(I) Programs to educate law enforcement or other first responders re-
29 garding appropriate practices and precautions when dealing with users of
30 fentanyl or other opioids;

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

4 “(K) Programs to support efforts to provide leadership, planning, coordi-
5 nation, facilitation, training and technical assistance to abate the opioid
6 epidemic through activities, programs or strategies; or

7 “(L) Funding to support opioid abatement research.

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

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

12 “(B) The board’s ongoing evaluation of the efficacy of the funding allo-
13 cations;

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

15 “(D) Input the board receives from the public;

16 “(E) Equity considerations for underserved populations; and

17 “(F) The terms of the settlement agreements.

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

19 **“SECTION 14.** Section 8, chapter 63, Oregon Laws 2022, is amended to
20 read:

21 **“Sec. 8. (1) Sections 4 [to 7 of this 2022 Act] and 5, chapter 63, Oregon**
22 **Laws 2022,** are repealed on January 2, 2040.

23 **“(2) Section 6, chapter 63, Oregon Laws 2022, as amended by section**
24 **12 of this 2025 Act, is repealed on January 2, 2040.**

25 **“(3) Section 7, chapter 63, Oregon Laws 2022, is repealed on January**
26 **2, 2040.**

27 **“SECTION 15. ORS 430.388 and section 6, chapter 248, Oregon Laws**
28 **2023, are repealed.**

29 **“SECTION 16.** Section 76, chapter 70, Oregon Laws 2024 is amended to
30 read:

1 **“Sec. 76.** (1) As used in this section, ‘deflection program’ means a
2 collaborative program between law enforcement agencies and behavioral
3 health entities that assists individuals who may have substance use disorder,
4 another behavioral health disorder or co-occurring disorders, to create
5 community-based pathways to treatment, recovery support services, housing,
6 case management or other services.

7 “(2) The Oregon Behavioral Health Deflection Program is established
8 within the Improving People’s Access to Community-based Treatment, Sup-
9 ports and Services Grant Review Committee established under ORS 430.234.
10 The program consists of grants awarded by the committee, **after review by**
11 **the Oregon Criminal Justice Commission**, to counties and federally re-
12 cognized tribal governments to fund deflection programs.

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

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

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

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

23 “(4)(a) The committee shall develop a grant application process for
24 awarding grants under this section.

25 “(b) An application for a grant under this section may be submitted by a
26 county or the designee of a county, or by a tribal government or designee
27 of a tribal government. Only one application per county may be submitted,
28 but the application may request funding multiple programs within a county.

29 “(c) Prior to submitting an application for a grant under this section, the
30 applicant shall coordinate with all partners of the development and admin-

1 istration of the proposed deflection program to ensure that the partners have
2 the resources necessary to implement the deflection program. The partners
3 shall include at least a district attorney, a law enforcement agency, a com-
4 munity mental health program established under ORS 430.620 and a provider
5 from a Behavioral Health Resource Network established under ORS 430.389.
6 Partners may also include a treatment provider, a local mental health au-
7 thority, a tribal government, a peer support organization, a court or a local
8 government body.

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

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

12 “(B) A description of the individuals who would be eligible for the pro-
13 gram and what qualifies as a successful outcome, formulated in cooperation
14 with the program partners described in paragraph (c) of this subsection;

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

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

21 “(E) A description of how the program coordinator will communicate with
22 program partners concerning persons participating in the program and any
23 other matter necessary for the administration of the program.

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

25 “(a) Must be coordinated by or in consultation with a community mental
26 health program, a local mental health authority or a federally recognized
27 tribal government;

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

30 “(A) Convening deflection program partners as needed for the operation

1 of the program;

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

3 “(C) Tracking and reporting data required by the Oregon Criminal Justice

4 Commission under section 37, **chapter 70, Oregon Laws 2024** [*of this 2024*

5 *Act*];

6 “(c) Must involve the partners described in subsection (4)(c) of this sec-

7 tion; and

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

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

10 “(B) A community provider;

11 “(C) A treatment provider;

12 “(D) A community-based organization;

13 “(E) A case management provider;

14 “(F) A recovery support services provider; or

15 “(G) Any other individual or entity deemed necessary by the program co-

16 ordinator to carry out the purposes of the deflection program, including in-

17 dividuals with lived experience with substance use disorder, a behavioral

18 health disorder or co-occurring disorders.

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

20 “(a) **The committee shall make recommendations to the commis-**

21 **sion about which grant applications should be approved;**

22 “(b) **The commission shall review the committee’s recommen-**

23 **dations and make the final determination of which grant applications**

24 **to approve; and**

25 “(c) The maximum proportion of grant funds available to an applicant

26 shall be determined as follows:

27 “[*(a)*] **(A) The proportion of grant funds available to an applicant other**

28 **than a tribal government shall be determined [*based on the county formula***

29 ***share employed by the Oversight and Accountability Council established under***

30 ***ORS 430.388*] by the commission by rule in a manner that ensures that**

1 **each region of the state receives funding in equitable proportion to the**
2 **region's need**, but an applicant may not receive less than \$150,000.

3 “[(b)] (B) The [committee] **commission** shall determine the proportion of
4 funds available to an applicant that is a federally recognized tribal govern-
5 ment.

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

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

11 “(B) Behavioral health workforce development.

12 “(C) Capital construction of behavioral health treatment infrastructure.

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

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

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

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

22
