

HB 4070-7
(LC 202)
2/9/26 (RH/ps)

Requested by HOUSE COMMITTEE ON BEHAVIORAL HEALTH (at the request of Representative Hai Pham)

**PROPOSED AMENDMENTS TO
HOUSE BILL 4070**

On page 1 of the printed bill, line 2, after “care;” delete the rest of the line and delete lines 3 through 5 and insert “amending ORS 137.227, 137.228, 414.592, 414.595, 414.780, 430.010, 430.021, 430.215, 430.256, 430.265, 430.306, 430.342, 430.345, 430.350, 430.359, 430.362, 430.364, 430.366, 430.380, 430.381, 430.401, 430.560, 430.610, 430.627, 430.630, 430.640, 430.644, 430.646, 430.695, 430.705, 430.709, 430.905, 471.810 and 675.523; and repealing ORS 430.315, 430.368, 430.565 and 430.634.”.

Delete lines 7 through 24 and delete pages 2 through 23 and insert:

“SECTION 1. ORS 414.780 is amended to read:

“414.780. (1) As used in this section:

“(a) ‘Behavioral health coverage’ means mental health treatment and services and substance use disorder treatment or services reimbursed by a coordinated care organization.

“(b) ‘Coordinated care organization’ has the meaning given that term in ORS 414.025.

“(c) ‘Mental health treatment and services’ means the treatment of or services provided to address any condition or disorder that falls under any of the diagnostic categories listed in the mental disorders section of the current edition of the:

“(A) International Classification of Disease; or

“(B) Diagnostic and Statistical Manual of Mental Disorders.

1 “(d) ‘Nonquantitative treatment limitation’ means a limitation that is not
2 expressed numerically but otherwise limits the scope or duration of behav-
3 ioral health coverage, such as medical necessity criteria or other utilization
4 review.

5 “(e) ‘Substance use disorder treatment and services’ means the treatment
6 of and any services provided to address any condition or disorder that falls
7 under any of the diagnostic categories listed in the substance use section of
8 the current edition of the:

9 “(A) International Classification of Disease; or

10 “(B) Diagnostic and Statistical Manual of Mental Disorders.

11 “(2) **The Oregon Health Authority and coordinated care organiza-**
12 **tions shall ensure that access to mental health treatment and services**
13 **and substance use disorder treatment and services in the medical as-**
14 **sistance program is no more burdensome than access to medical or**
15 **surgical treatment and services.**

16 “[2)] (3) No later than March 1 of each calendar year, the Oregon Health
17 Authority shall prescribe the form and manner for each coordinated care
18 organization to report to the authority, on or before June 1 of the calendar
19 year, information about the coordinated care organization’s compliance with
20 mental health parity requirements **under this section and under the Paul**
21 **Wellstone and Pete Domenici Mental Health Parity and Addiction Eq-**
22 **uity Act of 2008 (P.L. 110-343) and rules adopted thereunder**, including
23 but not limited to the following:

24 “(a) The specific plan or coverage terms or other relevant terms regarding
25 the nonquantitative treatment limitations and a description of all mental
26 health or substance use disorder benefits and medical or surgical benefits to
27 which each such term applies in each respective benefits classification.

28 “(b) The factors used to determine that the nonquantitative treatment
29 limitations will apply to mental health or substance use disorder benefits and
30 medical or surgical benefits.

1 “(c) The evidentiary standards used for the factors identified in paragraph
2 (b) of this subsection, when applicable, provided that every factor is defined,
3 and any other source or evidence relied upon to design and apply the non-
4 quantitative treatment limitations to mental health or substance use disorder
5 benefits and medical or surgical benefits.

6 “(d) The number of denials of coverage of mental health treatment and
7 services, substance use disorder treatment and services and medical and
8 surgical treatment and services, the percentage of denials that were ap-
9 pealed, the percentage of appeals that upheld the denial and the percentage
10 of appeals that overturned the denial.

11 “(e) The percentage of claims for behavioral health coverage and for
12 coverage of medical and surgical treatments that were paid to in-network
13 providers and the percentage of such claims that were paid to out-of-network
14 providers.

15 **“(f) The documentation standards or requirements used for entry**
16 **into services for mental health treatment and services, substance use**
17 **disorder treatment and services and medical and surgical treatment**
18 **and services.**

19 “[*(f)*] **(g)** Other data or information the authority deems necessary to as-
20 sess a coordinated care organization’s compliance with mental health parity
21 requirements.

22 “[*(3)*] **(4)** Coordinated care organizations must demonstrate in the doc-
23 umentation submitted under subsection [*(2)*] **(3)** of this section, that the
24 processes, strategies, evidentiary standards and other factors used to apply
25 nonquantitative treatment limitation to mental health or substance use dis-
26 order treatment, as written and in operation, are comparable to and are ap-
27 plied no more stringently than the processes, strategies, evidentiary
28 standards and other factors used to apply nonquantitative treatment limita-
29 tions to medical or surgical treatments in the same classification.

30 “[*(4)*] **(5)** Each calendar year the authority, in collaboration with indi-

viduals representing behavioral health treatment providers, community mental health programs, coordinated care organizations, the Consumer Advisory Council established in ORS 430.073 and consumers of mental health or substance use disorder treatment, shall, based on the information reported under subsection [(2)] (3) of this section, identify and assess:

“(a) Coordinated care organizations’ compliance with the requirements for parity between the behavioral health coverage and the coverage of medical and surgical treatment in the medical assistance program; and

“(b) The authority’s compliance with the requirements for parity between the behavioral health coverage and the coverage of medical and surgical treatment in the medical assistance program for individuals who are not enrolled in a coordinated care organization.

“[(5)] (6) No later than December 31 of each calendar year, the authority shall submit a report to the interim committees of the Legislative Assembly related to mental or behavioral health, in the manner provided in ORS 192.245, that includes:

“(a) The authority’s findings under subsection [(4)] (5) of this section on compliance with rules regarding mental health parity, including a comparison of coverage for members of coordinated care organizations to coverage for medical assistance recipients who are not enrolled in coordinated care organizations as applicable; and

“(b) An assessment of:

“(A) The adequacy of the provider network as prescribed by the authority by rule.

“(B) The timeliness of access to mental health and substance use disorder treatment and services, as prescribed by the authority by rule.

“(C) The criteria used by each coordinated care organization to determine medical necessity and behavioral health coverage, including each coordinated care organization’s payment protocols and procedures.

“(D) Data on services that are requested but that coordinated care or-

ganizations are not required to provide.

“(E) The consistency of credentialing requirements for behavioral health treatment providers with the credentialing of medical and surgical treatment providers.

“(F) The utilization review, as defined by the authority by rule, applied to behavioral health coverage compared to coverage of medical and surgical treatments.

“(G) The specific findings and conclusions reached by the authority with respect to the coverage of mental health and substance use disorder treatment and the authority’s analysis that indicates that the coverage is or is not in compliance with this section.

“(H) The specific findings and conclusions of the authority demonstrating a coordinated care organization’s compliance with this section and with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (P.L. 110-343) and rules adopted thereunder.

“[(6)] (7) Except as provided in subsection [(5)(b)(D)] (6)(b)(D) of this section, this section does not require coordinated care organizations to report data on services that are not funded on the prioritized list of health services compiled by the Health Evidence Review Commission under ORS 414.690.

“SECTION 2. ORS 414.595 is amended to read:

“414.595. (1) As used in this section:

“(a) ‘Coordinated care organization’ has the meaning given that term in ORS 414.025.

“(b) ‘Subcontractor’ means an entity that contracts with a coordinated care organization to provide health care, dental care, behavioral health care or other services to medical assistance recipients enrolled in the coordinated care organization.

“(2) The Oregon Health Authority shall conduct one external quality review of each coordinated care organization annually. The authority may

1 contract with an external quality review organization to conduct the review.

2 “(3) The authority shall compile a standard list of documents that the
3 authority or contracted review organization collects from coordinated care
4 organizations and subcontractors. When requesting information from a co-
5 ordinated care organization about its subcontractors, the authority or con-
6 tracted review organization shall inform the coordinated care organization
7 of the documents on the standard list that have been collected from the co-
8 ordinated care organization’s subcontractors in the preceding 12-month pe-
9 riod.

10 “(4) The authority or a contracted review organization may not:

11 “(a) Request information from a coordinated care organization that is
12 duplicative of or redundant with information previously provided by the co-
13 ordinated care organization or a subcontractor if the information was pro-
14 vided within the preceding 12-month period and the relevant content of the
15 information has not changed.

16 “(b) **Make a negative finding about or impose a penalty on a coor-**
17 **ordinated care organization based on documents or templates that were**
18 **created by the authority for use by coordinated care organizations.**

19 “(5) The authority shall provide a contracted review organization with
20 all information about a coordinated care organization in the authority’s
21 possession as necessary for the contracted review organization to conduct
22 the external quality review. A contracted review organization may not seek
23 information from a coordinated care organization before first requesting the
24 information from the authority.

25 “(6) This section does not apply to documents requested, submitted or
26 collected in connection with an audit for or an investigation of fraud, waste
27 or abuse and does not:

28 “(a) Prohibit a coordinated care organization from requesting from a
29 subcontractor information required by law or contract;

30 “(b) Require the authority or a contracted review organization to disclose

1 to a coordinated care organization any information described in this section
2 collected from a coordinated care organization or a subcontractor; or

3 “(c) Permit the authority or a contracted review organization to disclose
4 to a coordinated care organization confidential or proprietary information
5 reported to the authority or contracted review organization by another co-
6 ordinated care organization or a subcontractor.

7 **“SECTION 3.** ORS 414.592 is amended to read:

8 “414.592. Notwithstanding ORS 414.590:

9 “(1) Contracts between the Oregon Health Authority and coordinated care
10 organizations or individual providers for the provision of behavioral health
11 services must align with the quality metrics and incentives developed by the
12 Behavioral Health Committee under ORS 413.017 and contain provisions that
13 ensure that:

14 “(a) Individuals have easy access to needed care;

15 “(b) Services are responsive to individual and community needs; and

16 “(c) Services will [*lead to meaningful improvement in individuals’ lives*]
17 **support an individual’s progress toward clinical goals, as defined in the**
18 **individual’s service plan.**

19 “(2) The authority must provide at least 90 days’ notice of changes needed
20 to contracts that are necessary to comply with subsection (1) of this section.

21 **“SECTION 4.** ORS 430.610 is amended to read:

22 “430.610. It is declared to be the policy and intent of the Legislative As-
23 sembly that:

24 “(1) Subject to the availability of funds **appropriated or otherwise made**
25 **available by the Legislative Assembly**, services should be available to all
26 persons with [*mental or emotional disturbances, developmental disabilities,*
27 *alcoholism or drug dependence, and persons who are alcohol or drug*
28 *abusers,*] **mental health or substance use disorders or intellectual or**
29 **developmental disabilities**, regardless of age, county of residence or ability
30 to pay;

1 “(2) The Department of Human Services, the Oregon Health Authority
2 and other state agencies shall conduct their activities in the least costly and
3 most efficient manner so that delivery of services to persons with *[mental*
4 *or emotional disturbances, developmental disabilities, alcoholism or drug de-*
5 *pendence, and persons who are alcohol or drug abusers,]* **mental health or**
6 **substance use disorders or intellectual or developmental disabilities**
7 shall be effective and coordinated;

8 “(3) To the greatest extent possible, mental health **and substance use**
9 **disorder treatment** and developmental disabilities services shall be deliv-
10 ered in the community where the person lives in order to achieve maximum
11 coordination of services and minimum disruption in the life of the person;
12 and

13 “(4) The State of Oregon shall *[encourage]* **collaborate with**, aid and fi-
14 nancially assist *[its]* **tribal and** county governments *[in the establishment*
15 *and development of]* **to establish and develop** community mental health
16 programs or community developmental disabilities programs~~*[, including but*~~
17 ~~*not limited to, treatment and rehabilitation services for persons with mental*~~
18 ~~*or emotional disturbances, developmental disabilities, alcoholism or drug de-*~~
19 ~~*pendence, and persons who are alcohol or drug abusers, and prevention of*~~
20 ~~*these problems through county administered community mental health pro-*~~
21 ~~*grams or community developmental disabilities programs]*~~ **to provide services**
22 **for persons with mental health or substance use disorders or intellec-**
23 **tual or developmental disabilities. The collaboration required under**
24 **this section shall include outreach to each of the federally recognized**
25 **Indian tribes in Oregon.**

26 “**SECTION 5.** ORS 430.646 is amended to read:

27 “430.646. In allocating funds for community mental health programs af-
28 fecting persons with mental *[or emotional disturbances]* **health or substance**
29 **use disorders**, the Oregon Health Authority shall observe the following
30 priorities:

1 “(1) To ensure the establishment and operation of community mental
2 health programs for persons with mental [*or emotional disturbances*] **health**
3 **or substance use disorders** in every geographic area of the state to provide
4 some services in each category of services described in ORS 430.630 (3) unless
5 a waiver has been granted;

6 “(2) To ensure survival of services that address the needs of persons
7 within the priority of services under ORS 430.644 and that meet authority
8 standards;

9 “(3) To develop the interest and capacity of community mental health
10 programs to provide new or expanded services to meet the needs for services
11 under ORS 430.644 and to promote the equal availability of such services
12 throughout the state; and

13 “(4) To encourage and assist in the development of model projects to test
14 new **evidence-based** services and innovative methods of service delivery.

15 **“SECTION 6.** ORS 430.010 is amended to read:

16 “430.010. As used in this chapter:

17 “(1) ‘Outpatient service’ means:

18 “(a) A program or service providing treatment by appointment and by:

19 “(A) Physicians licensed under ORS 677.100 to 677.228;

20 “(B) Psychologists licensed by the Oregon Board of Psychology under
21 ORS 675.010 to 675.150;

22 “(C) Nurse practitioners licensed by the Oregon State Board of Nursing
23 under ORS 678.010 to 678.415;

24 “(D) Regulated social workers authorized to practice regulated social
25 work by the State Board of Licensed Social Workers under ORS 675.510 to
26 675.600;

27 “(E) Professional counselors or marriage and family therapists licensed
28 by the Oregon Board of Licensed Professional Counselors and Therapists
29 under ORS 675.715 to 675.835; or

30 “(F) Naturopathic physicians licensed by the Oregon Board of

1 Naturopathic Medicine under ORS chapter 685; or

2 “(b) A program or service providing treatment by appointment that is li-
3 censed, approved, established, maintained, contracted with or operated by the
4 authority under:

5 “(A) ORS 430.265 to 430.380 and 430.610 to 430.880 for alcoholism;

6 “(B) ORS 430.265 to 430.380, 430.405 to 430.565 and 430.610 to 430.880 for
7 drug addiction; or

8 “(C) ORS 430.610 to 430.880 for mental [*or emotional disturbances*] **health**
9 **or substance use disorders.**

10 “(2) ‘Residential facility’ means a program or facility [*providing*] **that**
11 **provides** an organized full-day or part-day program of treatment[. *Such a*
12 *program or facility shall be*] **and that is** licensed, approved, established,
13 maintained, contracted with or operated by the authority under:

14 “(a) ORS 430.265 to 430.380 and 430.610 to 430.880 for [*alcoholism*] **alcohol**
15 **use disorder;**

16 “(b) ORS 430.265 to 430.380, 430.405 to 430.565 and 430.610 to 430.880 for
17 [*drug addiction*] **substance use disorder;** or

18 “(c) ORS 430.610 to 430.880 for mental [*or emotional disturbances*] **health**
19 **or substance use disorders.**

20 **“SECTION 7.** ORS 430.021 is amended to read:

21 “430.021. Subject to ORS 417.300 and 417.305:

22 “(1) The Department of Human Services shall directly or through con-
23 tracts with private entities, counties under ORS 430.620 or other public en-
24 tities:

25 “(a) Direct, promote, correlate and coordinate all the activities, duties
26 and direct services for persons with developmental disabilities.

27 “(b) Promote, correlate and coordinate the developmental disabilities ac-
28 tivities of all governmental organizations throughout the state in which
29 there is any direct contact with developmental disabilities programs.

30 “(c) Establish, coordinate, assist and direct a community developmental

1 disabilities program in cooperation with local government units and inte-
2 grate such a program with the state developmental disabilities program.

3 “(d) Promote public education in this state concerning developmental
4 disabilities and act as the liaison center for work with all interested public
5 and private groups and agencies in the field of developmental disabilities
6 services.

7 “(2) The Oregon Health Authority shall directly or by contract with pri-
8 vate or public entities:

9 “(a) Direct, promote, correlate and coordinate all the activities, duties
10 and direct services for persons with mental [*or emotional disturbances,*
11 *alcoholism or drug dependence*] **health or substance use disorders**.

12 “(b) Promote, correlate and coordinate the mental health **and substance**
13 **use disorder** activities of all governmental organizations throughout the
14 state in which there is any direct contact with mental health **or substance**
15 **use disorder** programs.

16 “(c) Establish, coordinate, assist and direct a community mental health
17 program in cooperation with local government units and integrate such a
18 program with the state mental health program.

19 “(d) Promote public education in this state concerning mental health **and**
20 **substance use disorders** and act as the liaison center for work with all
21 interested public and private groups and agencies in the field of mental
22 health **and substance use disorder** services.

23 “(3) The department and the authority shall develop cooperative programs
24 with interested private groups throughout the state to effect better commu-
25 nity awareness and action in the fields of mental health, **substance use**
26 **disorders** and developmental disabilities, and encourage and assist in all
27 necessary ways community general hospitals to establish psychiatric ser-
28 vices.

29 “(4) To the greatest extent possible, the least costly settings for treat-
30 ment, outpatient services and residential facilities shall be widely available

1 and utilized except when contraindicated because of individual health care
2 needs. State agencies that purchase treatment for mental [*or emotional dis-*
3 *turbances*] **health or substance use disorders** shall develop criteria con-
4 sistent with this policy. In reviewing applications for certificates of need, the
5 Director of the Oregon Health Authority shall take this policy into account.

6 “(5) The department and the authority shall accept the custody of persons
7 committed to its care by the courts of this state.

8 “(6) The authority shall adopt rules to require a facility and a nonhospital
9 facility as those terms are defined in ORS 426.005, and a provider that em-
10 ploys a person described in ORS 426.415, if subject to authority rules re-
11 garding the use of restraint or seclusion during the course of mental health
12 treatment of a child or adult, to report to the authority each calendar
13 quarter the number of incidents involving the use of restraint or seclusion.
14 The aggregate data shall be made available to the public.

15 **“SECTION 8.** ORS 430.215 is amended to read:

16 “430.215. (1) The Department of Human Services shall be responsible for
17 planning, policy development, administration and delivery of services to
18 children with developmental disabilities and their families. Services to chil-
19 dren with developmental disabilities may include, but are not limited to, case
20 management, family support, crisis and diversion services, intensive in-home
21 services, and residential and foster care services. The department may deliver
22 the services directly or through contracts with private entities, counties
23 under ORS 430.620 or other public entities.

24 “(2) The Oregon Health Authority shall be responsible for psychiatric
25 residential and day treatment services for children with mental [*or emotional*
26 *disturbances*] **health or substance use conditions.**

27 **“SECTION 9.** ORS 430.265 is amended to read:

28 “430.265. The Oregon Health Authority is authorized to contract with the
29 federal government for services to [*alcohol and drug-dependent*] persons **with**
30 **a substance use disorder** who are either residents or nonresidents of the

1 State of Oregon.

2 **“SECTION 10.** ORS 430.627 is amended to read:

3 “430.627. (1) The purposes of ORS 430.626 to 430.628 are to build upon and
4 improve the statewide coordinated crisis system in this state and to:

5 “(a) Remove barriers to accessing quality behavioral health crisis ser-
6 vices;

7 “(b) Improve equity in behavioral health treatment and ensure culturally,
8 linguistically and developmentally appropriate responses to individuals ex-
9 perience behavioral health crises, in recognition that, historically, crisis
10 response services placed marginalized communities at disproportionate risk
11 of poor outcomes and criminal justice involvement;

12 “(c) Ensure that all residents of this state receive a consistent and effec-
13 tive level of behavioral health crisis services no matter where they live, work
14 or travel in the state; and

15 “(d) Provide increased access to quality community behavioral health
16 services to prevent interactions with the criminal justice system and prevent
17 hospitalizations.

18 “(2) Moneys from the 9-8-8 Trust Fund established in ORS 430.624 shall
19 be used as follows:

20 “(a) Revenues from the 9-8-8 coordinated crisis services tax that are de-
21 posited into the fund shall be used only for:

22 “(A) The crisis call center system and crisis hotline center described in
23 subsections (4) and (5) of this section; and

24 “(B) To the extent that the crisis call center system and crisis hotline
25 center are fully funded, the expansion and ongoing funding of mobile crisis
26 intervention teams.

27 “(b) Moneys other than revenues from the 9-8-8 coordinated crisis services
28 tax that are deposited into the fund shall be used for:

29 “(A) A wide array of crisis stabilization services, including services pro-
30 vided by:

1 “(i) Crisis stabilization centers;

2 “(ii) Facilities offering short-term respite services;

3 “(iii) Peer respite centers; and

4 “(iv) Behavioral health urgent care walk-in centers; and

5 “(B) Community mental health program provision of crisis stabilization
6 services or funding to cities to establish or maintain one or more mobile
7 crisis intervention teams under ORS 430.628.

8 “(3) The Oregon Health Authority shall adopt by rule requirements for
9 crisis stabilization centers that, at a minimum, require a center to:

10 “(a) Be designed to prevent or ameliorate a behavioral health crisis or
11 reduce acute symptoms of mental illness or substance use disorder, for indi-
12 viduals who do not require inpatient treatment, by providing continuous
13 24-hour observation and supervision;

14 “(b) Be staffed 24 hours per day, seven days per week, 365 days per year
15 by a multidisciplinary team capable of meeting the needs of individuals in
16 the community experiencing all levels of crisis, that may include, but is not
17 limited to:

18 “(A) Psychiatrists or psychiatric nurse practitioners;

19 “(B) Nurses;

20 “(C) Licensed or credentialed clinicians in the region where the crisis
21 stabilization center is located who are capable of completing assessments;
22 and

23 “(D) Peers with lived experiences similar to the experiences of the indi-
24 viduals served by the center;

25 “(c) Have a policy prohibiting rejecting patients brought in or referred
26 by first responders, and have the capacity, at least 90 percent of the time,
27 to accept all referrals;

28 “(d) Have services to address substance use crisis issues;

29 “(e) Have the capacity to [*assess*] **screen** physical health needs and pro-
30 vide needed care and a procedure for transferring an individual, if necessary,

1 to a setting that can meet the individual's physical health needs if the fa-
2 cility is unable to provide the level of care required;

3 “(f) Offer walk-in and first responder drop-off options;

4 “(g) Screen for suicide risk and complete comprehensive suicide risk as-
5 sessments and planning when clinically indicated;

6 “(h) Screen for violence risk and complete more comprehensive violence
7 risk assessments and planning when clinically indicated; and

8 “(i) Meet other requirements prescribed by the authority.

9 “(4) The authority shall:

10 “(a) Implement, maintain and improve the 9-8-8 suicide prevention and
11 behavioral health crisis hotline and ensure the efficient and effective routing
12 of calls, including staffing and technological infrastructure enhancements
13 necessary to achieve operational and clinical standards and best practices
14 set forth by the 988 Suicide and Crisis Lifeline and prescribed by the au-
15 thority; and

16 “(b) Maintain a crisis hotline center to receive calls, texts and chats from
17 the 9-8-8 suicide prevention and behavioral health crisis hotline and to pro-
18 vide crisis intervention services and crisis care coordination anywhere in
19 this state 24 hours per day, seven days per week. The crisis hotline center
20 shall:

21 “(A) Have an agreement to participate in the 988 Suicide and Crisis
22 Lifeline network.

23 “(B) Meet 988 Suicide and Crisis Lifeline requirements and best practices
24 guidelines for operational and clinical standards and any additional clinical
25 and operational standards prescribed by the authority.

26 “(C) Record data, provide reports and participate in evaluations and re-
27 lated quality improvement activities.

28 “(D) Establish formal agreements to collaborate with other agencies to
29 ensure safe, integrated care for people in crisis who reach out to the 9-8-8
30 suicide prevention and behavioral health crisis hotline.

1 “(E) Contact and coordinate with the local community mental health
2 programs for rapid deployment of a local mobile crisis intervention team and
3 follow-up services as needed.

4 “(F) Utilize technologies, including chat and text applications, to provide
5 a no-wrong-door approach for individuals seeking help from the crisis hotline
6 and ensure collaboration among crisis and emergency response systems used
7 throughout this state, such as 9-1-1 and 2-1-1, and with other centers in the
8 988 Suicide and Crisis Lifeline network.

9 “(G) Establish policies and train staff on serving high-risk and specialized
10 populations, including but not limited to lesbian, gay, bisexual, transgender
11 and queer youth, minorities, veterans and individuals who have served in the
12 military, firefighters and other first responders, rural residents, individuals
13 with co-occurring disorders and other racially and ethnically diverse com-
14 munities. Policies and training established under this subparagraph must
15 include:

16 “(i) Policies and training on transferring calls made to the 9-8-8 suicide
17 prevention and behavioral health crisis hotline to an appropriate specialized
18 center within or external to the 988 Suicide and Crisis Lifeline network; and

19 “(ii) Training on providing linguistically and culturally competent care
20 and follow-up services to individuals accessing the 9-8-8 suicide prevention
21 and behavioral health crisis hotline consistent with guidance and policies
22 established by the 988 Suicide and Crisis Lifeline.

23 “(5) The staff of the crisis hotline center described in subsection (4) of
24 this section must include individuals who possess the linguistic and cultural
25 competency to respond to individuals within the demographics of the com-
26 munities served and shall:

27 “(a) Have access to the most recently reported information regarding
28 available mental health and behavioral health crisis services.

29 “(b) Track and maintain data regarding responses to calls, texts and chats
30 to the 9-8-8 suicide prevention and behavioral health crisis hotline.

1 “(c) Work to resolve crises with the least invasive intervention possible.

2 “(d) Connect callers whose crisis is de-escalated or otherwise managed by
3 hotline staff with appropriate follow-on services and undertake follow-up
4 contact with the caller when appropriate.

5 “(6) Crisis stabilization services provided to individuals accessing the
6 9-8-8 suicide prevention and behavioral health crisis hotline shall be reim-
7 bursed by the authority, coordinated care organizations or commercial in-
8 surance, depending on the individual’s insurance status.

9 “(7) The authority shall adopt rules to allow appropriate information
10 sharing and communication across all crisis service providers as necessary
11 to carry out the requirements of this section and shall work in concert with
12 the 988 Suicide and Crisis Lifeline and the Veterans Crisis Line for the
13 purposes of ensuring consistency of public messaging about 9-8-8 suicide
14 prevention and behavioral health crisis hotline services.

15 **“SECTION 11.** ORS 430.630 is amended to read:

16 “430.630. (1) In addition to any other requirements that may be established
17 by rule by the Oregon Health Authority, each community mental health
18 program, subject to the availability of funds **appropriated or otherwise**
19 **made available by the Legislative Assembly**, *[shall provide guidance and*
20 *assistance to local Behavioral Health Resource Networks for the joint devel-*
21 *opment of programs and activities to increase access to treatment and shall*
22 *provide the following basic services to persons with alcoholism or drug de-*
23 *pendence, and persons who are alcohol or drug abusers]* **shall provide or**
24 **ensure the provision of the following basic services for persons with**
25 **or at risk of developing mental health or substance use disorders:**

26 “(a) Outpatient services;

27 “(b) Aftercare for persons released from hospitals;

28 “(c) Training, case and program consultation and education for commu-
29 nity agencies, related professions and the public;

30 “(d) Guidance and assistance to other human service agencies for joint

development of prevention programs and activities to reduce factors causing
[*alcohol abuse, alcoholism, drug abuse and drug dependence*] **substance use**
disorders; and

“(e) Age-appropriate treatment options for older adults.

“(2) As alternatives to state hospitalization, it is the responsibility of the
community mental health program to ensure that, subject to the availability
of funds, the following services for [*persons with alcoholism or drug depend-*
ence, and persons who are alcohol or drug abusers,] **alcohol and substance**
misuse are available when needed and approved by the Oregon Health Au-
thority:

“(a) Emergency services on a 24-hour basis, such as telephone consulta-
tion, crisis intervention and prehospital screening examination;

“(b) Care and treatment for a portion of the day or night, which may in-
clude day treatment centers, work activity centers and after-school programs;

“(c) Residential care and treatment in facilities such as halfway houses,
detoxification centers and other community living facilities;

“(d) Continuity of care, such as that provided by service coordinators,
community case development specialists and core staff of federally assisted
community mental health centers;

“(e) Inpatient treatment in community hospitals; and

“(f) Other alternative services to state hospitalization as defined by the
Oregon Health Authority.

“(3) In addition to any other requirements that may be established by rule
of the Oregon Health Authority, each community mental health program,
subject to the availability of funds, shall provide or ensure the provision of
the following services to persons with mental [*or emotional disturbances*]
health or substance use disorders:

“(a) Screening and evaluation to determine the client’s service needs;

“(b) Crisis stabilization to meet the needs of persons with acute mental
[*or emotional disturbances*] **health or substance use disorders**, including

1 the costs of investigations and prehearing detention in community hospitals
2 or other facilities approved by the authority for persons involved in invol-
3 untary commitment procedures;

4 “(c) Vocational and social services that are appropriate for the client’s
5 age, designed to improve the client’s vocational, social, educational and rec-
6 reational functioning;

7 “(d) Continuity of care to link the client to housing and appropriate and
8 available health and social service needs;

9 “(e) Psychiatric care in state and community hospitals, subject to the
10 provisions of subsection (4) of this section;

11 “(f) Residential services;

12 “(g) Medication monitoring;

13 “(h) Individual, family and group counseling and therapy;

14 “(i) Public education and information;

15 “(j) Prevention of mental [*or emotional disturbances*] **health or substance**
16 **use disorders** and promotion of mental health;

17 “(k) Consultation with other community agencies;

18 “(L) Preventive mental health services for children and adolescents, in-
19 cluding primary prevention efforts, early identification and early inter-
20 vention services. Preventive services should be patterned after service models
21 that have demonstrated effectiveness in reducing the incidence of emotional,
22 behavioral and cognitive disorders in children. As used in this paragraph:

23 “(A) ‘Early identification’ means detecting [*emotional disturbance in its*]
24 **mental health or substance use disorders in their** initial developmental
25 stage;

26 “(B) ‘Early intervention services’ for children at risk of later development
27 of [*emotional disturbances*] **mental health or substance use disorders**
28 means programs and activities for children and their families that promote
29 conditions, opportunities and experiences that encourage and develop emo-
30 tional stability, self-sufficiency and increased personal competence; and

1 “(C) ‘Primary prevention efforts’ means efforts that prevent [*emotional*
2 *problems*] **mental health and substance use disorders** from occurring by
3 addressing issues early so that [*disturbances*] **disorders** do not have an op-
4 portunity to develop; and

5 “(m) Preventive mental health services for older adults, including primary
6 prevention efforts, early identification and early intervention services. Pre-
7 ventive services should be patterned after service models that have demon-
8 strated effectiveness in reducing the incidence of emotional and behavioral
9 disorders and suicide attempts in older adults. As used in this paragraph:

10 “(A) ‘Early identification’ means detecting [*emotional disturbance in its*]
11 **mental health or substance use disorders in their** initial developmental
12 stage;

13 “(B) ‘Early intervention services’ for older adults at risk of development
14 of [*emotional disturbances*] **mental health or substance use disorders**
15 means programs and activities for older adults and their families that pro-
16 mote conditions, opportunities and experiences that encourage and maintain
17 emotional stability, self-sufficiency and increased personal competence and
18 that deter suicide; and

19 “(C) ‘Primary prevention efforts’ means efforts that prevent [*emotional*
20 *problems*] **mental health and substance use disorders** from occurring by
21 addressing issues early so that [*disturbances*] **disorders** do not have an op-
22 portunity to develop.

23 “(4) A community mental health program shall assume responsibility for
24 psychiatric care in state and community hospitals, as provided in subsection
25 (3)(e) of this section, in the following circumstances:

26 “(a) The person receiving care is a resident of the county served by the
27 program. For purposes of this paragraph, ‘resident’ means the resident of a
28 county in which the person maintains a current mailing address or, if the
29 person does not maintain a current mailing address within the state, the
30 county in which the person is found, or the county in which a court-

1 committed person with a mental illness has been conditionally released.

2 “(b) The person has been hospitalized involuntarily or voluntarily, pur-
3 suant to ORS 426.130 or 426.220, or has been hospitalized as the result of a
4 revocation of conditional release.

5 “(c) Payment is made for the first 60 consecutive days of hospitalization.

6 “(d) The hospital has collected all available patient payments and third-
7 party reimbursements.

8 “(e) In the case of a community hospital, the authority has approved the
9 hospital for the care of persons with mental [*or emotional disturbances*]
10 **health or substance use disorders**, the community mental health program
11 has a contract with the hospital for the psychiatric care of residents and a
12 representative of the program approves voluntary or involuntary admissions
13 to the hospital prior to admission.

14 “(5) Subject to the review and approval of the Oregon Health Authority,
15 a community mental health program may initiate additional services after
16 the services defined in this section are provided.

17 “(6) Each community mental health program and the state hospital serv-
18 ing the program’s geographic area shall enter into a written agreement con-
19 cerning the policies and procedures to be followed by the program and the
20 hospital when a patient is admitted to, and discharged from, the hospital and
21 during the period of hospitalization.

22 “(7)(a) Each community mental health program shall have a mental
23 health advisory committee, appointed by the board of county commissioners
24 or the county court or, if two or more counties have combined to provide
25 mental health services, the boards or courts of the participating counties
26 [*or, in the case of a Native American reservation, the tribal council*].

27 “(b) **Each tribal community mental health program shall have a**
28 **mental health advisory committee, appointed by the tribal council.**

29 “(8) A community mental health program may request and the authority
30 may grant a waiver regarding provision of one or more of the services de-

scribed in subsection (3) of this section upon a showing by the county and a determination by the authority that persons with mental [or *emotional disturbances*] **health or substance use disorders** in that county would be better served and unnecessary institutionalization avoided.

“(9)(a) As used in this subsection, ‘local mental health authority’ means one of the following entities:

“(A) The board of county commissioners of one or more counties that establishes or operates a community mental health program;

“(B) The tribal council, in the case of a federally recognized **Indian** tribe [of *Native Americans*] **in Oregon** that elects to enter into an agreement to provide mental health services; or

“(C) A regional local mental health authority comprising two or more boards of county commissioners.

“(b) Each local mental health authority that provides mental health **and substance use disorder** services shall determine the need for local mental health **and substance use disorder** services and adopt a comprehensive local plan for the delivery of mental health **and substance use disorder** services for children, families, adults and older adults that describes the methods by which the local mental health authority shall provide those services. The purpose of the local plan is to create a blueprint to provide mental health **and substance use disorder** services that are directed by and responsive to the mental health **and substance use disorder** needs of individuals in the community served by the local plan. A local mental health authority shall coordinate its local planning with the development of the community health improvement plan under ORS 414.575 by the coordinated care organization serving the area. The Oregon Health Authority may require a local mental health authority to review and revise the local plan periodically.

“(c) The local plan shall identify ways to:

“(A) Coordinate and ensure accountability for all levels of care described

1 in paragraph (e) of this subsection;

2 “(B) Maximize resources for consumers and minimize administrative ex-
3 penses;

4 “(C) Provide supported employment and other vocational opportunities for
5 consumers;

6 “(D) Determine the most appropriate service provider among a range of
7 qualified providers;

8 “(E) Ensure that appropriate mental health **and substance use disorder**
9 referrals are made;

10 “(F) Address local housing needs for persons with mental health **or sub-**
11 **stance use** disorders;

12 “(G) Develop a process for discharge from state and local psychiatric
13 hospitals and transition planning between levels of care or components of the
14 system of care;

15 “(H) Provide peer support services, including but not limited to drop-in
16 centers and paid peer support;

17 “(I) Provide transportation supports; and

18 “(J) Coordinate services among the criminal and juvenile justice systems,
19 adult and juvenile corrections systems and local mental health programs to
20 ensure that persons with mental [illness] **health or substance use disor-**
21 **ders** who come into contact with the justice and corrections systems receive
22 needed care and to ensure continuity of services for adults and juveniles
23 leaving the corrections system.

24 “(d) When developing a local plan, a local mental health authority shall:

25 “(A) Coordinate with the budgetary cycles of state and local governments
26 that provide the local mental health authority with funding for mental
27 health **and substance use disorder** services;

28 “(B) Involve consumers, advocates, families, service providers, schools and
29 other interested parties in the planning process;

30 “(C) Coordinate with the local public safety coordinating council to ad-

dress the services described in paragraph (c)(J) of this subsection;

“(D) Conduct a population based needs assessment to determine the types of services needed locally;

“(E) Determine the ethnic, age-specific, cultural and diversity needs of the population served by the local plan;

“(F) Describe the anticipated outcomes of services and the actions to be achieved in the local plan;

“(G) Ensure that the local plan coordinates planning, funding and services with:

“(i) The educational needs of children, adults and older adults;

“(ii) Providers of social supports, including but not limited to housing, employment, transportation and education; and

“(iii) Providers of physical health and medical services;

“(H) Describe how funds, other than state resources, may be used to support and implement the local plan;

“(I) Demonstrate ways to integrate local services and administrative functions in order to support integrated service delivery in the local plan; and

“(J) Involve the local mental health advisory committees described in subsection (7) of this section.

“(e) The local plan must describe how the local mental health authority will ensure the delivery of and be accountable for clinically appropriate services in a continuum of care based on consumer needs. The local plan shall include, but not be limited to, services providing the following levels of care:

“(A) Twenty-four-hour crisis services;

“(B) Secure and nonsecure extended psychiatric care;

“(C) Secure and nonsecure acute psychiatric care;

“(D) Twenty-four-hour supervised structured treatment;

“(E) Psychiatric day treatment;

1 “(F) Treatments that maximize client independence;

2 “(G) Family and peer support and self-help services;

3 “(H) Support services;

4 “(I) Prevention and early intervention services;

5 “(J) Transition assistance between levels of care;

6 “(K) Dual diagnosis services;

7 “(L) Access to placement in state-funded psychiatric hospital beds;

8 “(M) Precommitment and civil commitment in accordance with ORS
9 chapter 426; and

10 “(N) Outreach to older adults at locations appropriate for making contact
11 with older adults, including senior centers, long term care facilities and
12 personal residences.

13 “(f) In developing the part of the local plan referred to in paragraph (c)(J)
14 of this subsection, the local mental health authority shall collaborate with
15 the local public safety coordinating council to address the following:

16 “(A) Training for all law enforcement officers on ways to recognize and
17 interact with persons with mental *[illness]* **health or substance use disor-**
18 **ders**, for the purpose of diverting them from the criminal and juvenile justice
19 systems;

20 “(B) Developing voluntary locked facilities for crisis treatment and
21 follow-up as an alternative to custodial arrests;

22 “(C) Developing a plan for sharing a daily jail and juvenile detention
23 center custody roster and the identity of persons of concern and offering
24 mental health **and substance use disorder** services to those in custody;

25 “(D) Developing a voluntary diversion program to provide an alternative
26 for persons with mental *[illness]* **health or substance use disorders** in the
27 criminal and juvenile justice systems; and

28 “(E) Developing mental health **and substance use disorder** services, in-
29 cluding housing, for persons with mental *[illness]* **health or substance use**
30 **disorders** prior to and upon release from custody.

1 “(g) Services described in the local plan shall:

2 “(A) Address the vision, values and guiding principles described in the

3 Report to the Governor from the Mental Health Alignment Workgroup,

4 January 2001;

5 “(B) Be provided to children, older adults and families as close to their

6 homes as possible;

7 “(C) Be culturally appropriate and competent;

8 “(D) Be, for children, older adults and adults with mental health **or**

9 **substance use disorder** needs, from providers appropriate to deliver those

10 services;

11 “(E) Be delivered in an integrated service delivery system with integrated

12 service sites or processes, and with the use of integrated service teams;

13 “(F) Ensure consumer choice among a range of qualified providers in the

14 community;

15 “(G) Be distributed geographically;

16 “(H) Involve consumers, families, clinicians, children and schools in

17 treatment as appropriate;

18 “(I) Maximize early identification and early intervention;

19 “(J) Ensure appropriate transition planning between providers and service

20 delivery systems, with an emphasis on transition between children and adult

21 mental health services;

22 “(K) Be based on the ability of a client to pay;

23 “(L) Be delivered collaboratively;

24 “(M) Use age-appropriate, research-based quality indicators;

25 “(N) Use best-practice innovations; and

26 “(O) Be delivered using a community-based, multisystem approach.

27 “(h) A local mental health authority shall submit to the Oregon Health

28 Authority a copy of the local plan and revisions adopted under paragraph (b)

29 of this subsection at time intervals established by the Oregon Health Au-

30 thority.

1 **“SECTION 12.** ORS 430.640 is amended to read:

2 “430.640. (1) The Oregon Health Authority, in carrying out the legislative
3 policy declared in ORS 430.610, subject to the availability of funds, shall:

4 “(a) Assist Oregon counties and groups of Oregon counties in the estab-
5 lishment and financing of community mental health programs operated or
6 contracted for by one or more counties.

7 “(b) If a county declines to operate or contract for a community mental
8 health program, contract with another public agency or private corporation
9 to provide the program. The county must be provided with an opportunity
10 to review and comment.

11 “(c) In an emergency situation when no community mental health pro-
12 gram is operating within a county or when a county is unable to provide a
13 service essential to public health and safety, operate the program or service
14 on a temporary basis.

15 “(d) *[At the request of the tribal council of a federally recognized tribe of*
16 *Native Americans, contract with the tribal council for the establishment and*
17 *operation of a community mental health program in the same manner in which*
18 *the authority contracts with a county court or board of county*
19 *commissioners.]* **If one of the nine federally recognized tribes in this**
20 **state decides to establish and operate a community mental health**
21 **program, assist the tribe in the establishment and financing of a**
22 **community mental health program in the same manner that the au-**
23 **thority assists other community mental health programs.**

24 “(e) If a county agrees, contract with a public agency or private corpo-
25 ration for all services within one or *[more]* **both** of the following program
26 areas:

27 “(A) Mental *[or emotional disturbances]* **health disorders.**

28 “(B) *[Drug abuse]* **Substance use disorders.**

29 “*[(C) Alcohol abuse and alcoholism.]*

30 “(f) Approve or disapprove the local plan and budget information for the

1 establishment and operation of each community mental health program.
2 Subsequent amendments to or modifications of an approved plan or budget
3 information involving more than 10 percent of the state funds provided for
4 services under ORS 430.630 may not be placed in effect without prior ap-
5 proval of the authority. However, an amendment or modification affecting
6 10 percent or less of state funds for services under ORS 430.630 within the
7 portion of the program for persons with mental [*or emotional disturbances*]
8 **health disorders** or within the portion for persons with [*alcohol or drug*
9 *dependence*] **substance use disorders** may be made without authority ap-
10 proval.

11 “(g) Make all necessary and proper rules to govern the establishment and
12 operation of community mental health programs, including adopting rules
13 defining the range and nature of the services which shall or may be provided
14 under ORS 430.630.

15 “(h) Collect data and evaluate services in the state hospitals [*in accord-*
16 *ance with the same methods prescribed for community mental health programs*
17 *under ORS 430.634*].

18 “(i) Develop guidelines that include, for the development of comprehensive
19 local plans in consultation with local mental health authorities:

20 “(A) The use of integrated services;

21 “(B) The outcomes expected from services and programs provided;

22 “(C) Incentives to reduce the use of state hospitals;

23 “(D) Mechanisms for local sharing of risk **and savings** for state
24 hospitalization;

25 “(E) The provision of clinically appropriate levels of care based on an
26 assessment of the mental health **and substance use disorder** needs of con-
27 sumers;

28 “(F) The transition of consumers between levels of care; and

29 “(G) The development, maintenance and continuation of older adult men-
30 tal health **and substance use disorder** programs with mental health **and**

1 **substance use disorder** professionals trained in geriatrics.

2 “(j) Work with local mental health authorities to provide incentives for
3 community-based care whenever appropriate while simultaneously ensuring
4 adequate statewide capacity.

5 “(k) Provide technical assistance and information regarding state and
6 federal requirements to local mental health authorities throughout the local
7 planning process required under ORS 430.630 (9).

8 “(L) Provide incentives for local mental health authorities to enhance or
9 increase vocational placements for adults with mental health **or substance**
10 **use disorder** needs.

11 “(m) Develop or adopt nationally recognized system-level performance
12 measures[, *linked to the Oregon Benchmarks,*] for state-level monitoring and
13 reporting of mental health services for children, adults and older adults, in-
14 cluding but not limited to quality and appropriateness of services, outcomes
15 from services, structure and management of local plans, prevention of mental
16 health disorders and integration of mental health services with other needed
17 supports.

18 “(n) Develop standardized criteria for each level of care described in ORS
19 430.630 (9), including protocols for implementation of local plans, strength-
20 based mental health assessment and case planning.

21 “(o) Develop a comprehensive long-term plan for providing appropriate
22 and adequate mental health treatment and services to children, adults and
23 older adults that is derived from the needs identified in local plans, is con-
24 sistent with the vision, values and guiding principles in the Report to the
25 Governor from the Mental Health Alignment Workgroup, January 2001, and
26 addresses the need for and the role of state hospitals.

27 “(p) Report biennially to the Governor and the Legislative Assembly on
28 the progress of the local planning process and the implementation of the lo-
29 cal plans adopted under ORS 430.630 (9)(b) and the state planning process
30 described in paragraph (o) of this subsection, and on the performance meas-

ures and performance data available under paragraph (m) of this subsection.

“(q) On a periodic basis, not to exceed 10 years, reevaluate the methodology used to estimate prevalence and demand for mental health services using the most current nationally recognized models and data.

“(r) Encourage the development of regional local mental health authorities comprised of two or more boards of county commissioners that establish or operate a community mental health program.

“(2) The Oregon Health Authority may provide technical assistance and other incentives to assist in the planning, development and implementation of regional local mental health authorities whenever the Oregon Health Authority determines that a regional approach will optimize the comprehensive local plan described under ORS 430.630 (9).

“(3) The enumeration of duties and functions in subsections (1) and (2) of this section shall not be deemed exclusive nor construed as a limitation on the powers and authority vested in the authority by other provisions of law.

“SECTION 13. ORS 430.644 is amended to read:

“430.644. Within the limits of available funds, community mental health programs shall provide those services as defined in ORS 430.630 (3)(a) to (h) to persons in the following order of priority:

“(1) Those persons who, in accordance with the assessment of professionals in the field of mental health, are at immediate risk of hospitalization for the treatment of mental [*or emotional disturbances*] **health disorders** or are in need of continuing services to avoid hospitalization or pose a hazard to the health and safety of themselves, including the potential for suicide, or others and those persons under 18 years of age who, in accordance with the assessment of professionals in the field of mental health, are at immediate risk of removal from their homes for treatment of mental [*or emotional disturbances*] **health conditions** or exhibit behavior indicating high risk of developing [*disturbances*] **conditions** of a severe or persistent nature;

1 “(2) Those persons who, because of the nature of their mental illness,
2 their geographic location or their family income, are least capable of ob-
3 taining assistance from the private sector; and

4 “(3) Those persons who, in accordance with the assessment of profes-
5 sionals in the field of mental health, are experiencing mental [*or emotional*
6 *disturbances*] **health disorders** but will not require hospitalization in the
7 foreseeable future.

8 **“SECTION 14.** ORS 430.695 is amended to read:

9 “430.695. (1) Any program fees, third-party reimbursements, contributions
10 or funds from any source, except client resources applied toward the cost of
11 care in group homes for persons with developmental disabilities or mental
12 illness and client resources and third-party payments for community psychi-
13 atric inpatient care, received by a community mental health program or a
14 community developmental disabilities program are not an offset to the costs
15 of the services and may not be applied to reduce the program’s eligibility for
16 state funds, providing the funds are expended for mental health or develop-
17 mental disabilities services approved by the Oregon Health Authority or the
18 Department of Human Services.

19 “(2) Within the limits of available funds, the authority and the depart-
20 ment may contract for specialized, statewide and regional services including
21 but not limited to group homes for persons with **intellectual or** develop-
22 mental disabilities or mental [*or emotional disturbances*] **health or sub-**
23 **stance use disorders**, day and residential treatment programs for children
24 and adolescents with mental [*or emotional disturbances*] **health or sub-**
25 **stance use conditions** and community services for clients of the Psychiatric
26 Security Review Board under ORS 161.315 to 161.351.

27 “(3) Fees and third-party reimbursements, including all amounts paid
28 pursuant to Title XIX of the Social Security Act by the Department of Hu-
29 man Services or the Oregon Health Authority, for mental health services or
30 developmental disabilities services and interest earned on those fees and re-

1 imbursements shall be retained by the community mental health program or
2 community developmental disabilities program and expended for any service
3 that meets the standards of ORS 430.630 or 430.662.

4 **“SECTION 15.** ORS 430.705 is amended to read:

5 “430.705. Notwithstanding ORS 430.640, the State of Oregon, through the
6 Oregon Health Authority, may establish the necessary facilities and provide
7 comprehensive mental health services for children throughout the state.
8 These services may include, but need not be limited to:

9 “(1) The prevention of [*mental illness, emotional disturbances and drug*
10 *dependency*] **mental health or substance use conditions** in children; and

11 “(2) The treatment of children with mental [*illness, emotional disturbances*
12 *and drug dependency*] **health or substance use conditions.**

13 **“SECTION 16.** ORS 430.709 is amended to read:

14 “430.709. (1) In accordance with ORS 430.357, and consistent with the
15 budget priority policies adopted by the Alcohol and Drug Policy Commission,
16 the Oregon Health Authority may fund regional centers for the treatment
17 of adolescents with [*drug and alcohol dependencies*] **a substance use con-**
18 **dition.**

19 “(2) The authority shall define by rule a minimum number of inpatient
20 beds and outpatient slots necessary for effective treatment and economic
21 operation of any regional center funded by state funds.

22 “(3) The areas to be served by any treatment facility shall be determined
23 by the following:

24 “(a) Areas that demonstrate the most need;

25 “(b) Areas with no treatment program or an inadequate program; and

26 “(c) Areas where there is strong, organized community support for youth
27 treatment programs.

28 “(4) The area need is determined by the local planning committee for
29 [*alcohol and drug*] **substance use** prevention and treatment services under
30 ORS 430.342 using the following information:

1 “(a) Current area youth admissions to treatment programs;

2 “(b) Per capita consumption of alcohol in the area;

3 “(c) Percentage of area population between 10 and 18 years of age;

4 “(d) Whether the area has effective, specialized outpatient and early
5 intervention services in place;

6 “(e) Whether the area suffers high unemployment and economic de-
7 pression; and

8 “(f) Other evidence of need.

9 “(5) As used in this section, ‘regional center’ means a community resi-
10 dential treatment facility including intensive residential and outpatient care
11 for adolescents with *[drug and alcohol dependencies]* **a substance use con-**
12 **dition.**

13 **“SECTION 17.** ORS 430.905 is amended to read:

14 “430.905. The Legislative Assembly declares:

15 “[*(1) Because the growing numbers of pregnant substance users and drug-*
16 *and alcohol-affected infants place a heavy financial burden on Oregon’s tax-*
17 *payors and those who pay for health care, it is the policy of this state to take*
18 *effective action that will minimize these costs.*]

19 “[*(2)*] **(1)** Special attention must be focused on preventive programs and
20 services directed at women at risk of becoming pregnant *[substance users]*
21 **individuals with substance use disorders** as well as on pregnant women
22 who use substances or who are at risk of substance use *[or abuse]*
23 **disorders.**

24 “[*(3)*] **(2)** It is the policy of this state to achieve desired results such as
25 alcohol- and drug-free pregnant women and healthy infants through a holistic
26 approach covering the following categories of needs:

27 “(a) Biological-physical need, including but not limited to *[detoxification]*
28 **withdrawal management**, dietary and obstetrical.

29 “(b) Psychological need, including but not limited to support[,]
30 treatment for *[anxiety, depression and low self-esteem]* **mental health con-**

1 **ditions.**

2 “(c) Instrumental need, including but not limited to child care, transpor-
3 tation to facilitate the receipt of services and housing.

4 “(d) Informational and educational needs, including but not limited to
5 prenatal and postpartum health, substance use and parenting.

6 **“SECTION 18.** ORS 430.380 is amended to read:

7 “430.380. (1) There is established in the General Fund of the State Treas-
8 ury an account to be known as the Mental Health [*Alcoholism and Drug*
9 *Services*] **and Substance Use** Account. Moneys deposited in the account are
10 continuously appropriated for the purposes of ORS 430.345 to 430.380 and to
11 provide funding for sobering facilities registered under ORS 430.262. Moneys
12 deposited in the account may be invested in the manner prescribed in ORS
13 293.701 to 293.857.

14 “(2) Forty percent of the moneys in the Mental Health [*Alcoholism and*
15 *Drug Services*] **and Substance Use** Account shall be continuously appro-
16 priated to the counties on the basis of population. The counties must use the
17 moneys for the establishment, operation and maintenance of [*alcohol and*
18 *drug abuse*] **substance use** prevention, early intervention and treatment
19 services and for local matching funds under ORS 430.345 to 430.380. The
20 counties may use up to 10 percent of the moneys appropriated under this
21 subsection to provide funds for sobering facilities registered under ORS
22 430.262.

23 “(3) Forty percent of the moneys shall be continuously appropriated to the
24 Oregon Health Authority to be used for state matching funds to counties for
25 [*alcohol and drug abuse*] **substance use** prevention, early intervention and
26 treatment services pursuant to ORS 430.345 to 430.380. The authority may
27 use up to 10 percent of the moneys appropriated under this subsection for
28 matching funds to counties for sobering facilities registered under ORS
29 430.262.

30 “(4) Twenty percent of the moneys shall be continuously appropriated to

1 the Oregon Health Authority to be used for [*alcohol and drug abuse*] **sub-**
2 **stance use** prevention, early intervention and treatment services for adults
3 in custody of correctional and penal institutions and for parolees therefrom
4 and for probationers as provided pursuant to rules of the authority. How-
5 ever, prior to expenditure of moneys under this subsection, the authority
6 must present its program plans for approval to the appropriate legislative
7 body which is either the Joint Ways and Means Committee during a session
8 of the Legislative Assembly or the Emergency Board during the interim be-
9 tween sessions.

10 “(5) Counties and state agencies:

11 “(a) May not use moneys appropriated to counties and state agencies un-
12 der subsections (1) to (4) of this section for [*alcohol and drug*] **substance**
13 **use** prevention and treatment services that do not meet or exceed minimum
14 standards established under ORS 430.357; and

15 “(b) Shall include in all grants and contracts with providers of [*alcohol*
16 *and drug*] **substance use** prevention and treatment services a contract pro-
17 vision that the grant or contract may be terminated by the county or state
18 agency if the provider does not meet or exceed the minimum standards
19 adopted by the Oregon Health Authority pursuant to ORS 430.357. A county
20 or state agency may not be penalized and is not liable for the termination
21 of a contract under this section.

22 “**SECTION 19.** ORS 430.366 is amended to read:

23 “430.366. (1) Every proposal for [*alcohol and drug abuse*] **substance use**
24 prevention, early intervention and treatment services received from an ap-
25 plicant shall contain:

26 “(a) A clear statement of the goals and objectives of the program for the
27 following fiscal year, including the number of persons to be served and
28 methods of measuring the success of services rendered;

29 “(b) A description of services to be funded; and

30 “(c) A statement of the minorities to be served, if a minority program.

1 “(2) Each grant recipient and provider of [*alcohol and drug abuse*] **sub-**
2 **stance use** prevention, early intervention and treatment services funded
3 with moneys from the Mental Health [*Alcoholism and Drug Services*] **and**
4 **Substance Use** Account established by ORS 430.380 shall report to the Al-
5 cohol and Drug Policy Commission all data regarding the services in the
6 form and manner prescribed by the commission. This subsection does not
7 apply to sobering facilities that receive moneys under ORS 430.380.

8 “**SECTION 20.** ORS 471.810 is amended to read:

9 “471.810. (1) At the end of each month, the Oregon Liquor and Cannabis
10 Commission shall certify the amount of moneys available for distribution in
11 the Oregon Liquor and Cannabis Commission Account and, after withholding
12 such moneys as it may deem necessary to pay its outstanding obligations,
13 shall within 35 days of the month for which a distribution is made direct the
14 State Treasurer to pay the amounts due, upon warrants drawn by the Oregon
15 Department of Administrative Services, as follows:

16 “(a) Fifty-six percent, or the amount remaining after the distribution un-
17 der subsection (4) of this section, credited to the General Fund available for
18 general governmental purposes wherein it shall be considered as revenue
19 during the quarter immediately preceding receipt;

20 “(b) Twenty percent to the cities of the state in such shares as the pop-
21 ulation of each city bears to the population of the cities of the state, as de-
22 termined by Portland State University last preceding such apportionment,
23 under ORS 190.510 to 190.610;

24 “(c) Ten percent to counties in such shares as their respective populations
25 bear to the total population of the state, as estimated from time to time by
26 Portland State University; and

27 “(d) Fourteen percent to the cities of the state to be distributed as pro-
28 vided in ORS 221.770 and this section.

29 “(2) The commission shall direct the Oregon Department of Administra-
30 tive Services to transfer 50 percent of the revenues from the taxes imposed

1 by ORS 473.030 and 473.035 to the Mental Health [*Alcoholism and Drug*
2 *Services*] **and Substance Use** Account in the General Fund to be paid
3 monthly as provided in ORS 430.380.

4 “(3) If the amount of revenues received from the taxes imposed by ORS
5 473.030 for the preceding month was reduced as a result of credits claimed
6 under ORS 473.047, the commission shall compute the difference between the
7 amounts paid or transferred as described in subsections (1)(b), (c) and (d) and
8 (2) of this section and the amounts that would have been paid or transferred
9 under subsections (1)(b), (c) and (d) and (2) of this section if no credits had
10 been claimed. The commission shall direct the Oregon Department of Ad-
11 ministrative Services to pay or transfer amounts equal to the differences
12 computed for subsections (1)(b), (c) and (d) and (2) of this section from the
13 General Fund to the recipients or accounts described in subsections (1)(b),
14 (c) and (d) and (2) of this section.

15 “(4) Notwithstanding subsection (1) of this section, no city or county shall
16 receive for any fiscal year an amount less than the amount distributed to the
17 city or county in accordance with ORS 471.350 (1965 Replacement Part),
18 473.190 and 473.210 (1965 Replacement Part) and this section during the
19 1966-1967 fiscal year unless the city or county had a decline in population
20 as shown by its census. If the population declined, the per capita distribution
21 to the city or county shall be not less than the total per capita distribution
22 during the 1966-1967 fiscal year. Any additional funds required to maintain
23 the level of distribution under this subsection shall be paid from funds
24 credited under subsection (1)(a) of this section.

25 “(5) Notwithstanding subsection (1) of this section, amounts to be dis-
26 tributed from the Oregon Liquor and Cannabis Commission Account that are
27 attributable to a per bottle surcharge imposed by the Oregon Liquor and
28 Cannabis Commission, shall be credited to the General Fund.

29 **“SECTION 21.** ORS 430.560 is amended to read:

30 “430.560. (1) The Oregon Health Authority shall adopt rules to establish

requirements, in accordance with ORS 430.357, for drug treatment programs that contract with the authority and that involve:

“(a) *[Detoxification]* **Withdrawal management; and**

“(b) *[Detoxification]* **Withdrawal management** with acupuncture and counseling[; and]

“[(c) *The supplying of synthetic opiates to such persons under close supervision and control. However, the supplying of synthetic opiates shall be used only when detoxification or detoxification with acupuncture and counseling has proven ineffective or upon a written request of a physician licensed by the Oregon Medical Board or a naturopathic physician licensed by the Oregon Board of Naturopathic Medicine showing medical need for synthetic opiates. A copy of the request must be included in the client’s permanent treatment and releasing authority records*].

“(2) *[Notwithstanding subsection (1) of this section, synthetic opiates]* **Medication for opioid use** may be made available to a pregnant woman with her informed consent without prior resort to the treatment programs described in subsection (1)[(a) and (b)] of this section.

“SECTION 22. ORS 430.342 is amended to read:

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

“(a) Appoint a local planning committee for *[alcohol and drug]* **substance use** prevention and treatment services; or

“(b) Designate an already existing body to act as the local planning committee for *[alcohol and drug]* **substance use** prevention and treatment services.

“(2) The committee shall coordinate with local Behavioral Health Resource Networks, described in ORS 430.389, to identify needs and establish priorities for *[alcohol and drug]* **substance use** prevention and treatment services that best suit the needs and values of the community and shall re-

1 port its findings to the Oregon Health Authority, the governing bodies of the
2 counties served by the committee and the budget advisory committee of the
3 commission.

4 “(3) Members of the local planning committee shall be representative of
5 the geographic area and shall be persons with interest or experience in de-
6 veloping [*alcohol and drug*] **substance use** prevention and treatment ser-
7 vices. The membership of the committee shall include a number of minority
8 members which reasonably reflects the proportion of the need for prevention,
9 treatment and rehabilitation services of minorities in the community.

10 “**SECTION 23.** ORS 430.345 is amended to read:

11 “430.345. Upon application therefor, the Oregon Health Authority may
12 make grants from funds specifically appropriated for the purposes of carrying
13 out ORS 430.338 to 430.380 to any applicant for the establishment, operation
14 and maintenance of alcohol and drug abuse prevention, early intervention
15 and treatment services. When necessary, a portion of the appropriated funds
16 may be designated by the authority for training and technical assistance, or
17 additional funds may be appropriated for this purpose. Alcohol and drug
18 abuse prevention, early intervention and treatment services shall be ap-
19 proved if the applicant establishes to the satisfaction of the authority:

20 “(1)(a) The adequacy of the services to accomplish the goals of the appli-
21 cant and the needs and priorities established under ORS 430.338 to 430.380;
22 or

23 “(b) The community need for the services as determined by the local
24 planning committee for [*alcohol and drug*] **substance use** prevention and
25 treatment services under ORS 430.342;

26 “(2) That an appropriate operating agreement exists, or will exist with
27 other community facilities able to assist in providing alcohol and drug abuse
28 prevention, early intervention and treatment services, including nearby
29 detoxification centers and halfway houses; and

30 “(3) That the services comply with the rules adopted by the authority

1 pursuant to ORS 430.357.

2 **“SECTION 24.** ORS 430.350 is amended to read:

3 “430.350. (1) Every applicant for a grant made under ORS 430.345 to
4 430.380 shall be assisted in the preparation and development of [*alcohol and*
5 *drug abuse*] **substance use** prevention, early intervention and treatment
6 services by the local planning committee operating in the area to which the
7 application relates. Every application shall establish to the satisfaction of
8 the Oregon Health Authority that the committee was actively involved in the
9 development and preparation of such program.

10 “(2) The authority shall require of every applicant for a grant made under
11 ORS 430.345 to 430.380 the recommendation of the local planning committee
12 in the area to which the application relates. The authority shall take such
13 recommendation into consideration before making or refusing grants under
14 ORS 430.345 to 430.380.

15 **“SECTION 25.** ORS 430.359 is amended to read:

16 “430.359. (1) Upon approval of an application, the Oregon Health Au-
17 thority shall enter into a matching fund relationship with the applicant. In
18 all cases the amount granted by the authority under the matching formula
19 shall not exceed 50 percent of the total estimated costs, as approved by the
20 authority, of the alcohol and drug abuse prevention, early intervention and
21 treatment services.

22 “(2) The authority shall distribute funds to applicants consistent with the
23 budget priority policies adopted by the Alcohol and Drug Policy Commission,
24 the community needs as determined by local planning committees for [*alcohol*
25 *and drug*] **substance use** prevention and treatment services under ORS
26 430.342 and the particular needs of minority groups with a significant popu-
27 lation of affected persons. The funds granted shall be distributed monthly.

28 “(3) Federal funds at the disposal of an applicant for use in providing
29 alcohol and drug abuse prevention, early intervention and treatment services
30 may be counted toward the percentage contribution of an applicant.

1 “(4) An applicant that is, at the time of a grant made under this section,
2 expending funds appropriated by its governing body for the alcohol and drug
3 abuse prevention, early intervention and treatment services shall, as a con-
4 dition to the receipt of funds under this section, maintain its financial con-
5 tribution to these programs at an amount not less than the preceding year.
6 However, the financial contribution requirement may be waived in its en-
7 tirety or in part in any year by the authority because of:

8 “(a) The severe financial hardship that would be imposed to maintain the
9 contribution in full or in part;

10 “(b) The application of any special funds for the alcohol and drug abuse
11 prevention, early intervention and treatment services in the prior year when
12 such funds are not available in the current year;

13 “(c) The application of federal funds, including but not limited to general
14 revenue sharing, distributions from the Oregon and California land grant
15 fund and block grant funds to the alcohol and drug abuse prevention, early
16 intervention and treatment services in the prior year when such funds are
17 not available for such application in the current year; or

18 “(d) The application of fund balances resulting from fees, donations or
19 underexpenditures in a given year of the funds appropriated to counties
20 pursuant to ORS 430.380 to the alcohol and drug abuse prevention, early
21 intervention and treatment services in the prior year when such funds are
22 not available for such application in the current year.

23 “(5) Any moneys received by an applicant from fees, contributions or
24 other sources for alcohol and drug abuse prevention, early intervention and
25 treatment services for service purposes, including federal funds, shall be
26 considered a portion of an applicant’s contribution for the purpose of deter-
27 mining the matching fund formula relationship. All moneys so received shall
28 only be used for the purposes of carrying out ORS 430.345 to 430.380.

29 “(6) Grants made pursuant to ORS 430.345 to 430.380 shall be paid from
30 funds specifically appropriated therefor and shall be paid in the same manner

1 as other claims against the state are paid.

2 **“SECTION 26.** ORS 430.362 is amended to read:

3 “430.362. (1) To receive priority consideration under ORS 430.359 (2), an
4 applicant shall clearly set forth in its application:

5 “(a) The number of minorities within the county with significant popu-
6 lations of affected persons and an estimate of the nature and extent of the
7 need within each minority population for [*alcohol and drug abuse*] **substance**
8 **use** prevention, early intervention and treatment services; and

9 “(b) The manner in which the need within each minority population is to
10 be addressed, including support for minority programs under the application.

11 “(2) Minority program funding proposals included within an application
12 must be clearly identified as minority programs and must include distinct
13 or severable budget statements.

14 “(3) Nothing in this section is intended to preclude any minority program
15 from being funded by a city or county or to preclude any other program from
16 serving the needs of minorities.

17 **“SECTION 27.** ORS 430.364 is amended to read:

18 “430.364. Within the limits of available funds, in giving priority consid-
19 eration under ORS 430.359 (2), the Oregon Health Authority shall:

20 “(1) Identify all applications containing funding proposals for minority
21 programs and assess the extent to which such funding proposals address the
22 needs of minorities as stated in ORS 430.362, adjusting such amounts as it
23 deems justified on the basis of the facts presented for its consideration and
24 such additional information as may be necessary to determine an appropriate
25 level of funding for such programs, and award such funds to those applicants
26 for the purposes stated in the application; and

27 “(2) After making a determination of the appropriate level of funding
28 minority programs under subsection (1) of this section, assess the remaining
29 portions of all applications containing minority program funding proposals
30 together with applications which do not contain funding proposals for mi-

1 nority programs on the basis of the remaining community need determined
2 by the local planning committee for *[alcohol and drug]* **substance use** pre-
3 vention and treatment services under ORS 430.342, adjusting such amounts
4 as it deems justified on the basis of the facts presented for its consideration
5 and such additional information as may be necessary to determine an ap-
6 propriate level of funding such programs, and award such funds to those
7 applicants.

8 **“SECTION 28.** ORS 430.381 is amended to read:

9 “430.381. Nothing in ORS 430.347, 430.359, 430.380, 471.805, 471.810, 473.030
10 or this section shall be construed as justification for a reduction in General
11 Fund support of local *[alcohol and drug abuse]* **substance use** prevention,
12 early intervention and treatment services.

13 **“SECTION 29.** ORS 430.256 is amended to read:

14 “430.256. (1) The Director of the Oregon Health Authority shall adminis-
15 ter *[alcohol and drug abuse]* **substance use** programs, including but not
16 limited to programs or components of programs described in ORS 430.397 to
17 430.401 and 475.225 and ORS chapters 430 and *[801 to 822]* **813**.

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

19 “(a) Report to the Alcohol and Drug Policy Commission on accomplish-
20 ments and issues occurring during each biennium, and report on a new
21 biennial plan describing resources, needs and priorities for all *[alcohol and*
22 *drug abuse]* **substance use** programs.

23 “(b) Develop within the Oregon Health Authority priorities for *[alcohol*
24 *and drug abuse]* **substance use** programs and activities.

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

27 “(d) Identify the needs of special populations including minorities, elderly,
28 youth, women and individuals with disabilities.

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

1 “(3) The director may apply for, receive and administer funds, including
2 federal funds and grants, from sources other than the state. Subject to ex-
3 penditure limitation set by the Legislative Assembly, funds received under
4 this subsection may be expended by the director:

5 “(a) For the study, prevention or treatment of [*alcohol and drug abuse and*
6 *dependence*] **substance use disorders** in this state.

7 “(b) To provide training, both within this state and in other states, in the
8 prevention and treatment of [*alcohol and drug abuse and dependence*] **sub-**
9 **stance use disorders**.

10 “(4) The director shall, in consultation with state agencies and counties,
11 establish guidelines to coordinate program review and audit activities by
12 state agencies and counties that provide funds to [*alcohol and drug*] **sub-**
13 **stance use** prevention and treatment programs. The purpose of the guide-
14 lines is to minimize duplication of auditing and program review requirements
15 imposed by state agencies and counties on [*alcohol and drug*] **substance use**
16 prevention and treatment programs that receive state funds, including pro-
17 grams that receive beer and wine tax revenues under ORS 430.380 and
18 471.810.

19 **“SECTION 30.** ORS 675.523 is amended to read:

20 “675.523. A person may not practice clinical social work unless the person
21 is a clinical social worker licensed under ORS 675.530 or a clinical social
22 work associate certified under ORS 675.537, except if the person is:

23 “(1) Licensed or certified by the State of Oregon to provide mental health
24 services, provided that the person is acting within the lawful scope of prac-
25 tice for the person’s license or certification and does not represent that the
26 person is a regulated social worker;

27 “(2) Certified to provide [*alcohol and drug abuse*] **substance use disorder**
28 prevention services, intervention services and treatment in compliance with
29 rules adopted under ORS 430.256 and 430.357, provided that the person is
30 acting within the lawful scope of practice for the person’s certification and

1 does not represent that the person is a regulated social worker;

2 “(3) Employed by or contracting with an entity that is certified or li-
3 censed by the State of Oregon under ORS 430.610 to 430.695 to provide mental
4 health treatment or addiction services, provided that the person is practicing
5 within the lawful scope of the person’s employment or contract;

6 “(4) A recognized member of the clergy, provided that the person is acting
7 in the person’s ministerial capacity and does not represent that the person
8 is a regulated social worker; or

9 “(5) A student in a social work graduate degree program that meets the
10 requirements established by the State Board of Licensed Social Workers by
11 rule.

12 **“SECTION 31. ORS 430.315, 430.368, 430.565 and 430.634 are repealed.**

13 **“SECTION 32. ORS 430.306 is amended to read:**

14 “430.306. As used in ORS 430.262, [430.315,] 430.335, 430.342, 430.397,
15 430.399, 430.401, 430.402, 430.420 and 430.630, unless the context requires
16 otherwise:

17 “[*(1) ‘Alcoholic’ means any person who has lost the ability to control the*
18 *use of alcoholic beverages, or who uses alcoholic beverages to the extent that*
19 *the health of the person or that of others is substantially impaired or endan-*
20 *gered or the social or economic function of the person is substantially dis-*
21 *rupted. An alcoholic may be physically dependent, a condition in which the*
22 *body requires a continuing supply of alcohol to avoid characteristic withdrawal*
23 *symptoms, or psychologically dependent, a condition characterized by an over-*
24 *whelming mental desire for continued use of alcoholic beverages.]*

25 **“(1) ‘Alcohol use disorder’ means a chronic condition, varying from**
26 **mild to severe, in which a person:**

27 **“(a) Has an impaired ability to stop or control the drinking of al-**
28 **cohol despite negative social, health or occupational impacts; and**

29 **“(b) May experience cravings, withdrawal or continued alcohol use**
30 **despite harmful consequences.**

1 “(2) ‘Detoxification center’ means a publicly or privately operated profit
2 or nonprofit facility approved by the Oregon Health Authority that provides
3 emergency care or treatment for *[alcoholics or drug-dependent persons]* **per-**
4 **sons with substance use disorders.**

5 “(3) ‘Director of the treatment facility’ means the person in charge of
6 treatment and rehabilitation programs at a treatment facility.

7 “[4] ‘*Drug-dependent person*’ means one who has lost the ability to control
8 the personal use of controlled substances or other substances with abuse po-
9 tential, or who uses such substances or controlled substances to the extent that
10 the health of the person or that of others is substantially impaired or endan-
11 gered or the social or economic function of the person is substantially dis-
12 rupted. A drug-dependent person may be physically dependent, a condition in
13 which the body requires a continuing supply of a drug or controlled substance
14 to avoid characteristic withdrawal symptoms, or psychologically dependent, a
15 condition characterized by an overwhelming mental desire for continued use
16 of a drug or controlled substance.]

17 “[5] (4) ‘Halfway house’ means a publicly or privately operated profit
18 or nonprofit, residential facility approved by the authority that provides
19 rehabilitative care and treatment for *[alcoholics or drug-dependent persons]*
20 **persons with substance use disorders.**

21 “[6] (5) ‘Local planning committee’ means a local planning committee
22 for *[alcohol and drug]* **substance use** prevention and treatment services ap-
23 pointed or designated by the county governing body under ORS 430.342.

24 “[7] (6) ‘Police officer’ means a member of a law enforcement unit who
25 is employed on a part-time or full-time basis as a peace officer, commissioned
26 by a city, a county or the Department of State Police and responsible for
27 enforcing the criminal laws of this state and any person formally deputized
28 by the law enforcement unit to take custody of a person who is intoxicated
29 or under the influence of controlled substances.

30 “[8] (7) ‘Sobering facility’ means a facility that meets all of the follow-

ing 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 authority to provide *[addiction]* **substance use disorder** 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]* **substance use disorder** treatment.

“(c) The facility, in consultation with the *[addiction]* **substance use disorder** 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.

“(8) ‘Substance use disorder’ means a chronic condition in which:

“(a) Drug or alcohol use leads to significant impairment;

“(b) Drug or alcohol use continues despite harmful consequences; and

“(c) A person may experience intense cravings, an inability to reduce use of a substance or physical withdrawal and may spend significant time obtaining a substance or neglecting important activities.

“(9) ‘Treatment facility’ includes outpatient facilities, inpatient facilities and other facilities the authority determines suitable and that provide services that meet minimum standards established under ORS 430.357, any of which may provide diagnosis and evaluation, medical care, *[detoxification]* **withdrawal management**, social services or *[rehabilitation for alcoholics or drug-dependent persons]* **treatment for persons with substance use disorders**, and which operate in the form of a general hospital, a state hospital,

1 a foster home, a hostel, a clinic or other suitable form approved by the au-
2 thority.

3 **“SECTION 33.** ORS 430.401 is amended to read:

4 “430.401. A police officer, person acting under the authority of a mobile
5 crisis intervention team as defined in ORS 430.626, physician, naturopathic
6 physician, physician associate, nurse practitioner, judge, treatment facility,
7 treatment facility staff member or sobering facility, or the staff of the so-
8 sobering facility, may not be held criminally or civilly liable for actions pur-
9 suant to ORS [430.315,] 430.335, 430.397 to 430.401 and 430.402 provided the
10 actions are in good faith, on probable cause and without malice.

11 **“SECTION 34.** ORS 137.227 is amended to read:

12 “137.227. (1) After a defendant has been convicted of a crime, the court
13 may cause the defendant to be evaluated to determine if the defendant is
14 [*an alcoholic or a drug-dependent person*] **a person with an alcohol use**
15 **disorder or substance use disorder**, as those terms are defined in ORS
16 430.306. The evaluation shall be conducted by an agency or organization
17 designated under subsection (2) of this section.

18 “(2) The court shall designate agencies or organizations to perform the
19 evaluations required under subsection (1) of this section. The designated
20 agencies or organizations must meet the standards set by the Oregon Health
21 Authority to perform the evaluations for [*drug dependency*] **substance use**
22 **disorders** and must be approved by the authority. Wherever possible, a court
23 shall designate agencies or organizations to perform the evaluations that are
24 separate from those that may be designated to carry out a program of
25 treatment for [*alcohol or drug dependency*] **alcohol use disorder or sub-**
26 **stance use disorder.**

27 **“SECTION 35.** ORS 137.228 is amended to read:

28 “137.228. (1) When a defendant is sentenced for a crime, the court may
29 enter a finding that the defendant is [*an alcoholic or a drug-dependent*
30 *person*] **a person with an alcohol use disorder or substance use**

1 **disorder**, as those terms are defined in ORS 430.306. The finding may be
2 based upon any evidence before the court, including, but not limited to, the
3 facts of the case, stipulations of the parties and the results of any evaluation
4 conducted under ORS 137.227.

5 “(2) When the court finds that the defendant is [*an alcoholic or a drug-*
6 *dependent person*] **a person with an alcohol use disorder or substance**
7 **use disorder**, the court, when it sentences the defendant to a term of
8 imprisonment, shall direct the Department of Corrections to place the de-
9 fendant in an appropriate alcohol or drug treatment program, to the extent
10 that resources are available. The alcohol or drug treatment program shall
11 meet the standards promulgated by the Oregon Health Authority pursuant
12 to ORS 430.357.”.

13 _____